

State-level Data for Understanding Child Welfare in the United States

Companion Guide

Introduction

Child Trends' [updated comprehensive resource](#) of state-level data for understanding child welfare provides state and national data on child maltreatment, foster care, kinship caregiving, and adoption.¹ This resource compiles critical data from a variety of sources on children, youth, and families who came in contact with the child welfare system.

This Companion Guide for Child Welfare Data provides information on (1) how the state profiles can be used, (2) descriptions of each data source, (3) an overview of the current state of child welfare in the United States, and (4) contextual information necessary to interpret the data. As stakeholders use these data in their decision making, they should consider the long history of the child welfare field and the nuances of child welfare data, as well as how the intersection of the two impact the data's meaning.

Using the state profiles

The state profiles are valuable resources for policymakers, advocates, researchers, and reporters. The following list outlines some ways in which stakeholders can use the data.

- Policymakers
 - Promote and inform data-driven decision making
 - Allocate funding and resources
 - Make course corrections
 - Monitor child and family outcomes
- Advocates
 - Illustrate need
 - Assist with planning policy agendas
 - Inform policy recommendations
 - Demonstrate scope of problems
 - Motivate stakeholders to act
- Researchers
 - Evaluate effectiveness of policies and programs
 - Examine disparities and disproportionalities
 - Forecast trends
- Reporters
 - Inform reporting with current data
 - Support or refute anecdotal reports
 - Inform public opinion
 - Hold public officials accountable

Data Source Descriptions

NCANDS

The National Child Abuse and Neglect Data System (NCANDS) collects data from states, on a voluntary basis, on reports of child maltreatment, as well as subsequent agency responses and case outcomes. Examples of data reported in NCANDS include characteristics of the children involved, the types of and circumstances surrounding maltreatment, the findings on the case, and services provided.

AFCARS

The Adoption and Foster Care Analysis and Reporting System (AFCARS) collects data on children in foster care from state and tribal Title IV-E agencies, as well as on children adopted with Title IV-E agency involvement. States are required to submit data on the demographics of children, foster parents, and adoptive parents; removal episodes; placements; and exits from foster care. Beginning in October 2022, agencies will submit additional data elements, including information on sibling placements, child health and education, sex trafficking victims, prior adoptions/guardianships, pregnant/parenting youth, the role of child/youth sexual orientation and gender identity in entry into foster care, sex of foster or adoptive parents or legal guardians, and receipt of adoption and guardianship assistance.

Child Welfare Financing Survey

Conducted by Child Trends, the Child Welfare Financing Survey is a biennial national survey of child welfare agencies and serves as a comprehensive guide on agency expenditures. It provides information about federal, state, and local expenditures on child welfare services, including a breakdown of the sources used and types of services funded.

American Community Survey

The American Community Survey (ACS) is an annual survey conducted by the United States Census Bureau that collects information on demographics, educational attainment, employment, and housing. In addition to providing data to researchers on the general U.S. population, the ACS is used to determine the distribution of federal and state funds.

State of Child Welfare in the United States in FY 2019

Maltreatment

There were

3.9 million maltreatment referrals in FY 2018*

56% of those referrals met criteria for investigation

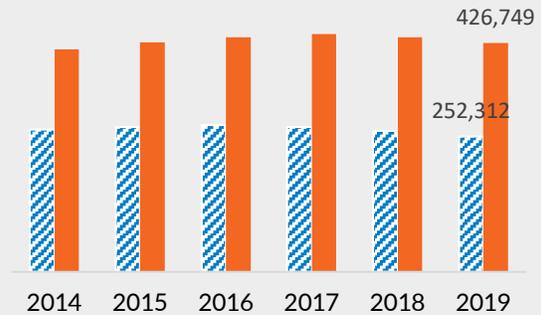
As a result, there were

677,529 maltreatment victims

Foster care entries and caseload

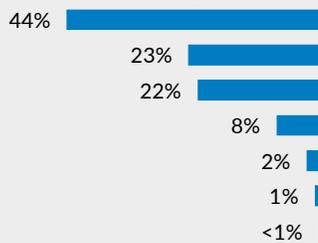
▨ Number of children entering care in FY2019

