The Annie E. Casey Foundation

2007 KIDS COUNT

ESSAY AND DATA BRIEF

State Profiles of Child Well-Being

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual *KIDS COUNT Data Book*, which uses the best available data to measure the educational, social, economic, and physical well-being of children. This *Essay and Data Brief* is derived from the 2007 *KIDS COUNT Data Book*. The Foundation also funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed, community-by-community picture of the condition of children.

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Lifelong Family Connections: Supporting Permanence for Children in Foster Care

For decades, the Annie E. Casey Foundation has been investing significant resources in efforts to improve the life outcomes for America's most disadvantaged children. Driving our work is a belief that the most important thing we can do to advance positive long-term results for kids is to ensure their connection to stable, loving families. At Casey, we believe that having a strong family is the best predictor of any child's long-term success and the key to helping every child become a secure, thriving adult.

Too many children in our country do not succeed because crises leave them without a family to whom they can turn for the kind of help and support that most children take for granted. For a variety of reasons—illness, inadequate housing, substance abuse, poverty, domestic violence, mental health issues, and others—their families have failed to meet their needs. In extreme cases, when substantiated abuse or neglect compromises a child's safety, child welfare systems may be compelled to intervene, to remove a child from their home and place the child in protective care.

In this 2007 *KIDS COUNT Data Book* essay, we examine our national obligations to those children who are at risk of being removed from their homes and, in particular, the more than 700,000 children who spend time each year in foster care. We do so out of the growing conviction that as a nation, we have not yet challenged ourselves to do enough to build, rebuild, or sustain the family relationships these young people need. In the following pages, we advance a new accountability framework for America's child welfare system and outline what we believe can and ought to be done to ensure that every child in its care has a genuine chance to be part of a lifelong family.

Re-Examining America's Child Welfare System

Taking up the challenge of protecting these most-at-risk children requires a re-examination of the purpose and goals of the nation's child welfare systems. More than 50 years ago, doctors, researchers, and journalists made clear that some children in our country face unacceptable danger in their own homes. They documented the extent to which physical abuse, sexual abuse, and child neglect occurred, and their work led to a legislative revolution at the federal and state levels. Systems that had been designed to provide for orphans and children whose parents were unable to care for them were given the daunting challenge of finding and protecting abused and neglected children. Shielding a child from danger and harm became the overarching purpose of child welfare work.

So it remains today. The goal of getting vulnerable children "out of harm's way" remains central to the public's understanding of what the child welfare system does. This task is enormously difficult, as we are all too often reminded by the highly publicized tragedies of children known to local protective services—or even removed from their families and placed in foster care—who nevertheless come to grave harm. Child welfare practitioners and researchers continue their struggle to improve the likelihood that we can accurately identify dangerous situations and intervene to protect children when, if not before, they are in serious danger.

But the harsh truth is that simply removing children from dangerous homes does not, by itself, ensure that they will receive the protection, nurturance, structure, and stability that they need to grow up healthy and successful. Too often, the opposite is true. For many children, family separation is hurtful and traumatic—even when the family has consistently not met their needs. And for far too many, their experience in the child welfare system only compounds this trauma.

Child welfare systems too often make placement decisions that unnecessarily add to the confusion, insecurity, and isolation felt by kids removed from their families. For example, in some jurisdictions, it is common for these children to be separated from their siblings. Others are

Enabling all children to become part of permanent, lifelong families has not yet become, as it should, a paramount and defining goal of child welfare work in America.

required to spend considerable time in shelters or group homes until a foster family placement becomes available. Because the immediate goal is to provide children with the first available safe place to live, systems often require kids to move to a new and unfamiliar neighborhood and a new school—which means that they not only lose a connection to their family, but also to the friends, relatives, pastors, teachers, coaches, and neighbors who have played important and positive roles in their young lives. Worse yet, too many kids, for a variety of reasons, may have to repeat this cycle of disruption and relocation multiple times while they are in out-of-home care. Of all children who entered foster care in the first 6 months of 2005, 41 percent had changed placements at least once within 6 months, and 15 percent had changed placements two or more times.[1]

Given this, many children removed from their homes experience tremendous uncertainty and anxiety. They do not know whether they will eventually return home to their families or live with foster parents or in another setting until they grow up—and they do not know how long they will have to wait until these questions are answered. In short, protecting these children from the threat of harm frequently comes with a high cost: trauma, fear, loss, guilt, grief, fractured relationships, and insecurity about the future.

In many respects, we succeed at removing children from dangerous environments only to put them in a different kind of harm's way. We simply cannot make any child truly secure until we can ensure that he or she will again become part of a loving and lasting family—one that they know will be with them for life.

For Casey, permanence means establishing an enduring family relationship that is safe and meant to last a lifetime; offers legal rights and social status of full family membership; provides physical, emotional, social, cognitive, and spiritual well-being; assures lifelong connections to extended family, siblings, and other significant adults; and promotes an understanding about a family's racial and ethnic heritage and traditions.

The Annie E. Casey Foundation makes no claim that the importance of stable families to kids is a new discovery. For decades, researchers and advocates have argued that foster children need "permanence"—in other words, a family that a child can confidently expect to be his or hers throughout childhood and into adulthood. Important legislation[2] has encouraged child welfare systems to make reasonable efforts to prevent unnecessary family disruption; shorten lengths of stay in temporary foster care; promote safe reunification with birth parents whenever possible; facilitate speedy adoption when reunification can't be achieved; and provide supports, such as ongoing relationships with caring adults, for older youth who "age out" of foster care, usually at age 18. Indeed, the federal government's Children's Bureau now defines as its mission "to provide for the safety, permanency, and well-being of children."[3]

Nevertheless, we argue that enabling all children to become part of permanent, lifelong families has not yet become, as it should, a paramount and defining goal of child welfare work in America. The reality is that when most elected officials, journalists, and the general public turn their attention to the child welfare system, it is almost always because of a perceived failure to attend to the physical safety of children who need to be protected. The need to protect children from harm is universally understood, but the equal importance of ensuring that those same children have the benefit of a strong, permanent family is much less widely acknowledged.

Perhaps even more important, the public frequently fails to understand that connecting to a stable, supportive family is, in fact, the opposite of what so many children experience when they enter the child welfare system. Youth who are or have been in foster care[4] understand quite well the separation, confusion, isolation, and overall emotional chaos that can accompany the experience. Here are some of their words:

> "They would put the two little ones together, put me separate and my other brother separate. I just couldn't [do it]. I was like, 'No, no, no, I'm not going to leave this office until I know that all of us are going to be together.'"[5]

"There are lots of kids who have to leave the communities that they grew up in.... There's no network—you go to group homes, shelters. You're put all over the place.... Kids don't stay in school. Their credits don't transfer. They're constantly moving away from places that they are finally getting used to. You don't have roots, and you can't have those essential things that you need growing up."[6]

"We're here because we don't have parents.... What we need are parents to care about us, not staff to care for us."[7]

The themes these young people speak about—disrupted relationships, a lack of belonging, frequent moves, absence of true caring, and uncertain futures—describe the experiences of far too many of those involved with our child welfare systems. Over time, many foster kids end up paying a steep price for the incomplete help they receive. Although many overcome the obstacles and challenges of growing up without a permanent family, significant numbers do not. Research indicates that kids who spend extensive time in foster care fare poorly on virtually every predictor of making a successful transition to adulthood when they exit the system without a permanent family. The problems they face include lack of education, early parenthood, emotional instability, involvement with the criminal justice system, poverty, and homelessness. For example, examinations of foster care alumni found that from 2 to 4 years after leaving foster care, only half of all of the youth were regularly employed, more than half of the young women had given birth, and a significant number were on welfare. Nearly half of the population had been arrested, and a quarter had been homeless.[8] A study of employment outcomes among children exiting foster care near their 18th birthdays in California, Illinois, and South Carolina during the mid-1990s found that these youth had mean earnings below the poverty level and earned significantly less than youth in any of the comparison groups, both prior to and after their 18th birthdays.[9]

Broadening Our Expectations for Child Welfare

What would it mean if the true measure of value for our child welfare systems was the extent to which policies, practices, and investments not only helped keep kids physically safe, but also helped restore or create strong, lasting family relationships? In other words, how would a genuine commitment to permanence alter our expectations and accountability standards for these systems?

