

America's Report Card 2012: Children in the U.S.


FIRST FOCUS
MAKING CHILDREN & FAMILIES THE PRIORITY

 Save the Children®



First Focus is a bipartisan advocacy organization dedicated to making children and families a priority in federal policy and budget decisions. First Focus takes a unique approach to children's advocacy, engaging both traditional and non-traditional partners in a broad range of efforts to increase federal investments in programs that address the needs of our nation's children. In all of their work, they seek to raise awareness regarding public policies impacting children and families and to ensure that related programs have the resources necessary to help children grow up in a healthy and nurturing environment.

Save the Children is the leading independent organization creating lasting change in the lives of children in need in the United States and around the world. From the foothills of Kentucky to the deserts of Arizona, Save the Children works to break the cycle of poverty for underserved, and often forgotten, children right here in America. Through Save the Children's successful and proven programs, children in poverty-stricken communities have access to a quality education, healthy foods, and opportunities to grow and develop in a nurturing environment. And when disasters strike, Save the Children is among the first on the ground to address children's needs and ensure their safety. For more information, visit www.savethechildren.org/usa.

AMERICA'S REPORT CARD ADVISORY BOARD

Sandra Bishop-Josef, former Assistant Director of the Edward Zigler Center in Child Development and Social Policy, Yale University School of Medicine

Melissa Boteach, Director of Half in Ten Campaign at Center for American Progress Action Fund

Olivia Golden, Institute Fellow, The Urban Institute

Holly Grason, Associate Professor, Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health

Julia Isaacs, Senior Fellow, Labor, Human Services and Population Center, The Urban Institute

Dennis Johnson, Executive VP of Policy and Advocacy, Children's Health Fund

Mary Kusler, Manager of Federal Advocacy, National Education Association

Contents

INTRODUCTION	3
ECONOMIC SECURITY	6
Children Living in Poverty	
Children Living in Low-Income Families	
Children with Unemployed Parents	
Food Insecurity	
Stable Housing	
EARLY CHILDHOOD	10
Early Learning Programs	
Access to Child Care	
K–12 EDUCATION	13
Math/Reading/Science Levels	
School Resources	
At-Risk and Disconnected Youth	
Educational Attainment	
PERMANENCY & STABILITY	17
Juvenile Justice	
Child Welfare	
Children of Immigrants	
HEALTH & SAFETY	22
Children’s Health Insurance Coverage	
Access to Health Care and Preventative Services	
Public Health and Safety	
Environmental Health	
CONCLUSION	27

Introduction

WE CAN DO BETTER

A majority of American voters believe, for the first time in history, the lives of children have become worse over the last ten years. And they expect this generation will be the first to fare worse than their parents.¹ They are right. Today, 22 percent of our children live in poverty. The U.S has the second worst infant mortality rate among industrialized nations. And American children lag behind international students in reading and math proficiency at all grade levels.

We are falling behind because we are ignoring these problems. England has reduced child poverty through policies enacted with the goal to eliminate child poverty by 2020, while America has seen rising poverty levels and no national push to reverse that trend. But we can do better.

Many of our lawmakers claim to support the idea of prioritizing our children. Politicians love to be seen as pro-family or pro-child—so much so that the image of politicians kissing babies is a political cliché. Our political representatives often use rhetoric that suggests children are a legislative priority. Yet programs benefiting children have continually been put on the chopping block, and reauthorization of many important programs is slow to come. The Elementary and Secondary Education Act, the largest federal program to improve education, has not been reauthorized since 2002. The Child Care and Development Block Grant, the primary federal funding program for child care assistance, has not been reauthorized since 1996. Instead of reauthorizing and updating these important programs, our lawmakers continue to pass piecemeal extensions that do not adequately provide for our children in an evolving nation.

A look at the federal budget reveals that children also fare poorly in federal spending decisions. According to First Focus's *Children's Budget 2012*, children now receive less than 8 percent of federal funding despite representing about a quarter of the population. Defense spending is triple the federal investment in our nation's children. Interest on the national debt will exceed investments in children by 2014 and eclipse investments in kids by 50 percent by 2020, according to the Urban Institute/Brookings Institution *Kids' Share 2011* report. And it's not just individuals against institutions. *Kids' Share* finds that the federal government spends \$7 on senior citizens for every \$1 invested in children, and that this disparity will continue to grow. But with better budget decisions, children could receive their fair share.

American society is changing. Most children are now born to unmarried parents and many more children are living with a caretaker other than their parents. Minority children make up a larger percentage of the population than ever before; according to the Urban Institute, children of immigrants now comprise one-in-four U.S. children. But our policies have been slow to adapt to these changes and often fail to meet the needs of children and families. For example, this year a number of families have been divided by deportation. Moms and dads are torn from their families because of their immigration status, leaving their citizen children without parents. This situation is the most devastating outcome for a family with mixed legal status, an increasingly common situation for American families that are left vulnerable to a broad range of policies that do not take their well-being into account.

Introduction

Americans overwhelmingly support the prioritization of children in our national agenda. They want a federal government that invests in solving problems. When presented with a number of potential federal budget cuts, voters firmly and overwhelmingly rejected major cuts to K–12 education, child nutrition, the Children’s Health Insurance Program (CHIP), Medicaid, Head Start, and college student loans.²

We already know federal investments work. Thanks to Medicaid and CHIP, 90 percent of U.S. kids have health insurance. Income supports like the Child Tax Credit and Earned Income Tax Credit kept close to 5 million children out of poverty in 2010 and increases school achievement and future work hours and earnings. And early education programs improve academic achievement throughout a child’s school career. Yet children in the U.S. are still not faring well overall.

America’s Report Card assigns an overall grade of C- to the American people based on child well-being. Let this serve as a loud and clear message to Americans that we are failing our children in certain areas. The grades in this report card reveal these shortcomings, highlight our successes, and ultimately serve as a rallying cry that we as American voters need to come together. We need to take these grades to the polling booths with us and advocate for a brighter future for our children.

WHAT IS AMERICA’S REPORT CARD?

As the former Chairman of the U.S. Senate Committee on Health, Education, Labor, and Pensions Subcommittee on Children and Families, former Senator Chris Dodd (D-CT) held a series of hearings on the State of the American Child from June to November 2010. These hearings led to a subcommittee report that provided a snapshot of the well-being of American children based on family economic security, education, and health as indicators, and provided policy recommendations to improve the well-being of our children.

Following the release of the *State of the American Child* report, Senator Dodd and Senator Bob Casey (D-PA) called on First Focus and Save the Children to create a periodic report card to provide a holistic picture of children’s unmet needs in America and policy suggestions on how to meet these needs.

To inform our analysis, First Focus and Save the Children assembled an advisory board of experts from several policy areas. Their expertise was instrumental in helping to highlight aspects of an American child’s life that are the strongest indicators of their well-being and chance for a bright future.

THE INDICATORS

The report card highlights five aspects of child well-being: economic security, early childhood, K–12 education, permanency and stability, and health and safety. They were chosen because they provide the strongest indicators of child well-being. Together, they illustrate the path the life of an American child from birth through adolescence, and their transition into adulthood.

A consequence of the lack of child-centered policy is the lack of government data focused on children. In choosing the indicators to include in this report card, we were limited by available data. We need more timely and comprehensive data to truly understand how American children are faring because we need evidence to make informed decisions on how to improve child well-being.

We know many great resources track the well-being of children in the U.S., including the Annie E. Casey Foundation’s *Kids Count Data Book*, the Foundation for Child Development’s *Child Well-Being Index*, and the Children’s Defense Fund’s *The State of America’s Children* series. This report complements these existing resources. While we use the same reliable and objective data as these other materials to create indicators of child well-being, we uniquely assign grades to the indicators. Just as the report cards children

receive in school measure their performance on various subjects, we are measuring the performance of our society in prioritizing children.

THE GRADES

While a C- is not failing, it is also not excelling. As a country, we have made strides in certain aspects that affect our children, but we fall behind in many other areas. This lack of progress is made worse because we have models for solutions but we do not have the national focus and have not called on our lawmakers sufficiently to implement those solutions.

The grades in this report are subjective. However, they were created through a collaborative process of policy experts from First Focus, Save the Children, and the advisory board. We took into account factors such as how we compare internationally, how extreme the disparities are between racial, ethnic, and socio-economic groups, whether we have the knowledge to achieve progress and are failing to prioritize our resources, and finally, the message we would like to send.

Our grades are not assessing a particular institution or entity. We are not grading state governors or legislatures, or even Congress and the Administration. Instead, we are grading the American people as a whole. This is a call to action that we all must be children's advocates. And we must do better by our children.

A CALL TO ACTION TO PUT CHILDREN FIRST: CHILDREN AND OUR NATION CAN'T WAIT ANY LONGER

With the election quickly approaching, the first thing we can do is give a voice to children. They can't vote, but we can. This November, cast a ballot for candidates who will put children first. And after the election, no matter which candidates are voted into office, it is up to us to hold them accountable to ensure children are a legislative and budgetary priority.

