



**The Role of Emergency Care As A Child Welfare Service  
Summary of Findings and Recommendations**

**Emily Joyce Oakes  
Madelyn Freundlich**

Children's Rights  
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## A Synthesis of Current Practice in Emergency Care Services

It is common practice across the United States to place children and youth in emergency care settings when they enter foster care. In some cases, emergency care is used when alternative care arrangements within children's extended families or with unrelated foster families cannot be made. In other cases, however, emergency care is routinely used as children's points of entry into the foster care system. This study focused on the three primary types of emergency care for children and youth who enter foster care: emergency shelters, emergency family foster care, and receiving centers. It examined how child welfare systems currently use emergency care services and how three communities have worked to change their placement practices and implement family foster care as children's first, best, and only placement. It identified a number of policy and practice factors that often prolong communities' reliance on emergency care despite efforts to implement family-based care.

Research has not focused on emergency care services, and there is little by way of evidence-based practice in this area. Currently, there is no empirical evidence that documents the outcomes associated with children's placements in emergency shelter care, emergency family foster care, or receiving centers. It is, in fact, not clear to what extent these types of emergency care are used because neither the federal database (AFCARS) nor most state data systems track children's placements in these settings or the services they receive when in these care arrangements.

This qualitative study was designed to achieve a better understanding of professionals' views of the use of emergency care services throughout the country and their impact on children and youth and to learn more about emergency care directly from communities that have altered or attempted to alter their placement practices. The paucity of information about the use of emergency shelters, emergency family foster care and receiving centers emphasized the importance of gathering information from a cross-section of child welfare professionals -- researchers, consultants, county administrators and leaders of community agencies -- about current practices and the issues that warrant critical assessment. This information was enhanced by case studies of three communities that have grappled directly with the use of different emergency care approaches.

The extent to which communities use emergency care services and the types of emergency care that they use are affected by a range of factors: the community's perspective on the appropriateness and need for emergency care services, the caseloads of social workers who make placement decisions, the availability of family-based placement resources, the political will to examine and change placement practices, and the availability of funding. Although this study identified several communities that have reconsidered their reliance on emergency care, it was surprising to find that these communities were in a minority. The general absence of attention to emergency care suggests that emergency care services need to be examined more critically at both the national and state levels children and families. Concerns about the use of emergency care fall squarely within the focus of the Adoption and Safe Families Act (ASFA) of 1997 with its emphasis on the safety, permanency, and well being of children, and they are highly relevant to federal evaluation efforts through the Child and Family Service Reviews (CSFRs).

This study found marked discrepancies between what is considered to be quality emergency care practice and what constitutes current emergency care practice. A clear example is found in the variance between states' and counties' time limits on children's stays in emergency care, as stated in jurisdictions' legislation or policy, and children's actual lengths of stay in emergency care settings. Routinely, it was reported that children remain in emergency care for time periods that exceed the designated time limits. Child welfare professionals reported that certain children spend particularly long periods of time in emergency care settings: older children, children of color, and children with emotional and behavioral problems.

Multiple reasons have been advanced for this outcome. Consistently, it was reported that a shortage of placement resources, including both foster families and residential treatment beds, made it difficult to move children from emergency care settings. Child care professionals, however, consistently expressed concerns that caseworkers do not make timely efforts to meet children's ongoing placement needs when children are placed in emergency settings, often beginning the planning process just as the time limit for emergency care is expiring. Although they acknowledged that this practice may be the result of a shortage of caseworkers and unreasonable caseloads, they noted that this practice results in many children remaining in

emergency care for excessive periods of time with poor outcomes in terms of their safety, well-being, and permanency.

In connection with children's well-being, it also was consistently reported that many children remain in emergency care, particularly emergency shelters, without receiving necessary medical and mental health services or being enrolled in school in a timely way or at all. Key informants described coordination among the health care, education, and child welfare systems as poor. A number of professionals emphasized that despite children's eligibility for Medicaid and services covered by state and federal child welfare funding, many children in emergency care settings do not receive the health or mental health services that they need immediately. Of equal concern was the failure of emergency care providers to ensure that children are enrolled in and attend school. Despite educational entitlements for children in the federal McKinney-Vento Homeless Assistance Act, for example, many children in emergency care are not allowed to remain in their schools of origin and are not enrolled in new schools.

Professionals also stated concerns about the impact of long stays in emergency shelters on children's health and well-being. They consistently described shelter care as less safe than family foster care, failing to give individualized attention to children, and not effectively stabilizing children after the trauma of being removed from their families. Their perceptions of emergency care directly contradicted the literature that has promoted emergency shelters as safe and therapeutic environments. In general, the professionals who were interviewed concluded that emergency shelters, like other types of congregate care facilities, often were detrimental environments for infants, toddlers, and latency age children because they fail to meet children's developmental and emotional needs.