First, we would expect workers in these systems to do everything feasible to strengthen and preserve the existing families of at-risk children. Although it is difficult to make families safer, stronger, and more durable, it is still the most natural and practical way of ensuring that children grow up with a permanent family. We know that this is not always possible in families where kids face the risk of physical harm, but whenever this is not the case, removal should be the last, rather than the first and only, option. Today, after 25 years of legislative emphasis on children's need for family permanence, we actually separate more children from families than we did in the past. Despite the fact that the number of children in foster care in the United States at a single point in time has declined from a peak of approximately 567,000 in 1999 to 513,000 in 2005, this is still 28 percent higher than the more than 400,000 children in foster care on a single day in 1990.[10]

Second, when family preservation efforts fail and a child does require foster care, we would expect placement to be seen as a means of moving toward a strong and lasting family. That would mean keeping brothers and sisters together and placing almost all children in family settings, rather than in institutional facilities. It would also mean diligently recruiting caring relatives or other adults who already know and care about the children to be their foster parents, to increase the chances that kids could stay with a single family throughout their time in care. And, it would mean routinely placing children within their own neighborhoods where they can stay connected to their schools, friends, and community supports.

Unfortunately, placements that meet any of these tests are still too rare. In 2004, only 17 percent of all children entering foster care were placed with a relative. In 2005, 48 percent of teenagers who entered care were not even placed with a family—

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they went to a shelter, group home, residential facility, or some other congregate care setting.[11] While in care, too many young people have their lives disrupted all over again by being moved from one placement to another. Worse still, some placements are disrupted because children have been abused again while in care.

Third, we would expect child welfare systems to ensure that stays in foster care are brief by identifying and supporting safe, permanent families through reunification, legal guardianship, or adoption. Today, too many children remain in foster care far too long. For example, of all children under age 1 who were placed in foster care in 2000, 62 percent remained in this temporary status for more than a year, and 22 percent remained for more than 3 years. This is particularly tragic, given that this is the most formative period in a child's life; a time when children urgently need a loving, nurturing, permanent family. The situation is often worse for older children. Of those who entered foster care in 2000 as teenagers, 5 years later only 58 percent had left through reunification, legal guardianship, or adoption.[12] It is estimated that the parents of about 114,000 children under age 18 have had their parental rights terminated, and these children are awaiting adoption.[13]

Fourth, we would also expect child welfare systems to provide far more families with the supports and services they need to succeed. Whether permanence is achieved through reunification, guardianship, or adoption, we would want to know that these families and their children were receiving appropriate and sufficient "post-permanency" supports, such as counseling, education, financial help, and respite care, to help ensure that those connections had every chance to succeed. This is important, since too many kids are now placed with families that experience great difficulties in sustaining their permanent commitments. Many are reunited with families that have not received enough of the help and support needed to raise them safely. Others may be adopted by families that are not prepared to cope with the challenges of raising children who have suffered from abuse, trauma, and the insecurities that develop after spending years in care. As a result, a large number of kids end up re-entering the system. Of all children who left foster care in 2004, 15 percent re-entered within 12 months. And, for those who entered as teenagers and those who spent most of their time in care in a congregate setting, re-entry rates are substantially higher.[14]

Finally, we would expect child welfare systems to pay particular attention to the needs of those children who are most vulnerable and whose family permanency outcomes are the least successful: children of color—particularly African-American children[15]—and older youth.

African-American children are vastly overrepresented in the foster care population; therefore, they face a significantly greater risk of growing up without a strong, permanent family than do white children. According to data collected for a single day (September 30, 2005), 32 percent of the children in foster care nationally were African American, although these children made up only 15 percent of the total U.S. child population.[16] In 2005, the rate of foster care placement for African-American children (7.4 per 1,000) was almost 2.2 times the rate for white children (3.4 per 1,000).[17] This is the case, despite the fact that three national studies have shown no statistically significant differences in overall maltreatment rates between African-American and white families.[18]

In some jurisdictions, research has shown that African-American families are more likely to be reported for alleged abuse or neglect than white families that present similar situations.[19] Black children found to be victims of maltreatment are 36 percent more likely than white victims to be removed from their families and placed in foster care.[20] Once in foster care, African-American children also stay longer than white children. For example, in 2000, 23 percent of African-American children who entered foster care stayed for 3 or more years, compared to 13 percent of white children.[21]

Older children are also at particular risk, and far too often our child welfare systems have simply given up the aspiration of restoring them to permanent families. For example, data indicate that the goal for more than 73,000 children and youth continues to be long-term foster care, expecting them to remain in temporary care until the age set by law in their state when they can live on their own. To make matters worse, the majority of states set 18 as the age of discharge for children in care, which many Americans consider to be too young to fend for themselves. In 2004, 22,718 young people aged out of foster care without the support of a family or caring adult legally committed to helping them.[22]

Although the expectations we have described may be tough to achieve, they are not unreasonable and are not any different from what we would demand for a child we personally knew who was in danger. Clearly, the challenge is to make the expectations that we hold for our own families the norm for how child welfare systems operate nationally. In the following section, we outline what we believe must be done to achieve this and highlight a number of jurisdictions across the country that are leading the field by taking important steps in this direction.

Moving From Aspiration to Action

The Casey Foundation believes that the commonsense expectations discussed in this essay provide a framework for state and local child welfare systems to help more children be safe and grow up in strong, permanent families. As a nation, we must do the following:

We would expect child welfare systems to pay particular attention to the needs of those children who are most vulnerable and whose family permanency outcomes are the least successful: children of color—particularly African-American children—and older youth.

- Invest more in efforts that can strengthen families and prevent unnecessary removal of children from their homes;
- Make placements, when necessary, that can reduce the trauma of separation for children and help facilitate family permanence;
- Move promptly to identify and support the strongest permanency options for children, beginning with reunification and, alternatively, kinship care, guardianship, or adoption; and
- Pay special attention to kids who are most at risk of not growing up in strong, permanent families: African Americans and older youth.

What resources and policies are needed to move beyond rhetoric and put this framework into practice? In the following pages, we highlight several jurisdictions and initiatives that are taking important steps to implement a philosophy that emphasizes both safety and family permanence.

Intensify Efforts to Strengthen Families and Prevent Out-of-Home Placements

Helping families avoid debilitating crises means helping them access jobs and employment training, secure adequate housing, address critical health needs, and deal with substance abuse issues and mental health problems. Given this, it is critical that child welfare systems forge new partnerships with a range of community-based agencies and programs so that at-risk families can get the supports they need. Just as important, child welfare personnel need to have an ongoing physical presence in communities—for example, through family support centers—so that they can forge relationships with nonprofits and neighbors who will be there when families need help. Having local offices staffed by supportive child welfare personnel is also one important way to alter the common perception that the only approach taken by child welfare systems for helping kids is to remove them from their families.

There are several examples of communities across the nation where child welfare agencies are shifting resources toward prevention and actively working in partnership with others to help strengthen families.