Looking forward, we all must work together to take advantage of new opportunities to create stronger networks and cultivate new voices on behalf of children. Unlike AARP, for example, children's advocates cannot say that we represent 50 million voters. Children cannot join political organizations or movements, they can't vote, and they don't have political action committees. Politicians know this and listen to the loudest voices in the political arena. However, with the advent of social media and other organizing tools, children's advocates can now more efficiently and effectively reach out to parents, pediatricians, child care workers, teachers, social workers, guardians *ad litem*, and even those in businesses that serve children. If Northrop Grumman, Boeing, Bechtel, the Carlyle Group, and Lockheed Martin can all lobby on behalf of the U.S. Department of Defense, the many community leaders who serve children should do the same for kids.

Just as we expect our politicians to consider children in their policy decision-making, we must hold ourselves to the same standard and put children first in the actions we take in our community. Our civic participation is key to ensuring a brighter future for our children. Through volunteerism and partnerships with community leaders, whether they are business owners, faith leaders, or others, we need to ensure that everyone in our communities is taking responsibility for the well-being of our children.

America has always risen to the challenge of ensuring a brighter future for our children. It is time we rise to that challenge again. C- is just not good enough. We can do better.

1. First Focus and Greenberg Quinlan Rosner Research, (2011). *A Quiet Voice: National Survey Findings*. http://www.gqrr.com/articles/2626/6555_First%20Focus-Results.pdf.
2. Ibid.



Economic Security



CHILDREN LIVING IN POVERTY

D

- In 2011, 24.5 percent of children under age 5 were living in poverty.*
- In 2011, 21.9 percent of children under age 18 were living in poverty.
 - * The Federal Poverty Level (FPL) is an annual salary for a family of four at or below \$22, 811.
- In 2011, 14.5 percent of Caucasian, Non-Hispanic/Latino children under age 5 and 11.9 percent of children under age 18 were living in poverty.
- In 2011, 35.3 percent of Hispanic/Latino children under age 5 and 33.7 percent of children under age 18 were living in poverty.
- In 2011, 42.4 percent of African-American children under age 5 and 38.6 percent of children under age 18 were living in poverty.

CHILDREN LIVING IN LOW-INCOME FAMILIES

D

- In 2011, 47.4 percent of children under age 6 were living in low-income families.*
- In 2011, 43.9 percent of children under age 18 were living in low-income families.¹
 - * A family is considered low-income when it is living at or below 200 percent of the FPL, an annual salary for a family of four at or below \$45,622.

CHILDREN WITH UNEMPLOYED PARENTS

C-

- In 2011, 7.7 percent of parents with related children were unemployed.²

FOOD INSECURITY

C-

- In 2011, more than 8.5 million children lived in households where one or more child was food insecure.³

STABLE HOUSING

D

- In 2010, 67 percent of low-income households with children spent more than 30 percent of their income on housing costs.⁴
- In the 2010–2011 school year, out of 49.5 million children enrolled in the public school system, 1.1 million were identified as homeless by the U.S. Department of Education.⁵

1. U.S. Census Bureau (2012), 2011 Current Population Survey, Annual Social and Economic Supplement, Age and Sex of All People, *Family Members and Unrelated Individuals Iterated by Income-to-Poverty Ratio and Race*.
2. U.S. Department of Labor (2012), Bureau of Labor Statistics, Current Population Survey, *Employment Characteristics of Families 2011*.
3. U.S. Department of Agriculture (2012), Economic Research Service, *Household Food Security in the United States in 2011*.
4. The Annie E. Casey Foundation (2011), KIDS COUNT Data Center, 2010 Analysis of the U.S. Census Bureau, American Community Survey.
5. U.S. Department of Education (2012), Student Achievement and School Accountability Programs, Education for Homeless Children and Youth Programs, 2010–2011 Data Collection Summary.

As the United States slowly emerges from the worst economic downturn since the Great Depression, our children continue to experience its lingering effects. Decreased family income has led to less economic security for children and resulted in high rates of children experiencing poverty, food insecurity, and homelessness.

Child poverty is at its highest level in twenty years with more than one-in-five children living below the poverty line of \$22,050 a year for a family of four. Disproportionately affected by poverty's reach are African-American and Hispanic children, as well as young children of all backgrounds. Children living in or near poverty often lack the important resources to help them grow and thrive, including safe and stable housing, proper medical care, and nutritious meals. The effects of child poverty are lasting and deeply damaging, particularly on children's health, education, and future earnings.¹ Parental stress over finances during a child's early years can also result in what is known as "toxic stress," which can threaten a child's future cognitive, social, emotional, and health outcomes in ways difficult to alter.² And children facing poverty are more likely to be poor as adults.³

But the poverty rate does not capture the full extent of economic insecurity faced by America's families. About 44 percent of children in 2010 were growing up in households earning less than twice the federal poverty level. Families with low incomes just above the poverty line are far more likely to have trouble putting food on the table and miss rent, mortgage, or utility payments than families with higher incomes.⁴ Close to one-third of households live in "asset poverty," meaning they do not have adequate savings or assets to cover a three-month period of basic expenses.⁵ Having so little financial stability means that many families are not only vulnerable to weather layoffs, medical emergencies, or other crises, but are also unable to plan and save for their children's futures.

Low-paid work is a significant factor behind child poverty. While a high proportion of low-income families have at least one full-time worker, the prevalence of low wage work and wage stagnation in the American economy has meant that these "high-work" families made only about \$25,000 in 2006—just 22 percent above the poverty line for a family of four.⁶ In addition, the recession has doubled the rate of unemployed parents, creating widespread hardship and stress for families. Another measure of the effect of the recession on children are the 8 million children affected by the foreclosure crisis,⁷ an estimate that uniquely includes families who were evicted, or may face eviction, through no fault of their own from rental properties that undergo foreclosure.

While children's economic security is fragile, it is stronger than it would be without several proven income supports currently in place. The Census Bureau's official poverty measure does not reflect the impact

The effects of child poverty are lasting and deeply damaging, particularly on children's health, education, and future earnings.

Economic Security

of anti-poverty initiatives, but a supplemental poverty measure based on recommendations from the National Academy of Sciences (NAS) allows for analysis of the impact of family income support programs. This measure reveals that a combination of family tax credits, unemployment insurance, and nutrition assistance kept close to 7 million people—including 2.5 million children—out of poverty in 2010.⁸

Income supports like the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) represent two of the most important tax provisions that help families meet their children's basic needs. Together, the expanded version of these credits, as enacted by the 2009 American Recovery and Reinvestment Act, kept close to 5 million children from falling into poverty in 2010 alone.⁹ And these credits do more than boost a

family's income—for the children who receive them, the EITC and CTC are linked to improved school achievement, and increased work hours and future earnings as adults.¹⁰

The nutrition safety net—including the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), the National School Meals Program, and the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)—successfully keeps millions of children from going hungry each year. SNAP reaches nearly 22 million children and has been a lifeline during the recession. But even with these supports in place, too many children in America still face food insecurity, defined by the US Department of Agriculture (USDA) as “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods.” In 2011, the USDA found that more than 8.5 million children lived in households where at least one child was food insecure and 976,000 children lived in households with very low food security.

Already far smaller than the tax and nutrition assistance programs, the federal cash assistance program for low-income families, Temporary Assistance for Needy Families, has sharply reduced its reach in recent years. It currently serves fewer than one-in-three poor families. In contrast to SNAP, it has barely responded to the sharp increase in family need during the recession, is highly variable by state, and the percentage of families eligible for, but not receiving income assistance, has increased steadily.

Child care is a large expense for low-income working parents, but it is central both to employment stability, family income, and children's well-being. Unfortunately, the major source of help for low-income working parents who need child care, the Child Care and Development Block Grant, currently reaches only one out of six children eligible to receive it. Many states have long waiting lists and have implemented other restrictions that limit access to child care.

Similarly, the federal government's housing voucher program, Section 8, struggled to keep pace with need even before the recession resulted in an unprecedented number of children affected by foreclosure. As a result, there is a significant gap between available supply and demand for assistance among lower-income households. As of 2012, in order to afford a two-bedroom apartment at the “Fair Market Rent” estimated by the U.S. Department of Housing and Urban Development, a household must earn \$37,960 per year. This amounts to nearly \$18.25 per hour, or more than two times a full-time minimum wage job in most states.¹¹

The past few years have also seen a sharp rise in the number of homeless families. Though it is challenging to determine the current number of homeless children and youth, especially those who have dropped out of school, graduated, or do not access homeless shelters or services.¹² Some youth leave home due to



abuse and neglect, and some are foster youth who have aged out of foster care. Of the nearly 30,000 youth who age out of foster care annually,¹³ 25 percent experience homelessness within four years.¹⁴ It is estimated that there are approximately 575,000 to 1.6 million unaccompanied homeless youth age 16 to 22 in the U.S., annually.¹⁵ In this report card, the indicator is the U.S. Department of Education's statistics on homeless child and youth identified in public schools because its definition is more expansive to include children living in motels, or "doubled-up" with relatives or friends, even temporarily.¹⁶

It is time we made a national commitment to end child poverty. No child in this country should ever go hungry or find themselves without a home. But too many of the spending proposals currently discussed in Congress make children an afterthought in the federal budget rather than a focus. As policymakers work to find solutions to our nation's budget challenges, preserving and strengthening our investments in family economic security must be one of our first steps.

