

Overview of out of home care in the USA and Canada

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ABSTRACT

The paper begins by suggesting that child welfare systems in North America and selected European and Scandinavian countries have converged functionally over the last two decades from a focus on child protection or family service to a more comprehensive child development orientation. The overview of the US in-care system covers the topics of mandatory reporting of child maltreatment, permanency planning, foster care funding, and decentralized service provision. It also portrays the current US foster care population and describes recent research on efforts to reduce the number of children in care, differential response, practice and policy reform, subsidized guardianship, Casey Family Programs, transitions to adulthood, and racial disparities in placements in out-of-home care. The overview of the Canadian in-care system notes the responsibility of the 10 provinces and three northern territories for child welfare and the concomitant lack of national data on child protection or out-of-home care. Estimates of the number of children in care are presented, and a review of research describes the following topics: rates and types of maltreatment, over-representation of Aboriginal children in care, prevention of the recurrence of neglect and physical abuse, effects of placement into care, differential response, resilience, educational achievement, and transitions from care. The paper concludes by noting certain differences and similarities between the US and Canadian in-care systems.

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Revisión de las medidas de protección a la infancia con separación familiar en EEUU y Canadá

RESUMEN

Este trabajo comienza señalando que los sistemas de bienestar infantil en Norteamérica y ciertos países escandinavos y centroeuropeos han convergido funcionalmente durante los dos últimos decenios de estar centrados en la protección de la infancia o el servicio a la familia a una orientación más global del desarrollo del niño. El repaso del sistema de acogida estadounidense incluye los temas de informar de modo obligatorio sobre maltrato infantil, la planificación de la permanencia, financiación de los acogimientos y provisión descentralizada de servicios. También describe el artículo la actual población estadounidense de acogida y la investigación reciente sobre los esfuerzos realizados para disminuir el número de niños acogidos, la respuesta diferencial, la reforma de la praxis y las políticas, la custodia subvencionada, los programas familiares Casey, la transición a la edad adulta y las disparidades raciales en la asignación a los lugares de acogimiento. La revisión del sistema canadiense de acogida destaca la responsabilidad de las 10 provincias y tres territorios del norte en el bienestar infantil y la falta concomitante de datos nacionales sobre la protección infantil o las medidas de separación familiar. Se ofrece un cálculo del número de niños en acogida y la revisión de la investigación describe los siguientes temas: índices y tipos de maltrato, sobrerrepresentación de niños aborígenes en acogimiento, prevención de la recurrencia de la desatención y los abusos físicos, los efectos de la ubicación en el acogimiento, la respuesta diferencial, la resiliencia, los logros educativos y la transición desde la acogida. El artículo finaliza observando algunas diferencias y semejanzas entre los sistemas de acogida norteamericano y canadiense.

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Gilbert (2012) suggested that in the mid-1990s two broad orientations characterized child welfare systems in North America, Scandinavia, and Continental Europe. The US, Canada, and England were classified as child protection-oriented, whereas Sweden, Denmark, Finland, Belgium, the Netherlands, and Germany were family service-oriented. The first orientation was said to conceptualize child abuse in terms of dysfunctional parenting, legalistic and investigative intervention, an adversarial relationship between the parent and state, and the use of the courts and coercion to effect mainly involuntary out-of-home placements. In contrast, the family-service orientation was seen as conceptualizing child abuse in terms of family dysfunction, psychological difficulties and socio-economic and marital stress, therapeutic interventions, and a partnership between the parent and state and the use especially of voluntary out-of-home placements. Follow-up research some 15 years later led Gilbert to revise his position. In 2010, he found that the child welfare systems had begun to converge functionally. The US and England had adopted aspects of the family-service orientation, with a five-fold increase in the use in the US of family preventive and differential response services that offered early support to families. In England, there was a shift from protecting children from abuse to supporting families and promoting children's welfare.

In parts of Canada, a similar reorientation took place between the mid-1990s and 2010. Looking After Children: Good Parenting, Good Outcomes, originating in England, was piloted in several provinces (Kufeldt, Simard, Vachon, Baker, & Andrews, 2000) and subsequently implemented across Ontario by government mandate (Flynn, Dudding, & Barber, 2006; Kufeldt & McKenzie, 2011) and voluntarily throughout Quebec (Poirier, Simard, Noel, & Decaluwe, 2011).

During this same period, Scandinavian and European countries that Gilbert had originally classified as family-service oriented had begun to establish child-protection practices and policies. In Gilbert's (2012) opinion, a third orientation had emerged in different countries, with elements of the child protection and family service orientations incorporated into a more comprehensive child-development approach that emphasized the state's role in promoting children's development. This broader conceptualization was inspired by the UN Convention on the Rights of the Child and by a reorientation of the welfare state towards greater investments in people, competitiveness, and social inclusion. According to Gilbert (2012), countries had evolved into mixtures of the protective, service, and developmental orientations.

USA

Child protection framework

Foster care, one part of the child welfare services system in the United States, evolved from voluntary "child saving" efforts in the nineteenth century into a system of largely government-funded services intended to provide short-term care to children who have been removed from home in order to protect them from maltreatment by their caregivers (Costin, 1991, 1992). The term "foster care" is used here to describe a range of out-of-home care settings, including traditional non-relative foster family care, kinship foster care, and various forms of group care. While it initially began providing funding for foster care in the early 1960s, since the 1970s the federal government has played an increasingly important role in developing a policy framework and providing funding. Key aspects of the US policy context for foster care include the following elements.

Mandatory child maltreatment reporting. Since the enactment of the Child Abuse Prevention and Treatment Act (CAPTA) in 1974, professionals working with children have been mandated to report to state and/or local child protection authorities caregiver behavior

that they believe meets the state's statutory definition of child abuse or neglect. It is the resulting reports by these mandated reporters, and other concerned adults, that lead child protection authorities to investigate potential child maltreatment by children's parents or other caregivers and, in many cases, to place children in foster care. In 2011, state and local public child protection agencies investigated over 2 million of these reports, approximately one million children received some services from a child welfare agency after the investigation, and about 37 percent of these spent at least some time in foster care (U.S. Department of Health and Human Services, 2012a).

Permanency planning, overseen by the courts. Since the passage of the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), public child welfare agencies that provide foster care have generally done so under the supervision of local juvenile and family courts. In response to the perception that children placed in foster care languished there for long periods of time, Public Law 96-272 called for regular court supervision of child welfare agencies' placement of children in foster care to ensure that children would be removed from their homes only when it was absolutely necessary, and, if they were removed, that serious efforts would be made by child welfare authorities to either safely return them home or place them for adoption or legal guardianship in a timely manner. Under this new practice philosophy of permanency planning, foster care placement came to be seen as a temporary service rather than as a suitable long-term living arrangement for children (Maluccio, Fein, & Olmstead, 1986).

