CHILD PLACEMENT SEMINAR
April 17-18, 1995

Child Placement
Seminar

Child Placement

Seminar

Committee for Hispanic Children and Families, Inc.

140 West 22nd Street Suite 301 N.Y., N.Y. 10011 212-206-1090 Fax: 212-206-8093

**Ramón Cintrón, Chairman**
**Elba Montalvo, Executive Director**

April 26, 1995

Ms. Carol H. Rasco
Assistant to the President
Domestic Policy Council
The White House
Washington, D.C. 22501

Dear Ms. Rasco:

It was an enormous pleasure meeting you last week at the Foundation for Child Development and Milbank Memorial Fund's roundtable discussion on child placement issues. The diversity of participants and substance of our debates contributed to a unique and provocative two-day conference.

In light of our conversations, I thought that the enclosed might be of interest to you. In an effort to fill a critical policy and data gap, we at the Committee are endeavoring to launch a Center for Latino Family Policy. In addition to sending you a copy of our proposal describing this initiative, I have also enclosed an analysis we recently conducted on the impact of current city, state and federal proposals on Latino children and families. Any comments that you might have would be most welcome and appreciated.

I look forward to seeing you again and hope that we can continue to work together in the future as we strive to improve the systems and services affecting our children and families. Please consider us a resource and do not hesitate to call if there is any way in which we might be able to assist you -- or, simply to stay in touch.

Sincerely,

Elba Montalvo

Elba Montalvo

encl.

THE CENTER FOR LATINO FAMILY POLICY

# THE IMPACT OF CURRENT FEDERAL, STATE, AND CITY PROPOSALS ON LATINO CHILDREN AND FAMILIES

Prepared by: María Pérez, Child Care Resource and Referral Director

THE COMMITTEE FOR HISPANIC CHILDREN AND FAMILIES, INC. (CHCF)
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# THE CENTER FOR LATINO FAMILY POLICY

## PERSONAL RESPONSIBILITY ACT OF 1995

### Changes to AFDC

- Eliminates AFDC payments to unwed mothers younger than 18 unless the mother marries the biological father, or the biological parent with legal custody of the child marries an individual who legally adopts the child.
- Eliminates AFDC to all children until paternity has been established.
- Gives states the option to deny AFDC benefits to unwed mothers under age 21 unless they meet certain requirements, such as marrying the biological father of the child.
- Allows states to receive grants to "discourage out-of-wedlock birth and care for children born out-of-wedlock." Grant funds could be used to promote adoption, establish and operate orphanages; establish residential group homes for unwed mothers, or for other activities the state determines are appropriate.

## PATAKI'S WELFARE REFORM PLAN

### Changes to AFDC

- 15% reduction of basic benefit to families, Home Relief families and unemployable Home Relief recipients. (Excludes housing and utility grants.)
- Minors under the age of 18 will be required to live with their parent/legal guardian in order to receive benefits.
- Increases earned income disregard for families from $30 to $200 per month.
- Learnfare — if a child has 3 unexcused absences in a 3 month period, his/her portion of the benefit will be removed from the total grant for a period of 3 months.
- Persons moving to NYS will continue to receive the same amount of benefit (if it is lower than the one in NYS) for the first 6 months of residency.

## FACTS ABOUT NYC'S POOR

### About AFDC Recipients

- Teen parents make up only 2.9% of the total AFDC recipients.
- 550,894 children and 318,610 families receive AFDC.
- Between 1989 and 1991, the number of children receiving public assistance increased by 12%.
- In 1991, one out of every three children under the age of 18 received AFDC benefits.
- The percentage of the New York City's children on public assistance is more than twice the national rate.
- Half of the children living in the Bronx receive public assistance, with more than 70% of the children in Mott Haven receiving welfare.
- In 1989, 45% of Latino children in NYC lived below the poverty level.
- 54% of AFDC and Home Relief recipients are Latino families.
- The monthly NYC AFDC grant for a family of three is $291.
- The annual grant of $6,900 equals only 62% of the poverty level of $10,800.
- The average annual NYC cost of living is 208.7%

## THE IMPACT AND THE OPTIONS

### About AFDC Recipients

- It is projected that, by the end of the first year of these cuts, 100,000 people will be left without income.
- Because of the large percentage of children who receive these benefits, and given that they make up the most significant percentage of the poor, they will suffer the most from these "reforms". This will be particularly true of Latino children.
- Forcing teenagers to live with their parents ignores the fact that problems at home frequently result in teenagers getting pregnant in the first place. Moreover, it keeps teenagers from assuming responsibility for their actions.
- Since the current benefit level would have to be doubled in order for a family to have the same purchasing power of 20 years ago, additional cuts to this already inadequate grant will only increase the number of children and families who will live in Third World conditions.
- Penalizing children and families with high incidences of absenteeism will only serve to further jeopardize the household.
- Pits family members against each other.

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| PERSONAL RESPONSIBILITY ACT OF 1995 | PATAKI'S WELFARE REFORM PLAN | FACTS ABOUT NYC'S POOR | THE IMPACT AND THE OPTIONS |
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| **Family Caps**<br>• Denies AFDC benefits for additional children born while the family is receiving aid.<br>• Denies AFDC benefits to children whose family received aid in the ten months prior to the birth of the child. | **Family Caps** | **Family Caps**<br>• On the average, AFDC families are smaller (i.e. 3 people) than non-AFDC families.<br>• Research does not support the contention that higher benefits lead to women having more children. | **Family Caps**<br>• The increase which a family receives for each additional child is so insignificant that it does not pay for the child's additional expenses.<br>• Penalizing families for additional children only serves to worsen the entire family's economic situation. |
| **Time Limits**<br>• Gives states the option to terminate AFDC payments to families who have received assistance for two years, and would require States to terminate benefits to families who have received assistance for five years.<br>• After a family has received aid for a total of five years, they will never again be eligible to receive this aid. This is known as the "drop dead clause". | **Time Limits**<br>• Employable Home Relief recipients will be entitled to receive benefits for only 90 days in a 12 month period. (Under the Mayor's proposed plan, recipients would be eligible for 90 days during a 24 month period.) | **Time Limits**<br>• 60% of families on AFDC leave the rolls within 2 years. | **Time Limits**<br>• Plans to move families away from dependency and into self sufficiency should include timetables that realistically consider the amount of time needed to complete **quality training, find affordable and available quality child care, and identify job opportunities which allow for financial growth.**<br>• While most people who leave welfare do so without any plans to return to it, sometimes it may be necessary for them to return for additional assistance. The opportunity to receive this assistance should be protected. |

# THE CENTER FOR LATINO FAMILY POLICY

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| **Requirements for Recipients (Workfare)**<br>• Requires recipients to participate in a work program.<br>• Requires drug testing as a condition for receiving AFDC. | **Requirements for Recipients (Workfare)**<br>• 50% of all AFDC and Home Relief families will be expected to participate in workfare. (No arrangements for providing or subsidizing child care are included in the plan.)<br>• All employable Home Relief recipients will be expected to participate in workfare.<br>• Fingerprinting mandated for all AFDC and Home relief recipients. | **Requirements for Recipients (Workfare)**<br>• Between 1989 and 1993, NYC lost 368,000 jobs.<br>• 35% of those unemployed are people without high school degrees.<br>• 49.3% of Latinos do not complete high school.<br>• In 1992 the unemployment rate for Latinos stood at 16%.<br>• Unmet child care need in NYC in 1993 was 309,987. | **Requirements for Recipients (Workfare)**<br>• Given the need for additional training, which is characteristic of a significant number of the unemployed , workfare should start with a comprehensive and meaningful menu of vocational and educational (including ESL and literacy) courses.<br>• Realistic expectations about the job market and the number of job openings, as compared to job searchers, must be taken into consideration when crafting policy.<br>• Present proposals to get people jobs will only result in replacing paid labor with unpaid labor.<br>• No proposal to provide child care for the families has been presented. In light of the serious shortage of available child care and subsidies for that care, this will be a major obstacle to "workfare".<br>• By all estimates, the expense of fingerprinting will outweigh the savings in fraud. |

# THE CENTER FOR LATINO FAMILY POLICY

| PERSONAL RESPONSIBILITY ACT OF 1995 | PATAKI'S WELFARE REFORM PLAN | FACTS ABOUT NYC'S POOR | THE IMPACT AND THE OPTIONS |
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| **Food and Nutrition Program**<br>• Consolidates federal food assistance programs into one block grant to states and reduces total funding. The block grant would eliminate the major food and nutrition programs such as: the Food Stamp Program; the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); the National School Lunch Program; the School Breakfast Program; the Summer Food Service Program for Children; and the Child and Adult Care Food Program. | **Food and Nutrition Program** | **Food and Nutrition Program**<br>• In 1992, 554,500 families in the City received food stamps.<br>• Food stamps do not make up for the increasing cost of food, particularly for families in poor neighborhoods who pay on average, 9% more for their food than families in affluent neighborhoods.<br>• In 1992, 73% of children in the Bronx, 67% in Manhattan, and 65% in Brooklyn were eligible for the School Lunch Program.<br>• Only 43% of eligible women and children participate in the WIC program. | **Food and Nutrition Program**<br>• The plan to further punish children and families by denying them access to even basic nutrition, will only serve to increase the number of health problems to which we will have to respond later. |
| **Immigrants**<br>• Immigrants will be ineligible from participating in 60 federal programs. | **Immigrants**<br>• As of March 1995 the state has been silent on this issue. | **Immigrants**<br>• 10,000 immigrants settled in NYC between 1987 and 1990.<br>• In 1993, 2 million New Yorkers [or 28% of the population] was foreign born. | **Immigrants**<br>• The continuous trend to deny services to immigrants (whether documented or not), denies the fact that they contribute to the tax base of this country and serve to fill jobs which many citizens will not do.<br>• The last version of the Governor's proposal does not address the issue of immigrants. We can safely infer that Pataki plans to adopt the proposal made in the federal plan. |

| PERSONAL RESPONSIBILITY ACT OF 1995 | PATAKI'S WELFARE REFORM PLAN | FACTS ABOUT NYC'S POOR | THE IMPACT AND THE OPTIONS |
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| **Adoption**<br>• Removes all barriers to inter-ethnic adoption by prohibiting adoption and foster care agencies that receive Federal funds, from denying placement of a child for adoption or foster care on the basis of race, color, or national origin. | **Adoption**<br>• It is not included in the Block Grant but the sense is to move children into adoption — the Block Grant excluded adoption subsidy. | **Adoption**<br>• 40,000 children are in foster care.<br>• In 1992, most foster children had been in foster care for more than 3 years.<br>• 75% of the children in foster care are Latino and African American children.<br>• The percentage of children who are adopted has dropped over the last few years, reaching an all time low in 1991 when only 27% of ready children were adopted. | **Adoption**<br>• Ignoring the importance of placing children with families who are culturally and linguistically similar to their birth families serves to undermine personal development which includes a healthy self esteem, and increase the chance for failure when families are reunified.<br>• The state's rhetoric emphasizes adoption as the solution to all problems.. We need to advocate for prevention and intervention programs which will decrease the need for adoptions. |
| **Changes to Home Relief** | **Changes to Home Relief**<br>• 25% reduction to employable Home Relief recipients without children.<br>• Unmarried Home Relief recipients who are under the age of 21 will be expected to live with their parent/legal guardian in order to receive benefits.<br>• Home Relief households receiving benefits of $25 or less will be eliminated from the program. | **Changes to Home Relief**<br>• There are 235,080 people receiving Home Relief, of whom 32,618 are children.<br>• From 1989 - 1994, the Home Relief caseload doubled while, at the same time, the grant level dropped in relationship to the cost of living. | **Changes to Home Relief**<br>• Will increase the number of homeless, including children and families.<br>• Will result in teenagers continuing to live in home situations which may be dangerous to them and their children.<br>• Will result in approximately 15,000 evictions.<br>• Loss of Home Relief will also result in the loss of Medicaid. |

| PERSONAL RESPONSIBILITY ACT OF 1995 | PATAKI'S WELFARE REFORM PLAN | FACTS ABOUT NYC'S POOR | THE IMPACT AND THE OPTIONS |
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| **Home Energy and Supplemental Home Energy Assistance Program (HEA/SHEA)** | **Home Energy and Supplemental Home Energy Assistance Program (HEA/SHEA)**<br>• Families living in public and emergency housing will no longer be eligible for Home Energy and Supplemental Home Energy benefits. (HEA/SHEA was instituted as a way to increase the basic welfare grant without reducing other assistance grants to the family.) | **Home Energy and Supplemental Home Energy Assistance Program (HEA/SHEA)**<br>• All AFDC recipients receive HEA and SHEA as part of their basic grant. | **Home Energy and Supplemental Home Energy Assistance Program (HEA/SHEA)**<br>• Will result in approximately 1,000 evictions.<br>• Cuts will also increase utility cut-offs which will result in children getting sick and possibly dying. |
| **Changes in Shelter Allowance** | **Changes in Shelter Allowance**<br>• Adoption of a statute that will state that the present Shelter Allowance is adequate. (This would result in overturning the Jiggetts lawsuit, and will be enacted in spite of the fact that the present shelter allowance is less than 40% of HUD's Fair Market Rate for NYC housing.)<br>• Limits rent arrears payment to 4 months of the shelter allowance maximum for household size. | **Changes in Shelter Allowance**<br>• The second component of AFDC is the shelter allowance.<br>• 85% of public assistance is spent on rent.<br>• In 1993, 75% of public assistance households received the maximum shelter allowance.<br>• The maximum monthly shelter allowance for a family of three is $286.<br>• In 1993, only 17% of apartments were renting for less than $300 (with a vacancy rate of 2%).<br>• Latino and African American children have a chance of living in homeless shelters.<br>In 1993, 5,600 families with 9,700 children lived in the shelter system.<br>• There has been a significant decrease in the number of families who leave the shelter system. | **Changes in Shelter Allowance**<br>• 17 - 20,000 families protected under Jiggetts will lose their apartments.<br>• Limiting the arrears payment to 4 months will result in approximately 3,000 evictions, double-ups, homeless, and utility cut-offs. |

# Making Families a Priority

## The Center for Latino Family Policy

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# THE CENTER FOR LATINO FAMILY POLICY:
## MAKING LATINO FAMILIES A PRIORITY

## GUIDE TO CONTENTS

# PROLOGUE

In the course of charting thoughtful strategies intended to elevate Latino children, families, and communities, a series of dramatic alterations in the political landscape of America eclipsed our vision. The small but hopeful steps which had been taken to forward this traditionally precluded and underserved segment of the population have now been paralyzed by policy and budgetary decisions that severely undermine previous gains.

**"HOUSE PANEL VOTES TO BAN WELFARE BENEFITS FOR UNMARRIED MOTHERS UNDER 18"**

**"GIULIANI SEEKS DEEPEST CUT IN CITY SPENDING SINCE 1930's: BUDGET WOULD RESHAPE GOVERNMENT AND CUT SERVICES TO POOR"**

**"CONSERVATIVES FORGE NEW STRATEGY TO CHALLENGE AFFIRMATIVE ACTION"**

**"PATAKI'S CUTS WAY TOO DEEP"**

**"GIULIANI'S CUTBACKS RAISE CONCERN FOR CITY'S SOUL"**

**"BISHOPS ASSAIL PATAKI'S BUDGET, CALLING IT DEVASTATING TO THE POOR"**

**"AT THE EDGE OF THE KNIFE: AS PATAKI SLASHES SOCIAL SERVICES, VULNERABLE WEST SIDERS FEAR FOR THEIR FUTURES"**

These recent newspaper headlines, and accompanying details of proposals they describe, signal that an assault has been waged upon the most powerless in this country: our children, women, senior citizens, working poor, medically indigent, struggling students, unemployed parents, the homeless and hungry, and afflicted individuals who are trapped within the expectations of a society which erects barriers to self-sufficiency and meaningful progress.

The systematic de-funding of health and social programs by local, state and federal officials portends the inevitable destruction of a service infrastructure and the proverbial "safety net." Latinos — the fastest-growing and most youthful population in New York — are now at even greater risk of survival. Largely precluded from participation in this country's decision-making process in the past — and rarely even mentioned by the media in their coverage on service and budget cuts — Latinos are now faced with even more formidable obstacles to pluralism, as current public policies focus on fiscal deficits while failing to incorporate the strengths and contributions of diverse groups of people.

As the following proposal explains, Latino children and families are already "in critical condition." The need for a Center for Latino Family Policy is therefore no longer simply important or logical from a planning perspective — indeed, it is URGENT.

# THE CENTER FOR LATINO FAMILY POLICY

## EXECUTIVE SUMMARY

### LATINO CHILDREN AND FAMILIES IN CRITICAL CONDITION

The U.S. Advisory Board on Child Abuse and Neglect, in a report entitled Neighbors Helping Neighbors, notes:

> "The increasing stress of family life and diminishing economic and social supports are combining to make a situation in which the family itself as an institution may be in peril."[1]

This singular statement is particularly true of Latino families. Persistent poverty has ravaged Latino families and many are barely surviving. The socio-economic and concomitant psychological stressors they face threaten to undermine their extraordinary coping mechanisms. Pervasive institutional racism constitutes a condition of undermining Latinos and adds to a sense of feeling "invisible."

Moreover, Latino families primarily living in urban, economically depressed areas are being caught in a synergism of plagues — poverty, violence, AIDS, substance abuse, lack of health care, inadequate education, unemployment, and homelessness. All of these combined are leading to community disintegration and leaving families feeling more vulnerable than ever.

Under these circumstances it is not surprising that Latino families are experiencing serious difficulties. Rising child maltreatment and out-of-home placement rates illustrate that Latino

families have not been immune to these problems. But, despite a growing need for preventive and intervention services, present budgetary realities have resulted in a climate of fiscal conservatism.

Current Federal, State and local debates focused on systemic welfare reforms reflect the fact that budget deficits are not incidental to public policy; rather, they define policy. The consequences of severe fiscal and programmatic cutbacks affecting Latino children and families must be carefully monitored and analyzed at every level, particularly as public dollars shrink and community-based contracts continue to be cut back.

In addition, statewide initiatives such as Proposition 187 — which was approved by the voters of California in November of 1994 — foreshadow what may be a series of similar measures throughout the country. This initiative, which denies non-emergency medical care and education to undocumented individuals, highlights the need for future vigilance on the part of advocates and legal experts.

