The Orphan Society of America (OSA) Assessment:

on the State of Parentless Children & Youth in the U.S.

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The
ORPHAN
SOCIETY
of AMERICA

*Vizion*group

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I. Introduction

Background

Millions of children, in the United States, are living without parents. The number of parentless children has increased from 3.7 percent in 1980 to 4.1 percent today.[1] In any given year, there were nearly 800,000 children in substitute care with up to 514,000 children served through the child welfare system.

Today, 513,000 are living in out of home (or substitute) care in foster homes, kinship care, and residential congregate care (includes children's homes, residential education) and residential treatment centers. Substitute care is often referred to as foster care in the United States. One hundred fourteen thousand (114,000) children are waiting to be adopted and another 66,000 children have had parental rights terminated this year. Approximately 35 percent of the children in substitute care are orphans eligible for or awaiting adoption. Most children enter substitute care due to abuse or neglect. Slightly less than 1/5 enter due to parental death, absence or termination of parental rights. In addition, over two million children have lost the care of a parent and are living in informal kinship care but have not entered a governmental system or agency.

The reality is: too many children are moved too many times while in foster care; too many children are living with grandparents and other relatives in poverty; too many children are waiting to be adopted; and too many children are 'aging out' as young adults without the safety net of a loving family or even a relationship with one committed stable adult.

When living with family is not safe or possible, it falls to the child welfare system to provide substitute care, commonly referred to as foster care. The child welfare system is a complex organization whose services include investigation of abuse and neglect, provision of services to children and families to end maltreatment, placement of children in temporary or permanent, out of home care, and supervision of children in substitute care.

The mission of the child welfare system is to preserve families and protect children. Some experts think this mission is intrinsically conflicted making failure inevitable. Child protection workers are mandated to create a permanency plan for each child. Social workers,

with input from judges and other professionals, determine whether a child is eligible for adoption, reunification, long term foster care, placement in congregate care, a treatment facility or independent living.

Is the child welfare system in crisis? Many think so. It has "long been recognized that the current child welfare system is inadequate."[2] Foster care is poorly studied and "understood as a social program despite the sensationalized media coverage of particularly tragic cases. One of the biggest obstacles to reforming the system is the relative unavailability of research data from the field; information that would shed light on key empirical trends and pressing issues."[3]

This assessment explores

- Key issues and the current situation of orphans (parentless children and youth) in the U.S.

- Available data on key groups of vulnerable children and their caregivers.

- Existing options of care and services for orphans and their caregivers.

- Gaps in programming and services for child and caregivers.

- Social, political and economic context of the child welfare system.

- Options for targeting programming.

Objectives of the assessment

The overall objective of the assessment is to gain an increased understanding of the situations of orphans in the United States and to provide The Orphan Society of America, (OSA) a 501c3 nonprofit corporation in Pennsylvania, with sound data for decision-making (regarding program design) in targeted areas.

The objectives include

- Gain an understanding of the experience of orphans and caregivers in the United States;

- Define the current situation(s) of orphans in the United States as it relates to the strategic objectives determined by OSA;

- Increase understanding of the needs of orphans and their caregivers;

- Review, collect and analyze data on the statistics and experiences of orphans in the United States;

- Assess existing services and programs for their ability to meet OSA's strategic objectives;

- Identify "gaps" in programming (for orphans and caregivers) that can be filled by OSA;

- Articulate the role OSA can play with the overall social, political and economic context of this sector;

- Identify concrete and targeted programming options for consideration;

- Identify individuals and organizations from the key informant interviews to serve as local partners and/or build the on-line community.

Methodology

The assessment team conducted a desk review. The team collected and analyzed data and resource documents on parentless children in the United States. The team conducted research and identified sources of information. To accomplish the detailed objectives above, the assessment team conducted a literature, data, and government policy review.

During the desk review stage, we tried to get preliminary answers to the following questions.

- How many orphans are in the United States?

- Who are they? What is the definition of an orphan?

- Where are they?

- Who takes care of them?

- Who is collecting data on orphans?

- What resources and programs are available to caregivers and orphans?

- Are they effective? How is success measured?

- How does government policy influence orphans and caregiver services and programs?

- What can be done to create safe permanent homes for orphans?

Field Research

The assessment team conducted structured interviews with key informants (identified in the Appendix). The number of interviews conducted may vary slightly from the projected number; we aimed for approximately thirty interviews with a focus on diversity. Thirty nine (39) interviews were conducted. Informants included authors, youth service workers, psychologists, social workers, foster, adoptive and kinship caregivers, academics, policy makers, adult orphans and children in homes or foster care. The target list was revised and updated following the desk review. Interviews took place in person and over the phone. The assessment team used other research methods (such as focus groups; the use of participatory assessment tools and quantitative analysis of data, etc.) as needed.

The full scope of work and the resource list of articles, books, resources, and organizations can be found in the Appendix. Framing questions and assessment methodology can also be found in the Appendix.

Limitations

Data collection systems in and about the child welfare system are limited. There is a scarcity of disaggregated, detailed, up to date information. It is noted throughout the assessment where data has been estimated, is out dated, and/or imperfect.

Assessment Participants

This assessment was conducted by Vizion Group Inc. on behalf of Tarah Epstein Baiman of The Orphan Society of America (OSA). The assessment study was led by Kerri Kennedy, Director of Development at Vizion Group Inc. The report was written by Kerri Kennedy and Jennifer Huerter, Vizion Group consultant. Henry Brehm, Jana Wilcox, Miriam Long, Kevin Tierney, Laura Reardon, and Valentine Design, Inc. all supported the design and execution of the study.

II. Definitions of Orphan(s) in the United States

Kaylie's perspective:

Kaylie was orphaned a few years ago. When asked if she defines herself as an orphan, she replied: "I don't define myself". We asked her what she prefers to be called. Her reply – "just call me a teenager."

Parentless children in the United States

The word "orphan" has a complex history and a variety of definitions. The most common understanding of an orphan is a child whose parents have died. The word orphan however is used to describe children who have become parentless for a multitude of reasons in addition to the death of parents. One child welfare expert described an orphan as a child who has no functioning parents.

Participants of this assessment typically had strong opinions and visceral reactions when asked the question: What is an orphan? The assessment revealed that most children, both those who lost their parents to death and termination of parental rights, have a hard time identifying with the word orphan. Adults, mostly those who have been orphaned years ago, seemed to identify more.

In response to the question (what is an orphan), the following descriptors were given: institutionalized, poor, hungry, dirty. The word evokes images of "long, dark, cavernous dorm, gruel and poor children."[4] One participant said the word orphan has a strong color and context and is associated with images like 'little orphan *Annie.*'[5]

It is important to note that in the United States, the word orphan is rarely used. One child welfare expert suggested that the word itself revictimizes children and can become their only identity. According to Dr. Francine Cournos, author of *City of One: A Memoir,* "today's orphans in the United States are foster care children." The term foster children is often used for all children in substitute care including foster homes, group homes, and institutions.

For children who are no longer cared for by their parents, their living options can fall within a continuum of placements including foster care, kinship care, legal guardianship, congregate care or adoption. The majority are highly vulnerable and may have been psychologically traumatized by the death and/or separation from their parent(s), from the termination of their parents' rights, or from previous neglect and abuse. The precarious nature of the child welfare system may increase these vulnerabilities.

The following definitions were most commonly used to describe the population of children discussed in this report.

- Traditional Definition of Orphan – A minor child who has lost both parents due to death.

- Alternative Definitions Commonly Used:

  1. "Minor child whose parents have died, have relinquished their parental rights, or whose parental rights have been terminated by a court of jurisdiction."[6]

  2. "A child who has lost the love of its natural parents due to death, abandonment, abuse, or neglect."[7]

- Legal Orphans – A child whose parents' rights have been terminated and are waiting to be adopted. Such children have also been defined as 'legal orphans'.[8]

- Systemic orphans – A child who has remained in foster care for more than 5 years. Depending on the age and race of a child, these children will likely 'age out' of the child welfare system.

Is Eric an Orphan? Eric's perspective

At birth, his mother relinquished parental rights and at age nine his father abandoned him at the neighbor's house. The neighbor was local, well-known foster mom who had taken in up to six kids at a time from the neighborhood whose parents had either left them, been arrested or been killed. He does not consider himself an "orphan" because he had a home and a bed and a place to go to at night. In his mind, orphans are children without parents AND without a home. I felt loved; I had 'brothers and sisters.' I call my foster mom "Ma." No one ever talked about how they ended up there (foster home). It just sort of was the way it was."

Definitions used by the international community:

Single orphan: a child who has lost one parent.

Double orphan: a child who has lost both parents.

Maternal orphan: a child whose mother has died (includes double orphans).

Paternal orphan: a child whose father has died (includes double orphans).

III. Historical Context

For centuries, orphanages housed children who were parentless, abandoned or whose parents were temporarily unable to care for them. Outside of informal kinship care, there were few alternatives for the care of orphans. The first orphanage in the United States was founded in 1729 by an Ursuline convent in New Orleans, following the Natchez massacre which left many children without parents.[9] As part of the American institutional building boom, orphanages sprang up in large numbers in the early 1800's.[10] Dozens of private charities, religious organizations, and government agencies created a host of residential institutions meant to be temporary respites, including orphanages, though typically no more than 10 to 20 percent of the children in orphanages were actual orphans. Most children had one or two living parents who were unable (usually due to poverty), unwilling, or had been deemed unfit to care for them. Others had been rescued from another institution, the almshouse or poorhouse, where conditions were often appalling.