Foster care funding. Foster care is provided by state and local public child welfare agencies and by voluntary agencies that receive most if not all of their funding from government sources. Through Title IV-E of the Social Security Act, the federal government reimburses states for part of the costs of providing foster care, with such funding contingent upon states using the funds in ways that are consistent with federal law. In general, states only receive Title IV-E federal funding for children in foster care who are placed there by order of the juvenile or family court; voluntary foster care placement agreements between agencies and parents are only eligible for time-limited federal reimbursement. Other sources of federal funding that can be used by states to pay for foster care include the Social Services Block Grant, Temporary Assistance to Needy Families Program, and the federal health insurance program for low-income families (Medicaid). In fiscal year 2010, states spent approximately \$29.4 billion in federal, state, and local funds for child welfare services, with most of that being spent on foster care (DeVooght, Fletcher, Vaughn, & Cooper, 2012). Federal funding sources accounted for 43 percent of all child welfare spending, state dollars for 45 percent, and local dollars for 12 percent.

Decentralized provision of services with heavy reliance on contracts with voluntary sector organizations. While the US government provides significant funding for foster care and the federal child welfare policy framework guides state-level policy, child welfare services, including foster care, are delivered by states and localities. States that choose to provide services directly operate child welfare systems that are referred to as "state-supervised," whereas systems in which counties directly provide services are called "state-supervised, county-administered" systems. This reflects that fact that the federal government holds states accountable for using federal funds appropriately and for achieving outcomes specified in federal law, but it allows states to delegate the actual provision of services to county governments. This decentralization results in considerable variability both between and within states in the delivery of child welfare services. One important aspect of this variability is the scale of operation of public child welfare agencies. For example, Los Angeles County operates a foster care system that serves tens of thousands of children each year, whereas some states serve fewer than a thousand.

Description of the current foster care population

In-care population. Children can enter care for multiple reasons, but most children are removed from home due to caregiver neglect; in 2011, four-fifths (78.5%) of children who were identified by child protection agencies as victims of maltreatment were neglected, 17.6 percent were physically abused, and 9.1 percent were sexually abused (U.S. Department of Health and Human Services, 2012a). The number of children in foster care in the US has been declining in recent years. On September 30, 2003 there were 509,713 children in care, whereas by September 30, 2011 (the last year for which national data are available) the number in care had declined to 400,540 (U.S. Department of Health and Human Services, 2012b). In federal fiscal year 2011 (FY2011), 252,320 children entered care, while 245,260 exited care. The average age of children in care was 9.3 years, and 52 percent were male; 41 percent of children in care were characterized as White, 27 percent as Black, 21 percent as Hispanic (of any race), 5 percent as being of mixed racial/ethnic heritage, 2 percent as American Indian or Alaskan Native, 1 percent as Asian, and the remainder as having other racial heritage or of unknown heritage.

Case plan goals. National data provide some sense of children's experiences while in care (U.S. Department of Health and Human Services, 2012b). Table 1 shows the distribution of case plan goals for children in foster care in 2011. Case plan goals are approved by the court and guide the actions of public child welfare agencies permanency planning efforts. Table 1 shows that the case plan goal for over half of all children in care is return to their family of origin, and this number is somewhat misleading, since the vast majority of children who have not been in care long enough to have an established case plan goal (five percent) will end up with an initial plan of family reunification. The second most common plan is adoption, and another four percent of children have a case goal of permanent placement with a legal guardian. Relatively few children have a case plan goal of long-term foster care placement or legal emancipation at the age of majority.

Table 1
Child's case plan goals as of September 30, 2011

Case goal	%	Number
Reunify with parent(s) or caretaker(s)	52%	199,123
Live with other relative(s)	3%	13,420
Adoption	25%	94,629
Long term foster care	6%	22,744
Emancipation	5%	20,635
Guardianship	4%	14,593
Case plan goal not yet established	5%	19,324

Placement settings. On average, children in foster care on September 30, 2011 had spent 23.9 months in care, with a median length of stay of 13.5 months (U.S. Department of Health and Human Services, 2012b). These figures can be somewhat misleading, since long-stay children in care are overrepresented among those in care at a point in time. Figures on the length of care prior to exit were 21.1 months and a median of 13.1 months in care. Table 2 shows where children were living while in the custody of a child welfare agency. Nearly half lived in a foster home with unrelated foster parents and about one-quarter more lived in kinship foster care. The next most common placement setting was group care of some kind. Only one percent lived in supervised independent living arrangements, which are reserved for older adolescents in care. Almost one of every ten children were on their way out of care, living in a home where an adoption was planned but not yet finalized or on a trial home visit with a family member prior to an expected reunification of the child with their family.

Table 2
Child's placement setting as of September 30, 2011

Plan setting	%	Number
Foster family home (relative)	27%	107,995
Foster family home (non-relative)	47%	188,222
Group home or institution	15%	58,280
Supervised independent living	1%	3,868
Runaway	1%	5,870
Pre-adoptive home	4%	14,213
Trial home visit	5%	20,568

Destinations upon exit from care. For the most part, the ways that children exited from out-of-home care in the US in 2011 are reflective of their case plan goals (U.S. Department of Health and Human Services, 2012b). Most children returned to their parents or primary caregivers with whom they lived when they were placed into care (52%, $n = 125,908$) or went to live with other relatives (8%, $n = 20,076$). Twenty percent ($n = 49,866$) were adopted and six percent ($n = 15,707$) were discharged to the care of a legal guardian. Eleven percent ($n = 26,286$) were legally emancipated from care around or after reaching the age of majority. The remainder exited care by being transferred to the supervision of another agency ($n = 4560$), primarily the juvenile justice system, while some ran away from care and were discharged ($n = 1,387$) and some died while in care ($n = 343$).

International adoption. Given that their primary role is responding to child maltreatment, state and local public child welfare agencies in the US do not generally become involved with adoptions of children from abroad. The Office of Children's Issues, part of the Bureau of Consular Affairs at the U.S. Department of State, is the central US authority involved in the intercountry adoption process. It serves as the central authority for the oversight and implementation of the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption ("Hague Convention").

