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CHILDREN'S AGENDA
FOR THE 119TH CONGRESS

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INTRODUCTION

Choosing Children: A Roadmap for the 119th Congress

America's children are being pushed in the wrong direction and down the wrong path. Every day, the distance between where they are and where they need to be for their health, development, education, safety, and well-being grows wider.

The evidence is tragic and disturbing. Child poverty has more than doubled in a few years. The number of uninsured children is climbing after decades of hard-won progress. Child and infant mortality rates, long declining, are moving in the wrong direction. Millions of children are experiencing hunger and homelessness. Growing public health and mental health crises are reshaping childhood in ways we are only beginning to understand. These are not the markers of a country that has simply made a wrong turn. They are the markers of a country that has stopped choosing its children or caring that children are headed in the wrong direction.

Since the second Trump Administration began, that failure has accelerated dramatically. Under the guise of cutting "waste, fraud and abuse," the Administration dismantled the U.S. Agency for International Development and the world-class programs it used to save more than 30 million young lives over six decades. The Lancet estimates more than 4.5 million children will die by 2030 as a result of our nation withdrawing its support for children.

The Administration has also moved to eliminate the Department of Education – the only Cabinet-level agency dedicated entirely to children – and is threatening special education under IDEA, Title I funding for high-poverty schools, and the data systems that measure whether children are being left behind. To its credit, Congress has pushed back: the appropriations process has thus far refused to adopt the Administration's proposals to eliminate the department and slash its programs. But Congress can and must do more to protect children's educational opportunities and their one seat at the Cabinet table.

H.R. 1, the so-called "One Big Beautiful Bill," represents a different and deeply troubling choice. The legislation redirects nearly $1 trillion from Medicaid and another nearly $200 billion from SNAP toward tax cuts for wealthy individuals and corporations. Together, Medicaid and the Children's Health Insurance Program (CHIP) cover more than one-in-three American children. SNAP feeds 16 million kids every year. Cuts of this magnitude do not trim around the

edges of these programs. They hollow them out — and the children who depend on them will bear the cost.

The decline in federal commitment to children did not begin with this Administration. According to First Focus on Children's annual Children's Budget, federal investments in children have fallen from a high of nearly 12% of the federal budget in 2021 to just 8.57% in 2025 — a drop of 28% in just four years, meaning children have been disproportionately targeted for cuts. That decline has unfolded across administrations and Congresses of both parties. What is new today is the speed, the scale, and the silence from lawmakers who have the power to reverse it.

That power for change belongs with Congress. The Constitution gives Congress the power of the purse — the authority to decide what this country funds and what it abandons. Children cannot vote. They cannot lobby or threaten electoral consequences. They depend entirely on adults, and on elected officials in particular, to choose them.

The good news is that we know what choosing children — and putting them on the right path — looks like because it is happening elsewhere. States across the political spectrum — red and blue alike — have expanded child care and early childhood access, created child tax credits that reach the lowest-income families, extended paid family leave, and built mental health programs that change children's trajectories for the better. When the federal Child Tax Credit was expanded in 2021, it produced the largest single-year drop in child poverty on record.

In Flint, Michigan, the RxKids program — founded by Dr. Mona Hanna and Luke Shaefer — provides direct payments to expectant mothers and infants, producing fewer evictions, healthier births, and stronger families. It is a proven model of what targeted investment in children's earliest days can achieve.

The Children's Agenda for the 119th Congress builds on these ideas. The report outlines structural reforms, such as child impact statements and an annual federal children's budget, to hold lawmakers accountable to children. Improvements to children's health care, such as making CHIP permanent and keeping kids enrolled through age 5, and to our national tax code, including a more effective Child Tax Credit and Earned Income Tax Credit, would help secure children's physical, emotional, and economic well-being. Creating a child poverty reduction target, a renters' tax credit, and reforming federal homelessness assistance programs would lift millions of children out of poverty. In this report, we offer similar concrete recommendations for early childhood programs, education, environmental health, technology, and a half-dozen other policy areas. These ideas work. The evidence is clear. What is missing at the federal level is not knowledge. It is leadership and commitment to put children and families back on the right path.

The Children's Agenda for the 119th Congress and our companion *Legislative Scorecard* together serve as a roadmap. Critically, the vast majority of these proposals are bipartisan — already introduced in Congress or representing commonsense ideas waiting only for champions willing to put children first.

America's children are too often invisible in the halls of Congress — an afterthought in budget negotiations, a footnote in legislative debates, and rarely the priority in a system that responds to those with the most votes and the loudest voices. Our Legislative Scorecard tracks well over 100 bills supported by First Focus Campaign for Children in this Congress alone. Few have been brought to the floor for so much as a vote. Congressional leadership has the power to change that — to bring these bills forward, to hold these votes, and to make clear that America's children are not an afterthought. Congress must change course and be that moral compass.

Our kids can't wait.

HEALTH

Build a better future for children's health

Children's health depends on a broad set of protections and supports that work together to help them grow, learn, and thrive. Access to quality health care, safe pregnancies and births, strong public health measures, and a clean environment all play vital roles in ensuring that every child has the opportunity for a healthy start and a bright future. By investing in these areas, we can prevent illness and injury, address inequities, and build stronger communities where all children can reach their full potential.

Health care coverage is essential to a robust childhood that puts kids on a path to success as they mature. Research shows that having health care coverage improves children's physical and mental health and promotes greater educational attainment and better financial outcomes as they grow into adults. In tandem, Medicaid and the Children's Health Insurance Program (CHIP) are indispensable pillars of children's health coverage in the United States, currently insuring more than 37 million children.[1] In some states, the programs cover as many as half of all children. Both programs offer access to essential medical services and preventive care, including regular check-ups, vaccinations, dental and vision care, mental health screenings, and specialty care, all of which enable early detection and treatment of health issues.

On July 4, 2025, President Trump signed H.R. 1 into law, enacting the largest cuts to Medicaid, CHIP, and the Supplemental Nutrition Assistance Program (SNAP) in U.S. history. According to the Congressional Budget Office (CBO), the legislation will cut nearly $1 trillion from Medicaid and CHIP over the next decade.[2] These cuts will result in at least 10 million Americans losing health coverage. This figure includes the millions of children who rely on Medicaid or CHIP for their basic health care, putting their health, education outcomes, and future economic prospects at severe risk.

H.R. 1's deep Medicaid cuts threaten to strip essential health care access from millions of children, especially children of color, those with disabilities, and those in rural areas, who rely heavily on Medicaid and CHIP for health care access. States facing massive cost shifts will

be forced to choose between covering "optional" populations, such as many children with disabilities, or cutting essential services. Rural communities, already struggling with health care access, will suffer a net loss despite a $50 billion rural health program, as $137 billion in Medicaid cuts threaten over 400 rural hospitals with closure and force reductions in critical services such as obstetrics and cancer care. Schools will lose critical funding for health services, including those essential for students with disabilities. Beyond immediate service losses, the cuts undermine Medicaid and CHIP's role in promoting upward mobility, risking a future where millions of children face poorer health, lower academic achievement, and diminished lifetime earnings, with societal economic costs far surpassing short-term savings.

The H.R. 1 cuts threaten to strip essential health care access from millions of children, undermining their ability to thrive academically, socially, and economically. The path to a better future begins with protecting the foundation of children's health. Congress must ensure:

- All eligible children are guaranteed health care coverage
- All children have access to quality, affordable coverage that meets their family's budget
- All children have equitable access to coverage and care, regardless of ZIP code, immigration status or other factors
- Families face less red tape to enroll their eligible children in coverage
- All children have affordable access to the prescription drugs they need
- Increased research captures and addresses the impact of nutrition, housing, transportation and other social determinants on children's overall health
- All children's mental health needs are fully met through prevention, early diagnosis, and treatment
- All children and their families have access to life-saving vaccines and misinformation about vaccines is eliminated
- Public policy aims to improve maternal and infant mortality rates and address racial disparities

To build a better future for children's health, we urge Congress to take up the following recommendations.

Health Care Coverage

Children are the future of the country's economy and success, and their healthy development is essential to the nation's development. Providing children with health coverage is a proven investment in their future and the future of the country. Today, Medicaid and the Children's Health Insurance Program (CHIP) cover more than 37 million children, including 80% of children living in poverty;[3] one-third of the 19 million U.S. children with special health care needs;[4] and virtually all children in foster care.[5] Together, these programs also pay for more than 40% of births in the United States.[6] Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit ensures that children receive not just basic care, but all medically necessary services to support their unique needs and healthy development.

Recommendation 1.1: Protect and Expand Children's Access to Health Care Coverage

- **Repeal cuts to Medicaid and CHIP made by H.R.1.** H.R. 1 cuts $1 trillion from Medicaid and CHIP over the next decade, forcing states to reduce coverage, services, and provider payments. These cuts will lead to children losing access to essential physical and mental health care, disproportionately affecting children of color, those with disabilities, and rural communities. The law also imposes stricter eligibility and redetermination requirements, adding barriers for families to maintaining coverage. Congress must act urgently to repeal these damaging provisions, restore full federal funding, and protect access to essential health care for all children nationwide. The Protecting Health Care and Lowering Costs Act (S. 2556/H.R. 4849) introduced by Sen. Chuck Schumer (D-NY) and Rep. Adam Gray (D-CA) in the 119th Congress, would repeal Medicaid and CHIP cuts made in H.R. 1.

- **Make CHIP permanent.** Although the 2023 Consolidated Appropriations Act extended CHIP until fiscal year (FY) 2029, the program remains the only federal insurance program that is temporary and continuously needs to be extended. The program's financial uncertainty burdens families who rely on CHIP to meet their children's health care needs and inhibits states that want to improve their programs. The Children's Health Insurance Program Permanency (CHIPP) Act (H.R. 1901), introduced by Rep. Nanette Barragán (D-CA) in the 119th Congress, would make CHIP permanent and provide states with greater flexibility in tailoring their CHIP programs to local needs.

