

## Executive Summary

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The youth of Massachusetts are of primary concern to legislators and citizens. This briefing report features three essays by experts—Fern Johnson, Deborah Frank, and Donna Haig Friedman—who focus on three aspects of children in need: children in foster care who need adoption, children who are hungry, and children who are homeless. Each report has further and more detailed suggestions for helping these children in need; below is a summary of the problems we face.

In Massachusetts, nearly 9,000 children are in the foster care system, with more than 2,700 waiting for adoption. On average, children spend more than three years in foster care before adoptions finalize. In comparison to their white counterparts within foster care, African-American children wait five times longer—nearly nine months more—for adoption.

Trans-racial adoption (TRA), the adoption of children of one race by parents of another, within foster care is a highly contested issue. More white parents want to adopt than there are white children in the foster care system, while children of color are less likely to find a permanent home.

Legislative efforts to amend this discrepancy by promoting TRA have failed to significantly improve placement statistics. The 1996 Removal of Barriers to Interethnic Adoption Provisions prohibits agencies receiving federal funding from considering race in decisions on foster or adoptive placements.

The National Association of Black Social Workers (NABSW) is the most noted critic of TRA. They argue that white parents are ill-equipped to teach children of color how to navigate discrimination, create coping strategies for racism, and promote a healthy racial identity. They note that agency policies, absence of minority staff members, lack of training, and failure to effectively recruit, provide barriers for African-Americans who want to adopt. When these barriers are removed, black families adopt at higher rates than whites.

Research shows that TRA children are able to gain a healthy racial and cultural affiliation, although they may take more time to do so than children of same-race families. Parents can support this process by incorporating cultural traditions from the child's birth culture into family traditions. Support groups, online communities, and educational materials support parents in creating multicultural households that embrace the birth culture of both parents and children.

Another example of children in need is children who are hungry. Almost 15% of American households have difficulty providing adequate food. Although Massachusetts falls below the national average for household food insecurity, almost 12% of its households in 2011 dealt with food insecurity and 4.5% dealt with very low food security. The Massachusetts state average for child food insecurity is 16.8%.

Food insecurity is linked to poverty and households of limited resources, and it has negative implications on child health and development. It is associated with low-birth weight deliveries and with various psychosocial and health risks in moderate- to high-risk pregnancies. In comparison to their food secure peers, food insecure children have poorer overall health, greater hospitalizations, poorer behavioral health (e.g., aggression), poorer emotional health (e.g., anxiety, suicidal ideation), poorer social health (e.g., not getting along with other children), and poorer academic achievement.

Food insecurity poses a serious risk to the growth, health, cognitive, and behavioral potential of America's poor and near-poor children. All of these issues combined pose serious economic costs to the general population, currently estimated at \$167.5 billion to the U.S. as a whole.

Some of the more relevant government programs to address child food insecurity are the Supplemental Nutrition Assistance Program (SNAP), the food and nutrition program for Women, Infants, and Children (WIC), and free or reduced-price school meal programs. These programs have their limits. Many families whose incomes exceed the eligibility cutoff for these programs may still be unable to avoid food insecurity without assistance, if the costs of competing needs (e.g., energy, housing, medical bills) are overwhelming.

Inextricably linked to the issue of child hunger is the issue of child and family homelessness. The number of homeless children in Massachusetts in 2010 was estimated to be 22,569, with 13% of Massachusetts children living in poverty for an average of five years. Massachusetts ranks 8th in the nation on issues of child homelessness. This performance highlights the state's commitment to addressing homelessness.

Reasons for homelessness in Massachusetts are several-fold. First is the Hardship Gap, which refers to families whose combined family income and awarded work supports still leaves them without enough to cover basic costs of living. Nearly 25% of Massachusetts families fall into this gap regardless of their income source. Another reason is the Eligibility Gap, which is when families make too much to qualify for public work supports, but too little to pay all their bills. Nearly 37% of all people in families with earners who cannot meet their family's basic need are also ineligible for any work support programs in Massachusetts.

A final barrier is the Coverage Gap, in which residents are eligible for work supports but do not receive them. Over-reliance on low parental income due to the coverage and eligibility gaps demonstrates a risk for homelessness that remains misunderstood at multiple institutional levels. Reasons for the coverage gap vary as much as the support programs themselves, and the programs' rules vary. However, the need for programs far exceeds the amount of funding provided to cover those who are eligible.

Housing insecurity and instability are known risk factors for homelessness. In comparison to homelessness, housing instability is more prevalent, although less apparent. Nationwide, only 52% of low-income families are securely housed. Of 6,000 Boston families with children under the age of 4, only 43% were securely housed in 2012.

The implications of housing insecurity on family well-being are severe, yet varied. For older children, impacts include poor school performance, mental health issues, and behavioral concerns. Meanwhile, young mobile children are more likely to be food insecure, in fair or poor health, at risk for developmental delays, and seriously underweight.

The consequences of when a family's housing insecurity crosses the line into homelessness are imperative to understand. Dislocation of a family into shelters or transitional housing can result in stress, discontinuity of educational experience, and a sense of social exclusion for children. Homeless children are more likely to be asked to repeat a grade, be put in special education classes, and score low on standardized tests.

What can Massachusetts policymakers do to help these three overlapping groups of children in need? Massachusetts should support both TRA families and African-American families seeking to adopt. Measures aimed at streamlining permanent and stable housing for foster children are important. Massachusetts should recruit families who represent the racial and ethnic backgrounds of children in foster care and provide sufficient resources, including funding, to support such recruitment. They can help families address the needs of their TRA children through cultural competency policies and programs that provide post-adoption support services.

To help curb child hunger, lawmakers could advocate on a federal level to prevent cuts in food programs. Lawmakers can support the continuation or the increase of state contributions to the SNAP and WIC program administration and outreach, and streamline the application process so that households low in food security can access the support they need. They can continue to support or even increase funding for the Massachusetts Emergency Food Assistance Program (MEFAP), a state-funded program that distributes free food to all eligible emergency food providers.

The school breakfast program is an important component of the nutritional safety net and has been linked to positive changes in meal patterns and nutritional outcomes. In a recent report, Massachusetts ranked 42nd in its participation in this program. Boston, in comparison with about 55 other urban districts, was 8th. There is much to learn from Boston, which introduced Universal Breakfast across the district this year. To improve participation across the Commonwealth, Massachusetts could eliminate the stigma of the breakfast program by making it universal in low-income districts.

In the realm of child and family homelessness, it is important to recognize that state regulations have historically focused on shelter access. Massachusetts has a 5-year plan that focuses on prevention and intervention policies for child homelessness. A deeper look at the root causes and the populations most at risk are necessary if Massachusetts policymakers wish to sustain the State's historically well-ranked national leadership on the issue of child homelessness.

Some suggestions include increased investment in affordable housing, combining housing subsidies with WIC or SNAP support to close the coverage gap, implementing a preventive counseling program and redirecting resources from crisis management to education and economic development, and increasing housing vouchers.

Further steps include modifying the unpredictability of prevention services by securing funding; ensuring prevention initiatives across locations within the State and expanding access; replicating, expanding, and sustaining promising models of prevention that show signs of stabilization; investing in long-term evaluations of program innovations by investigating what is happening with families who are diverted from shelters and receiving cash assistance; and facilitating a cross-sector planning process and peer learning among agencies and initiatives already taking action.