

Are Florida’s Children Safe? Evaluating Safety in District 7 Privatized Child Welfare Services

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ABSTRACT: In 1998, the Florida state legislature mandated the privatization of child welfare services. The decision to contract child welfare services to non-profit organizations was instituted in an effort to lower costs and to increase the effectiveness and quality in service delivery. The 1998 initiative came to be known as “Community-Based Care” and was based on the idea of giving local communities incentives to be more accountable for children.

The federal government requires that the safety of all children be the paramount goal for the child welfare system. The purpose of this study was to assess whether Community-Based Care was indeed effective in this principal objective. This study was performed with the researcher’s own developed definition of “safety” and three relative safety performance measures taken from the Florida Department of Children and Families online performance dashboard.

This research focused on the Community-Based Care initiative in District 7 (Orange, Osceola, Seminole, and Brevard Counties) and asked the question: are District 7’s children safe under privatized child welfare services? The research indicates that Florida’s privatized child welfare system may be able to keep children safe but significant improvements are still needed. The findings from this study are important. They provide Floridians and national, regional, and local public managers with a significant and unique view on privatized child welfare services, as well as the associated benefits and shortcomings in ensuring children’s safety.

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INTRODUCTION

The 1998 legislation mandating the Florida Department of Children and Families (DCF) to privatize child welfare services was a defining moment for the public sector in Florida. It was the first time in the state's history that the predominantly government-controlled entity, child welfare services, would be transferred to and performed by non-profit agencies, otherwise known as lead agencies. The transfer of child welfare services from the public to the private sector was due to issues DCF faced in guaranteeing children's safety while in state care.

For the purpose of this study, safety is defined as occurring when children in the privatized child welfare system are protected from further abuse or neglect if they receive in-home services or out-of-home services.¹ The research question formulated for this study is: Based on Florida state standards, are children in District 7 safe with privatized child welfare services? ² Robert Morin, former district administrator for District 7, stated that "District 7 was the largest family safety district in the state and it carried the highest number of abuse and neglect reports in the state between the years of 1999-2002" (R. Morin, personal communication, May 14, 2007). These two factors made District 7 an interesting geographic area of choice to use for this study.

To assess whether children in District 7 were safe with privatized child welfare services, three safety performance measures--FS100, FS101, and FS106, found on the online DCF performance dashboard--were used.³ These specific measures were chosen for this research because they encompass the two areas that the definition of safety for this study sought to evaluate. FS100 looks at the percentage of children in the privatized child welfare system who experienced repeated maltreatment after six months of receiving in-home or out-of-home services. FS101 shows the percent of children who experienced repeated maltreatment either when they received in-home services or were placed in a foster care setting. FS106 displays the percent of children who received out-of-home services and did not experience further abuse or neglect at the hands of foster parents or facility staff. As a result of the 1998 legislation, there are three lead agencies in District 7 that carry child welfare services. The three lead agencies include: Family Services of Metro Orlando (FSMO), Community-Based Care of Brevard (CBC of Brevard), and Community-Based Care of Seminole (CBC of Seminole). The data that is provided for the three lead agencies through the dashboard are

based on their performance in terms of whether they were meeting state standards in keeping children safe.

As the Community-Based Care program in District 7 continues to be evaluated and monitored by the state, the findings in this study can affect the national, regional, and local public sector view of privatizing child welfare services. In addition, it offers an examination at the primary objective of the federal government regarding child welfare in one of Florida's most active districts. The information found here can give public managers in Florida new perceptions and ideas on how to improve the child welfare system and ensure that all children in District 7 are protected from further abuse both now and in the future.

LITERATURE REVIEW

Privatization

E.S. Savas, a strong advocate of privatization, defines it as "the act of reducing the role of government or increasing the role of the private institutions of society in satisfying people's needs, that is, producing goods and delivering services" (2005, p. 16). Privatization is an alternate form of public service delivery; it occurs when federal, state, and local governments use either for-profit or non-profit organizations to partially or fully produce goods or deliver services. The concept of privatization lies in the notion that "regardless of the specific form it takes, privatization introduces market-based competition into government where it otherwise does not exist" (Gilroy, 2006, p. 3). It is a widespread belief that when competition is brought into social service delivery, it serves as a "strategy to lower the costs of service delivery and achieve higher performance and better results" (Gilroy, 2006, p. 1). Competition in social service delivery is predicated on the assumption that citizens will receive produced and delivered public services that meet or exceed their expectations.