In the **District of Columbia**, the **Healthy Families/Thriving Communities Collaboratives** work with the city's child welfare system—the Child and Family Services Agency (CFSA)—to provide a viable and credible infrastructure to enhance child protection, family support, and family preservation services at the neighborhood level. Since their inception a decade ago, these Collaboratives have strengthened the quality and consistency of their community-based child welfare practice and broadened key linkages with community residents and organizations. They have provided direct services to more than 2,500 families and 7,500 children each year, many of whom are referred directly from CFSA. Services include case management, parent education, youth development initiatives, housing counseling, and crisis intervention, as well as programs that build economic security through employment training, financial education, and access to the Earned Income Tax Credit. In addition, the Collaboratives' offices often serve as community sites for visits between children already in foster care and their birth families.

Community Partnerships for Protecting Children (**CPPC**), a national effort created by the Edna McConnell Clark Foundation and now based at the Center for the Study of Social Policy in Washington, DC, seeks to reduce child abuse and neglect, increase accessibility of services and supports, increase assistance sharing among neighbors, and improve performance of the child welfare system. CPPC sites focus on policy and frontline practice changes—such as basing child welfare staff in community settings and responding to abuse and neglect reports in ways that are more appropriately aligned with the specific nature of each report. Child welfare agencies work with other community partners to develop an integrated network of individualized supports that connect families to needed services before crises occur and intervene more rapidly, comprehensively, and collaboratively when abuse or neglect is reported. These partnerships now operate in sites across six states: **Florida**, **Georgia**, **Iowa**, **Kentucky**, **Maine**, and **Missouri**.

Although we know that working in partnerships to provide critical family-strengthening supports helps many families, some families need more-intensive help. When such situations are brought to the attention of the child welfare system, before removing a child from their home, it is important to provide these families with the concentrated intervention supports that are often associated with intensive family preservation: short-term, crisis-oriented, in-home services designed to maintain children safely at home in the care of their parents or other family members.

The **Intensive In-Home Services** program in **Missouri** is a national leader in demonstrating that families in crisis can, through short-term, intensive intervention, learn how to better nurture their children, obtain services linked to their specific needs, and improve their overall family functioning. The program keeps children safe while helping families stay together. Based on data collected beginning in FY 2001, nearly 83 percent of the 3,138 children served had no substantiated abuse or neglect within 4 years of receiving services, and 72 percent of the 1,588 families remained intact after 4 years.[23]

Another jurisdiction that has seen the benefits of prevention-focused investments is **Allegheny County** (**Pittsburgh**), **Pennsylvania**, where a focus on strengthening families has been at the core of a wide-ranging set of improvements. Over the past 10 years, the county has more than tripled its spending on prevention and intervention services for families involved with the child welfare system. The growth in spending to prevent child abuse and neglect has taken place without additional county funds. The county has developed a network of more than 30 family support centers and other family-centered prevention initiatives to help families find resources in their own neighborhoods. It has also placed housing counselors, addiction specialists, and mental health specialists at each of its regional offices. Families needing help are linked to community-based agencies that provide intensive, in-home services tailored to each family's unique needs. The county has also worked closely with the juvenile court to streamline case processing and has enlisted pro bono legal support to assist with adoption and termination of parental rights proceedings.

Make Placement Decisions That Reduce Trauma and Facilitate Permanence

Earlier in this essay, we shared the words of youth who described firsthand the trauma associated with being separated from family, even when doing so is the most appropriate course of action to ensure their safety. To reduce trauma, it is critically important that child welfare systems aggressively avoid using congregate care placements—particularly those that may be located outside the children's home communities—as a default option and make placement decisions that help kids feel connected to people and surroundings with whom they already have relationships. In particular, child welfare systems must be resolute in their efforts to enable siblings to remain together, or at least geographically close. These actions will help to facilitate permanence:

Place a premium on kinship care. The first placement option explored for any child and their siblings should be a relative who knows and loves them and can provide an ongoing sense of familiarity and security. Children in kinship settings have greater placement stability and are more likely to be able to stay with their brothers and sisters than children in other types of foster care placements.[24] But this requires instituting policies and investing the resources to make it possible. For example, family members who are taking care of their kin—many of whom have limited incomes—often receive only a minimal monthly stipend from the state that is hundreds of dollars less than what a non-relative foster parent would be paid. Also, licensing standards that may make sense for strangers, such as requiring private sleeping space and a minimum number of square feet per child, can make it impossible to license the homes of even close relatives to whom a child has been deeply attached for years. Addressing these systemic barriers would have the dual benefit of helping more children to be cared for by relatives and providing those relatives with resources to meet children's needs.

The first placement option explored for any child and their siblings should be a relative who knows and loves them and can provide an ongoing sense of familiarity and security.

Build networks of foster families in communities where children reside. When placement with a relative is neither possible nor in a child's best interests, placement with a foster family should be the next best option. At the same time, helping kids achieve permanence requires taking a new approach to recruiting and supporting foster families. Specifically, child welfare systems need to do more to cultivate foster homes in the communities where the children and families who are referred to them live. Doing so offers children the best hope of maintaining the connections and relationships they've established with their schools, churches, and organized athletic and cultural programs. Neighborhood-based, culturally appropriate placements can help ease the sense of disruption, isolation, and disconnection that many kids feel when they must leave their families.

This also requires a new approach to recruitment, training, and support. For example, in 2005 **Casey Family Programs**, based in Seattle, reached an agreement with the **Arizona Department of Economic Security** to recruit permanent family placements for youth in Maricopa County (Phoenix). The agreement allows Casey Family Programs to move youth ages 11 and older from group care placements into these families, provide case management services, and seek to establish legal permanence—reunification, guardianship, or adoption—for them. In the first year, Casey Family Programs recruited and licensed 26 families. Of the 32 intakes completed in 2005, 27 were adolescents placed from group care into families. As of May 2006, 22 of these placements remained intact. The high school graduation rates for these youth in 2005 and 2006 were higher than the rates for Arizona's general high school population, and roughly 80 percent of the Casey graduates were youth of color.

Over the past decade, **Cuyahoga County's (Cleveland) Department of Child and Family Services** has made a concerted effort to place children in their home neighborhoods, with or near their kin and near their friends, schools, and communities of faith. Through revamped recruiting and training efforts in those neighborhoods with large numbers of kids in care, they were able to substantially increase their network of "resource families"—which include foster parents, adoptive parents, kinship caregivers, and guardians. The number of newly licensed foster parents increased 45 percent, from 200 in 1998 to 289 in 2006. Cleveland achieved these gains by overhauling its resource parent training and building partnerships with community agencies to identify and support families in the neighborhoods where at-risk children lived. In addition, a state effort to allow families to be licensed both for foster care and adoption resulted in an increase in adoption rates.[25]

The **Kinship and Adoption Resources and Education** (KARE)

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Family Center began in 2002 in **Tucson, Arizona**, in response to the community's need to better support kinship families. KARE is a collaboration, with caregivers at the center of planning and operations, that has successfully worked with more than 50 percent of all kinship caregivers in Pima County (Tucson). Their services include Spanish-speaking support groups, caregiver-led support groups, summer youth activity and employment programs, guardianship/adoption clinics, resource eligibility screenings and referrals, a clothing bank, case management, and mental health services. Of all families involved with KARE, more than 92 percent continued with stable and healthy placements that did not engage or re-engage with Child Protective Services.

