

PROTECTING CHILDREN AND STRENGTHENING FAMILIES

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Federal investment and leadership in child welfare must do the following: (1) increase prevention and early intervention services that help keep children and families out of crisis; (2) increase specialized treatment services for those children and families that do experience crisis; (3) increase services to support families after a crisis has stabilized (including birth families, as well as kinship and adoptive families created when parents are unable to care for their children); (4) enhance the quality of the workforce providing services to children and families; and (5) improve accountability both for dollars spent and outcomes achieved.¹

Too many children experience abuse and neglect with devastating lifelong consequences

Over the last decade, nearly one million children have been substantiated as abused or neglected each year.² Yet, this is only the tip of the iceberg. The true incidence of maltreatment is estimated to be up to three times higher.³ Beyond the immediate physical and psychological trauma of maltreatment, children suffer a host of problems long into adulthood. They are at greater risk of alcohol and drug abuse, depression, suicide attempts, unintended pregnancy, intimate partner violence, sexually transmitted diseases, fetal deaths, smoking, ischemic heart disease, liver disease and chronic obstructive pulmonary disease.⁴ Children who have been in foster care, including those who “age out” of foster care upon turning 18, typically attain fewer years of education and have less steady employment. Not surprisingly then, they are more likely to experience homelessness and poverty and to be involved with the criminal justice system.⁵ These outcomes are problematic not just for the individuals who experience them, but for the nation as a whole. The United States spends more than \$100 billion *annually* on the direct and indirect costs of child maltreatment.⁶ We must do better!

Too many children and families fail to get the services they need

The capacity to serve even those whose maltreatment is detected is sorely lacking. Of those children who are reported and substantiated, nearly 40 percent get no services at all – not foster care, not counseling, not family supports.⁷ The other 60 percent who get *some* service may not get the *right* services. Research indicates that half of children involved with the child welfare system have clinically significant behavioral or emotional problems, but only about a quarter are getting mental health services.⁸ Similarly, research indicates that while roughly three-quarters of parents of children in foster care need substance abuse treatment less than a third gets it.⁹ In addition to building the service capacity, we must enhance the workforce that provides those services. Currently, the typical child welfare worker – a person often making life and death decisions – has less than two years experience and often carries twice the recommended number of families on his or her caseload.¹⁰

Proven and Promising Practices Can Reduce Maltreatment and Ameliorate Harm

Fortunately, research provides guidance about what works to prevent child abuse and neglect, to stabilize families in crisis and keep children safely in their homes so they are not torn from everyone and everything that they know. There is no substitute for a loving engaged parent. To thrive, children must grow up in nurturing families and caring communities, but the government has a critical role to play. Caring for children is a shared responsibility. As a nation, we must equip today's parents with the skills, tools and resources to do their jobs.

There are a number of programs and initiatives at the state and local level to be built upon. Home visiting programs¹¹ connect families to the supports and services they need to care for their children. They improve the health of children and their parents, as well as prepare children for school. These programs break down isolation and engage families in community life – enriching the community as it strengthens families and improves outcomes for children. The Harlem Children's Zone¹² provides comprehensive services in a community struggling with concentrated poverty and violence and offers much promise as a model for reaching families in an entire neighborhood.

Scaling Up Requires Federal Investment and Leadership

Home visiting and the models like the Children's Zone work well at the local level. However, to take them to scale – to ensure that every child lives in a vibrant community and loving family – will require the federal government to do its part – investing adequate resources to develop the capacity to provide services at scale and offering needed leadership and guidance.

Services and supports must be coordinated so that families with the greatest challenges do not have to leap through multiple hurdles to get the help they need to care for their children. Families should be able to get a range of supports whether they turn to their pediatrician, child care provider, school, community center or social services office. There should be no “wrong door”. Much of the work creating such an integrated service delivery model must happen at the state and local levels. Public agencies and community-based providers need to collaborate to provide a seamless web of support, but the federal government can facilitate such efforts by rethinking federal programs and benefits. For example, federal funding mechanisms that make it easier to draw down federal funds when a child is in foster care rather than when they are at home must be changed so that these funds support prevention and treatment services, as well as foster care and adoption. With such restructuring and adequate investments, we can reduce maltreatment and improve the lives of millions of children. We can do better and we must!

¹ These recommendations summarize those of the Partnership to Protect Children and Strengthen Families, of which CLASP is a founding member. More detailed recommendations are available at: http://www.clasp.org/publications/changes_cw_law.pdf

² U.S. Department of Health and Human Services, *Child Maltreatment 2006* (Washington, DC 2008).

³ U.S. Department of Health and Human Services, *The Third National Incidence Study of Child Abuse and Neglect*, (Washington, DC: 1996)

⁴ Centers for Disease Control and Prevention, Adverse Childhood Experiences, Major Findings, available at: <http://www.cdc.gov/nccdphp/ace/findings.htm>

⁵ P. Pecora, R. Kessler, J. Williams, K. O'Brien, A. Downs, et al. *Improving Family Foster Care, Findings from the Northwest Foster Care Alumni Study*, Casey Family Programs, 2005, <http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/923/CaseyAlumniStudyupdated082006.pdf>; M. Courtney, et al. *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*, Chapin Hall Center for Children at the University of Chicago, 2007, http://www.chapinhall.org/article_abstract.aspx?ar=1355&L2=61&L3=130; *Childhood Victimization and Delinquency, Adult Criminality, and Violent Criminal Behavior: A Replication and Extension*, Final Report Submitted to NIJ.; and, *Coming of Age: Employment Outcomes for Youth Who Age Out of Foster Care Through Their Middle Twenties*, U.S Department of Health and Human Services, 2008, http://www.urban.org/UploadedPDF/1001174_employment_outcomes.pdf.

⁶ Prevent Child Abuse America, *Total Estimated Cost of Child Abuse and Neglect in America*, 2008 available at: http://www.kidsawaiting.org/publications/partner_reports.

⁷ *Child Maltreatment 2006*.

⁸ Barbara Blum, Susan Phillips et al. “Mental Health Needs of and Access to Mental Health Service Use among Children Open to Child Welfare,” *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 43, No. 8 (August 2004)

⁹ U.S. Department of Health and Human Services, *National Survey of Child and Adolescent Well-Being: One Year in Foster Care Report*, (Washington DC: November 2003) available at: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/exesum_nscaw/exsum_nscaw.html

¹⁰ U.S. General Accountability Office, *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*, GAO-03-357 (Washington, D.C.: March 31, 2003)

¹¹ There are six nationally recognized models of home visiting: Healthy Families America, Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse Family Partnership, Parents as Teachers, Parent-Child Home Program and the home visiting component of Early Head Start.

¹² For more information on the Harlem Children’s Zone see: <http://www.hcz.org/> El Paso County, Colorado and Allegheny County Pennsylvania offer examples of other communities where collaboration has led to the provision of comprehensive services – in these cases led by the county human services agency. For more information see http://www.clasp.org/publications/El_Paso_report.pdf.1 and <http://www.alleghenycounty.us/DHSAAboutDHS.aspx?id=11630&LinkIdentifier=id>