There are a number of approaches to privatization. Contracting, one widely used approach, occurs when "the government sets the standards but signs an agreement with a private provider, for-profit or not-for-profit, to provide goods or manage services" (Auger, 1999, p. 437). Contracting is a desirable service delivery tool because it allows government to retain control of the good or service while reaping the benefits of the private sector in producing or delivering it for them. Likewise, there are arguments for and against contracting of social services. Two common arguments for contracting include saving money and enhancing government performance and services (Savas, 2000). A common argument against

contracting is the lack of market-based competition found in social service areas like child welfare. This argument suggests that, as a public good, contracting for child welfare services does not foster competition; i.e., if competition is key to effective privatization efforts but is not found in social service areas like child welfare, what then is the purpose and benefit of privatization?

Child Welfare Services

For the purpose of this research, child welfare services includes: “family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, foster care supervision, case management, postplacement supervision, permanent foster care, and family reunification” (Florida Statutes, 1998, § 409.1671). These are the services that the Florida legislature chose to privatize in 1998, and they pertain to the child welfare services discussed in this study. According to Brooks and Webster, “the public child welfare service system in the United States is a continuum of programs and services available to children who are at risk of abuse or neglect, or who have experienced abuse or neglect, and their families” (298). Two categories of child welfare services made available to help children in the public child welfare system are in-home and out-of-home services.

In-home services are given after an investigation assesses that a child can remain in the home while s/he or his/her family receive further assistance (Mallon & Hess, 2005). These services include, but are not limited to, child care, mental health counseling, parenting classes, and substance abuse treatment (Office of Program Policy Analysis and Government Accountability, 2007). Family preservation is the primary goal of in-home services. When a child receives in-home services, it is important that child welfare agencies develop an appropriate service plan that will prevent out-of-home placement and continuously monitor the implementation of that plan and the child’s continuing safety in the home (Mallon & Hess, 2005). Out-of-home services are commonly known as foster care. Foster care occurs when a child welfare agency temporarily provides for the child’s welfare and protection by taking physical and legal custody of the child. Foster care provides a variety of placements for a child including a residential group home, foster home, relatives, or a treatment setting until permanency is achieved (State of Florida Department of Children and Families, 1999). It is the primary goal of the child welfare agency to reunify children who have been placed in foster care with their families. Children can only be reunified

with their parent(s) or guardian(s) if—and only if—it is safe to do so.

Community-Based Care

Community-Based Care is the operational term used to describe Florida’s privatized child welfare services initiative. Historically, the state of Florida had been the sole provider of child welfare services. However, in handling child welfare services, DCF faced problems in guaranteeing children’s safety. Discussions were conducted to formulate ideas on how to improve the troubled system. The decision to privatize the delivery of child welfare services proved to be the best option.

The state of Florida is comprised of fifteen districts with one or more counties within each district. Before Community-Based Care, DCF managed the delivery of child welfare services. The fifteen districts were responsible for planning, administering, and delivering the services while contracting with community-based agencies in providing support services to children and their families.

Community-Based Care was formed into a lead agency design. Across the state of Florida, DCF established twenty-two contracts with lead agencies in which some agencies were responsible for either one or multiple counties (Gilroy, 2007). Only private or non-profit community-based agencies were eligible to serve as lead agencies and were given the task of taking on some of the operational and management responsibilities that were originally performed by the DCF district service centers (Freundlich & Gerstenzang, 2003). The Office of Program Policy Analysis and Government Accountability states that lead agencies are responsible for delivering, administering, and planning client services to families and children (as cited in Freundlich & Gerstenzang, 2003). Lead agencies also work in conjunction with subcontract agencies to organize, manage, and provide needed services for children and families relative to child welfare.