In 1854, the long distance placement option, new to the U.S., was developed by the Children's Aid Society, and its founder, a young minister named Charles Loring Brace.[11] In response to overcrowded orphanages and the growing number of street children (known as "street Arabs"), they created the ambitious and controversial orphan trains.[12] Between 1854 and 1929, more than 200,000 poor urban children were transported, via orphan trains, to new homes in the rural Midwest. Brace believed that farmers would welcome homeless children, take them into their homes and treat them as their own in exchange for help with the expanding farmland. His program, a predecessor of modern foster care and rooted in Christian charity, did not match many states' adoption policies. In fact, criticisms of it provided the context for clarifying child welfare and adoption policies, statutes, and social definitions.[13]

Criticism of orphan trains' laissez faire approach increased. The youth traveled with a placing agent who arranged committees (of clergy men and local officials) in Midwestern towns to evaluate potential families. Agents were faulted for failure to investigate potential homes themselves or make follow up visits. Other concerns about the orphan trains included a failure to track those youth after they turned 18 and religious prejudice. Some critics were worried about the placement of children without parental consent; they argued that many parents (foreign born and illiterate) did not understand long term implications or distance.[14] In addition, some states started to resent "being a dumping group for dependents from other states."[15]

The need for child interventions increased from the 1850's to 1875 with the growth in immigration and economic hardship, exacerbated by the Civil War. Child welfare systems served more and more immigrant children and Native Americans. Some say racism has been embedded in a system designed for re-socialization of immigrants.[16] Religious groups feared conversion attempts through placement as many orphanages had strong religious affiliations.

In 1874, the New York Society for the Prevention of Cruelty to Children (modeled after the American Society for the Prevention of Cruelty to Animals) was created when the story of a girl severely abused by guardians hit the press. It opened a shelter, investigated boarding and foster homes, and campaigned against "baby farms."[17] The organization's mission corresponded with the shift in the late 1800s in child welfare methodologies. Advocates and child welfare reformers began to classify adoption and foster care as two similar but separate forms of child placement within the child welfare system. 'Social adoption' was replaced by codified adoption practices that transferred guardianship.[18] Foster care regulation was established to keep guardianship in hands of the agency or state.

In the first decades of the 20th century, social workers focused on professionalizing this sector. University programs were organized around social work and child welfare and states developed monitoring and evaluation tools. Simultaneously, there were growing concerns about use of orphanages. Adoption was championed and conflicts escalated between professionalized social workers and religious child welfare workers. Within a few decades, the term orphanage would become a loaded word.

In the late 1920s, time honored solutions for placing orphans dissolved.[19] Orphan trains stopped running. Organizations shifted to alternative forms of child care, including city foster care and programs that provided aid to parents to help keep children home. Enthusiasm for orphanages deteriorated. Institutions emptied beds and released youth into foster care or children's homes and new suburban cottage systems. States supported programs designed to keep families together like state funded mother's pensions, though this served very few.

The years of 1930 through 1970, following decades of fundamental urban welfare reform, was a time of historic shifts in policy, ideology, and practices.[20] First, the distress caused by the Great Depression

temporarily revived demand for institutional services to care for over one hundred thousand homeless, destitute children. By the mid-1930's, the orphanage population swelled to 144,000, the highest since 1900. Institutes were at overcapacity. The system of paid foster care grew as harsh financial times made recruiting difficult and as such exceptions were made to accept less qualified foster parent applicants to meet the overwhelming needs. The challenges of caring for children made homeless because of family economic stress led to some new initiatives.

Second, improvements in medicine increased the number of dependent children surviving childhood illness. In addition, social workers and medical professionals shifted their views on unwed mothers. Adoption increasingly was considered an appropriate way to "repent."[21] This became an acceptable way for society to save white women who had babies out of wedlock.[22] African American illegitimate children, however, were still viewed as encumbrances. The disparity and increased number of children resulted in many highly marketable Caucasian children and a pervasive neglect of African American children by the adoption community (only 4 percent of all adoptions in 1951).[23] Racial discrimination and institutional bias was addressed in some welfare adoption agencies in the mid 1900's as agencies revised laws prohibiting adoptive mothers from working, which had excluded most minority women.

It was also a time of growth in more cumbersome and conservative domestic adoption practices (and an increase in black market adoption as well). Single women were no longer allowed to adopt. International adoption began in earnest (after World War II). The Social Security Act amendment increased confidentiality around adoption, which continued through the 1960's. By the 1970's, the number of youth in orphanages and foster care peaked at 75 out of 10,000 children, almost double the number in 1960's. As a result, congressional initiatives were developed to expedite adoption of children languishing in unstable foster arrangements.

The advent of Roe vs. Wade in 1973, and the usage of effect contraceptives led to a shortage of babies from white, middle class families.[24] The number of racially matched children available for adoption decreased, though the number of minority children adopted increased. Adoptions leveled at about 125,000 a year.

A number of social movements around child welfare peaked in the late 1970's. The Adoption Rights Movement (ARM) pushed for open

adoption. The National Association of Black Social Workers called for same sex placement and more efforts to recruit African American families. Native American children advocates called mixed placement "cultural genocide." By 1970, 90 percent of all Native American children were placed in non-native families.[25]

Post 1970s, poverty rates for women and children remained high and there was an increase in single-parent households. The number of children requiring foster care had increased. Today, higher numbers enter care than leave it resulting in an overstretched system. Approximately 24,000 youth age out without ever having had a permanent home. Sixty percent of the children waiting are African American or Hispanic. In 1980's, the system began to prioritize permanency to avoid large numbers of children languishing in foster care. The number of international adoptions also began to gradually increase in the 1970's. By 2006, almost 21,000 children were adopted from other countries in 2006.

Presently, the child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to successfully care for their children. In 2007, approximately 800,000 children entered the child welfare system. This is a huge increase from 1980, when about 300,000 children in the United States spent some time in foster care placement.

The majority of the children in the system have been victims of abuse and neglect. The emergence of widespread homelessness, substance abuse (especially crack and methamphetamines), unemployment, increased incarceration rates, street violence, and HIV/AIDS have all impacted poor communities. Other reasons for the increase of children in the child welfare system are systemic deficiencies, population increase, and a lack of affordable housing and child care.

In addition, Dr. Richard Gelles of the University of Pennsylvania believes the end of the industrial revolution, subsequent unemployment, and its devastating effect on families were a critical cause.[26] Children from families with multiple problems flooded the child welfare system. Young children with physical handicaps, mental delays or mental illness, and complex medical conditions have become the fastest-growing foster care population.

The debate over the future of orphanages was resurrected in 1994 when Newt Gingrich and the Republican Party proposed supporting new orphanages as part of the proposed Contract with American and

Personal Responsibility Act of 1994.[27] The proposal was to place time limits on welfare and use the savings to build children's homes and other institutions for parentless children. Criticism from Democrats and child welfare advocates followed quickly. Political pundits began to reference movies and literature to make their case. Republicans pointed to *Boys Town;* Democrats remember *Oliver Twist* and *Annie.* The debate continues vigorously today.

All political leaders agreed that the child welfare system needs significant overhauls. Children's homes have been endorsed by a few judges and added to the menu of options in some states, though few child welfare experts endorse them. What can be done to provide nurturing relationships, long lasting families, and support to the parentless youth and their caregivers in the United States? We hope to provide some answers to that question through the assessment.

IV. Impact of Governmental Policies and Reforms on the Child Welfare System

This section will highlight some of the key pieces of legislation and policy over the past 100 years and its impact on orphaned and vulnerable children.

Since the early 1900's, the government has created and reformed policies with the purpose of protecting children in substitute care. By the beginning of the 20th century, debates had begun over the best models for housing orphans. Conferences focused on dependent children were held at the White House in 1909 and 1919.

The conferences were in support of family preservation over institutionalism. The 1919 conference concluded that "the carefully selected foster home is for the normal child the best substitute for the national home."[28] In 1924, largely in reaction to the orphan train, 24 states adopted laws regulating the "importation of dependent(s) children."[29] The law barred interstate traffic of children; a law that is still very relevant to foster care today.[30] Children in foster care today cannot cross state lines without permission from their caseworkers. In response to religious based orphanages and programs, some states adopted religious protection laws.

The first federal government welfare programs were established in response to the Great Depression, which started in 1929. The Social Security Act of 1935 created Title IV Grants to States for Aid to Dependent Children (ADC) program, which was later renamed Aid to Families with Dependent Children (AFDC) in 1950. The Social Security Act established aid for children deprived of parental support but still living with relatives as a federal entitlement.[31] Designed to provide cash assistance to the most vulnerable populations, such as single parents with children, it expanded dependency to include children who lost parents due to death, absence from home, or incapacity.

The first "Minimum Safeguards in Adoption" standard was developed in 1938 by the Children's Welfare League of America.[32] This created the first standards and, responding to the cultural climate, addressed the need for secrecy in adoption procedures. It emphasized the purpose of adoption as the "completion" of a family group.[33] In 1940, an amendment to Social Security Act increased confidentiality of adoption records.

In 1962, Aid to Families with Dependent Children's scope expanded to include foster care costs for children who are wards of the state. More federal welfare programs were created, especially in the years after 1965. Besides AFDC, there are Medicaid, Food Stamp, Supplemental Security Income (SSI), and Women, Infants, and Children (WIC), etc. The term welfare, however, has long been identified with the AFDC program. The Gault Case of 1967 led to a landmark U.S. Supreme Court decision that gave juveniles accused of crimes the same due process rights as adults.[34] The case created precedent to protect youth in juvenile court system.

The social movements of the 1970's resulted in a number of laws and policies that had an impact on the child welfare system. The National Association of Black Social Workers made a statement on trans-racial adoption that spurred debate for the next thirty years. It called for the preservation of black families, wherever possible, and recognition of the pervasiveness of racism in American culture. In 1974, the Child Abuse Prevention and Treatment Act (CAPTA) increased the identification and treatment of abused children. The Indian Child Welfare Act (ICWA) of 1978 provided firmer standards for removal and placement preferences in Indian households.[35]

The Adoption Assistance and Child Welfare Act of 1980 is considered, by many experts, the most important legislation in child welfare history. The Act mandated safeguards and protections for children in foster care such as pre-placement preventive service, permanency planning, periodic case review, computerized tracking systems and adoption assistance. It ensured that every child who enters system needs a permanency plan to combat "foster care drift".[36] This meant that States had to demonstrate "reasonable efforts" were made for family preservation and reunification or adoption within 18 months. The Act, while well meaning, had some unanticipated consequences. Reasonable effort was never defined and agencies often tried to keep children with family at all costs.

