



2013 Legislative Agenda

RAISING THE BAR

PROMOTING EXCELLENCE IN
FEDERAL CHILD WELFARE POLICY

RECOMMENDATIONS FOR THE
ADMINISTRATION AND 113TH CONGRESS

FIRST SESSION





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TABLE OF CONTENTS

Introduction	vi
Recognizing the Inherent Rights of Every Child.	1
Promoting Shared Responsibility Among Child-Serving Systems.	3
Engaging Children and Families for Success	6
Prioritizing Prevention Supports and Services Through Child Welfare Finance Reform.	9
Improving Workforce Supports.	11
Protecting Families Through Culturally Competent Immigration Reform.	12
Adequately Funding Child Welfare Supports and Services.	14
The Nation's Children 2013	16

INTRODUCTION

CWLA presents a vision for the future of child welfare with accompanying values, and principles that extends responsibility for the well-being of children and youth beyond their families, and beyond traditional child welfare agencies, providers, and services. The vision is that all children will grow up safely, in loving families and supportive communities, with everything they need to flourish—and with connections to their culture, ethnicity, race, and language. We value children, youth, families, and communities. We believe in integrity, fairness, social justice, dignity, and honesty. We value these actions, qualities, and characteristics: respect, innovation, service, inclusiveness, collaboration, trust, flexibility, competence, and humility. The core principles are derived from the vision and values.

In developing the Legislative Agenda for 2013, CWLA has identified goals and policy recommendations within a framework based on a new vision for child welfare that recognizes that there are fundamental changes that need to take place at all levels—individual, program, organization, system, funding, and policy.

The core principles we will address in our federal policy advocacy in 2013 include:

- Recognizing the Inherent Rights of Every Child
- Promoting Shared Responsibility Among Child-Serving Systems
- Engaging Children and Families for Success
- Prioritizing Prevention Supports and Services through Child Welfare Finance Reform
- Improving Workforce Supports
- Protecting Families through Culturally Competent Immigration Reform
- Adequately Funding Child Welfare Supports and Services

RECOGNIZING THE INHERENT RIGHTS OF EVERY CHILD

BLUEPRINT PRINCIPLE:

It is the responsibility of all members of society to work toward the shared goal of advancing the fundamental rights and needs of children.

BACKGROUND

Children's rights are human rights that are essential to living as human beings. Children's rights are absolute and fundamental to advancing the human rights of all human beings. Each child has a right to be raised in a nurturing, loving family, with basic needs like food, primary health care, and formal education. In addition, each child has the right to be protected from abuse, neglect, and maltreatment. Children should be protected from kidnapping and trafficking. Children have a right to protection under the law, and each child has a right to have decisions made in his or her best interests.

Over the years, it has been a primary responsibility of governments to intervene on behalf of children when parents or other caregivers violate their rights to protection. In the United States, President Theodore Roosevelt hosted the first White House Conference on the Care of Children. One of the greatest accomplishments of the first Conference was the creation of the Children's Bureau—which, for the first time,

focused the aim of child welfare on all children, not merely disadvantaged children. In the decades that followed, the conferences became devoted to improving the lives of children across the country. CWLA traces its roots to that first conference, and has been at the forefront of advocating for federal child welfare policy since that time.

Prior to 1974, the federal government played a useful but minor role in child protection. The Child Abuse Prevention and Treatment Act, which passed that year, was the first federal legislation on child protection. In fact, while

the Bureau was concerned with the welfare of poor and disadvantaged children, nationwide little attention was paid to child maltreatment until the 1960s. Child abuse-reporting laws and enhanced awareness of child abuse produced an increase in attention and the development of strategies for intervention.

Though the United Nations Convention on the Rights of the Child (CRC) was passed in 1989, the United States and Somalia are the only two of the now 194 UN countries that have not signed on to ratify the CRC's treaty regard-

ing children's human rights internationally. The CRC would have a significant effect on child welfare. Many of the 42 substantive articles in the CRC relate to specific child welfare issues, including foster care (Articles 9 and 20) and adoption (Articles 20, 21), child care (Article 18), family





reunification (Article 10), abuse and neglect (Articles 9, 19, 37, and 39), juvenile justice (Article 40), substance abuse prevention (Article 33), sexual exploitation (Article 34), education (Articles 28, 29), health care (Article 23, 24), and freedom of speech (Article 13).

VISION

- Children have the right to have the basic needs required for survival and healthy development.
- Children have the right to live with their families of origin unless this living arrangement is harmful to their safety and/or well-being.
- Children have the right to connections with family and community.
- Children have the right to be protected from abuse, neglect, maltreatment, and exploitation and abduction.
- Children should not be treated unfairly on any basis (race, religion, or abilities).
- When necessary, the government legislates the protections of children.

POLICY RECOMMENDATIONS

Congress and the Administration should:

- Ratify the UN Convention on the Rights of the Child.

PROMOTING SHARED RESPONSIBILITY AMONG CHILD-SERVING SYSTEMS

BLUEPRINT PRINCIPLE

Families, individuals, organizations, and communities share responsibility for assuring the safety and well-being of children and youth. To help children and youth flourish, leaders at every level and in all realms must ensure that individuals, families, organizations, and systems collaborate, communicate, create and nurture meaningful partnerships.

BACKGROUND

In increasingly complex societies, individuals and communities are dependent upon one another to ensure an environment in which children and youth are safe and can thrive. There should be widespread recognition that children and youth are served most effectively when there is partnership and collaboration among systems. To provide seamless integration of supports and services, systems should be designed to build on the individual and collective strengths of the partners. All child- and youth-serving systems must work together. This year, CWLA's federal policy advocacy for systems integration will specifically focus on connecting child welfare, education, and mental health.