■ Number of children in care at end of FY2019

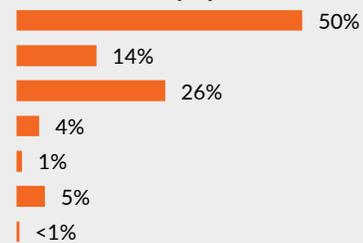


Foster care caseload by race/ethnicity

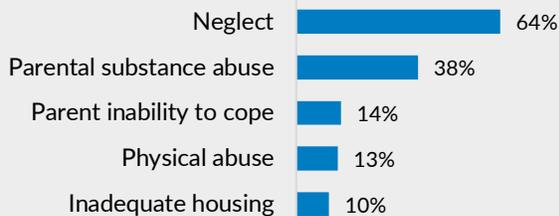
Foster care population



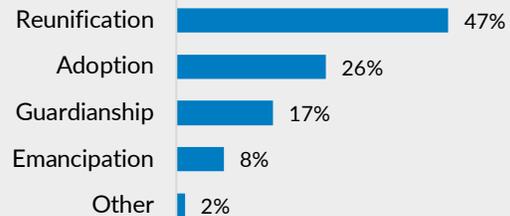
General child population



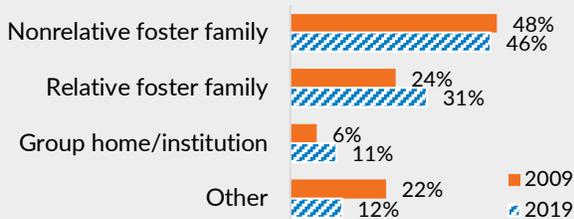
Most common foster care entry reasons



Outcomes of children exiting foster care



Placement type



Living with grandparents in 2019**



4% of U.S. households include a grandparent living with a grandchild

Source, unless specified otherwise: Adoption and Foster Care Analysis and Reporting System (AFCARS) for FY2019.

* National Child Abuse and Neglect Data System (NCANDS) for FY2018.

**American Community Survey for calendar year 2019.

Contextual Information to Interpret Data

Many factors contribute to the number (and experiences) of children involved with the child welfare system in a given state, including state- and community-level factors; systemic racism, discrimination, and bias in the child welfare system; agency policies, practices, and legal definitions; variation in services available to support children and families, and variations in thresholds for entering and exiting care; and changing policies and practices in child welfare. We encourage stakeholders to consider these factors (described in further detail below) when interpreting and using child welfare data. State-level data can help stakeholders answer important questions about policy, programmatic, and practice differences that do exist, and how they can be altered to improve services and outcomes for children and families.

State- and community-level factors

As stakeholders review state-level data, they should investigate factors at the state and community levels that might provide insight into the underlying circumstances of families that contribute to child welfare involvement. These factors could include economic stressors, lack of job opportunities, high-profile child deaths and/or child welfare lawsuits, neighborhood characteristics, lack of affordable housing, the reputation of child protective services in the community, or rates of drug and alcohol abuse. For example, policy and media attention have focused on increased opioid abuse as the primary factor behind increases in the foster care population during the 2010s. Recent reports from the Office of the Assistant Secretary for Planning and Evaluation (U.S. Department of Health & Human Services)² showed that counties with higher rates of drug overdose deaths and hospitalizations also tend to have higher rates of maltreatment reports, larger caseloads, and more challenging and severe child welfare cases. All of these circumstances within a child welfare agency have a potential influence on the number and characteristics of children in foster care, as well as the services they receive.

