



Linking state child care and child welfare policies and populations: Implications for children, families, and policymakers



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ABSTRACT

Policymakers have begun to explore new areas of service system integration, including coordination of services for vulnerable children and families. Early care and education (ECE) research has also begun to pursue more nuanced questions about the role of ECE in the development of vulnerable children, including those involved with child welfare. Yet, to date, very little is understood about the integration of ECE and child welfare service systems or policy. This study examined state variation in federal child care subsidy (CCDF) program policies including eligibility, priority, copays, and activity requirements for families involved in child-welfare. Findings showed that, overall, states made fewer accommodations in their CCDF policies for children in foster care than for those otherwise involved in child welfare, such as by waving copays and activity requirements. Three typologies of states' CCDF policies were identified using latent class analysis: an accommodating typology, a selective accommodations typology, and a not accommodating typology. The relationships between these typologies and indicators of states' child welfare placements (types and stability) were also explored. Findings have implications for state policymakers and researchers interested in the integration and improvement of services for vulnerable children and families.

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1. Introduction

The purpose of the federal Child Care Development Fund (CCDF) is to facilitate employment and to promote positive child development for low-income families (Adams & Rohacek, 2002; U.S. Department of Health and Human Services, Administration for Children and Families, 2011a). CCDF is the federal government's largest child care program, serving more than 1.4 million children, on average, per month in 2013 (US-DHHS, 2013a) and is central to the network of Early Care and Education (ECE) programs (e.g. child care, state funded pre-K, Head Start) designed to promote the school readiness of low-income children in the United States. In 2013, approximately 8 billion total expenditures were committed to the CCDF subsidy program, with 79% or \$ 6.765 billion spent on direct services (the provision of subsidies).

Similarly, the Children's Bureau, responsible for administering federal child welfare services, is charged with keeping children safe from early adversity (e.g. maltreatment), ensuring children's permanency in a safe home, and contributing to their well-being (P.L. 112–34, 2011). This three-pronged mission of safety, permanency, and well-being guides the child welfare system and the policies that states make within their child welfare systems.

Despite synergies in their missions, child care and child welfare policies have developed along largely separate tracks, leading to minimal overlap or coordination in services. Improving coordination across these sectors has the potential to reduce costs (Barbee & Antle, 2011; Heckman & Masterov, 2007), as well as to improve children's outcomes, especially considering efforts to ensure that subsidized child care is of high quality (US-DHHS, 2011a). An emerging line of research examines the role of child care and other ECE programs in the lives of children involved in child welfare (Dinehart, Manfra, Katz, & Hartman, 2012; Klein, 2011; Lipscomb & Pears, 2011; Lipscomb, Pratt, Schmitt, Pears, & Kim, 2013; Meloy & Phillips, 2012a; Merritt & Klein, 2015; Pratt, Lipscomb, & Schmitt, 2014). These studies indicate that children involved with child welfare, despite their vulnerability, have minimal access to high quality ECE but that children and parents involved with the child welfare system stand to benefit from such access.

In addition, preliminary evidence suggests that when early childhood and child welfare systems work together, access to ECE for children involved in child welfare improves (Meloy & Clincy, 2014). While this research is only recently underway, given the potential benefits for children, families, and state systems, the federal government is already working to increase access to quality care for children involved in child welfare through publications and a memorandum between the Children's Bureau and the Office of Child Care (US-DHHS, 2011b, 2011c, 2011d).

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Yet very little is understood about how states currently set CCDF policies that impact access to child care for children involved in child welfare. The federal government sets only a few parameters, including income and work requirements for the majority of eligible parents, and a small (4%, recently raised to 10% in 2014) set aside of funds for quality improvement (P.L. 104–193, 1996; PL 113–186, 2014). In addition, funding is limited and has been declining, leading to 263,000 fewer children receiving CCDBG-funded child care between 2006 and 2012 (Matthews & Schmit, 2014). Most decisions that affect how subsidies are actually allocated to families are made by states—in effect creating fifty child care subsidy policy systems. Thus, the availability of child care subsidies for families involved in child welfare and the rules accompanying eligibility vary by state. The current study aims to describe the most common ways in which states set CCDF policies for families involved in child welfare by estimating latent classes of states identified by their CCDF policies. Findings will broaden awareness of variation in state CCDF policies for families involved in child welfare across the U.S., contribute to federal conversations about the implementation of CCDF within states, and inform state policy makers about the various ways states set CCDF policies for children involved in child welfare. Documentation of differences in state CCDF policies for children involved with child welfare is also foundational to future investigations of how these policies affect the outcomes of vulnerable children and families. Additionally, the current study provides a preliminary analysis of the contexts within which these CCDF policies for children involved in child welfare exist, by examining associations between latent classes of policies and state-level indicators of child welfare placements (types and stability) that children experience.