Education affects all school-aged kids in care, and younger children must be prepared to enter school. Children and youth in foster care have endured maltreatment, lived the unpredictability preceding the removal-initiating emergency, and must navigate the many changes that come along with seeking permanency. A strong educational experience can provide a way out of instability in both the short and long-term. A haven can be found in healthy friendships; connections with caring adults and mentors; and outlets for

academics, arts, and athletics. Experiencing the fulfillment of achievement and preparing for a future career is a bridge to the long-term success every child deserves.

Helping education and child welfare agencies work together better recognizes the whole lives of the children they both seek to help. Only together can they ensure that children are in the best school for their needs, make as few school transfers as possible, and experience seamless transitions when necessary. Students should also have the supports necessary to advocate for their educational goals, actively participate in academics and extracurricular activities, and steer clear of disciplinary measures. Child welfare agencies cannot tend to every aspect of a child's well-being, and education agencies must be aware of the challenges children are facing to successfully impart knowledge and skills. Early childhood, child care, and afterschool systems are also critical partners in ensuring that vulnerable children are school-ready, prepared for secondary education, and have at least one adult invested in their education.

Under federal law, child welfare agencies must maintain children's education records. Since the 2008 Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections, P.L. 110-351), child welfare agencies must ensure that able children are attending school, consider education stability when identifying foster care placement, and coordinate with local education agencies to ensure that children remain in the same school and experience seamless transitions when necessary. Recent reauthorization of IV-B of the Social Security Act clarified that the stability provisions apply at all foster care moves.

Fostering Connections also requires a transition plan for all youth 18 or older to be developed with young people during the 90 days before exiting care, including a plan for their education. In addition, the federal John H. Chafee Independent Living Program offers limited funding for transitional services to young people exiting foster care without a permanent family. The program helps eligible children make the transition to self-sufficiency through services like education assistance, vocational training, job placement and retention, and training in daily living skills. Education and Training Vouchers (ETV) is a component program that provides up to \$5,000 per year for the cost of attending an institution of higher education or post-secondary training. Youth in foster care and those who entered kinship guardianship or adoption arrangements at age 16 or older are eligible for ETVs.

The Department of Education's (Ed) Free Application for Federal Student Aid (FAFSA) is used to determine eligibility for federal financial aid. A youth who is "an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older" is considered "independent," and only their income is included for assessing eligibility, usually providing maximum aid. Additionally, Ed offers Student Support Services grants for postsecondary programs to assist low-income students, including youth who have aged out of foster care, with tutoring, academic and career counseling, mentoring, and help securing housing during school breaks.

In the 112th Congress, the Uninterrupted Scholars Act (USA, P.L. 112-278) was enacted to amend the Family Educational Rights and Privacy Act (FERPA), which covers



the privacy of education records. The USA added to the FERPA exceptions for prohibiting disclosure of records to third parties without parental consents. Education agencies no longer need parental consent or to supply parental notification to release education records to child welfare agencies for children for whom they are "legally responsible," which will reduce delays in child welfare decisions for both foster care and education placement decisions.

In his 2013 State of the Union address, President Barack Obama proposed high-quality preschool for every child. Early plans call for coordinating an array of early childhood programs into a comprehensive birth to five school readiness service system. Partnerships, investments, and incentives would improve quality and expand access to not only universal preschool, but to full-day kindergarten, a Head Start focused on children three years old and younger, a Head Start-Child Care partnership, and expanded home visiting. Currently, these programs offer early learning opportunities, service referrals, and work or education supports for parents; integrated, they would prepare children from birth to be ready for success in school, and ultimately for a career and life beyond.

Finally, between 50% and 80% of children in foster care experience moderate to severe mental health and behavioral problems. However, meeting the mental health needs of children in foster care, let alone those who remain in their homes, continues to be a challenge. One small facet of addressing the problem would better engage education as a universal point of entry for tending to all students' social and emotional needs. Mass-shooting tragedies at schools

require all child and family systems to consider how to prevent repeat occurrences. Normalizing and expanding access to mental health care through the school system would better identify all students' barriers to educational and life success. Child welfare, education, and mental health entities should consider themselves partners in ensuring that all children are engaged with permanent supports, and that any mental emotional or behavioral challenges are addressed appropriately through services and referrals.

VISION

- Children and youth are served most effectively when there is effective and meaningful partnership between the public and private sectors and collaboration among child-serving systems.
- Child-serving systems are designed to build on the individual and collective strengths of all partners in order to provide seamless integration of supports and services.

POLICY RECOMMENDATIONS

Congress and the Administration should:

- Strengthen and improve federal statutes to encourage state and local agencies to work together to ensure the overall success and well-being of children in the child welfare system; and
- Improve coordination between child welfare programs and other child-serving programs and supports, including education and mental health.

The Administration should:

- Engage in collaboration among federal agencies with jurisdiction over programs that serve vulnerable children and families.

Congress should:

- Make permanent, statutory connections between federal agencies like the Department of Health and Human Services and Department of Education;
- Reauthorize the Elementary and Secondary Education Act (ESEA) including language, similar to the Fostering Success in Education Act/Amendment, engaging local education agencies as partners in ensuring educational stability and best interest for children and youth in foster care;
- Reauthorize the Higher Education Act with a consideration to college preparation, retention and graduation supports for youth formerly in and aged out of foster care;
- Reintroduce and pass the Foster Youth Higher Education Opportunities Act to better ensure that youth in foster care know about their eligibility for college-assistance programs;
- Expand eligibility for Education and Training Vouchers (ETVs) to youth up to age 26 and allow unused state ETV funds be picked up and distributed by other states;
- Further amend FERPA by adding child welfare agencies to the research exception for studying ways to improve educational outcomes for children and youth in care;
- Expand and strengthen the early care and education continuum of services
- Pass the Mental Health in Schools Act to expand mental health services for children and youth; and
- Pass the Helping Educators Support All Students Act.