In 1993, after a consistent increase in international adoption, the Hague Convention of Intercountry Adoption developed standards to protect the rights of all children and balance the interests of the citizens of poorer countries where children are adopted in large numbers and those of receiving countries.[37] The procedures for adoption agency certification and process were standardized with steps outlined to ensure children are not taken from parents illegally. Significant to the long standing debates over trans-racial adoption, the Multi-Ethnic

Placement Act (MEPA) of 1994 prohibited delaying or denying any child's placement or adoption due to race (though it concedes that race can be considered).[38]

In 1996, when President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act, he culminated a long series of events that aimed to "end welfare as we know it." This legislation, popularly known as the Welfare Act, ended individual entitlement to benefits for those living at, or below, the poverty level. Under the law, three Federal programs—Aid to Families With Dependent Children (AFDC), Emergency Assistance, and Job Opportunities and Basic Skills (JOBS) were replaced with a block grant to States called Temporary Assistance to Needy Families (TANF). The Welfare Act imposed a 60-month limit on receipt of benefits and had strict work requirements. The Act included provisions intended to reduce illegitimate births and births to teen parents, limit benefits to immigrants, and improve child protection and child support enforcement.

The Adoption and Safe Families Act (ASFA) of 1997 was designed, in reaction to the Adoption Assistance and Child Welfare Act, to reduce emphasis that states placed on keeping children with families and to place a greater emphasis nurturing permanent homes. It sped adoption but allowed for reunification if safe. ASFA stipulates that if the family of origin could not provide the kind of home within a period of time (usually 18 months), then parental rights be terminated, and children be moved to adoptive status rather than staying in foster or institution settings. ASFA recognized a child's placement with a relative or a legal guardian as a permanency option for children in foster care. However, the federal government currently does not make any funds available on a continuing basis to support those placements, so states use a variety of approaches to fund kinship arrangements and subsidized guardianship placements. Some states use Title IV-E Foster Care funds to the U.S. Department of Health and Human Services.[39] Other states have relied on other federal sources, including TANF or the Social Services Block Grant (SSBG).

The federal John H. Chafee Foster Care Independence Act of 1999 outlines requirements and provides funding to help identify and meet the needs of youth in care who are eligible for independent living services. The Chaffee Act was later amended to include the Education and Training Vouchers Program, which emphasizes post-secondary education and training for former foster care youth.

Chafee Act Services may include, but are not limited to, training and assistance in:

• Basic living skills (e.g., money management, cooking, decision making, etc.)

• Job seeking, work experience and employment

• Obtaining high school diplomas and higher education

• Financial self-sufficiency

• Access to and knowledge of local resources (e.g., human service agencies, medical and mental health facilities, food pantries, etc.)

• Obtaining safe and stable living environments

The McKinney-Vento Homeless Assistance Act is the primary piece of federal legislation that mandates that homeless children and youth have access to U.S. public schools. It was reauthorized as Title X, Part C, of the No Child Left Behind Act in January 2002. Children who are both homeless and in foster care lack predictability in both their lives and their educational experiences which can hinder future opportunities. A new foster care placement can dictate a new school location, resulting in days or weeks of missed school, loss of credits, etc. The Act mandates that youth awaiting foster care placement are eligible for the same benefits. Several children advocacy organizations were recommending that the language of the McKinney-Vento Act be clarified with the re-authorization of No Child Left Behind to promote the same educational stability to all foster children.

The Deficit Reduction Omnibus Reconciliation Act passed in 2006 cut federal Title IV-E Foster Care assistance and placed time restrictions on case management funds used to support abused and neglected kinship care.[40] These changes may reduce the number of children who have to enter foster care instead of living in a stable environment with a relative.

Legislation pending in both the Senate and House would assist millions of children being raised by guardians or relatives. The Kinship Caregiver Support Act and the Guardian Assistance Promotion and Kinship Support Act would allow states to use federal Title IV-E foster care funds to help provide subsidized guardianship assistance payments to relatives so that the children they care for will not have to remain in foster care.[41] The Guardianship Assistance Promotion and Kinship Support Act also extends this support to non-relatives serving as guardians. The bills would provide supports to states and large metropolitan areas to establish kinship navigator programs, which would help grandparents and other relatives obtain information and referral services and other supports to meet the needs of the children they are raising. Some states are already using this service. Critically, the legislation also requires states to notify all adult relatives when children enter foster care within 60 days of a child's removal from custody.

V. Numbers and Causes of Parentless Children in the United States

Very little is known in this country about children who lose their parents due to death as there is not a government agency or organization with oversight over this group of orphans. There is currently no formal system of gathering data on children who have lost parents due to death.

Many children move seamlessly from their home to guardianship (typically a family member). Some may enter the child welfare system if their family can not or will not care for them. Children in lower income brackets are more likely to enter substitute care. The only common interaction is with the legal system. Almost all children whose parents have died will have some contact with the legal system; reporting requirements to track this population does not exist.

Despite deficiencies in tracking and collections, using different sources of data can provide general estimates of the number of parentless children. Data must be compared with caution due to different collection methodologies. Much of the information is compiled at the state level and analyzed at a federal level. States often have slightly different definitions or interpretations of the terms.

Some of the more reliable statistics we found include:

• Almost three million children are living without parents in the United States.

• 4.1percent of the children in the United States are parentless.[42]

• In 1980, about 300,000 children in the United States spent some time in foster care placement.

• By 2005, there were nearly 800,000 children in substitute care, with up to 514,000 children in the system at any given time.

In addition, approximately 513,000 are living in foster care homes, children's homes, kinship, and congregate care and approximately 114,000 are waiting to be adopted. Another 66,000 children have had parental rights terminated this year. Thirty five percent (35percent) of the children in the child welfare system are orphans who are eligible for or are awaiting adoption. This year, 51,000 of the 811,000 children who
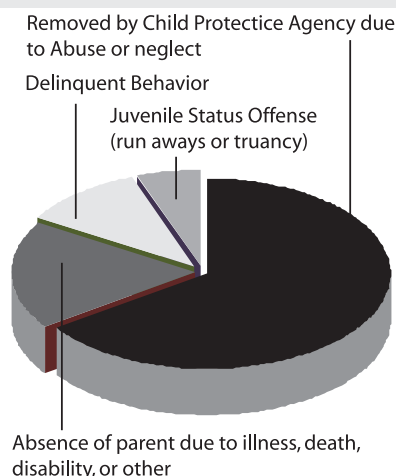
This is also largely seen as an international problem due to the overwhelming statistics of orphans in developing countries.[107]

- **143 million children in the developing world - 1 in every 13 - are orphans.**

- **More than 16 million children were orphaned in 2003 alone.**

- **15 million children have already been orphaned by AIDS.**

20,679 orphans were admitted to the U.S. as immigrants and adopted in 2006 (up from 9384 in 1995).

DEMOGRAPHICS OF CHILDREN IN FOSTER CARE[108]

African-American	32%
American Indian/ Alaskan Native	2%
Asian	1%
Caucasian	41%
Hispanic	18%
Pacific Islanders	1%
Two or more	3%
Unknown	2%
Young Children (0-5)	31%
Middle childhood (6-12)	29%
Adolescence (13-18)	35%
Young Adults (18+)	5%

Removed by Child Protectice Agency due to Abuse or neglect

Delinquent Behavior

Juvenile Status Offense (run aways or truancy)

Absence of parent due to illness, death, disability, or other

went through the system were adopted through publicly funded agencies. An estimated total 127,000 will be adopted in the US each year through a combination of public and private agencies.[43] Almost half, 48 percent, have unification as their permanency goal, though one in three will likely enter foster care again. That leaves another 16percent in the system in limbo.

Approximately 22,000 babies of the children in substitute care are abandoned in hospitals each year.[44] Between 2,000 and 3,000 children experience one parent killing another, called intra-parental homicide or uxoricide.[45] Typically, the other parent is sentenced to long stays in prison, or mental health institutes, or commits suicide, orphaning the child. The Orphan Project, which is administered by the Fund for the City of New York, estimated that as many as 125,000 children and youth in the U.S. were expected to have lost their mothers to AIDS by 2000. Millions more have lost the care of a parent and are living in informal kinship care but have not entered a governmental system.

Causes

According to the Center for Family Policy and Research the majority of children (60percent) enter foster care because of abuse and/or neglect, while 17percent enter foster care because of the absence of their parents due to illness, death, disability, incarceration, or other problems. Other reasons for entering care include: delinquent behavior (10percent), a juvenile offense such as truancy or running away (5 percent), and a disability or lack of access to care for their disability (5 percent).[49] While the data is not perfect, the number of parentless youth (due to death, absence, or termination of rights) in the system typically ranges from 12 percent to 17 percent.

We estimated the number of children whose parents have died based on data submitted from 20 states who submitted statistics to the Voluntary Cooperative Information System (VCIS).[50] The state child welfare data is the information on child substitute care and adoption gathered through the VCIS for the years 1990 to 1994. Public child welfare agencies in the fifty states, the District of Columbia, and Puerto Rico were asked to provide aggregate state-level statistics to VCIS. We found approximately an average of 12.88 percent had absent parents while children who are orphaned by the death of their parents had averaged approximately 4 percent.

Again, it is important to note that this data is imperfect. States self reported and often used different definitions and internal coding. Less than half of the states that submitted information and data had compiled it before the Adoption and Safe Family Act (ASFA) which led to an increase in the termination of parental rights. For all its imperfections, the data provides invaluable opportunities to monitor and evaluate programs. Unfortunately, this analysis group no longer exists and the last federal analysis occurred 13 years ago.

LIVING ARRANGEMENTS OF CHILDREN[46]

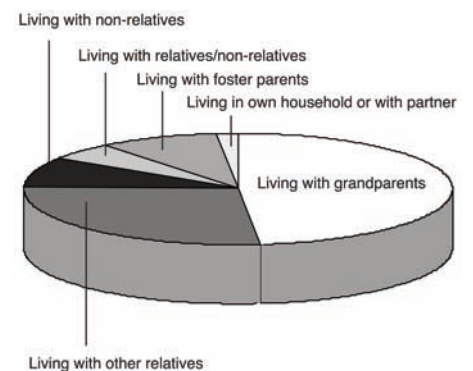|	
Children under 18 living in the U.S.	**72,501, 000**
Children living with neither parent	**2,917,000**
Percentage of total children, 0-17, living with no parents	**4.1 %**
Percentage estimate of children living with neither parent below poverty level[47]	**31%**

CHILD WELFARE SYSTEM[48]

Total number of children in foster care (AFCARS)	**513,000**
Number of children waiting to be adopted	**114,000**
Percentage of children waiting to be adopted living in family foster care (non-relative)	**55%**
Number of children in foster care -both parents' rights have been terminated	**66,000**

Living with non-relatives
Living with relatives/non-relatives
Living with foster parents
Living in own household or with partner
Living with grandparents
Living with other relatives

VI. Who are they?

The Vulnerabilities of the Parentless

The children and youth that fall under the umbrella of 'orphan' are a highly variable group. Their individual qualities and diverse circumstances will determine both their unique vulnerabilities and their needs based on these vulnerabilities. Race, legal status, developmental age, disabilities or special needs, gender and orphan or foster care status are critical factors in identifying their susceptibility to developmentally appropriate risk factors.