1. Brooks-Gunn, Jeanne and Greg J. Duncan (1997). "The Effects of Poverty on Children". *The Future of Children*, 7(2), 55–71.
2. Greg Duncan and Katherine Magnuson, *The Long Reach of Early Childhood Poverty: Pathways and Impacts* (2011). http://www.stanford.edu/group/scspi/_media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf.
3. Caroline Ratcliffe, Signe-Mary McKernan, Urban Institute (2010), *Childhood Poverty Persistence: Facts and Consequences*. <http://www.urban.org/UploadedPDF/412126-child-poverty-persistence.pdf>.
4. Acs, Gregory and Margaret Austin Turner (2008), *Making Work Pay Enough: A Decent Standard of Living for Working Families, New Safety Net Series, Paper 1*. Urban Institute. http://www.urban.org/UploadedPDF/411710_work_pay.pdf.
5. Corporation for Enterprise Development (2012), *Assets and Opportunity Scorecard*. <http://assetsandopportunity.org/scorecard/>.
6. Urban Institute (2009), *Low Income Working Families: Updated Fact and Figures*. http://www.urban.org/UploadedPDF/411900_LIWF_fact_sheet.pdf.
7. Julia Isaacs, First Focus and Brookings Institution (2012), *The Ongoing Impact of Foreclosures on Children*. <http://www.firstfocus.net/library/reports/the-ongoing-impact-of-foreclosures-on-children>.
8. Center on Budget and Policy Priorities (2011), *Poverty and Financial Distress Would Have Been Substantially Worse in 2010 Without Government Action, New Census Data Show*. <http://www.cbpp.org/cms/?fa=view&id=3610>
9. Charite, Jimmy, Indivar Dutta-Gupta, and Chuck Marr (2012), *Studies Show Earned Income Tax Credit Encourages Work and Success in School and Reduces Poverty* Center on Budget and Policy Priorities. <http://www.cbpp.org/files/6-26-12tax.pdf>.
10. Ibid.
11. National Low-Income Housing Coalition (2012), *Out of Reach 2012: America's Forgotten Housing Crisis*. <http://nlihc.org/sites/default/files/orr/2012-OOR.pdf>.
12. U.S. Interagency on Homelessness (2010), *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, Homelessness among Youth*. http://www.usich.gov/resources/uploads/asset_library/FactSheetYouth.pdf.
13. National Alliance to End Homelessness (2011), *State of Homelessness in America*, 30. <http://www.endhomelessness.org/content/article/detail/3668>.
14. U.S. Interagency on Homelessness (2010), *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, 16. http://www.usich.gov/resources/uploads/asset_library/Opening%20Doors%202010%20FINAL%20FSP%20Prevent%20End%20Homeless.pdf.
15. National Center on Family Homelessness (2009), *America's Youngest Outcasts 2009: State Report Card on Child Homelessness*. http://www.homelesschildrenamerica.org/pdf/rc_full_report.pdf.
16. Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act, Title X, Part C of the No Child Left Behind Act of 2001, defines homeless children and youth as: Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons (often known as living "doubled-up"); children and youth who are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative accommodations; living in emergency or transitional shelters, abandoned in hospitals; awaiting foster care placement; using a primary nighttime residence that is public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; migratory children who qualify as homeless because their living situation meets the characteristics described above.



Early Childhood

EARLY LEARNING PROGRAMS

C+

- During the 2010–2011 school year, 39 states offered state-funded preschool programs, one less than during the 2009–2010 school year.
- During the 2010–2011 school year, 28 percent of 4-year-olds and only 4 percent of 3-year-olds were enrolled in state funded pre-kindergarten programs.
- In 2010–2011, state funding for preschool programs fell by nearly \$60 million, the second year in a row of funding cuts.
- During the 2010–2011 school year, 43 percent of children in state-funded Pre-K were in programs that met fewer than half of ten quality benchmarks.¹
- In 2010, only 4.5 percent of eligible infants and toddlers under age 3 were enrolled in Early Head Start.
- In 2010, only 29 percent of eligible children age 3–5 were enrolled in Head Start.²

ACCESS TO CHILD CARE

D

- In 2009, only one in six eligible families received childcare assistance through the Child Care Development Fund (CCDF), the Temporary Assistance for Needy Families program (TANF), and the Social Services Block Grant (SSBG).³
- In 2011, 22 states had waiting lists for child care assistance. Of those, 12 states had more children on their waiting lists in 2011 than in 2010.⁴

1. W. Steven Barnett, Ph.D, et. al. (2012), National Institute for Early Education Research, *The State of Preschool 2011*
2. Calculated using data from the U.S. Census Bureau's Current Population Survey, and from U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, *2010–2011 Program Information Report*.
3. U.S. Department of Health and Human Services (2012), Administration for Children and Families, Office of Child Care, *2009 Child Care and Development Fund Performance Measures*.
4. Karen Schulman and Helen Blank, National Women's Law Center (2011) *State Child Care Assistance Policies 2011: Reduced Support for Families in Challenging Times*. Numbers calculated by National Women's Law Center through annual survey of State Administrators.

Government investments in young children include early learning programs such as state-funded Pre-K, Head Start, and federal child care assistance. Despite the benefits of high quality early childhood education and care and increases in the number of poor and low-income young children who may need help accessing these services, 2010 and 2011 saw a trend of decreased investments in these areas.

This new trend is particularly apparent at the state level. Earlier positive developments in quality and access to state funded Pre-K programs in the last decade risk being reversed if state and federal investment capacity does not improve. Already during the 2010–11 school year, 43 percent of kids in state-funded Pre-K were in programs that met less than half of ten research-based quality benchmarks.¹ And while enrollment nationwide increased by 1 percent during the 2010–11 school year, it is still low and growth nationwide is slowing.

The 2009–10 school year saw the first cut in state spending on Pre-K in ten years. Then, during the 2010–11 school year, Arizona cut its state-funded Pre-K program entirely. This left just 39 states and the District of Columbia with state Pre-K programs and families in 11 states with more limited options for early education. During the same school year, an additional 26 states made cuts to their programs. This resulted in a \$60 million decrease in funding for state preschool programs, or a \$145 drop in per-pupil spending nationwide. The decrease would have been substantially larger if not for \$127 million of temporary funding provided by the American Recovery and Reinvestment Act (ARRA).²

Similarly, reports on the state of Head Start and Early Head Start are mixed. Funding and enrollment increased from 2009 to 2010, with ARRA contributing \$2.1 billion and over 60,000 additional enrollees. But ARRA provided a temporary boost, and enrollment is expected drop when those funds run out in 2012. A number of Head Start initiatives are intended to support quality, but resources are required to implement these improvements. For example, Head Start teachers have limited assistance for professional development and their average salary has stagnated at an average of \$27,000 annually.³

Child care assistance trends are even more troubling. With a growing number of single-parent families and two-parent families where both parents work, more and more children require quality child care. But in 35 states and the District of Columbia, the average annual cost of center-based care for an infant was higher than tuition and fees for one year at a public four-year college.⁴ With family earnings stagnant or decreasing among low-income workers, quality child care is unaffordable to many.

The Child Care and Development Block Grant (CCDBG) was created to provide low-income working families with children age 13 and younger assistance with child care, but the majority of qualifying families do not receive it. Approximately 1.7 million children received assistance from CCDBG in 2009, but a \$2 billion boost from ARRA funding available at the time has since run out. More children were served than in 2008 as a result, but only about 17 percent of eligible children.⁵

There are 22 states with waiting lists for families to receive child care assistance, ranging from 1,749 children in Nevada, 29,500 children in Massachusetts, and over 100,000 children in California.⁶ These families qualify for and want assistance, but cannot receive it due to inadequate funds. Because states have differing waiting list policies (some prohibit them while others simply clear their lists after a certain amount of time), it is likely that even more children and families are waiting for care than currently reported.

By 2013, if funding remains at its current level, the number of children served will be around 1.4 million—the fewest since 1998.

Early Childhood

By 2013, if funding remains at its current level, the number of children served will be around 1.4 million—the fewest since 1998.⁷ Additionally, to make up for state budget shortfalls, many states are scaling back state funding of child care assistance. This includes creating more restrictive eligibility requirements and providing lower reimbursement rates. Because federal funding is increasingly important, CCDBG should be reauthorized and expanded to increase access to childcare for working families.