ENGAGING CHILDREN AND FAMILIES FOR SUCCESS

BLUEPRINT PRINCIPLE

Children, youth, and families are engaged and empowered to promote family success and build community capacity. Service providers and systems acknowledge, appreciate, and validate the voices and experiences of those whose lives they touch, so that responsive community-based resources and services are developed, nurtured, and sustained.

BACKGROUND

Children, youth, and families know best the challenges they face. Their experiential knowledge of struggle, overcoming, and achievement is essential for understanding child abuse and neglect. Real stories, when relayed in a safe way and at the right time, can powerfully convey both the need to be addressed and the hope that can be fulfilled. In addition to accurately conveying the causes, manifestations, and consequences of maltreatment, children, youth, and families are more in tune with the feasibility and cultural appropriateness of proposed solutions. Effective child welfare practice and prevention calls for not only their participation as clients and collaborators, but also their leadership to fully respect the critical expertise they bring.



Families must be engaged and actively involved if they are to be resources for ensuring safety, establishing permanency, and promoting well-being. Federal Family Connection Grants support children in foster and kinship care, and who are at risk of entering care to reconnect with family members through the implementation of kinship navigator programs, intensive family-finding, family

group decision-making and residential family treatment programs. Authorized under the Fostering Connections to Success and Increasing Adoptions Act, they are competitive, matching grants to state, local, or tribal child welfare agencies and non-profit organizations that have experience working with children in foster care or kinship care. Fostering Connections authorized \$15 million each year for 5 years, reserving \$5 million each year for grants for

kinship navigator programs. The authorization ends on September 30, 2013.

Developing research is making clear that fathers are not just additional caregivers but provide unique positive benefits for a child's well-being. President Obama often highlights the issue, and he continued his call for more encouragement of fatherhood in his 2013 State of the Union

address. In federal statute, Responsible Fatherhood is a program within the Temporary Assistance for Needy Families program that provides \$75 million per year in grants for activities promoting fatherhood—such as counseling, mentoring, marriage education, enhancing relationship skills, parenting, and activities to foster economic stability. The Administration also provides a National Responsible Fatherhood Clearing House at <http://fatherhood.gov> and convenes a Responsible Fatherhood and Healthy Families Task Force.

Until every youth in foster care achieves permanency, youth aging out of foster care without a family must have access to as many services and supports they need to find self-sufficiency and thrive. Their experiences of instability, coupled with being on their own, puts them at risk for unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, incarceration, and homelessness. Young people leave care at age 18 simply because there is an age limit on federal funding. In 2008, Fostering Connections gave states the option of extending care to 21, but only a quarter of eligible states have taken up that option.

As previously mentioned, Fostering Connections also requires a transition plan for all youth age 18 or older to be developed with them during the 90 days before exiting care. This plan must be as detailed as the youth chooses, and must include specific options on housing, health insurance, education, local opportunities for mentoring, continuing support services, workforce supports and employment services. Also as previously described, the federal John H. Chafee Independent Living Program offers limited funding for transitional services to young people exiting foster care without a permanent family. Eligible children can receive assistance in earning their high school diploma, support in career exploration, vocational training, job placement and

retention and training in daily living skills. The Chafee program is a capped entitlement of \$140 million and 30% can be used for room and board. In addition, the Patient Protection and Affordable Care Act (P.L. 111-148) includes a provision that expands Medicaid coverage to former foster children up to age 26. To qualify, individuals must have been enrolled while in foster care.

Children and families cannot be full participants in their service plan with untreated trauma. While advances have been made in the identification of children's responses to trauma, along with the development and testing of evidence-based, trauma-focused treatments, child welfare has only recently begun to draw from and apply this learning. In 2011, the Child and Family Improvement and Innovation Act (P.L. 112-34) added a requirement for every child's service plan to describe how trauma related to maltreatment and removal that is identified through initial and follow-up health screenings will be monitored and treated. The Child Abuse Prevention and Treatment Act (CAPTA) includes provisions for Department of Health and Human Services (HHS) technical assistance and national clearinghouse information on mitigating psychological trauma. HHS houses this information online at <http://child-welfare.gov>. In addition, grant funding has recently been provided under the Adoption Opportunities section of CAPTA for grantees to integrate trauma-informed and focused practice in Child Protective Services (CPS).

Finally, the 2000 Children's Health Act (P.L. 106-310) established the National Child Traumatic Stress Initiative, resulting in the National Child Traumatic Stress Network (NCTSN). This is a Substance Abuse and Mental Health Services Administration (SAMHSA)-sponsored collaboration of service providers, universities, and hospitals working together to improve access to services and quality of care for children and adolescents exposed to traumatic events.

VISION

- Community services are provided in a strengths-based, culturally competent, family-focused, and trauma-informed way, engaging all members of the family in all aspects of planning and decisions about their services.
- Youth and families are engaged in all aspects of service provision including program design and development, policy and procedure development, hiring and training, practice, evaluation, and quality improvement.
- Family and youth participation is included on all boards, committees and commissions that impact the child welfare system.
- Diligent efforts are made to include fathers at all stages of their children's involvement with prevention, supports, and services.