Against this backdrop, families seeking help are confronted with a health and human services delivery system which is fragmented, inadequately funded and culturally insensitive, thereby minimizing the likelihood that Latino families will receive appropriate and comprehensive services. Both public and private sector strategies for the provision of services to Latino families need to be re-examined. Current program models fail our families because they do not address the impact of environmental factors — such as persistent poverty and the lack of community support — on family stability. Demographic trends which indicate escalating poverty rates, coupled with changing family structures and deteriorating neighborhoods, suggest that existing policies and services programs — especially in the areas of family preservation, economic self-sufficiency and community development — need to be revamped.

Current models also fail because they tend to disregard the role of culture as an important source of identity, strength, and social support. The Latino ethos, including family devotion, group interdependence and cooperation, often conflicts with societal mainstream values stressing individual achievement, independence, and competition. There is a critical need to explore

problem-solving approaches which identify ways to demonstrate respect for cultural values, preserve self-determination, and support economic self-sufficiency among families.

**Toward this aim, CHCF seeks to establish a Center for Latino Family Policy.** The Center will develop and advocate for culturally responsive public policies which support family preservation, strengthened communities, and sustained economic self-sufficiency. Effective public policy must address the current needs of families, prevent family disruption and strengthen coping skills, while working to ameliorate systemic problems such as persistent poverty and community disintegration. Our vision and goal for the future is that, through these combined efforts, the long-term viability of Latino families will be assured.

## WHY INVEST IN CHCF AND THE CENTER FOR LATINO FAMILY POLICY?

Founded in 1982, CHCF was originally created to address the systemic barriers encountered by thousands of Latino children in foster care placement and/or awaiting adoption. Recognizing the interrelationship between these issues and other conditions experienced by families in Latino communities, CHCF soon expanded its scope of services to include a full range of community education, training and advocacy efforts addressing the issues of domestic violence, child care, youth empowerment, reproductive rights and maternal and child health, as well as child abuse/neglect and adoption.

Over the years, CHCF has developed a four-pronged approach to addressing the needs of Latino children and families. Through *community education*, CHCF provides workshops for parents and youth designed to heighten awareness and strengthen coping skills to address problems such as child abuse, domestic violence and teenage pregnancy. CHCF also conducts family day care training, as well as cultural competency training for professionals in the fields of child welfare, health and human services, in order to improve their assessment skills, intervention strategies and service plans. *Social services* offered by CHCF include *Project OYE (Organizing for Youth Empowerment/CAPS),* a school drop-out prevention program; and *Adelante*, a family

support program providing case management, employment and vocational training, educational referral assistance, and job placement for AFDC parents with children at risk of school failure. CHCF also operates *Cuidando Nuestros Niños*, the only Latino Child Care Resource and Referral service in New York State. Our *public policy* efforts have included education of elected and appointed officials on critical issues facing Latino families, and sponsorship of policy forums convening Latino leaders for the purpose of developing strategies for action, development of legislative initiatives and participation in class action litigation.

## CHCF'S ROLE IN PUBLIC POLICY DEVELOPMENT

CHCF has played a pivotal role in focusing public dialogue on the distinct needs of children and families in Latino communities. Over the course of more than a decade, CHCF has fought to increase public education and funding for child maltreatment and domestic violence services in Latino communities, helped pass state legislation supporting kinship placement of children in foster care, and developed the first Latina initiative on reproductive rights in New York City.

CHCF's most recent and pioneering policy initiatives include: the formation of the first National Council of Latino Executives[CLE] in Child Welfare, an advisory group of the Child Welfare League of America that meets with the Congressional Hispanic Caucus; influencing an amended version of the federal Multi-ethnic Placement Act of 1994, ensuring culturally appropriate placement of children when possible; and sponsorship of forums with elected and appointed officials on the topic of Latino youth violence. CHCF was also instrumental in advocating successfully for the state to expand child care services by establishing Neighborhood Based Resource Centers.

Additionally, CHCF has gained significant recognition as a leading authority on Latino children and families as evidenced by its participation in key policy groups such as: the President's Advisory on Welfare Reform, the U.S. Advisory Board on Child Abuse and Neglect, the New York City Civilian Complaint Review Board, the Governor's Task Force on Welfare Reform, the

Mayor's Commission on Foster Care, the Permanent Judicial Commission on Justice for Children, the Health Systems Agency, and the Child Health Crisis Strategy Group, among many others .

CHCF's growing expertise and high visibility has generated continual requests for information and consultation by elected officials, policymakers, public interest groups, community-based organizations, and citywide advocates. Such requests attest to the dire need to fill substantial information gaps about Latinos which otherwise preclude the possibility of future planning and responsible decisionmaking. Unfortunately, such demands have continued to increase to the point where they now far exceed the organization's capacity to respond. The paucity of data about Latino children and families further impedes the formulation of local, regional and national initiatives to address the urgent concerns of this invisible and undeserved population.

CHCF has consistently amplified the unheard voices of Latino children and families through its tireless responsiveness to/and dialogue with all participants in community and sector development. With your support, we will be able to establish the Center for Latino Family Policy, continue to enhance public debate on these critical issues, and access all available resources on behalf of this constituency.

## FILLING THE GAP: SECURING OUR FUTURE

- Latinos are the fastest-growing and most youthful segment of the population, and are projected to constitute the largest minority group in this country by the year 2000.

- Contrary to popular belief, Latinos are not an homogenous group. There is a richness of diversity and values among the several subgroups — Mexicans, Central and South Americans, Puerto Ricans, Cubans, Dominicans — and each have their own unique needs and concerns.

- Latinos are often "invisible" because no specific data exists on the subgroups. CHCF can fill this dramatic void through the creation of a Center which will collect these critically-needed statistics and profiles, and where people can convene to assess and plan for services that best meet the needs of Latino children and families. An ongoing evaluation of services will further assist the replication or establishment of successful programs for Latinos.

CHCF seeks to complement the work of other Latino organizations at the city, state, and federal level whose work in related areas — such as employment, health care, and education, and housing— will enhance an informed and inclusive policymaking process with regard to Latino children and families.

## IMMEDIATE PRODUCTS CHCF COULD PRODUCE THE FIRST YEAR:

- Data collection and research on Latino constituencies (information we would widely distribute to other community based-organizations, policymakers, elected officials, media, national organizations, and interested communities.)

- The creation of an on-site research library, including a comprehensive evaluation of materials and existing literature in the field of child welfare and economic self-sufficiency strategies and service models.

- Analyses of budgetary, legislative, regulatory, and judicial initiatives affecting Latino children and families.

- Sharing and exchanging of information on a regional basis, including profiles of individual and family case studies, based upon our own service provision experiences and our involvement with groups such as the New York State Task Force on Welfare Reform.

- An assessment of existing programs for Latinos to determine what works, what might be replicated, and to determine what is needed to fill service voids for specific populations.

- Testing of Curriculum demonstration and cultural competency training models.

- Policy briefs, fact-sheets and public education materials geared to the community, media, and other stakeholders.

- As a partner of LatinoNet (a separate forum on America Online), The Center for Latino Family Policy will act as a *Key Information Provider* on Latino policy and legislative issues, both regionally and nationally. This further enables the Center to help educate other Latino agencies that provide services to underserved, low-income, and limited English-speaking populations, thereby maximizing our mission to produce and share information and to meet the needs of America's Latino community.

# THE CENTER FOR LATINO FAMILY POLICY

## MILESTONE CHART

| | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| **ECONOMIC SELF SUFFICIENCY**<br><br>**Welfare Reform** | • Launch an immediate, aggressive outreach campaign to inform and galvanize the Latino Community on proposed systemic changes and the projected impact on Latino children and families.<br><br>• Convene local and state Latino leaders, researchers and service providers to develop analysis and set policy recommendations with respect to welfare reform as it affects Latinos.<br><br>• Conduct public education activities, including community forums, the development of fact sheets and information kits, and media involvement (interviews, press conferences, op-ed pieces, etc.)<br><br>• Monitor current and proposed federal and state legislation related to issue area (i.e. Block grants, The Personal Responsibility Act, etc.)<br><br>• Meet with elected officials and policymakers to address Latino-specific needs and concerns, and to share relevant data, research, and "human" stories. | • Conduct qualitative research through focus groups with AFDC recipients to determine impact of welfare reform policies on their lives.<br><br>• Publish focus group findings and recommendations based on research.<br><br>• Review and analyze the effects of administering block grants in those states with the densest Latino populations.<br><br>• Prepare and disseminate policy briefs on welfare reform from a Latino perspective.<br><br>• Participate in welfare reform workshops, task forces, etc.<br><br>• Reconvene Latino leaders to assess current climate and trends to identify further action steps which need to be taken.<br><br>• Continue to monitor legislation and/or implementation activities. | • Identify and/or develop and promote economic self-sufficiency models tailored to Latino families.<br><br>• Convene new set of focus groups with Latino teens to assess the impact of welfare reform policies upon them.<br><br>• Publish second year findings and recommendations.<br><br>• Conduct evaluation of activities and develop follow up plan. |

# THE CENTER FOR LATINO FAMILY POLICY

## MILESTONE CHART

| | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| **ECONOMIC SELF SUFFICIENCY**<br><br>**Child Care** | • Develop recommendations on standards for the delivery of culturally competent child care services.<br><br>• Analyze child care funding streams and the effects of capping and blocking appropriations.<br><br>• Recommend policies to increase the number of Headstart Programs managed by Latino CBO's for Latino children.<br><br>• Convene the private sector to determine strategies for the provision of child care to employees.<br><br>• Design and conduct Latino needs assessment on child care preferences and utilization patterns, targeting the New York metropolitan geographical areas.<br><br>• Analyze and develop policy statements re: child care provisions of welfare reform proposals/legislation. | • Develop policy recommendations to increase the number of Headstart Programs managed by Latino CBO's for Latino children.<br><br>• Conduct campaign to adopt standards for the delivery of culturally competent child care services.<br><br>• Publish and disseminate needs assessment findings.<br><br>• Continue to monitor child care provisions contained within welfare reform initiatives. | • Sponsor conference on the delivery of child care to Latino families, utilizing the needs assessment findings.<br><br>• Conduct Policy Breakfast Series on increasing Latino Headstart managed programs.<br><br>• Evaluate activities and develop follow-up plan. |

# THE CENTER FOR LATINO FAMILY POLICY

## MILESTONE CHART

| | Year I | Year 2 | Year 3 |
|---|---|---|---|
| **FAMILY PRESERVATION (FP)** | • Develop recommendations to increase activities and improve data collection/analysis techniques re: Latinos receiving Family Preservation Services.<br>• Identify and/or develop, and promote family preservation models tailored to Latino families.<br>• Participate in state planning and implementation process.<br>• Conduct legislative and budgetary analyses.<br>• Develop and disseminate policy briefs re: impact upon Latinos.<br>• Hold public education forums for Latino CBO's. | • Conduct funding analysis to ascertain progress toward equitable distribution of FP resources to the Latino community.<br>• Plan and implement conference on Family Preservation and the Latino Community to address policy concerns and promote model programs for replication.<br>• Design and seek funding for national Latino Training Institute on Family Preservation to disseminate information on those models which are effective with Latino populations.<br>• Continue to participate in and monitor state implementation process. | • Based on state conference proceedings, publish monograph on policy recommendations re: Family Preservation Services for Latinos.<br>• Establish national Latino Training Institute on Family Preservation.<br>• Evaluate current activities and develop follow-up plan. |

# STATEMENT OF NEED

## BACKGROUND STATEMENT

*The history of Latinos in the United States of America goes back over 300 years. Many of the great cities of the United States (especially in the southern and western parts of the country, which were originally Mexican settlements) have helped this nation prosper. Notwithstanding the fact that Latinos have made — and continue to make — great contributions in the development of this country, current public and social policies still continue to ignore the culture, needs and concerns of Latino children and families.*

***... the Latino family, traditionally a stronghold in Latino culture, has witnessed an increase in its share of children in the U.S. who are victims of maltreatment, and in its share of children in the foster care system.***

## I. LATINO CHILDREN AND FAMILIES IN CRITICAL CONDITION

According to the United States Department of Health and Human Services, the family as an institution in the United States today is in crisis. The increasing stress of family life and diminishing economic and social supports are all contributing to the continuing breakdown of this institution.

The Latino family, in particular, has been deeply undermined by problems such as persistent poverty, violence, AIDS, substance abuse, inadequate education, inaccessible housing and unemployment, all of which disproportionately affect Latino communities. As a result, the Latino family, traditionally a stronghold in Latino culture, has witnessed an increase in its share of children in the U.S. who are victims of maltreatment, and who have been placed in the foster care system.

However, Latino children and their families are not likely to receive the kind of services that they need. Most programs which address child maltreatment have not focused on prevention, or recognized the role that factors -- such as unemployment, and the lack of education, health care, and adequate housing -- play in the well-being of every family. In addition, neither the service delivery nor the program design have been culturally competent, which would allow Latino families to focus time and energy on resolving problems by maximizing the strengths inherent in Latino culture.

Latinos, from birth to adulthood, are faced with a series of factors that work against their very survival. Latino children, for example, are disproportionately poor; moreover, poverty trends for Latino children are markedly different from those of non-Latino children. A statistical profile of Latino youth reveals that the effects of poverty and social neglect have mushroomed to affect their education completion, adolescent pregnancy, and juvenile detention rates.

***Latinos ... will become the nation's largest minority group by the year 2000.***

Meanwhile, Latino adults struggle to escape the cycle of poverty, which has been exacerbated by limited educational, employment, and social support opportunites. Inherent societal discrimination against Latinos further contributes to these hardships. The sections which follow examine the effects these and other related problems have upon Latinos at each stage of development and, consequently, the implications for Latino families as a whole.

## *LATINOS IN THE UNITED STATES: CHANGING DEMOGRAPHICS*

*Latinos account for almost 10% of the total U.S. population and, in fact, will become the nation's largest minority group by the year 2000. Currently, there are almost 23 million Latinos, including 5.2 million Latino families, living in the United States.*[2]

**Contrary to popular belief, Latinos are not an homogenous group.** Within the United States, there are four main subgroups, including Mexicans (62.2%), Central and South Americans (13.8%), Puerto Ricans (11.1%) and Cubans (4.9%). Dominicans on the Northeast coast, particularly in New York, have also experienced a population surge reaching close to one million. Latinos live in every region of this country, with 70% of the population residing in four states: California (34%), Texas (19%), New York (10%) and Florida (7%). As of 1993, 64.2% of Latinos in the United States were born here.[3] Nationally, there are 17 million U.S. residents who speak Spanish and, of these, 8.3 million do not speak English well or at all.[4]

**The experiences of Latinos in this country are very diverse.** Many Latinos are recent arrivals to the United States: between 1981 and 1990, nearly three million persons of Hispanic origin legally immigrated to the United States.[5] Other Latino families have lived here for a number of generations and, in fact, some Mexican families pre-date the U.S. nation, having settled on lands once considered part of Mexico and later annexed to the United States. The rights

and services afforded to Latinos also vary, depending on legal status. This ranges from full citizenship to legal resident, refugee or "illegal alien" [ a person who is undocumented and is without legal status in this country, subject to deportation at any time].

*... for many Latino children, poverty will continue through adolescence and adulthood.*

## LATINO CHILDREN LIVING IN POVERTY: A VULNERABLE POPULATION

- One of every nine children living in the United States is Latino, a number exceeding 7.2 million.[6]

- Between 1979-1989, the number of poor Latino children increased nationally by more than one million, constituting a staggering 70% increase in poverty among Latino children, as compared to a 28% increase for White children and a 14% increase for African-Americans.[7]

- Nearly one-half of all children added to the ranks of the poor from 1979-1989 were Latino.[8]

*One of every nine children living in the United States is Latino ...*

The data offers evidence that poverty trends for Latino children are different than for poor non-Latino children, thus requiring careful analysis and the formulation of discrete strategies tailored to the particular needs and conditions faced by this population. The variables that distinguish Latino child poverty from that of other groups are related to the following Latino family characteristics:

- ***For Latino families, employment does not guarantee escape from poverty.*** In 1989, one in nine Latino families headed by a full time worker continued to be poor, a rate three times the rate for White families.[9]

- ***Poverty is persistent and severe among all types of Latino families.*** For example, almost one-half of all poor Latino children live in married couple families — a rate three times higher than the rate of poverty among non-Latino White children in the same category.[10]

- ***Latino families are more likely to be headed by persons without a high school diploma.*** More than 66% of Latino heads of households do not have a high school diploma, compared to less than 50% for White and African-American family heads.[11]

- ***Puerto Rican children suffer more severe poverty than any other group in the nation.*** The poverty rate for Puerto Rican children has reached 48.4% and is partially attributable to the marked increase in female-headed households. Half of all Puerto Rican children live in female-headed households and, of these, more than 75% are poor.[12]

Sadly, the effects of poverty begin to take their toll at a very early age. Those younger than six are the most likely to be poor [13] and, for many Latino children, poverty will continue through adolescence and adulthood.