A success for early childhood policy not revealed in the indicators is the Affordable Care Act (P.L. 111–148, P.L. 111–152) authorization of grants for states to create and implement home visitation programs for new and expecting parents. These programs target high-risk communities and provide families with in-home education about maternal and child health. This empowers new parents to better care for their children, and improves health and early development.⁸



Another improvement to early childhood education is the Race to the Top Early Learning Challenge. This competitive grant program awarded a total of \$500 million to nine states in 2011 to improve access to quality early childhood learning programs for low-income children. A total of 35 states, the District of Columbia, and Puerto Rico applied for grants in 2011. In 2012, only five states that were runners up in 2011 can reapply for \$133 million in grants. The importance of these programs is clear and the desire to expand access and improve quality is present. But without sufficient investment in the core programs (child care subsidies and high quality preschool programs), enhancing the systems and supports won't make a difference for many children.⁹ However, as these competitive initiatives move forward, advocates and policymakers can learn from, their successes while developing strategies that genuinely improve access, quality, and results for low-income children.

Millions of children are excluded annually from participation in early childhood programs, and many children are exposed to lower-quality care because of underfunding and lack of access. With the proper support, these programs can expand to give more children the support they need to grow and develop.

1. W.S. Barnett (2011). National Institute for Early Education Research, *The State of Preschool 2011: State Preschool Yearbook*. <http://nieer.org/yearbook>.
2. Ibid.
3. Stephanie Schmit and Danielle Ewen (2012), Center for Law and Social Policy, *Putting Children and Families First: Head Start Programs in 2010*. <http://www.clasp.org/admin/site/publications/files/Head-Start-Trend-Analysis-Final2.pdf>.
4. Child Care Aware of America (formerly NAACCRRA) (2012), *Parents and the High Cost of Child Care Report 2012*. http://www.naccrra.org/sites/default/files/default_site_pages/2012/cost_report_2012_final_o81o12_o.pdf
5. Department for Children and Families (2012), U.S. Department of Health and Human Services, *Child Care and Development Fund Performance Measures*. <http://www.acf.hhs.gov/programs/occ/ccdf/gpra/measures.htm>.
6. Karen Shulman and Helen Blank (2011), National Women's Law Center, *State Child Care Assistance Policies 2011: Reduced Support for Families in Challenging Times*. http://www.nwlc.org/sites/default/files/pdfs/state_child_care_assistance_policies_report2011_final.pdf.
7. Hannah Matthews (2012), Center for Law and Social Policy, *Recent Child Care Growth to Fade, Startling Drop in Assistance Projected*. http://www.clasp.org/issues/pages?type=child_care_and_early_education&id=0043#CCSpending.
8. Pew Center on the States (2012), *Medicaid Financing of Early Childhood Home Visiting Programs: Options, Opportunities and Challenges*. http://www.pewstates.org/uploadedFiles/PCS_Assets/2012/PCS_NASHP_HV_Medicaid.PDF.
9. U.S. Department of Education (2012), *Race to the Top—Early Learning Challenge*. <http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html>.



K–12 Education



MATH/READING/SCIENCE LEVELS

C

- In 2011, 91 percent of Caucasian 4th graders scored at or above basic level in math, compared to 66 percent of African-American students and 72 percent of Hispanic/Latino students.
- In 2011, 84 percent of Caucasian 8th graders scored at or above basic level in math, compared to 51 percent of African-American students and 61 percent of Hispanic/Latino students.¹
- In 2011, 78 percent of Caucasian 4th graders scored at or above basic level in reading, compared to 48 percent of African-American students and 51 percent of Hispanic/Latino students.
- In 2011, 85 percent of Caucasian 8th graders scored at or above basic level in reading, compared to 51 percent of African-American students and 64 percent of Hispanic/Latino students²
- In 2009, 87 percent of Caucasian 4th graders scored at or above basic level in science, compared to 47 percent of African-American students and 53 percent of Hispanic/Latino students.
- In 2009, 78 percent of Caucasian 4th graders scored at or above basic level in science, compared to 33 percent of African-American students and 43 percent of Hispanic/Latino students.³

SCHOOL RESOURCES

D

- In 2008–2009, 43 percent of Title I schools received lower per pupil personnel expenditures than their district average. Of those Title I schools, 31 percent received per pupil expenditures that were more than 10 percent below the average.⁴

AT-RISK AND DISCONNECTED YOUTH

D

- In 2011, there were an estimated 6.7 million disconnected youth or 17 percent of the total youth population age 16–24.⁵
- In 2010, 15 percent of Hispanic/Latino youth age 16–24 were not enrolled in school and had not completed high school, compared to 5.7 percent of Caucasian students age 16–24 and 8 percent of African-Americans age 16–24.⁶
- Of the freshmen who started high school in 2009, 82 percent of Caucasian high school students are expected to graduate in four years, while only 63.5 percent of African-American students, 65.9 percent of Hispanic/Latino students, and 64.8 percent of American-Indian students are expected to graduate in four years.

K–12 Education

- In 2009, the dropout rate of African-American high school students (grades 9–12) was 6.6 percent. In the same year, it was 6 percent for Hispanic/Latino students, 6.3 percent for American-Indian students, and 2.7 percent for Caucasian students.⁷
- During the 2009–2010 school year, 39.1 percent of schools reported taking some kind of serious disciplinary action, including approximately 320,578 out-of-school suspensions of five days or more.⁸

EDUCATIONAL ATTAINMENT

D

- In 2009, about 81 percent of young adults age 18–24 had obtained at least a high school diploma or equivalency certification.⁹
- 77.6 percent of Caucasian students of the class of 2009 graduated from high school with a regular diploma, compared to 58.5 percent of African-American students and 63 percent of Hispanic/Latino students.¹⁰
- In 2010, 48 percent of 18–24-year-olds were enrolled in, or had completed, college.¹¹
- In a February 2012 snapshot of high school graduates age 16–24 who are not enrolled in and have not attended college, 20.7 percent or 1.1 million are unemployed.¹²
- In 2009, 71 percent of Caucasian high school graduates went directly to college, compared to 63 percent of African-American graduates, 62 percent of Hispanic/Latino graduates, and 90 percent of Asian graduates.¹³

1. National Center for Education Statistics (2012), *2011 National Assessment of Educational Progress, National Mathematics Results*.

2. National Center for Education Statistics (2012), *2011 National Assessment of Educational Progress, National Reading Results*.

3. National Center for Education Statistics (2010), *2009 National Assessment of Educational Progress, National Science Results*.

4. U.S. Department of Education (2011) *Comparability of State and Local Expenditures Among Schools Within Districts: A Report from the Study of School Level Expenditures 2011*.

5. Civic Enterprises, (2012) *Opportunity Road: The Promise and Challenge of America's Forgotten Youth*.

6. U.S. Census Bureau (2011), 2010 Current Population Survey, *School Enrollment Survey*.

7. R. Stillwell, et. al. (2011), National Center for Education Statistics, *Public School Graduates and Dropouts From the Common Core of Data: School Year 2008–09*.

8. National Center for Education Statistics (2012), U.S. Department of Education, and Bureau of Justice Statistics, *2011 Indicators of School Crime and Safety*.

9. National Center for Education Statistics (2011), Institute of Education Sciences, *America's Youth: Transitions to Adulthood 2011*.

10. Editorial Projects in Education Research Center (2012), *Diplomas Count 2012: Trailing Behind, Moving Forward*.

11. The Annie E. Casey Foundation (2011), KIDS COUNT Data Center, 2010 Analysis of the U.S. Census Bureau, American Community Survey.

12. Bureau of Labor Statistics (2012), United States Department of Labor, Labor Force Statistics from the Current Population Survey, *Table A-16: Employment status of the civilian noninstitutional population 16 to 24 years of age by school enrollment, age, sex, race, Hispanic or Latino ethnicity, and educational attainment*.

13. National Center for Education Statistics (2010), Institute of Education Sciences, *Digest of Education Statistics*.

The cornerstone of the public education system in this nation is the Elementary and Secondary Education Act (ESEA), which was first enacted in 1965 as part of the War on Poverty to eradicate inequities in K–12 public schools. The primary purpose of the original ESEA was to help schools better serve the “special educational needs of educationally deprived children” and provide all children with the strong foundation necessary to become successful, productive members of society as adults. However, our nation continues to struggle with achieving this outcome for all our children. While the state of public education in America has experienced some promising trends in student learning and achievement, there are still persistent achievement gaps in education outcomes and gaps in access to rigorous coursework that disproportionately impact students of color and low-income students. When looking at the entire spectrum of education for children and youth, these gaps are the result of barriers to learning and development that begin before a child enters school and present real challenges to their progress throughout their lives in school and afterwards.