POLICY RECOMMENDATIONS

Congress should:

- Reauthorize and expand Family Connection Grants to spread best practices across the country, encourage demonstration projects that improve engagement with fathers and fathers' extended families, encourage demonstration projects specifically focused on family connections for older youth, and include language for approaching family connection projects with a trauma-informed lens, recognizing that possible trauma could exist in any family member;

- Improve and expand Responsible Fatherhood grants through TANF reauthorization to ensure quality programming through capacity building and evaluation; and
- Expand funding for the Chaffee Independent living program.

The Administration should:

- Help states use Family Connection and Adoption Opportunities funds for enhancing relative notification and family finding models;
- Sustain long-term support for youth transitioning out of foster care;
- Ensure that the expansion of Medicaid for former foster youth is protected;
- Help states fully implement the trauma state plan provision passed under the Child and Family Services Improvement and Innovation Act;
- Ensure that all public systems serving the child welfare population are trauma-informed; and
- Continue implementing discretionary research dollars for research and demonstration grants on trauma-informed care, including secondary traumatic stress.

All states should:

- Extend foster care to age 21 as provided under the Fostering Connections to Success and Increasing Adoptions Act.

PRIORITIZING PREVENTION SUPPORTS AND SERVICES THROUGH CHILD WELFARE FINANCE REFORM

BLUEPRINT PRINCIPLE

Families, individuals, communities, organizations, and systems protect children from abuse and neglect, and provide an array of supports and services that help children, youth, and their families to accomplish developmental tasks, develop protective factors, and strengthen coping strategies.

BACKGROUND

The majority of maltreated children have experienced substantiated neglect. Many of the circumstances of neglect involve issues of mental health, substance abuse, housing concerns, improper supervision, a lack of family supports, and other complex issues. Child physical abuse can be an unacceptable result of these strains as well. Struggling families put children at risk for maltreatment, and those families often have unique needs that involve the participation of multiple services systems.

Social policies that address these needs promote strong, healthy families who protect children from maltreatment. Policies that prevent the need for placing a child in foster care have a human, economic, and moral impact. While no

single model exists that prevents every instance of child abuse and child neglect, we know many effective interventions and strategies. The challenge is in providing the full spectrum of these services for children and families, from early intervention programs when it is first determined that a family is at risk; to foster care and other treatment

alternatives for those children whose safety and well-being is more significantly threatened; to reunification, kinship, and adoption services; and to post-permanency support services to prevent reentry into out-of-home care.

Government at the federal, state, and local level should strive to create and sustain a safe physical environment, and a culture that promotes making healthy lifestyle choices. At the federal level, child welfare policy should do more to promote prevention and support permanency. In particular, Title IV-E of the Social

Security Act should be revised to allow for prevention and post-permanency activities to be reimbursed as foster care, kinship/guardianship, and adoption are now.

Such reform would provide more resources for services that are currently not eligible under IV-E, including services





to prevent placement, reunify families, provide specialized treatment, and offer post-permanency services. The current financing structure does not provide nearly enough funding for services that can reduce the need for out-of-home care. This can be addressed by opening up IV-E to cover these interventions and by allowing states that reduce out-of-home placements to reinvest those savings into Title IV-B programs with a defined maintenance of effort requirement.

These reforms would address the rigidity of the current child welfare financing structure, its failure to properly incentivize services and placements that are most likely to improve outcomes for children and families, and the need

to restructure how the system is financed so that it directs increased resources to provide proven innovative services to more children and families in a way that improves the safety, permanence, and well-being of every child.

VISION

- Federal support is provided for all children and youth who are substantiated as abused or neglected, determined to be dependent, or in need of protective services.
- Federal funding is tied to children and youth in need and not a block grant or other arbitrary cap.
- Maintain the partnership on child welfare between federal, tribal, state and local governments.
- Child welfare reform is enacted that will provide greater support to states, require more accountability and address the need for prevention and post-permanency services.

POLICY RECOMMENDATIONS

Congress and the Administration should enact comprehensive finance reform that:

- Opens up IV-E to include funding for prevention services;
- Allows states that reduce out-of-home placements to reinvest those savings into IV-B programs with a defined maintenance of effort requirement;
- Maintains the Title IV-E entitlement for foster care, adoption assistance and kinship cares; and
- De-links Title IV-E foster care and kinship care from the AFDC eligibility requirements.

IMPROVING WORKFORCE SUPPORTS

BLUEPRINT PRINCIPLE

The workforce consists of competent skilled people with a variety of experiences and representing varied disciplines. They are committed to high-quality service delivery and are provided with the training, tools, resources, and support necessary to perform their roles effectively.

BACKGROUND

The child welfare workforce faces a number of challenges that hamper efforts to improve the lives of children, including low pay, high caseloads, insufficient training and supervision, bureaucratic impediments, media scrutiny and compromised emotional and physical safety and other risks. The combination of these forces has led to very high rates of turnover in the profession. This turnover further disrupts ongoing cases and robs the system of some of its more experienced workers. Better retention efforts through a range of supports including the adoption of acceptable caseloads, ongoing training, and implementation of the necessary infrastructure and safety provisions must be made in order to maintain a stronger workforce.

The child welfare workforce must be fully staffed; educated in best practices; and supported by proper supervision, equipment, and attention to worker safety. As the country continues to face economic woes, vulnerable children and families continue to struggle. At the same time child welfare budgets have been cut in states across the country over the past few years, compounding the challenge. The child welfare system has been chronically underfunded for decades and today workers are being asked to do even more with even less.

CWLA's Direct Service Workers report found that front-line workers support increased salary and benefits, and

more training both for front line workers and supervisors, as well as reducing caseloads as ways to retain a quality child welfare workforce. Currently, there are a number of federal statutes that provide grants that cover training for child welfare workers and loan forgiveness for public child and family service agency employees. In addition, the Child and Family Services Improvement and Innovation Act provided greater flexibility for caseworker visit requirements.