Systemic racism, discrimination, and bias

Children and families of color—especially Black or African American and Native American families—have historically been, and continue to be, disproportionately involved in the child welfare system. This means that the proportion of children of color involved in the system is larger than their proportion in the general population. Disproportionalities and disparities are present at every stage in the child protective process: Black children are more likely to be reported and identified as victims of maltreatment, and to enter foster care; and are less likely than white children to exit foster care in a timely manner or be adopted.^{3,4} Given differences in demographics across the country, the extent of disproportionality varies greatly at the state and local levels.⁵ These disproportionalities exist because of systemic racism (current and historical)^{6,7} and individual racism and bias of mandated reporters and child welfare caseworkers.⁸ Solutions intended to address disproportionality have, in many cases, perpetuated the problem rather than improved it. For example, standardized decision-making tools are meant to increase objectivity but are based on the white middle-class standard that is prevalent in the child welfare system. Advocates across the country have focused on dismantling and re-envisioning racist systems, including child welfare. For example, recognizing maltreatment as a societal rather than a personal failing could begin to replace the need for child protection intervention in the first place, as could providing families with meaningful social or economic supports. These state profiles can help stakeholders begin to understand disparities in the child welfare population, as well as the outcomes of these disparities, as they develop anti-racist strategies to reform the child welfare system.

Policies and practices for identifying families in need

Child welfare agency policies and practices for identifying children in need of protection, or families in need of assistance, differ from state to state. For example, states differ in the use of centralized reporting or referral hotlines, the introduction of standardized decision-making tools within agencies, the use of predictive analytics, definitions of mandated reporters, community-based maltreatment prevention efforts,

and more. Another example is the use of differential response,⁹ which provides child welfare agencies more flexibility in how they respond to reports of maltreatment. Agencies that use differential response have at least two options for responding to screened-in reports, usually based on the presented level of risk. Low- and moderate-risk cases tend to receive an “alternative response,” under which families are offered services and assistance in an attempt to mitigate risk factors and prevent future maltreatment without formal, legal involvement with child protective services. However, even among states that utilize differential response systems, jurisdictions vary in their approaches. For example, the number of tracks or paths of response can vary, as can the criteria for pathway assignments, the person who makes the pathway decision, the assessment processes and timeframes, and funding for services. As with state- and community-level issues, stakeholders should consider these types of policy and practice nuances as they discuss or use data, which ensures a better understanding of the complete picture of how families come to be involved with and experience the child welfare system.

Varying definitions and thresholds for entering and exiting care

Individual states and child welfare agencies are responsible for specifying and applying definitions of maltreatment and the threshold at which a child is removed from their home or exits foster care. This results in variation among, and sometimes within, states (e.g., county- vs. state-administered child welfare systems). For example, to indicate parental drug abuse as a reason for removal, some states only require positive urine screens or investigator suspicion, while others require a formal diagnosis of drug abuse. Additionally, in some states, a positive drug screen at birth could mean an automatic referral to child protective services, even if the mother is using a controlled substance under the prescription and monitoring of a doctor (e.g., medication-assisted treatment such as Suboxone). When stakeholders fully understand the definitions of maltreatment and removal/exit thresholds, they can better make sense of variations in child welfare data between states.

Varying availability of services to support reunification

In addition to varying definitions and thresholds, states also vary in terms of which services they make available to support family reunification. Safely reuniting children and families is the first priority of child welfare agencies, but this cannot happen without appropriate supports and services. Reunification support strategies include regular parent/child/sibling visitation, short-term intensive reunification services, family group decision making, comprehensive family assessments, parent support systems (e.g., peer mentors, education and training programs), or post-reunification services.¹⁰ However, many localities lack the resources to provide appropriate addiction treatment for parents and struggle with a shortage in foster homes to care for children while their parents are in treatment. Even when addiction treatment is available, federal reunification timelines are often at odds with recovery timelines, meaning that parents are not always able to meet case plan requirements of attaining and sustaining sobriety according to the court’s timeline. Our state profiles can help stakeholders promote timely reunification and appropriate service delivery by shedding light on current reunification rates.