Based on the interviews with professionals and the case studies, children and youth are placed in shelter care for two major reasons: a shortage of foster families and the convenience of caseworkers and law enforcement officials. Emergency shelters are used more in urban areas and in large counties for these reasons. Urban communities and large counties tend to have larger caseloads and fewer family-based resources, and shelters simply have been accepted as a necessary response to the placement needs of children.

The majority of child welfare professionals viewed family foster care as the best type of emergency care service because it can serve children of all ages, it meets the needs of the majority of children who enter foster care, and it is more economical than other placement options. They also believed that family foster care can more successfully stabilize children after they have been removed from their families. Key informants stated that foster families provide children with more individualized attention and, as a result, are better at obtaining needed assessments and services for children in their care.

Emergency family foster care as a service varies significantly across the states and counties. Some states and counties, for example, place children with emergency foster families under very limited circumstances and then move children within two to three days to longer care arrangements. Other states and counties certify all foster families as emergency care providers for children entering care and consistently place children with emergency foster families. Irrespective of these differences, there appears to be an ongoing struggle in virtually all communities to maintain an adequate number of foster families to meet the placement needs of children entering foster care. In response to this conundrum, some communities have privatized their foster care systems while other communities have engaged in broad public education and community recruitment efforts to recruit and retain families. The professionals interviewed in this study stated that relationship building, mentoring and support for foster families are the essential components of any program. Foster parent associations also were identified as strong supports for foster families and as effective partners who can ease burdens on county child welfare systems while providing support for families. Although there was consensus on effective recruitment and retention approaches, there also was agreement that resources to develop viable programs are lacking. The lack of resources and the challenges associated with foster family recruitment have led to perceptions that residential care is “easier to do” than family foster care, despite the fact that residential care is more expensive and offers less individualized attention to the needs of children.

The use of receiving centers to facilitate placement decisions is an interesting new model that should be closely evaluated (but has not yet been evaluated). Because these centers are not intended as placements for children entering care, there is no expectation that children will be housed in these facilities, and the

focus, instead, is on the child's immediate needs. Receiving centers appear to meet the needs of children by offering placement and assessment services 24 hours a day, 7 days a week and by providing caseworkers with time and information in order to make the best placements for children. Key informants familiar with receiving centers reported that they can help prevent placement failures and strengthen the ability of caseworkers to locate the "right" as opposed to simply the "first available" placement for a child. Some also stated that receiving centers can help stabilize children and can support foster families by providing them with more complete information about a child. Some professionals, however, expressed reservations about receiving centers. They questioned the validity of assessments conducted in an "artificial setting" and expressed concern that receiving centers simply are yet another, and an unnecessary, stop for children entering care.

The communities that were the subject of the case studies -- El Paso County, Colorado, Marion County, Indiana, and Contra Costa County, California -- provided specific information regarding efforts to change emergency care practices and expanded the understanding of the factors that facilitate communities' efforts to implement family-based placement practices and the obstacles to these efforts. The case studies suggest that changes in placement practice are complex and the factors that promote or hinder such changes may vary from one community to another. The case studies highlighted three communities with strong family-based care values that have made significant changes as the result of strong leadership and political will. These communities developed a range of creative strategies including innovative funding approaches and strong partnerships among multiple agencies in their communities. Although each community has encountered hurdles that they have not always been able to fully surmount, their efforts to make significant changes in emergency care practice provide strong examples for other communities to consider.

### **Guiding Principles and Recommendations for Quality Placements and Services for Children in Foster Care**

#### *Guiding Principles for Quality Placements for Children in Foster Care*

Based on the information gained from the key informant interviews and the experiences of the communities on which the case studies focused, it is possible to identify guiding principles that can provide a foundation for changing placement practice and promoting the placement of children with "regular" foster

families when children enter care. The following principles provide a framework for assessing the use of emergency care services for children entering the foster care system:

1. Children and youth are best served in times of crisis by supportive and caring relatives and/or by foster families who are committed to caring for children and youth for as long as they need care.
2. Foster families must receive support and resources in order to best help children and their families in times of crisis.
3. Child welfare professionals must receive adequate support, training, and resources to meet the needs of the children and families they serve.
4. In order to assure quality care and services for children and their families, child welfare systems must engage in rigorous quality assurance and evaluation efforts to determine whether their programs meet the needs of the children and families they serve.

#### *Recommendations for Quality Placements for Children in Foster Care*

Children in foster care who cannot be placed with kin are best served when they live with unrelated foster families who can meet their individual needs. Of utmost importance are effective programs that recruit, screen, train, and provide ongoing support for foster families, programs that often involve partnerships with foster parent associations and a range of community providers. The findings of this study suggest that communities that are interested in implementing a family-based, non-temporary placement system for children and youth need to take a number of steps. The following recommendations, which are consistent with the work of the Annie E. Casey Foundation's Family-to-Family Initiative and the Child Welfare League of America, promote family foster care as the most effective approach to meeting the placement needs of children and youth entering foster care.