- **Reduce administrative burden for states to expand CHIP eligibility.** Due to changes in the Affordable Care Act (ACA), states cannot expand CHIP eligibility above a certain threshold using a state plan amendment (SPA). Instead, most states must submit a section 1115 demonstration waiver to receive approval to expand eligibility. This process adds administrative burden and reduces efficiency for states that wish to cover more children. Language for this technical fix is included in the CHIPP Act (see above).

- **Require continuous eligibility for children enrolled in Medicaid and CHIP from birth through age 5.** Healthy development in a child's early years provides a solid foundation for lifelong health, educational attainment, and economic productivity. A key component of this development is ensuring children have consistent coverage so that they can access well-child visits, vaccinations, and specialty care. Any gaps in coverage during these early years could mean a child misses important physical, social, and emotional developmental milestones and appropriate referrals for intervention, stunting their overall development into adulthood. Though Congress made 12 months of continuous eligibility mandatory for children in Medicaid and CHIP with the 2023 Consolidated Appropriations Act, the policy does not go far enough to ensure that every child has access to stable coverage during their most critical years.

  In recent years, states have requested and received federal approval, through section 1115 waivers, to provide multiyear continuous eligibility, providing stability of coverage during a child's earliest years. However, the Centers for Medicare and Medicaid Services (CMS) has recently indicated it will no longer approve such waiver requests. The 119th Congress must act to allow states to continue to build on the success of this policy which has helped more children gain and maintain health coverage. Congress should make continuous eligibility mandatory for all children in Medicaid and CHIP from birth through age 5, under H.R. 4641, introduced by Reps. Kathy Castor (D-FL) and Derek Tran (D-CA). Alternatively, Congress could facilitate states' adoption of continuous eligibility through age 5 by allowing them to submit a state plan amendment rather than a waiver.

- **Require 12 months of postpartum coverage in Medicaid and CHIP.** Medicaid and CHIP cover approximately 43% of all U.S. births each year.[7] Postpartum coverage is currently only required for 60 days in both programs. The American Rescue Plan Act of 2021[8] gave states the time-limited option to provide 12 months of postpartum coverage in Medicaid and CHIP. This option was then made permanent by the Consolidated Appropriations Act, 2023.[9] Forty-eight states and D.C. have taken up the option. Because it is optional, this critical policy is vulnerable to being rolled back or repealed altogether as states deal with budget cuts. The United States cannot leave mothers behind as the country faces a maternal mortality crisis, which disproportionately affects women of color. *See the Maternal Health section below for more information.*

- **Require Medicaid to cover home visiting services.** Every child deserves the best start in life. Home visiting programs are associated with a variety of positive benefits including improving child and maternal health and a child's school readiness. Home visiting helps deliver and connect children and families to critical social, health, and educational services. These services can include screenings for physical, social-emotional, and developmental issues, case management, and family support and counseling. Some programs have delivered decreases in hospitalizations, reductions in unnecessary emergency department visits, and lower rates of interaction with the youth justice system. Home visiting itself is not a covered service in Medicaid. Based on state design, however, services that are part of a home visit (e.g. screenings, case management) can be reimbursed through Medicaid. More support and flexibility for states to provide home visiting through Medicaid would greatly enhance the physical and behavioral health outcomes, educational readiness, and long-term success of children in the United States. Congress should pass legislation requiring Medicaid coverage of home visiting, including those services provided by community-based home visiting models, as well as ample time for states to ramp up their programs and build capacity to provide the services. *See Chapter 7: Early Childhood for more information on early-childhood programs.*

- **Allow families to purchase coverage through Medicaid, CHIP, or the Federal Employee Health Benefits Plan (FEHBP).** The ACA has resulted in historic insurance gains in the United States. Still, millions of Americans remain uninsured. In 2024, 27.1 million Americans were without health insurance, including more than 6% of children (approx. 4.7 million).[10] For many families with coverage through ACA's Health Insurance Marketplace, coverage is increasingly unaffordable following the expiration of enhanced premium tax credits at the end of 2025. Additionally, many families are locked out of coverage or have limited, unaffordable options because of their immigration status. Many lawful residents, including refugees, asylees, and survivors of domestic violence and trafficking, are also set to lose their coverage due to cuts and new restrictions in H.R. 1.

  The State Public Option Act (S. 2073/H.R. 3995), introduced by Sen. Brian Schatz (D-HI) and Rep. Kim Schrier (D-WA) in the 119th Congress, would build on Medicaid's federal-state partnership, which provides efficient, comprehensive health coverage at a relatively low cost. The bill would allow states to increase access to coverage by letting residents, who would otherwise be ineligible, buy into Medicaid, regardless of income and immigration status, providing more families with options for coverage that meet their health needs and budgets. Similar approaches could use CHIP or the FEHBP. However, Medicaid's administrative structure, which already provides effective coverage to millions of Americans and allows state flexibility in program design, would be a solid anchor for such a policy approach.

- **Extend the Enhanced Premium Tax Credits (PTCs) for the Health Insurance Marketplace.** In 2025, the Health Insurance Marketplace provided coverage to a record high of 24 million Americans, including approximately 2 million children. The affordability of Marketplace coverage was significantly improved by enhanced levels of Premium Tax Credits (PTCs) under the American Rescue Plan Act of 2021 and extended through the Inflation Reduction Act of 2022. These enhancements expanded eligibility for PTCs and the amount of financial assistance available for Marketplace coverage for the past four years, lowering premiums for millions of low- and middle-income working families and their children. However, the enhanced PTCs were allowed to expire at the end of 2025, reverting PTCs to 2020 levels. As a result, Marketplace premiums have skyrocketed for 2026, abruptly making coverage an increased financial strain for these families and threatening a dramatic increase in uninsurance. In January, the House of Representatives passed a bipartisan bill to extend these enhanced PTCs for three years, through 2028, but the job remains unfinished. Congress must act immediately to protect the affordability of Marketplace coverage for the growing number of children and families who depend on it.

Access to Coverage for Immigrants

The COVID-19 pandemic amplified the need to ensure that every person is able to get affordable health care no matter how long they have been in the United States or what status they have been granted. However, policy barriers prevent immigrants from having access to health coverage, including new barriers imposed by H.R. 1. These barriers lead to a patchwork system where immigrant families often delay getting care until it results in more dire (and expensive) emergency care situations. Additionally, a new proposed public charge rule would eliminate the existing 2022 regulations that allow immigrants to receive health insurance without being deemed a public charge and replace them with nothing. This change would cause a chilling effect that prompts immigrant families to opt out of services and support their children need and are entitled to, including health care, housing, child care, nutrition, and other services. This change would even affect U.S. citizen children whose parents are immigrants. Researchers at KFF found that between 600,000 and 1.8 million U.S. citizen children enrolled in Medicaid/CHIP could disenroll due to public charge and other immigration-related fears. Another 50,000 to 150,000 citizen children who are eligible for Medicaid/CHIP but not enrolled would continue to forgo enrollment out of fear.[12] *See Chapter 15: Immigration for more information on immigration policies that support children.*

Recommendation 1.2: Remove Barriers to Health coverage based on immigration status

- **Repeal cuts in H.R. 1 that impose barriers to coverage for immigrant families.** H.R. 1 imposes severe new barriers to health coverage for immigrant children by sharply limiting Medicaid and CHIP eligibility for lawfully present immigrants — including refugees, asylees, trafficking survivors, and others — while also cutting premium subsidies for those seeking coverage through the ACA Marketplace, resulting in more than 1 million immigrants, many of them children, losing access to essential health care and creating lasting harm to their health and financial security. Congress must repeal these cuts to restore coverage pathways, eliminate discriminatory exclusions, and ensure every child — regardless of immigration status — has the opportunity to grow up healthy.Reversing these provisions is critical not only for individual well-being but for healthier, more resilient communities nationwide.

- **Pass the Health Equity and Access under the Law (HEAL) for Immigrant Families Act.** The Health Equity and Access under the Law (HEAL) for Immigrant Families Act of 2025 (H.R. 4104/S. 2149), sponsored by Reps. Pramila Jayapal (D-WA) and Sen. Cory Booker (D-NJ), would remove unnecessary barriers to care for all immigrants, regardless of status. The bill would ensure critical access to Medicaid and CHIP by lifting the current five-year period that many lawfully present immigrants, including children, are required to wait before being able to enroll in the programs. The bill would also provide access to public and affordable health coverage for Deferred Action for Childhood Arrivals (DACA) recipients. It also would remove restrictions on undocumented immigrants from purchasing coverage through the Marketplace.
- **Pass the Lifting Immigrant Families Through Benefits Access Restoration (LIFT the BAR) Act.** As a step toward ensuring that all children have access to health care and other federal benefits regardless of their immigration status, Congress should pass a version of the LIFT the BAR Act (H.R. 4170), introduced in the 118th Congress by Rep. Pramila Jayapal (D-WA), that repeals H.R. 1 restrictions on immigrant eligibility, expands the definition of "qualified" immigrants for the purposes of federal benefits, and eliminates the five-year waiting period for many lawfully present immigrants to access federal health programs such as Medicaid and CHIP.
- **Pressure the Administration to drop its proposed public charge regulation.** The proposed public charge rule will produce a chilling effect that will harm children and families, including U.S. citizen children, by preventing access to health care, child care, housing, nutrition, and other services they are entitled to. Congress should ensure that the Administration's proposed rule is abandoned through any means possible.
- **Pass the State Public Option Act.** See the Health Coverage section above for more information.