VISION

- The child welfare workforce consists of qualified leaders who are equipped to transform child welfare to respond to the changing needs of children, youth, and families within their communities.
- Training for child welfare workforce is evidence-informed and culturally competent.
- Child welfare staff have education and experience appropriate for the position.
- Workloads adhere to the criteria recommended by licensing authorities when applicable and in the absence thereof, workloads are reasonable and allow staff to perform the required duties.

POLICY RECOMMENDATIONS

Congress and the Administration should:

- Reintroduce and pass the Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act, which would establish a Social Work Reinvestment Commission within HHS to provide policy guidance to Congress on recruiting and retaining social workers and reinvesting in the profession;

- Authorize a National Academy of Sciences (NAS) to conduct an updated study on the child welfare workforce. The study would:
 - Examine the workforce including compensation, working conditions including safety issues, academic degrees held, education and training received, and factors contributing to turnover including secondary traumatic stress and burnout;
 - Make recommendations regarding caseloads and workloads, education levels and training requirements;
- Examine data reporting and collection and make recommendations on how states might improve these efforts.
- Expand eligibility and funding for federal loan forgiveness programs;
- Increase access and flexibility for IV-E training funds so that training can be made available for all efforts to improve the safety, permanence, and well-being of children, not just for out-of-home care; and
- Work with states and entities to reduce paperwork and other bureaucratic burdens that can contribute to worker burnout and less focus on improved outcomes for children and families.

PROTECTING FAMILIES THROUGH CULTURALLY COMPETENT IMMIGRATION REFORM

BLUEPRINT PRINCIPLE

Individuals, families, communities, providers, and systems work together to understand, and promote equality, cultural humility, and strong racial, cultural, and ethnic identity while showing consideration for individual difference, and respecting the sovereign rights of tribes.

BACKGROUND

One in five children in this country comes from an immigrant family and approximately 5 million children of undocumented parents are living in the US. As immigrant families continue to represent the largest growing population, immigration policy presents unique concerns for the child welfare system. The many children in the United States with at least one parent who is considered to be undocumented, are at

increased risk of separation especially in times of raids and other immigration enforcement activities. Currently, there is no consistent mechanism across child welfare systems to adequately identify immigrant status, which has contributed to a lack of understanding of this population and their unique needs. Furthermore, the inability of the child welfare and immigration systems to work together often results in abrupt separation of parents and children after parents are detained or deported and can lead to long-term stays in foster care for children and youth.

It is estimated that over 5,000 children are currently living in foster care because their parents have been detained or deported on the basis of being undocumented. Most child welfare agencies, already functioning with limited resources, simply are not equipped to deal with the influx of these

children, many of whom should never have been separated from their parents in the first place. When children are separated from parents, they face short- and long-term psychological damage, including depression, post-traumatic stress, anxiety, feelings of abandonment, and suicidal thoughts. In addition, out-of-home care not only separates children from their family members, but also from their communities, cultural familiarities, and schools. Losing these connections can cause children to struggle with their identity and face an undue sense of isolation, adding further stress to an already traumatic situation. Lastly, these unaccompanied immigrant children are a particularly vulnerable segment of the child population as they are increasingly susceptible to trafficking.



POLICY RECOMMENDATIONS

Congress and the Administration should:

- Pass immigration reform that provides structure for the coordination between child welfare and immigration systems to work together to prevent the unnecessary separation of families;
- Pass the Humane Enforcement and Legal Protections (HELP) for Separated Children Act. This legislation would reorient Immigration and Customs Enforcement (ICE) to focus on the needs of children, promote enhanced coordination between ICE and state and local child welfare agencies so that timely planning can be done to protect and support children, and strengthen the role of parents in decision making on behalf of kid;
- Protect families from separation by working with child welfare and immigration enforcement to temporarily stop the clock on termination of parental rights and deportation to ensure that parents have time to make the best decisions for the care and custody of their children in the event that they are detained for an extended period of time or deported; and
- Encourage states that have not yet done so to pass legislation establishing kinship caregiver programs so that when possible, children who are removed from their homes can be placed with family members. Efforts should also be made to help states address kinship licensing issues that may prohibit these placements unnecessarily.

VISION

- Children and families have access to services that are nondiscriminatory and conform to applicable law.
- The child welfare workforce is culturally informed and diverse.
- Child Welfare agencies examine points of potential systemic bias and implement strategies to overcome it.
- Child Welfare agencies examine disparities in service delivery, recognizing its impact on disproportionality, and work to eliminate any inequalities.
- Child Welfare agencies implement programs responsive to the special needs of immigrant families.

ADEQUATELY FUNDING CHILD WELFARE SUPPORTS AND SERVICES

BLUEPRINT PRINCIPLE

Funding decisions at federal, state, local, and tribal levels are informed by the certainty that the well-being of children, families, and communities are interconnected, and that sufficient and equitable funding is essential to the well-being of all of them.

BACKGROUND

Within the federal budget framework there are two main types of programs important to the health and well-being of vulnerable children and families: those broadly designed to promote economic security and those specifically created to ensure child protection. Among the broader category of economic security programs are a number of large programs like Medicaid and the Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), the Social Services Block Grant (SSBG), Head Start, child care, and unemployment insurance. Other programs more specifically designed to ensure child protection, with the exception of the Title IV-E foster care and adoption assistance programs, tend to be much smaller and include Title IV-B programs like Child Welfare Services (CWS) and Promoting Safe and Stable Families (PSSF), the various programs funded through the Child



Abuse Prevention and Treatment Act (CAPTA), and a number of juvenile justice programs.