Almost sixty years after the landmark ruling in *Brown v. Board of Education* (1954), in which the U.S. Supreme Court declared public education as a “right which must be made available on equal terms,” inequalities in students’ access to equitable conditions in schools still exist. Education disparities evident when kids enter school are exacerbated by disparities in the allocation of education resources at the federal, state, and local levels in many places. Title I, Part A, of the ESEA is the largest program managed by the Department of Education and is intended to promote academic achievement and educational equity by targeting additional resources to students from high poverty families. School districts must show that all their schools are funded at comparable levels before they can receive federal education funds, yet over 40 percent of schools receiving Title I funds are funded at less than their district average. A step toward achieving the goal of Title I is ensuring that schools are reporting actual expenditures rather than average expenditures for the required categories, such as teacher salaries or specialized student services. The ultimate goal is to ensure that struggling schools and schools serving students who need more support receive the resources necessary to help students succeed.

This uneven allocation of resources—including fully prepared, qualified, and certified teachers, access to specialized staff like school counselors and school psychologists, and access to functioning libraries and science laboratories—contributes to gaps in academic achievement. The requirements that qualified teachers should be assigned to all students, and that states and districts make progress to ensuring that all of their teachers are qualified, should be continued and strengthened.

Additionally, there are factors outside of school that also have a major impact on education, such as early childhood education, poverty, and permanency and stability. For example, status dropout rates, or the percentage of Americans age 16–24 who don’t have a diploma or GED and are not enrolled in school, rise significantly as family income goes down; the status dropout rate for the lowest income quartile is seven times the rate of the highest quartile.¹ As more children and families struggle with living in poverty, states and school districts should respond with additional supports and integrated services to address the negative impact of poverty on student learning. However, many states have been cutting back on their education budgets, despite research pointing to a correlation between family income level and student achievement. Additionally, while overall dropout rates have declined slightly and test scores have risen, the gap between



K–12 Education

black and white students has been slow to close; students of color still score lower on standardized tests at every grade level and have nearly triple the dropout rate of white students.

These disparities have negative implications beyond school. The unemployment rate for status dropouts is nearly double the rate of high school graduates,² which contributes to an estimated \$400,000 less in lifetime income for youth who left school without a diploma or a GED.³ Additionally, 20 percent fewer students of color attend college immediately after high school when compared to white students.⁴ Because high school graduates who do not attend or graduate from college are more likely than college graduates to be unemployed,⁵ it is important for high school graduates to continue to college, but many students of color do not have that opportunity.

Another issue that presents an opportunity to improve is the lack of data collected on student subgroups, revealed by the lack of indicators on subgroups in this report. Because they make up a small proportion of the student population and usually require specialized services, subgroups such as English learners and students with disabilities are sometimes not provided the same education opportunities as other students. Data collection for subgroups should be improved to ensure that these populations are receiving the support and education they deserve. More data should also be disaggregated by income level to ensure that disparities between high- and low-income schools are being constantly measured so they can be closed.

The need to continue to improve educational outcomes is clear. It is an essential function of government to provide our children and youth with a high quality education, but far too many of our students are not receiving the education that will help them become college and career ready.

1. National Center for Education Statistics (2010), *Digest of Education Statistics*. Available: <http://nces.ed.gov/pubs2011/2011015.pdf>.
2. Bureau of Labor Statistics (2012), *Labor Force Statistics from the Current Population Survey*. Available: <http://www.bls.gov/web/empsit/cpseea16.htm>.
3. Center for Labor Studies (2009), *Left Behind: The Nation's Dropout Crisis*. Available: http://www.northeastern.edu/clms/wp-content/uploads/CLMS_2009_Dropout_Report.pdf.
4. National Center for Education Statistics, Institute of Education Sciences, *Digest of Education Statistics: 2010*.
5. Bureau of Labor Statistics, United States Department of Labor, *Labor Force Statistics from the Current Population Survey*, February 2012.



Permanency & Stability



JUVENILE JUSTICE

D

- A one-day snapshot of residential facilities in February 2010 found that they housed 70,792 children under age 18.
- In 2010, for every 100,000 African-American juveniles living in the United States, 606 were living in a residential facility. The rate for Hispanic/Latino youth was 229, American Indian youth was 368, and Caucasian youth was 128.¹
- 63.3 percent of youth in residential facilities in 2010 were committed for non-violent offenses, technical violations (violations of parole, probation, court orders, etc.) and status offenses (offenses that are only illegal for minors such as curfew violations, underage drinking, and truancy).²
- In 2010, 5,900 youth were incarcerated in adult jails.³

CHILD WELFARE

C

- In 2010, 40 percent of families with a substantiated report received no services.
- In 2010, 1,560 children died due to abuse and neglect.
- In 2010, 47.7 percent of child deaths due to abuse and neglect were children under age 1, and 79.4 percent of child deaths due to abuse and neglect were children under age 4.⁴
- Of the estimated 245,260 children who exited foster care during 2010, the median amount of time spent in care was 13.2 months.
- In 2010, children who were adopted waited a median time of 9.7 months after termination of parental rights to be adopted.⁵
- In 2009, 13 percent of children who were discharged from the foster care system re-entered within 12 months.⁶
- In 2011, 26,286 children who were not reunified or adopted aged out of foster care.⁷

CHILDREN OF IMMIGRANTS

F

- Between January and June of 2011, the United States carried out 46,486 deportations of the parents of U.S. citizen children.⁸

1. U.S. Department of Justice (2011), Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, *Statistical Briefing Book*.

2. Sickmund, M., Sladky, T.J., Kang, W., and Puzzanchera, C. (2011), *Easy Access to the Census of Juveniles in Residential Placement*.

Permanency & Stability

3. Minton, Todd D. (2012), U.S. Department of Justice, 2011 Bureau of Justice Statistics, *Jail Inmates at Midyear 2011: Statistical Tables*.
4. U.S. Department of Health and Human Services (2011), Administration for Children and Families, National Child Abuse and Neglect Data Systems, *Child Maltreatment Report 2010*.
5. U.S. Department of Health and Human Services (2012), Administration for Children and Families, *2011 Adoption and Foster Care Analysis and Reporting System (AFCARS)*.
6. U.S. Department of Health and Human Services (2012), Administration for Children and Families, Administration on Children, Youth and Families Children's Bureau, 2006–2009 *Child Welfare Outcomes Report 2006–2009*.
7. U.S. Department of Health and Human Services (2012), Administration for Children and Families, *2011 Adoption and Foster Care Analysis and Reporting System (AFCARS)*.
8. U.S. Department of Homeland Security, U.S. Immigration and Customs Enforcement Statistical Tracking Unit Report 2011 (obtained by the Applied Research Center in September 2011 through a Freedom of Information Act request).

Research on children's development finds that a stable, permanent, and nurturing home with caring adults is crucial to cognitive and emotional development. The three government programs described in this section, the juvenile justice system, the child welfare system, and the immigration enforcement system, have the potential either to support or fail that core need under extremely difficult circumstances.

The effectiveness of many current juvenile justice practices at rehabilitating youth and maintaining public safety is questionable. Overall gaps in performance are compounded by the presence of large racial

disparities, beginning with African-American youth being arrested at more than twice the rate of Caucasian youth,¹ and continuing at every decision-making level. The result is ultimately a failure to adequately serve troubled youth and protect the public.

On any given day, about 70,000 youth are held in residential facilities. Many youth in these facilities have not committed violent offenses, but are kept in secure settings that isolate them from traditional systems of support. This contributes to a re-arrest rate between 50 and 70 percent within two years, revealing a remarkable failure of most of these facilities to help troubled young people.² African-American youth are also nearly six times more likely to be held in residential facilities than white youth.³

Another serious and growing problem in juvenile justice is the number of youth who are transferred to the adult justice system and held in adult jails. Though few states report on the number of youth tried as adults,⁴ existing data reveals that there were 7,560 youth incarcerated in adult jails in 2010, an increase from 2009, and that being a young person in an adult jail has negative consequences.⁵ Because there are no national standards for youth held in adult jails, they are placed in either the general population, which puts them at great risk of being a victim of violence, or in solitary confinement, which endangers their mental health. Adult jails also do not have age-appropriate support for youth, contributing to a 34 percent higher rate of re-arrest for youth who go through the adult system rather than the juvenile justice system. Again, things are much worse for African-American youth, who are nine times more likely than white youth to be held in an adult jail.⁶ The juvenile justice system should address racial disparities, high rates of re-arrest, and transfers to the adult justice system to ensure that youth are being rehabilitated and public safety is being protected.

Since the authorization of the very first federal grants for child welfare services in the 1930s, states have made considerable strides to address the needs of children and families entering the child welfare system,



which serves children and families at risk of abuse and neglect or where abuse or neglect has occurred. The goals of child welfare services are usually framed as safety, permanency, and well-being. Improvements have occurred under the permanency goal in particular, with a reduction in the number of children in foster care in recent years, an increase in the number of adoptions for children who cannot go home, and an increase in children who achieve permanence through the new route of subsidized guardianship with relatives.