Enrollment

Despite significant increases to the number of insured Americans, millions remain uninsured, including more than 4.7 million children.[12] Many of the uninsured are eligible for Medicaid, CHIP, or Marketplace coverage but do not know it and/or are unable to get past bureaucratic, red tape requirements for enrolling in the coverage for which they are eligible. Congress must modernize health care coverage enrollment and eligibility for America's children and families.

Recommendation 1.3: Remove Obstacles to Health Care Enrollment

- **Support the Easy Enrollment in Health Care Act.** Many children are eligible for enrollment in Medicaid, CHIP or the ACA Marketplace but they simply don't know they are eligible. The Easy Enrollment in Health Care 2025 bill (S. 2057/H.R. 3947), introduced by Sen. Chris Van Hollen (D-MD) and Rep. Ami Bera (D-CA) in the 119th Congress, would allow information from a family's tax filings to be used to flag whether that family qualifies for a health insurance affordability program.
- **Fix the arbitrary "birthday rule," which snags new parents.** Support the Empowering Parents' Healthcare Choices Act (H.R. 3910), introduced by Rep. Sharice Davids (D-KS) in the 119th Congress. The bill would eliminate the "birthday rule", which dictates that the parent with the earlier birthday in the calendar year becomes the parent who provides the health insurance coverage, whether or not that is the best choice for the child. H.R. 3910 provides a 60-day time frame within which parents with separate health insurance plans may choose which plan provides the best primary coverage for their newborn child.

- **Encourage use of cross enrollment among benefit programs.** Modernizing and streamlining enrollment in federal benefit programs is critical to expanding health care access, and there are multiple steps Congress can take to reduce barriers to enrollment and administrative red tape. Congress must invest in a system that ensures families can seamlessly enroll in nutrition, health, and other benefit programs. Only some states have these integrated benefit systems. Therefore, Congress must encourage all states to streamline and modernize their eligibility systems and support legislation to improve the enrollment process for families with low incomes. *See Chapter 9: Structural Reform for more information on structural reforms that benefit and protect children.*

- **Support and facilitate state experimentation with innovative eligibility and enrollment policies.** If Congress should strive to pass a comprehensive, nationwide statute that brings eligibility and enrollment policy into the 21st century, but at the very least, lawmakers must expand state authority to allow them to experiment with policies that streamline and automate enrollment in Medicaid, CHIP, and Marketplace coverage. Congress must also invest in information technology and other administrative activities to effectively implement and evaluate these innovative state policies.

Quality of Care

Children require age-appropriate health care tailored to their unique needs for healthy development. When children miss screenings, diagnoses, and treatments, it impacts their growth into adulthood and can result in long-term consequences and costlier care down the road.

Recommendation 1.4: Ensure Timely Access to Quality, Pediatric-focused Care

- **Provide continued oversight of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.** Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit aims to provide comprehensive and preventive health care services for children under the age of 21. The benefit helps ensure that children receive appropriate preventive, dental, mental health, developmental, and specialty services. Most states, however, have struggled with meaningful implementation of the benefit. Of the more than 40 million children eligible for EPSDT between fiscal year (FY) 2015-FY 2019 only about 50% received at least one initial or periodic screen.[13] The Bipartisan Safer Communities Act, enacted in June 2022, required the Department of Health and Human Services (HHS) to review state EPSDT implementation and report to Congress by 2024 and every 5 years thereafter.[14] In 2024, HHS issued new guidance supporting states' implementation of EPSDT. However, ongoing Congressional oversight activities are crucial to ensure that HHS' required activities under the law are comprehensive and timely so that appropriate interventions can be identified and developed to assist states with implementation of EPSDT.[15] Congress should hold HHS accountable for fulfilling its ongoing monitoring and reporting responsibilities to ensure states properly implement this important benefit for children.

Health Equity

Inequities and disparities in access to and delivery of quality, affordable health care have persisted through our nation's history in systematically marginalized and underserved communities.

Recommendation 1.5: Invest in Comprehensive Solutions That Ensure Equitable Health Care for Historically Excluded and Neglected Communities

- **Pass the Health Equity and Accountability Act (HEAA).** Supported historically by the Congressional Tri-Caucus, made up of the Congressional Asian Pacific American Caucus, the Congressional Black Caucus, and the Congressional Hispanic Caucus, the Health Equity and Accountability Act (HEAA) (H.R. 9161/S. 4773, 118th Congress) would address every feature of health care and its delivery system. HEAA would remove barriers to affordable health insurance coverage, promote investments in new health delivery methods and technologies, and improve research and data collection about the health needs and outcomes of diverse communities. HEAA acts as a legislative outline to reduce racial and ethnic health disparities and establish a health care system that will lead the country to greater health care equity for all children, individuals, and families.

Prescription Drugs

When parents encounter high prices for their children's prescription drugs they often are forced to choose between the life-saving medications for their children or paying household bills.

Recommendation 1.6: Lower the Cost of Prescription Drugs for Children

- **Pass the Make Insulin Affordable for All Children Act.** This legislation (H.R. 2636), sponsored by Rep. Greg Landsman (D-OH) in the 119th Congress, would cap insulin prices at $35 a month for all children. Congress has passed caps on insulin for older Americans but has not done so for children.
- **Pass the Fair Drug Prices for Kids Act**. This legislation (S. 2531/H.R. 5576), sponsored by Sens. Mark Warner (D-VA) and Cory Booker (D-NJ) and Reps. Susan Wild (D-PA) and Brian Fitzpatrick (R-NY) in the 117th Congress, would give states the option to extend the Medicaid drug rebate program to CHIP. The rebate option ensures that children and their families enrolled in a state CHIP program have access to prescription drugs at the lowest price offered.

Infant and Maternal Health

Maternal mortality rates have declined from their peak during the COVID-19 pandemic, and 49 states and the District of Columbia have now expanded their postpartum Medicaid coverage to 12 months. Despite this good news, the United States still ranks among the highest in maternal and infant mortality rates of all wealthy countries, and these rates vary widely by race. In 2023, the maternal mortality rate for Black women was more than three times the rate for white women, four times the rate for Hispanic women, and nearly five times the rate for Asian women.[16] Between 2021 and 2022, the infant mortality rate rose 3%, the first increase in 20 years, and rates are rising fastest in states that have implemented abortion bans.[17,18] Recent years of flat funding for programs that improve rates of maternal and infant mortality, including Healthy Start, Screening and Treatment for Maternal Depression, and Safe Motherhood/Infant Health Programs, amount to a funding decrease in real dollars.[19]

Medicaid coverage is an important piece of reducing maternal mortality rates, and that coverage varies greatly between states. Pregnant and postpartum women have higher coverage and lower uninsured rates in states that have expanded Medicaid coverage.[20] In these states, postpartum hospitalizations during the first 60 days after giving birth declined by 17%.[21] The decline of infant mortality in Medicaid expansion states also is 50% greater than

in non-expansion states, and includes a significant reduction in racial disparities.[22] H.R. 1 will enact deep cuts to Medicaid, threatening coverage and security for pregnant women and their families. Additionally, the law changed retroactive coverage for pregnant women. Currently, eligible individuals can have their medical expenses from up to three months before their application date paid by Medicaid. H.R. 1 reduces this coverage to 60 days for most enrollees, including children and pregnant women.

Recommendation 1.7: Eliminate Racial Disparities in Maternal Health and Dramatically Improve Maternal Mortality Rates

- **Require 12 months of postpartum coverage in Medicaid and CHIP and rescind harsher work requirements from H.R. 1.** Medicaid and CHIP cover approximately 43% of U.S. births each year.[23] Postpartum coverage is currently only required for 60 days in both programs. The American Rescue Plan Act of 2021 gave states the time-limited option to provide 12 months of postpartum coverage in Medicaid and CHIP.[24] Forty-nine states and the District of Columbia had taken up the option as of January 2025. Language making this coverage mandatory was included in the failed Build Back Better Act but the 117th Congress did take a step forward in the 2023 Consolidated Appropriations Act[25] by making the option permanent. However, keeping the 12 months postpartum coverage optional in Medicaid/CHIP leaves this critical policy open to being rolled back or repealed altogether as states deal with budget cuts. Additionally, changes to Medicaid eligibility are expected to reduce access to care for pregnant and postpartum women, putting even more children and families at risk. The United States cannot leave mothers behind as the country faces a maternal mortality crisis, which disproportionately affects women of color.

- **Rescind the provision in H.R. 1 that reduced retroactive Medicaid coverage for pregnant women**.Currently, eligible individuals can have their medical expenses from up to three months before their application date paid by Medicaid, as long as they met the program's requirements during that time. H.R. 1 reduces this coverage to 60 days for most enrollees, including children and pregnant women. Congress must rescind this provision and reinstate the 90-day retroactive coverage policy in order to best protect pregnant women and their children.

- **Reauthorize the Healthy Start program:** Established in 1991 by President George H. W. Bush as a presidential initiative, Healthy Start improves maternal health and reduces infant mortality in communities with rates at least 1.5 times the national average. At a time when U.S. infant and maternal mortality rates outstrip nearly every other developed nation, the Healthy Start program saves lives by building community-based, family-centered initiatives to strengthen maternal and infant health systems in high-risk areas. President Trump's proposed fiscal year 2026 budget for the Department of Health and Human Services (HHS) would have eliminated Healthy Start funding, and the last several appropriations processes have threatened funding for Healthy Start, although strong support in Congress has preserved the program. The Healthy Start program's authorization expired on September 30, 2025. Reps. Alexandria Ocasio-Cortez (D-NY) and Nicole Malliotakis (R-NY) introduced H.R. 3302, the Healthy Start Reauthorization Act of 2025 in the 119th Congress, which would maintain policy language and funding levels and extend the program's authorization through Fiscal Year 2030 - we urge Congress to pass this bill.

