In 2017, Massachusetts had 82,828 total referrals for child abuse and neglect. Of those, 45,086 reports were referred for investigation.

In 2017, there were 25,092 victims of abuse or neglect in Massachusetts, a rate of 18.3 per 1,000 children, a decrease of 21.8% from 2016. Of these children, 93.9% were neglected, 8.8% were physically abused, and 3.4% were sexually abused.

The number of child victims has decreased 21.8% in comparison to the number of victims in 2016.
CHILD CARE AND HEAD START

- In 2016, Massachusetts had a monthly average of 28,100 children served by subsidized child care. An average of 29,500 children received subsidized child care per month in 2015 and 28,300 were recipients in 2014.\textsuperscript{28}

- In 2018, to be eligible for subsidized child care in Massachusetts, a family of three could make no more than $46,280 at application, which is equivalent to 50% of the state’s median income.\textsuperscript{29}

- As of early 2018, Massachusetts had 20,202 children on it’s waiting list for child care assistance.\textsuperscript{30}

- In 2017, Head Start served 15,284 children in Massachusetts, an increase of 24.4% from 2015.\textsuperscript{31}

- Through federal grants from the Home Visiting Program, in fiscal year 2017, home visitors in Massachusetts made 26,155 home visits to 3,596 participants in 1,940 households.\textsuperscript{64}

CHILD POVERTY AND INCOME SUPPORT

- In 2017, there were 0 child deaths resulting from abuse or neglect reported in Massachusetts.\textsuperscript{11}

- 10,910 children in Massachusetts lived apart from their families in out-of-home care in 2016, compared with 10,278 children in 2015.\textsuperscript{12}

- The number of children living apart from their families in out-of-home care has increased 6.2% in comparison to the number of children in out-of-home care in 2015.\textsuperscript{13}

- In 2017, for every 100 poor families with children, only 38 received TANF cash assistance.\textsuperscript{21}

- $1,100,000,000 was spent in 2017 on TANF assistance in Massachusetts, including 19% on basic assistance.\textsuperscript{22}

\begin{table}[h]
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\caption{Children in Out-of-Home Care 2016}
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\textbf{Children in Out-of-Home Care 2016} \\
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$48,655,593 was spent in 2018 on WIC (the Special Supplement Nutrition Program for Women, Infants, and Children) in Massachusetts, serving 108,593 participants.23

In 2017, Massachusetts distributed $626,795,847 in child support funds, a 1.2% change from 2014.24

428,000 children in Massachusetts lived in households with a high housing burden in 2016, where more than 30% of monthly income is spent on housing costs.25

In December of 2016, the unemployment rate in Massachusetts was 2.8. 26

13% of households in Massachusetts were food insecure in 2016, meaning that the family experienced difficulty providing enough food due to lack of resources at some point during the year.27

HEALTH AND SUBSTANCE ABUSE

554,943 children in Massachusetts were enrolled in Medicaid in 2017, a decrease of 5.1% from 2015.32

In 2017, Massachusetts had 220,128 children enrolled in its State Children’s Health Insurance Program, an increase of 18.6% from 2015, when 185,578 children were enrolled.33

In 2016, Massachusetts had 13,000 uninsured children.34

5,330 babies were born weighing less than 2,500 grams in California in 2016.35

279 infants under age 1 died in Massachusetts in 2016.36

In 2016, the birth rate for teens ages 15 to 17 in Massachusetts was 4 births per 1,000 girls. The rate was 14 for teens ages 18 to 19. This reflects a total rate of 9 births for girls ages 15 to 19.37

Cumulative through 2016, there were 24,441 adults and adolescents and 232 children younger than 13 reported as having HIV/AIDS in Massachusetts.38
In 2015, an estimated 4,000 children ages 12 to 17 were alcohol dependent in the past year and 188,000 adults age 18 and older were dependent on alcohol or used heroin in the past year in Massachusetts.  

In 2014, approximately 15,000 children ages 12 to 17 needed but had not received treatment for alcohol use in the past year.

In 2014, approximately 17,000 children ages 12 to 17 needed but had not received treatment for illicit drug use in the past year.

In 2015, health care costs related to opioid abuse in Massachusetts reached $584,278,745.

YOUTH WHO ARE VULNERABLE

870 children in Massachusetts aged out of out-of-home care—exited foster care to emancipation—in 2016.

87% of high school students in Massachusetts graduated on time at the end of the 2015-16 year.

15,000 teens ages 16 to 19 in Massachusetts were not enrolled in school and not working in 2016.