However, major challenges remain despite the crucial role that these services play for the most vulnerable children. The continuing high level of child deaths is the clearest indication of continued need for improvement on the safety front. In addition, while evidence on the effects of the recession is mixed, some data points to noticeable spikes in child abuse following the recession. For example, every 1 percent increase in 90-day mortgage delinquencies over a one-year period was associated with a 3 percent increase in children's hospital admissions for physical child abuse, and a 5 percent increase for traumatic brain injuries suspected to be caused by child abuse.⁷

The evidence about continuing safety concerns, as well as the low percentage of families who get any service at all even when maltreatment is substantiated, indicate we need efforts to identify and provide services to families that are at high risk for child abuse and neglect. Currently, the federal government spends approximately 10 times more on foster care than on preventive services. This is due to limited federal and state funding and current federal restrictions in the allowable use of funds, and as a result, the larger portion of federal dollars going to foster care. One potential solution might be for states to directly access federal funds such as under Title IV-E of the Social Security Act (P.L. 74-271) for investments in a broad continuum of services for children and families including prevention, early intervention, and post-permanency services. In addition, states and the federal government should take full advantage of the opportunity under the ACA to provide mental health and substance abuse services to low-income parents through Medicaid.⁸

In terms of permanency, while there have been important improvements cited earlier, children in the system are sometimes displaced frequently and typically experience at least one change in placement per year.⁹ Change in placements is often accompanied by upheaval in their medical and psychiatric care, as well as their education. In addition, while the length of time children spend in foster care has been decreasing over time, too many children are still languishing in care. These children need a plan for permanency that is reviewed periodically to reflect the best interests of the child, and to ensure that the child has access to consistent and reliable relationships. While reunification with a child's family is often a positive outcome, too many children go on to continue to experience abuse or neglect, or in the case of older youth, exhibit behavior such as truancy or delinquency, and end up re-entering the child welfare system. In order to avoid this re-entry, increased services are needed for families and youth who come in contact with the child welfare system.

Over 26,000 youth age out, meaning they no longer qualify for foster care service, of the child welfare system each year without the supports needed to successfully transition to independent adult life. As a result, too many end up homeless or in unstable housing situations,¹⁰ and do not attain high school or post-secondary degrees.¹¹ One recent improvement is that due to the ACA, youth who have aged out of foster care are now eligible for Medicaid through age 25. In many states, youth age out of the foster care system at age 18. However, under the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), states now have the option to extend care to age 21 and currently 11 states and the District of Columbia have taken advantage of this option.¹² Yet studies of adolescent brain development show that

On any given day, about 70,000 youth are held in residential facilities.

Permanency & Stability

the brain continues to develop through age 25, so young people who age out are still obtaining the skills for independent adult life.¹³ Therefore, it is equally as important for states to implement developmentally appropriate systems for these young people, including a personalized transition plan that includes input from the youth and allows them to make their own decisions.

For children that do enter the child welfare system, while ensuring safety and achieving permanency are necessary to well-being, they are not sufficient and we must also focus on a child's social, emotional, and behavioral well-being. Children in foster care experience lower educational achievement and worse health outcomes than children in the general population. These children have usually experienced traumatic events, and this trauma can compromise their development and well-being.¹⁴ Foster children are more likely than other children who receive their health care coverage through Medicaid to experience emotional and psychological disorders, and have more chronic medical problems.¹⁵ As a result, psychotropic medications are being overprescribed for children in foster care with behavioral and emotional problems over the last 20 years.¹⁶ The federal government and states are moving in the direction to monitor and curb the overuse of these medications, but more work remains to be done.

Every child deserves the opportunity to grow up in a safe, stable, and nurturing environment. Too many children continue to endure trauma and unnecessary entry into foster care, and the programs available to support these youths and their families have failed to evolve with the changing needs of each state.

Immigration enforcement has also had a profoundly negative effect on thousands of children and youth in recent years. While the U.S. Department of Homeland Security's announcement of deferred action for childhood arrivals on June 15, 2012 was a major step forward, deportation of parents continues. There has still been no immigration reform passed in congress, and states continue to pass strict immigration enforcement laws.

Currently, over 4.5 million U.S. citizen children live in mixed legal-status families with at least one undocumented parent and are therefore at risk of being separated from a parent as a result of immigration enforcement measures.¹⁷ In fact, the Department of Homeland Security revealed over 46,000 parents of U.S. citizen children were deported in the first six months of 2011.¹⁸ Consistent with what we know about child development, children and families suffer when a parent is arrested, detained, or deported. Children become fearful and anxious following the arrest or detention of parents while impacted families frequently suffer housing and nutrition instability.¹⁹ Additionally, when parents are deported they face a choice with no good outcomes for their children, who may be permanently separated from one or both parents and/or may be forced to leave their home and community for a country they have never known.²⁰

In a concerning number of these cases, lack of coordination or shared protocols between local child welfare agencies and the immigration enforcement system can result in the inability of detained or deported parents to meet child welfare case plan requirements, or participate in court proceedings impacting upon their child's custody. As a result, it is estimated that approximately 5,100 children were in foster care in 2011 due to their parents' deportation,²¹ many of whom are at risk of being permanently separated from their families. Immigration practices should take child well-being into account to ensure that families are not needlessly separated as a result of immigration enforcement.

Children have a right and a need for safe and nurturing environments to thrive, yet these systems often fail to provide such environments for children and youth. As a result, children and youth who enter these systems often experience devastating long-term effects. We need to work together and with our lawmakers to find effective solutions that provide children the support they need in difficult circumstances.

1. OJJDP Statistical Briefing Book (2011), <http://www.ojjdp.gov/ojstatbb/corrections/qa08201.asp?qaDate=2010>.
2. James Austin, Kelly Dedel Johnson and Ronald Weitzer (2005), OJJDP, U.S. Department of Justice, *Alternatives to the Secure Detention and Confinement of Juvenile Offenders*. <https://www.ncjrs.gov/pdffiles1/ojjdp/208804.pdf>.
3. OJJDP Statistical Briefing Book (2011).
4. Jason Ziedenberg (2011), National Institute of Corrections, U.S. Department of Justice, *You're an Adult Now: Youth in adult criminal justice systems*. <http://static.nicic.gov/Library/025555.pdf>.
5. Todd D. Minton (2010), Bureau of Justice Statistics, *Jail Inmates at Midyear 2010*. <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2375>.
6. Jason Ziedenberg (2011), National Institute of Corrections, U.S. Department of Justice, *You're an Adult Now: Youth in adult criminal justice systems*. <http://static.nicic.gov/Library/025555.pdf>.
7. Joanne Wood, Sheyla Medina, Chris Feudtner, Xianqun Luan, Russell Localio, Evan S. Fieldston, and David Rubin (2012), *Local Macroeconomic Trends and Hospital Admissions for Child Abuse 2000 to 2009*, Pediatrics 2012. <http://pediatrics.aappublications.org/content/early/2012/07/11/peds.2011-3755.abstract?sid=aba13d57-dffc-471d-847e-5d137ec2bc9d>.
8. Two forthcoming papers from the Urban Institute will address opportunities under the ACA to address parents' and children's needs through services targeted to mental health and other parental problems. One paper (Howell, Golden, and Beardslee, forthcoming) focuses on services to address maternal depression) and the other (Golden and Emam, forthcoming) focuses on the implications of the ACA for child welfare services and the families and children who encounter them.
9. U.S. Department of Health and Human Services, Administration for Children and Families (2011), *Child welfare outcomes 2006–2009: Annual report to Congress*. Washington, DC: U.S. Government Printing Office.
10. Amy Dworky et. al. (2012), Mathematica Policy Research, prepared for U.S. Department of Housing and Urban Development, *Housing for Youth Aging Out of Foster Care: A Review of the Literature and Program Typology*. http://www.huduser.org/publications/pdf/HousingFosterCare_LiteratureReview_o412_v2.pdf.
11. Mark Courtney et. al. (2011), Chapin Hall at the University of Chicago, *Midwest Evaluation of the Adult Functioning of Former Foster Youth*. <http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>.
12. "Older Youth Highlights," [FosteringConnections.org](http://www.fosteringconnections.org): Supporting Implementation of the Fostering Connections to Success and Increasing Adoptions Act, accessed August 28, 2012. <http://www.fosteringconnections.org/resources?id=0009>.
13. Jim Casey Youth Opportunities Initiative (2011), *The Adolescent Brain: New Research and Its Applications for Young People Transitioning from Foster Care*. http://www.jimcaseyyouth.org/sites/default/files/The%20Adolescent%20Brain_prepress_proof%5B1%5D.pdf.
14. U.S. Department of Health and Human Services (2007), Administration for Children and Families, Office of Planning, Research, and Evaluation, *The National Survey of Child and Adolescent Well-Being (NSCAW) 1997–2010*. http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/.
15. Simms, M.D., Dubowitz, H., & Szilagyi, M.A. (2000), *Needs of children in the foster care system*. Pediatrics, 106 (Supplement), 909–918, and L.K. Leslie, M.S. Hurlburt, J. Landsverk, K. Kelleher et al. *Comprehensive Assessments of Children Entering Foster Care: A National Perspective*. Pediatrics, July 2003.
16. U.S. Department of Health and Human Services, Administration on Children, Youth, and Families (2012), *Information Memorandum on the Oversight of Psychotropic Medication for Children in Foster Care; Title IV-B Health Care Oversight & Coordination Plan*. http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1203.pdf.
17. Jeffrey S. Passell and D'Vera Cohn (2011), Pew Hispanic Center, *Unauthorized Immigrant Population: National and State Trends, 2010*. <http://www.pewhispanic.org/files/reports/133.pdf>.
18. U.S. Department of Homeland Security, U.S. Immigration and Customs Enforcement Statistical Tracking Unit report 2011 (Obtained by the Applied Research Center in September 2011 through a Freedom of Information Act Request).
19. Ajay Chaudry et. al. (2010), The Urban Institute, *Facing our Future: Children in the Aftermath of Immigration Enforcement*. <http://www.urban.org/publications/412020.html>.
20. Joanna Dreby (2012), Center for American Progress, *How Today's Immigration Enforcement Policies Impact Children, Families, and Communities: A View from the Ground*. <http://www.americanprogress.org/wp-content/uploads/2012/08/DrebyImmigrationFamiliesFINAL.pdf>.
21. Applied Research Center (2011), *Shattered Families: The Perilous Intersection of Immigration Enforcement and the Child Welfare System*. <http://arc.org/shatteredfamilies>.