- **Provide comprehensive supports for all birthing people.** Reps. Lauren Underwood (D-IL) and Alma Adams (D-NC) and Sen. Cory Booker (D-NJ) introduced the Black Maternal Health Momnibus Act of 2024 in the 118th Congress (H.R. 3305/S. 1606), which includes 14 important bills to improve the health and well-being of birthing people and their families. The following 14 bills are included in the Momnibus Act introduced in the 118th Congress and should be reintroduced and passed in the 119th Congress:

    1. Social Determinants for Moms Act (H.R. 3322/ S. 1594): Introduced by Rep. Jahana Hayes (D-CT) and Sen. Richard Blumenthal (D-CT), this bill would make critical investments in housing, transportation, nutrition and other social determinants of health that influence maternal health outcomes.

    2. Extending WIC For New Moms Act (H.R. 3332/S. 1593): Introduced by Rep. Lucy McBath (GA-7) and Sen. Richard Blumenthal, this bill would extend WIC eligibility from 6 to 24 months for the postpartum period and from 12 to 24 months for the breastfeeding period.

    3. The Kira Johnson Act (H.R. 3310/ S. 2239): Introduced by Rep. Adams and Sen. Raphael Warnock (D-GA), this bill would provide funding to community-based organizations that work to improve maternal health outcomes and promote equity.

    4. Maternal Health for Veterans Act (H.R. 3303/ S. 2026): Introduced by Reps. Underwood, Gus Bilirakis (FL-12), Brian Fitzpatrick (PA-01), Julia Brownley (CA-26), and Sen. Tammy Duckworth, this bill would reauthorize funding from the Protecting Moms Who Served Act (H.R. 958/ S. 796, 117th) to ensure that the Veterans Administration can continue to meet the growing demand for maternity care services and eliminate maternal mortality, morbidity, and disparities among veterans.

    5. Perinatal Workforce Act (H.R. 3523/S. 1710): Introduced by Wisconsin Democrats Rep. Gwen Moore and Sen. Tammy Baldwin, this bill would grow and diversify the perinatal workforce to ensure that every mom in America receives culturally congruent maternity care and support.

    6. Data to Save Moms Act (H.R. 3320/S. 1599): Introduced by Rep. Sharice Davids (D-KS) and Sen. Tina Smith (D-MN), this bill would improve data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.

    7. Moms Matter Act (H.R. 3312/S. 1602): Introduced by Rep. Lisa Blunt Rochester (D-DE) and Sen. Kirsten Gillibrand (D-NY), this bill would support moms with maternal mental health conditions and substance use disorders.

    8. Justice for Incarcerated Moms Act (H.R. 3344/S. 4060): Introduced by Rep. Ayanna Pressley (D-MA) and Sen. Booker, this bill would improve maternal health care and support for incarcerated moms.

    9. Tech to Save Moms Act (S. 958): Introduced by Sens. Ben Lujan (D-NM) and Dan Sullivan (R-AK), this bill would invest in digital tools such as telehealth to improve maternal health outcomes in underserved areas.

    10. MPACT to Save Moms Act (H.R. 3346/S. 1797, 118th): Introduced by Rep. Jan Schakowsky (D-IL) and Sen. Bob Casey (D-PA), this bill would promote innovative payment models to incentivize high-quality maternity care and non-clinical perinatal support.

11. Maternal Health Pandemic Response Act (H.R. 3304/S. 1605): Introduced by Rep. Underwood and Sen. Elizabeth Warren (D-MA) in the 118th Congress, this bill would invest in federal programs to address the unique risks of COVID-19 during and after pregnancy and to advance respectful maternity care in future public health emergencies.

12. NIH IMPROVE Initiative Act (H.R. 6238/S. 3254): Introduced by Reps. Lauren Underwood and Brian Fitzpatrick (PA-1) and Sens. Katie Britt (R-AL) and Cory Booker (D-NJ), this bill would authorize NIH's Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative to advance research to reduce preventable causes of maternal mortality and severe morbidity and reduce health disparities.

13. Protecting Moms and Babies Against Climate Change Act (H.R. 3302/ S. 1601): Introduced by Rep. Underwood and Sen. Ed Markey (D-MA) in the 118th Congress, this bill would invest in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies. *See Chapter 10: Environmental Health for more information on ensuring that every child lives in a safe and healthy environment.*

14. Maternal Vaccination Act (H.R. 3348/S. 1603): Introduced by Rep. Terri Sewell (D-AL) and Sen. Tim Kaine (D-VA), this bill would promote maternal vaccinations to protect the health and safety of moms and babies.

Vaccines

Vaccines are vital to protect the health of children from preventable diseases. The politicization of the COVID-19 vaccine has contributed to declining immunization rates for routine childhood vaccines and recent changes to federal vaccine recommendations have sown confusion and accelerated vaccine hesitancy. Nationwide, 28% of adults said in 2022 that parents should not have to vaccinate their children in order to attend public school, even if this poses health risks to other children, an increase from 16% in 2019.[26] Just 71% of adults say that children should be vaccinated against measles, mumps, and rubella in order to attend public school, down from 82% in 2019. COVID-19 vaccination rates for children, especially infants, babies and toddlers, continue to lag.[27] Preventable diseases such as measles are spreading as a result of lower vaccination rates among school age children. Vaccination rates for nearly all childhood vaccines have not recovered since the COVID-19 pandemic as children missed routine health visits. In addition, long-lasting damage to vaccine trust and vaccine access as a result of the TrumpAdministration's actions and false information are likely to last decades.

Recommendation 1.8: Ensure That Vaccines are Available to All Children, that Availability is Equitable, and That Caregivers Have Accurate Information

- **Pass the Strengthening the Vaccines for Children Program Act.** The Strengthening the Vaccines for Children Program Act (H.R. 10096), introduced by Reps. Kim Schrier (D-WA) and John Joyce (R-PA) in the 118th Congress, would expand eligibility of the Vaccines for Children Program, expand reimbursement for vaccine counseling and education in order to address vaccine hesitancy, track immunization disparities, and improve outreach on facts about the benefits of vaccination.

Behavioral Health

The behavioral health of a child is as integral to their overall well-being as their physical health. Prevention, early diagnosis, and treatment of mental health issues are key to addressing the country's youth mental health crisis. Half of all mental health disorders show first signs before a person turns 14 years old, and 75% of mental health disorders begin before age 24.[28] As in many areas of child well-being, disparities based on race, sexual orientation, and gender identity also exist in behavioral health. Nearly 40% of youth who identify as LGBTQ+, including nearly half of all transgender and nonbinary youth, said in a 2024 survey that they had seriously considered suicide in the last year.[29] Between 2007 and 2017, the suicide rate for Black children rose from 2.55 per 100,000 to 4.82 per 100,000, and suicide attempts are rising faster among Black youth than any other racial or ethnic group.[30] The mental health of infants and toddlers is also vital and is greatly affected by the mental health of their caregivers, including parents, family members, and early learning professionals. Up to 80% of youth in foster care report having mental health needs, but many of these young people cannot access the behavioral health services they need. Young people aging out of foster care also often have great needs for additional supports that are not always available to them.

We urge Congress to build a comprehensive pediatric behavioral health system that supports school-based mental health programs, Medicaid mental health services in schools, the 988 Suicide and Crisis Lifeline, the behavioral health workforce, and mental health parity. Policy makers also must address the underlying contributors to mental health issues in children, including poverty, homelessness, and health insurance coverage, in addition to providing prevention, diagnoses, and emergency services.

Recommendation 1.9: Fund Prevention Activities to Support Youth Mental Health as Early as Possible

- **Adopt the EARLY Minds Act.** The Community Mental Health Services Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is currently limited to funding services for those with severe, diagnosed mental illnesses. The Early Action and Responsiveness Lifts Youth (EARLY) Minds Act (S. 779/H.R. 1735), introduced by Sen. Alex Padilla (D-CA) and Rep. August Pfluger (R-TX) in the 119th Congress, would allow states to use up to 5% of their Community Mental Health Services Block Grant for prevention and early intervention activities and would require SAMHSA to provide reports to Congress detailing states' efforts to promote early intervention.

Recommendation 1.10: Remove Barriers That Prevent or Delay Delivery of Mental Health Care to Children as Compared to Physical Health Care

- **Enforce and strengthen the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).** With the crisis in mental health for America's children and youth, there has been a sharp increase in demand for services. Unfortunately, millions of children are unable to access appropriate services in a timely manner, even if they have health insurance. More than 8% of children had private insurance in 2025 that did not cover mental health services, totaling more than 1 million children.[31] MHPAEA required insurance to cover behavioral health and physical health equally but people continue to experience higher out-of-pocket costs for mental health services. In 2024, the Biden Administration finalized new rules to improve enforcement of MHPAEA. However, in 2025, the Departments of Labor, Health and Human Services, and Treasury announced

that they would not enforce the new rules, undermining access to behavioral health services for youth and adults across the U.S.[32] Congress must strengthen MHPAEA and ensure compliance by insurance plans so that children have equal and timely access to behavioral health care services. Congress also must provide additional funding to states to ensure adequate oversight.

- **Support The Behavioral Health Network and Directory Improvement Act.** Reintroduced by Sens. Tina Smith (D-MN) and Ron Wyden (D-OR) in the 118th Congress, S. 4023 would improve transparency for consumers seeking a behavioral health provider in-network for their children. The legislation aims to protect children and their families from "ghosting parity," which occurs when parents are given directories of providers who are no longer in the network, no longer accept new patients or have waiting lists that are months long.