54,000 young adults ages 18 to 24 were not enrolled in school, were not working, and had no degree beyond high school in 2016.

55.2% of young adults in Massachusetts ages 25 to 34 had an associate’s degree or higher from 2011 to 2013.

In 2017, there were 0 reports of children in Massachusetts aged 10 to 14 committing suicide, and 31 reports of suicide among children aged 15 to 19.

JUVENILE JUSTICE AND DELINQUENCY PREVENTION

29 children under age 19 were killed by a firearm in Massachusetts in 2017, compared to 17 in 2015.
• 6,939 children younger than 18 were arrested in Massachusetts in 2016. Violent crimes were the reason for 849 of the arrests in 2016.⁴⁹

• 426 children lived in juvenile correction facilities in Massachusetts in 2015.⁵⁰

CHILD WELFARE WORKFORCE

The federal Child and Family Service Reviews have clearly demonstrated that the more time a caseworker spends with a child and family, the better the outcomes for those children and families.⁵²

According to a 2003 GAO report, the average caseload for child welfare/foster care caseworkers is 24–31 children; these high caseloads contribute to high worker turnover and insufficient services being provided to children and families. CWLA recommends that foster care caseworkers have caseloads of 12–15 children.⁵³

Average turnover rates for child welfare agencies range from 20% to 40%.⁵⁴ Turnover rates at around 10% are considered to be optimal in any agency.⁵⁵

Caseworker turnover has negative outcomes for children in the child welfare system, including placement disruptions and increased time in out-of-home care.⁵⁶

According to the National Survey of Child and Adolescent Well-Being II baseline report, 75% of caseworkers earned a salary between $30,000 and $49,999.⁵⁷

The majority of caseworkers hold a bachelor’s degree (52.3%) or a bachelor of social work degree (21.9%). Only 25% of caseworkers hold a master’s degree.⁵⁸

SOCIAL SERVICES BLOCK GRANT

In 2016, Massachusetts’ sum of expenditures for services totaled $33,293,069. The most utilized service in Massachusetts was Foster Care Services for Children totaling $30,330,415.⁶⁰
In 2016, Massachusetts spent $893,749,028 for child welfare services. Child welfare services are all direct and administrative services the state agency provides to children and families. Of this amount, $222,823,048 was from federal funds and $670,925,980 was from state and local funds.

In 2016, of the $222,823,048 in federal funds received for child welfare, 11% was from Title IV-E Foster Care and Adoption Assistance, 1% came from Title IV-B Child Welfare Services and Promoting Safe and Stable Families, 3% was from Medicaid, 9% came from Social Services Block Grant, 0% was from TANF, and 1% came from other federal sources.

Massachusetts received $53,824,997 in federal funds for IV-E foster care expenditures in 2016, including $15,174,581 for maintenance payments and $38,650,416 for administration, child placement, the statewide automated child welfare information system, and training.
1 Population and Child Abuse and Neglect statistics are from 2018.

3 Ibid.
4 Ibid.
5 Ibid.
6 Ibid.
7 Ibid.


Note: The percentages are a CWLA calculation.


Note: Some states allow families, once they begin receiving assistance, to continue receiving assistance up to a higher income level than the initial limit.

30 Ibid.

Note: A family that is eligible for child care assistance may not necessarily receive it. States may place families on waiting lists, or freeze intake (turning away eligible families without adding them to a waiting list).


Note: The percent difference is a CWLA calculation.


Note: The percent difference is a CWLA calculation. Children who switched between CHIP and Medicaid are represented in both data sets.

33 Ibid.


41 Ibid.


50 Note: The dearth in current state-by-state workforce data makes clear the need for critical data on compensation, working conditions including safety issues, academic degrees held, education and training received, and factors contributing to turnover. To address this, CWLA is calling for Congress to authorize the National Academy of Sciences (NAS) to conduct an updated study on the child welfare workforce. It would make recommendations regarding caseloads and workloads, education levels, and training requirements.

51 In addition, the study would examine data reporting and collection and make recommendations on how states might improve these efforts.


53 Ibid.


58 Ibid.


60 Ibid.

Note: Examples of direct services include child abuse/neglect investigations, foster care, community-based programs, case management, and all such services required for the safety, permanency, and well-being of children. Examples of administrative services include management information systems, training programs, eligibility determination processes, and all services that provide the infrastructure supports for the public agency. The component funding streams may not equal the total, depending on additional child support and demonstration funds for this state.

61 Ibid.
63 Ibid.