Race

There is substantial disparity within the child welfare systems. Children of color are greatly over represented within the foster care system. The percentage of children (of color) in this system is almost double the percentage of this group within the general population. Using U.S. Census Data, the National Data Analysis System (NDAS) states that 29 percent of the 73 million children in the U.S. are children of color, which include being African-American/Black, Latino/Hispanic, American Indian/Alaskan Native, Asian, Hawaiian/Other Pacific Islander or being two or more races.[51] NDAS states that 58 percent of all children in the foster care system are children of color, which is two times the representation across the general population.[52]

Not only are children of color more likely to enter the foster care system, evidence exists that minority children in the child welfare system face further inequalities and inequities in both quality and access to services. One study found no empirical evidence to support discriminatory practices influencing the numbers of children entering foster care, but "disturbing discrepancies" were found in the amount of social services[53] provided to white children compared to minorities.[54] In addition, while there are no significant differences in the child abuse incidences between races, abuse allegations for African American children were substantiated at double the rate of white children. As minority status seems to have a negative influence for a child in the welfare system, it may further exacerbate other vulnerabilities, particularly if they are significant.

Legal status

Children and youth, mainly due to legal status as a minor, often do not have an active role in the decision-making processes that affect their

lives. This is true both for children who have lost their parents due to death and for those in the child welfare system. It was also found that the parents of these children often feel marginalized and lack the tools and resources to advocate for their child.[55] Possible solutions to improve the participation in (and the quality of) child representation include usage of child advocates, more cross- agency collaboration and communication, and the provision of training, resources and adequate compensation for attorneys.[56]

Children of Incarcerated Parents

The Center for Children of Incarcerated Parents, which conducts research on children and families affected by incarceration, has found that nearly 90 percent of children in long-term foster care have a parent who has been arrested or incarcerated.[57] Based on their estimates, "one in three children in the child welfare system have parents who are under correctional supervision."[58] A majority of children born to prisoners live with single or elderly women, thus the rate of children with incarcerated parents reported to live in foster care is quite low (less than 3 percent); however, this may not include children who are in kinship arrangements as a foster care placement.[59]

Legal Status of Immigrant Children and Youth

Children whose parents are illegal immigrants (or who are illegal immigrants themselves) face special challenges. The youth who are arriving to the U.S. in larger numbers include children with no legal status and those who are victims of trafficking. Children without legal status are typically undocumented and enter the United States alone or are with a non-parental adult. While it is estimated that 100,000 children and youth enter yearly, approximately 7,000 - 8,000 youth, whose average age is 16, are detained by the federal government. Others are returned to Canada or Mexico.[60]

Children and youth who are parentless and without legal status in the U.S. have to navigate the complex intersection of immigration law and child welfare. This involves negotiating with both state courts and federal immigration systems. Children who have been placed in long-term foster care can be granted a Special Immigrant Juvenile Status (SIJS) visa, which makes them eligible for permanent U.S. residency. However, the use of the SIJS visa is inconsistent because someone (possibly within child welfare) must identify which children are

"There is no guarantee that a person representing a child will ever meet with the child, entertain the child's perspective, and/or give voice to the child's concerns in court."[55]

~ Astra Outley,
The Pew Commission on Fostercare

eligible, then establish their eligibility with state courts first before submitting the application to immigration officials.[61] The complexity is often a deterrent to pursue residency.

Challenges of Immigrant Children and Foster Care

Currently, there is no reliable data on immigrants. Collecting accurate data is affected by issues of language/translation, lack of knowledge of cultural norms, lack of trained staff, and mistrust or fear immigrants may have of the government. Communication problems regarding legal paperwork and court dates, which are often in English, are very common; many advocates claim this lengthens a child's placement in foster care. There have been also challenges licensing a sufficient number of Hispanic foster care homes because many families do not meet licensing requirements, such as having a certain number of bedrooms or space in a house.

Age / Developmental Stages

Early and middle childhood is a period of dramatic growth, development and learning that sets the trajectory for adulthood. Adolescence is an extension of this period of time in which ongoing opportunities to gain tools and skills with increasing responsibilities are necessary to function and succeed in society as an adult. Children and youth who are no longer in the care of their biological parents, whether due to death or being removed from one's home, grieve and mourn this loss. The manner in which children grieve, the kinds of social, emotional, physical and mental health supports needed are largely dependent based on their developmental stage. Safety and stability are paramount for healthy child and youth development.[62]

Infancy and Early Childhood

For young children, this a period of dramatic growth of social-emotional, cognitive, motor and speech-language development; all related to significant brain development. Bonding and attachment are important milestones and disruption of these can lead to attachment disruptions or disorders.[63] The role of a stable caregiver fosters healthy development and serves as a model of expressing oneself and regulating one's behavior during the early childhood years. Though development may be stunted by negative experiences, promising resiliency occurs with timely and appropriate quality

intervention.[64] Infants, toddlers and young children may have special needs related to low birth weight, prenatal exposure to substances, developmental delays or disabilities due to abuse or neglect.[65] When infants and young children are at risk developmentally due to loss or trauma, it is essential that infants and young children are in a stable lasting environment with a caring adult or family who can meet basic and developmental needs.

Middle Childhood

The major developments that occur at this stage are learning to regulate one's behavior in the school environment while interacting with peers. As with young children, the role of a positive caregiver with positive parenting skills influences both school achievement and involvement as well as children's relationships with their teachers.[66] For some children in the child welfare system, this is not a reality due to foster care placement instability.

Educational stability is also critically important, yet for some children in foster care, this stability is precarious due to changes in foster care placement. Change in school placement requires children to adapt to a new peer group, teachers and curriculum, which can be further compounded for children that have special learning or behavioral needs.

As such, children in foster care tend to have a more difficult educational experience. Some negative outcomes for children in unstable foster homes include higher rates of transfer, grade retention, poor achievement, performing below grade level, low test scores and limited homework help from caregivers.[67] They are more likely to have behavioral and emotional developmental issues, as well as health problems, at the time of entering foster care due to abuse, neglect or abandonment.[68]

Children at this age need the support and care of a stable adult and a stable school environment. For children who already have educational, social and behavioral challenges due to prior negative experiences, it is vital that they are allowed to succeed in a predictable, permanent school setting with minimal disruptions to education and related services based on their learning and development needs.

CHILDREN WITHOUT PARENTS AND THEIR VULNERABILITIES

Children of Color

Children of color, particularly African-Americans, are overrepresented in nearly every stage of the child welfare system. Inequalities and inequities relative to quality and access of services also exist with children and their caregivers.

Legal representation

Children often receive inadequate and unqualified legal representation and have limited opportunities to participate in many of the decision-making procedures that affect them. Caseworkers and attornies are too overburdened or overwhelmed to devote sufficient time to individual cases. Serious complexities exist for children who are illegal immigrants and in state protective custody as it involves the intersection of the child welfare system (plus state courts) and the federal immigration systems. Few, if any, experts of both these complex and bureaucratic systems exist.

Infancy and Early Childhood

Infants and young children experience dramatic growth in all areas of development. Significant brain development occurs affecting future learning, grow and development. Bonding to a caregiver is an essential milestone. Their development is quite susceptible to negative experiences, yet with timely and proper intervention, they can be quite resilient.

Middle Childhood

Development for children in middle childhood comes from the school environment and interacting with peers and adults. The presence of a responsive, caring adult serves as an important model. School achievement and relationships with teachers can be positively affected by a significant adult's support. Educational stability is also important, yet due to frequent foster care placement changes, this may not exist. The result is often negative educational outcomes such as performing below grade level, grade retention and low test scores, in addition to managing the challenges associated with changing schools.

Adolescence

Youth development involves creating one's own identity, becoming more independent, responsible and sexually mature. The assistance of a caring and engaged adult can help foster this independence, yet many foster care youth lack this supportive connection. The protective nature of child welfare is counter to youth developmental needs. Teen risks are high and include drug/alcohol abuse, teen pregnancy, mental illness, suicide as well as runaways or homelessness leading to increased victimization. Educational risks are dropping out, being suspended or expelled resulting in poor employment opportunities. Foster care youth face stigma. Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) youth may face discrimination and inadequate support due to their sexual orientation.[69]

Young Adults

The concept of adulthood is changing, yet some youth must transition from foster care to complete independence at 18. The challenges are overwhelming and risks include educational failure, unemployment, out-of-wedlock parenting, mental illness, housing instability and victimization. These young adults are unlikely to depend on the support of family, yet a successful transition largely depends on the role of a caring adult. Young adults need programs such as housing subsidies/options, vocational/job readiness training, mental health counseling, substance abuse programs, access to medical care, and a lasting relationship with a caring adult.

Adolescence

Adolescent development is a critical time to formulate one's identity, become more independent, separate from one's family and plan for the future.[70] As children grow and develop cognitively, they make the shift from understanding the world in concrete terms to more abstract ones. With this growth, their understanding of death changes, thus they require additional explanations about death and new, more in-depth information of the person who has died. Sexual development continues towards maturation. Youth gain skills by progressively taking on more responsibility for oneself and one's decisions.

The adolescent years can be trying and unsteady, even with the guidance and support of a caring and engaged adult. Unfortunately, many youth in foster care lack this connection to support. This compounds the vulnerabilities that may be present due to instability or previous abuse and neglect. The protective function of the child welfare system, which was not designed for controlled risk-taking, does not allow youth to learn limits and personal responsibility.