Prior to sequestration, historic federal budget cuts enacted over the past few years had mostly preserved child protection programs, due to both the direct impact they make on a vulnerable population and their relatively small size in relation to some of the bigger economic security programs. Even without sequestration, funding for these programs has not kept pace with inflationary costs.

When sequestration went into effect their previously protected status was up-ended, and while some mandatory child protection programs were exempted from the sequester, including IV-E foster care and adoption assistance, IV-B and CAPTA discretionary programs were subjected to a 5.1% cut for Fiscal Year 2013 and will be cut even more deeply in the future unless sequestration is overturned.

Economic security programs have been even less lucky, continuously being targeted for cuts in order to reduce the deficit. The House has repeatedly passed budgets supporting the complete elimination of SSBG as well as transforming Medicaid and SNAP into block grants. The Medicaid expansion passed through health care reform has also repeatedly been attacked, in the courts, at the federal level, and by some

states opting out. In addition to the proposals to cut funding for a number of these economic security programs, other bureaucratic efforts have also been proposed that would make it harder for families to access these programs. Several of these programs were also cut by an additional 5.1% via the sequester, including Head Start, child care, and SSBG. Unfortunately, if sequestration isn't repealed or replaced these cuts will be even greater over the next several years.

While these larger programs may seem like inviting targets to achieve budget cuts, it should be understood that cutting economic security programs will result in increased poverty for many families, which has a direct correlation with increased rates of abuse and neglect. Therefore, though it may not be as obvious as the consequences of cutting something like child protection funding, the fact remains that cutting these programs puts more kids at risk of maltreatment.

Given the federal fiscal situation, there will be few opportunities for new investments in the child welfare system in the near-term. At the same time, there has been a push the past few years to give states greater flexibility in how they use child welfare funds, most notably through the renewal of Title IV-E waiver authority. Increased flexibility for IV-E funding is a welcome change, though it must be implemented carefully. A delicate balancing act needs to be weighed between giving systems more flexibility in how they use funds while also protecting the individual entitlement of a child to federal support by not simply block granting funding.

VISION

- Policymakers evaluate not only current expenditures but also the potential costs of failing to make investments in vulnerable children and families.

- Funding sources are streamlined and take into account evidence based practice and the long-term impact on the quality of care provided to children and families.
- Individuals, providers, and communities all advocate for funding on behalf of vulnerable children and families.
- Funding streams for services and supports are diverse and flexible enough to meet the growing needs of vulnerable children and families.
- Funding is linked to positive outcomes, and policymakers take into consideration programs, services, and supports that do not work or result in unintended negative consequences.

POLICY RECOMMENDATIONS

Congress and the Administration should:

- Consider the long-term implications and costs of child abuse and neglect and the savings that investments in the system can deliver;
- Repeal or replace the sequester and restore funding to child protection and economic security programs;
- Avoid block-granting programs important to vulnerable children and families. Block grants not only eliminate an individual's right to services, but history shows that block grants generally are appealing targets for budget cuts and will result in funding deficiencies in the long-term; and
- Fully fund the Affordable Care Act which will ensure the access and affordability of Medicaid for vulnerable children and families.

THE NATION'S CHILDREN 2013

America's Children: A Snapshot

Child population under 18, 2011	73,650,025
White children (not Hispanic) under 18, 2011	53.5%
Non-white children under 18, 2011	46.5%
Young Children (under 6), 2011	32.8%
Children (6–11), 2011	33.4%
Youth (11–17), 2011	33.8%

America's Most Vulnerable Children: A Snapshot

Estimated referrals of possible child abuse and neglect, 2011	3,426,000
Children substantiated/indicated as abused or neglected, 2011	676,569
Estimated children who died as a result of abuse or neglect, 2011	1,570
Children living in out-of-home care, 2011	400,540
Children adopted from the public foster care system, 2011	50,516
Children waiting to be adopted, 2011	104,236
Children living in poverty, 2011	16,134,000
Children living in low-income families (200% of poverty), 2011	32,678,000
National Poverty Rate, 2011	15%
National Poverty Rate for children under 18, 2011	21.98%
National Poverty Rate for children under age 6, 2011	24.5%

Child Abuse and Neglect

- In 2011, approximately 3.4 million allegations of child abuse and neglect, representing 6.2 million children, were made to

child protective services agencies. Of those, 1,647,214 reports were referred for investigation, as reported by 45 states.

- During 2011, an estimated 681,000 children in the 50 states, the District of Columbia, and Puerto Rico were determined to be victims of abuse or neglect. Of these children, 78.5% were neglected, 17.6% were physically abused, and 9.1% were sexually abused.
- Of the substantiations of child abuse and neglect in 2011, 61.2% received follow-up services. That service was foster care 37.4% of the time. Of the non-substantiated reports, 30.1% received follow-up services.
- In 2011, 400,540 children lived apart from their families in out-of-home care. Of the children living apart from their families, 38% were age 5 or younger, 44% were ages 6 through 15, and 20% were 16 or older.
- Of the children living in out-of-home care in 2011, 41% were white, 27% were black, 21% were Hispanic, 2% were American Indian/Alaskan Native and 7% were children of other races and ethnicities.

Permanent Families for Children

- Of the 245,260 children exiting out-of-home care in the United States in 2011, 125,908 were reunited with their parents or other family members. In addition, 15,707 children exited out-of-home care to guardianship.
- In 2011, approximately 50,516 children were legally adopted through the public child welfare agency, a 5.7% decrease from 53,591 in 2010.
- Of the 400,540 children in out-of-home care in 2011, 104,236 children were waiting to be adopted.