Health & Safety

CHILDREN'S HEALTH INSURANCE COVERAGE

A-

- In 2011, 90.6 percent of children had health coverage.¹

ACCESS TO HEALTH CARE AND PREVENTIVE SERVICES

C

- In 2011, 96 percent of children had a usual place of health care.²
- In 2009, 78 percent of all children had one or more well-child preventive medical care visits.³
- In 2009, 78.4 percent of all children age 2–17 had a dental visit in the past year.⁴
- In 2007, 40 percent of children who needed mental health services did not receive them.⁵

PUBLIC HEALTH AND SAFETY

C-

- In 2011, approximately 73.2 percent of children age 19–35 months received the Centers for Disease Control recommended primary vaccination series for 2-year-olds (DTaP, polio, MMR, Hib, HepB, varicella and PCV).⁶
- From 2009–2010, 16.9 percent of children and adolescents age 2–9 years were considered obese.⁷
- 47.2 percent of children born in 2009 were breastfed at 6 months of age.⁸
- For every 1000 live births in 2009, there were 6.4 deaths of infants at childbirth or during their first year.⁹
- 8.1 percent of infants born in 2010 had low birth weight (under 2500 g or 5.5 lbs).¹⁰
- In 2011, about 19 percent of 10th graders reported illicit drug use in the past 30 days.
- In 2011, 11.8 percent of 10th graders smoked cigarettes in the past 30 days.
- In 2011, 14.7 percent of 10th graders had 5+ drinks in a row in the previous two weeks.¹¹
- In 2010, every 7 per 1000 youth age 12–17 was a victim of a serious crime (homicide, rape, robbery, and aggravated assault).¹²
- In 2011, 7.7 percent of 9–12th graders rarely or never wore a seat belt in a passenger car.¹³
- In 2010, 23,910 youth between the ages of 14–19 suffered a nonfatal occupational injury or illnesses.¹⁴
- In 2010, 35 youth under age 18 were killed in a work-related occupational injury.¹⁵

ENVIRONMENTAL HEALTH

D

- In 2010, 13.7 percent (10.1 million) children under age 18 had been diagnosed with asthma.¹⁶
- In 2010, 10 percent of children age 0–6 lived in homes where someone smoked regularly.¹⁷

1. U.S. Census Bureau (2012), 2011 Current Population Survey, *Income, Poverty, and Health Insurance Coverage in the United States Survey*.
2. U.S. Department of Health and Human Services (2012), Centers for Disease Control and Prevention, National Center for Health Statistics, *2011 National Health Interview Survey (Early Release of Selected Estimates for 2011 Survey)*.
3. U.S. Department of Health and Human Services (2011), Health Services and Resources Administration, Maternal and Child Health Bureau, *2011 Child Health USA*.
4. U.S. Department of Health and Human Services (2011), Centers for Disease Control and Prevention, National Center for Health Statistics, *2010 National Health Interview Survey*.
5. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *2007 National Survey of Children's Health*.
6. Centers for Disease Control and Prevention (2012), National Center for Immunization and Respiratory Diseases and National Center for Health Statistics, *2011 National Immunization Survey*.
7. U.S. Department of Health and Human Services (2012), Centers for Disease Control and Prevention, National Center for Health Statistics, *2009–2010 National Health and Nutrition Examination Survey*.
8. U.S. Department of Health and Human Services (2012), Centers for Disease Control and Prevention, *National Immunization Survey 2011*.
9. U.S. Department of Health and Human Services (2011), Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Reports, Deaths for 2009*.
10. U.S. Department of Health and Human Services (2012), Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics System: Birth Data 2010*.
11. U.S. Department of Health and Human Services (2012), National Institutes of Health, National Institute on Drug Abuse, *Monitoring the Future: National Results on Adolescent Drug Use, Overview of Key Findings 2011*.
12. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey and Federal Bureau of Investigation, Uniform Crime Reporting Program, *Federal Bureau of Investigation Supplementary Homicide Reports 2010*.
13. U.S. Department of Health and Human Services (2012), Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, *Youth Risk Behavior Surveillance—United States 2011*.
14. U.S. Department of Labor (2011), Bureau of Labor Statistics, *Survey of Occupational Injuries and Illnesses in Cooperation with Participating State Agencies 2010*.
15. U.S. Department of Labor (2011), Bureau of Labor Statistics, *Survey of Fatal Occupational Injuries 2010*.
16. U.S. Department of Health and Human Services (2011), Centers for Disease Control and Prevention, National Center for Health Statistics, *National Health Interview Survey 2010*.
17. U.S. Department of Health and Human Services (2011), Centers for Disease Control and Prevention, National Center on Health Statistics, *National Health Interview Survey 2011*.

The health of America's children is critical to our nation's future success. For children to be healthy, they need access to health coverage—an area in which we have made great strides in recent years. They also need high quality preventive services, access to medical treatment when necessary, and healthy environments. In these latter areas of health, we have a long way to go.

A major national accomplishment over the past fifteen years has been the increase in the children's health insurance rate coverage to 90 percent. Employer health coverage for children has actually decreased over this period, so coverage improvements for children are attributed in large part to the success of Medicaid and the Children's Health Insurance Program (CHIP). The passage of the Affordable Care Act (ACA)

Health & Safety

builds on this success by maintaining CHIP, keeping Medicaid and CHIP coverage strong for children who are currently enrolled, and affirming a long list of consumer protections that ensure children with long-term or serious illnesses are able to get the care they need. Children with special health care needs benefit in particular because the ACA mandates that no child can be denied health care coverage based on a pre-existing condition such as cancer or a birth defect, and that children no longer face lifetime limits on coverage. Implementation of the ACA will continue this positive coverage trend, moving more children out of the ranks of the uninsured.

Medicaid currently covers one-third of children in the U.S., and more than half of low-income children.¹ One way Medicaid is designed to keep children healthy is through its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirement, which mandates the provision of services necessary to meet children's unique health and developmental needs. EPSDT guarantees coverage for developmental assessments for infants and young children, as well as well-child visits and vision, dental, and hearing services.

CHIP is another reason millions of children who were uninsured before now have health coverage. Since 1997, CHIP has allowed children in families that earn too much to qualify for Medicaid, but not enough to purchase coverage on their own to get high quality, pediatric-focused care. CHIP is highly rated by parents and has dramatically improved access to care for children of working families.

But there is always room for improvement. About 10 percent of children in the United States remain uninsured, and there are large disparities. Children living in poverty and children of color are less likely to have coverage. Children of immigrants continue to face significant enrollment barriers, and even lawfully present immigrant children are subject to a five-year waiting period for Medicaid and CHIP unless the state they reside in chooses to waive this requirement. Undocumented

children remain ineligible for both programs.

Unfortunately, health coverage does not always translate into access to care. As the indicators illustrate, important gaps remain in child health, including in preventive services, oral health, and specialized services such as mental health. Millions of children lack access to routine health services due to transportation barriers. Another critical obstacle is a shortage of doctors who will accept Medicaid reimbursement. This is especially true in the case of oral health.