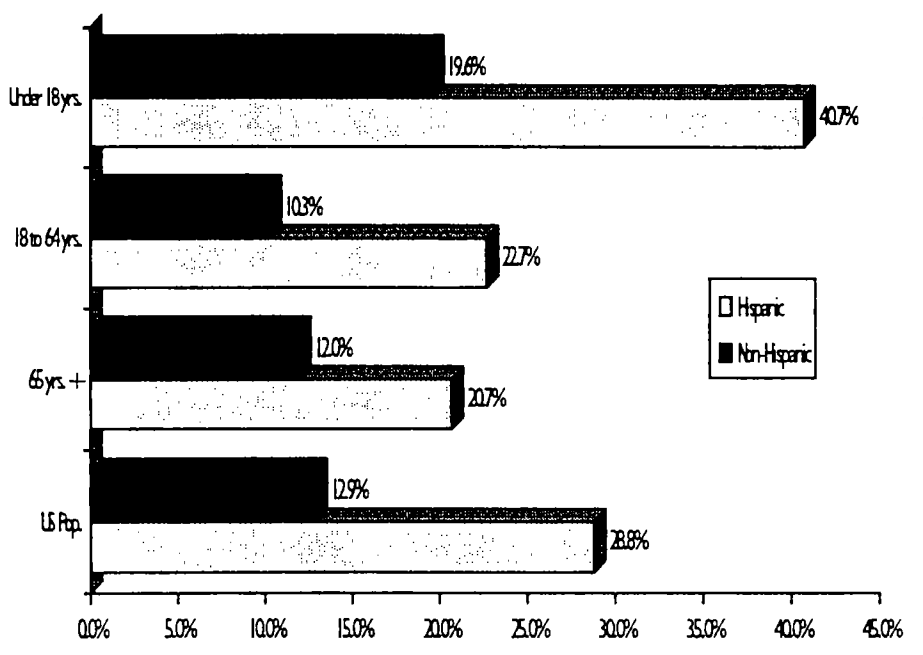
***Three in ten Hispanic Americans (age 25 years and over) had less than a ninth grade education. Only 28.3% had some level of college education.***

**Sources:** Current Population Report, Series P-20, Nos. 438, 444, 449,455, 465.

***In 1991, Hispanic children were twice as likely to be living in poverty than were non-Hispanic children***

***Sources:*** Current Population Report, Series P-20, No. 465.

***Persons Below the Poverty Level, by age: 1991***
*(Percent of Total)*



> "Hispanic children represent a growing proportion of the current school-age population and future U.S. adult labor force. Children who grow up without economic stability and adequate social supports are likely to become adults with few resources to offer a workforce which demands highly-skilled workers. The consequences for the nation are serious. An inadequately trained, underemployed labor force will impede economic growth, while increasing demand for public assistance and diminishing the tax base necessary for the support of essential government services. Because of the impact of Hispanic children on the nation's current reality and near future, it is important that policy makers, human service practitioners, and public and private employers fully understand the implications of their socioeconomic status, as well as the opportunities they represent."[14]

Latino youth constitute the fastest growing group of young people in this nation. By the year 2030, approximately one in five youth will be a Latino.[15] Their role in shaping the future of this nation is undeniable, but little is being done to remedy the severe socio-economic barriers they face.

Latino youth not only suffer economic deprivation, they lag far behind the majority population in educational attainment and are disproportionately represented in the criminal justice system; and they remain at high risk for a number of social and health problems, including teen pregnancy, substance abuse, AIDS, suicide and homicide.

The conditions and challenges faced by Latino youth can be summarized as follows:

- ***Latino youth remain at great educational risk.*** Latinos disproportionately attend overcrowded, segregated and resource-deficient schools, contributing to an inferior education. Under these circumstances it is not surprising, for example, that approximately 40% of students in remedial math classes are Latino.[16] In fact, Latino 12 to 15 year-olds are about 2.5 times as likely as Whites to be two or more grades behind in school.[17]

- ***Latino youth have the highest dropout rate of any group.*** Over 38% of all Latino youth did not graduate high school in 1988, compared to 17% for whites and 23% for African-Americans.[18] Without basic education, Latino youth are ill-prepared to meet the demands for skilled labor and most likely will continue to experience severe poverty throughout adulthood.

- ***The national adolescent pregnancy rate among Latinas is close to 60%.***[19] The long-term consequences of early childbearing can be devastating. Teen childbearing often demarcates whether a young woman will live in poverty for the rest of her life. National studies indicate that teen mothers earn about half the life-time income of women who postpone childbearing until their twenties, and are seven times more likely to be poor.[20]

- ***Approximately 13% of all youth in juvenile detention facilities are Latino.***[21] Latino youth and young adults living in economically depressed and socially deteriorated neighborhoods are increasingly experiencing a sense of despair and are engaging in self-destructive behavior, ranging from gang activity to drug dealing. Consequently, Latino youth are experiencing higher rates of incarceration, injury and death associated with such activities.

***The problems encountered by Latino youth are multiple and complex and require meaningful investments from all levels of the public and private sectors.***

Parents, teachers and social agencies alone cannot reverse these trends. The problems encountered by Latino youth are multiple and complex and require meaningful investments from all levels of the public and private sectors.

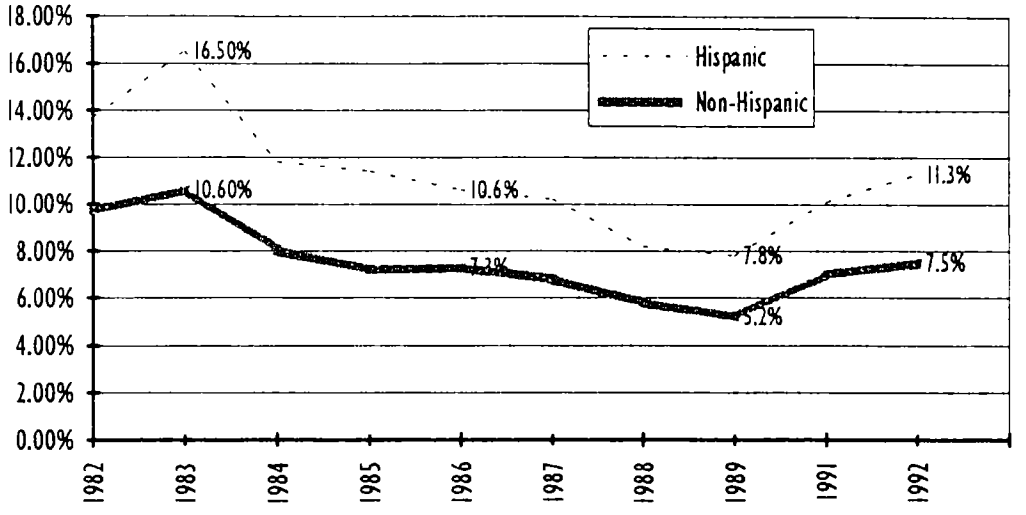
## THE STRUGGLE FOR ECONOMIC SELF-SUFFICIENCY: LATINO FAMILIES IN THE LABOR FORCE

***Recent welfare reform initiatives have failed to achieve desired results.***

The economic prospects for Latinos have not improved significantly, despite increasing labor force participation. The rate of labor force participation among Latino males (79.6%) is higher than that of White males (75.2%), while that of Latina females (52.2%) is lower than that of White females (58%).[22] In 1991, Latino males had the lowest median annual income among all male workers ($14,500); and Latinas have the lowest median annual income of any group ($10,4040).[23] The unemployment rate for Latinos was substantially higher than for non-Latinos, at 11.3% and 7.5% respectively.[24]

For Latino families, employment does not guarantee escape from poverty. It is anticipated that, by the year 2000, the number of Latinas in the labor force will have increased to 5.8 million, up from 3.8 million in 1990.[25] This seemingly positive trend belies the fact that the majority of jobs will be given to single Latina mothers, who — as mentioned previously — receive disproportionately low wage earnings.

Unemployment rates: March 1982 to 1992
(Percent persons 16 years and over in civilian labor force)




Source: Current Population Report, Series, Nos. 438, 444, 449, 445, 465.

## *WELFARE REFORM: BEYOND JOB TRAINING*

Recent welfare reform initiatives—including job training and employment programs—have failed to achieve desired results and, in some cases, have resulted in a diminution of family incomes upon deducting work-related expenses. For example, in 1987, the Mauricio Gaston Institute for Latino Community Development and Public Policy at the University of Massachusetts in Boston, conducted a study involving Latinas participating in the Massachusetts Employment and Training Choices Program, a precursor to the JOBS program. The study found that the program was largely unsuccessful in improving the economic circumstances of Latina participants.[26]

Specifically, the study found that 48% of Latinas participated in the program, a rate comparable to overall participation rates. However, job placement outcomes for Latinas were very low. The rate of job placement was 44% for all women, as compared to only 28% for Latinas.

In 1989, under an initiative funded by the Ford Foundation, the National Puerto Rican Coalition conducted focus groups among Puerto Rican females participating in the JOBS program

in Newark, Philadelphia and New York City. Several barriers to self-sufficiency were identified by the participants. Some of the major findings reported were:

> " Barriers to self-sufficiency included the lack of sufficient proficiency in English, family responsibilities, mothers' unwillingness to leave children in the care of strangers, transportation and housing costs, and fear that if they left the AFDC program they would not be better off economically. Most participants wanted to work but realized that current program incentives made this difficult."[27]

AFDC recipients' fears are not unwarranted. The National Commission on Working Women notes that "women and girls continue to be disproportionately enrolled in education and training that prepares them for low-wage jobs in traditional female occupations ... 5 of 11 occupations projected to create the largest number of jobs over the next decade are now female-dominated occupations with median weekly wages below the poverty line". [28]

*... New York City is presently considering eliminating 1,900 publicly subsidized child care slots and closing ten day care centers ...*

These studies illuminate the short-sightedness of recent welfare reform initiatives and the need to tailor training programs to better address the specific needs of ethnic/racial populations and women. Job training programs must be re-directed toward higher-paying industries. Additionally, in the case of Latinos, job training and employment programs must address the need for literacy, English language proficiency and demonstrate respect for culture-specific attitudes toward child care and family responsibility.

## *CHILD CARE: A CENTRAL STRATEGY TOWARDS ACHIEVING ECONOMIC SELF-SUFFICIENCY*

Central to any discussion about welfare reform and economic self-sufficiency is the scarcity of safe, accessible and affordable child care services. This is particularly true given the increase in female labor force participation, the growing number of female-headed households, and the increase in two-parent working families. To illustrate the crisis, New York City is presently considering eliminating 1,900 publicly subsidized child care slots and closing ten day care centers altogether. All of these services are provided in high-need, low-income communities.

Latinos in particular have experienced great difficulty securing child care services. The lack of availability of day care information, particularly bilingual information/materials, presents a

major barrier for parents who can not speak and/or read English. Child care services remain scarce, geographically inaccessible and unaffordable for many Latinos. According to the Child Welfare League of America,

> "...single mothers and poor families allocate a disproportionate share of their budgets to child care services. Upper income families spent 6% of their budget on child care for pre-school age children while poor families earning less than the federal poverty level expended an overwhelming 23% of their family income on child care." [29]

*Child care services remain scarce, geographically inaccessible and unaffordable for many Latinos.*

Prohibitive child care costs clearly serve as a disincentive for poor, working women. The cornerstone of any strategy to achieve economic self-sufficiency for families must incorporate affordable, accessible, quality child care services.

In order for Latinos to make effective use of child care programs, services must be delivered in a culturally sensitive manner. Culturally responsive child care services should be seen as a fundamental strategy which can bolster the Latino family's support network and serve as an important bridge to gaining entry into the labor force staying in the labor force, and attaining economic self-sufficiency.

## COMMUNITIES: THE NEED TO PRESERVE FAMILIES

Social, economic and demographic changes over the course of the last three decades have profoundly affected family structure, values and interrelationships. Escalating divorce and out-of-wedlock birth rates have contributed to the growing number of single-parent households, the majority of whom are women and have been driven into poverty. Downward economic trends have also resulted in higher numbers of two-parent working families with less time at home. Moreover, a decade of government divestment in communities has led to social services fragmentation, neighborhood disintegration and flight from urban areas.

*"a dangerous and threatening place ... is a world in which children are afraid and ashamed of the way they live, where they must learn basic survival skills before they learn to read."*

Increasingly, families are economically stressed and socially isolated; and it is our children who are suffering the consequences. As the National Commission on Children report concluded:

> "Poverty and economic instability are associated with well-documented negative effects on children. Many poor children go undernourished, are inadequately clothed, and live in substandard housing. For them, the world is often a dangerous

and threatening place to grow up... It is a world in which children are afraid and ashamed of the way they live, where they must learn basic survival skills before they learn to read." [30]

Paradoxically, poor families under the greatest stress continue to have the fewest social supports available to them. Consequently, they are more vulnerable to experiencing family difficulties and disruption. Despite a tradition of strong and cohesive familial relationships, Latino families have not been immune to these problems. The rate of child maltreatment among Latinos has reached 9.5%[31] ; and Latinos account for an increasing share of children in foster care, reaching almost 11% of the total. From 1986-1987 alone, the number of Latino children placed in foster care increased by a staggering 33%.[32]

***... it will be necessary to establish standards for culturally competent practice in such order to will ensure that Latino families are well served by any family preservation program.***

Although circumstances of poverty and environment are important factors, they do not alone account for the multiple and complex changes occurring within families. In fact, the national incidence of child maltreatment continues to rise at an alarming pace all across socio-economic and racial/ethnic lines. In 1990 alone there were almost three million incidents of maltreatment reported. The U.S. Advisory Board on Child Abuse and Neglect declared a national crisis and championed efforts to revamp our failing child protection system, noting the following:

"The most serious shortcoming of our nation's system of intervention on behalf of children is that it is reactive and investigatory in nature instead of proactive and preventive. We devote massive resources to investigate allegations and precious little to assist at-risk families and prevent child maltreatment from taking place." [33]

Recent efforts to redress this problem have centered on the development and provision of family preservation services. Based on the highly acclaimed "Home Builders" model developed by the Behavioral Sciences Institute in Seattle, Washington, family preservation programs are geared to prevent imminent foster care placement of a child. Considered a form of crisis intervention, intensive in-home services are offered to the family on a 24-hours-a-day, seven-days-a-week basis for an average period of two months. Family preservation programs have consistently produced favorable outcomes and are considered to be more cost effective than foster care placement. The average cost for serving a family in this program is about $8,500 a year, as compared to an approximate annual expenditures of $20,000 to keep a child in foster care.

Success rates diminish, however, when workers and clients are of different cultural backgrounds, as has been the case with Latino families. Difficulties in intercultural communication

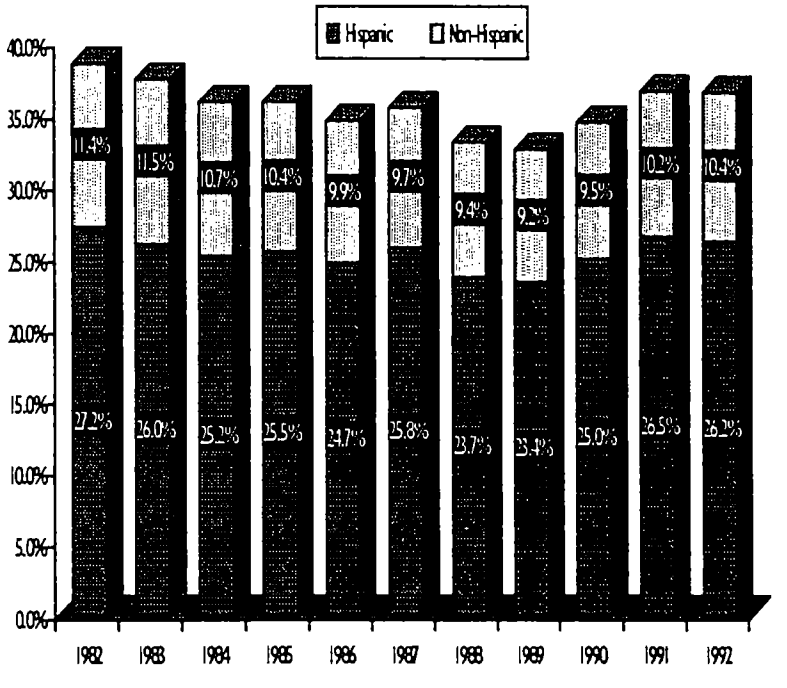
communication — as well as varying cultural expectations regarding child rearing, family roles and behavior — have impeded the success of this approach with Latino families.

Public policy efforts must therefore address the need for the development of family preservation models specifically tailored to the Latino population. Efforts must also be made to incorporate Latino community-based organizations (CBO's) as family preservation providers. Minimally, it will be necessary to establish standards for culturally competent practices. These combined efforts will ensure that Latino families are much better served by any family preservation program.

***Three in ten Hispanic Americans (age 25 years and over) had less than a 9th grade education and about that same proportion (28.3 %) had at least some college education.***

***Families Below the Poverty Level: 1981 to 1991***

*(Percent of Families)*




Sources: 1990 Census of Population and Housing, CPL-L-92.

## *BUILDING EFFECTIVE LATINO PUBLIC POLICY LEADERSHIP: WORKING TOWARD CONSENSUS*

In 1993, as part of our strategic planning process, CHCF conducted a survey of local and national organizations involved in public policy child welfare issues or related areas. This exercise involved making site visits and/or conducting telephone interviews; assembling agency mission statements and relevant policy materials for analysis; and meeting with the chief executive officers of existing organizations. Among the agencies contacted were:

1) Child Welfare League of America,
2) Children's Defense Fund,
3) Federation of Protestant Welfare Agencies,
4) Human Services Council,
5) The Hispanic Health Council,
6) Hispanic Federation,
7) The Institute for Puerto Rican Policy,
8) National Council of La Raza,
9) National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), and
10) The Center for Puerto Rican Studies.

The purpose of this process was to identify the specific areas of expertise of each agency; gain an understanding of each organization's history, course of development and operating structure; identify information gaps among these policy entities; and build upon the lessons learned by others as we developed our own concept and structure for the Center for Latino Family Policy.

In our effort to coalesce more effectively with our working partners to advance a common purpose, we learned that the handful of other existing Latino public policy organizations in New York City — such as the Institute for Puerto Rican Policy, the Hispanic Federation, and the Center for Puerto Rican Studies — conduct and contribute valuable research, analyses, studies, and polls. However, their direct services and issue areas are focused on employment, education, job training, and health care.

Having confirmed the need to incorporate Latino leadership on children and family issues, CHCF sought and received a small planning grant from The New York Community Trust to develop a Center for Latino Family Policy. Shortly thereafter, CHCF retained the services of the organizational development consulting firm known as *Cora Group*. With the assistance of Cora Group, CHCF commenced a six-month planning process that involved :

***The single most important factor affecting Latino children and families is poverty,***

1) conducting individual meetings with key community leaders, policymakers, researchers, foundation representatives and elected officials to build broad-based support and secure recommendations regarding the formation and scope of the Center;

2) developing and implementing an organizational plan to incorporate staff input and marshall organizational resources necessary to carry out the planning process; and

3) designing and implementing a full-day Strategic Think Tank meeting attended by a cross-section of Latino leaders, for the purpose of defining the scope of the Center for Latino Family Policy.

## DEVELOPING COMMUNITY OWNERSHIP

On November 4, 1993, CHCF conducted a full-day Strategic Think Tank meeting, which was attended by 14 Latino leaders, including researchers, social service practitioners, policymakers, foundation representatives, government officials, educators and child welfare experts. Participants unanimously supported the concept for the Center for Latino Family Policy and offered the following recommendations and operating principles as a guide:

- Latino families remain invisible. There is a critical need to educate policymakers and the public on the problems faced by Latino families and the impact of these upon the future of this nation.

