Administration for Children and Families

Vision

All children, regardless of family means or status, deserve the best start in life. Research demonstrates that high-quality child care, early education, and early experiences can make an enormous difference in whether children grow up to meet their potential. The Administration for Children and Families (ACF) helps provide this vital early start through its multitude of community-based early-intervention programs for some of the nation’s most vulnerable children and families. In order to meet the need, ACF must have robust resources—both financial and non-financial—so the country can prioritize strong child well-being rather than have to implement solutions after children have already been harmed. ACF can also play an important coordination function to ensure that all of the federal government’s programs are providing vulnerable children and families with consistently high-quality, evidence-based services.

In addition, ACF plays a key role in protecting, providing health care, education and other services to—and ultimately helping assimilate—unaccompanied children who have escaped extreme violence, trauma, and poverty to make a dangerous journey to the United States. Compared with the treatment of children by the Department of Homeland Security (DHS), ACF shelters provide age-appropriate services and their capacity both to care for children while in custody and upon release to the community with sponsors must be vastly expanded.

Recommended Administrative Actions

Ensure access to high-quality child care programs. Families in poor and low-income households have difficulty accessing health care and meeting their children’s basic needs for healthy development. This, in turn, negatively affects school readiness for children from low-income families, affecting their academic success and placing them on a trajectory for poor health, social, and economic outcomes across the life span. High-quality child care can help counteract these challenges for children from low-income families while also helping to alleviate poverty by reducing barriers to work. The goal of the ACF-administered Child Care and Development Fund (CCDF) is to lift low-income families out of poverty by making quality child care affordable, thereby generating substantial long-term health and economic benefits to children and their families. The Child Care and Development Block Grant (CCDBG) Act of 2014 reauthorized the law governing the CCDF for the first time since 1996. It also made critical improvements to the standards for federally funded child care for low-income families. The reauthorized law strengthens health and safety requirements for child care providers, among other improvements. ACF must continue with timely implementation of this law, ensure that the applicable regulations are as protective of child health and safety as possible, and work with states to improve providers’ ability to support early development. High-quality child care requires a substantial financial investment by federal and state governments and a commitment from child care providers to improve quality with support for reaching higher levels. The next administration must ensure the application of the law’s improved health and safety standards to all licensed child care facilities, not only those receiving federal subsidies. In addition, it must advocate for increased funding, both to cover the costs of the reauthorization and provide greater support for providers so they can deliver the care children need.

Ensure that children and youth in foster care receive needed health care. Children in foster care face specific risks because they have experienced significant trauma, which has substantial effects on their health, development, and well-being. Federal policy has a critical role in ensuring that children who are placed in out-of-home care have timely access to quality health services to facilitate their healing. As a component of their Title IV-B child welfare services plans, states are required to develop Health Oversight and Coordination Plans (HOCPs) that outline how states ensure children in foster care receive needed health services. HOCPs provide a critical means through which child and adolescent health and well-being can be improved. Unfortunately, implementation of this aspect of the law has not been effective. The next administration must help states effectively implement their HOCPs and must provide additional resources and clear guidance and oversight on HOCP development, implementation, and reporting activities.

Safeguard the health of children and youth in foster care. ACF’s Administration for Children, Youth and Families has proposed improvements to the Adoption and Foster Care Analysis and Reporting System (AFCARS) rule. These important improvements include expansion of the ability of the Children’s Bureau to collect and analyze information about both the health of children in foster care and the health services they receive. The proposed rule has been pending since the spring of 2015 and must be finalized as soon as possible.
Develop a plan for reauthorizing Temporary Assistance for Needy Families (TANF). The TANF block grant provides critical resources for states to help parents find and maintain employment and provide cash assistance to help families meet their basic needs when work is not available or feasible. The Office of Family Assistance, which administers the TANF block grant, should develop a comprehensive TANF reauthorization proposal that holds states accountable for reaching more families in need, creates effective work programs that place families on an employment path that eventually will lead them out of poverty, and requires that the majority of state and federal TANF funds be used for TANF’s core purposes—income support, work preparation and child care.