The changing landscape of child welfare

Our final consideration is that of broad, large-scale changes and shifts currently underway in the child welfare field. More attention is now given to preventing children from entering foster care to begin with. In 2018, Congress passed the Family First Prevention Services Act (Family First Act). Before passage of the Family First Act, Title IV-E funding—the largest federal funding source of child welfare services—could only be used to support children and families already involved with the child welfare system. Now, states with an approved prevention plan can use Title IV-E funds for qualifying evidence-based services: in-home, parent skill-based services; mental health treatment; and substance abuse prevention and treatment services to help families whose children are at risk of being removed.¹¹ The Family First Act also extends additional support to youth transitioning out of foster care and promotes the use of family-based foster care settings by restricting federal funds for congregate or group care settings. As states begin to submit

and implement their Title IV-E Prevention Plans, we will likely see changes in child welfare caseloads, use of congregate care settings, and outcomes.

Additionally, in future years, stakeholders should consider the impact of 2020's COVID-19 pandemic on the child welfare system. To prevent spreading the virus, caseworkers transitioned to virtual visits and, in many instances, have limited parental or sibling visitation. While we know that regular in-person parent visitation encourages family reunification, it is unclear how this move to virtual communication (with caseworkers or families) will affect child well-being. Despite frequent predictions in the media that COVID-19-related stress will exacerbate the incidence of maltreatment (despite lower reporting of maltreatment, as children have less interaction with teachers and other mandated reporters), the actual effect of COVID-19 on maltreatment incidence is not clear.

Conclusion

Each year, hundreds of thousands of children are removed from their families and enter foster care. While that number is beginning to trend downward, stakeholders must continue to examine why these removals happen, and how the child welfare system can best respond to child maltreatment and serve vulnerable children and families. Data are an important decision-making tool; when paired with an understanding of the nuances of child welfare systems, they are an effective tool for systemic change. The child welfare system in the United States is complex, ever-changing, and evolving. We hope that all stakeholders, from advocates to researchers, will use these state-level data and the contextual information provided here to improve outcomes for children and families.

¹ As of October 8, 2020, the Children's Bureau had not yet released the Child Maltreatment FY2019 report. Child Trends will post the Maltreatment information for FY2019 when the report is released.

² Ghertner, R., Baldwin, M., Crouse, G., Radel, L., & Waters, A. (2018). The relationship between substance use indicators and child welfare caseloads. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from: <https://aspe.hhs.gov/child-welfare-and-substance-use>

³ Child Welfare Information Gateway. (2016). Racial disproportionality and disparity in child welfare. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: https://www.childwelfare.gov/pubpdfs/racial_disproportionality.pdf

⁴ Annie E. Casey Foundation. (2011). Disparities and disproportionality in child welfare: Analysis of the research. <https://www.aecf.org/resources/disparities-and-disproportionality-in-child-welfare/>

⁵ https://www.ncjfcj.org/wp-content/uploads/2017/09/NCJFCJ-Disproportionality-TAB-2015_0.pdf

⁶ Roberts, D. (2002). *Shattered bonds: The color of child welfare*. Basic Civitas Books.

⁷ Arnaud, M., Best, C., Jihad, M., Jones, R., & Ogbazghi, B. (2020, July 15). *A conversation about the manifestation of white supremacy in the institution of child welfare, Level 1*.

<https://www.youtube.com/watch?v=EUBuOCVhUZI&feature=youtu.be>

⁸ Minoff, E. (2018). Entangled roots: The role of race in policies that separate families. Center for the Study of Social Policy. Retrieved from: <https://cssp.org/resource/entangled-roots>

⁹ Child Welfare Information Gateway. (2014). Differential response to reports of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: https://www.childwelfare.gov/pubPDFs/differential_response.pdf#page=1&view=Introduction

¹⁰ Child Welfare Information Gateway. (2017). Supporting successful reunifications. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: https://www.childwelfare.gov/pubPDFs/supporting_reunification.pdf

¹¹ Family First Prevention Services Act of 2017, Pub. L. 115-123, codified as amended at 42 U.S.C. §671