Not only are many child welfare practices not aligned with youth development, but those in foster care are at - risk for one of many negative outcomes. These include drug/alcohol abuse, teen pregnancy, mental illness, suicide, being a runaway or homelessness, both of which increase their risk of being victimized. Continued challenges in school can result in youth dropping out, being suspended or expelled, which leads to dismal employment opportunities. Youth in foster care suffer due to the stigma felt from being in foster care.[71]

In addition to facing all these challenges, LGBTQ youth may face discrimination and even less support due to their sexual orientation. Most youth enter care during late adolescence and are in need of a place to live and another caring adult in short period of time. They are often placed in care as a teen after many years of abuse or neglect and likely will not have, or choose not to have, family support.

Young Adults (18+)

Youth that 'age out' of foster care face daunting challenges as they make the transition from care dictated and controlled by the State to independent living. Courtney and Hughes-Huering state that they are at high risk for educational failure, unemployment, out-of-wedlock parenting, mental illness, housing instability and victimization.[72] These young adults are unlikely to depend on the support of family.

The concept of adulthood for generations has been thought to begin at 18, which is when many youth age-out of foster care, however, this concept may be changing. The Network on Transitions to Adulthood has been examining the changes related to the period of young adulthood (ages 18-34). 'Significant cultural, economic, and demographic changes have occurred in the span of a few generations, and these changes are challenging youths' psychological and social development. Some are adapting well, but many others are floundering as they prepare to leave home, finish school, find jobs, and start families."[73] For young adults who have lost both parents, have been in the foster care system and have had experiences that have been detrimental to typical, healthy development, the latter is an apt description, and it validates the great needs of this population.

This age group (18-24) requires specialized resources as they are still highly vulnerable to some risks present during adolescence. Yet as an 'adult,' they lack any type of safety net; support resources include housing assistance or subsidies, vocational/job readiness training, mental health counseling, substance abuse programs, and access to medical care. The support of family is an important contributor to a successful transition to adulthood.[74] However, the presence of a lasting relationship with a caring adult can be a great resource to help these young adults. The value of this cannot be overstated.

VII. Where are they?

The numbers below break down only the living arrangements of the children (according to the U.S. Census Bureau 2005) who are in the child welfare system. We know that over two million live without their parents in some sort of informal guardianship relationship. Outside of the general census, data on this group does not exist.

Percent

100	50	0

46percent (239,810) of children in the child welfare system live with licensed foster parents

23percent (121,030) live with a relative in kinship care

19percent (97,070) are in a group home or institution

5percent (24,650) are in pre-adoptive homes

4percent (19,700) are in a trial home visit

2percent (10,560) are runaways

1percent (5,570) are in supervised independent living

The child welfare system is a complex organization whose services include investigation of abuse and neglect, provision of services to children and families to end maltreatment, placement of children in temporary or permanent out of home care, and supervision of children in substitute care. Placement in substitute care involves major disruptions in children's lives and is typically regarded as a last resort. Once in the system, emphasis on family preservation and mandates of reasonable efforts and least restrictive placements typically make congregate care the final option after all else fails.

Foster Care

Foster homes are the most well-known option for substitute care. The child temporarily lives with another family, either with other foster children, the family's biological or adoptive children, or without other children. State or county social service agencies oversee foster care decisions, although they may also work with private foundations, courts, private service providers (including foster homes and group homes), welfare agencies, mental health counselors, treatment centers (for the child or the parent), and Medicaid. The groups above all influence the future of children in foster care. Hence, there is a need for much greater and more effective cross agency collaboration.

The goal of foster care is both the temporary care of the child, and the provision of help to parents, if appropriate, to create a safe home for their children upon reunification. In all foster care cases, the child's biological or adoptive parents, or other legal guardians, temporarily give up legal custody, though not necessarily legal guardianship of the child. A child may be placed in foster care with the parents' consent or without in cases of parental absence, abuse or neglect. In order for a child to be removed from the home, allegations of abuse, neglect or absence must be substantiated by child protective workers. The child will be removed temporarily until the parent or guardian has his or her case heard before a judge. Foster placements may last for a single day or several weeks; some continue for years. If the parents give up their rights permanently, or their rights to their child are severed by the court, the foster family may adopt the foster child or the child may be placed for adoption. Foster parenting is meant to be an in-between stage, while a permanent placement for the child is settled. As such, it is often stressful and tumultuous, but for many children and families necessary.

Of the children who exited foster care in 2005, 33 percent lived in foster care for less than six months, and another 17 percent spent six to eleven months in care. At least half of the children in care spent over one year in the system.[75] The Child Trends Databank reports that children in foster care are more likely than other children to exhibit high levels of behavioral and emotional problems including school suspension and limited engagement in extracurricular activities. They are more likely to have received mental health services in the past year, to have a limiting physical, learning, or mental health condition, or to be in poor or fair health. One study found that almost 60 percent of young children in foster care, ages two months to two years, were at a high risk for a developmental delay or neurological impairment.[76] Youth who "age out" of foster care often have a difficult transition to adulthood.

Kinship Care and Guardianship

Kinship care is defined as out-of-home placement with relatives of children who are in the custody of state and local child welfare agencies. Kinship care means that an adult family member, such as a grandparent, aunt, uncle, or other relative, provides a home for a child who cannot live with his or her parents. The growth of kinship care placements since the late 1980's has drawn attention to its implications for children's well-being.

The U.S. Children's Bureau gives three major reasons for this growth: the number of non-kin foster parents has not kept pace with need; child welfare agencies view the kinship option more positively; and courts have placed a higher value on the rights of relatives to act as foster parents.[77] Approximately 121,030 children live with a relative in kinship care. This means the relative is a licensed foster parent. They provide a home and care for the child, but the state is still the official guardian.

Research also documents the benefits of kinship care for the child who must enter into protective care. The Center for Law and Social Policy has reported that kinship care often means: increased stability for the child; fewer placements; increased likelihood of placements with siblings; and fewer changed schools.[78] In addition, children were more likely to retain cultural traditions, to like their guardians and to feel loved.[79]

Subsidized guardianship is an important permanency option for children. By 2004, 35 states and the District of Columbia had subsidized guardianship programs.[80] Kinship care and subsidized guardianship programs may allow a qualified caregiver to step in and provide the care they may not otherwise be able to give because of financial burdens. Additionally, these placements offer an emotional and cultural benefit to children who cannot return safely to their parents and for whom adoption is not an appropriate option.

Types of Congregate Care

This type of care includes children's villages, orphanages, group homes and residential treatments centers. Congregate care can be more restrictive as they tend to have stricter rules and expectations than foster homes.

Youth who have more significant behavioral or mental health needs can be better supervised and offered more intense services. Some are small cottage systems designed to be 'family like" while other have a more treatment oriented environment. Many congregate care facilities are staffed by fairly young paid workers, so the opportunity to form long-lasting relationships, which could serve as a support source while transitioning to independence, are limited.[81]

A) Modern Orphanages and Children's Homes

Children may also be placed in cottage or children's homes. This usually requires a request or enrollment from a guardian, social worker, or judge. As discussed earlier, "modern day orphanages" or children's homes have been heatedly debated over the last decade. Almost everyone agrees that family life is the ideal and goal for parentless children. Others say while this is true, we need multiple solutions. Orphanage or children's homes with house parents can provide stability where it was otherwise unattainable. Vigorous debates over the need and effectiveness of child's homes or orphanages have continued from the 20th century and will likely continue in the future.

It is difficult to determine the number of children's homes due to the varying definitions and sizes. We know that over 97,000 children are placed in publicly funded institutions. It has been estimated that over 30,000 are in modern day orphanages or children's homes.[82] The Children's Rights report, A Return to Orphanages, lists about 45 well known children's institutes serving varying numbers of children plus 18 new facilities. In 1993, the Catholic Church alone reported it had 188 orphanages serving over 75,000 children.[83]

Some well known places historically called orphanages have since transitioned to residential education facilities. The Milton Hershey School is a great example of the transition to the environment of a boarding school. Many other orphanages have transitioned or have been created to resemble cottage villages. Many are faith based and privately funded. Small groups of children live in houses with a paid house parent.

Critics say that these homes are designed to be temporary, yet are serving permanent needs, and think they should be avoided at all costs. They cite research that demonstrating that placement in institutions reduces the chances for adoption.[84] It can be difficult to discern what the goals for children in these homes are as the policy climate dictates a focus on permanency. Therefore, few facilities openly state that they do not seek reunification or adoption for all their children.[85] In addition, children's home can be very expensive to operate and there is minimal data on success rates. The U.S. House of Representatives Ways and Means Committee (1996) estimated that children's home averages costs of $3,000 per child per month. Some of the participants in the assessment stated that they would not want to go to a school that may isolate or stigmatize them from

" The most critical part of our heath and well being is our families: belonging and connectedness in the world and to our culture."

~ Madelyn Freundlich,
Children's Rights, Inc.

'normal kids.' A few homes, like SOS Children's Villages, are integrated in the community.

Many advocates feel that the "emotional debate over orphanages, laden with images drawn from movie portrayals, have diverted attention from a more clear – headed analysis of the place of congregate care in the child welfare system."[86] Richard McKenzie conducted one of the few longitudinal studies on orphanage alumni which demonstrated that many did have positive experiences which led to successful lives.[87] A number of orphanage alumni have written articles praising the structure and order their homes provided.

Advocates for children's homes feel that permanent care in a group setting or orphanage, like the Milton Hershey School, San Pascal Academy, or SOS Children's Villages, should be added as an alternative to the "plastic bag brigade."[88] Most who advocate for this look for a model of small group homes with house parents who would provide stability where it is otherwise unattainable. They point to the positive features, such as siblings living together. Richard McKenzie, and others in his book *Rethinking Orphanages,* point to the deficiencies in foster care. Siblings are often separated. It's unstable; 1 in 10 children will spend more than 7 years in system and 25 percent who enter have at least three different foster parents.[89] To them, orphanages are not the solution but appropriate and underused components of the child welfare system.[90]

B) Residential Education

Residential education is the term for a community where youth both live and attend school. Education and internalizing one's potential as a productive member of society are important. Living with house parents and interacting with other adults in educational settings provides the teens with the opportunity to choose role models. Unless placed by child welfare workers, youth maintain relationships with biological parents and siblings. Critiques and differences of the residential education center placement are similar to those of children's homes. The Chief Executive of the NY residential education facility Graham Windham wonders why boarding schools are not good enough for parentless and poor kids.[92] Critics from residential education will point out that the wealthy students typically have a family to go home to in the summer and after graduation. They asked

where the parentless child can go for support when they turn 18. One interviewee did attend a boarding school after her parents were killed and had a positive experience there.