The US has long been one of the leading countries in the world in terms of the number of children adopted from abroad, although the number of intercountry adoptions in the US has declined dramatically in recent years. The number of children adopted from abroad increased from 15,719 in 1999 to a high of 22,991 in 2004, but declined to 8,668 in 2012 (US Bureau of Consular Affairs, 2013). The decline is generally attributed to restrictions on adoptions imposed by some countries that have long been a major source of intercountry adoptions in the US (e.g., China and Russia) and the implementation of the Hague Convention (Voigt & Brown, 2013). Indeed, most of the decline in US intercountry adoptions has occurred since the ratification of the convention in April 2008.

Research review: Developments in foster care in USA in recent years

The decentralized nature of child welfare services provision in the US, with both federal and state governments playing a role in developing policy, the involvement of both public- and private-sector social service agencies in developing services, and the large number of children served mean that new ideas about how to serve foster children and their families better are constantly emerging. Here we describe some of the more noteworthy developments in child welfare practice and policy focusing primarily on those that have a direct impact on out-of-home care.

Efforts to reduce the number of children in out-of-home care. While US policy has long emphasized placing children out of their homes only when absolutely necessary to protect them from maltreatment, over the past decade there has arguably been a heightened focus on

reducing the foster care population. Motivated to no small degree by the desire to reduce state expenditures on child welfare services in a restrictive fiscal environment, states have looked for ways to reduce the number of children entering care and to speed their exit from care (Freundlich, 2010). In the interest of preventing the entry of children into out-of-home care, states have invested in evidence-based interventions intended to strengthen families, such as the Nurse Family Partnership (see, e.g., Olds et al., 1997), The Incredible Years (see, e.g., Webster-Stratton, 2005), and the Triple P Positive Parenting Program (see, e.g., De Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008). While these interventions have been shown to be effective in improving children's behavior and/or reducing harsh and ineffective parenting, the extent to which their use has contributed to actual reductions in foster care caseloads over time remains unclear.

Differential response. So-called "differential response" to child maltreatment reports, also called "dual track," "multiple track," or "alternative response," have also found favor in many states (Schene, 2005). While there is great variability in how public child welfare agencies implement differential response, the basic idea is that child protection authorities are given license to respond differently to different types of family problems that they encounter. Differential response generally employs two major approaches to responding to maltreatment reports. Investigation is restricted to those cases that involve the most severe types of maltreatment and require the gathering of forensic evidence and a determination regarding whether child maltreatment has occurred or the child is at imminent risk of maltreatment. Assessment is applied in lower-risk cases and generally involves assessing the child and family's strengths and needs and offering services to meet those needs and support non-abusive parenting. A determination of whether child abuse or neglect that meets statutory standards has occurred may be made in some cases, but that is typically not required. By providing services directly or through referrals to community-based service providers, the assessment track is intended to provide help to families whose children are not in need of immediate protection but who may nevertheless benefit from services. The expectation is that this approach will help prevent future maltreatment of children in these families, thereby reducing the need for future foster care placement. Evaluations of differential response have shown that the assessment track does in fact involve families whose children are at lower risk of maltreatment, but findings regarding the impact of differential response on reducing maltreatment and foster care placement are mixed (National Quality Improvement Center on Differential Response in Child Protective Services, 2011; Shusterman, Hollinshead, Fluke, & Yuan, 2005).

Practice and policy reform. States have made changes in practice and policy that were intended, at least in part, to reduce children's length of stay in care and thereby reduce the overall number of children in care. Efforts to better involve extended family members early and often in case planning are intended to increase the likelihood that family members who can safely parent a child are identified as soon as possible after a child has been removed from his or her home. A wide variety of practice and program models, including Family Group Conferencing, Family Team Decision-Making, and Family Funding, fall into this category of practice reform. Research on these innovations has helped develop a better understanding of how to find and engage extended family members in the case planning process, but rigorous outcome evaluations have yet to show that they significantly increase children's rate of exit to legal permanency through family reunification, adoption or legal guardianship (Bringewatt, Llen, & Williams, 2013; Crampton, 2007).

Juvenile court reform. States have also implemented changes in juvenile courts that, it is hoped, will reduce children's time in care. One popular innovation is the Family Dependency Treatment Court or Family Drug Court (FDC) (Wheeler & Siegerist, 2003). These serve

as an alternative to the traditional juvenile court for selected abuse, neglect, and dependency cases where parental substance abuse is a primary concern. Court personnel, child welfare workers, and treatment personnel collaborate with the intent of providing safe and permanent homes for children while providing parents substance abuse treatment services. These courts vary in structure and approach, and though they have yet to be evaluated using experimental designs, some quasi-experimental evaluations have shown them to speed the rate at which children enter permanent placements, including reunification with their parents (Green, Furrer, Worcel, Burrus, & Finigan, 2007). Some states and localities have also made efforts to improve the legal representation of parents whose children have been placed in out-of-home care, while others have extended legal representation to children in care. Quasi-experimental evaluations of some of these initiatives have shown positive effects on the rate at which children return home, are adopted, or are placed with legal guardians (Courtney & Hook, 2012; Zinn and Slowriver, 2008).

Subsidized guardianship. Arguably the most significant change in child welfare policy over the last 15 years has been the development of subsidized guardianship as an alternative to adoption for children who are not reunified with their families after placement in out-of-home care (Testa, 2002). Unlike adoption, legal guardianship does not involve the termination of parental rights. Instead, through guardianship the juvenile or family court transfers key decision-making rights of parents to a guardian during the period that the guardianship is approved by the court. In contrast to adoptions, guardianships can generally be terminated by the court at the request of the guardian, or at the request of the child's parent if the parent can show that they can safely parent the child and that returning the child to the custody of the parent is in the child's best interest. In the context of the child welfare system in the US, guardianship is most often used by relative caregivers to provide a permanent home for the child while maintaining relationships with the child's parent(s) and other family members.

Beginning in 1996, states were allowed to request the waiver of federal rules regarding the use of federal foster care funds in order to experiment with innovative approaches to improving the safety, legal permanence, and well-being of children in foster care. Eleven states chose to use this waiver authority to establish demonstration projects involving subsidized guardianship, using federal foster care funds to support the payment of individuals who were approved by courts to become legal guardians of children in state care, thereby allowing the children to exit foster care. All of these states were required to conduct outcome and process evaluations of their initiatives, with several using experimental evaluation designs (U.S. Department of Health and Human Services, Administration for Children and Families, 2011). Evaluation findings varied between states, which should not be surprising given that states' subsidized guardianship programs varied in a number of ways, including criteria for approving guardians and subsidy levels. Nevertheless, the impact evaluations generally found that the availability of subsidized guardianship increased legal permanency rates overall, with little effect on family reunification but some evidence that guardianship substituted for adoption, and that it reduced children's average length of stay in care. Subsidized guardianship was not associated with any changes in the risk of maltreatment or re-entry to foster care after exit, and children placed with guardians fared as well as children placed in other settings on indicators of well-being such as placement stability, education, and engagement in risky behaviors. The perceived success of the subsidized guardianship demonstrations contributed to the provisions of the 2008 Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act) that allows all states to claim federal reimbursement for part of the costs of moving children out of foster care into subsidized guardianship placements with approved relatives.