Prior Studies on Privatized Child Welfare Service

Few studies have evaluated safety solely on privatized child welfare services. Any data that is provided in assessing privatized child welfare services presents challenges for researchers, including evaluating the effectiveness of safety. One challenge is the variability in privatization models. Every state’s child welfare system is different. States that decide to privatize their child welfare services will choose a plan that fits well with their

own child welfare system. Different privatized child welfare services models make it difficult for researchers to identify replicable models or components, to compare privatization models, to create outcomes across privatization studies, and to draw conclusions concerning the effectiveness of privatization (Planning and Learning Technologies & University of Kentucky, 2006). Another challenge is the lack of available pre-privatization data from state data systems, which prevents researchers from comparing privatized and non-privatized systems (Planning and Learning Technologies & University of Kentucky, 2006). To determine the effectiveness of privatized child welfare services, it helps to see the results before the program was implemented. In many cases, states either do not have or provide little pre-privatization data to help in this effort.

According to Freundlich and Gerstenzang (2003), Kansas has implemented the most well-known statewide child welfare privatization policy effort. In 1996, the governor of Kansas initiated the statewide privatization of family preservation, foster care, and adoption services due to the range of systemic problems identified in Kansas's Department of Social and Rehabilitative Services (SRS). In relation to safety, there were problems involved with Kansas's privatized child welfare services program. In particular, the major issue and cause for criticism had to do with their rushed implementation process. Kansas's implementation plan was different from Florida's Community-Based Care execution plan. The advocacy group, Kansas Action for Children, found that Kansas did not use any pilot programs to test the initiative's cost assumptions or its new performance-based standards or to evaluate the contractor's ability to deliver services under new case rates (Freundlich & Gerstenzang, 2003). After a short period of planning between July 1996 and February 1997, Kansas conducted a competitive bidding process to select the non-profit organizations that would serve as the lead agencies, and, during the first nine months of the privatization initiative, SRS transferred the cases of thousands of children in foster care to private providers (Freundlich & Gerstenzang, 2003). The rushed implementation of the initiative led to some negative outcomes, including strained relationships among SRS, community stakeholders, and the non-profit agencies that performed the services; stress placed on children/families/direct service workers; raised tensions in the relationship between private providers and other professionals; few fully developed service options; widespread communication breakdowns; and a shortage of available

trained professional staff to take care of the transferred cases (Freundlich & Gerstenzang, 2003). These problems indicated that, if rushed, implementation of privatized child welfare services initiatives could disrupt the effective operation of services and put children's safety at risk.

Carroll and Whipple (2006) conducted a report on the first year statewide performance of Florida's Community-Based Care plan. A positive aspect of Community-Based Care was the decrease in caseloads. It was discovered that case managers working for lead agencies had lower case loads than under the state run child welfare system (Carroll & Whipple, 2006). This finding is important because case managers with lower case loads have increased interaction with children; increased interaction lowers the chances of children either going missing or becoming injured, thus keeping them safer (Carroll & Whipple, 2006). Carroll and Whipple (2006) also discovered that, as children moved toward permanency at a faster rate, there was an increase in the number of children who experienced repeated abuse and had to return to foster care. This finding demonstrates that the increase of repeated abuse could be the result of lead agencies attempting to place children in foster care back into their homes too soon to parents or caregivers who are still incapable of caring for them properly.

METHODS

The purpose of this study was to coincide with the federal mandate in assessing where Florida's District 7 and its lead agencies stood in keeping children under the age of eighteen safe while receiving privatized child welfare services. The time frames and results for safety measures FS100, FS101, and FS106 were based on secondary data that was made publicly available through the DCF online performance dashboard. The data was collected at different points in time beginning May 2007. The data sources for each safety measure came from DCF District 7 staff, Seminole County Sheriff's Office child protective investigators, abuse hotline counselors, and Community-Based Care case managers.

Development of the Research Question

The federal government considers safety to be the most important objective in the child welfare system in the United States. This objective was established by the 1997 Adoption and Safe Families Act. The Act for the first time required that all states develop a set of outcome measures that would be used to evaluate their performance in achieving the national objective of safety (U.S. Department of Health and Human Services, 1998).

Based on the importance of safety as required by the federal government, the definition of safety for this study was developed to: assess whether privatized child welfare services in Florida's District 7 was following the federal mandate in ensuring that children were safe whether they received in-home services or were placed in a foster care setting.