Kinship Support

- In 2011, 2,732,099 grandparents were responsible for his or her grandchildren.
- Of the 400,540 children in out-of-home care in 2011, 107,995 were living with relatives while in care.
- In 2010, almost 7.8 million children under age 18 lived in homes with a householder who was their grandparents or other relative. Of these, more than 5.8 million lived with grandparents who were the householders.

Child Poverty and Income Support

- The percentage of children under 18 living in poverty is 21.9%, which has remained statistically the same since 2011. This leveling follows a steady increase from 17.4% in 2006.
- The total number of children receiving Temporary Assistance for Needy Families (TANF) in the United States increased from 3,288,506 in 2010 to 3,315,576 in 2011. The number of families receiving TANF in 2011 was up to 1,864,187 from 1,847,683 in 2010.
- In 2012, approximately \$7.1 billion was spent on the Women, Infant, and Child (WIC) Nutrition Program, serving 8.91 million participants, a decrease from 8.97 million participants in 2011.
- In 2011, over \$27.3 billion in child support funds was collected and distributed in the United States, up 3% compared to the \$26.6 billion in 2010 and following a steady increase since 2007.

Child Care and Head Start

- In 2010, an estimated monthly average of 1,694,200 of the nation's children received subsidized child care. This compares to 1,638,000 children served in 2009, 1,622,600 children served in 2008, and 1,708,600 children served in 2007.



- In 2011, Head Start served 964,430 children.
- In FY 2012, the Child Care and Development Block Grant (CCDBG) was funded at \$5.195 billion, and the amount of TANF funds used for child care in FFY 2012 was \$2.975 billion, for a total of \$8.170 billion. Even after adjustment for inflation, the amount of TANF and CCDBG funds used for child care in FFY 2012 was slightly below its high of \$8.218 billion in FFY 2011.
- In 40 states the income eligibility limit for obtaining child care assistance remained below 200% of poverty (\$19,090 a year for a family of 3). In the majority of communities across the country, a family needs an income equal to at least 200% of poverty to meet basic needs, including housing, food, child care, transportation, health care, and other necessities.
- In 2012, 23 states had waiting lists or frozen intake for child care assistance, higher than 22 states in 2011 and 21 states in 2001.
- In 2012, only one state paid child care providers at the 75th percentile of current market rates, slightly lower than the three states in 2011, and a sharp decline from 22 states paying at the 75th percentile of market rates in 2001.

HEALTH

Pregnancy and Parenting

- In 2011, the birth rate among females age 10 to 14 was 0.4 births per 1,000 females. Among females age 15 to 19, it was 31.3 births per 1,000 females, the lowest level ever reported in the United States.
- Teen girls in foster care are 2.5 times more likely than their peers not in foster care to get pregnant by age 19.
- Children born to teen mothers are at increased risk of ending up in foster care and child protective services. It is estimated that teen childbearing costs taxpayers \$10.9 billion annually, including \$2.8 billion in child welfare costs.

Newborn Health and Infant Mortality

- Nationally, low-birth-weight babies represented 8.1% of all live births in 2011, down slightly from 8.2% in 2010 and a four-decade high of 8.3% in 2006.
- The infant mortality rate for 2011 was 6.05 deaths per 1,000 live births, which was not a statistically significant change from 2010.

HIV/AIDS

- In 2009, 3,755 children aged 19 or younger were reported as having AIDS.
- In 2010, an estimated 2,451 persons under 19 years old were diagnosed with the HIV infection.

Child and Youth Mental Health

- Suicide is the fourth leading cause of death among those 5–14 years old, and the third leading cause of death among those 15–24 years old. Among youth aged 10–14, the suicide rate has doubled in the last two decades.

- Mental health disorders are chronic diseases among youth; half of all lifetime cases of mental illness begin by age 14 and 75% have begun by age 24.
- In 2011, the average age of onset was 6 for anxiety disorders, 11 for behavior disorders, 13 for mood disorders, and 15 for substance use disorders.
- In 2010, 2.9 million youth aged 12–17 (12.2%) received treatment or counseling for problems with emotions or behavior in a specialty mental health setting (inpatient or outpatient care). The most common reason for receiving services among youth was feeling depressed (47.6%).
- 20% of children have been diagnosed with a DSM-IV disorder and only 30% of diagnosed children receive psychiatric services.

Foster Care and Mental Health

- A 2007 study of youth in care (age 14–17) found that rates of nine lifetime mental health disorders were notably higher among youth



in care than among youth in the general population, including:

- Attention-deficit hyperactivity disorder (ADHD): 15.1% vs. 4.5%
- Conduct disorder: 20.7% vs. 7.0%
- Major depressive disorder: 19% vs. 11.9%
- Post-traumatic stress disorder (PTSD): 13.4% vs. 5.2%
- A 2006 literature review by Casey Family Programs reveals that between one-half and three-fourths of the children entering foster care exhibit behavior or social competency problems that warrant mental health care.

- A majority of youth in foster care (85%) are estimated to have an emotional disorder and/or a substance abuse problem, and 30% have severe behavioral, emotional, or developmental problems.
- A Northwest Alumni Foster Care Study revealed that among surveyed adults who had been placed in foster care as children, more than half (54.4%) had experienced clinical levels of at least one mental health problem in the last 12 months. One quarter (25%) suffered from posttraumatic stress disorder (PTSD) in the past 12 months—a rate nearly double that of U.S. war veterans.
- A 2004 national study showed that 3 out of 4 youth in child welfare who meet a stringent criterion for need were not receiving specialty mental health services within 12 months after a child abuse and neglect investigation.