To provide children and youth with safe, nurturing and thoughtful care arrangements when they enter foster care, state and county child welfare agencies should:

1. **Actively recruit, train, and support foster families as resources for all children entering foster care.**

Some counties have recognized that foster families are the foundation upon which quality foster care is based. Counties – such as El Paso County, CO, which was highlighted in this study, and Lucas County, OH and Cuyahoga County, OH, other counties which have made significant changes in their placement practices<sup>1</sup> -- have eliminated the use of emergency shelters and created systems that result

in the immediate placement of children with foster families. In these communities, foster families are matched with children and efforts are made to support these foster families as children's only foster families while they are in care.

*To effectively recruit foster families, states and counties should:*

- a. Develop and implement comprehensive foster family recruitment strategies that raise public awareness about the need for foster parents.
- b. Recruit foster families as specific placement resources for groups of children often considered hard-to-place, such as sibling groups, children with emotional disturbances, children with behavior problems, and medically fragile children, and train and support foster families to serve as therapeutic foster families for children with emotional or behavioral issues.
- c. Partner with a wide variety of community organizations, such as churches, community groups, social service agencies, schools, hospitals, and mental health clinics, to facilitate the recruitment and support of foster families in the community.

*To effectively license foster families:*

- a. Support foster families throughout the licensing process so that they have realistic expectations about what it means to be a foster family and have access to information and support as they complete the process and become licensed.
- b. Create efficient licensing procedures that encourage new foster families to become licensed.

*To effectively train and support foster families:*

- a. Provide foster families with training in child development, the effects of child trauma, child welfare policy, and the rights of children in foster care to education, health, and mental health services.
  - b. Develop foster parent support services to assist families with children in their care. Examples of essential support services are: a hotline to provide foster parents with information and guidance; foster parent support groups so that seasoned foster families can support newer foster families; and respite services for foster parents on an as-needed basis.
2. **Eliminate or, at minimum, reduce the use of shelter care and promote placement of children with foster families.**

Research suggests that care by foster families who are committed to caring for children for as long as they need care promotes the health and well-being of children. The key informants interviewed in this study and professionals in El Paso, Marion, and Contra Costa Counties agreed that shelter care is not in children's best interests and that foster families who are committed to children on a longer-

term basis, when needed, are best able to promote children's safety, well-being, and permanency.

With those principles in mind, states and counties should:

- a. Recognize the importance of serving children, both developmentally and emotionally, in a family context.
  - b. Eliminate or, at minimum, reduce reliance on emergency shelter care as a placement option for children entering foster care.
  - c. Include youth, birth families, relatives, and foster families in decisions regarding the placements for children and youth.
  - d. Place sibling groups together and with families, whenever possible.
  - e. Ensure that the number of placement moves for each child is kept at a bare minimum, consistent with the "first placement, best placement, only placement" philosophy.
3. **Provide adequate infrastructure, training and support for caseworkers to ensure they have the skills and resources necessary for assisting children and families in crisis and making the best placement decisions.**

It is essential that states and counties develop an infrastructure that supports quality casework.

Caseloads should conform to the standards set forth by the Child Welfare League of America.

Training and supervision should communicate and reinforce principles of quality placement practice and ensure that caseworkers have the knowledge and skills that they need to assess children and families, assess placement options, and make sound placement decisions. States and counties should:

- a. Maintain caseloads that are consistent with national caseload standards.
  - b. Ensure that caseworkers have comprehensive knowledge of child development and the effects of trauma on children, and receive ongoing training on crisis intervention, strengths-based culturally competent practice, and placement decision-making.
  - c. Ensure that caseworkers understand federal and state mandates regarding the rights of children, birth families, and foster families.
  - d. Ensure weekly one-on-one supervision for caseworkers to provide support and assist them with decision-making on children's placements and services.
  - e. Ensure that caseworkers have immediate access to information on foster family resources and services for children, birth families, and foster families.
4. **Develop or enhance evaluation systems to monitor outcomes associated with emergency care services.**

To date, research has not addressed the extent to which different forms of emergency care meet the needs of children for safety, well-being, and permanency or involve families in planning for their children. An in-depth examination of the outcomes for children placed in emergency shelters and emergency family foster care is essential. Evaluations of the impact of receiving centers on outcomes for children also is critical. As the Annie E. Casey Foundation (2004, p. 22) has noted, “Data are a means to testing assumptions, creating focus, and developing an understanding for why practices and programs work or don’t work. . . without data, success is entirely subjective.” Research and evaluation on emergency care services would clarify the types of programs that provide the best outcomes for children and assist policy makers and program administrators in designing, or redesigning, emergency care practice in the most effective way. To this end, states and counties should:

- a. Review current data sources to determine what information on emergency care services exists and identify information gaps, develop criteria used to assess the quality of placements for children, enhance data collection systems to track specified criteria, and develop and implement evaluation mechanisms that obtain consumer feedback.
- b. Utilize data to promote accountability and support decision-making about effective or ineffective programs and practices.

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<sup>1</sup> El Paso County, CO, Lucas County, OH and Cuyahoga County, OH implemented practice changes as part of the Annie E. Casey Family-to-Family Initiative.