Data Collection

The DCF dashboard was the primary source from which the data was retrieved. With more than 200 performance measures, the dashboard helps DCF managers and their contract providers track and monitor trends to attend to potential problems before they arise (Gilroy, 2007). The web-based performance dashboard was accessed at: <http://dcfdashboard.dcf.state.fl.us/>. This innovative resource reports DCF's compliance to federal and state standards for all its programs, which concerned Floridians can check and monitor (Gilroy, 2007). The dashboard carries fifty-three measures that evaluate two different categories related to child safety in Florida's child welfare system: child protection and permanency and child abuse prevention and intervention.⁴ Three of these measures—FS100, FS101, and FS106—were specifically chosen for this study because they involve the two areas that the definition of safety gives for this research: children in the privatized child welfare system are protected from further abuse or neglect whether they receive in-home services or are placed in a foster care setting. Each of the chosen measures carry different targets or standards to evaluate how District 7 performed in keeping children who received in-home or out-of-home services safe. The targets for each of the measures were determined by the Florida state government in regard to which standards were considered acceptable in ensuring the safety of children in the Florida's child welfare system.

Safety Performance Measures

The DCF online performance dashboard was used to acquire the actual data for safety measures FS100, FS101, and FS106; all data were chosen based on their relevance to the definition of safety. The dates and data for the three safety measures were based on public information available through the dashboard and are presented on a quarterly basis. For this study, safety measure FS100 runs from October 1, 2003 to June 30, 2007; FS101's from July 1, 2005 to June 30, 2008; and FS106 from July 1, 2004 to June 30, 2008. The three lead agencies, FSMO, CBC of Brevard, and CBC of Seminole, each began carrying out child welfare services at different times, which accounts for whether data for a lead agency may or

may not appear for a certain quarter.

Safety measure FS100 is defined on the dashboard as the "percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months" (Florida Department of Children and Families, 2006a). This measure looks at the percentage of children who experienced verified or indicated recurrence of maltreatment within six months after receiving in-home and out-of-home services. Verified maltreatment means that sufficient credible evidence indicates that threatened harm or a specific injury was a result of abuse or neglect (U.S. Department of Health and Human Services, 2001). Indicated maltreatment means that an investigation reported some indications of abuse or neglect but concludes there is insufficient credible evidence (U.S. Department of Health and Human Services, 2001). When counting re-abuse rates, Florida combines both the verified and indicated maltreatment results together when reporting this measure. Safety measure FS101 looks at the "percent of children that were not abused or neglected during services" (Florida Department of Children and Families, 2006b). These services refer to in-home and out-of-home services that children receive while in the child welfare system. Safety measure FS106 looks at the "percent of foster children who were subjects of reports or verified or indicated maltreatment" (Florida Department of Children and Families, 2006c). This measure is similar to FS101, but it differs in focusing only on foster care.

RESULTS

Safety Measure FS100

In District 7, the Seminole County Sheriff's Office, under contract with DCF, carries out child protective investigations for Seminole County. DCF's District 7 staff handles the remaining three counties in District 7—Orange, Osceola, and Brevard. Both DCF and the Seminole County Sheriff's Office child protective investigators act as the data sources for this measure.

FS100 was chosen because in regard to safety, it is important to look at the percentage of children, who in the privatized child welfare system, experienced repeated maltreatment after they were provided with in-home or out-of-home services six months after returning home. Although the data for this measure is reported by the Seminole County's Sheriff's Office and District 7 staff, lead agencies play an influential role in ensuring the safety of children in deciding whether it is safe for them

to return to their homes. For this safety measure, the target of 7 signifies what is acceptable for this measure and the red target of 9.10 indicates what is considered as failing to meeting to state standards.

Table 1 below shows how poorly District 7 performed in this measure of safety; the district met the state standard for only one quarter in the entire given time period. The findings reveal that the recurrence of abuse of children after receiving in-home and out-of-home services is a major issue for District 7, which could be attributed to lead agencies achieving permanency too soon.