1.1. *The role of child welfare placement type and stability on child well-being*

Children from families involved in the child welfare system face risks that may compromise their development in nearly every domain, making it difficult for them to enter kindergarten ready to succeed in school and in life. Children involved in child welfare often experience prenatal exposure to alcohol (Astley, Stachowaiak, Clarren, & Clausen, 2002), poverty (Ehrle & Geen, 2002; Sousa & Sorensen, 2006), caregiver mental health problems (Ehrle & Geen, 2002; Minkler, Fuller-Thomson, Miller, & Driver, 2000), maltreatment (Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994; Pears, Kim, & Fisher, 2008), and unstable home environments (Rubin, O'Reilly, Hafner, Luan, & Localio, 2007). They also have higher rates of premature birth and low birth weight (McGuinness & Schneider, 2007; Needell & Barth, 1998). Consequently, children involved in child welfare often struggle with behavioral and mental health (Billing, Ehrle, & Kortenkamp, 2002; Ehrle & Geen, 2002; Rubin et al., 2007; Stahmer et al., 2005), as well as with academic achievement and school engagement (Billing et al., 2002; Pears, Heywood, Kim, & Fisher, 2011; Scherr, 2007). They also have more special education needs (Sawyer & Dubowitz, 1994; Scherr, 2007).

The three key child welfare goals of safety, permanency, and well-being, are intended to minimize these negative consequences and help get children on the path to healthy development (P.L. 112–34, 2011). To achieve these goals, child welfare systems institute policies to maximize children's likelihood of being safe from the trauma of abuse and neglect, are in a stable home environment, and are receiving services that promote their well-being. However, achieving all three goals simultaneously for all children is extremely challenging (Pecora, Whittaker, Maluccio, & Barth, 2012; Stott & Gustavsson, 2010).

To maximize child safety, one common child welfare intervention involves removal from the home where the child abuse or neglect occurred. These removals result in a placement in a kinship foster home, relative foster home, group home, institution, or independent living arrangement. The goal of these placements is to keep the child safe in a permanent home that will contribute to improving his/her well-being, until such a time as the child is adopted or returned to the original

home (Pecora et al., 2012). A focus on maximizing permanency, which can also be interpreted as “stability”, means that the child welfare system strives to reduce the number of foster placements children experience by directing services to foster parents, and prevent multiple home removals by directing services to biological parents (Barth, 1994; Freundlich, Avery, Munson, & Gerstenzang, 2006). Further, while safety and permanency set the foundation for child well-being, in order to maximize child well-being, the child welfare system also coordinates with and links children to additional services such as health care, dental care, and education (Meloy & Phillips, 2012b; Winokur, Holtan, & Valentine, 2009; Wulczyn, 2005). While states may strive to advance these three goals equally, the challenges of working with at-risk children and families, with limited resources, often require tradeoffs between the three goals (Barth, 1994). For example, efforts to reunify children with their biological parents for their permanency and well-being too quickly may result in additional instability if children experience additional abuse or neglect and must be removed from their home again (Connell et al., 2009; Fuller, 2005). Additionally, prioritizing resources to support intact families in order to minimize the number of children removed from their homes may mean that fewer dollars are available to provide supportive services (e.g. child care subsidies) to foster families.

Finally, the relative proportion of children placed in various home arrangements (e.g. relative care, non-relative foster care, group homes) may also affect decisions about how to allocate resources to best meet the needs of families involved in the child welfare system within a given state. For example, states that rely more heavily on traditional non-relative foster caregivers than on relative foster caregivers may direct more resources towards foster parents, in general.

As states set policies for child welfare practice, the characteristics of their child welfare population and limited resources, as well as political preferences and priorities, may dictate weighing one goal more heavily than the others (Barth, 1999; Meloy & Phillips, 2012b). Studies that explore these policy decisions must be interpreted with these challenges and nuances in mind.

1.2. *Implications of child care subsidies for children involved with child welfare*

In general, access to child care subsidies may be a particularly important intervention for improving the well-being of children from high-risk families, such as those involved in the child welfare system. Several of the risks and resulting struggles (e.g. poverty, special educational needs) experienced by children involved with child welfare overlap with those exhibited by children who have been shown to benefit most from high quality early care experiences including poverty and special educational needs (Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002; Gormley, Phillips, & Gayer, 2008; Gormley, Phillips, Newmark, Welte, & Adelstein, 2011; Phillips & Meloy, 2012; Reynolds, Rolnick, Englund, & Temple, 2010). Other risks, such as prenatal exposure to drugs and alcohol, maltreatment, and home caregiving instability represent additional sensitivities that may heighten their need for quality early care to help children overcome the early adversity they experience at home.

Research on child care assistance for low-income families suggests two ways in which child care subsidies may play a role in the lives of families involved in child welfare. First, CCDF subsidies have been successful in supporting the employment of low-income parents (Forry, 2009; Tekin, 2004, 2007). There is every reason to believe that child care subsidies have the same potential to serve as an essential employment support for families involved with child welfare, including foster parents, who commonly report the need for additional financial resources (Hudson & Lvasseur, 2002; Klein, 2011). Second, assistance in the form of subsidies typically leads parents to choose center-based over home-based care (Crosby, Gennetian, & Huston, 2005), and higher quality care (Johnson, Ryan, & Brooks-Gunn, 2012; Ryan, Johnson,

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