A community-based approach to foster care can also help facilitate a system's ability to keep siblings together. In **New York City**, the **Administration for Children's Services** (**ACS**) has taken a number of steps to ensure that siblings are placed together. ACS has made neighborhood-based recruitment of foster homes a priority for its contract providers and evaluates provider performance, in part, on how many homes they recruit that can accept large groups of siblings. ACS has also promoted the use of "cluster homes"—two or more foster parents who live near each other and who agree to work collaboratively with large sibling groups. Using this and other community-focused strategies, New York has been able to keep almost 90 percent of sibling groups together.[26]

Explore and Support Strong Permanency Options for Children

Helping more kids achieve family permanence means keeping kids in care for as short a time as necessary. Rather than a final destination for children, foster care should instead be viewed as a temporary placement that can serve as a bridge to permanence. A sense of urgency must drive efforts to resolve issues that necessitate the removal of a child from his or her birth family. And when resolution is not possible, a path to an alternative permanent family must be pursued quickly. Long-term foster care—even in a high-quality foster home—should not be used as a default for a permanent family.

In practical terms, this means establishing permanence as a case plan goal for all children coming into foster care. Because family reunification is the most direct route for meeting permanency goals, it should be the first option considered and should be explored thoroughly before determining that it is not a viable path to pursue. Doing so will require child welfare systems to continue helping families address the crises that compromise children's safety and to actively involve kin and foster families that are willing to work closely with child welfare workers and a child's birth parents to help facilitate reunification. This will require the same type of community partnerships and intensive family-preservation supports described earlier. But even when reunification is achieved, child welfare systems must be prepared to continue helping families access services that support their ability to address future challenges that could place children at risk for re-entry into foster care. Comprehensive services might include intensive case management, parenting and life skills education, family-focused therapy, and assistance accessing other important community resources.[27]

One county that has demonstrated the value of this strategy is **Linn County (Cedar Rapids), Iowa**. Two pilot studies using community partnership strategies and family team meetings achieved successful reunification for 50 percent of children residing in residential treatment facilities. For children in shelter care, nearly 75 percent were able to return to their parents or were placed with close family members.[28]

Given the level of crisis experienced by some families, there will be instances when reunification may be neither possible nor in the best interest of the child. Casey believes that placement with relatives offers the best way to keep children connected to their birth families and heritage and is the best alternative to reunification. However, locating kin can be challenging. Recently, new tools have emerged to help child welfare workers identify relatives who may be willing to become a permanent family for a child. For example, "Family Finding" is a practice that reconnects children with lost biological family members through Internet-based technology. It is used to help identify relatives and facilitate a process for contacting and engaging them to develop long-term plans for children, including the possibility of permanent placement.[29]

Efforts must also be made to provide kin with at least the same level of financial resources and supports that most foster families receive. This includes formally recognizing kinship placement through licensure, legal guardianship, and adoption, along with full subsidies and all available benefits. One state that has taken this important step is **Illinois**, which allows caregivers to assume parental responsibility and authority without severing parental rights and provides them with subsidies and a range of support services. From 1997 through 2002, this effort created permanent homes for more than 7,000 foster children, increasing the overall permanency rate by as much as 12 percent and saving taxpayers $25 million in ongoing foster care costs. Among children placed with guardians, only 2 percent later returned to foster care.[30] Today, 37 states and the District of Columbia are providing some form of subsidized guardianship, allowing children who cannot return home or be adopted to live permanently with relatives or other caregivers who are willing to make a permanent commitment to their safety and well-being.[31]

Successful adoption—whether with relatives, former foster parents, or new families—should be explored for children who cannot be successfully reunified with their birth parents. It is critical that child welfare systems provide these families with a range of important pre- and post-adoptive supports. The assurance of the availability of services and supports following adoption has been found to play a critical role in the decision making of many prospective adoptive parents.[32] Studies indicate a strong relationship between the provision of supports and positive outcomes in family health, well-being, and stability, especially when counseling and other mental health supports are provided.[33]

Casey's own experience in providing a range of post-adoptive services through our direct service agency, **Casey Family Services**, finds that adoptive parents typically identify the following as particularly important: parent support groups and informal contact with other adoptive families; parenting education; respite care and babysitting for all children in the family; counseling for themselves and their children; and adoptive assistance regarding finances and medical coverage.[34]

Focus Specific Attention on the Permanency Needs of the Most Vulnerable Populations

Making a commitment to increasing permanency rates nationally requires that we pay special attention to the needs of those for whom family permanence has historically been hardest to achieve: older youth and African-

American children. Our nation has not lived up to its obligation to help these specific populations of kids return to their families or find new, lifelong families. Reversing these trends is indeed possible, and we believe that there are several emerging policy and practice ideas that show real promise.

Think differently about family permanence for teens. Older children make up a large portion of all children in foster care. In 2004, roughly 353,000 of the children in foster care at some point in the year were age 11 or older.[35] For these youth, the chance to build and maintain lasting family membership is especially fragile. These teenagers are more likely than younger children to be placed in congregate care settings, often far from their own homes. This usually means separation from their brothers and sisters when they have younger siblings.

Thousands of teens have discharge plans that only aspire to move them toward “independent living,” which simply means that they will remain in foster care until they reach the age of majority—usually 18. Most child welfare systems make too little effort to reconnect youth to their birth families or to find them adoptive homes or permanent guardians. In fact, more than 20,000 such young people leave foster care each year, most of them only 18 years old, without having established any permanent family connections.[36] The words of older youth reinforce this reality:

The assurance of the availability of services and supports following adoption has been found to play a critical role in the decision making of many prospective adoptive parents.

"When I got into the system, I don't think permanency was part of their planning for me because I was 12 years old. It was, 'Okay, let's just put her in foster care, and from there on, she'll age out and go to college.'"[37]

"There're a lot of people out there that think family is not possible at the age of 20, or even the age of 18. It is possible, and I know it's possible because it happened to me."[38]

"Every kid, no matter what their age, deserves to have a family, and this is coming from someone who has had many foster families, many programs, and many hospital stays."[39]

Improving the permanency prospects of older youth requires addressing two fundamental problems. One problem is that child welfare systems typically do not acknowledge an older child's need for permanence. Because some teenagers who enter foster care have challenging emotional and behavioral issues, they are seen as both difficult to place and to help. Their need to be part of a family gets swept aside in the name of "treatment," which often means institutional placement. In this type of placement, teens are least likely to develop the ability either to form or sustain strong family relationships. To compound this, many teens feel bonded to their natural families, despite the problems they have experienced, and are often unwilling to have those bonds legally severed by the termination of parental rights.

The second problem is simpler, but more important: Child welfare systems do not sufficiently engage and listen to older youth as they plan for their futures. They ignore the fact that older youth probably have the most knowledge about what they need to succeed. This is not intended to suggest that child welfare providers should walk away from their responsibility to protect youth from making decisions that are likely to cause them harm. But typically, a 17-year-old in foster care is not treated any differently from a 7-year-old.

Asking youth about the important adults in their lives and about where and with whom they would like to live, if given the choice, can make a significant contribution toward achieving permanence. In fact, many of the successful reform efforts highlighted in this essay have made this a critical component of their work.

We also need to provide all youth and their permanent families or guardians with critical post-permanency supports that can help these relationships succeed. For older youth, these would include housing; eligibility for Medicaid until age 25; and tuition waivers to enable them to enroll in higher education. Nationally, various efforts are successfully helping older youth achieve permanence. For example, for the past 5 years the **California Permanency for Youth Project** has targeted older youth in foster care in 14 counties to receive specialized efforts to develop lifelong families and legal permanency outcomes—doubling in some counties the number of connections youth have with committed adults.