Table 1 Percent of Children Who Experienced Re-abuse Within 6 Months of Receiving In-Home and Out-of-Home Services

District	Provider	10/01/03-12/31/03	01/01/04-03/31/04	04/01/04-06/30/04	07/01/04-09/30/04	10/01/04-12/31/04	01/01/05-03/31/05	04/01/05-06/30/05	07/01/05-09/30/05
7	Seminole County Sheriff's Office	7.13%	6.93%	9.65%	9.15%	10.99%	7.55%	11.38%	14.65%
7	District 7 Staff	10.79%	10.2%	8.83%	10.52%	11.7%	11.94%	11.25%	11.55%

District	Provider	10/01/05-12/31/05	01/01/06-03/31/06	04/01/06-06/30/06	07/01/06-09/30/06	10/01/06-12/31/06	01/01/07-03/31/07	04/01/07-06/30/07
7	Seminole County Sheriff's Office	12.06%	9.25%	8.64%	9.98%	10.35%	12.69%	11.05%
7	District 7 Staff	12.21%	11.94%	12.26%	11.92%	12.47%	9.94%	10.68%

Target is set at 7.00 and the Red Target is 9.10

Goal Direction for this Measure is Decrease

Source:

http://dcfdashboard.dcf.state.fl.us/index.cfm?lastyear=0&purpose_id=SL%20%20%20&mcode=M0386&page=preview&fiscal=2000

http://dcfdashboard.dcf.state.fl.us/index.cfm?page=preview_sub&mcode=M0386&geoarea_id=D07&target=7&purpose_id=SL%20%20%20&durationtype=QTD&lastyear=0

	Meeting Standard
	Not Meeting Standard
	Borderline

Safety Performance Measures

FS101 shows where the lead agencies stand in guarding against repeated maltreatment of children who either received in-home services or were placed in a foster care setting. Table 2 below shows that the three lead agencies performed fairly well in this area. As shown in Table 2, CBC of Seminole performed the best overall compared to FSMO and CBC of Brevard, while CBC of Brevard performed the least out of the three lead agencies.

Table 2 Percent of Children Not Abused or Neglected During Services

District	Provider	07/01-05-09/30/05	10/01/05-12/31/05	01/01/06-03/31/06	07/01/06-09/30/06	10/01/06-12/31/06	01/01/07-03/31/07
7	FSMO	91.43%	92.94%	92.08%	94.81%	94.57%	95.52%
7	CBC of Seminole	92.80%	92.93%	95.81%	91.60%	93.81%	95.20%
7	CBC of Brevard	91.37%	90.45%	87.55%	92.66%	93.42%	93.31%

District	Provider	04/01/07-06/30/07	07/01/07-09/30/07	10/01/07-12/31/07	01/01/08-03/31/08	04/01/08-03/31/08
7	FSMO	98.2%	98.9%	99.1%	98.64%	98.96%
7	CBC of Seminole	99.10%	98.9%	98.1%	98.95%	99.1%
7	CBC of Brevard	98.7%	98.6%	98.2%	98.43%	97.84%

Target is set at 95.00 and the Red Target is 92.90

Goal Direction for this Measure is Increase

Source:

http://dcfdashboard.dcf.state.fl.us/index.cfm?lastyear=0&purpose_id=SL%20%20%20&mcode=M0077&page=preview&fiscal=2009

and

http://dcfdashboard.dcf.state.fl.us/index.cfm?page=preview_sub&mcode=M0077&geoarea_id=D07&target=95&purpose_id=SL%20%20%20&durationtype=QTD&lastyear=0

	Meeting Standard
	Not Meeting Standard
	Borderline

Safety Measure FS106

Children are placed into foster care to protect them from verified or potential harm. By doing this, it is believed that they are safer in the care of the state rather than their home. Safety measure FS106 identifies that, unfortunately, this is not always true and demonstrates that foster parents and facility staff bear the potential of putting children's safety at risk. Table 3 shows data that reflects how well the three lead agencies performed. The positive results prove that children receiving foster care services in District 7 are not likely to experience further abuse and or neglect from either facility staff or foster parents.