Foster Care and Medicaid

- In 2008, 1,042,325 children were enrolled in Medicaid on the basis of being in foster care. Of those children, 162,346 received Targeted Case Management (TCM) services and 112,182 received rehabilitative services.
- In SFY 2008, states spent approximately \$1 billion in Medicaid dollars on Medicaid TCM and rehabilitative services.
- According to data from a 2005 study, children in foster care receiving TCM services are much more likely to receive other important services such as physician, prescription drug, and dental and home health services than children in foster care who do not receive TCM services.
- Although children and youth in foster care represent only 3.7% of the nondisabled children enrolled in Medicaid, due to disproportionate needs, they account for 12.3% of total expenditures and 25% to 41% in Medicaid mental health expenditures.

Substance Abuse and Child Welfare

- In 2011, 20.6 million people age 12 or older were classified with substance dependence or abuse. The rate of substance dependence or abuse among youth age 12–17 was 8.0%.
- In 2011, 16.7 million people age 12 or older were classified with alcohol dependence or abuse. The rate of alcohol dependence among youth age 12–17 was 6.5%.
- In 2010, 3.8 million people age 12 or older (1.5% of the population) received treatment for a problem related to the use of alcohol or illicit drugs. Of the 1.7 million youth aged 12–17 who needed treatment for illicit drug or alcohol use problems, 146,000 received treatment at a specialty facility, leaving nearly 1.6 million that did not receive treatment at a specialty facility.
- Data shows that children of parents with substance abuse disorders are nearly three times more likely to be abused and more than four times more likely to be neglected than children of parents who do not abuse substances.
- Estimates suggest that 50–80% of child welfare cases involve a parent with a substance abuse problem.

Vulnerable Youth

- In FY 2011, 26,286 children left out-of-home care without a permanent family, a decrease of 5.6% from 27,854 in 2010.
- A 2011 National School Climate Survey found 81.9% of lesbian, gay, bisexual, and transgender (LGBT) students reported being verbally harassed, 38.3% reported being physically harassed and 18.3% reported being physically assaulted at school in the past year because of their sexual orientation. Nearly two-thirds (63.9%) of students reported that they felt unsafe in school because of their sexual orientation, and more than a tenth (12.4%) felt unsafe because of their gender expression.

- In 2011, there were about 864,000 teens between the ages of 16 and 19 who were not in school and had not graduated from high school. There were 1,497,000 million teens between the ages of 16 and 19 who were not enrolled in school and were not working.
- In 2011, 23% of children aged 0–17 had at least one foreign-born parent, up from 15% in 1994. Children who have difficulty speaking English may face greater challenges progressing in school and in the labor market. In 2011, 21% of children under the age of 17 spoke a language other than English at home.

Juvenile Justice and Delinquency Prevention

- In 2011, U.S. law enforcement agencies arrested an estimated 1.0 million persons younger than age 18, a 29.1% decline over 2007.
- In 2009, there were 1.5 million delinquency cases, down 12% since 2000. Youth under 16 made up 52% of these cases.
- In 2009, probation remained the most likely disposition for juvenile offenders. With 60% of offenders being placed on probation compared to 27% placed in residential placement.

Funding Child Welfare Services

- In FY 2011, the federal government had a total budget of \$3.6 trillion, spending on children totaled 10.4% of the budget or \$376 billion. This is a 1% decrease from \$378 billion in 2010.
- Federal spending on children fell from a record high of 2.6 in FY 2010 to 2.5% of GDP in 2011. Spending in FY 2010 was boosted by the American Recovery and Reinvestment Act of 2009 (ARRA Stimulus Act).
- The ten programs that spent the most on children in the FY 2011 federal budget were Medicaid (\$74 billion), Earned Income Tax Credit (\$52 billion), Child Tax Credit (\$46 billion), Dependency Exemption (\$35 billion), Supplemental Nutrition

Assistance Program (\$37 billion), Social Security (\$21.3 billion), Title I (\$19.5 billion), Special Education (\$17.1 billion), Temporary Assistance for Needy Families–TANF (\$13.7 billion), and Child Nutrition (\$17.2 billion).

- Out of 400,540 children in out-of-home care in 50 states and the District of Columbia in 2011, only 168,385 children received Title IV-E federal foster care assistance.
- In FY 2010, of the \$13.6 billion federal dollars spent for child welfare, 52% was from Title IV-E Foster Care and Adoption Assistance, 5% was from Title IV-B Child Welfare Services and Promoting Safe and Stable Families, 7% was from Medicaid, 12% was from the Social Services Block Grant, 22% was from TANF, and 3% was from other federal sources, including SSI and Survivors Benefits.

Child Welfare Workforce

- While CWLA standards suggest a caseload ratio of 12 to 15 per caseworker, the actual average caseload for a child protective service worker is 24.
- According to the National Survey of Child and Adolescent Well-Being II baseline report, 75% of caseworkers earned an annual salary between \$30,000 and \$49,999. Approximately 20% of caseworkers had salaries over \$50,000.
- The majority of caseworkers hold a bachelor's degree (52.3%) or a bachelor of social work degree (21.9%). Only 25% of caseworkers hold a master's degree.
- Child welfare workforce turnover rates are estimated to be between 23% and 60% annually across private and public child welfare agencies.
- Vacancy rates for the child welfare workforce are nearly 10%, and it takes seven to 13 weeks to fill vacant positions.

Sources for these facts, as well as more statistics and state-by-state breakdowns, are available at WWW.CWLA.ORG/ADVOCACY/STATE-FACTSHEETS/NATIONALFACTSHEET_2013.HTM.



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