Since 2004, **The Homecoming Project**, funded by the **Minnesota Department of Human Services** with a federal Adoption Opportunities grant, has had a significant impact on finding permanent families for older youth in state foster care. Placements of teens in adoptive homes have increased each year since the project began. In both of these projects, youth are active participants in developing their own individualized recruitment plans and are decision makers in each step of the process. Whether in large urban counties or smaller rural areas, older youth in foster care are finding it possible to have family relationships to count on for a lifetime—through reconnections with a family once lost; adoption and guardianship with relatives and non-relatives; and support from adults making a commitment to them through adulthood.[40]

Ensure equal rights to a strong family, regardless of race or ethnicity. As discussed earlier, African-American children are consistently overrepresented in child welfare systems and, once in foster care, are less likely to be reunified with their parents, more likely to have longer lengths of stay than white children, and more likely to wait longer to be adopted. These disparate results and lost family connections experienced by so many African-American children should be unacceptable to every American, regardless of race or ethnicity.[41]

Many people assume that these disproportionately high rates of removal and low rates of reunification are a function of poverty and challenging neighborhood conditions that can make it even tougher for African-American families to succeed. Although these factors do add to family stress, they do not explain the high numbers of black children who are referred to and remain in the child welfare system. National studies suggest that the rate of substantiated abuse and neglect is no higher in African-American families than in white families. Therefore, a more compelling explanation for these disparities may lie in what happens within the operations of child welfare systems, particularly with regard to how removal decisions are made and the types of placement options that are chosen for children.

Representatives from the Annie E. Casey Foundation, Casey Family Programs, Marguerite Casey Foundation, Jim Casey Youth Opportunities Initiative, and the Center for the Study of Social Policy (CSSP) have formed a group—the Casey/CSSP Alliance for Racial Equity—to explore this issue with state system leaders. The specific policy and practice recommendations that we expect to emerge from this group are still being considered, but there are actions that child welfare systems can take now to address this important issue.

Asking youth about the important adults in their lives and about where and with whom they would like to live, if given the choice, can make a significant contribution toward achieving permanence.

- **Disaggregate child welfare data**—The data describing racial disparities in child welfare are powerful, and understanding them can help system leaders and staff at all levels commit to action. It is essential that systems regularly report and analyze data by race—a practice that is now taken for granted in other child-serving systems, such as education. Examining the data this way will provide system leaders with information about where in their system the most significant disparities occur—for which outcomes, at what points in the process, for which age groups, and in which counties. Routinely reporting data by race will also promote continued attention and accountability for change.

- **Make kinship care a more viable option**—One practical approach to increase permanence for African-American children is to do more to encourage and support the use of kinship care. This work benefits children of all races and ethnicities because children in kinship settings have greater placement stability. Compared to other types of foster care, kinship placement also increases the likelihood that siblings can remain together.[42] While kinship placements have increased nationally, we still have far to go.[43] As noted earlier, payment and licensing issues can inhibit relatives who otherwise may be willing to accept children into their homes.

- **Improve worker training and broaden community resources**—It is also important that child welfare systems provide high-quality cultural competency training to personnel who are responsible for making child placement decisions—for example, judges, case workers, and supervisors. Critical community-based institutions, such as churches and nonprofit organizations in African-American neighborhoods where families reside, should be engaged as partners to help inform decision-making processes. These groups can be resources for offering crucial family supports and can help identify potential local African-American families to act as caregivers when out-of-home placements are absolutely necessary.

Supporting a New Permanency Framework

The Casey Foundation believes that truly keeping kids safe means doing all we can to help them grow up in strong, stable, permanent families. For our nation's child welfare system, this can be achieved by investing more time and resources in preventive services that can strengthen families, as well as in intensive family-preservation supports for families in crisis; making placement decisions that can better facilitate permanence; acting with greater urgency to find permanent families for kids who can not be reunited with their birth families; and giving more attention to the permanency needs of children and youth who are most vulnerable to removal from their homes and are most at risk of not having a lifelong family: African Americans and older youth.

Successfully implementing such a framework requires that national child welfare systems rethink how they address children's needs. In our experience, two things are absolutely critical for helping more kids achieve permanence: a different approach to decision making and changes in frontline practice.

Improve Decision Making in Child Welfare Through a Team Approach

Child welfare work is some of the most difficult in our society, and every day workers make decisions about the futures of thousands of American children whom they may barely know. The decisions they are responsible for—establishing the validity of abuse and neglect reports, determining whether to remove children from their families, finding appropriate placements, and creating long-term plans for children in care—have significant, lifelong consequences for kids.

Despite the importance of these decisions, most child welfare systems use decision-making structures and processes that we believe are badly flawed. Typically, workers gather information, confer with their supervisors, and arrive at decisions. Supervisors rarely meet families and have to rely on workers' perceptions and recollections for all of their information. People who might offer critical insights about a family's history, strengths, and needs—family members and friends, community members, and other service providers—are not present and often have not been consulted. And even when the child whose future is being decided is old enough to participate, he or she is unlikely to be included in the decision-making process. When decisions require judicial review, it is far too common for judges to face similar problems: caseloads so large that the judge can spend only a few minutes on each; limited sources of information; and, in many systems, weak or nonexistent legal representation for parents and children.

Today, many jurisdictions are implementing a "team decision-making" approach that puts more kids on the road to family permanence. Typically, this approach brings together the worker and supervisor; the parent(s) and child(ren); friends, relatives, and other "natural supports" for the family; plus other service providers who know them. They provide a great deal of information that too often is otherwise unknown to the child welfare system about the background and context of the family's problems and the kinds of community-based supports that might be mobilized to assist the family. They also help identify relatives and family friends as resources if a child must be placed. If the child is already in foster care, foster parents are involved as key partners, along with birth families. Given the complexity of this process, most team decision-making approaches also use specially trained, experienced conveners.

In many of the places where decision-making models have been introduced, workers report greater confidence in the decisions reached; youth feel more empowered; and both birth families and foster parents feel more supported. It has also become a valuable tool to help more kids stay connected to their families and communities. When this approach is properly used, children are less likely to be unnecessarily removed from their families; and when they are removed, they are more likely to be placed with caring relatives or adults they already know. Brothers and sisters are kept together more often, and multiple placements can be averted because those participating in the process can identify additional services and supports to help a child's current foster family.[44]

Significant results have been achieved through this approach in **Louisville, Kentucky**, where new leadership began working with the Casey Foundation's **Family to Family** initiative in 2001 and implemented team decision making as a major strategy for reforming their child welfare system. Louisville hired and trained facilitators, oriented child welfare staff in both public and private agencies, and instituted safeguards to ensure that key decisions—such as whether to place a child in foster care—would only be made through this new approach. By routinely inviting relatives and community partners to participate, they ensured that more options would be considered before critical determinations were made.

Within a year, the new strategy showed impressive results. More than 34 percent of the children identified by caseworkers as requiring removal from their families were able to stay at home, with help from crisis services and community supports. For children who did have to enter foster care, more than one-fourth (27 percent) were placed with relatives—up from only 10 percent prior to adopting this new decision-making process. The commitment to avoid group care led to an increase in the proportion of children placed with families, rather than in shelters or institutions, to nearly 80 percent; and 85 percent of these children were kept together with all of their siblings in state foster homes or with relatives.[45]

In addition to Louisville, other jurisdictions are achieving meaningful results by using teams to make decisions and incorporating this approach into their array of child welfare reforms. In 2006, Cuyahoga County, Ohio; Denver; and Phoenix—also Casey Family to Family sites—avoided placements and kept kids at home with their own families or with relatives in more than half the cases referred to them.[46]

Better decision making can help more families stay intact or help more children achieve permanence.