C) Residential Treatment Centers

Residential Treatment Centers are the child welfare system's most restrictive level of care. Only youth with severe behavioral or emotional problems are approved to attend treatment centers since the Child Welfare Reform Act passed. Children placed in such facilities ordinarily manifest behavioral problems that make it difficult for them to reside in a less restrictive environment such as a foster home. They have often had many placements in homes, psychiatric facilities and the juvenile justice system. Many of the children are highly troubled, on top of issues of abuse or neglect, that they can be harmful to themselves or others. Residential treatment centers provide a congregate care environment that provides a host of therapeutic services and high level of supervision for the children who attend them.

Youth Shelters

Many cities, especially in large urban areas, have some type of shelter for young adults. There is likely a higher need than most programs can serve. These serve an important purpose for young adults who have housing instability. Some have programs targeted to the development needs of young.

Runaways

Approximately two percent of children, mainly teens, in foster care are runaways. Where they stay is not always known, but possibilities include the homes of friends, on the streets or youth shelters.

VIII. Who Cares for Them?

Foster Parents

Foster parents must be licensed by the agency that handles a specific region's foster care. The foster home must pass an inspection. In most states, the parents must attend multiple training sessions. When a child is placed, the foster family takes responsibility for feeding and clothing the child, getting the child to school and to appointments, and fulfilling any of the typical responsibilities of a child's parents or legal guardians. The foster parent aims to help the foster child develop in a safe, family environment. They meet regularly with the child's caseworker and usually receive monthly compensation for taking in foster children. They are expected to use the money to buy the child's food, clothing, school supplies, and other incidentals. The Child Welfare League of America lists the national average payment at $420 per month per child. Foster parents also receive a few hundred dollars a year for clothing. Most of the foster parent's responsibilities toward the foster child are clearly defined in a legal contract. Foster parents do not become the guardians of foster children; legal guardianship remains with the state agency. Therefore, caseworkers often have to sign permission slips and approve overnight travel. This is one of the most frequent complaints from children in foster care.

Kinship and Guardianship Care

Approximately 114,000 children live within formal kinship care homes. This means the relatives are licensed foster care parents. They receive both benefits and state oversight. According to the 2000 Census, six million children live with relatives. Over four (4.5) million children live with grandparents; a 30 percent increase between 1990 and 2000. Two and a half million children live without either parent in care of grandparents, aunts, etc. Most of these families are not a part of the formal child welfare system.

Almost all states give preference to relatives, but there is uncertainty about appropriate assessment and licensing for kinship homes, and the amount of training, support and supervision needed. Recently, there has been a push by child welfare advocates to provide subsidies to guardians. Population statistics indicated that over 20percent of children living in grandparent-maintained homes lived below the poverty level.[93] Some states have found ways and funds to subside guardianship already. There is legislation pending that would greatly increase the benefits for both kinship care and legal guardianship.

House Parents

Children's homes typically have a married couple living in each of the cottages who act in the role of the children's parents and carry out many of the duties of a parent. They often provide around the clock care. Variations occur such as a single houseparent or the children of the houseparents' residing at the children's home. At SOS Children's Village in Chicago, the foster mother lives in the homes with a small number of children. If the foster parent doesn't work out, the parent moves and the child stays in the home for continuity. In one home, where reunification was a goal for a child, a foster child was living with a biological mother (who was receiving substance abuse rehabilitation) in a children's home.

Shift Staff

In most congregate care settings, shift staff is responsible for the care of teens. Wages and educational levels of staff are typically low and training and quality of care is variable and turnover is quite high.

Standby guardianship

This allows parents to determine care and custody arrangement that will take effect in the future. This was initiated to give parents who were terminally ill the opportunity to make decision while retaining their parental rights. 'Triggering events' such as physical/mental incapacity, death or consent of parent changes the status of standby guardian to an active one.

Legal Guardians

At times, parentless children can seamlessly transition to the home of a relative or relatives due to prior legal arrangements or wills put in place by their parents. However, despite the apparent ease of this transition to a new physical arrangement, significant needs may be present for both caregivers and children. Caregiver(s) may need financial and logical support to care for the children's daily needs. Grief can also affect the relationship between legal guardian and child. The manner in which the parent dies, suddenly or after a long illness, and the relationship the caregiver had with the deceased parent, may influence their ability to meet the physical and emotional needs of the grieving child. Caregiver(s) may need counseling for their own grief, in addition to resources to support the grieving child(ren). In addition, the creation of this new family dynamic may create a unplanned disruption in the live of the appointed caregivers. Access and availability of resources and supports are crucial for caregivers and children to allow them to grieve and mourn while coping with the new family circumstances they must each cope with.

Limited number of adoptive/foster care families

Large amounts of financial and human resources are used to recruit couples for the adoption of children in foster care, yet the initial steps for prospective parents yielded limited information, inaccessible staff and beginning sessions were off-putting due to the emphasis on procedures to screen out inappropriate candidates.

IX. Key Issues and Recommendations

Through the assessment process, we gathered an extensive list of issues and gaps in services and infrastructures for parentless children. This report will address the key issues that were most prevalent.

Definitions of the Word Orphan

• Most assessment participants found the word orphan to be loaded with negative connotations and imagery. More than half of those interviewed recommended rethinking the language of the organization, especially the website. Two children who had been orphaned said that they would not seek services oriented towards "orphans." An adoptive mother interviewed told us that her son refused to seek a scholarship from another organization with the word orphan in its name. Some teens interviewed said that they would look at services for children without parents. Recommendations include using 'softer' language and a variety of **phrases on the website to attract teens** who might avoid services focused on orphans.

• The definition of orphan/parentless should be clear and agreed-upon by the child welfare system and organizations in order to develop objective and effective interventions. When providing services to parentless and vulnerable youth, **criteria and eligibility should be very clear** and easy to find.

Data

• Government at all levels "spend billions each year on foster care, but no precise data is available to describe the children in foster care."[94] That was written almost 15 years ago and it is still an overwhelming gap. Ironically, the only primary source of disaggregated state data that is available was from data compiled (by VCIS) between 13-17 years ago. General data on the numbers of children leaving and entering the system can be found on AFCARS and the U.S. Census. There is uncertainty about precision numbers of parentless children and reasons for the growth of the child welfare system. Recommendations include funding the compilation of **disaggregated, detailed data on orphan incidence and prevalence** (through child welfare research or implementation of tracking method in the legal justice system). With better information management systems to analyze and collect data, we could make

Voices of Parentless Children:
What Are Their Needs?
(According to assesment participants)

• Clothing allowance

• Help with college applications/getting jobs

• Ability to be a "normal teenager" (go to sleepovers, leave the state)

• Clearer idea of timelines in the system

• More discussion on what is happening when they are placed in a new home

• More effort put into appropriate placements to reduce movement

• If you have to move, stay in same area and school

• Money for instruments, sports, clubs, etc.

• Place to talk to others going through similar things

more accurate future projections about the needs of parentless youth, monitor existing programs, better develop relevant policies and problem solve.

"One of the biggest obstacles to reforming the system is the relative unavailability of research data from the field; info that would shed light on key empirical trends and pressing issues."[95]

• **Outcomes research** is needed from children's homes, modern orphanages, kinship/guardianship care and other congregate care facilities. Debates about the pros and cons of alternative foster care continue vigorously and emotionally; yet there is a dearth of longitudinal and quantitative research. Recommendations include surveying congregate care and kinship care alumni or funding similar research to get an accurate measure of how children are faring, both in care and after aging out. Watchdog groups to research success of various homes/systems. A range of measurements should include school performance, employment, physical and mental health, etc.

• There are many organizations doing great and innovative work, but there lacks a centralized location that provides the numerous programs and services available. Recommendation include the development of an **information clearinghouse** of services, rights, facilities, and programs available for orphans and caregivers; simple, easy to understand information on who is eligible for what services with contact information (and clear procedures to request services) is needed. This information can be provided on-line and through a phone hotline. All youth and caregivers interviewed discussed how difficult it was to find programs, government benefits, advocates, and information. Most importantly, they want to communicate with someone at organizations or agencies who can walk them through child welfare services and programs.

Organizational Structures, Policies, and Practices

The protective nature of child welfare is in conflict with youth development needs. The main purpose of the child welfare system is to protect and ensure the safety of children and youth. Yet, due to its protective function, it is highly restrictive. During adolescence, youth need opportunities to test the waters, and identify their strengths and needs. They need to have incremental and on-going practice to develop both confidence and competence in being independent.

Young people need the chance to build support networks, learn how to access resources and have an adult role model or mentors, which is especially true for male youth. Independent living programs in the child welfare system need to focus more on interdependence, the need and value of a caring adult, instead of complete independence. Having a relationship with a caring adult can help young people navigate the world throughout the whole aging out process. Though it is not the answer in every case, **a relationship with a responsive adult** may also lower some of the other risks that youth in foster care are vulnerable to, such running away and teen pregnancy.

- **Cross-agency collaboration and communication is needed.** Children have varying needs throughout the different stages of development. Children and youth in foster care have unique needs and vulnerabilities and interact with a number of government services. The government agencies aim to provide the needed services yet most operate in a vacuum. To best support these children and youth, services should be integrated, therefore there is a high demand for consistent and efficient cross-agency collaboration between professionals in child welfare, medicine, mental health and education. Foster parents, due to lack of legal custody, are limited in how they can support foster children. Child welfare and education systems must work together collaboratively to train and support foster parents to be educational advocates. A key ingredient for this collaboration is supporting caseworkers, who are often overburdened with large caseloads and receive a low salary. Burnout can be quick and turnover is high. Improved support, better supervision and training would allow caseworkers to better serve children and families through agency collaboration.

- Collaboration is also needed between the education and child welfare system so that children and youth able to **stay in the same school or preferred school,** if their foster care placement changes. The role of teachers, coaches, or possible even a parent of a peer, can play a vital role in the lives of youth. It cannot be emphasized enough that school environments can be a key source of the caring adults children need. Teachers can be trained to spot warning signs of trouble and intervene. Dr. Fred Kass, Professor of Clinical Psychiatry at Columbia University, recommends the need for a curriculum for caregivers of grieving children. "Training can have a great multiplier effect as it propagates easily." If the children are moved from school to school, this is a missed opportunity to build skills and make friends. It can be difficult for youth to be able to learn to access resources and build support networks when one is required to change schools and

frequently re-orient. Children and youth have to spend time adapting, there is little opportunity to build and improve skills and develop long term relationships. Some educators think that youth (after multiple school changes) just might check out, which leads to isolation and contributes to many of the aging out issues. Frequent school changes (and its corresponding impact on children and youth) give them the message that their participation in schools (and in the future in society) is not valued and their contribution is not important.