Recommendation 1.11: Rebalance Mental Health Funding to Ensure That Adequate Resources Support Children in Their Communities

- **Rebalance the allocation of federal workforce dollars spent on physical vs. behavioral health.** The U.S. spends approximately $16.2 billion a year on developing the Graduate Medical Education (GME) workforce.[33] Of all the GME medical health care specialties, fewer than 5% of students are pursuing psychiatry;[34] of those students, well under 1% — just 0.1% — are pursuing child and adolescent psychiatry. Within the Health Resources and Service Administration (HRSA) health care workforce budget, only 9.4% of funding is allocated to the behavioral health workforce; of that amount, just 4% goes to child and adolescent health. The severity of the national youth mental health crisis requires lawmakers to invest more in developing the behavioral health workforce development is woefully insufficient to provide enough mental health.

- **Increase funding and continue to expand the Certified Community Behavioral Health Clinics (CCBHCs) Demonstration program in Medicaid.** The Bipartisan Safer Communities Act of 2022 and the Consolidated Appropriations Act of 2024 made CCBHCs a permanent optional state plan benefit under Medicaid.[35] To sustain and enhance this program, Congress should consider legislation such as the Certified Community Behavioral Health Clinic Expansion Act (H.R. 7301), introduced by Reps Ritchie Torres (D-NY) and Shri Thanedar (D-MI) in the 118th Congress, which would allow more evidence-based treatment options to be permissible under the program.

Recommendation 1.12: Provide Mental Health Supports, Services, and Referrals in Schools

- **Adopt the Mental Health Services for Students Act.** This bill (H.R. 5557), introduced by Rep. Andrea R. Salinas (D-OR) in the 119th Congress, would expand the scope and funding of Project AWARE to provide on-site mental health professionals in schools and support for family members of children with mental health concerns. Project AWARE, operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), has successfully increased mental health awareness in schools across the country, and lawmakers must support and expand it to reach more students, families, and schools.

- **Enact the Advancing Student Services in Schools Today Act (ASSIST).** This bill (S. 2050), introduced by Sen. Raphael Warnock (D-GA) in the 119th Congress, would create a new grant program at the Department of Health and Human Services to hire and retain mental health and substance use disorder professionals in schools. The bill would increase the Medicaid matching funds to pay for services in schools by 90%, which would allow states to increase pay for providers of these services.

- **Enact the Connecting Students with Mental Health Services Act.** This bill (H.R. 4186), introduced by Rep. Raja Krishnamoorthi (D-IL) in the 119th Congress, would create a grant program to fund school-based mental health coordination initiatives, support the hiring and training of school mental health professionals, and aid schools in referring students to community providers to receive mental health services.

- **Enact the Supporting All Students Act.** This bill (S. 3525), introduced by Sens. Bob Casey (D-PA) and Sherrod Brown (D-OH) in the 118th Congress, would establish a youth peer-to-peer support line that is integrated with the 988 Suicide and Crisis Lifeline.

- **Improve data on racial disparities in access to mental health care in schools.** Most public schools have an unacceptable student-to-school-based-mental-health-personnel ratio. High-poverty schools and those with more non-white students often have armed school resource officers on site, but few counselors, psychologists, or social workers. Data that identifies where the disparities exist would fuel a better allocation of resources. Through the appropriations process, Congress must require the Department of Education to conduct a detailed analysis of student-to-school-based-mental-health-personnel ratios in all school districts, with data disaggregated by students' race and ethnicity and their access to mental health services.

Recommendation 1.13: Include Children in the Design and Planning of Crisis Response and Suicide Prevention Systems

- **Ensure the 988 Suicide and Crisis Lifelines addresses the specific needs of children and families.** States are currently implementing their 988 Suicide and Crisis Lifelines. Children's needs can be very different from adults', and states — with assistance from the federal government — must design and create these systems to meet the specific needs of children, youth, and families from the beginning.[36] To date, 17 states have enacted legislation to implement 988. Of these, only four have included one or more child- or youth-specific planning provisions.[37] Congress must continue to robustly fund 988, require the Department of Health and Human Services to provide states with technical assistance on designing their systems to prioritize children's needs, and require a regular report from the Department of Health and Human Services detailing how states are addressing children's needs in their 988 systems.

- **Enact the Stop Online Suicide Assistance Forums Act.** Youth suicide rates remained elevated but steady in 2024, and they remain high for children and youth in racial and ethnic minority groups as well as for LGBTQ+ youth.[38] The Stop Online Suicide Assistance Forums Act would address external factors in child suicide. The bill (H.R. 9260), introduced by Reps. Lori Trahan (D-MA), Mike Carey (R-OH), Katie Porter (D-CA), and Chris Stewart (R-UT) in the 117th Congress, would make it a felony for anyone to use online forums or other interstate communications to assist in another person's attempt to die by suicide. Young people frequently use these sites. The bill does not criminalize attempts to die by suicide or state-sanctioned physician-assisted end of life care.

Recommendation 1.14: Support and Expand Youth Peer-to-Peer Networks

- **Fund and provide Medicaid reimbursement for youth peer-to-peer work.** The need for professional behavioral health services far outweighs the capacity of the current workforce. Peer-to-peer networks, such as Oregon's YouthLine, offer a way to provide needed support to teens and young adults. This work can be supported through direct and grant funding as well as Medicaid reimbursement. Currently, only five territories and South Dakota do not reimburse peer support services. We urge Congress to build upon the success of existing peer networks by enforcing existing Medicaid requirements and providing support for states to expand and improve on services provided.[39]

- **Adopt the Peer-to-Peer Suicide Prevention Act.** The Peer-to-Peer Suicide Prevention Act (H.R. 9036), introduced by Rep. Don Beyer (D-VA) in the 117th Congress, would establish a middle- and high-school grant program to facilitate student-led suicide prevention programs. This approach also could be expanded to focus on earlier prevention and younger students. Congress must consider implementing this and other programs that harness the lived experience of youth and the ways they can help their peers.

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FEDERAL BUDGET

Prioritize Children in All Federal Budget and Policy Decisions

Investments in the nation's children deliver a tremendous return, improving their near- and long-term outcomes and healthy development, increasing their economic opportunities and benefiting the economy as a whole.[1] When we invest in the future of children, we save money in the long term. Budget decisions are value judgments, and we urge Congress to support and protect children when making spending and revenue-raising decisions, and to prioritize efforts to address racial and economic inequities.

The Children's Budget, published annually by First Focus on Children for more than 15 years, provides a comprehensive analysis of the share of spending allocated to kids across more than 250 government programs in the federal budget and is intended as a tool for lawmakers to evaluate the nation's investment in children.[2] This analysis tracks domestic and international spending on children, including both mandatory and discretionary funding across nearly every federal department, representing numerous agencies and bureaus.

In fiscal year (FY) 2025, the share of federal spending on children fell to a mere 8.57%, according to *Children's Budget 2025*, meaning that for every $100 spent by the federal government, just $8.57 went toward meeting the needs of children. The share of spending on children has not been this low since FY 2017, when a four-year decline dropped it to just 7.6%.

These numbers are even more startling in comparison to FY 2021, when Congress made historic investments in children during the COVID-19 pandemic. To support children during the worldwide health and economic crisis, lawmakers put in place a fully refundable Child Tax Credit (CTC) that ensured children in low-income families would receive the full credit offered to their peers in better-off families, expanded child care support, increased federal dollars for school districts, offered direct payments to families as part of the American Rescue Plan Act

and enacted other supportive measures. This holistic approach to child well-being pushed the share of spending on children to a high of nearly 12% in FY 2021.

These investments delivered tangible economic benefits for children, including cutting child poverty nearly in half, driving it to a historic low of 5.2%.[3] Despite this success, Congress allowed these essential supports for children to expire. By FY 2023, Congress had completely ended economic impact payments, the expanded Child Tax Credit, the expanded Child Care and Development Block Grant, and expanded nutrition support for children.

This bad news for children continued in FY 2025. The phase out of payments from the Education Stabilization Fund — and the Administration's withholding of authorized education funds through impoundment — largely drove the decline in children's share of spending and created budget crunches for schools across the country.

Moreover, Congress passed a continuing resolution, which kept most discretionary programs for children level-funded. As prices continue to rise for essentials that families rely on — such as food, child care, and health care costs — that stagnant amount of money buys less than it did before, and often comes up short in providing for children's needs.

Overall, federal spending on kids declined by 3.19% in FY 2025 when adjusted for inflation. This number reflects only actual appropriations; it does not account for impoundment or any other withholding of funds — meaning the story is likely bleaker on the ground than the numbers show.

Foreign Assistance for Children Gutted

Children's Budget 2025 finds federal spending on children abroad has continued to decline as a share of overall federal investments, with international children's programs falling to just 0.09% of the federal budget in FY 2025 — roughly nine cents for every $100 in federal spending. The Trump Administration significantly disrupted long-standing foreign policy and made a sharp departure from six decades of U.S. global leadership on poverty reduction. The President's FY 2026 budget request proposed cutting base foreign aid funding from approximately $60 billion annually to less than $10 billion and dismantling key elements of the long-standing U.S. foreign assistance infrastructure. Alongside a foreign aid freeze, the dismantling of the U.S. Agency for International Development(USAID), the closure of global health offices and the elimination of expert staff roles, and other actions combined to sharply reduce or eliminate programs keeping children alive and healthy. Analysts warn that these changes risk reversing decades of progress in preventing child mortality. The medical journal The Lancet projects that up to 4.5 million more children under age five will die by 2030 if current policies continue.[4]

The President's Budget Request Fails Children

After proposing deep cuts to children's programs in FY 2026, advocates expect the Administration to advance similar reductions in the FY 2027 budget request, again threatening essential services and supports for kids nationwide and abroad. In total, the President's FY 2026 budget request proposed ending 53 programs that serve kids and consolidating 36 other programs into new funding streams with no guarantee that the original function of the programs would be preserved. The overall impact of these cuts would have been crushing for children. Discretionary spending on kids would have fallen by 23.66% compared to FY 2025 levels, totaling $27.384 billion in cuts. In fact, the President's budget proposed eliminating or consolidating more than one-third of all children's discretionary programs tracked by First Focus on Children. The proposed international budget would have reduced spending on children by two-thirds and reduced the share to a low mark of 0.03% — just 3 cents for every $100 spent by the federal government.