Support and Improve Frontline Practice

Better decision making can help more families stay intact or help more children achieve permanence. But this alone will not make a child's family stronger, safer, or more durable. The ability to put into practice the family permanency framework described in this essay ultimately falls with the workers and supervisors who represent state and local child welfare systems.

Frontline workers need to be able to develop strong relationships with parents and children. They must have clear expectations about how to help people change, confidence in their skills and abilities, and assurances that their supervisors and the system will provide the necessary resources and supports they need.

Unfortunately, child welfare systems routinely lack clear expectations for workers and strong models for effective practice. By lacking clear expectations, articulated benchmarks, and strong practice models, the ability of a child welfare system to hold its staff accountable for advancing family permanence is compromised.

Compounding the effects of this issue is the stressful environment in which most workers operate.[47] Child welfare workers commonly carry caseloads that are double or triple what they should be, making it virtually impossible to meaningfully engage the children and families they are supposed to help. In most jurisdictions, salaries are low, working conditions are poor, and turnover rates are high. It must also be acknowledged that for the most part, child welfare workers rarely receive any appreciation for their efforts. Rather, they often see their colleagues held up to contempt when a well-publicized child death brings yet another set of stories about the system's failure.

The bottom line is that to increase permanency rates, child welfare systems need to take up the challenge and do the work required to identify and develop the skills their workers and supervisors need. This requires a long-term effort, but jurisdictions that have taken on this challenge have seen impressive results.

In **Utah**, staff are given a consistent philosophy, principles, and skills to guide their practice and promote quality outcomes. This practice model emphasizes engaging the family and teaming with them and their natural supports (friends, relatives, and community resources); thoroughly assessing the family's strengths, needs, and the underlying causes of family problems; developing an individualized plan for the services needed to keep children safe and strengthen their family; and, when removal is required, moving expeditiously toward reunification or adoption.

Every staff member throughout the system was trained in this model by practicing skills in the classroom and receiving coaching in the field. The state also instituted new accountability systems to measure performance, such as intensive case reviews that test whether services are provided, their quality, and their fidelity to the case practice model. Utah also established a data reporting and monitoring system to help all managers, from supervisor to director levels, keep track of the work being done by each unit and the extent to which outcomes are being achieved.

In 2003, Utah's rate of children in out-of-home care—2.7 per 1,000

The bottom line is that to increase permanency rates, child welfare systems need to take up the challenge and do the work required to identify and develop the skills their workers and supervisors need.

children in the state—was the lowest in the country. The median length of stay for children in foster care was 10.3 months, the second lowest in the country. And, among children who ultimately were adopted, 78 percent had their adoptions completed within 2 years of entering foster care, by far the best rate in the nation.[48]

Another excellent example of a state that is strengthening practice in ways that facilitate helping more kids achieve permanence is **Maine**. Their reforms came in response to a high-profile death in January 2001 of a child in state custody. This tragedy galvanized commitment to substantially improve Maine's child welfare system.

With support from the Foundation's Casey Strategic Consulting Group, as well as our Center for Effective Child Welfare Practice, the state adopted a family-centered practice model, restructured its organization, and launched a number of initiatives to significantly reduce its reliance on residential care for older youth in favor of family-based placements and permanency options. Key strategies included introducing family team meetings to make important case decisions; creating teams to assess and support permanency options for teens; enhancing their foster care network to recruit families that better match youth's needs; and developing creative solutions to overcome common barriers to family-based placements.

The state also changed its policies and procedures in ways that discouraged the use of congregate care and encouraged reliance on other options, such as reunification, permanence, and placements with relatives. Incentives and support were given to service providers to help them make the transition to the new model. The management team reinforced all of these efforts by explicitly demonstrating their commitment to reform, requiring regular progress updates on key indicators, and sharing success stories with internal and external audiences.

These changes influenced both public and private child welfare agencies. For example, the Foundation's Casey Family Services Maine Division instituted a range of these state reforms, reorganizing itself to offer a complete continuum of permanency targeted services to help families care for children and reduce dependence on congregate care, including family preservation, kinship reunification, and post-adoption practices.

Overall, this work has had significant impacts, and Maine has seen reductions in the numbers of youth in both congregate care and out-of-home care. From June 2004 to December 2006, the number of children in congregate care decreased by 47 percent, from 761 to 400. This is particularly significant since it had been assumed that group care was the only option for many of these youth. Those who left congregate care either went home to their own families, to relatives, or to foster homes, with flexible services to meet their needs. During this same time period, the total number of youth in out-of-home care decreased by 23 percent, from 2,933 to 2262, the lowest level since 1996. Reducing the number of children in expensive institutional settings in favor of more appropriate family-based placements has saved the state more than $7.4 million since July 2004. Maine is reinvesting at least $4 million of these savings into programs that will sustain and further these achievements.[49]

Addressing the Role of Federal Policymakers in Supporting Lifelong Family Connections

Throughout this essay, we have described specific changes in the philosophy, policies, and practices of state- and local-level child welfare systems that Casey believes will lead to improved family permanency for young people of all ages and races. But the reality is that advancing any reform also requires federal action since policies at this level drive so much of what happens in child welfare systems nationally. Changes in two specific areas—financing and accountability—are essential for raising the level of urgency about the need for permanence and making it an achievable goal.

Reform Child Welfare Financing

Although permanence for kids in child welfare is a stated goal of national legislation, it is not reflected in federal spending patterns for child welfare. The federal government spent more than $11.7 billion in 2004 on child welfare services. About half ($5.8 billion) paid for the care of children who have been, or are at risk of being, removed from their families and placed in foster care. Meanwhile, federal support for preventive and family-strengthening efforts was limited to $640 million, roughly 11 percent of the amount spent on out-of-home care.[50] One reason for this disparity is that states receive funds through an archaic formula based on the proportion of children in foster care from families whose incomes would have qualified them for Aid to Families With Dependent Children, a welfare program that was eliminated a decade ago. Thus, the current system provides an open-ended entitlement for the care of children removed from their families, but only capped and limited funds to support families and prevent placement. Predictably, states oversupply out-of-home care—the service that federal policy is designed to minimize—and undersupply alternative services.

Similarly, there are no incentives for states to limit the time children spend in foster care because federal payments are calculated on the basis of the money spent on out-of-home care. Proven innovations, such as providing aftercare services when a child returns home, are also discouraged because once the child has left care, there are no further federal payments.

Moreover, current federal fiscal policies unwisely encourage states to limit the legal options they permit for permanent families for children in foster care. For years, the federal government has appropriately promoted adoption by continuing to provide funds to most families that have adopted a child from foster care until that child reaches the age of majority. However, there is no funding provision for permanent legal guardianship, which allows children the benefits of a lifelong family—almost always with a relative—without terminating the parental rights of the child's mother or father. As a result, there are many states in which guardianship is not an option. Other states have passed their own guardianship laws, but they must forego federal funds entirely for children who enter guardianship status, thus giving up money that could be used to help children in care to have a permanent family. The federal government can help more children connect to a permanent family by removing restrictions on the use of child welfare funds to support legal guardianship, as well as adoption.

In addition, the federal government can make a difference by allowing states greater latitude in how they spend the money they receive. There is precedence for this approach and evidence that it can help. In the 1990s, Congress authorized a number of demonstration programs, called "Title IV-E waivers," to allow jurisdictions to spend money more flexibly. Some of these programs have had impressive results. For example, states are using waivers to create programs that subsidize permanent legal guardianship, which, as noted above, enables children to become permanent members of a relative's family without terminating parental rights. As described earlier, Illinois has been a model in this regard.[51]

States such as Indiana, North Carolina, and Oregon have also used waivers in creative and effective ways. Some have enhanced family preservation and reunification programs, and a recent study found "a statistically significant positive association" between such waiver programs and reduced entry into foster care.[52] In Indiana, nearly 77 percent of children whose families were offered more-intensive services through the waiver program were reunified, compared to 66 percent of those in a control group.[53]

These two policy changes—allowing federal funds to be used for permanent guardianship and permitting states to flexibly spend Title IV-E funds for programs that stress prevention, family support, and aftercare services—would substantially help more children achieve permanence at little or no additional cost.