- The need for **advocacy and education campaigns** is important for legislative reform and to change public/professionals negative perceptions. Recommendations include pushing for two pieces of legislation (support the **Guardianship Assistance Promotion & Kinship Support Act)** that support promising alternatives to foster care - guardianship benefits and increasing age of Medicare eligibility. The Guardianship and Kinship Acts can help fund the 20 percent of grandparents raising their grandchildren in poverty.[96]

- Other advocacy efforts include **the reduction of social worker caseloads.** Most organizations recommend that each worker balance 12–15 cases and almost all have at least double the amount recommended!

- The American public has a very negative view of foster care. Foster and adoptive families are less willing to take very young children and older children (5-10 years old are the most requested) as they worry that their parents will reclaim rights and want to take back their children after bonds have formed. This however is very rare.[97] There is also a perception that adoption through foster care is very difficult, which is false. It is becoming fairly easy to adopt a child after becoming a licensed foster parent. **Marketing** and education campaigns can **change these perceptions.**

- Racial Disproportionality is a key structural issue that needs to be addressed. Dorothy Roberts, author of *Shattered Bonds: The Color of Child Welfare,* asserts that the child welfare system's purpose is to protect children, but its highly segregated system makes it suspect. **The role of race must be examined** with this institution through research to understand the manner in which the system "reinforces the inferior status of Blacks in America." Roberts asserts that the racial inequality present in the child welfare systems is exceedingly damaging to African-Americans, and other minorities, in that it confirms the negative stereotypes that Black families are unfit and need to be monitored by Whites.[98] She stresses that the unequal

interference by the state invalidates the rights of Black parents and children and harms the entire Black community. Recommendations include research and policy audits to examine incidences of organizational racism. In addition, agencies should invest in cultural and diversity trainings for social workers and caregivers.

- Structure and financing of child welfare system is based on a **system of reverse incentives.**[99] Funding is allocated based on how many children are in the child welfare system per day. Recommendations include a structural change calling for funding to be based on the stability of permanency options. Success can be measured through the goals set by children, social workers, caregivers, which will then be evaluated by judges relative to education, employment, and personal achievements in their permanency plans. Dr. McKenzie, author of *Rethinking Orphanages For The 21st Century,* and many others, believe it is not possible to balance family preservation with child safety; the conflicting objectives will ensure that one will often fail.[100]

- Financial supports are needed to reduce caseloads and better train professionals involved in the child welfare system. Reducing caseloads may allow professionals to provide services where and when children and caregivers are able to go. Most of the appointments take place on weekdays causing parents, caregivers, and youth to miss school and/or work. Agencies (courts, social workers, lawyers, etc.) need to collaborate and have a presence in schools. Recommendations include **school based interventions** for mental health, preventative services, and updates on permanency plans.

- There is a need for **more adoptive families,** especially those willing to adopt older children. In the past 20 years, there has been a steady increase in the number of children in the child welfare system. Many are minorities and are of ages not deemed desirable for adoption, yet a caring adult is a vital component in youth successfully transitioning out of foster care. Nearly 60percent of foster parents adopt their foster children. Great efforts are put into recruiting, yet recent research indicates changes need to be made to sustain the interest of prospective parents by providing more information upfront, communicating the adoption process clearly as well as maintaining communication while parents wait for an adoption match. Pre- and post-adoption services need to be provided to assist both adoptive parents and adopted children make the adoption transition, which can be an emotional and challenging one. Campaigns are needed

as well to change the manner children in foster care and parents who foster children are perceived. Campaign outreach must extend not only to the general public, but to targeted professionals (caseworkers, educators, lawyers, etc.) that interact with foster care children and youth.

• Almost half, 30 – 50 percent, of foster parents drop out of the system after being licensed. The **recruiting and retaining of foster families** is vital to the futures of children in substitute care. The majority of people who called to make an inquiry about becoming a parent do not actually become foster parents. Why? The recruitment strategy needs to be the retention of interested parties! Recommendations include training operators and support staff to engage potential families in their first point of contact with licensing agencies and better communication on the importance of careful matches (we need 4 - 5 potential families for each child so they can make it the best match). Sue Badeau, Executive Director of the Philadelphia Children's Commission and mother of 22 children, emphasized the importance of engaging waiting families. Ideas include giving other parents a respite in the afternoon, on weekends, conducting trainings and mentoring families getting licensed.

"You 'age out' of a system, but you don't age out of a family."

~ Sue Badeau,
Philadelphia Children's Commission

Youth, Caregiver, and Guardian Needs

• Options are very limited for young **teenagers who become pregnant** while they are in foster care. Foster care parents are not trained or may not have the skills to parent young mothers or be of assistance to young fathers. Since only a small number of programs exist, very few young mothers have a place to live with their infants. Their children can be placed in foster care as well. Recommendations include the provision of pregnancy prevention education and training for both caregivers and youth and homes that specialize in teen mothers and their children.

• All governments should have allowable extensions for **aging out youth;**[101] most youth are not ready at 18 to live on their own and may require up to ten years. One child welfare worker said the problem is that kids say, "I'm 18; I'm out of here...," ill prepared for life on their own. Life skills need to begin in the early teens. Planning needs to happen with all of the people involved in their lives so they start to build their support network. Recommendations include advocacy for youth support in the foster care system until they are at **least 21 years old,** if they meet the minimal requirements.

- Other programming opportunities include the provision of **funds for alternative education programs, transport allowances, housing allowances,** etc. As more children have special needs (behavioral and cognitive), transitioning from child to adult may be delayed. Improvements are needed for programs for students who do not keep a traditional pace in college or need alternative solutions. It is very difficult to get financial aid for non degree granting programs. When we do not provide funding for alternatives to college, "we as a society lose what they have to offer."[102]

- **Continued efforts need to be made to find families for older youth.** 25 percent will become homeless; people are homeless because they have no functioning human relationships in their lives. Aging out youth need **help navigating the world.** Imagine finding a home, a job, an education without any help? The need for a family does not end at 18. Recommendations include finding parents and long term mentors for older youth. Reaction recommendations include starting or funding programs designed to help homeless (and on the verge of homelessness) youth to save, find a job, get financial and emotional supports in a safe environment, like the Larkin Inn in California.

- Both youth and caregivers (especially of orphaned children) need **improved treatment for trauma and mental health interventions.** One professional from the mental health field recommended conducting trainings for the people who treat both children and adults, who have lost their parents, and the caregivers of parentless children. Another idea is to assess psychology, residency, social work programs with a short questionnaire investigating how they help children who lost their parents and the caregivers who raise them grieve and deal with trauma in a systematic way. Awareness and training on how to help grieving children and their caregivers needs to be developed more extensively; the survey would highlight the needs. A social worker in an urban area stressed the importance of school based mental health interventions. **Train teachers and education staff** on trauma and grief so they know when to refer children to mental health professionals. Have support groups in schools.

- **Reduction of rigid rules** for foster care. For example, children in Philadelphia cannot go to the Camden, N.J. Aquarium without permission from their social worker, because the law prohibiting interstate movement. Caseworkers need to approve and/or investigation the homes of friends for visits and sleepovers.

- Parentless children, foster care children and caregivers need **adequate mental health, medical, and legal assistance during care.** Recommendations include listings of the governmental benefits with directions on how to access and advocate for better or additional services through the information clearinghouse.

- Some family and friends do not ask what they could do when a child loses their parent; they just show up. One innovative idea suggested was the creation of **individual web sites for children where family and friends can see what is going on in a child's life** (examples include: date and location of sporting event, grades, and events). It could be a place to disseminate information on the milestones and events in the child's life.

- Some participants talked about their **affinity to others who had incredible sudden tragedy or a "paralyzing macrocosmic shift."**[103] Support groups (in person and on-line) can be established for people who have faced enormous loss.

- **De-stigmatize** the word orphan through positive success stories on the web and in media.

- Need to address the potential **resources to provide caregivers** (financial, emotional, and physical assistance) and movement towards subsidized guardianship care, etc.

- Need more **private sector spending on innovative homes and programs** to fund promising programs (Examples are scholarships to boarding school for youth who cannot afford it; websites for every child so community and family friends can get involved; more research; extras for child like music equipment, camps, etc.)

X. Promising Practices

During the assessment, we learned of many innovative programs that service parentless youth and their caregivers. Below, we listed a small sample of niche programs that seemed especially creative or interesting. A list of additional organizations and programs for children and families will be included in the appendix.

Benchmark meetings were created by Judge Patricia Martin Bishop of Chicago. Since 1997, Illinois has reduced its foster care rolls from 52,000 to 17,000. The meetings are held when a child is 14, 16, and 17.5 with caseworkers, teachers, doctors, coaches, and other adults they have a relationship with to discuss present and future plans and typically last two hours.

The Illinois' child welfare system transformed itself from a tragic and scandal ridden environment in the mid 1990s to the new "gold standard" of substitute care.[104] It changed its philosophies to focus on family prevention, kinship care (using federal waivers) and quickly placing children in alternative permanent living environments. It has reduced the number of children in foster care from 52,000 in 1997 to 17,000 in 2005.[105]

Center for Adoption Support and Education (C.A.S.E) provides vital support to adopted children and families. Children adopted out of foster care, especially with older children, can have adoption difficulties and even more so if they have suffered prior abuse, neglect or trauma. Services are provided to parents to help them understand the child's issues and to children so they can begin to heal.

Department of Human Services developed the Kinship Navigator program to help kinship caregivers negotiate the labyrinth of government and community resources that may be available to them. This toll-free service helps kinship caregivers identify available resources and then advocates on their behalf to access those services. In addition, the Navigator helps administer support programs created specifically for kinship caregivers, including cash assistance and child subsidies.