District	Provider	07/01/04-09/30/04	10/01/04-12/31/04	01/01/05-03/31/05	04/01/05-06/30/05	07/01/05-09/30/05	10/01/05-12/31/05	01/01/06-03/31/06	04/01/06-06/30/06
7	FSMO	.10%	.28%	.20%	.34%	.10%	.14%	.05%	.05%
7	CBC of Seminole	N/A	N/A	.28%	0.00%	0.00%	0.00%	0.00%	.22%
7	CBC of Brevard	N/A	N/A	0.00%	0.62%	0.00%	0.36%	.34%	.24%

District	Provider	07/01/06-09/30/06	10/01/06-12/31/06	01/01/07-03/31/07	04/01/07-06/30/07	07/01/07-09/30/07	10/01/07-12/31/07	01/01/08-03/31/08
7	FSMO	.21%	.21%	.38%	0.05%	.11%	.20%	.06%
7	CBC of Seminole	.22%	0.00%	.22%	0.00%	0.44%	0.48%	0.27%
7	CBC of Brevard	0.00%	0.29%	0.00%	0.00%	0.8%	0.00%	.56%

Target is set at 1 and the Red Target is 1
Goal Direction for this Measure is Decrease

Source:
http://dcfdashboard.dcf.state.fl.us/indeed.cfm?lastyear=0&purpose_id=SL%20%20%20&mcode=M0285&page=preview&fiscal=2009
http://dcfdashboard.dcf.state.fl.us/index.cfm?page=preview_sub&mcode=M0385&geoarea_id=D07&target=1&purpose_id=SL%20%20%20&durationtype=QTD&lastyear=0

	Meeting Standard
	Not Meeting Standard
	Borderline

DISCUSSION

The findings indicating whether children in District 7 are safe with privatized child welfare services are mixed. FSMO, CBC of Seminole, and CBC of Brevard meet state standard for safety measure FS106, proving that lead agencies in District 7 have been effective in keeping children safe from further abuse at the hands of either foster parents or facility staff while in foster care.

With safety measure FS101, results for the three lead agencies showed that children receiving in-home or out-of-home services were safe, but that this safety was not guaranteed. District 7's performance could be attributed

to having a large number of children receiving child welfare services, indicating the possibility that with more children in state care, there is a corresponding decrease in child safety.

With FS100, District 7 performed poorly in this measure of safety. The high re-abuse rates found in District 7's data could be the result of children being returned home when it is unsafe to do so. Lead agencies encounter this issue when they are unable to strike a balance between meeting the national objective of permanency without undermining the safety of children in the process. Returning children to their homes too soon puts the objective of permanency first, which can place children's

safety in danger, as is evident in FS100's poor data results for District 7.

Three conclusions can be drawn from the findings for District 7. For safety measure FS100, the results show that children are not safe, as District 7 falls below the expected state standard. For measure FS101, the results display some areas where the targets were met and others where they were not. These findings are inclusive. For the final safety measure, FS106, the findings indicate that children receiving services are safe. FS106's results are important because they suggest that maintaining a level of service provision and care provides a greater safety net for Florida's children. The findings in this research were limited to only what was found on the DCF dashboard. Any number of factors could have influenced and contributed to the positive and negative results in the given data.

IMPLICATIONS/CONCLUSIONS

The Public Manager

Public management is part of the larger field of public administration and refers to public sector managers who manage public sector organizations (Ott, Hyde, & Shafritz, 1991). Public managers have an important role in the decision to privatize child welfare services. Government agencies are still held directly accountable for privatized social services. To be accountable to citizens, it is beneficial for public managers to remain actively involved during the contract formulation, implementation, and evaluation processes of a privatization initiative (Van Slyke & Hammonds, 2003). Two criteria that public managers should consider when making the decision to contract services are: 1) can the effectiveness of a privatized service be evaluated throughout the life of a contract? and 2) can accountability be built into the contract so that the contracted service can meet emerging conditions? (M. Abels, personal communication, September 30, 2008). If these criteria are considered at the beginning of privatization initiatives concerning child welfare services, problematic situations can be prevented from arising in the future and thus keep children safe.