Improve Data Collection and Accountability

If family permanence is to be a central goal of child welfare nationally, federal data collection and reporting requirements must reflect and advance this position. To date, the federal government has taken a step forward on this front by establishing the Child and Family Service Review (CFSR) process, which measures state performance on such critical issues as placement stability, speed of reunification or adoption, and likelihood of re-placement after children leave foster care. It publishes these results and requires states to submit Performance Improvement Plans, addressing problems identified in the review.

Unfortunately, researchers in the field argue that the CFSR measures are poorly chosen. For technical reasons, these measures do not reliably indicate which states are doing better and which are not with regard to each outcome. Recent revisions have modified the problem, but at the cost of making the measures related to permanence so complex that they are nearly incomprehensible even to people with extensive child welfare experience, much less policymakers or the general public.

This lack of clarity severely inhibits the federal government's ability to effectively advance broad-based quality and accountability. We strongly recommend that national leaders work closely with state and local leaders and other stakeholders to do the following:

- Improve and simplify measures of child welfare system performance;
- Set ambitious goals related to family permanence; and
- Publish an annual report on progress in meeting those goals nationally and in each state, categorized by age and race.

Conclusion

In this 2007 *KIDS COUNT Data Book* essay, we advance the proposition that the nation needs to move beyond simply talking about the importance of family permanence and embrace it as a core value and goal of our child welfare systems. We need to both require and enable these systems to decrease the numbers of kids who are unnecessarily removed from their families; reduce the time that kids who are removed must spend in temporary out-of-home care; and increase the numbers of kids who have a permanent, lifelong family.

To achieve this, we need to adopt a new, broader framework for child welfare that still emphasizes keeping children safe. Specifically, we propose viewing child welfare as a continuum of activity, anchored by the overarching goal of helping kids achieve family permanence.This would include the following:

- Provide more social and economic services and supports that help strengthen families and enable them to address issues that sometimes put kids at risk for removal. Such supports include access to neighborhood-based family resource centers, employment assistance to unemployed and underemployed parents, housing assistance, and crisis intervention for families with acute health and mental health needs.

- Place children, when necessary, in appropriate settings that maintain family and community connections. At a minimum, such placements would avoid the use of shelters and congregate care, opting for a relative or a family that the child knows or one that lives in the child's community. Siblings would remain together, and children would stay in their same school and maintain connections to other key institutions, such as cultural and recreation centers and churches, and to the adults in their lives. Systems would continue to work with foster families and other community partners to help move more families and kids toward reunification.

- Require workers and supervisors to develop treatment plans and manage cases in a way that reflects an urgency to reunify children with their birth families or place them with another permanent family. Use foster care in the way it was originally designed: a temporary placement that serves as a bridge to permanence, not a final destination. Foster parents should be active stakeholders who work with child welfare staff and others to explore and cultivate alternative permanency options, such as legal guardianship and adoption. Child welfare systems should also connect families to a wide range of supports and services to ensure that these new permanent families can successfully sustain their commitments.

- Use a team decision-making process to consider and support a range of permanency options for children in care and institute new models of practice and accountability that help workers achieve better permanency results.
- Require that child welfare systems pay special attention to the needs of children who have historically been the least successfully served by child welfare: older youth and African Americans.
- Reform federal child welfare financing policies—including an expansion of current Title IV-E waiver experiments—and promote more-relevant and consistent data collection and accountability systems.

Today, more than ever, our children need the help, nurturance, guidance, and love of a family that they can turn to—not just for a few months or a few years, but for life. Jurisdictions across the country are demonstrating through innovative practice and policy that this can be achieved. Our national challenge now is to build on these promising examples and make them the norm, rather than the exception. We need to weave together a new type of child welfare system that not only keeps children safe, but also provides a lifelong family for every at-risk child.

Douglas W. Nelson, President
The Annie E. Casey Foundation

Today, more than ever, our children need the help, nurturance, guidance, and love of a family that they can turn to—not just for a few months or a few years, but for life.

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	Overall Rank based on 10 key indicators	Percent low-birthweight babies: 2004		Infant mortality rate (deaths per 1,000 live births): 2004		Child death rate (deaths per 100,000 children ages 1–14): 2004		Teen death rate (deaths per 100,000 teens ages 15–19): 2004	
		RATE	RANK	RATE	RANK	RATE	RANK	RATE	RANK
United States	–	8.1	–	6.8	–	20	–	66	–
Alabama	48	10.4	48	8.7	45	28	41	99	47
Alaska	38	6.0	1	6.7	25	35	49	111	50
Arizona	36	7.2	16	6.7	25	21	20	85	38
Arkansas	45	9.3	43	8.3	40	34	47	93	42
California	19	6.7	8	5.2	6	17	9	59	16
Colorado	23	9.0	39	6.3	20	17	9	76	33
Connecticut	3	7.8	19	5.5	9	14	4	43	2
Delaware	35	9.0	39	8.6	43	29	44	74	31
District of Columbia	N.R.	11.1	N.R.	12.0	N.R.	36	N.R.	188	N.R.
Florida	32	8.5	35	7.0	28	22	27	67	25
Georgia	41	9.3	43	8.5	42	23	29	68	28
Hawaii	11	7.9	21	5.7	15	21	20	40	1
Idaho	22	6.8	10	6.2	19	26	36	68	28
Illinois	26	8.4	34	7.5	31	19	14	63	20
Indiana	31	8.1	26	8.0	37	24	32	68	28
Iowa	7	7.0	13	5.1	5	21	20	45	3
Kansas	16	7.3	17	7.2	29	26	36	57	13
Kentucky	40	8.8	38	6.8	27	24	32	95	44
Louisiana	49	10.9	49	10.5	50	34	47	96	45
Maine	15	6.4	4	5.7	15	22	27	60	18
Maryland	24	9.3	43	8.4	41	21	20	67	25
Massachusetts	5	7.8	19	4.8	4	12	2	46	4
Michigan	27	8.3	30	7.6	34	19	14	65	22
Minnesota	1	6.5	6	4.7	3	18	12	52	10
Mississippi	50	11.6	50	9.8	49	31	45	102	48
Missouri	34	8.3	30	7.5	31	26	36	80	36
Montana	29	7.6	18	4.5	1	31	45	104	49
Nebraska	10	7.0	13	6.6	24	25	34	67	25
Nevada	33	8.0	22	6.4	23	21	20	78	35
New Hampshire	2	6.8	10	5.6	12	16	6	46	4
New Jersey	9	8.3	30	5.6	12	14	4	49	7
New Mexico	47	8.1	26	6.3	20	28	41	88	40
New York	18	8.2	28	6.1	18	16	6	47	6
North Carolina	39	9.0	39	8.8	46	21	20	77	34
North Dakota	8	6.6	7	5.6	12	26	36	61	19
Ohio	28	8.5	35	7.7	36	20	18	64	21
Oklahoma	42	8.0	22	8.0	37	27	40	88	40
Oregon	17	6.0	1	5.5	9	19	14	53	11
Pennsylvania	21	8.2	28	7.2	29	19	14	65	22
Rhode Island	20	8.0	22	5.3	8	11	1	54	12
South Carolina	46	10.2	47	9.3	48	25	34	86	39
South Dakota	30	6.9	12	8.2	39	39	50	80	36
Tennessee	43	9.2	42	8.6	43	23	29	96	45
Texas	37	8.0	22	6.3	20	23	29	66	24
Utah	4	6.7	8	5.2	6	21	20	50	8
Vermont	6	6.4	4	4.5	1	12	2	50	8
Virginia	14	8.3	30	7.5	31	18	12	59	16
Washington	13	6.2	3	5.5	9	16	6	57	13
West Virginia	44	9.3	43	7.6	34	28	41	94	43
Wisconsin	12	7.0	13	6.0	17	17	9	57	13
Wyoming	25	8.6	37	8.8	46	20	18	74	31

N.R.=Not Ranked.