Recommended Congressional Actions

Pass the Family First Prevention Services Act. The bipartisan, bicameral Family First Prevention Services Act would provide assistance to strengthen families in order to prevent the need for children to enter the child welfare system and would make critical improvements to foster group homes.

Reauthorize Child Abuse Prevention and Treatment Act. The authorization for the Child Abuse Prevention and Treatment Act (CAPTA) expired in September 2015, and it needs to be updated. Most importantly, the reauthorization needs to include liability protections for pediatric providers assisting in cases of suspected child abuse.

Support direct aid to low-income families. TANF is an essential part of the safety net for families, yet changes made to the program by Congress 20 years ago have resulted in significant declines in the percentage of families with children in poverty who receive its benefits. TANF must be better aligned with serving the actual needs of families in poverty.

End funding for abstinence-only sexuality education. Adolescents deserve medically accurate and comprehensive sexuality education. Abstinence-only-until-marriage (AOUM) programs often miss the mark by providing ineffective interventions, offering inaccurate information, excluding critical knowledge, and failing to be sensitive to the needs of diverse populations. Congress should repeal funding for AOUM sexuality education.

Funding Priorities

Early childhood education and child care programs. Currently, need for Head Start, Early Head Start, and the CCDBG outpaces available slots. The funding and number of available slots in these programs needs to be significantly increased.

Protect children at risk for entering foster care. Children fare best when they are raised in families equipped to meet their needs. The federal government should provide states with much-needed funding to support mental health, substance abuse, and in-home parenting skills programs for all families, and specifically for families with children who are at-risk of entering foster care. This approach would incentivize state efforts to preserve and strengthen families by providing federal funds to administer prevention programs.

Support state improvements to oversight and coordination of health services for children in foster care. Given the substantial trauma and disproportionate health service needs of children in foster care, it is essential to ensure states can effectively oversee and coordinate their health services. The federal government should provide expanded technical assistance and resources for state HOCP development and implementation. This will better support the goals of current federal law and improve access to quality health care for vulnerable children.

Adoption and Foster Care Analysis and Reporting System. AFCARS plays a key role in tracking the experience of children in foster care and the success of implementation of federal child welfare law at the state level. Greater funding for AFCARS will improve how these children are served and help them make a healthy transition to adulthood.

Protect the health of unaccompanied children. Unaccompanied children are children under the age of 18 who have no lawful immigration status in the United States and who have no parent or legal guardian in the United States available to provide care and physical custody. The age of these children, their separation from parents and relatives, and their hazardous journey make them especially vulnerable to human trafficking, exploitation, and abuse. Unaccompanied children have multiple, inter-related reasons for undertaking the difficult journey to the United States, which may include rejoining family already in the United States, escaping violent communities or abusive family relationships in their home country, or finding work to support their families in the home country. For the past several years, large numbers of unaccompanied children crossed the U.S. border from Central America due to extreme violence, trauma, and poverty in their home countries. The next administration must greatly expand funding for the Unaccompanied Children’s Services program, including major new investments to ensure children are in appropriate shelters, that those shelters provide appropriate and ample services, especially mental health services, and to expand in-home studies and post-release services for unaccompanied minors once they are released to sponsors. Such expansions should be accompanied with increased collaboration with community pediatricians who will be providing medical care to this highly vulnerable population of children, many of whom are victims of violence and have been exposed to trauma.

Provide medically accurate sexuality education. In lieu of funding for AOUM programs, the federal government should only fund comprehensive, age-appropriate, and medically accurate sexuality education programs such as those supported by the Personal Responsibility Education Program (PREP).
About this Document

This document is an excerpt from Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future (http://aap.org/blueprint), which was produced by the American Academy of Pediatrics in September 2016 and has also been endorsed by the following organizations: the Academic Pediatric Association, the American Pediatric Society, America’s Promise Alliance, the Association of Medical School Pediatric Department Chairs, Family Voices, the National Association of Pediatric Nurse Practitioners, the Pediatric Policy Council, the Society for Adolescent Health and Medicine, the Society for Pediatric Research and ZERO TO THREE.