Non-profit Organizations and Social Service Delivery

The use of non-profit organizations in the delivery of social services is increasing. As the third sector continues to take on challenging social services like child welfare, research on how the role and functions of non-profit agencies affects the safety of children in their care needs

to be researched more extensively. The researcher recommends that studies and interviews, if not already carried out, be conducted with lead agencies and subcontract agencies in District 7, as well as other underperforming districts, to provide questions and answers leading to their successes and challenges in providing privatized child welfare services. It is not fair to say that non-profit agencies are not doing their jobs in ensuring children's safety. Instead, it is better to ask: Why are non-profit agencies not performing to standard? What can be done to help them? Are these issues related to lack of funds, resources, and staff? Do the problems involve the increased number of children placed in their care by DCF? Are the problems associated with their inexperience with meeting performance measures by the state? Asking such questions opens the door to developing solutions for potential problems while improving the effectiveness of lead agencies and how they handle privatized child welfare services. The results could aid in the development of new methods and strategies to help non-profits better prepare and handle social services like child welfare in providing them with the resources to do so effectively.

Raised Accountability

A greater emphasis needs to be placed on the accountability of lead agencies when their performances fail to meet state standards. Privatization can lessen clearly defined accountability between the private and the public sectors. Non-profit agencies that handle child welfare services may need additional help in providing effective services, but they should still be held accountable when they do not meet the outcomes stipulated in their contracts. Accountability is an important issue in privatized child welfare services because children's lives may be placed in the hands of people who are not being held accountable.

It could be suggested that poorly performing non-profit agencies that benefit from monopoly status in child welfare service delivery may be unmotivated to meet performance standards or provide outcomes that are required of them in their contracts due to little competition and no established accountability. Such conditions lead to possible complacency in poorly provided services on both the government and the privatized agency's part. The Florida state government, as well as public managers, should work to develop a more streamlined method that properly monitors lead agencies' progress.

The state should also establish and consequences

The state should also establish and execute consequences when standards are not met.

Florida's decision to privatize child welfare services was ultimately to protect children from experiencing or re-experiencing abuse and/or neglect both inside and outside the child welfare system. The findings in this study for District 7 revealed that, although positive outcomes in providing safety for children under privatized child welfare services have been realized, the fact remains that this safety is not always guaranteed. For privatized child welfare services initiatives to be successful, effective communication and a working relationship must develop between public managers who initiate and implement these efforts and the lead agencies that carry them out. Doing so will ultimately help to ensure the safety of children who come into the state's care and be accountable to the citizens who require them to protect vulnerable children.

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ENDNOTES

1. The Adoption and Safe Families Act of 1997 identified safety as the primary national objective for all children in the child welfare system and also required that all states develop outcome measures to continuously evaluate their performance on this objective (U.S. Department of Health and Human Services, 1998). From this Act, safety is defined so that “victims of abuse or neglect are protected from further abuse or neglect, whether they remain in their own homes or are placed by the State child welfare agency in a foster care setting” (U.S. Department of Health and Human Services, Chapter II Achieving Safety-Related Outcomes section, 2003, para. 1). The definition of safety for this study is adapted from the federal government’s definition. This study acknowledges the importance of safety in child welfare services at the federal level and assesses if this objective was being accomplished with privatized child welfare services in Florida’s District 7. In-home services are given after an investigation assesses that children can remain in the home while they and/or their family receive further assistance (Mallon & Hess, 2005). Out-of-home services are commonly known as foster care. Foster care occurs when a child welfare agency temporarily provides for the child’s welfare and protection by taking physical and legal custody of the child. Foster care provides a variety of placements for a child, including a residential group home, foster home, relatives, or a treatment setting until permanency is achieved (State of Florida Department of Children and Families, 1999).

2. At the time of this study, DCF was in the process of restructuring the districts and aligning them with the State’s circuit system and changing the title of “districts” used to identify counties in the state of Florida to “circuits.” This transition had not been completed at the time of this study. So, for the remainder of this research, the term “district” and the counties corresponding to it will be used. Safety Measures Measurement FS100

The percent of children who experienced re-abuse within 6 months of receiving services FS101 Percent of children not abused or neglected during services FS106 Percent of foster children who were subjects of maltreatment reports

3. The Florida Department of Children and Families Online Performance Dashboard defines the three safety measures for this study in the following:

4. The table below displays the fifty-three measures that the Florida Department of Children and Families uses to

evaluate safety of children in the Florida’s child welfare system.