The American people have seen the consequences of budget caps and other structural budget changes that disproportionately impact children most in need. Americans strongly support increasing federal investments in children and prioritizing their needs in public policy, according to a nationwide poll of likely voters conducted in 2022 by Lake Research Partners. The poll found that voters believe — by a 6-to-1 margin — that we are spending too little on children.[5]

Investing in children sets them up to thrive, and when the nation's youngest have the support to reach their full potential, our families, communities, and economy benefit. A 2019 landmark study by the National Academy of Sciences estimates that child poverty costs the U.S. nearly $1 trillion annually, and that reducing child poverty not only directly benefits individual children, it delivers a significant societal return on investment.

To prioritize children in all federal budget and policy decisions, we urge Congress to take up the following recommendations.

Recommendation 2.1: Prioritize Children in Budget Decisions

While much spending on adults is mandatory, spending on children is disproportionately discretionary, temporary, and capped, lacking built-in growth or dedicated revenue streams.[6] This situation creates a structural imbalance that leaves programs serving children vulnerable to regular political considerations and budgetary reviews, even as research shows that consistent, long-term investments in children yield significant social and economic returns. Congress should prioritize stabilizing and expanding funding for children's programs to ensure they are resilient, adequately resourced, and able to deliver measurable, short- and long-term benefits.

- Increase topline funding levels for non-defense discretionary (NDD) spending and prioritize higher allocations to subcommittees with jurisdiction over child-related programs and services
- Support policies that create a fairer and more equitable tax code that works for everyone and supports robust investment in children's programs and services, especially for children with the greatest barriers to economic mobility
- Repeal cuts to Medicaid, the Children's Health Insurance Program (CHIP) and the Supplemental Nutrition Assistance Program (SNAP) included in H.R. 1 and further protect and strengthen mandatory spending programs that benefit children and their families
- Pass annual spending bills to avoid the use of stopgap funding measures and reject "poison pill" policy riders that delay or prevent passage of annual appropriations bills. Continuing resolutions harm children by typically funding programs at the same level as the prior year, effectively cutting programs and services.
- Resist attempts to renew austerity measures such as the discretionary spending caps and sequestration practices imposed by the Budget Control Act of 2011, which would hamper investment in the nation's children, grandchildren and youth
- Identify revenue streams that specifically support programs that target children's health, education, safety, economic stability, and overall well-being.

Recommendation 2.2: Protect Congress's Constitutional "Power of the Purse"

With level funding or even modest increases, children's needs continue to outpace the federal resources allocated to support them. The child care sector remains in crisis despite some recent increased federal funding. The uncertainty of federal resources is forcing states to scale back services and turn to waitlists or enrollment freezes.[7] With states bracing for increased costs under H.R. 1, especially for Medicaid, CHIP, and SNAP, many face untenable budget pressures that threaten children's health, learning, and safety. *Children's Budget 2025* estimates that federal spending on children fell nearly 3.2% in FY 2025 when adjusted for inflation. Recent executive actions have deepened this disinvestment, made it harder to meet the urgent needs of children, and circumvented congressional intent.[8]

Congress must protect its constitutional "power of the purse" and prevent any unilateral executive action to defer or impound funds that Congress appropriated by including strong guardrails in appropriations legislation that ensure appropriated funds are distributed as intended — fully, promptly, and transparently. Protecting this core constitutional principle is essential to safeguarding the programs and services that give every child a fair chance to thrive. We also urge federal lawmakers to reject poison pill policy riders that could prevent Congress from passing full-year appropriations bills along with these important budget safeguard provisions to ensure appropriated funds are apportioned consistent with any bipartisan appropriations agreements.

Federal appropriations bills signed by the President are laws detailing congressional priorities that include children's health, nutrition, education, safety, and well-being. Allowing executive agencies to override or ignore appropriations laws whether through impoundments, agency reorganizations, interagency agreements designed to circumvent existing law, or other backdoor attempts at redirecting appropriations ignores Congress' Article I authority. Further, this blatant disregard for Congress' power of the purse threatens both democratic accountability and the stability of vital programs that millions of children and families rely on to afford their basic needs.

We also strongly urge Congress to reject any policy riders that put children at risk, including provisions that would drastically alter or eliminate programs, agencies, and/or departments, or diminish the expert staff responsible for supporting children's healthy development and opportunities. Embedding major, contentious policy changes into must-pass spending bills increases the likelihood of delays, cuts, or shutdowns and puts children at risk for disruptions to crucial services.

Recommendation 2.3: Make Funding for the Children's Health Insurance Program Permanent

Although the Consolidated Appropriations Act, 2023 extended the Children's Health Insurance Program (CHIP) for an additional two years, until FY 2029, the program remains the only federal insurance program that is temporary and continuously needs to be extended. We strongly support making CHIP permanent. *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children.*

Recommendation 2.4: Support Dedicated Revenue for Child Care

Child care continues to be an enormous expense that many families cannot afford. Poverty-level pay and a lack of professional development opportunities also create difficulty in retaining

early childhood educators, exacerbating child care shortages and threatening the quality of care across the country. Congress should significantly increase federal investments in child care and treat the sector like the public good it is. One way to do this is to adopt the Leveraging Estate Gains for America's Children and Youth (LEGACY) Act (H.R. 4330), introduced by Rep. Sara Jacobs (D-CA), which would create the Early Childhood Education Trust Fund through a 15% set-aside of the estate tax to supplement the Child Care and Development Fund. This bill would create an additional, dedicated funding stream for child care that would provide children with higher quality care, help families afford care, support child care providers in maintaining viable businesses, and increase compensation for child care professionals. *See Chapter 7: Early Childhood for more information on early-childhood programs.*

Recommendation 2.5: Support the Children's Interagency Coordinating Council

Due to the leadership of former Reps. Barbara Lee (D-CA) and Rep. Lucille Roybal-Allard (D-CA), as well as House and Senate Appropriations leadership, Congress directed the Department of Health and Human Services (HHS) to create the Children's Interagency Coordinating Council in the FY 2023 omnibus spending bill and included $3 million to fund its establishment. In January 2025, the HHS Office of the Secretary for Planning and Evaluation released a report outlining the Council's FY 2024 activities and accomplishments along with anticipated activities for FY 2025, and the office received $3 million in funding for FY 2026. We support additional funding to ensure that relevant agencies across the federal government support the Council's efforts and its staff. *See Chapter 7: Early Childhood for more information on early-childhood programs.*

Recommendation 2.6: Strengthen Tracking of International Children's Funding and Outcomes

We urge Congress to assert its constitutional role in setting spending priorities and ensure that appropriated foreign assistance funds are implemented as enacted. Adherence to congressional direction provides predictability, upholds the rule of law, and maximizes outcomes for children and families abroad. To further strengthen the tracking of international funding and outcomes, Congress must require clear line-item tracking of all U.S. funding for children (ages 0–18) and young people (ages 18–24) across education, protection, health, humanitarian, and well-being programs. The data should be disaggregated by age, sex, disability, crisis status, and geography.

The Department of State should also include a "Children and Families" budget appendix in their annual appropriations submission. Without robust tracking, accountability falters, evidence on what works remains limited, and children's programs risk being fragmented, under-resourced, and neglected. *See Chapter 16: International for more information on international policies that support children.*

Recommendation 2.7: Extend Budget Window for Scoring Federal Investments in Children

The way Congress currently evaluates social spending — using short budget windows that focus narrowly on adult behavioral responses — systematically understates the true value of investments in children. Extensive research demonstrates that many safety net programs produce substantial long-term gains for children, including higher educational attainment, improved health, increased earnings, and greater economic mobility in adulthood. These benefits often emerge years or decades after the initial investment, meaning they are largely

invisible within conventional five- or 10-year budget scoring windows. As a result, none of these long-term benefits are captured in calculations of the short-term budget bottom line, even though they generate lasting economic and social returns. Lawmakers should take steps to modernize budget evaluation rules to reflect this evidence and ensure that children's long-term outcomes are better considered.[9]

U.S. safety net programs are increasingly designed to avoid discouraging adults from working, using strict rules that often make the programs harder for families to access and less effective at meeting children's needs. This approach is reinforced by budget scoring conventions that reward immediate cost containment while ignoring future fiscal returns — such as higher tax revenues and reduced spending on health care, corrections, and income support — generated by healthier, more productive adults who benefited from childhood investments. Extending the budget window would allow Congress to better assess these tradeoffs and avoid prematurely dismissing policies that are fiscally responsible when evaluated over a realistic time horizon. By adopting longer evaluation horizons for children's programs, lawmakers can better balance concerns about short-term costs with the well-documented long-term economic and social returns that benefit both children and taxpayers alike.[10]

Recommendation 2.8: Establish a Cross-Agency Priority (CAP) Goal for Children

Nearly every major federal policy touches children's lives, yet responsibility for their well-being is spread across dozens of agencies, programs, and funding streams. Without common goals and shared measures of success, agencies often work in silos — advancing their own missions while inadvertently weakening children's health, learning, safety, or economic security.

A Cross-Agency Priority (CAP) goal focused on child well-being would provide a unifying framework for federal action. It would establish common outcomes for children, align agency strategies, improve the use of data, and ensure that progress is measured and reported consistently across government.