- The paucity of data on Latino children and families has significantly precluded documentation of the problems faced and, consequently, the development of effective policies to address these needs.

- The single most important factor affecting Latino children and families is poverty, and the Center should address the multiple impact of this on Latino children and families in order to develop policy recommendations.

- Policy initiatives will only be successful if they simultaneously address micro-and-macro-systems. Efforts should be directed to strengthening individual families, while simultaneously addressing systemic problems such as persistent poverty, and racism.

- Any Latino policy initiative must advocate for a more equitable distribution of resources to address the needs of Latinos, as well as ensure greater accessibility of services delivered in a culturally competent manner.

- Policy recommendations should be formed based upon broad community participation and consensus. Public policy should emerge from experience in working with the populations for which the policy is targeted. Efforts to increase participation of community-based organizations in policy development and analysis are essential to identifying successful solutions.

***Public policy should emerge from experience in working with the populations for which the policy is targeted.***

Based upon these recommendations and principles, CHCF embarked on a process to operationalize these concepts, establishing policy priorities and defining the functions of the Center for Latino Family Policy, as follows:

## *Data Collection and Analysis*

- To create a centralized repository for data and information that will accurately document the needs of Latino children and families.

## *Public Education and Information Clearinghouse*

- To increase public awareness about the problems encountered by Latino children and families through massive public education and media activities. This effort shall also include ongoing education and collaboration with elected officials, governmental representatives, policymakers and business leaders.

## *Policy Development: Strategic Planning and the Formation of a Social Justice Agenda*

- To convene a broad cross-section of Latino leaders, researchers and service providers to develop a regional strategic plan and social justice agenda on behalf of Latino children and families.

## *Conduct Social Action Research and Promote Successful Models for Replication*

- To conduct social action research aimed at articulating the specific needs and barriers encountered by Latino children and families; and to identify and/or develop program models tailored to Latinos for possible replication.

## *Monitoring Governmental Policies and service provision*

- To monitor governmental policies and service provision to promote equitable distribution of resources and improved access to services.

## *Technical Assistance to Community Based Organizations*

- To provide technical assistance to Latino community-based organizations (CBO's) to facilitate involvement in public policy initiatives affecting their constituents/clients.

## *Ongoing Evaluation of Center's Impact*

- The impact of the Center for Latino Family Policy will be measured through outcomes related to:

  - Rigor of data collection methodology and accuracy of analysis;
  - Responsiveness of elected officials, policymakers, and agencies in providing bi-lingual, culturally sensitive services and professional training;
  - Evaluations conducted by participants at public forums and focus groups;
  - The level of involvement and mobilization of the Latino community-at-large with respect to self-empowerment; the Center for Puerto Rican Studies
  - The linkage of policy recommendations to actual practice;
  - Recruitment of culturally competent, bi-lingual personnel in service centers, agencies, and other facilities where such a need is identified; and
  - Results of public education efforts, including press conferences, comprehensive surveys, and a quarterly "Alert!" newsletter.

# CONCLUSION

The severe, socio-economic problems faced by Latino families requires immediate intervention to assist families encountering difficulties and to prevent family disruption. Public policy efforts aimed at strengthening families through culturally competent family preservation services, adequate child care supports and youth development programs, comprise an important part of the solution.

Latino children and youth must be adequately supported and prepared to assume their rightful place as future workers and leaders of this nation. Persistent poverty, premature childbearing and lack of educational achievement serve as immediate and formidable barriers today with disastrous consequences for the future.

In the long term, viability of Latino families will be linked to the ability to achieve sustained, economic self-sufficiency as a group. To accomplish this goal our nation must move away from punitive welfare reform policies that lock poor people into sub-poverty level wages and make the necessary investments in education and job training that can prepare its members for the demands of the twenty-first century. Through the establishment of the Center for Latino Family Policy, CHCF seeks to effectively influence public policies to help achieve these aims. Through public education, proactive policy analysis and leadership development, the Center for Latino Family Policy is certain to make an invaluable contribution to improving the lives of Latino children and families.

***Through public education, proactive policy analysis and leadership development, the Center for Latino Family Policy is certain to make an invaluable contribution to improving the lives of Latino children and families.***

[1] U.S Advisory Board on Child Abuse and Neglect. Neighbors Helping Neighbiors: A New National Strategy for the Protection of Children. (Washington D.C.: U.S. Government Printing Office, 1993 ix.

[2] U.S. Bureau of the Census, Current Populations Reports, p23-183. Hispanic Americans Today. U.S. (Washington D.C.: Government Printing Office, 1993), p2.

[3] U.S. Bureau of the Census, Persons of Hispanic Origin in the United States, 1990 census on Population. (Washington, D.C.: U.S. Department of Commerce, 1993).

[4] U.S. Bureau of the Census, Current Populations Reports, p13.

[5] Ibid., 15.

[6] Miranda, C. Leticia . "Latino Child Poverty in The United States". (Children's Defense Fund; Washington, D.C. 1991), p4.

[7] Ibid., 12.

[8] Ibid.

[9] Ibid., 6.

[10] Ibid., 16.

[11] Ibid., 28.

[12] National Council of La Raza. State of Hispanic America: Toward a Latino Anti-Poverty Agenda )Washington, D.C.: NCLR, 1993), p17.

[13] Miranda, 11.

[14] NCLR 1993,26.

[15] Duany, Luis and Karen Pittman." Latino Youth At A Crossroads "(Washington, D.C.: Children's Defense Fund, 1990),1.

[16] Ibid., 16.

[17] Ibid.,12.

[18] Ibid.

[19] Duany, Louis and Karen Pittman., 18.

[20] Ibid., 17.

[21] Merkel-Holguin, Lisa A. and Audrey J. Sobel., 113.

[22] Institute for Puerto Rican Policy - Fact Sheet.

[23] NCLR 1993,16.

[24] U.S. Bureau of the Census, Current Populations Reports., 16.

[25] Watson, Jennifer. "Women, Work and the Future: Workforce 2000". (Washington D.C.: National Commission on Working Women for Wider Opportunities for Women, 1989).

[26] Ooms, Theodora, and Figueroa. Latino Families, Poverty, and Welfare Reform: Background Briefing Report. (Washington, D.C.: Family Impact Seminar and National Puerto Rican Coalition, 1992), 11.

[27] Ibid., 12-13.

[28] Watson, Jennifer.

[29] Child Welfare League Stat Book 1993. (Washington D.C.: Child Welfare League of America, 1993), p77.

[30] National Commission on Children. Beyond Rhetoric: A New American Agencda for Children and Families. (Washington D.C.: U.S. Government Printing Office, 1991), 29.

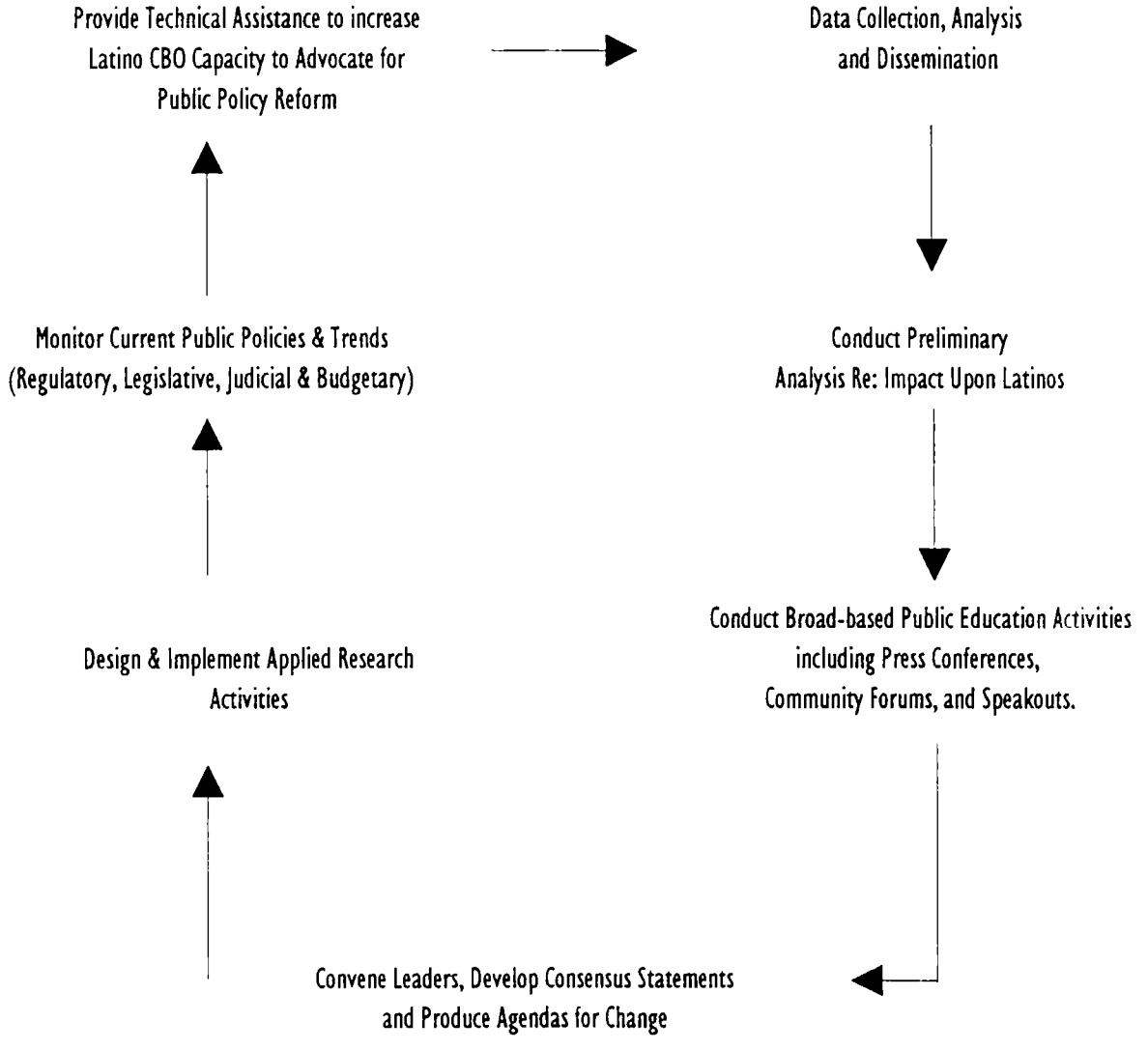
[31] Merkel-Holguin, Lisa A. and Audrey J. Sobel.

[32] Ibid., 130

[33] U.S. Advisory Board on Child Abuse and Neglect, ix.

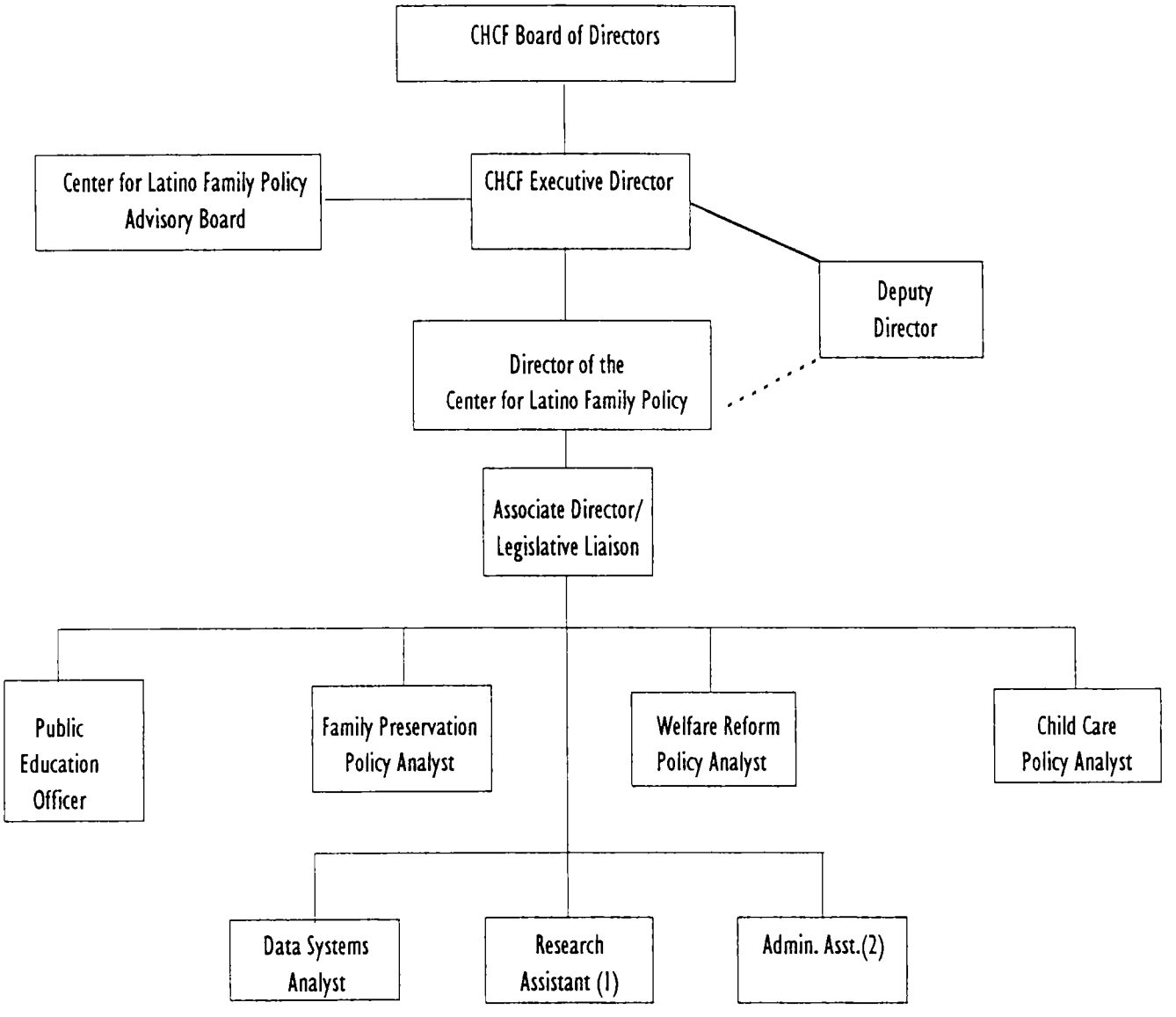
# THE CENTER FOR LATINO FAMILY POLICY

## FLOW CHART OF ACTIVITIES



# THE CENTER FOR LATINO FAMILY POLICY

## ORGANIZATIONAL CHART



# NEW YORK PROFILE OF LATINOS

**Population**

- The estimated population of Hispanic origin living legally in New York State is 2,214,026, or 12% of the total population. 81% of the Hispanic population in the state is concentrated in New York City.
- Between 1980-1990 alone, the Latino population increased 33%.
- 98% of Hispanics live in urban areas.

**Education**

- 50.4% of Hispanics have completed four years of high school or more, compared to 74% of their White counterparts, and 64.7% of Blacks.
- Almost 24% of Hispanics have not completed their high school education.

**Poverty**

- 2 out of 5 Hispanic families live below the poverty level.
- Almost 1/3 (32%) of all poor families are Hispanic.
- 70% of all Hispanic families living below the poverty level are female-headed with no man present.
- 48.8% of female-headed households with no man present live below the poverty level.
- Factoring in public assistance 67,858 female-headed households still live below the poverty level, representing 47% of all poor Hispanic families.
- 143,691 (86%) poor Hispanic families consist of related children under 18 years of age.
- The median household income of Hispanics at $21,938 is 61% lower than that of White households ($35,811).)

*[Source: U.S. Department of Commerce Bureau of Census' studies in The Hispanic Population in the United States (March 1993)]*

# NATIONWIDE PORTRAIT OF LATINOS

## Population

- The estimated population of persons of Hispanic origin living legally in the United States is 22.8 million, or 8.9% of the population.
- Breakdown of the Hispanic population according to sub-groups: 64.3% Mexican, 13.4% Central & South American, 10.6% Puerto Rican, 7.0% other Hispanic, 4.7% Cuban.
- There are nearly 7 million Puerto Ricans in the U.S. and Puerto Rico, yet, the group's political, economic, and social representation is still minimal.
- Between 1980-1990 alone, the Latino population increased by 53% and it is projected that the Latino growth rate will continue at a rate three to five times the rate of the non-Hispanic, U.S. population. By the year 2050, the U.S. Census Bureau projects that the Latino population will grow to 81 million, an estimated 262% increase over the current number.
- Latinos will make up the largest "minority" group in the U.S. by the year 2000. Currently, 65.5% of Latinos are under the age of eighteen.
- The median age for Latinos in the United States is 26.7; for Puerto Ricans it is 26.9.

## Education

- 11.8% of Hispanics have less than a fifth grade education. This percentage is fourteen times greater than that for non-Hispanic Whites.
- The dropout rate of adolescents ages 16-24 has escalated in the Latino population, whereas it has significantly decreased among Blacks and Whites.

## *Employment and Income*

- The unemployment rate among Hispanics in 1993 was 11.9%.
- Latinos will constitute over 33% of the net growth workforce in the U.S. by the year 2000.
- 79.6% of Latino males contribute to the U.S. labor force participation.
- The average income of Hispanics has not increased in the last three years, even though the cost of living has increased 3.0%.
- The labor force participation among Hispanic females rose from 47.3% in 1983, to 51.9% in 1993.
- Latinas have the lowest median income ($10,400.00) among any sub-group.
- In 1993 48% of Hispanic families earned incomes of $25,000 or less.
- Ironically, of all ethnic sub-groups in the U.S., Puerto Ricans are the worst off, even though they are U.S. citizens. The median household income in 1992 for Puerto Ricans was $18,999, compared to $33,555 for Non-Latino Whites.

## *Poverty*

- The poverty rate among Hispanics rose to 29.3% in 1993, from 26.2% in 1992.
- About 37% of Latino homes with a head of household without a high school diploma live below the poverty level.
- 48.8% of female-headed households with no man present live below the poverty level.