According to the CDC, 4.3 million children ages 2–17 had unmet dental needs in 2010 because their families could not afford dental care.² Fortunately, the ACA requires oral healthcare be included as an essential health benefit for children, authorizes an oral health prevention campaign, dental caries disease management and school-based dental sealant programs, and cooperative agreements to improve oral health infrastructure and surveillance systems.

The ACA requires insurers to cover, at no cost to the patient, comprehensive screenings and preventive care for children as defined by the American Academy of Pediatrics “Bright Futures” standards. This includes well-baby or well-child visits and vaccinations. It is estimated that 14.1 million children ages 0–17 are no longer paying the cost of these basic preventive services.

Another threat to child health is childhood obesity. Over the past thirty years, the rate of obese children has tripled, and currently one-in-three children in the U.S. is overweight or obese. Obese children are



strongly at-risk to suffer from chronic illnesses such as heart disease, high blood pressure, diabetes, and asthma. Without addressing this epidemic, this generation of Americans will be the first to have a shorter life span than their parents. We need to work together to reverse this growing trend and ensure a healthier future for our children.

We also need to make vast improvements to reduce the rate of infant mortality in the U.S. While this rate has declined, it ranked 29th in infant deaths among industrialized nations,³ and the rate for African American babies is double the rate of Caucasian babies. With the proper prenatal care and nutrition for pregnant women, we can greatly reduce the number of low weight infants who die at birth or soon after. Programs such as Healthy Start and the Maternal, Infant, and Early Childhood Home Visiting Program can help to reduce the rates of infant mortality and improve maternal and child health more broadly.

Another persistent threat facing our nation's children is lead poisoning. Too many children are still exposed to lead-based paint or drinking water through lead pipes. According to the CDC, over 500,000 children ages 1–5 have a dangerous blood-lead level, and even more children are at-risk because there is no safe level of lead in the body.⁴ Lead exposure can damage a child's intellectual development and physical health. The American Academy of Pediatrics recommends all children ages 0–6 be tested for lead so exposure can be discovered early.

Besides providing children and youth with proper medical care, we also need to keep them safe. Public campaigns about car safety for children have increased the rate of seat belts and booster seat usage, contributing to a 41 percent decrease in child deaths from car crashes from 2000–2009.⁵ The rate of youth who are victims of a serious crime, such as homicide, rape, or aggravated assault, has also decreased dramatically over the past twenty years.

Our nation has also made significant progress in reducing risky behaviors among our youth. Reports of illicit drug use by youth in the past 30 days have decreased since its peak in the mid-1990s. Heavy alcohol use among teens has also been decreasing steadily over the past fifteen years.

But children still face many extreme safety risks, especially in the workplace. Children working in the agricultural sector face the greatest safety risks due to child labor laws that fail to provide adequate protections for child farmworkers. According to the National Institute for Occupational Safety and Health and the Childhood Agricultural Injury Survey, an estimated 16,011 youth were injured on farms in 2009. Despite this, the Department of Labor, under pressure from some members of Congress and farm groups, recently withdrew proposed regulations that would have made farms safer and saved children's lives.

We also need to place more emphasis on reducing environmental hazards in the communities where our children learn and play. We know environmental factors such as air pollution and secondhand tobacco smoke can affect a child's respiratory health and cause asthma attacks. Some environmental triggers, such as secondhand smoke, have decreased significantly while air pollution is increasing. In 2010, 67 percent of children lived in counties with pollutant concentrations exceeding one or more air quality standards under the Clean Air Act.⁶

While the rate of children who have ever been diagnosed with asthma continues to increase, the number of children ever diagnosed with asthma who report to still have it is much lower. This means that while we have done well in developing medical interventions for asthma, there is more work to do to address the

Obese children are strongly at-risk to suffer from chronic illnesses such as heart disease, high blood pressure, diabetes, and asthma.

Health & Safety

environmental hazards causing asthma outbreaks. This good news is mixed, however, when considering that minority children and children living in poverty are much more likely to be diagnosed with asthma and to report to still have it.

Americans have demonstrated that the health of our children is a priority through sensible policy approaches that place a premium on coverage and, recently though the ACA, preventive care. But there's always room for improvement, so we need to continue to work together to improve access to healthcare and healthy environments so our children can grow and thrive.

1. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid, *Medicaid by Population*. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/By-Population.html>.
2. US Department of Health and Human Services, Centers on Disease Control and Prevention, National Center for Health Statistics (2010). *National Health Interview Survey 2010, Summary Health Statistics for US Children*. http://www.cdc.gov/nchs/data/series/sr_10/sr10_250.pdf.
3. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center on Health Statistics (2008). *Recent Trends in Infant Mortality in the United States*. <http://www.cdc.gov/nchs/data/databriefs/db09.htm#howdoes>.
4. US Department of Health and Human Services, Centers on Disease Control and Prevention, Lead Poisoning Prevention Branch. *National Surveillance Data 1997–2010*. <http://www.cdc.gov/nceh/lead/data/national.htm>.
5. US Department of Health and Human Services, Centers on Disease Control and Prevention, National Vital Statistics System, (2012). *Morbidity and Mortality Weekly Report (MMWR): Vital Signs: Unintentional Injury Deaths Among Persons Aged 0–19 Years—United States 2000–2009*. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm61e0416a1.htm>.
6. US Department of Environmental Protection Agency. *America's Children and the Environment, draft of Third Edition*. <http://www.epa.gov/ace/>. Data to be included in the Third Edition is included in the Federal Interagency Forum on Child and Family Statistics' *America's Children in Brief: Key National Indicators of Well-Being, 2012*. http://www.childstats.gov/pdf/ac2012/ac_12.pdf.



Conclusion

OVERALL GRADE

C-

Economic Security

D

Early Childhood

C-

K–12 Education

C-

Permanency & Stability

D

Health & Safety

C+

America's Report Card provides a holistic picture of children's well-being and unmet needs in America. While we have made great strides in some areas, this report indicates that as a nation we can do more to ensure a brighter future for our children and youth.

For example, as the report states, 90 percent of our children now have health insurance. This is thanks in large part to the success of Medicaid and CHIP, without which millions of children would not have insurance and the grade for children's health insurance would be much lower. Instead, because of these successful government programs children's health insurance coverage received an A-, the best grade in the report.

Similarly, there is legislation that decreases poverty. The U.S. has one of the lowest poverty rates for senior citizens thanks in large part to Social Security and Medicare, while tax credits keep millions of children out of poverty every year. But we are failing to take the steps needed to significantly reduce child poverty, and we are left with the highest child poverty rate in 20 years and a grade of D for child poverty.

But this report is not grading only our lawmakers. We can all do more to ensure that our children have access to a happy, safe, and successful future. With the election just around the corner, and in all local and federal elections, the first step is to vote for politicians who will prioritize this nation's greatest resource—our children. After the election we should hold those politicians accountable and ensure that they are in fact making decisions that benefit our children. And we must hold ourselves to the same standard by putting children first in the actions we take in our community. Our civic participation is key to ensuring a brighter future for our children. Through volunteerism and partnerships with community leaders—whether they are business owners, faith leaders, or others—we need to ensure that everyone in our communities is taking responsibility for the well-being of our children.

We can also create more diverse coalitions to advocate for children. Those who work with children—pediatricians, doctors, and child care professionals, among many others—are often dedicated, hard-working, and passionate about their professions. We should amplify the voices of those who experience the

Conclusion

impact of successful and unsuccessful policies for children. We should also engage children and youth to speak out and explain how public policy directly impacts their lives. These voices should be a larger part of the national conversation.

More and more frequent data about children should also be collected. In choosing the indicators for this report card we were limited by available data and we relied on data collected and analyzed by both the government and other children's organizations. More timely and comprehensive data would contribute greatly to understanding how American children are faring and would allow us to make evidence-based decisions on how to improve child well-being.

America has always risen to the challenge of ensuring a brighter future for our children. It is time we rise to that challenge again. C- is just not good enough. We can do better.

ACKNOWLEDGEMENTS

America's Report Card 2012: Children in the U.S. was made possible by Senator Chris Dodd, Senator Bob Casey, the *America's Report Card* Advisory Board, and the generous support of the David and Lucile Packard Foundation, Atlantic Philanthropies, the Annie E. Casey Foundation, the Foundation for Child Development, an anonymous funder, and the W.K. Kellogg Foundation.

PHOTO CREDITS

Cover: Gary Dowd/Save the Children

p. 6: Scot McDonald/Save the Children

p. 8, 27: Sarah Thompson/Save the Children

p. 10: Michael Wyke/Save the Children

p. 12, 13, 15: Rick D'Elia/Save the Children

p. 17: Jennifer Kaleba/Save the Children

p. 22, 24: Susan Warner/Save the Children

First Focus
1110 Vermont Avenue, NW, Suite 900
Washington, DC 20005
202.657.0670
www.firstfocus.net
@First_Focus

Save the Children
200 L Street, NW, Suite 500
Washington, DC 20036
202.640.6600
www.savethechildren.org
@SavetheChildren