Teen birth rate (births per 1,000 females ages 15–19): 2004		Percent of teens who are high school dropouts (ages 16–19): 2005		Percent of teens not attending school and not working (ages 16–19): 2005		Percent of children living in families where no parent has full-time, year-round employment: 2005		Percent of children in poverty (income below $19,806 for a family of two adults and two children): 2005		Percent of children in single-parent families: 2005	
RATE	RANK	RATE	RANK	RATE	RANK	RATE	RANK	RATE	RANK	RATE	RANK
41	–	7	–	8	–	34	–	19	–	32	–
52	40	9	36	10	40	36	36	25	44	37	46
39	25	9	36	10	40	41	47	15	16	30	21
60	46	9	36	9	31	35	30	20	36	33	37
60	46	8	27	9	31	36	36	25	44	34	39
39	25	7	16	8	19	36	36	19	30	30	21
44	33	8	27	7	9	31	16	14	11	27	8
24	4	4	2	5	1	29	11	12	5	29	16
44	33	9	36	9	31	29	11	14	11	34	39
67	N.R.	8	N.R.	8	N.R.	49	N.R.	32	N.R.	65	N.R.
42	30	8	27	9	31	33	23	18	26	36	45
53	43	10	47	11	45	34	26	20	36	35	43
36	20	3	1	8	19	34	26	13	8	27	8
39	25	9	36	7	9	33	23	18	26	23	2
40	28	7	16	8	19	32	20	16	22	30	21
44	33	9	36	8	19	32	20	17	23	30	21
32	13	5	4	6	6	26	1	14	11	26	7
41	29	6	9	7	9	28	6	15	16	27	8
49	37	9	36	11	45	38	44	22	41	31	26
56	44	8	27	10	40	42	49	28	49	42	49
24	4	7	16	7	9	35	30	17	23	31	26
32	13	7	16	8	19	28	6	11	2	32	31
22	3	5	4	5	1	31	16	14	11	29	16
34	17	7	16	8	19	35	30	19	30	31	26
27	7	4	2	5	1	27	4	12	5	25	5
62	49	9	36	11	45	43	50	31	50	47	50
43	31	8	27	9	31	33	23	19	30	32	31
36	20	7	16	8	19	36	36	20	36	28	12
36	20	5	4	5	1	26	1	15	16	25	5
51	39	11	50	9	31	31	16	15	16	32	31
18	1	6	9	6	6	27	4	9	1	24	4
24	4	6	9	7	9	28	6	12	5	28	12
61	48	10	47	11	45	41	47	26	47	38	47
27	7	6	9	8	19	35	30	19	30	34	39
49	37	9	36	9	31	34	26	21	39	34	39
27	7	5	4	5	1	28	6	13	8	23	2
38	23	6	9	8	19	34	26	19	30	32	31
56	44	10	47	10	40	35	30	23	42	32	31
33	15	7	16	8	19	38	44	18	26	29	16
30	10	7	16	7	9	32	20	17	23	31	26
33	15	8	27	8	19	36	36	19	30	33	37
52	40	9	36	10	40	36	36	23	42	38	47
38	23	7	16	8	19	30	14	18	26	28	12
52	40	8	27	11	45	36	36	21	39	35	43
63	50	8	27	9	31	35	30	25	44	32	31
34	17	7	16	6	6	26	1	11	2	18	1
21	2	5	4	7	9	31	16	15	16	31	26
35	19	6	9	7	9	28	6	13	8	29	16
31	12	7	16	9	31	36	36	15	16	28	12
44	33	9	36	11	45	39	46	26	47	30	21
30	10	6	9	7	9	30	14	14	11	29	16
43	31	8	27	7	9	29	11	11	2	27	8

Children in Foster Care

	Number of children in foster care (per 1,000 children under age 18): 2004	Children under age 18 in foster care at any time in the year: 2004	Children above age 11 in foster care at any time in the year: 2004	Children who aged out of foster care without having a permanent family: 2004
United States	10	726,062	352,814	22,718
Alabama	8	8,369	4,212	58
Alaska	13	2,422	927	30
Arizona	9	13,315	5,140	453
Arkansas	9	5,984	2,536	199
California	13	122,109	62,874	4,535
Colorado	12	13,806	8,152	399
Connecticut	10	8,221	4,368	34
Delaware	7	1,410	960	63
District of Columbia	28	3,054	1,833	118
Florida	12	48,282	15,555	1,332
Georgia	10	24,368	8,887	621
Hawaii	17	4,954	1,753	147
Idaho	7	2,786	1,070	77
Illinois	7	22,229	11,513	1,020
Indiana	9	14,383	5,549	312
Iowa	15	10,075	6,235	319
Kansas	11	7,639	4,056	259
Kentucky	11	11,049	5,719	472
Louisiana	6	6,743	3,169	265
Maine	12	3,316	1,699	196
Maryland	9	12,459	7,553	361
Massachusetts	11	16,746	10,772	731
Michigan	11	28,041	13,676	667
Minnesota	11	13,226	8,537	624
Mississippi	6	4,178	1,831	116
Missouri	12	16,206	7,883	329
Montana	14	2,862	1,116	92
Nebraska	19	8,278	5,216	101
Nevada	12	7,368	2,034	103
New Hampshire	5	1,613	958	60
New Jersey	9	18,575	7,723	418
New Mexico	8	3,902	1,319	41
New York	10	43,460	25,975	1,481
North Carolina	7	14,441	6,142	389
North Dakota	14	1,969	1,207	62
Ohio	10	28,976	14,351	1,293
Oklahoma	18	15,186	4,857	315
Oregon	16	13,766	4,832	183
Pennsylvania	11	31,373	19,353	1,025
Rhode Island	14	3,332	2,325	82
South Carolina	7	7,296	3,605	333
South Dakota	14	2,632	890	62
Tennessee	9	13,013	7,876	735
Texas	5	34,041	11,242	325
Utah	5	3,569	1,932	162
Vermont	15	1,988	1,336	108
Virginia	5	8,905	5,429	586
Washington	10	14,836	5,396	357
West Virginia	12	4,696	3,155	152
Wisconsin	10	12,718	6,822	475
Wyoming	16	1,897	1,264	41

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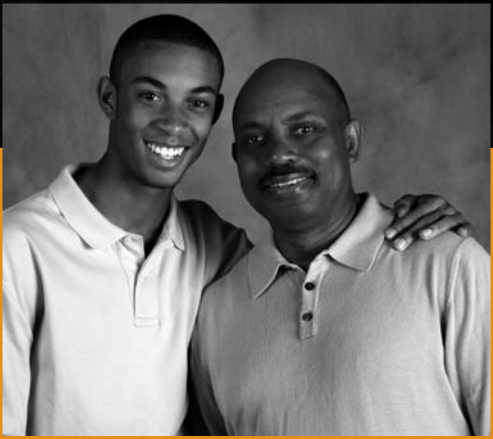

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