## *Fertility*

- Latinas have a marked higher fertility rate of 93.2/1000 births, compared to 65.2/1000 births for white women
- The adolescent pregnancy rate among Latinas is close to 60%.

*[Source: U.S. Department of Commerce Bureau of Census' studies in The Hispanic Population in the United States (March 1993)]*

# CENTER FOR LATINO FAMILY POLICY

## ANNUALIZED BUDGET - FIRST YEAR ONLY

### Personnel Services

| | |
|---|---|
| ***Director***<br>(1.0 FTE @ $55,000/yr.) | $55,000 |
| ***Associate Director***<br>(1.0 FTE @ $45,000/yr.) | $45,000 |
| ***Public Education Officer***<br>(1.0 FTE @ $35,000/yr.) | $35,000 |
| ***3 Policy Analysts***<br>(1.0 FTE @ $33,000/yr. ea.) | $99,000 |
| ***2 Administrative Assistants***<br>(1.0 FTE @ $21,000/yr. ea.) | $42,000 |
| ***Data Systems Specialist***<br>(1.0 FTE @ $40,000/yr.) | $40,000 |
| ***Research Assistant***<br>(1.0 FTE @ $26,000/yr.) | $26,000 |
| ***Bookkeeper***<br>(1.0 FTE @ $23,000/yr.) | $23,000 |
| ***Indirect Administrative Costs*** | $16,200 |
| ***PERSONNEL SUB-TOTAL*** | ***$381,200*** |
| ***FRINGE BENEFIT (27.5%)*** | ***$104,830*** |
| ***TOTAL PERSONNEL COST*** | ***$486,030*** |

# Other Than Personnel Services (OTPS)

❖ *Reflects one time purchase of fixed assets.*

| | |
|---|---|
| ***Rent*** | $32,500 |
| ($2,500/mo. X 12 months)<br>2,500 sq. ft. x $13/ft. | |
| ***Equipment*** | |
| 6 NEC 486 computers including monitors @ $1,900 ea. ❖ | $11,400 |
| Network Installation @ $1,500 ea. ❖ | $1,500 |
| 1 Network Server @ $8000 ea. ❖ | $8,000 |
| On-Line Data Base (set-up & usage) | $18,900 |
| 1 Flatbed Scanner @ $2,000 ea. ❖ | $2,000 |
| 2 Laser Printers @ $1,300 ea. ❖ | $2,600 |
| 1 Inkjet Printer @ $500 ea. ❖ | $500 |
| 4 Desks @ $600 ea. ❖ | $2,400 |
| 4 Chairs @ $100 ea. ❖ | $400 |
| 2 Lateral Files @ $600 ea. ❖ | $1,200 |
| 1 Conference Table @ $1,500 ea. ❖ | $1,500 |
| plus 10 chairs @ $75 ea. ❖ | $750 |
| ***Project Specific Research Consultants*** | $18,000 |
| ***Travel*** - Local and out of town | $8,000 |
| ***Conference Fees*** | $4,500 |
| ***Subscriptions and Periodicals*** | $3,000 |
| ***Printing*** (Policy briefs, conference proceedings, etc.) | $10,000 |
| ***Telephone Equipment and Installation*** ❖ | $8,000 |
| ***Postage/ Mailing*** | $2,000 |
| ***Supplies*** | $5,000 |
| ***Utilities*** | $3,600 |
| ***Maintenance*** | $2,400 |
| ***Photocopier*** (lease & maintenance) | $8,400 |
| ***OTPS TOTAL*** | ***$156,550*** |
| ***TOTAL BUDGET*** | ***$642,580*** |

# THE CENTER FOR LATINO FAMILY POLICY

## STAFFING PATTERN AND BUDGET NARRATIVE FOR YEAR I

### DIRECTOR
**(1.0 FTE @ $ 55,000/year)**

The Director of the Center shall be supervised by the CHCF Executive Director. S/he will supervise the Associate Director and serve as principal liaison to the Advisory Board. Responsibilities will include: overall management of the Center and its activities, participation in numerous task forces and workgroups, serving as public spokesperson for the Center, development of policy documents and research protocols, among other activities.

Qualifications: Extensive knowledge of Latino issues and child welfare. Doctoral degree with a minimum of five years research experience. Management experience preferred.

### ASSOCIATE DIRECTOR
**(1.0 FTE @ $ 45,000/year)**

The Associate Director will serve as the principal legislative liaison and will supervise the policy analysts, data systems analyst and research assistant. S/he will monitor legislative activities, meet with legislators regularly, develop the legislative advocacy agenda, among other activities.

Qualifications: Minimum of a Masters degree in Public Policy, Sociology or a related field. Must have prior experience working with the legislature and possess excellent written and oral communications skills.

### PUBLIC EDUCATION OFFICER
**(1.0 FTE @ $ 35,000/year)**

The Public Education Officer shall be responsible for developing and operating the Center's Information Clearinghouse and will oversee data collection and analysis activities.

Qualifications: Master's degree in Library or Computer Science with a minimum of two years experience; social research experience preferred.

***POLICY ANALYSTS (3)***
**(1.0 FTE @ $ 33,000/year each)**

The Policy Analyst will be responsible for conducting research and developing documents such as: fact sheets, policy briefs, policy bulletins, fair share report cards and will assist in the preparation of the social change agenda and technical assistance training for CBO's.

Qualifications: Minimum of a Bachelor's degree in Political Science, Sociology, Social Welfare or a related field. Must have excellent written and oral communications skills. Persons with strong, research skills are preferred.

***DATA SYSTEMS SPECIALIST***
**(1.0 FTE @ $ 40,000/year)**

The Data Systems Specialist shall be responsible for developing and maintaining the Center's data base system, developing special programs as needed and conducting all data analytic functions.

Qualifications: Master's degree in Computer Science or a related field with a minimum of two years post-graduate experience. Knowledge of social research is preferred.

***RESEARCH ASSISTANT***
**(1.0 FTE $ 26,000/year)**

The Research Assistant will be responsible for assisting policy staff with all research activities.

Qualifications: Minimum of a Bachelor's degree. Strong research skills needed.

***ADMINISTRATIVE ASSISTANTS (2)***
**(1.0 FTE @ $ 21,000/year each)**

The Administrative Assistant will be responsible for telephone reception, photocopying, and word processing.

Qualifications: Minimum of a high school diploma with three years experience. Must have in-depth knowledge of Microsoft Word, Windows, Excel, FoxPro and Page Maker programs.

**PERSONNEL SUB TOTAL: $ 486,030**

THE WHITE HOUSE

WASHINGTON

April 16, 1995

A MEMORANDUM FOR CAROL RASCO

FROM: GAYNOR McCOWN

SUBJECT: ROUNDTABLE DISCUSSION ON CHILD PLACEMENT ISSUES

cc: BILL GALSTON
JEREMY BEN-AMI

I hope you found Thursday's conversation regarding child placement issues a useful preparation for the meeting co-hosted by the Milbank Memorial Fund (Daniel Fox, President) and the Foundation for Child Development (Barbara Blum, President). The format for this meeting - to be held at the Westfields International Conference Center in Chantilly, Virginia - will be a roundtable discussion with no formal presentations.

The materials included in the packet of selected readings provide a broad perspective on out-of-home child placement rather than specific programs or models. In addition, I included the briefing paper by Jay Berlin on "Treatment Foster Care and the Foster Family-based Treatment Association." Other materials will be available at the conference center.

I want to highlight a couple of points we covered in the discussion on Thursday. I also want to bring your attention to the briefing papers prepared by HHS. These materials provide a good summary of the information presented by Anne Rosewater and the other participants from HHS. Please find the following documents attached: (1) talking points on children and families and some general information on the Administration's vision on child welfare; (2) descriptions of out-of-home care settings; (3) questions and answers; and (4) an analysis of H.R. 4, Child Protection Block Grant.

Anne Rosewater started Thursday's meeting focusing on three goals for children: (a) safety; (b) permanence; and (c) child well-being. Within that context, we proceeded with the discussion of how children are placed in care and what happens to them once they are returned to their natural family or guardians. The continuum of support and services was discussed as one of the major barriers to the development of children who are placed in alternative care. As the article by Mark Courtney, The Foster Care Crisis, states, "the federal government, by design and lack of enforcement of existing child welfare regulations allows states great latitude in the administration of child welfare

programs." The Department of Health and Human Services is working on a strategy of providing technical assistance to the states so that some corrections of the current system can be made.

Tom Payzant reiterated our need to make the connection between strong schools and strong families. He maintains that the school has a real responsibility to provide the same opportunities for children in care and that often means additional support to both the students and the families. Therefore, we need to continue on the track of developing comprehensive strategies for children and families and providing coordinated services. For your information, I'm attaching a brief summary of the New Beginnings Program, which was started under Tom's leadership when he was Superintendent of San Diego Schools.

I hope you enjoy the meeting. It looks like a good group and I'm sure it will be a stimulating discussion. Please let me know if I can help with anything else.

I

## CHILDREN NEED FAMILIES

- Children need lifetime family relationships. They mature best in families which are stable and nurturing.

- This Administration is committed to family values. We believe that the family is the basic social unit of American life, and that children need to be raised by parents, or parent figures. Orphanages cannot provide the unconditional love children need.

- Children need consistent care from parents or parent figures to develop normally. Such consistency is generally unavailable in institutional settings, where children often have several different caretakers each day, and staff turnover is extremely high.

- Children should not be removed from their parents' care because their parents happen to be poor. This has been a guiding principle of social policy since the 1909 White House Conference on Care of Dependent Children.

- In cases of abuse or neglect when we need to intervene in families, there are many options short of orphanages. For instance, stronger support of foster families, and improved efforts to find adoptive homes for children who cannot return home would be both better for the children and much less costly.

- Some children, because of their individual social and health needs, may require **temporary**, specialized residential group care. This type of care should be used for treatment purposes, not for rearing children.

- Institutional care is very expensive. It costs from $80 to well over $100 per child per day, compared with an average AFDC payment of $4 to $5 per child per day. (Foster care costs approximately $10 per day.)

WHAT IS THE ADMINISTRATION'S VISION FOR CHILD WELFARE SYSTEMS

The Administration's vision for child welfare is based on the belief that the purpose of the child welfare system is to ensure the safety of children; to offer families the opportunity to resolve problems confronting them; and to provide each child with lifetime family relationship that allows for his/her safe and healthy development.

Public agencies all over the country have been concerned about the way in which child welfare services have been structured. Our major investments have been in out-of-home care. There have been few opportunities for prevention and early intervention services that would prevent maltreatment and children being removed from their homes. Often we provide families with too little too late and then face the difficulty of resolving the child's problem and improving his/her situation.

The Family Preservation and Family Support Act of 1993 provides federal dollars for preventive and early intervention services. These are the first federal child welfare dollars specifically earmarked for crisis and prevention services.

In implementing this program we consulted with child welfare leaders and thinkers nationally to develop an approach. This program is being used as a catalyst to change the delivery of services to families and their children. The Administration has articulated a set of principles to guide the reform effort and to administer the programs. Those principles promote:

* the safety of all family members;
* the community as the first line of support to families and children;
* community ownership through inclusion of a wide variety of stakeholders;
* the development of a continuum of services; and
* the family is the focus of services.

With family preservation funds and the planning process authorized by Congress, States are reviewing their service delivery systems and attempting to develop a strategy that moves toward a more responsive system for families and children.

Prevention services and family preservation services are only one component of a continuum of services needed, at various levels, by families and children. A range of community based and placement resources is needed. Our hope is that over time the number of community based resources will increase; and our reliance on placements resources will decline and be limited to those circumstances where absolutely necessary.

APPROPRIATE USES OF OUT OF HOME CARE

The placement of children in out of home care should occur when children cannot remain home at home and be protected from abuse, neglect and exploitation.

The removal of children from their families has a profound impact on children and on the integrity of the family. Children removed from their families, even for good reasons, experience a loss and without timely services may lose their families permanently. For many of the children who have come into care, the permanency of reunification or adoption is not available.

Efforts should be made to avoid unnecessary placement but not at the risk of injury or damage to the child. Strategies for reducing unnecessary placement include prevention services and family preservation services. The reasonable efforts requirement of Title VI-E of the Social Security Act created incentives for states to develop family preservation services. The Family Preservation and Support Services Act passed in 1993 provides new dollars to the states for prevention and crisis services.

The administration realizes that some children are at such great risk that they cannot remain in their own homes, in those instances children should be place in environments which provides quality care and can meet the individual needs of the child.

For these children and their families there should be services available to help resolve the families problems. If resolution does not occur in a timely fashion, a child should have the opportunity to have a permanent secure family of his/her own.

UNDER WHAT CIRCUMSTANCE SHOULD CHILDREN BE PLACED IN CONGREGATE CARE AND WHAT KIND OF CARE SHOULD BE PROVIDED FOR CHILDREN.

The goal of any placement is to assure that the child is safe and that efforts are being made to achieve permanence either through reunification of the family or finding a permanent substitute family by adoption or guardianship.

Once an agency has made a decision to place a child in out of home care there should be a full assessment of the chid and family. A facility should be selected based on the individual needs of the child and the ability of the facility to meet the care and treatment needs of the child.

The kinds of placement facilities which are utilized are family homes, therapeutic foster homes, small group settings, large group settings and residential treatment centers. The selection of a facility for a child should be based on the child's emotional status, behavior, ability to form relationships and the service plan for the child and family. All services should be goal oriented and delivered with respect for the significance of time for a child.

Much of the discussion of congregate care and orphanages has been driven by two issues:

> welfare reform proposals to eliminate certain women and children from benefits and the potential impact on any already overwhelmed child welfare system
>
> the difficulty that state agencies are having recruiting and retaining family foster homes which has resulted in calls for quality institutional care.

In order to thrive and develop children need to have their physical needs met and to have the benefit of stable nurturing relationships which provides structure, guidance, validation and opportunities to developed skills needed as adults. This occurs best and most normatively in families.

Long periods in institutional care have potential for making children aggressive and limiting their ability to form future relationships.

For children in congregate care the quality of care is a critical issue. Quality relates to staffing, child care ratios, the adequacy of the treatment program and services available to families. Quality care that provides stable and nurturing care for children is expensive and requires careful attention to the children and the programs.

## II

## DESCRIPTIONS OF OUT-OF-HOME CARE SETTINGS

### Foster Care

- Foster Care is the provision of full time, temporary care and supervision for a child by persons other than the child's biological parents.

- Placement occurs because parents cannot protect their children.

- The goal of placement is to resolve family problems so that children can be returned home or move to a permanent substitute family.

- The majority of the children in foster care are in the custody of a State child welfare agency. Child welfare agency staff provide services to the foster children, their biological and foster parents to assure that the placement promotes the child's physical, emotional, and intellectual growth and well-being and to achieve a permanency plan for the child. Post-placement services are also provided to a family after the child's return home.

### Family Foster Care

Full-time care and supervision of a child in a private family residence of an adult over 21 years of age.

#### Relative/Kinship Care

Full-time care and supervision of a child in the private family residence of a relative.

The living arrangement maybe a result of an agreement between the parent and the relative.

#### Relative/Kinship Foster Care

Full-time care and supervision of children in the legal custody of the State child welfare agency in the private residence of a relative.

Child Characteristics:

basically healthy, although may require medical attention for minor health conditions; and

exhibit behavioral and/or emotional problems which range from acting out to withdrawal;

problems are not severe enough to warrant more intensive treatment and can live successfully in a family setting.

**Therapeutic/Treatment Foster Family Care**

Family foster care that provides treatment to children and youth who exhibit behavioral emotional or social problems that hinder their overall functions, or to children with mental retardation or who are medically fragile.

It is an intensive treatment program for emotionally disturbed children which incorporates clinical treatment services provided within a supportive foster home setting.

Child Characteristics:

Diagnosed as medically fragile (e.g. AIDS) or

moderate to severe emotional and/or behavioral management problems;

may include aggression toward animals, others, and/or self; sexual acting out, delinquent behavior; destruction of property; substance abuse; personality disorder; and/ or suicidal behaviors or ideation.

**Group Care (Congregate Care)**

A staffed program where groups of children are in full time care apart from their parents, relatives or guardians on a continuing full time basis. It includes, but is not limited to, agency operated group homes, shelters, treatment centers, maternity residences, juvenile detention centers, and developmentally disabled children centers.

Child Characteristics:

Children awaiting placements in shelters, foster and/adoptive homes;

display intrapersonal difficulties, such as problems with impulse control and expression of feelings;

inability to handle close relationships; and

experienced multiple foster placements that have failed.

**Residential Treatment Center**

A staffed group child care facility that provides temporary full-time care within a structured set of services and activities that are designed to achieve specific therapeutic objectives relative to the assessed needs of the children in care. Youth served have generally been diagnosed with behavioral or adjustment difficulties, mental illness or are in need of intensive institutional based treatment.

Child Characteristics:

multiple and severe psychiatric, emotional and behavioral management problems ranging from autism to aggression toward animals, others, and self;

sexual acting out and suicidal behaviors or ideation may also be present;

serious disorders of thinking, feeling, and orientation (e.g., psychosis, schizophrenia).

**Orphanage**

A full-time group child care facility that is used to rear children as a substitute home.

Child Characteristics:

Generally healthy children in need of substitute care on a long term basis.

**Boarding Schools**

A school where pupils receive full time care, but are admitted for educational purposes. Most children are admitted to, and leave the program in accordance with the schedule of the educational program.

Child Characteristics:

Basically normal, healthy children whose parents feel that they can benefit from a boarding school experience.

(See Appendix A for a discussion of the tribal experience with boarding schools.)

## III.

## QUESTIONS AND ANSWERS

**Question 1:** Why is the Administration so opposed to the concept of orphanages? Isn't an orphanage better than having a child grow up in a crack house?

**Answer 1:** Certainly a well run congregate care facility is better for a child to grow up in than almost any crack house. Children need to be removed from life-threatening circumstances. However, once removed, there are options far superior to orphanages. These include care with relatives, in foster homes, and with adoptive families. The major issue in the welfare reform [debate] is separation of children from parents who receive AFDC. Children should not be removed from parents for financial reasons alone. They need families, their own or a substitute family. Some inadequate parents can be helped with specialized services; others can be helped to re-establish homes after children have been in foster care. And most of those who cannot return home are adopted. Children need care from persons in a family/parent role rather than by multiple staff members who work in shifts and have high turnover rates. Children need to live in, or work toward, living in families that are theirs for a lifetime.