Casey Family Programs. It should be noted that organized philanthropy has also played a major role in pushing for reducing foster care caseloads, particularly Casey Family Programs (CFP) through its "2020 Strategy." Begun in 2006, this initiative calls for reducing the number of children in foster care in the US by 50 percent by the year 2020 (for information about the Casey initiative, see <http://www.casey.org/aboutus/2020/>). CFP, with assets of \$2.1 billion in 2012, spent \$118 million in pursuit of its strategy that year (Casey Family Programs, 2013). By providing consultation and targeted grants to states and localities, CFP creates incentives for states to develop and implement policies and practices that CFP has deemed promising in reducing the number of children in care.

Increasing attention to youth making the transition to adulthood from foster care. Since 1986, when the federal government began providing states with funds for so-called independent living services, US child welfare policy has included an explicit focus on helping youth in out-of-home care prepare for living independently (Courtney, 2009). Interest in older adolescents and young adults in state care grew during the past decade as research demonstrated the challenges facing youth making the transition to adulthood from care. In particular, longitudinal studies following older adolescents from care into young adulthood have demonstrated that these young people, on average, experience poor outcomes in terms of education, employment, housing stability, early parenting, mental health, engagement in risky behaviors, economic hardship, and crime (see, e.g., Courtney & Dworsky, 2006; Courtney, Dworsky, Brown, Cary, Love, & Vorhies, 2011a; Dworsky, Napolitano, & Courtney, in press; Hook & Courtney, 2001; McMillen et al., 2005; Pecora et al., 2006). Qualitative research on this population has also proliferated, with a particular focus on the nature and benefits of youths' social connections to family and others (see, e.g., Collins, Spencer, & Ward, 2010; Munson, Smalling, Spencer, Scott, & Tracy, 2010; Samuels, 2009; Samuels & Pryce, 2008).

Until recently, the federal government only provided states with reimbursement for foster care for youth through age 18. Research has helped provide evidence that allowing youth to remain in care past the age of 18 is associated with better outcomes during early adulthood (Courtney, Dworsky, & Pollack, 2007; Kerman, Barth, & Wildfire, 2004), and the Fostering Connections Act of 2008 provides states with the option of claiming federal funds for providing continuing out-of-home care to age 21. While research in the US has helped provide a better understanding of foster youths' trajectories into adulthood and has helped make the case for more developmentally-appropriate child welfare policies, evidence of the effectiveness of particular interventions directed towards this population remains sorely lacking (Montgomery, Donkoh, & Underhill, 2006). A recent set of experimental evaluations of interventions intended to improve the transition to adulthood for youth in foster care in the US found evidence for the effectiveness of only one, a program of intensive case management focused on preparing older adolescents in foster care for independence (Courtney, Zinn, Johnson, & Malm, 2011b).

Concern about racial disparities in children's placement in out-of-home care. Observers have long noted that families and children from immigrant and racial minority communities have often been represented in child welfare services populations at rates in excess of their representation in the overall population, raising concern on the part of the leaders of these communities and other advocates (Billingsley & Giovannoni, 1972; Roberts, 2002). The debate over the proper influence of race, ethnicity, and culture in child welfare practice has contributed to significant changes in child welfare policy, including the enactment of the Indian Child Welfare Act in 1978, which gave federally-recognized tribes considerable control over placement in foster care and adoption of Native American children (Cross, Earle, & Simmons, 2000), and the Multiethnic Placement Act of 1994 (MEPA) and the Interethnic Adoption

Provisions of The Small Business Job Protection Act of 1996 (IEPA), which amended federal law to limit the ability of agencies and courts to take into account race, color, or national origin in making foster care or adoption placement decisions. The push for MEPA and IEPA came from advocates concerned about the disproportionate overrepresentation of children of color, particularly African American children, in the child welfare system (Brooks, Barth, Bussiere, & Patterson, 1999). They argued that delays caused by race matching policies in some jurisdictions at that time and attempts to place children with families that reflected the race and culture of the child caused racial minority children to remain in care longer than Caucasians. In contrast, others have argued that disproportionate representation of children of color in out-of-home care largely reflect racism in child welfare policy and practice (Roberts, 2002).

Research has helped clarify the extent of racial disparities in children's representation in out-of-home care and identified potential contributors to such disparities, including social inequality associated with race, aspects of child welfare policy, characteristics of child welfare agencies, and bias in child welfare practice, though the relative contribution of these causes of disproportionality remains less clear (Hines, Lemon, Wyatt, & Merdinger, 2004). However, analysis of foster care caseload trends studies has shown that the difference in length of stay in care between African American and Caucasian children has declined over time, potentially due to changes in child welfare policy, contributing to a reduction in racial disparities in foster care placement (Wulczyn, 2003). Considerable evidence also points to large differences between races in rates of entry to out-of-home care that are likely a function of differences between races in socioeconomic factors associated with child maltreatment (Drake et al., 2011). These findings suggest that significantly reducing racial disparities in foster care placement will require reductions in economic inequality between races in the US.

Canada

Child protection framework

The Canadian constitution distributes legislative powers and responsibilities between the federal government, responsible for national issues such as defence, citizenship, and criminal law, and provincial or territorial governments, responsible for health, education, and social services, including child welfare. Thus, child welfare, although a mandatory service throughout Canada, is governed by legislation specific to each of the 10 provinces and 3 northern territories (Mulcahy & Trocmé, 2010). Because of the constitutional division of powers, Canada has no national office for child welfare, such that there is no national collection of statistical data on children in child protection or in out-of-home care.

The first child welfare organization in Canada was founded in Toronto in 1891 and the first legislation was passed in 1893, in Ontario (Swift & Callahan, 2006). Child welfare services in Canada, as in the US, are residual "last chance" services. Despite the jurisdictional differences mentioned earlier, the "best interests of the child" is at the core of child welfare law in Canada, with these "best interests" defined in terms of respect for family autonomy, support of families, continuity of care, consideration of the views of children, respect for cultural heritage (especially for Aboriginal children), and the paramount objective of protecting children from harm (Bala, 2011).

