Children in Care in the United States

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Children in care in the United States experience a disparity of outcomes and quality care depending on the region and local resources. This article explores the population of the country, a brief history of child protection and related laws, and examples of current reform efforts.

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Based on estimates from the United Nations, the population of the United States is approaching 327 million people. It's the third largest country in the world, with China at 1.4 billion and India at 1.3 billion (Worldometers, 2018). With 242 years of independence the United States has experienced highs and lows related to civil rights and the dignity of human life. Several themes have at times significantly divided the country or have led to significant historical movements. This includes the attempted extinction of native tribes, horrors of slavery, treatment and voice of women, inclusion of people with disabilities, and most recently, the acknowledgement of harassment from people in power and racist anti-immigration demonstrations and policies.

The voice and value of the child is among these themes. The number of children in the United States is just under 74 million – about a quarter of the total population (Child-Trends, 2018a). The racial and ethnic background of the children in the United States varies significantly by region and is complicated by delayed and disputed census estimates and differing projections from various sources. One estimate describes the racial and ethnic background of children as 50 % White, 25 % Hispanic, 15 % Black, 5 % Asian and Pacific Islander, and 5 % other (Child-Trends, 2018b). Of these 74 million children

there are over 437 thousand (0.5 %) in foster care (U.S. Department of Health and Human Services, 2017). The average age of children in care is eight years old with higher percentages under five and over sixteen. Settings in which these kids live include: relative or non-relative foster homes (77 %), group homes, supervised independent living, or institutional care (13 %), and pre-adoptive or trial home visits (9 %). The remaining one percent (or approximately 4,600 kids) are considered missing or runaways and with many living on the streets or shelters.

A Brief History and Federal Laws Related to Child Protection

The development of child protection systems in the United States can be viewed in three distinct eras. *Myers* (2008) defines the time prior to 1875 as the era before organized child protection, from 1875 to 1962 as a time of growth of non-government organizations providing child protection, and from 1962 to the present as the era of government sponsored child protection.

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The period before organized child protection does not mean that interventions and protections efforts did not occur, but that they were not systematically implemented across the country. The New York Society for the Prevention of Cruelty to Children was founded in 1875 and was the first organization in the country solely focused on child protection. The society was established by some of the same founders of the American Society for the Prevention of Cruelty to Animals (which was founded nine years earlier in 1866) after their exposure to a horrible case of abuse of a young girl in New York.

Today the administration of government child protective services varies by state. In California, the most populated state in the country, the responsibility is delegated to 58 counties. Los Angeles county is the most populated county in the state (as well as in the country) at 10.1 million people). Los Angeles operates the second largest school district in the United States (second to New York City). Interestingly, the second most populated county in the country is Cook county in Illinois (at 5.2 million), where the origins of the modern juvenile justice system began.

Several federal and state laws govern child protection efforts in the United States. The Child Abuse Prevention and Treatment Act was implemented in 1974 to define child abuse and »provide federal funding and guidance to states in support of prevention, assessment, investigation, prosecution, and treatment activities« (Child Welfare Information Gateway, 2017). This act was amended in 2015 and 2016 with topics on commercial sex trafficking and infants affected by substance abuse.

There are more than three million people in the country who belong to over 500 Indigenous nations recognized by the federal government and are descendants of fifteen million American Indian and Alaska Native people (*Dunbar-Ortiz*, 2015). The Indian Child Welfare Act was established in 1978 to »protect Indian culture and tribal integrity from the unnecessary removal of Indian children by state and federal agencies« (National Indian Child Welfare Association, 2018). This was a significant step in correcting concerted efforts to breakup Native American families. Prior to 1978 over a quarter of American Indian and Alaskan Native children were removed from their families by government child welfare and non-government adoption organizations. Approximately 85 % of those removed were placed outside of their families and communities. The Indian Child Welfare Act provides some safeguards that require inquiry about ancestry at the earliest stages of child welfare involvement, notification and recognition of the authority of tribes in child abuse and neglect situations, and active efforts to prevent the breakup of tribal families. As important as these efforts are it is concerning that not until 2018, over 40 years after the law was enacted, is the topic required to be included in the training and orientation of adults caring for children in foster and group homes in California.

The Family First Prevention Services Act is one of the newest laws related to child welfare and it restructures the federal system of funding for protection and prevention efforts. This law amends portions of the Social Security Act (Title IV-E) to »invest in funding prevention and family services to help keep children safe and supported at home, to ensure that children in foster care are placed in the least restrictive, most family-like, and appropriate settings« (United States Congress, 2017). The act allows funding for earlier interventions that may prevent the need for foster care in some cases. It includes targeted efforts to ensure more children are placed in foster care homes and less in group care environments. It is in the early stages of implementation and time is needed to truly evaluate the outcomes. Early stages of this law included a focus on limiting access to group care (United States Senate, 2015) and proposals that would »cut off funding for children under age 13 living in group homes

for longer than 15 days [and] end funding for children over 13 after they had spent a year in such a facility« (*Sapien*, 2015). It is a positive effort to envision more children in kinship care and earlier efforts to preserve families. Yet for some children the law may create barriers to critical supports they need by marginalizing and over-medicalizing residential care programs.