**Question 2:** Does the Administration believe welfare reform will result in additional children entering the child welfare system?

**Answer 2:** Clearly there are a number of provisions in the Personal Responsibility Act that will place significant additional strains on poor families. This is particularly true of the proposal to entirely eliminate aid to children whose mothers are under 18 or were under 18 at the time of the child's birth; and to eliminate aid to all families after two years. The children in each of these families will be **at risk** of hunger and malnutrition, homelessness, a variety of developmental problems, and abuse or neglect. It is impossible to predict, however, how many of these children might eventually be removed from their homes through the child protective services (CPS) system.

Child welfare agencies throughout the nation are already strained to the breaking point, and are unlikely to be able to handle a large additional influx of children who may be in need of protection. To the extent that the children affected by the provisions of the Personal Responsibility Act are identified and served, it will be extremely expensive, much more so than that providing welfare payments which could keep them with their families.

The Administration's welfare reform proposal, unlike the PRA, has as its premise that those who play by society's rules will not be

left without a safety net. Those who are too ill to work, or who cannot find a job despite being willing to work, will not be left without anywhere to turn. The PRA, however, simply removes the safety net for many families, and leaves the child welfare system to catch those who fall.

**Question 3:** What is an "orphanage"? How many are there?

**Answer 3:** An orphanage is a type of group care facility where children are admitted with the expectation that they will remain there until they reach the age of majority. The children are not placed there because they have some special need. Some children eventually do return to live with their parents and a small number are adopted, but most live there until they are 18. There are very few orphanages, but there are other congregate care facilities designed to meet special needs of children, i.e. those with emotional disturbances.

**Question 4:** What other kinds of group settings are there? How many children are in each of these group settings?

**Answer 4:** Most other types of group care settings are established to serve children with particular types of problems. For example, there are residential treatment centers which serve children with emotional problems, drug treatment centers which serve children with alcohol or drug abuse problems, juvenile detention centers which serve children who have committed crimes and special centers for children with developmental disabilities. We do not have firm figures on how many children are living in each of these kinds of settings at any one time. Somewhat less that 20% of the children in out-of-home care in the child welfare system live in group facilities.

**Question 5:** Who pays for the children in these group settings? What does it cost per child for each type?

**Answer 5:** Most of the costs of care for children in out-of-home settings are borne by taxpayers, Federal, State and local. In some cases, costs are partially covered by charitable contributions or private health insurance, if it is specifically a mental health or drug treatment facility. We do not know the costs of all the different types of settings. However, the Child Welfare League of America estimates that the average cost of residential group care is approximately $36,500 per year. That cost can go as high as $100,000 per year.

**Question 6:** What happened to children in orphanages?

**Answer 6:** As with any other type of social service, the experience of those who lived in orphanages varied widely, from those who experienced abuse and deprivation, to those who had a positive situation. However, researchers have found that children who entered orphanages at young ages and were raised in that environment experienced emotional and developmental problems because of the lack of attachment to a consistent caregiver.

**Question 7:** Why did orphanages end? Who decided?

**Answer 7:** In the 1800s, the number of orphanages had increased dramatically due to epidemics, immigration, the Civil War and family poverty. In 1909, President Theodore Roosevelt convened the White House Conference on the Care of Dependent Children. The Conference unanimously passed a resolution which held that children should not be removed from home simply because their parents were too poor to support them. There was also agreement that a family setting was superior to an institution. By 1930, 40 of the 48 States had adopted Mothers' pensions for poor widows, wives of disabled or absent husbands and, in a few States, unwed mothers. In 1935, through the Social Security Act, the program which eventually became Aid to Families with Dependent Children was established. Since that time, the number of facilities for children whose only problem was that they came from poor families has declined, although there are a few left. Many of the facilities which had been orphanages changed their service population to children who needed intensive treatment of some kind--the residential treatment facility.

**Question 8:** Is something wrong with residential care? When is it right for children?

**Answer 8:** There is nothing inherently wrong with residential care. Residential care should be used when it meets the need of the children for treatment and should be viewed a temporary arrangement. It should not be a substitute for parents.

**Question 9:** How do children get into orphanages? Who sends them and why?

**Answer 9:** In the early days, children were left on the doorstep of orphanages or were found wandering the streets, or placed voluntarily by parents who could not afford to care for them. The last factor may also operate today with the few orphanages which still remain open. In addition, the State Child Protective Services can remove a child from its home because the parents have abused or neglected him/her. However, removing a child from parents with the intention that the child remain in an out-of-home placement through his/her childhood would conflict with

current Federal law. Under the Federal Adoption Assistance and Child Welfare Act of 1980, plans must be made for the child to return home or, if that is not possible, be adopted or obtain another permanent home. Services must be provided to the children and families to achieve the plan's goals. The progress toward meeting these goals is reviewed every six months by an administrative review panel and at 18 months and every 12 months thereafter by the Court to assure that progress toward permanency is being made.

**Question 10:** What is the administration's policy on orphanages? What are the State policies?

**Answer 10:** It is the Administration's position that children should be raised by their own families or relatives, or in the absence of a viable family, by adoptive parents. Institutions should not be in the business of raising children. Most States have this same policy although some, like Illinois, are considering the use of orphanages.

**Question 11:** What are the alternatives to orphanages? What do these alternatives offer children?

**Answer 11:** The first alternative is for a child to live with his/her biological parents or relatives. If a child is removed from his/her home because of abuse or neglect, then, in most cases, a relative or foster family is the appropriate setting for most children. Some foster families receive special training to be able to provide treatment for children with emotional problems. Relatives, foster families, and treatment foster homes provide a family-like setting and the close personal attention that most children need. Group or residential care may be used to meet the child's need for treatment. In most cases, children in these settings are be older, mostly teenagers. Foster family care and group and residential treatment should be considered temporary placements. The preference is for the child to be returned home and, if that is not possible, for the child to be adopted, including adoption by relatives, or to secure some other permanent living arrangement.

**Question 12:** What research exists about effects of group/residential care?

**Answer 12:** Most children placed in group/residential care have a history of problems before they are placed. Therefore, it is useful to focus on how the experience effects those who were infants when they were placed in groups/residential care. Hodges and Tizard studied infants placed in residential care and who remained there until they were at least two years of age. By the age of two, they were found to be more clingy and diffuse in their attachments than children brought up in birth families and

had a mean mental age about two months below the norm. By age 4 they were less likely than controls to show deep attachments to caregivers and more likely to be attention seekers. At age 8 they continued their attachment patterns and were also restless, disobedient and unpopular at school. By age 16, the researchers could still see longterm effects in the adolescents who had experienced institutional care as infants.

Most recent research on outcomes of group/residential care should be interpreted with caution since most children who enter these kinds of settings have special needs for treatment. When compared to children raised in foster family homes, these children raised in group or residential settings were less likely to form friendships, had lower job satisfaction, fewer outside interests and fewer secondary family relations (Davis and Heimler, 1967). Festinger (1983) found that children placed in group care completed fewer years of education, were more likely to have been convicted of a crime and were more likely to indicate drug or alcohol problems as adults.

**Question 13:** Do we know what the public thinks about orphanages? Have there been any recent public opinion polls about this?

**Answer 13:** In December, 1994, the New York Times/CBS conducted a poll which found that 72% of the respondents said that children of young mothers with low income were still better off living with their mothers on welfare that being placed in foster care or in an orphanage run by the government. Twenty percent believed the children would be better off in such institutions.

## APPENDIX A

## BOARDING SCHOOLS & TRIBAL CHILDREN

Children and youth typically attend boarding schools in two very different ways.

One way involves families voluntarily making decisions that children will attend a boarding school. These decisions are often made for educational purposes, although in some instances children's behavior may motivate parents to think about a boarding school. Whatever the reason prompting consideration of a boarding school, families have latitude in reaching a decision.

The other way involves young people being sent to boarding schools either involuntarily or as a result of coercion. There are often social and political issues driving this process. In the involuntary instance government intervenes in the lives of families as a result of educational, social, and/or judicial policies, and makes the decision about whether certain families' children should attend. In the coercive situation families are faced with very limited options and may allow their children to attend boarding schools because of a lack of suitable alternatives. In both the involuntary and coercive circumstances parents have minimal free choice in reaching a decision.

The type of boarding school being proposed as part of the overall orphanage discussion falls more into the involuntary/coercive category.

The most analogous situation we have had in American History has been the boarding schools for American Indian and Alaskan Native children.

Reviewing some of the analysis of the purpose and the consequences of the boarding school experience for American Indian and Alaskan Native children and adults can help inform the current orphanage debate when it drifts off into a consideration of boarding schools.

Dr. Robert Bergman of the Indian Health Service in Gallup, New Mexico clarified the intent of these types of institutions at Senate Hearings held in 1974 on problems facing Indian families:

> Separating Indian children from their parents and tribes has been one of the major aims of governmental Indian Services for generations. The assumption is that children and particularly those in any kind of difficulty would be better off being raised by someone other than their own parents. The purpose of the first boarding school on the Navajo Reservation as stated in its charter in the 1890's was "to remove the Navajo child from the influence of his savage

parents." (p. 128)

According to Lewis Meriam who led one of the most thorough and widely respected studies of the Federal Indian Bureau back in the 1920s and published the results in "The Problems of Indian Administration", boarding schools had a number of negative psychological effects on both parents and children:

> A normal emotional life is essential to the development of parents to full adult responsibility. In relieving them of the care of their children the government robs them of one of the strongest and most fundamental of the economic motives, thereby keeping them in a state of childhood... To take away this responsibility is to encourage a series of unions with all the bad social consequences that accompany impermanence of marital relations... The effects of early deprivation of family life are apparent in the children. They too are victims of an arrested development. (pp. 576-577)

Conditions in these involuntary boarding schools were especially harsh for young people. According to Margaret Szasz, author of "Education and the American Indian":

> Physical conditions in boarding schools were notoriously inadequate. Overcrowding, insufficient food, and improper treatment of sick children led to frequent epidemics. Since Congressional appropriations were meager, boarding school pupils, including a significant percentage of preadolescent children, were forced to provide almost all of the essentials by working long hours in the shops, gardens, and the kitchens. In addition, they were subjected to harsh discipline according to the arbitrary will of the school superintendents.

Finally, in an editorial in the March 1974 issue of the "American Journal of Psychiatry", Dr. Martin Belser, an Associate Professor of Social Psychiatry at the Harvard School of Public Health and Chairman of the American Psychiatric Association Task Force on Indian Affairs cited environmental and emotional shortcomings of these involuntary/coercive settings:

> Krush and associates in 1966 and Hammerschlag and associates in 1973 reported studies showing that the staffs of boarding schools were inadequate in size for the tasks assigned them. They also showed that the direction of the institutions and the priorities of their administration were such as to leave the people who were in immediate contact with the children feeling powerless and as if they should not even try to provide for the emotional needs of the children. (p. 305)

# SUMMARY IMPACT ANALYSIS OF H.R. 4

## PROGRAMMATIC IMPACTS

- The House-passed welfare bill, the Personal Responsibility Act, will result in federal savings of approximately $69 billion between fiscal years 1996 and 2000 as funding for many federal programs is capped. The **preliminary** five year estimates of budget authority savings for each title are shown below:

Loss to States by Title

| | | 5 Year Federal Savings |
|---|---|---|
| ▸ Title I | **Cash Assistance Block Grant (Does not include child care repeals)** | **-$11.4 billion** |
| ▸ Title II | **Child Protection Block Grant** | **-$3.5 billion** |
| ▸ Title III | **Child Care and Child Nutrition Block Grant** | **-$8.2 billion** |
| | ▸ **Child Care Block Grant (Includes child care repeals)** | **-1.6 billion** |
| | ▸ **Child Nutrition Block Grant** | **-6.6 billion** |
| ▸ Title IV | **Restricting Welfare For Immigrants (Food Stamp restrictions are included in the Food Stamp estimate)** | **-$13.8 billion** |
| ▸ Title V | **Food Stamp Program Changes** | **-$23.2 billion** |
| ▸ | **[Food Stamp Offsets From Other Titles]** | **$5.9 billion** |
| ▸ Title VI | **Supplemental Security Income Reform** | **-$13.4 billion** |
| ▸ Title VII | **Child Support Enforcement** | **-$1.0 billion** |
| GRAND TOTAL | | -$68.6 billion |

## CHILDREN AFFECTED

Cash Assistance

- When this bill is fully implemented, states will not be able to use federal funds to support **5.6 million children** because they were born to a young mother, born to current AFDC recipients, were in a family that received AFDC for longer than five years, or were immigrants. This analysis takes into account that 10 percent of the entire caseload can be exempt from a five-year time limit, as well as the interactions of these provisions.

- The numbers of children affected at full implementation by the primary provisions in which states are required to deny eligibility if the caseload had identical characteristics to the current caseload are shown below. These numbers are independent effects and cannot be added to get the combined effects since some children would be affected by multiple provisions.

  - **Cash benefits denied to children born to unmarried mothers still under 18 ..... 80,000 children**
  - **Cash benefits denied to children born to current AFDC recipients ..... 2.2 million children**
  - **Benefits denied to families who have received AFDC for five years or longer ... 4.8 million children**

- The following table shows both the independent and combined effects of these provisions by year. The Combined Effects totals do not equal the sum of the effects of the various provisions because some children would lose eligibility as a result of more than one provision of the Personal Responsibility Act. In addition, the effects of the immigrant provisions and their interactions with the family cap are reflected in the Combined Effects totals below.

| PROVISION | YEAR 1 | YEAR 5 | FULL IMPLEMENTATION |
|---|---|---|---|
| **Minor Moms** | 20,000 | 60,000 | 80,000 |
| **Family Cap** | NO IMPACT | 1,000,000 | 2,200,000 |
| **Five Year Time Limit** | NO IMPACT | NO IMPACT | 4,800,000 |
| **COMBINED EFFECTS** | 20,000 | 1,500,000 | 5,600,000 |

- States are also required to reduce benefits for children without paternity established until the state establishes paternity. This provision will affect **3.3 million children** if applied to the current caseload.

- The number of children who are denied AFDC benefits or have their benefits reduced is based on the 1993 AFDC caseload using the 1993 AFDC Quality Control Data. The research on the relationship between AFDC benefits and either having children or marrying is inconclusive. Therefore the projected impacts for minor mothers and the family cap provisions do not assume changes in behaviors such as decisions to have children and teenage marriage. The impacts do incorporate an increase in paternity establishment due to the 1994 OBRA amendments regarding in-hospital paternity establishment and an assumption that a pregnant woman without prior AFDC receipt who would be subjected to the family cap provision will delay application until after the child's birth.

Child Protection

- Under the Personal Responsibility Act, significantly fewer abused and neglected children will be served by federal child protection funds. Low-income children in foster care and special needs children in adoptive homes will no longer be guaranteed support. Current, federally enforced protections for children in foster care will be eliminated by this bill.

Child Care

- Under the block grant in the Personal Responsibility Act, federal funding for child care will be cut by **13 percent** over five years. In FY 2000, the House welfare bill will result in a 19 percent cut in funding ($501 million) which would mean that **over 320,000 children** would lose federal child care assistance.

- This bill will result in a reduction in requirements for health and safety standards that protect children in care and the elimination of the set-aside that provides resources for states to increase child care quality and supply.

Child Nutrition

- The guarantee of free nutritious lunches and breakfasts for low-income children will be eliminated along with all federal nutrition-based meal standards.

Food Stamps

- The Personal Responsibility Act reduces the purchasing power of more than 25 million low-income people, including nearly **14 million children**.

SSI

- Of an estimated 888,470 children with disabilities who were on the SSI rolls in 1994, had the Personal Responsibility Act been in effect, **701,891 children** would not have received cash benefits. It is estimated that over 150,000 of these children would not have been eligible to receive Medicaid and some services under the block grant.

- Based on an historical analysis, approximately 18 percent of all SSI children would have received no benefits if the House bill had been in effect starting in 1991. 61 percent would have been denied cash benefits, but would have been eligible for block grant services, and only 21 percent would have received cash benefits and block grant services.

## IMPACT ON STATES

**Preliminary** estimates of the funding reductions by program in **FY 2000** are shown below:

- **Cash Assistance Block Grant** . . . . . **-20%**
- **Child Protection Block Grant** . . . . . **-15%**
- **Child Care Block Grant** . . . . . **-19%**
- **Child Nutrition Block Grants** . . . . . **-11%**
- **Food Stamps** . . . . . **-20%**
- **SSI Reforms** . . . . . **-13%**

Cash Assistance

- The cash assistance block grant contains virtually no adjustments for changes in population or the impacts of a recession on a state's economy.

- If the Personal Responsibility Act cash assistance block grant had been enacted in FY 1990, an historical analysis reveals that states would have received approximately 32 percent less funding in FY 1994 than they received under current law. Some states would have experienced losses exceeding twice the average, while other states would have received slight gains in funding. The variation in the reduction percentages shows the inability of this block grant to adjust for differential impacts of recessions, changing demographics, or increases in child poverty within states.

- The lack of a state match or any state maintenance of effort requirements creates an incentive for states to lower benefits relative to current law. Under current law if a state lowers what it spends for AFDC, it loses federal matching dollars. Under H.R. 4, there are no federal matching funds, so states lose nothing by cutting back on benefits.

- States may compete to lower benefits in an effort to encourage people to move to other states and prevent the state from becoming a "welfare magnet." The changed incentives facing states is likely to heighten this "race to the bottom" of benefit levels.

Child Protection

- The child protection block grant cannot adjust for changes in population, the impact of a recession, or unpredictable crises like the crack epidemic. Unpredictable events like the AIDS and crack epidemics contributed to recent increases abuse and neglect and foster care.

- If the Personal Responsibility Act child protection block grant had been enacted in FY 1990 using FY 1988 levels of funding, states would have received **49 percent** less funding in FY 1994 than they would have received under current law in FY 1994. This sharp loss shows the inability of this block grant to adjust for unpredictable surges in foster care caseloads. As with cash assistance, there would have been wide variation among states.

Child Care

- Under the block grant, states will receive a **13 percent** cut in budget authority ($1.6 billion) for child care over five years. States will be unable to adjust for increasing child care needs for both families on welfare and for the working poor.

Child Nutrition

- Overall child nutrition funding will be cut by **10 percent** over 5 years. States with higher proportions of low-income children will experience greater reductions.