Child Care Figures

According to Statistics Canada, the total population of Canada as of April 1, 2013 was estimated to be 35,056,064. In 2012, the population annual growth rate was 1.1%, two-thirds of which was

accounted for by international net in-migration. The birth (fertility) rate was 1.61 in 2011, down from 1.66 in 2007. In 2012, there were 5,345,585 children aged 0-14 in Canada. Between 2006 and 2012, the proportion of children aged 14 and under in the total population fell from 17.7% to 15.6%.

In-care population. The lack of a national office responsible for gathering Canada-wide statistics on the number of children in care makes it virtually impossible to have accurate, up-to-date figures. Mulcahy and Trocmé (2010) have pieced together what is probably the best estimate currently available. They estimated that in 2007 there were 67,000 children in out-of-home care on any given day in Canada, a rate of 92 children in care per 10,000 children aged 0-18 in the population, or nearly 1%. Fifteen years earlier, in 1992, there had been 42,000 children in care, or 57 per 10,000. The rate of increase was particularly steep between 1995 and 2003, with relative stability since 2003.

Data for the province of British Columbia, which has 13% of the Canadian population, are consistent with the estimates made by Mulcahy and Trocmé (2007). Schwartz et al. (2012) stated that in 2011, nearly 8,200 children were living in care, or 91 for every 10,000 children in the population (again, almost 1%).

In Ontario, the most populous province with 39% of the total Canadian population, the evolution of the in-care population between 1998-1999 and 2009-2010 is shown in Figure 1 (Commission to Promote Sustainable Child Welfare, 2010). The number of children in care rose considerably in the late 1990s to 2002-2003, after which it remained relatively stable, with a slight reduction since 2006-2007. Of the 18,213 children in care in Ontario in 2010, 20% were 0-5 years of age, 24% were 6-12, 23% were 13-15, and 33% were 16 years of age and over. Regarding the type of in-care service settings used, 66% of the days of care were delivered in family-based care (e.g., foster or kinship care), 14% in group care, 16% in transitional living or other forms of independent living, and 4% in other kinds of settings (e.g., hospitals, children's mental health, youth justice). Among

younger children, 80% were in family-based care, 15% in group care, and 5% in other types of settings.

Residential placement settings. In 2010, there were 8,200 licensed foster care homes and 12,100 foster care beds in Ontario (Commission to Promote Sustainable Child Welfare, 2010). The majority were operated by local Children's Aid Societies, with the balance operated through Outside Paid Resources (OPRs). Approximately 900 of the foster care homes were kinship care homes. There were also 355 group homes in the province, of which the majority were operated by OPRs. About one-third of the children in care in Ontario remained for less than 6 months, while half were in care for more than 24 months. Younger children tended to spend less time in care than older children.

Aboriginal children in care. Aboriginal children in Ontario were found by the Commission (2010) to be overrepresented in the in-care population, as is the case elsewhere in Canada. They comprised just 2.5% of the total Ontario child population but approximately 14% of children in care. Also, Aboriginal communities have experienced high rates of growth of their child populations (e.g., 20% between 2001 and 2006). Accordingly, the number of Aboriginal children in care served by Aboriginal Children's Aid Societies increased by 20% during 2005-2010, compared with a decrease of 5% for non-Aboriginal Children's Aid Societies. Also, many Aboriginal children are placed outside of their communities, often with non-Aboriginal families (Commission, 2012). In British Columbia, as in Ontario and other provinces, a disproportionate number of Aboriginal children were in care. They experienced a rate of placement into care that was 15 times higher than for the rate for other children (6.1% versus 0.4% of the child population, respectively). Moreover, 53% were placed in non-Aboriginal homes.

Adoption, international and domestic. Although the federal and provincial governments cooperate on immigration, it is the federal government that grants permanent residency and Canadian citizenship. It thus keeps track of the annual number of international