Foster Club is an online community providing youth a safe place to obtain facts about foster care, read inspirational stories, and find support from their peers. Foster Club produces a website, FYI3.com, designed specifically for older youth in foster care, which inspires young people to become involved in their case plans, informs them about their rights in foster care, and prepares them for independence after

they age out of the system. In addition to providing online communities, Foster Club coordinates conferences for teens in care, runs the Foster Club All Stars youth leadership program, develops youth-friendly publications, and infuses youth voices into the child welfare system.

Larkin Street Youth Services (LSYS) responds to the unique needs of homeless and runaway youth by providing a comprehensive continuum of services to encourage permanent exodus from the streets. LSYS serves young people ages 12-23 with 17 programs operating out of eight locations in San Francisco. The programs are designed to address immediate needs and create long term opportunities for stable housing. LSYS provides four distinct types of services to guide homeless and runaway youth to establish, including point-of-entry, housing, HIV specialty, and educational and employment services. LSYS has an array of housing services to stabilize young people according to their various circumstances. Larkin Street Youth Services serves more than 3,000 youth and young adults ages 12-23. Approximately 80percent of the young people who have completed Larkin Street's counseling programs have left street life permanently. More than 85percent of graduates from Avenues to Independence, a unique transitional-living program for young adults ages 18-23, have secured and retained permanent housing and career-track employment. Of the 84 young people served by the Aftercare Program, which helps young adults ages 18-23 living with HIV/AIDS achieve self-sufficiency, 92percent are off the streets and living independently.

Mommy's Light serves children and teens, between the ages of 3 and 18, whose mothers are deceased or in a life threatening situation due to illness. They serve children in the greater Philadelphia area, southern New Jersey (Camden, Burlington and Mercer counties) and northern Delaware. When a family requests their support, representatives from Mommy's Light meet the eligible child/teen and their family to discuss the tradition or simple pleasure to be preserved.

Road Map for Learning is a resource developed by Casey Family Programs with the goal of improving the educational outcome of children and youth in foster care. It provides a framework to address the issues such as school transfers, the need for more collaboration across systems, improved support and services for minorities, those with special needs and accessibility of other supports by youth, skill preparation (basic and vocational) and public policy to support education during and after care.

San Pasquel Academy is a residential education program for youth in San Diego. Unlike other residential education sites in the country, this school population is nearly all youth who are in foster care. It is the first type of residential education that primarily serves foster care youth. Honorable James R. Milliken, the Presiding Judge of the Juvenile Court in San Diego Country, strongly supports the idea of a boarding school, instead of a group home or other alternative foster placement, for the youth who will likely remain in the child welfare system. He invites debate and controversy by sending children to San Pasquel instead of foster care.

Students of Ailing Mothers and Fathers (AMF) is a program for university students who have an ill or deceased parent. The program includes peer-to-peer support groups, service projects (campus-wide awareness raising events of illness/disease), and faculty member "Angels", who serve as resources and make referrals to AMF, and SAINTS (Students of AMF Involved in Nearby Teen Support). The original chapter was begun by a student at Georgetown with goals to establish chapters of AMF across the country. The founder identified young adults in colleges as 'silent grievers'; because college life is so focused on fun, there is no 'space' for grief or mourning.

The Achieving Independence (AI) Center is a one-stop self-sufficiency center that helps young people achieve their goals. With nontraditional hours, flexible scheduling, and in-house job training, the state-of-the-art AI Center provides support and real-life tools for youth who want to invest in their future. A project of the Philadelphia Department of Human Services and the Philadelphia Workforce Development Corporation, the AI Center uses the programs and services of many Philadelphia-based groups dedicated to providing quality programs for youth in the city: education, hands-on job training, employment, technology, housing and life skills. Each youth works with AI Center coaches to create a custom service plan that helps them achieve their goals.

The Family Center created "A Gift for My Children" in 1995. This twenty-minute Family Center video illustrates some of the issues families are confronted with as they try to create a custody plan for their children. This video is designed for professionals to use with families and as a training tool for professionals.

The Healthy Teen Network has initiated a national proposal, Helping Teens Helping Themselves, to increase the accessibility of housing options for pregnant teens in foster care. The initiative aims to strengthen these families and provide a better and safer environment for the young children of the teen mothers. These young mothers and fathers need support as well since the responsibility of being a young parent is a significant addition to the challenges already present when transitioning out of foster care.

You Gotta Believe!, The Older Child Adoption and Permanency Movement, Inc. is a not-for-profit corporation and was approved by the State of New York to have the authority to both place out and board out children since 1995. It is a homeless prevention program that seeks to prevent homelessness by finding permanent moral and legal adoptive homes for teens and preteen children in foster care. It offers an on-going learning experience to the general public through their nine-week Adopting Older Kids And Youth (A-OKAY) parent preparation.

XI. Conclusion

Gaining a clear picture of the child welfare system requires the understanding and analysis of its history, services, structural deficiencies, and objectives. It is a complex system that could be studied infinitely and is complicated by a scarcity of comprehensive, updated, standardized, aggregated data on parentless youth. States are collecting data, but they are not using uniform definitions, nor is the data being analyzed at a state or national level.

"The most cost effective thing is what you do initially when a child's parents die or they enter foster care. Following parental death, there needs to be an intervention to maximize connection and a preservation of what is left. Transition should occur before the moment of crisis where possible."

~Dr. Francine Cournes,
City of One: A Memior

This assessment has presented estimates based on limited available data on the numbers of parentless and vulnerable children. Improved systems of data collection, management and analysis and further research are needed to provide accurate enumeration and to revise policies and programs proactively. In addition, systems are needed to track, monitor, and provide services to parentless youth outside of the scope of the child welfare system to help prevent failures before tragedy occurs. Unfortunately, the majority of today's systems refinements occurred only after a tragic story of abuse or death became public knowledge. Data systems need to be complete so that organizations and agencies can move from reactive to preventative and proactive programming. We believe that creating collaborations with the legal system, the only system that deals with almost all parentless youth, would be a good start.

Despite the gaps in data, it is clear that the child welfare system needs reform. The high number of youth currently in the system will likely continue into adult systems (homeless shelters and prisons) if we do not figure out how to help families and children thrive. According to the only national study of youth aging out of foster care, 38 percent were emotionally disturbed, 50 percent had used illegal drugs, and 25 percent were involved with the legal system.

Educational and career preparation is also a problem for these young people. Only 48 percent of foster youth who had "aged out" of the system had graduated from high school at the time of discharge, and only 54 percent had graduated two to four years after discharge. As adults, children who spent long periods of time in multiple foster care homes were more likely than other children to experience problems such as unemployment, homelessness, incarceration, and early pregnancy.

Hillary Clinton's book, *It Takes A Village,* points out that "children are not rugged individualists." All children need a permanent home and a lasting relationship with at least one committed adult. All assessment participants agreed that the guidance and nourishment that all children need are best provided by a family. If children become parentless, adoption is overwhelmingly considered the best alternative. Kinship care or legal guardianship with kin is becoming a close second.

There are times, however, when a child needs a permanent option but is not freed for adoption. These children become the "system kids." They are housed in a variety of congregate care facilities and the population is growing at a rate 33 times greater than the U.S. population. Young teen children are signing contracts with permanency goals of independent living (instead of adoption). This should not be allowed to happen (although youth do need to have more understanding and participation in their own life decision making processes). Efforts need to be made to find homes and permanent loving adults even for older, troubled, or "undesirable" children.

Assessment participants agreed that children need not only family but also communities. They need at least one person who is consistent and active in their lives after they age out. Child social workers need to tap into a child's community of friends and families immediately upon entering and exiting the child welfare system to build these supports systems. Resources can be created to help extended family and friends actively participate in a child's life and well being. We need children's communities to become invested in their upbringing and future. We need a more diverse group of adoptive parents, foster parents, and mentors who are committed to a long term relationships.

Where this is not possible, other programs and facilities are important and necessary. Some participants found great comfort in group homes or boarding schools. Many provide a needed service and add to the child welfare menu. Yet all agreed that finding a loving community or family for every child should be the first priority. Youth need a place to go and people to turn to when they turn 18. Community based inventions are being promoted as a more efficient and more effective response to the needs of vulnerable children. A majority of the children who enter the system (for all reasons) come from families with a multitude of problems including poverty, lack of adequate housing, addictions, unemployment, etc.

It is imperative some immediate actions are taken to identify strategies for the care and support of parentless and vulnerable youth by agencies, organizations, and the private sector. If the growth continues at its current rate, a projected rise in the number of system kids will stretch the already overextended formal and informal system to a breaking point. Using cross agency collaboration and innovative thinking organizations can help parentless children have greater opportunities. They can find stable loving environments. The children deserve a chance to learn and grow with safety nets allowing them to fall. They deserve to have the same opportunities as other American children. They deserve a chance to succeed.

XII Footnotes

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17 Askeland, Pg. 24.

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19 Askeland, Pg. 32.

20 Askeland, Pg. 33.

21 Askeland, Pg. 36

22 Askeland, Pg. 36.

23 Askeland, Pg. 46.

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XII. Appendix

Appendix Includes:

Government Legislation Timeline
Scope of Work
Resource List
Organization List
Meeting Transcripts

Child Welfare Legislation Timeline

-Regulation of the "importation of dependent children"
- Laws barred interstate traffic of children (a law which is relevant

"Minimum Safeguards in Adoption" 1938
First standards to address

ADC's scope expanded to include foster care costs for children who are wards of

- National Associations of Black Social Workers
- Statement on Trans-racial

Roe vs. Wade

Indian Child Welfare Act (ICWA)

Hague Convention of Intercountry Adoption

Aid to Families with Dependent Children (AFDC) reformed and curtailed. State budgets for direct

The federal John H. Chafee Foster Care Independence Act of 1999 (Act)

1924   1935   1938   1940   1962   1967   1972   1973   1974   1978   1980   1993   1994   1996   1997   1999

- Title IV Grants to States for Aid to Dependent Children/S ocial Security Act
- Part of "New Deal" established aid for children deprived of parental support but still living with

Amendment to SSA to increase confidentiality of adoption

- Gault Court Case
- Created precedent protect youth in juvenile court system – has implications for children's

Child Abuse Prevention and Treatment Act

Adoption Assistance and Child Welfare Act

Multi-Ethnic Placement Act (MEPA)

Adoption and Safe Families Act (ASFA)