APPENDIX**Child Protection and Permanency**

- CL001 Percent of permanency hearings held timely.
- CL002 Percent of timely termination of parental rights.
- CL003 Percent of dependency petitions filed timely.
- CL004 Percent of Judicial Review Social Study Reports (JRSSR) filed timely.
- FS073 Children receiving adoptive services.
- FS074 Number of children receiving adoption subsidies.
- FS079 Percent of investigations reviewed by supervisors with 72 hours of report submission.
- FS100 Percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months.
- FS101 Percent of children not abused or neglected during services.
- FS102 Percent of child investigations commenced within 24 hours.
- FS103 Percent of child investigations from an entry cohort completed within 60 days.
- FS104 Percent of child victims seen within the first 24 hours as reported in closed cases.
- FS105 Percent of initial Child Safety Assessments (CSA) submitted within 48 hours as reported in closed cases.
- FS106 Percent of foster children who subjects of verified or indicated maltreatment.
- FS107 Percent of children in active cases (both in-home and out of home) required to be seen who are seen monthly.

- FS108 Average number of children who are missing per 1,000 children in home and out of home care.
- FS109 Percent of child investigations commenced within 24 hours as reflected in closed cases.
- FS200 Percent of school days attended.
- FS201 Percent of children placed within same school zone after removal.
- FS215 Number of adoptions finalized.
- FS295 Number of investigations.
- FS296 Number of children under protective supervision (point in time).
- FS297 Number of children in out-of-home care.
- FS300 Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who received treatment.
- FS301 Percent of children reunified who were reunified within 12 months of the latest removal.
- FS302 Percent of children removed within 12 months of a prior reunification.
- FS303 Percent adoptions finalized within 24 months of the latest removal.
- FS306 Percent of children with no more than 2 placements within 12 months removal.
- FS387 Number of investigations not completed after 60 days.
- FS388 Number of children remaining in out-of-home care more than 12 months.
- FS390 Percent of children entering out-of-home care who re-entered within 12 months of a prior episode.
- FS392 Number of children with a goal of adoption who remain in out-of-home care after 24 months.
- FS400 Percent of children who age out of foster care with high school diploma or G.E.D.
- FS401 Percent of children who age out of foster care who are working or in post-secondary education.
- FS597 Percent of children in out-of-home care who are more than 12 months past initial removal.
- FS663 The median length of stay for children reunified (months).
- FS664 Percent of children entering out-of-home care who are reunified within 12 months of the latest removal.
- FS666 Percent of children adopted who were adopted within 24 months of the latest removal.
- FS667 The median length of stay for children adopted (months).
- FS668 Percent of children in out-of-home care 17 months or longer on July 1 whose adoptions were finalized by June 30.
- FS669 Percent of children in out-of-home care 17 months or longer on July 1 (or January 1) who became legally free for adoption by December 31 (or June 30).
- FS670 Percent of children who were legally free for adoption on July 1 whose adoptions were finalized by June 30.
- FS671 Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30.
- FS672 Of the children who were discharged from out-of-home care during the fiscal year and who were legally free for adoption at the time of discharge, the percentage that achieved permanency prior to their 18th birthday.

- FS673 Of the children who were discharged from out-of-home care during the fiscal year, due to either emancipation or reaching their 18th birthday while in out-of-home care, the percentage that had been in care 3 years or longer.
- FS692 The percentage of children in out-of-home care at least 12 months but less than 24 months who had two or fewer placement settings.
- FS693 The percentage of children in out-of-home care at least 24 months who had two or fewer placement settings.
- FS760 Number of children 5 and under in out-of-home care who are in shift care placements.

Child Abuse Prevention and Intervention

- FS000 Per capita child abuse rate/1000.
- FS001 Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion.
- FS002 Child mortality rate for children age 0-5 per 1,000 children known to the department.
- FS134 Number of children in families served.
- FS196 Percent of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion.
- FS294 Number of families served in Healthy Families.

Source: Adapted from http://dcfdashboard.dcf.state.fl.us/index.cfm?purpose=sit&office_id=FS+++++&filter=office&page=menu_listmeasures