Requiring the Office of Management and Budget (OMB) to create a Cross-Agency Priority (CAP) goal would allow OMB to establish a children's budget to track and provide detailed analysis of funding streams that benefit children. Ultimately, OMB would quantify investments in children across the entire federal budget, just as it does for areas such as meteorology, the Export-Import Bank, drug control policy and cybersecurity. OMB should engage with federal coordinating entities such as the Children's Interagency Coordinating Council, established and funded in the FY 2023 omnibus spending package, to urge all agencies to integrate child well-being indicators, data, and evaluation mechanisms into their strategic plans. *See Chapter 9: Structural Reform for more information on structural reforms that benefit and protect children.*

Recommendation 2.9: Ensure that the Decennial Census Accounts for all Children

Mandated by the Constitution, the federal government conducts a count of the country's entire population every 10 years. The goal of the census is to count every person, regardless of citizenship status, in all communities once and only once, and collect basic information about them in a secure, convenient, and confidential manner. A fair, accurate, and comprehensive census is immensely important because the data determines congressional reapportionment, guides state and local government representation, and impacts the equitable distribution of trillions of federal dollars. Every census since the first enumeration in 1790 has included citizens and non-citizens for the purpose of congressional apportionment.

Congress must address the continual undercount of children in the decennial Census, American Community Survey, and other U.S. Census Bureau surveys. We are concerned by the Census Bureau findings that the number of U.S. children ages 0-4 counted in the 2020 Census was about 1 million lower than the benchmark population estimate[11] — an undercount of 5.46%.[12] The Bureau determined that this undercount of young children was larger than for any other age group.[13] We recommend robust funding for the Census Bureau in FY 2027 to ensure it can test strategies now that could help improve the count of young children in 2030. The window of opportunity to research methods to reach groups at risk of being missed — especially young children — will close soon, making funding critical in FY 2027.

We also recommend that congressional leaders urge the Census Bureau to reinstate its original plan for the 2026 Operational Test so it can evaluate new strategies to improve the count of young children. The proposed revisions eliminate testing focused on children ages 0-4, despite longstanding concerns that this group is persistently undercounted in the decennial census. This revision represents a missed opportunity to address a well-documented problem that has worsened over time. Because young children are missed for different reasons than adults, targeted strategies are necessary to ensure they are accurately counted.

Advocates, advisory committees, and researchers have repeatedly urged the Census Bureau to test new methods for counting young children in preparation for the 2030 Census, and the Bureau previously agreed to pursue such research. However, the current proposal omits these tests and instead relies on approaches that will not generate meaningful evidence about how to reduce the undercount. Without testing new strategies — such as improved messaging to families, better outreach to complex households, stronger partnerships with child-serving organizations, and methods to identify hidden or low-visibility housing units — the Bureau risks repeating the same mistakes in 2030. Restoring the original 2026 test design, including the planned range of research sites and targeted strategies, is essential to produce reliable data and ensure that all young children are fully counted.

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TAX POLICY

Improve the tax code with measures that meet all children's needs

The United States tax system is the government's primary means of raising revenue to support a wide range of government functions, including the operation of numerous programs and services that benefit children and families throughout the country and abroad. The Congressional Budget Office's (CBO) January 2025 Budget and Economic Outlook estimates federal revenues at $5.2 trillion in 2025 and outlays at $7.0 trillion. As a result, CBO projects the overall budget deficit at $1.9 trillion in FY 2025 and the national debt expanding between 2025-2035 as spending outpaces revenues.[1] Yet even as total federal spending increases, investments in children are moving in the opposite direction. Analysis in *Children's Budget 2025* found that the share of federal spending devoted to children fell to just 8.57% in FY 2025 — the fourth consecutive year of decline — demonstrating that increased federal spending has not translated into greater investment in children.[2]

These budget trends are not sustainable and represent a profound failure to meet the needs of our nation's children. We urge Congress to prioritize children in federal budget and policy decisions and to pursue tax reform that supports meaningful investments in children, their families, and their communities. Such reforms should help create a more equitable tax code for children in low- and moderate-income families — especially those in communities of color and those facing the greatest barriers to economic stability.

The tax code offers one of the strongest tools for improving the lives of children and has proven its ability to significantly reduce child poverty and promote family economic mobility. According to First Focus on Children's annual Children's Budget, the Child Tax Credit (CTC), the Earned Income Tax Credit (EITC), and the Child and Dependent Care Tax Credit (CDCTC) are among the top 20 programs contributing to children's health, safety and well-being.

Extensive research shows that tax credits and cash transfers influence positive parent-child interactions, improve child development outcomes, and have a bigger impact than any other policy in reducing child poverty.[3] The expansion of the CTC and EITC in 2021 delivered dramatic, positive results. When tax filers had access to the EITC and a fully refundable CTC and CDCTC in fiscal year 2022, mandatory spending for the three credits accounted for nearly 28% of the share of federal investments in children.[4] The expanded CTC was a significant driver in reducing child poverty to a record low of 5.2% in 2021. In 2024, the Supplemental Poverty Measure (SPM), showed that together, the refundable portion of the CTC and the EITC lifted nearly 3.7 million children out of poverty.[5]

The Impact of H.R. 1

In 2025, congressional leadership used the reconciliation process to pass H.R. 1, which combines sweeping tax changes, historic funding cuts, and significant program reforms that affect critical programs that support children such as Medicaid, the Children's Health Insurance Program (CHIP), and the Supplemental Nutrition Assistance Program (SNAP). The legislation permanently extends many provisions of the 2017 Tax Cuts and Jobs Act, introduces new tax provisions, and enshrines a range of other fiscal policy changes that pose an immediate threat to children and low-income families.

An update of CBO's January 2025 baseline that accounts for the enacted legislation estimates that H.R. 1 will produce a net increase in the unified federal budget deficit of approximately $3.4 trillion over the course of the 2025–2034 budget window. That deficit balloons as a result of a $4.5 trillion decrease in revenue, which is not nearly offset by the $1.1 trillion reduction in direct spending.[6] That revenue decrease is fueled by extended and expanded tax cuts skewed toward corporations and the wealthiest Americans.[7] While these topline budgetary effects are significant, it is important to examine how the law's tax changes affect American families — who benefits and who is left behind under the law.

Tax Code Inequities and the Growing Income Gap

While H.R. 1 increases tax benefits for children in nominal terms, the Tax Policy Center finds that the distribution of those benefits shifts toward middle- and higher-income families. Changes to the CTC and other family-related tax benefits, including child care credits and new tax-advantaged savings accounts, disproportionately benefit higher-income families while failing to support low-income children who need support most. For example, the law increases average CTC benefits for middle- and high-income families by about $200 but reduces average benefits for the lowest-income families by roughly $100. The Tax Policy Center also notes that as a share of the economy, spending on children through the tax code will actually decline over time as a result of H.R. 1.[8]

Additionally, H.R. 1 deprives 19 million children of the full CTC because their families earn too little and blocks 2.6 million U.S. citizen children from receiving anything at all because their caregiver lacks a Social Security number.[9] The CTC changes in H.R. 1 also overlook families whose household income suddenly drops — parents welcoming a newborn, survivors of natural disasters or domestic violence, children whose parent has died, kids whose parent has lost a job, and those with a parent who must leave work to provide care. In addition to significant cuts and policy changes to Medicaid, CHIP, and SNAP, H.R. 1's changes to the CTC ignore the children most in need and do not help reduce child poverty.[10] These striking policy gaps are not only harmful to vulnerable children, but also represent a missed opportunity to advance proven, cost-effective solutions.

Tax Credit Investments Make Smart Economic Sense for Families and the Economy

Enhancing the CTC not only helps children, it makes good economic sense for the country. The National Academy of Sciences estimates that child poverty costs the U.S. nearly $1 trillion annually as a result of higher crime, poor health outcomes, and lower income levels when children living in poverty grow up. Researchers at Columbia University find that investment in a child allowance program would pay massive dividends — an estimated 8:1 return on investment.[11] Improving the CTC also strengthens local economies. The Niskanen Center found that extending the CTC for even just one year would support the equivalent of 500,000 private-sector jobs.[12] Finally, the improved CTC brings the U.S. child poverty rate closer to that of other wealthy countries, increasing U.S. competitiveness around the world.[13]

The temporary 2021 tax credit enhancements helped cut child poverty nearly in half demonstrating what is possible when the tax code puts children first.[14] Congress should build on these lessons to create a more equitable tax code that benefits all children and helps address the nation's racial, gender, and economic inequities, which disproportionately affect young people. Rather than extending or expanding tax breaks for the wealthiest individuals and corporations, future tax reform should help to close the wealth gap, generate revenue to strengthen investments in children and families, and support a stronger, more inclusive economy.

The tax strategies recommended here should be used to complement, not replace, existing programs that provide direct support for children's health, education, and well-being, ensuring that families have both immediate help and long-term opportunity.

To improve the tax code with measures that meet all children's needs, we urge Congress to take up the following recommendations.