Contemporary Reform Efforts: A State Example

Some states in the country have little or poor oversight of children living in foster or group care settings. California, in contrast, is perhaps one of the most regulated and monitored states in the country. The California Department of Social Services includes a division of Community Care Licensing which approves foster homes and group homes, monitors their compliance with regulations, and has the power to disqualify a home or group program. Currently there are 64 thousand children in foster care in the state with over five thousand in group homes.

The state is in the early stages of implementation with the Continuum of Care Reform Act. This law structures regulations and funding so that »all children will live with a committed, permanent and nurturing family« (California Department of Social Services, 2017a). The act also eliminates the use of emergency shelters and group homes for children served by government services. It has also introduced short-term residential therapeutic programs which can be licensed to provide an integrated program which includes 24-hour intensive care and supervision, services and supports (e.g. education, life skills, personal care), and mental health treatment/rehabilitation (California Department of Social Services, 2017b). These programs are expected to

…create a »container« for the young person and those involved in their life that identifies unmet needs and what's needed to support the individual in a home set-

ting. It's not about creating more boundaries, rules, or limitations on the child's ability to define their own future, but rather connecting with that individual in ways that we really hear them and respond to their needs. (Rogers, 2018)

While it is an important goal to keep children in families, early implementation stages of this system reform may be limiting options for some high-need situations. It is a significant change and, as any change does, it is placing stresses on government and public-serving organizations, families, and children in new ways. Time will show how beneficial the efforts are to children.

Other Changes

In addition to the policy reform of the Continuum of Care Reform Act, there are several other recent and significant changes. For example, many transitional age youth are benefiting from a law which provides young people the option to remain in care and access support for transitional housing or supervised independent living through age 21. Funding is minimal, however, and there are limits on who is eligible, such as placement in child welfare or probation systems and the ability to stay employed or in school (Chronicle for Social Change, 2013). Youth must opt-in for this extended support and it is critical for many transitioning from the care system to greater levels of independence.

Other legislation in development is focused on expanding licensing categories specific to crisis stabilization and residential programs in an effort to reduce unnecessary stays in psychiatric hospitals. One analysis of the draft bill explains:

»… three out of every four children in the U.S. that need mental health services, do not receive them. Nearly 20 % of high school students in California consider suicide at some point in their lives and more than 10 % actually attempt it. With 47 out of 58 counties lacking any child/adolescent psychiatric hospital inpatient beds for children under 12 (and fewer than 70 beds state-

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wide), the need for children's crisis residential services could not be more acute...« (California State Assembly Committee on Health, 2015)

This is not a surprise to the public as it has been discussed for over a decade without an actionable plan in place (*Forster, Wissing & Soleng,* 2001).

Finally, all of this change has occurred in the context of a realignment of who owns the responsibility to provide mental health services to children. This change, just three years old:

»...ended the state mandate on county mental health agencies to provide mental health services to students with disabilities [and made it] clear that school districts are now solely responsible for ensuring that students with disabilities receive special education and related services, including some services previously arranged for or provided by county mental health agencies.« (California Department of Education, 2011).

So the task of identifying and referring young people for mental health services was moved from local mental health departments to individual school districts. The responsibility is now under the banner of ›educationally-related mental health services‹ (referenced as ERMHS) which is intended to support students in reaching their educational goals. Most schools were caught unprepared to recognize and make appropriate referrals for mental health services (California Mental Health Planning Council, 2015).

Opportunities

As a whole, outcomes in child welfare remain mixed and the quality of care for young people varies greatly by county or region. A past state advocate for children in foster care highlighted that in higher quality group settings:

»...the [adults] were well trained on the values and purpose of the program and actually modeled those values. The [adults] demonstrated that they enjoyed working with children, youth, and families and practiced appropriate therapeutic interventions. The [adults] were mature and professional and excellent role models for the youth.« (California Department of Social Services, 2011).

These programs, the report continues, have lower staff turn-over, stable organizational culture, and provide opportunities for advancement. In lower quality group homes the levels of training and development were either missing or significantly less.

In one study that compared thirty-two quantitative surveys from both child protection and family services across the United States found that:

»...children who leave care continue to struggle on all areas (education, employment, income, housing, health, substance abuse and criminal involvement) compared to their peers from the general population. A stable foster care placement, establishing a foothold in education and having a steady figure (mentor) who supports youth after they age out of care seem to be important factors to improve the outcomes.« (Gypen, Vanderfaeillie, De Maeyer, et al, 2017).

There is much to be done in response to these changing times. We need to continue to develop ourselves, our peers, and the workforce in general with characteristics and skills that support young people in meaningful ways. We need to promote and empower young people themselves to speak up and have their voice heard. Countries may observe and learn from the outcomes and practice in the United States and at the same time should use caution and not be too quick to adopt methodologies and policy without thoughtful application to their own country and region.

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