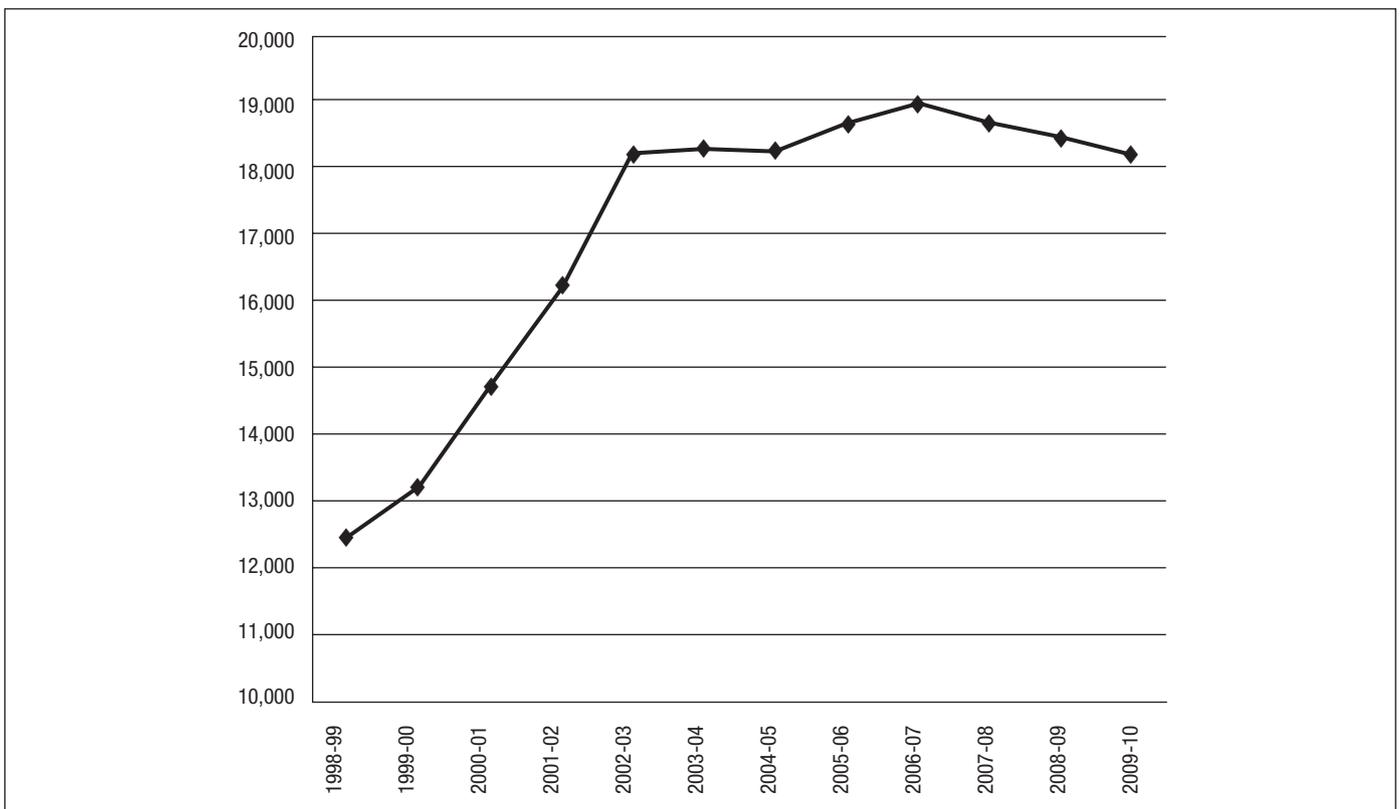


Figure 1. Evolution of the Number of Children in Care in Ontario, 1998-1999 to 2009-2010 (Adapted from Commission to Promote Sustainable Child Welfare, 2010, p. 7).

adoptions, even though the latter constitute less than 1% of total immigrations into Canada each year. Between 1999 and 2009, a total of nearly 21,000 children entered Canada through international adoption, with the annual number fluctuating between 1,500 and 2,200 children (Statistics Canada, 2010). China remains the primary source country, accounting for 22% of international adoptions in 2009 (down from 53% in 2005), compared (in 2009) with 12% from the USA, 8% from Ethiopia, 8% from Vietnam, and 7% from Haiti.

In the case of domestic adoptions, as for children in care, national data-gathering does not exist, as such adoptions are the responsibility of the provinces and territories rather than the federal government. In Ontario, the Expert Panel on Infertility and Adoption (2009) provided an in-depth examination of adoption in Canada's most populous province, which we cite here as an example. During the five-year period 2003-2007, adoptions of an average of about 1,600 children took place annually in Ontario, approximately 800 public, 650 intercountry, and 150 private. Public adoption services are part of the child welfare service system. Of the 18,668 children in care in Ontario in 2007-2008, 9,401 (50%) were Crown Wards, and only 822 (9%) of the Crown Wards were adopted in that year. The average cost of adoption varied greatly, depending on the particular adoption service used, whether for an international or domestic adoption: \$651 for public services (Children's Aid Societies, CAS), \$13,992 for private domestic services, and \$25,249 for private intercountry services. The Expert Panel (2009) observed that only about 2% of the funding of local CASs was devoted to adoption but suggested that with the creation of a provincial adoption agency and other adjustments, Ontario could (and should) double the number of Crown ward adoptions within a few years.

Review of research on Canadian out-of-home care, 2000-2013

We aimed at producing a selective rather than an exhaustive review and decided to focus on two main topics, maltreatment in Canada and its prevention and the experience of maltreated young people in out-of-home care. Besides drawing on our own knowledge of Canadian child welfare research to locate relevant studies (see also the Canadian Child Welfare Research Portal at <http://cwrrp.ca/>), we also examined every article published during the January 2000-July 2013 period in *Child Abuse and Neglect* (for research on maltreatment) and in *Children and Youth Services Review* (for research on the experience of care), retaining for further scrutiny papers of which at least one author was a Canadian.

It is worth mentioning that in an accidental sample of some 200 stakeholders in child welfare in Canada who responded to an Internet survey by Vandermeulen, Wekerle, and Ylagan (2005), the evaluation of service effectiveness was rated as the top priority. Flynn and Bouchard (2005) tried to discover to what degree extent evaluations of child welfare programs were aligned with the stakeholders' key question. They found only 4 randomized and 6 quasi-experimental evaluations of child welfare programs that had been carried out during the previous decade and published in peer-reviewed journals, concluding that much more had to be done in this regard.

Topic 1: Maltreatment in Canada and its prevention

Rates and types of maltreatment. In the Canadian Incidence Study of Reported Child Maltreatment (CIS, Trocmé et al., 2010), information was collected on families and children who were being investigated in 1998, 2003, or 2008 by child welfare agencies across Canada. The purpose was to identify the incidence and characteristics of reported child abuse and neglect cases and the short-term outcomes of the investigations, such as the substantiation of the reported maltreatment or placement into care (Trocmé, Tourigny, MacLaurin, & Fallon, 2003). In the latest cycle, in 2008, the estimated number of maltreatment-related investigations carried out in Canada was 235,842 (39.16 per

1,000 children in the general population). Thirty-six percent (14.19 per 1,000) of the maltreatment cases were ultimately classified as substantiated, 8% (2.98 per 1,000) as suspected but not substantiated, 30% (11.80 per 1,000) as unfounded, 5% (2.00 per 1,000) as involving a risk of future maltreatment, 17% (6.52 per 1,000) as involving no future risk of maltreatment, and in 4% the investigating worker did not know whether there was a risk of future maltreatment. The overall Canadian rate in 2008 of 14.19 substantiated child maltreatment cases per 1,000 children was slightly lower than an estimate for the US in 2006 of 17.1 per 1,000 but much higher than an estimate of 6.1 substantiated cases per 1,000 for Australia in 2010-2011 (reported in Pietrantonio et al., 2013).

Of the 8% (3.26 per 1,000) of substantiated cases in the CIS-2008 in which placement of the child occurred, 4% of the children moved to an informal arrangement with a relative, 4% moved to foster care or kinship care, and less than 1% moved to a group home or residential/secure treatment (Trocmé et al., 2010). These authors found that of the substantiated instances of child maltreatment recorded in CIS-2008, the primary types of maltreatment were neglect (34% of cases), exposure to intimate partner violence (34%), physical abuse (20%), emotional maltreatment (9%), and sexual abuse (3%).

MacMillan, Tanaka, Duku, Vaillancourt, and Boyle (2013) also reported on the rates of maltreatment in Canada, based not on investigated and substantiated cases (as in the CIS) but rather on a relatively representative community-based sample of 1,928 adults from the Ontario Child Health Study. In wave 1, in 1983, 3,294 children aged 4-16 years were studied. Wave 3, in 2000-2001, saw the collection of data on physical and sexual abuse in childhood, as measured retrospectively before the age of 16, from 1,928 participants (58.5% of the original sample) who were now 21-35 years of age. The overall prevalence of self-reported maltreatment was as follows: physical abuse and/or sexual abuse, 37.9%; physical abuse, 31%; severe physical abuse, 19.9%; sexual abuse, 15%; and both physical and sexual abuse, 8.1%. Males were more likely than females to report physical abuse, whereas females were more likely to report sexual abuse.