SSI

- States will receive block grants; the amount of each state's block grant will be the product of the number of children who meet the listings but not the criteria to receive cash, times 75 percent of the average SSI payment to a child in that state. States will have to offer every eligible child the opportunity to apply for block grant services. The bill also repeals the maintenance of effort requirements applicable to optional state programs for supplementation of SSI benefits.

## IMPACT ON IMMIGRANTS

- The Personal Responsibility Act will eliminate eligibility for benefits and services for approximately **2 million legal immigrants**.

## IMPACT ON WORK

- Under current law in FY 1993, 17 percent of the AFDC caseload is already working or participating in JOBS. Under the House bill, 10 percent of the caseload would be required to "work" in FY 1996 and 27 percent are required to "work" in FY 2000, although caseload reductions may be counted toward "work."

## IMPACT ON CHILD SUPPORT ENFORCEMENT

- The Personal Responsibility Act adopted the major child support enforcement provisions proposed in the President's Work and Responsibility Act of 1994. However, the House bill eliminates the $50 pass-through, reducing income to poor families by **$650 million** over 5 years.

## IMPACT ON FOOD STAMPS

- The bill sets a spending cap on food stamp expenditures that would be based on CBO estimates of the programmatic cuts. However, if CBO has made an estimating error, fewer food stamps would be available to families in need. For example, states may not increase AFDC benefits as rapidly as under current law (see Methodology section). Or, more immigrants may naturalize at a faster rate than estimated. Both of these scenarios are quite plausible and would cause the food stamp cap to be exceeded, forcing food stamp benefits to be cut. No margin for error is provided if unemployment exceeds the CBO forecast or if a recession occurs. If the economy experiences an unforeseen recession, low-income and working poor families would actually receive fewer food stamp benefits in order to compensate for the increased caseload.

- The Personal Responsibility Act reduces the food purchasing power of food stamps, with reductions becoming increasingly larger over time. Instead of keeping pace with food prices, as current law provides, benefits would rise just two percent per year regardless of the increase in food costs. The bill would cut food stamps 8 percent below levels provided under current law in fiscal year 1996. By fiscal year 2000, the cut would be **20 percent**.

- The House bill terminates benefits after 90 days for non-disabled, childless individuals between the ages of 18 and 50 unless they are working at least half-time or are in a workfare or other employment or training program. However, states would be provided only $75 million a year for the establishment and operation of workfare positions. As a result, USDA estimates that 1.1 million people, many of whom are willing to work, comply with all work requirements, and willing to engage in workfare would be denied food stamps because they could not find employment in the private sector, and no workfare or training slot was made available to them.

- By allowing an optional nutrition program for AFDC recipients, the national uniform nature of the Food Stamp Program is changed significantly.

## TITLE II: CHILD PROTECTION BLOCK GRANT

- **Block Grant for Child Protection Services:** The current entitlement program for IV-E Foster Care and Adoption Assistance Program, the capped state entitlements for Family Preservation and Support and Independent Living, along with a number of discretionary programs related to child abuse and neglect and child protection (including the current IV-B Part I Child Welfare Services Program and the Child Abuse Prevention and Treatment Act), would be consolidated into a block grant to states.

- **Funding:** Funds for this block grant include two components: a capped entitlement to states and a discretionary portion subject to annual appropriation. The total funding (including both components) would be $4.416 billion in FY 1996, $4.681 billion in FY 1997, $4.993 billion in FY 1998, $5.253 billion in FY 1999, and $5.557 billion in FY 2000. Administration estimates show that resulting spending would be reduced by $3.5 billion over 5 years.

- **Maintenance of Effort:** During FY 1996 and 1997, states could not reduce their non-Federal spending on child protection and child welfare programs below the amount of their non-Federal spending under Titles IV-B and IV-E of the SSA in FY 1995.

- **State Allotment:** The block grant funds would be allocated to the states based on the higher of (1) one-third of the state's amount of Federal obligations for selected child protection programs for FY 92 through FY 94; or (2) the state's amount of Federal payments for those programs for FY 94. Under Title II there would be no funding for Tribal Organizations.

- **State Eligibility for Funds:** States must provide HHS with information on how they intend to use the funds and provide a series of certifications assuring that procedures are in place on reporting of abuse and neglect and acting on those reports (including the medical neglect of disabled infants), for removal of children and placing them in safe and nurturing settings, for achieving permanent placement, for honoring adoption assistance agreements, and for providing independent living services. States must certify that child abuse and neglect reporting procedures are in place and that the state has a mandatory reporting law. A declaration of a state's quantifiable goals for its child protection program and its progress in meeting these goals would be required. The Secretary would not be authorized to review state procedures and could only ensure that certifications were in the plan.

- **Purpose and Use of Funds:** States are required to use the funds to support the purposes of the bill, including identifying and assisting families at risk of abusing or neglecting their children; operating a system of receiving reports on abuse or neglect; investigating families reported; providing support, treatment, and family preservation services to families which are, or are at risk of, abusing or neglecting their children; supporting children who must be removed from or who cannot live with their families; making timely decisions about permanent living arrangements; and continuing evaluation and improvement of child protection laws, regulations and services. The bill specifically notes that States may fund abuse and neglect reporting systems, abuse and neglect prevention, family preservation, foster care, adoption, program administration, and training. The bill suggests, but does not require, that states use adult relatives as the preferred foster care provider or adoptive placement "if such relatives meet all State child protection standards."

- **Transfer of Funds:** Beginning in FY 1998, states may transfer up to 30 percent of funds from this block grant to other block grants, including those created by this bill as well as Title XX and any food and nutrition block grant that may be created by the 104th Congress.

- **Penalties:** If a required audit finds that a state has used funds in a manner not authorized by law, funds equal to those illegally used are to be withheld the following year. However, not more than 25 percent of each quarterly payment can be withheld. Also, the annual grant will be reduced by 3 percent if a state fails to submit the required data report within 6 months of the due date. A state found to violate the interethnic adoption provisions would lose all of its Title II funds for the period of the violation.

- **Child Protection Standards:** States are required to operate a child protection program with the following standards: protecting children, investigating reports of abuse and neglect promptly, developing permanency plans for children removed from their homes and holding dispositional hearings within 3 months of a fact-finding hearing, and reviewing out-of-home placements every 6 months unless the child is already in a long term placement. However, there is no provision for enforcing these standards.

- **Citizen Review Panels:** States are required to establish at least 3 citizen review panels that would be broadly representative of the community and that would meet at least quarterly. Each panel would review specific cases to determine state compliance with applicable laws and would make a report available to the public. There is no enforcement mechanism.

- **Study and Clearinghouse/Hotline:** The PRA would provide HHS with $6 million per year in entitlement funding to conduct a national random-sample study of child protection. An additional $10 million annually is authorized for the conduct of child protection research and training, and $7 million per year is authorized to support a clearinghouse and hotline on missing and runaway children at the Department of Justice.

- **Data Collection and Reporting:** Annual state data reports would be required to be submitted to HHS that would include basic aggregate data on the numbers of children abused and neglected, in foster care, that received services, deaths that result from child abuse or neglect, and other similar information. States could use survey data to comply with this requirement. States must also provide data measuring their progress in meeting the goals in the law and a summary response to the citizen review panel's findings and recommendations. The Secretary of HHS would issue an annual report of the data and provide it to Congress and the public.

- **Limitation on Federal Authority:** Other than what is specified in the law, the Secretary may not regulate the conduct of states or enforce any provision of the law. For example, this prohibits enforcement of compliance with or substantive review of the state plan. Also, the Secretary of HHS may not require a state to alter its child protection law regarding the adequacy, type and timing of health care (whether medical, non-medical, or spiritual).

- **Interethnic Adoption:** Section 553 of the Metzenbaum Multiethnic Placement Act of 1994 would be repealed. Section 553 specifies that while a state may not delay or deny placement of children on the basis of race, color, or national origin, a state may consider "the cultural, ethnic, or racial background of the child and the capacity of the prospective foster or adoptive parents to meet the needs of a child of this background as one of a number of factors used to determine the best interests of a child." The PRA provides that states could not deny or delay foster or adoption placements based on the race, color, or national origin of the person or the child involved. It does not, however, contain a "permissible consideration" provision. In addition, the PRA would change the nature of the penalty for violation of this section. A state found to have discriminated would lose all of its Title II block grant funds for the period of time during which the violation occurred, instead of being subject to the range of penalties provided by the Civil Rights Act of 1964.

# PROGRAMS AFFECTED BY BLOCK GRANT PROVISIONS OF H.R. 4

| Programs Affected | Entitlement Status Under Current Law | Funding Under Current Law | Provisions Under H.R. 4 |
|---|---|---|---|
| **Title I - Cash Assistance Block Grant** | | | |
| AFDC | Individual Entitlement | Uncapped, Federal Match | Individual Entitlement Status for These Programs Would be Repealed<br><br>Would be Replaced by a Capped Block Grant Entitlement to States with no State Match or Maintenance of Effort Required |
| JOBS | State Capped Entitlement | Capped, Federal Match | |
| Emergency Assistance | State Entitlement | Uncapped, Federal Match | |
| **Title II - Child Protection Block Grant** | | | |
| IV-E Foster Care | Individual Entitlement | Uncapped, Federal Match | Individual Entitlement Status for These Programs Would be Repealed<br><br>Would be Replaced by a Block Grant to States (with no State Match Required) Consisting of 2 Components: a Capped Entitlement to States and a Discretionary Appropriation |
| Adoption Assistance Program | Individual Entitlement | Uncapped, Federal Match | |
| Family Preservation | State Capped Entitlement | Capped, Federal Match | |
| Independent Living | State Capped Entitlement | Capped, Federal (with State Match above $45 Million) | |
| Child Welfare Services | Formula Grant | Federal Match | |
| Other Child Abuse & Neglect[1] | Formula Grant and Discretionary | Varies | |
| **Title III - Child Care Block Grant** | | | |
| AFDC/JOBS Child Care | Individual Entitlement | Uncapped, Federal Match | Individual Entitlement Status for These Programs Would be Repealed<br><br>Would be Replaced by a Discretionary Block Grant to States with no State Match or Maintenance of Effort Required |
| Transitional Child Care | Individual Entitlement | Uncapped, Federal Match | |
| At-Risk Child Care | State Capped Entitlement | Capped, Federal Match | |
| Child Care Development Block Grant | Discretionary | Federal Only | |
| Other Child Care | Discretionary | Federal Only | |
| **Titles III and V - Family Nutrition, School-Based and Food Stamp Block Grants** | | | |
| WIC Program | Discretionary | Federal Only, (Some States Supplement) | Individual Entitlement Status for These Programs Would be Repealed<br><br>Would be Replaced by Capped Block Grants to States with no State Match or Maintenance of Effort Required |
| School Lunch & Breakfast | Individual Entitlement | Mostly Federal, Uncapped | |
| Other Child Nutrition Programs | Individual Entitlement | Federal Only, Uncapped | |
| Food Stamps | Individual Entitlement | Federal Only, Uncapped | Would Become a Capped Entitlement |

1. Includes: CAPTA programs, Crisis Nurseries, Abandoned Infants Assistance, Adoption Opportunities, McKinney Act Family Support Centers, HUD Family Unification, Children's Advocacy Centers, and DOJ Prosecution grants

**Table 4 - Estimated Five Year Reduction in Child Protection Spending**

- This table displays the programs that are consolidated in the proposed Child Protection Block Grant and summarizes its anticipated budgetary impact. As shown in the table, between FY 1996 and FY 2000, over $3.5 billion will be cut below projections under current law.

- Over five years, states will experience a 12 percent loss in funding from this proposal.

TABLE 4

ESTIMATED REDUCTION IN FEDERAL SPENDING FROM CHILD PROTECTION BLOCK GRANT - H.R. 4

(Dollars in Millions)

| | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | 5 YEAR TOTAL |
|---|---|---|---|---|---|---|
| ENTITLEMENTS: | | | | | | |
| Repeal IV-E (Foster Care/Adoption/Ind.Living) | -$4,308 | -$4,422 | -$4,819 | -$5,253 | -$5,727 | -$24,528 |
| Repeal IV-B Family Preservation/Support | -225 | -240 | -255 | -263 | -272 | -$1,255 |
| Subtotal, Entitlement Repeals | -$4,533 | -$4,662 | -$5,074 | -$5,516 | -$5,999 | -$25,783 |
| Entitlement portion of Block Grant | $3,930 | $4,195 | $4,507 | $4,767 | $5,071 | $22,470 |
| Entitlement study | 6 | 6 | 6 | 6 | 6 | $30 |
| Subtotal, new entitlements | $3,936 | $4,201 | $4,513 | $4,773 | $5,077 | $22,500 |
| TOTAL – ENTITLEMENT CHANGES (BUDGET AUTHORITY) | -$597 | -$461 | -$561 | -$743 | -$922 | -$3,283 |
| DISCRETIONARY SPENDING: | | | | | | |
| Repeal IV-B Child Welfare Services | -$301 | -$310 | -$320 | -$330 | -$340 | -$1,600 |
| Repeal IV-B Research and Demonstration | -7 | -7 | -7 | -7 | -7 | -$35 |
| Repeal IV-B Training | -5 | -5 | -5 | -5 | -5 | -$24 |
| Repeal Family Unification Program (HUD) | -78 | -81 | -83 | -86 | -88 | -$416 |
| Repeal CAPTA State Grants | -24 | -24 | -25 | -26 | -27 | -$125 |
| Repeal CAPTA Discretionary | -16 | -16 | -17 | -17 | -18 | -$85 |
| Repeal Crisis Nurseries | -12 | -13 | -13 | -13 | -14 | -$65 |
| Repeal Abandoned Infants | -15 | -15 | -16 | -16 | -17 | -$79 |
| Repeal Adoption Opportunities | -13 | -14 | -14 | -15 | -15 | -$71 |
| Repeal CAPTA Commun. Family Resource Program | -32 | -33 | -34 | -35 | -36 | -$172 |
| Repeal Missing and Exploited Children (DoJ) | -7 | -7 | -7 | -8 | -8 | -$37 |
| Repeal Family Support Centers | -8 | -8 | -8 | -8 | -9 | -$40 |
| Repeal Children's Advocacy Centers (DoJ) | -3 | -3 | -3 | -3 | -3 | -$16 |
| Repeal Invest. and Prosecut. of Child Abuse (DoJ) | -2 | -2 | -2 | -2 | -2 | -$8 |
| Subtotal, Discretionary Repeals | -$521 | -$538 | -$554 | -$571 | -$589 | -$2,774 |
| Discretionary portion of Block Grant | $486 | $486 | $486 | $486 | $486 | $2,430 |
| Clearinghouse and hotline | 7 | 7 | 7 | 7 | 7 | $35 |
| Research and Training | 10 | 10 | 10 | 10 | 10 | $50 |
| Subtotal, new discretionary spending | $503 | $503 | $503 | $503 | $503 | $2,515 |
| TOTAL – DISCRETIONARY CHANGES (BUDGET AUTHORITY) | -$18 | -$35 | -$51 | -$68 | -$86 | -$259 |
| TOTAL SAVINGS (DISCRETIONARY AND ENTITLEMENT) | -$615 | -$495 | -$612 | -$812 | -$1,008 | -$3,542 |
| Percent Loss | 12% | 10% | 11% | 13% | 15% | 12% |

Note:
**These are unoffical estimates which have not been reviewed by OMB.**

**NEW BEGINNINGS: IMPROVING OUTCOMES FOR CHILDREN AND FAMILIES**
**San Diego, California**

New Beginnings is a collaborative effort of major public agencies in the San Diego County, California, to improve the lives of children and families through integrated services and institutional change. The collaborative has been in existence since 1988, when executive-level staff from the County of San Diego, City of San Diego, San Diego Community College District, San Diego City Schools, and the San Diego Housing Commission began a series of conversations on the way their organizations could work together to help meet the needs of an increasing population of children and families who are served by programs from many agencies, planned and implemented in isolation from each other. The original New Beginnings partners have since been joined by Children's Hospital and Health Center; UCSD Medical Center; Homestart, a community-based child abuse prevention agency; and Neighborhood House, the lead agency for Headstart in San Diego.

In its initial phases, New Beginnings placed major emphasis on developing understanding of agencies and programs; building communication and trust among agency executives (the Executive Committee), and developing a core group of middle- and upper-level managers with responsibility for the ongoing development and implementation of collaborative efforts. The group selected initially focused on a target area in City Heights, a low-income, ethnically diverse area in East San Diego, and conducted a feasibility study for integrated services at Hamilton Elementary School in that area. The feasibility study process included:

* placing a social worker at the school to work with families over a three month period;

* conducting interviews with an additional group of families to determine their experiences with the systems and their needs for additional assistance;

* focus groups with agency workers to elicit their own experiences with the most current system, and the barriers they experience when attempting to provide effective services;

* a data match study to determine the extent to which Hamilton families were also clients of other publicly-

funded programs; and

* a mobility study of Hamilton families to determine how frequently the families move to and from the schools attendance area.

From this study, the New Beginnings Executive Committee determined to test a new system of integrated services that would:

* focus on the family, not on any single member of the family;

* provide resources for prevention of serious conditions;

* utilize existing agency resources to the greatest extent possible; and

* be adaptable to the needs and resources of local communities.

The executives also determined to pursue interagency collaboration at two levels:

* developing a demonstration center for school-linked services at Hamilton; and

* pursuing institutional change in each of the partner organizations.

The New Beginnings center at Hamilton Elementary opened to assistance to families in September 1991. The center is staffed by workers repositioned from the partner agencies, who work in a new role, that of Family Services Advocates (or FSAs). These Family Services Advocates work directly with families to provide assistance and link families to services from partner agencies. The center also includes mental health services for children, provided by a community-based organization under contract from the San Diego County Department of Health Services; expanded health services fir children, with emphasis on prevention services and development of a "medical home" for families, and outreach workers who link families with the services of the center.

The Management Information System (MIS), developed specifically for New Beginnings, provides a tool for record keeping for new clients, develops information for evaluation, and links the New Beginnings center to the data system of partner agencies. The MIS has been developed as a prototype for Healthy Start programs in California, and will be adaptable to programs in other states.