Over-representation of Aboriginal children in out-of-home care. Research conducted during 2000-2013 corroborated the data noted earlier on the over-representation of Aboriginal children in care. In 22% of substantiated cases in CIS-2008, the children were of Aboriginal heritage, including 18% First Nations, 2% Métis, 1% Inuit, and 1% Other Aboriginal. Trocmé, Knoke, and Blackstock (2004) studied the pathways leading to this over-representation, and the Auditor-General of Canada (2008) suggested that First Nations children are 6 to 8 times more likely to be placed in out-of-home care than non-Aboriginal children. Similar over-representation has been found to prevail also in the USA and Australia (Fallon et al., 2013).

To better understand the dynamics involved, Fallon et al. (2013) used multilevel logistic regression to analyze CIS-2003 data from 2,061 investigations. Aboriginal children were more likely to be placed in out-of-home care if, on the child and family level, the child was of Aboriginal heritage or, on the child welfare agency level, if Aboriginal caregivers were involved in more than 45% of the investigations (a variable that the researchers interpreted as an indicator of community poverty). Thus, child, familial, and agency characteristics were implicated in the over-representation of Aboriginal children in care.

Prevention of recurrence of neglect and physical abuse. MacMillan, Thomas, Jamieson, Walsh, Boyle, Shannon, et al. (2005) carried out a randomized controlled trial to answer the question of whether a nurse home-visitation program could prevent the recurrence of physical abuse or neglect in families in which either form of maltreatment had already taken place. An experimental (nurse-visited) group and a control group received standard services from child protection agencies (e.g., referrals to parent education and other programs). After an initial week of manual-based training, the

nurses-visitors received group supervision every two weeks throughout the intervention.

At the three-year follow-up, in which 85% of the families participated, there were no statistically significant differences between the intervention and control groups on the primary outcome, namely, the recurrence of either child physical abuse (in 33% of the intervention group families versus 43% in the control group families) or neglect (47% versus 51%). MacMillan et al. (2005) concluded that their home-visiting program was no more effective in preventing the recurrence of physical abuse or neglect than standard follow-up services by child protection workers and that much greater efforts are needed to prevent abuse or neglect in the first place.

Topic 2: Experience of maltreated children in care

Effects of placement into care. Warburton, Warburton, Sweetman, and Hertzman (in press) addressed the important policy question of the causal impact of being taken into foster care on male youths aged 16-18 and at risk of coming into care. The outcomes, when the youths were aged 19, included high school graduation, use of income assistance, and criminal convictions. In the first Canadian study of its kind, Warburton et al. used two instrumental variables to disentangle the effects of placement into care from the effects of pre-existing neglect or abuse: a judicially-driven one-time increase in the placement rate that was followed by a decrease several years later, and the effect of the quasi-random assignment of new cases to social workers who had markedly different propensities to place into care youths whom they perceived as being at risk. Warburton et al. concluded that being taken into care reduced or delayed high school graduation among the male youths, that the sharp increase in the child placement rate increased both the use of income assistance and criminal conviction rates, but that being taken into care by caseworkers with different apprehension propensities decreased the conviction rate (to a statistically non-significant degree). The findings of the study by Warburton et al., which is the only Canadian research of its kind to date, were broadly consistent with Doyle's (2013) instrumental-variables research in the US.

Differential response. Differential response, in which cases of severe risk of maltreatment continue to be handled by child protection services but cases of low or moderate risk are referred to community partner agencies, incorporates six core values (Kaplan & Merkel-Holguin, 2008, as summarized by Canadian researchers Kyte, Trcomé, & Chamberland, 2013): engagement and partnership versus an adversarial relationship with parents, services versus surveillance, the use of the label "in need of services or support" rather than "perpetrator", encouraging parents versus threatening, identifying family needs and strengths versus punishment, and a continuum of responses versus "one size fits all". In their review of six evaluations of differential response, four in the US and two in Canada, Kyte et al. (2013) noted that most used quasi-experimental designs, although an evaluation in Minnesota did make use of an experimental design. The outcome measure was typically recurrence of a threat to child safety, such as a re-report, re-entry, or recidivism. Kyte et al. interpreted the results of the evaluations as indicating that differential response did not compromise child safety and that families receiving differential response, compared with traditional child protection services, had a lower rate of subsequent maltreatment reports, longer periods of time between re-reports, and re-reports that were less severe.

Resilience. Resilience, defined as positive adaptation in spite of serious adversity (Masten, 2006), came to occupy a preeminent role in child welfare theory and research in Canada during 2000-2013. We focus here on our own resilience-based research, based on the Looking After Children approach to child welfare, but the interested reader will find other Canadian research stemming from alternative streams of resilience theory in recent special issues of journals; in

chronological order, these sources include Carrey and Unger (2007), Yates and Wekerle (2009), Stewart (2011), Tommyr, Wekerle, Zangeneh, and Fallon (2011), Tommyr and Wekerle (2013), and Wekerle and Wolfe (2013).

In Ontario, the developmental and resilience-based approach known as Looking after Children: Good Parenting, Good Outcomes (Flynn, Dudding, & Barber, 2006; Parker, Ward, Jackson, Aldgate, & Wedge, 1991) has been mandated since 2006 by the provincial government for annually assessing the developmental progress and revising the plans of care of children and youth in out of home care. In Quebec, Looking After Children has been adopted on a voluntary basis in every administrative region. Looking After Children strives to improve young people's positive adaptation and outcomes in seven major areas of development: health, education, identity, social and family relations, social presentation, emotional and behavioural development, and self-care skills. Masten (2006) described Looking after Children as a general framework for promoting resilience in entire systems of care. The approach has had an important influence in various countries besides the UK and Canada, such as Australia, Hungary, and Sweden, on efforts to improve substitute parenting and developmental outcomes.

The Ontario Looking after Children project has generated a broad range of studies (see Vincent, Flynn, & Miller, 2013), of which selected examples follow. Flynn, Ghazal, Legault, Vandermeulen, and Patrick (2004) studied the level of resilience in two samples of young people who resided mainly in foster care in Ontario; 340 were aged 10-15 and 132 were 5-9. The percentage experiencing resilience was relatively high on the outcomes of health, self-esteem, and pro-social behaviour, moderate on the outcomes of relationships with friends and anxiety and emotional distress, and low on the outcome of academic performance. Legault and Moffat (2006) reported on the positive experiences of 502 young people in care, aged 10-21, gathered through the main Looking After Children tool, the Assessment and Action Record (Flynn, Miller, & Vincent, 2011). The young people mentioned a total of 1,530 positive experiences, including enjoyable family or other activities, relationships, permanence or stability, education, personal achievements, or life transitions. Flynn, Robitaille, and Ghazal (2006) examined the satisfaction with their current placements of 414 young people in care, aged 10-17 years and living in foster (89%) or group homes (11%). The average level of satisfaction in foster homes was high, much more so than in group homes, and the quality of the relationship with the female caregiver as perceived by the young person was by far the most important predictor of placement satisfaction. Dumoulin and Flynn (2006) studied hope among 374 young people in care, aged 10-17. On average, the young people's level of hope corresponded to "hopeful thinking a lot of the time", and active coping was easily the best predictor of hope. Flynn, Beaulac, and Vinograd (2006) found that among 442 young people in care, aged 10-17, greater participation in extracurricular activities was associated with greater self-esteem, pro-social behaviour, and happiness/optimism. Perkins-Mangulabnan and Flynn (2006) showed that in a sample of 367 young people in care, aged 10-17, more nurturant foster-parenting was associated with greater pro-social behaviour, lower conduct disorder, and lower indirect aggression, whereas greater foster parent-child conflict was linked to higher levels of emotional disorder, conduct disorder, and indirect aggression.

Canadian researchers have begun to exploit the potential of Ontario Looking after Children data for multi-level analyses. Cheung, Goodman, Leckie, and Jenkins (2011) used a multi-level model to partition the variance in the externalizing scores of 1,063 children aged 10-17 in out-of-home care into worker, foster family, and child-specific influence. Child-level differences accounted for 72% of the variance in externalizing behaviors, but foster family characteristics explained 18% and worker characteristics 10% of the variance, respectively. Workers with lower levels of education were working

with more difficult children, and children in foster care had higher levels of problem behaviour than those in kinship care. Also, greater foster parent negativity was associated with more externalizing behaviour, and children who were more satisfied with their current placement had less problem behaviour. Bell, Romano, and Flynn (2013) used hierarchical linear modelling to examine four levels of influence—the child, family, child welfare worker, and child welfare agency—on the prevalence of behavioural resilience, defined as less frequent conduct and emotional disorder and more frequent prosocial behaviour, among 531 children, aged 5–9, living in out-of-home care. Of the children, 50–70% displayed resilience on one behavioral outcome and 30% on at least two outcomes, with child and foster family characteristics especially important in promoting behavioural resilience.

Educational achievement. In a special issue of *Children and Youth Services Review* that focused on improving the educational outcomes of children in care, Flynn, Marquis, Paquet, Peeke, and Aubry (2012) described the effects of a randomized controlled trial of direct-instruction tutoring on the reading and math skills of young people in foster care who were aged 6–13 years and enrolled in primary school. The experimental (tutoring) group were exposed to a structured tutoring intervention delivered by their foster parents over a period of 30 weeks, 3 hours per week. The wait-list control group were offered the tutoring intervention in the following school year. At the post-test, the foster children in the experimental (tutoring) group had made significantly greater gains than those in the control group on several sub-tests of the Wide Range Achievement Test-Fourth edition (WRAT4), namely, Sentence Comprehension (Hedges' $g = 0.38$), Reading Composite ($g = 0.29$), and Math Computation ($g = 0.46$), but not on Word Reading ($g = 0.19$) or Spelling ($g = -0.08$). Harper (2012) conducted a constructive replication of this study, also using a randomized design. She obtained positive results with a sample composed mainly (80%) of Aboriginal children in care. These two RCTs indicate that direct-instruction tutoring is effective in improving the basic reading and math skills of children in care of primary-school age.

Transitions from care. Beaupré and Flynn (2013) produced a virtually exhaustive review of the limited Canadian research on transitions, the findings from which we will present in another forum. For now, we limit ourselves to mentioning some encouraging developments concerning transitions in Ontario that are being echoed in other Canadian provinces. In line with recent policy reports (e.g., Tweddle, 2005; Provincial Advocate for Children and Youth, 2012), the Ontario government announced in June, 2013, that Crown Wards (i.e., youths eligible to receive benefits from the Continued Care and Support for Youth program) will receive free tuition support, to a maximum of \$6,000 per year for up to four years, at all Ontario universities and one-third of Ontario community colleges (Ontario Ministry of Training, Colleges, and Universities, July 4, 2013). Also, the provincial government will provide a \$500 grant towards the living costs of Crown Wards between the ages of 21 and 24 who have enrolled in the universities or colleges involved. It is anticipated that as many as 850 former Crown Wards who have already left care will now be able to gain access to post-secondary education. This positive development adds urgency to the task of monitoring youths' transitions longitudinally.

Conclusions

Several differences and similarities emerge from comparing the US and Canadian child welfare systems. Four differences seem important. First, federal leadership in matters of child welfare policy in the US has been prominent since the 1970s, whereas in Canada, because of the constitutional division of powers, federal leadership is virtually non-existent, with leadership lodged in the 13 different

child welfare systems (10 provincial and 3 territorial) in Canada. Second, different intellectual influences have been at work over the last 15 years. England's Looking after Children approach has had a major impact on Canadian services to young people in care, but none in the US. Third, Aboriginal children are heavily over-represented in care in Canada, whereas African-American children are disproportionately present in care in the US. Fourth, outcome evaluation, especially of a more rigorous experimental or quasi-experimental nature, plays a much greater role in the US than in Canada, despite the fact that Canadian stakeholders want evidence of service effectiveness (Vandermeulen et al., 2005).

Regarding similarities between the US and Canadian out-of-home care systems, both countries have mandated the reporting of child maltreatment, and both place much emphasis on permanency planning. Also, government funding in the USA and Canada is the fiscal backbone of child welfare services, with both countries making frequent use of voluntary agencies to deliver services. Both countries have tried to reduce the number of children placed in care in recent years, with a corresponding increase in the numbers in kinship care and adoption. Finally, both countries are paying a good deal of attention at present to improving the success of transitions from care, although research in this regard, as in others, is considerably more advanced in the US than in Canada.

Conflicts of interest

The authors of this article declare no conflicts of interest.

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