Through a grant from the U.S. Department of Health and Human Services, the county of San Diego has facilitated the New Beginnings process in Vista, El Cajon, and National City. In

each community a cross-agency has worked to from a council and engage in a feasibility study process for integrated services. Within San Diego City School, the New Beginnings Executive Committee has formed the basis if institutional collaboration for five Healthy Start operating grants provided by the state of California. An ongoing strategic planning process linked to the Improved Outcomes Project includes integrated health and human services as an element of the systemic change process.

In 1993, New Beginnings is confronting critical issues for improving outcomes for children and families in our communities. They include:

* Strengthening the school/center relationship: a central issue of integrated services continues to be the relationship between the school staff who work with children and families in a school. There is a need for ongoing communication building and cross agency staff development to solidify a positive relationship.

* Change at the executive level: one agency executive remains from the 1998 group, and he has changed agencies. How can the new executives develop ownership for an ongoing process, and development to solidify a positive relationship.

* Empowerment and ownership in diverse communities: how are communities defined? How can the needs of children and families be met in culturally appropriate ways?

* Governance and financial sustainability: As agency resources dwindle, more complex structures of decategorization and reimbursement/reinvestment must be considered. Can elected officials and agency executives agree on commitments to an ongoing financial structure?

① Gaynor-fyi
then return
to Julie to be filed

CENTER FOR FAMILY LIFE
IN SUNSET PARK

comprehensive,
family-centered services
on behalf of children and youth

May 5, 1995

MAY 12 1995 W/ event file

Ms. Carol H. Rasco
Assistant to the President
for Domestic Policy
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Rasco:

I too found the discussion at the conference sponsored by the Foundation for Child Development and the Milbank Memorial Fund especially helpful, and I believe the two foundations provided a fine opportunity to consider debated issues in an even-handed way.

In response to your expression of interest in our perspectives, I am enclosing a brief summary regarding the Center for Family Life and a map of the neighborhood sites for our major activities, I would be very happy to send you a much longer, detailed "Progress Report" which gives much more descriptive material about our community as well as an accounting of our various activities. We would be glad to keep you informed also about forthcoming reports of a 3-year research evaluation of the Center for Family Life, which has been funded by The Annie E. Casey Foundation in Baltimore, and which is being implemented by a team at the Columbia University School of Social Work.

Sincerely,

sr Mary Paul

Sister Mary Paul, DSW
Director of Clinical Services

enclosures

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Brooklyn, New York 11232

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Center for Family Life in Sunset Park
Employment Services
Counseling
Job Search
Job Placement
Follow-Up
Family Support Center (Main Office)
Family Counseling & Clinical Services
Infant/Toddler/ Parent Program
Group Therapy
Foster Grandparents & In-Home Help
Psychological & Psychiatric Evaluations
Dewey Middle School Community Programs
"Life Lines" Community Arts
School Partners Project
The Learning Center
Community Service Club
Emergency Service Center
Advocacy Clinic
Thrift Shop
Emergency Food
P.S. 1 Community School
School-Age Child Care
After School Recreation
Youth Leadership Program
Teen Evening Center
Parent/Teen Fashion Project
Parent Advisory Council
Summer Day Camps
Beacon School at P.S. 314
School-Age Child Care
After School Recreation
Youth Leadership Programs
Teen Evening Center
Parent Night
Parent/Teen Advisory Council
Summer Day Camps
Coordinator of Beacon Programs
GOWANUS BAY
SUNSET PARK
GREENWOO
CEMETER

CENTER FOR FAMILY LIFE
IN SUNSET PARK

comprehensive,
family-centered services
on behalf of children and youth

The Center for Family Life's services are in the Sunset Park area of Brooklyn. Within this very poor neighborhood of over 100,000 people, almost a third of whom are under the age 18, we have developed a service model that aims to sustain children and youth in their own homes by enhancing the capacity of parents, providing developmental opportunities for family members, addressing crisis in parent-child or spousal relationships, or intervening in a variety of ways to bring financial stability or at least adequate income to the family household. The continuum of our activities embraces a large amount of preventive work and early intervention as well as crisis management and remediation in instances of serious family disorganization and dysfunction.

Accordingly, our model is inclusive of a number of access points by families and children to a wide range of supports we offer directly to them. They can be self-referred or referred by any school, court, public or voluntary agency, church, community group, or neighbor. They may also enter one of our "open enrollment" programs in the community, especially those that are school-based, involve school-age child care and other after-school and evening activities, etc. They may find short-term, strategic help in our storefront center where we sponsor (together with a membership of 19-20 churches and organizations) a community-wide emergency food program and other emergency/advocacy services; or they may come to our employment services program for preparation to enter or re-enter the world of work and be placed in unsubsidized, private sector jobs. Youth who are 14-19 years of age of low income families can apply for summer employment, as we are a sponsor for the city's Summer Youth Employment Program in which youth are offered jobs within one of many community organizations in or near our neighborhood. Parents who are troubled by marital or other intrafamilial stresses are offered individual, group and/or family counseling by our staff of experienced, qualified clinical social workers, aided by graduate social work interns, "foster grandparents", and a variety of volunteers.

In any of these service programs, we receive the children, teens and parents without fee, and without grouping them by some particular problem category. Whether the presenting problem is one of marital conflict, child neglect, learning disorders, a runaway child, or substance abuse, or dysfunctional child-rearing practices that reach abusiveness, we individualize each family situation and the needs of family members, rather than grouping them in any category.

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## Assumptions in Our Service Model

Our sense of mission is strongly rooted in the premise that child wellbeing and family strengths are **(1)** closely interrelated; and **(2)** always are themselves the outcomes of a large number of factors within the family **and** within the social milieu -- the community itself.

On the first plane of child and family well-being factors, we consider that human development encompasses attributes and characteristics that range from the hereditary, genetic, health and cultural, to learned and deeply influential "habits of mind" and values that come from a person's experiences with parents, siblings, relatives and other primary persons. The level of self-esteem, the sense of one's own possibilities, social aspirations and adaptability/striving that an individual achieves can be strongly attributed to "roots" such as those mentioned above. Families, therefore, are uniquely sources of individual growth and development, a primary source of personal security, and the ground of attachment to others.

Increasingly, however, there is a common consensus that family functioning itself is not independent of each family member's interaction with persons and groups to be found in community "institutions" such as schools, multiple dwellings in which families are situated, and a large variety of neighborhood associations. Children, teens and parents themselves are open to continuing development (positively or negatively) through the bonding that occurs within a community. Optimally, the bonds and developmental opportunities that occur when children, teens or adults participate in schools or other neighborhood associations feed into and strengthen the family itself: the family needs the energies and hopefulness, the resources and the affirmations, that come out of belonging to a community. It is not just a matter of ideal and of philosophy. There is a very large literature and body of knowledge about the relationship of personal success and adaptability, and social outcomes, to how individuals participate and are actively involved in community.

Further, there is a wide support for the finding (Julius Wilson and many others) that social problems abound when families and children are extruded from a supportive community. Ghetto-ized neighborhoods not only insulate children and parents from needed personal and social resources, but they re-inforce individual experiences of low self-worth and alienation that then contribute to such social problems as school dropout, teenage pregnancies, hedonistic behaviors including substance abuse or selling, and even predatory orientations to delinquencies.

Our conclusion: The social services, including personal social services to families and children, are fundamentally important in any community, but particularly in poor neighborhoods. They need to "be there" for families straining to raise children in situations of duress and scarcity, particularly. They need to open doors for such families, and to resolve problems before they harden. There is also a great need for family service centers to play a dynamic and catalytic role in the community, encouraging

the community itself to embrace and take responsibility for its families. A strong community (like a strong school) does not extrude problem members but finds ways to integrate, influence and lead. We have repeatedly experienced that when persons in the helping professions work with schools and community groups, there are very many less throwaways that are later counted as truants, dropouts, delinquents, etc.

The family service center, such as we have been developing, that has the skills and competencies needed to remediate and address serious problems that are found in individuals and families (concentrated in some areas more than others) needs to see **itself** as a community institution, responsible for contributing to neighborhood climate, responsiveness and capacity to socialize toward good citizenship and personal happiness.

Finally, while engaged in prevention and early intervention as fully as possible by working with other organizations and groups, a family social service center such as ours takes responsibility for families where problems have accrued and advanced seriously, and tries not to send families outside the neighborhood. As an example of this, the Center for Family Life has recently added a small neighborhood foster family program to its span of services. Therefore, when family dysfunction reaches a crisis point and children do have to be removed from their own home, the Center for Family Life maintains a modest number of foster family homes within the same neighborhood. Thus, the children can maintain their normal school and friendship associations and the continuous experiences of bonding that are affirming, until family reunification can take place.

## Program Components and Activities of the Center for Family Life

The personal social services we provide for families and children are inclusive of the following:

1. Seven-day-a-week availability (8:00 A.M. to 11:00 P.M.) to families and children of Sunset Park without regard to race or faith and without classification according to any symptomatic or presenting problem. In addition, there is a telephone availability of the Project Director and Director of Clinical Services (who are live-in-staff) for emergency response, from 11:00 P.M. to 8:00 A.M.

2. Comprehensive assessment and evaluation services in crisis situations, including psychological and psychiatric evaluations when needed; these evaluations are also used for ongoing treatment planning.

3. Frequency and intensity of counseling services as needed, ranging from brief term to long term, sustained help, using individual, group and/or family sessions as appropriate to the particular family; family life education and discussion groups; women's support groups; and therapeutic activity groups for children and teens, within individually coordinated plans based on family assessment. Clinical services may consist in more than one method of therapy and with as many members of the family who need the assistance.

4. In-home aid and support through our Foster Grandparent program in which older, experienced men and women, who coordinate their work with our professional counselors, are selected in particular cases to model effective parenting and give support.

5. Connecting individuals and families with community agencies and service systems for medical, legal, vocational, social and religious helps, and for income support, housing, day care or homemaker services.

6. Assistance in assessing and remedying school problems and learning disabilities; help to parents in understanding and using the services of guidance personnel, school-based support teams, Committees on Special Education; shared evaluation and planning with these school personnel in the location of a specialized educational program a particular child may need, as well as with means toward mainstreaming.

7. Sponsorship of an Advocacy Clinic and an Emergency Food Program, in concert with other community groups, churches and collaborators, within the Center for Family Life Thrift Shop & Service Center (a storefront center at 4224 - 5th Avenue, Brooklyn), for a variety of brief term forms of crisis information and assistance.

8. Comprehensive, enriched school-age child care and extended day activity programs which we provide on-site at P.S. 1 and P.S. 314, five days a week, 3:00 to 6:00 P.M., for children 5-12 years of age, who have working or student mothers, or who are youngsters with particular needs for enrichment of relationships and experience. Programs include dance, drama, arts and crafts, sports, cooking, and homework help, as well as activities for parents.

9. Peer tutoring programs (older children tutoring younger children) at P.S. 1, P.S. 314 and Dewey Middle School (renamed from Dewey Junior High). Also, a Learning Center at Dewey Middle School.

10. Summer day camps for children 5-12 years of age, operating from the sites of P.S. 1 and P.S. 314, as well as a smaller camp for 13-15 year-olds at P.S. 1. Also, there is a pre-teen summer day camp focusing on drama and the arts for students of Dewey Middle School and other young teens, the "Life Lines" camp, led by the Director of our family life theatre/community arts program.

11. Extended day program at Dewey Middle School, consisting of a range of afternoon activities, in addition to an in-school program in which our artists pair with teachers to bring arts in relationship to classroom subjects; also a lunch-hour option for students to participate in drama, dance and art. The participants in these various activities during and after school hours also create productions and performances for fellow students and the community at large.

These students and those from P.S. 1 and P.S. 314 are also participants in "performing arts nights" during weeks of exhibition at least twice annually by "Sunset Arts", a community collaborative of artists.

12. Planned socialization and recreation activities as family experiences, as well as monthly teen dances. Also, we connect children and teens with other summer day camps, sleepaway camps, programs of the Fresh Air Fund, and out-of-state experiences. Year-round parent groups help to plan family days and family dinners, particularly on days when a major performance by the children and teens is scheduled.

13. Teen Evening Centers: one based at P.S. 1 on Tuesday and Thursday evenings from 6:00 to 9:00 P.M., and another at P.S. 314 on Monday and Wednesday evenings from 7:00 to 10:00 P.M., featuring a large range of activities (basketball leagues, open lounge, rap groups, poetry writing, arts and crafts, photography, dance, volleyball and other sports, "new games", etc.).

"Project Youth", an in-depth guided program for teenagers at P.S. 1 and P.S. 314, particularly those who are "Counselors-in-Training" (volunteers) or graduate into assistant counselors, as an integrated youth development project which includes counseling, mentoring for in-school retention and academic progress, adolescent sexuality education, and career orientation, with ongoing follow-up.

As well, extensive youth leadership training for teenagers in all three school-sited programs of the Center.

14. Community Service Club for pre-teens and teenagers who volunteer at a variety of helping roles in organizations within the neighborhood, after school hours. This club is led from our site at Dewey Middle School, and has some members who volunteer at P.S. 1 and P.S. 314, as well as at other neighborhood agencies.

15. Infant/Toddler/Parent program, to provide early stimulation and group play for infants and toddlers, 6 months to 3 years of age, under the leadership of early childhood teacher aides, while the mothers meet in an adjacent room in group sessions, as a support to each other in resolving personal and parenting needs. An experienced clinical social worker leads the sessions with the mothers. English-speaking and Spanish-speaking sessions, respectively, are held two mornings a week: a total of 4 mornings from 9:30 A.M. to 11:30 A.M.

16. Workshops for parents, on a variety of child-rearing and family life topics, at nearby public schools and occasionally at other sites, during the school year. The workshops are held in English and Spanish, and sometimes in Chinese.

17. Summer Youth Employment program, funded by the city's Department of Employment, which involves our enrollment of many hundreds of teens 14-21 years of age, and placing them in "work sites" offered by more than 40 non-profit organizations in and near Sunset Park. Our role includes arranging for the city-paid stipends to youth, supervision of work sites, workshops given to all the youth during the summer, relating to the provider agencies, etc.

18. Pre-Employment and Job Placement Program (Center for Family Life Employment Services) at 269 - 37th Street, Brooklyn, providing counseling, ESL, short-term computerized vocational instruction, job search and job placement, for adult men and women (a minimum of 300 persons annually).

19. Active participation in a Human Services Cabinet convened by Community Board #7 and comprised of representatives of public and voluntary agencies and community groups, to coordinate services and to plan for community events as well as for timely responses to the neighborhood's children and family needs. The Cabinet meets monthly and spins off topics and activities in which participating agencies and groups work further.

20. A small number of "satellite foster family homes", providing care for neighborhood children in instances of serious crisis, so that children do not need to be removed from their own neighborhood, school, friends, and other close ties. The matching of natural and foster families in the same neighborhood permits children to experience less of the trauma of separation, and facilitates more intensive services toward family reunification. After discharge from foster care, the children and their parents are able to continue receiving the regular supports of the Center.

**Significance of Our Model**

The Center for Family Life is more than an aggregate of activities, though its span is very large and reaches thousands of people in the community year by year. It makes a contribution to community development and is a dynamic in neighborhood consciousness. It is effective because it can take hold of problems on a scale that is possible only at a local level, since bureaucratic structures in a very large city are almost impossible to coordinate. The social problems we encounter are indeed large, and in many instances, very serious but they can better be approached within a given community because smaller scale permits integration and cohesive attention among service providers and community institutions. Our issues are "global"; our strategy is "local".

There is growing recognition of the principles articulated above, and a growing consensus that models like ours (with adaptations for the special character and requirements of each community in need) do correct for the fragmentation and weakness of many categorical ("name brand") approaches for one problem at a time: programs such as dropout prevention, truancy prevention, teenage pregnancy prevention, drug abuse prevention, neglecting or abusing mothers,

etc., since these problems and many others are interactive, occur in the same population, and are inevitably connected with the social and economic issues of the community.

Evidence of this consensus can be found in recommendations such as:

Elizabeth Schorr's book, Within Our Reach (New York: Anchor Press, 1988)

Manhattan Borough President's Advisory Council on Child Welfare, "Failed Promises, Child Welfare in New York City: A Look at the Past, a Vision for the Future," July 1989.

Brenda McGowan et al., The Continuing Crisis: New York's Response to Families Requiring Protective and Preventive Services. (New York: Neighborhood Family Services Coalition, 1986.)

State of the State Message by Governor Mario Cuomo, January 1990. Reference also to Editorial, New York Times, January 7, 1990.

Report and Recommendations of the Task Fource on Preventive Policies for At-Risk Children Aged Seven and Younger, New York Governance in the 21st Century. Project of New York City Partnership, Nelson A. Rockefeller Institute of Government, State Academy for Public Administration, Albany, January 1989.

Making the System Work for Poor Children, by Richard Weissbourd, for the John F. Kennedy School of Government, Harvard University, November 1991.

A New Agenda for Cities, by Richard P. Nathan, Rockfeller Institute of Government, State University of New York, September 1990.

Handbook of Social Work with Vulnerable Populations, ed. by Alex Gitterman, New York: Columbia University Press, 1990, chapter 12, "Children in Foster Care", by Brenda G. McGowan and Emily Stutz.

The Geography of Foster Care: Keeping the Children in the Neighborhood, by Steve Lerner, New York: Foundation for Child Development, 1990.

Social Services for Children, Youth and Families in the United State, by Sheila B. Kamerman and Alfred J. Kahn, The Annie E. Casey Foundation, June 1989.

Comprehensive Services Integration Programs for At-Risk Youth, a study conducted by The Urban Institute of Washington, D.C. under contract to the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 1992. This was a study of nine programs across the country, including the Center for Family Life in Sunset Park.

The Center for Family Life and the Sunset Park Community, by Ethel Sheffer, a study carried out for the Surdna Foundation and the Foundation for Child Development, 1992.

The Center for Family Life was also featured in a national documentary titled Our Children at Risk, produced by Roger Weisberg for public television and supported by several national foundations, in 1991.

Earlier, in 1985, it was the subject of a cover story in Time Magazine by Roger Rosenblatt.

The Center for Family Life has been visited by many social workers and other professionals, as well as government officials and policy makers, across the country and from abroad, who have found its family-and-community centeredness to be highly transferable to their situations and needs. In 1993 the Center also provided technical assistance to representatives of six states who were engaged in the "Family-to-Family" foster care reform initiative of The Annie E. Casey Foundation.