Recommendation 3.1: Create a Permanent, Monthly Child Benefit

In 2021, lawmakers temporarily increased the amount of the Child Tax Credit, made it fully refundable, and distributed the funds to families monthly. The 2021 CTC improvements contributed significantly to the largest decrease in the child poverty rate on record (from 9.7% in 2020 to 5.2% in 2021[15]),dramatically reduced food insufficiency[16], and eased material hardship for tens of millions of households. Once the improvements expired, child poverty soared, rising to 12.4% in 2022 and 13.4% in 2024.[17]

Families receiving the monthly CTC payments overwhelmingly spent them on basic necessities including food, utilities, housing, education resources, diapers, and paying down debt.[18] Furthermore, several studies found the cash benefit had no impact on employment status.[19] In fact, the CTC helped families, especially single mothers, increase their labor force participation by allowing them to afford child care, transportation, and other necessities that help them get to work.[20]

A 2019 National Academy of Sciences landmark study documented that cash transfers to households with children create positive momentum for children's long-term success, leading to better health outcomes, higher educational attainment, and increased earnings as adults. Furthermore, the Academy cites an extension of the CTC as the most powerful tool available to combat child poverty and narrow the racial poverty gap.[21]

A growing body of evidence from more than 90 guaranteed-income pilot programs across the country shows important, positive impacts from direct cash benefit programs.[22] In addition, state legislatures and governors around the country are enacting or expanding state CTC

programs, which will offer more information on their benefits.[23] We strongly recommend that Congress create a permanent, federal, monthly child allowance program based on the "best interests of children." The program should be structured to help families with the greatest barriers to economic stability. Designing the program around the "best interests of children" would preempt debate about the "deservedness" of adults in the children's lives, a conversation that often winds up punishing children.

Congress should adopt a permanent child benefit program designed around the American Family Act (H.R. 2763/S. 1393), sponsored by Reps. Rosa DeLauro (D-CT), Suzan DelBene (D-WA) and Richie Torres (D-NJ) and Sens. Michael Bennet (D-CO), Cory Booker (D-NJ), Catherine Cortez Masto (D-NV), Dick Durbin (D-IL), Raphael Warnock (D-GA),and Ron Wyden (D-OR) in the 119th Congress. We urge Congress to convert the Child Tax Credit into a permanent, monthly child allowance to ensure all families — including residents of U.S. territories and all immigrant children — can meet the economy's current financial challenges and the high and growing costs of raising children. CTC expansion should protect lower- and middle-income recipients from overpayments and hold them harmless when household circumstances change. Living arrangements for children can be complex, and a child benefit program needs to accommodate such circumstances and ensure the payments follow the child through diverse and dynamic family and non-relative caregiving, including families with domestic violence risks as well as those involved in foster care or other public systems.

Payments delivered monthly to households with children would establish a steady cash flow that better meets the daily needs of families throughout the year. In 2021 the enhanced monthly tax credits helped households with children catch up on rent and translated to more food on the table, warm clothes in the winter, and more money for educational purposes.[24] The monthly benefit also meant more money for child care, gas, and car repairs that helped parents get to work. Parents and caregivers reported that the money gave them some breathing room,[25] and provided relief from the constant fear and distraction of making ends meet, giving them more time and energy to spend with their children.

The regular cash support also provides some financial stability that helps families meet unanticipated expenses, weather economic downturns, and participate in the economy during an emergency such as the COVID-19 crisis. Regular delivery of assistance also offers a ready mechanism to adjust benefit levels as needed — for example, to increase payments during an economic crisis. In addition to designing the child benefit according to the "best interests of children," additional resources must be given to program administrators to ensure maximum efficiency and fairness.

A successful child allowance program would provide a meaningful, monthly cash benefit that helps families with the rising costs of raising children and basic needs, supports children's healthy development, eliminates child poverty, promotes racial equity and economic security. Important principles for reforming the CTC include:

- Making the credit fully refundable and increasing the credit (to at least $4,000 per child per year)
- Creating a more generous young-child tax credit (at least $4,600 per child per year)
- Including all children, regardless of immigration status
- Designating 17-year-olds as "qualifying children"
- Establishing equity for children in U.S. territories

- Providing advance payments on a monthly basis— the way that household bills are actually paid — ensuring reliable funding and automatic adjustments to keep pace with inflation and the rising cost of raising children
- Eliminating the baby penalty by including a "baby bonus" that ensures newborns are included for the full first year of life, a provision included in the American Family Act and Baby Bonus Act (H.R.234) sponsored by Rep. Rashida Tlaib (D-MI).
- Continuing annual coverage for families that experience hardship due to natural disasters, domestic violence, death of a parent, parents' job loss, or a parent who must leave work to provide care
- Designing a program that "follows the child" and is accessible to all children, especially those in complex living arrangements, involved with foster care or other public systems, is unbanked and/or not connected to the tax code
- Guaranteeing that the cash benefit is not counted as taxable income and isn't considered income when determining household eligibility for other benefits and assistance
- Offering a simple sign-up process with a sign-up tool in multiple languages and assurance the program complements, not replaces, other supports for families
- Protecting families from surprise tax bills and the credit from garnishment

Recommendation 3.2: Support a More Equitable Child Tax Credit

As we continue to prioritize a permanent, comprehensive expansion of the CTC that includes all children such as the one proposed in the American Family Act, we also recognize legislative proposals that would address current system flaws and deliver more equitable support to children in low-income families. We support passage of the following targeted bipartisan CTC bills, which reflect the growing consensus that the U.S. tax code too often fails children:

- **The Working Families Disaster Tax Relief Act (S. 3432/H.R. 6645)**, introduced by Sens. Amy Klobuchar (D-MN), Bill Cassidy (R-LA), and Rep. Sara Jacobs (D-CA), would ensure that families impacted by federally declared disasters can still claim the CTC and EITC by allowing them to use their prior-year income.
- **The Stronger Start for Working Families Act (S. 3596)**, led by Sens. Maggie Hassan (D-NH) and Todd Young (R-IN), would allow families to begin receiving the refundable portion of the credit starting with the first dollar of earnings, eliminating the current $2,500 threshold that locks out the lowest-income families.

Both bills would meaningfully improve access to the CTC for families who need it most and represent an important step in the right direction. At the same time, it is important to recognize that these proposals, while constructive, do not fully address the underlying structural limitations of the credit. As a result, millions of children in families with the lowest incomes would continue to be left out of its full benefits, which is inconsistent with the goal of reducing child poverty. These bills would make the system fairer and more effective, but additional reforms will be necessary to ensure the Child Tax Credit fully supports all children, especially those in families facing economic hardship and challenges affording basic necessities.

Recommendation 3.3: Make the Earned Income Tax Credit More Available to Transition Age Foster Youth

Young people aging out of the foster care system face different challenges than their peers as they transition into adulthood, and are at higher risk of homelessness and unemployment.[26,27] Under current law, young adults without dependents must be at least 25 years old to claim the Earned Income Tax Credit (EITC). The EITC is a powerful tool in the tax code that rewards work and gives low-wage workers an additional income boost, but the EITC for workers without dependents is extremely small relative to the credit for workers with children in the home. The EITC also has outdated minimum and maximum age limits, which unnecessarily lock transition age foster youth out of the credit entirely. The Tax Cut for Workers Act (S. 1372/H.R. 2764), introduced by Sens. Cortez Masto (D-NV) and Michael Bennet (D-CO) and Reps. Dwight Evans (D-PA) and Ro Khanna (D-CA), lowers to 18 the minimum age to qualify for the credit and nearly triples the maximum amount of the credit. This larger credit will provide additional financial stability at a critical period of time for transition age foster youth.

Recommendation 3.4: Expand the Child and Dependent Care Tax Credit (CDCTC)

In 2024, the cost to a family of child care for two children in a center was more than annual mortgage payments in 45 states and the District of Columbia. The cost of child care for an infant at a center was more than in-state tuition at a public university in 41 states and the District.[28]

We urge Congress to make permanent, significant and comprehensive improvements to the Child and Dependent Care Tax Credit (CDCTC). Like all nonrefundable credits, the CDCTC reduces federal income tax liability and benefits middle-income families more than low-income families. Analysts estimate that in 2021, 14% of families with children benefited from the CDCTC; those families saw their taxes reduced by an average of $2,174.[29]

The American Rescue Plan Act temporarily authorized many provisions that offer a solid basis for reform and are now contained in the Child and Dependent Care Tax Credit Enhancement Act of 2025 (H.R. 2994/S.1421), introduced in 2025 by Rep. Danny Davis (D-IL) and Sen. Tina Smith (D-MN). The bill would make the CDCTC fully refundable, increase the maximum credit rate to 50%, adjust the phaseout threshold to begin at $125,000 rather than $15,000, greatly increase the amount of child and dependent care expenses that are eligible for the credit, and index the credit to inflation. This legislation complements the critically important direct spending programs for child care, collectively known as the Child Care and Development Fund (CCDF), that provide subsidies to families and providers to help make care more affordable. The National Academy of Sciences 2019 landmark study concludes that converting the CDCTC into a fully refundable tax credit would support parents in the workforce by concentrating its benefits on families with the lowest income and with children under the age of 5, and would help reduce child poverty by 9.2% over 10 years.[30]

Given the high cost of child care, the benefits of the CDCTC remain inadequate, and, in addition, are provided after a federal tax return is filed, which happens long after the expenses are incurred. Low- and moderate-income families often cannot wait until tax time to be reimbursed for payments they have already made, so subsidies, which are paid on a regular basis to families and/or child care providers as costs are incurred, are therefore more helpful to low-income families.

To truly reduce the exorbitant cost of child care faced by many U.S. families, as well as increase

the supply of quality care, lawmakers must substantially increase subsidies and investments in CCDF even as they expand and strengthen tax credit opportunities. Ultimately, child care should be treated as the public good that it is, through a universal child care system.

Recommendation 3.5: Establish a National Baby Bonds Program

The long U.S. history of systematic and institutional racism continues to affect every aspect of the lives of children and families of color and contributes to a growing racial wealth gap in the United States. On average, young white Americans (ages 18-25) hold nearly 16 times the wealth of young Black Americans.[31]

Studies have shown that even a small amount of savings can have a positive effect on a child's social-emotional development and improve a family's outlook for a child's future.[32] Indeed, 71% of children from high-savings, low-income families rise out of the lowest income quartile over their lives, compared with just 50% of children from low-income, low-saving families.[33]

Savings not only lift children and families out of poverty but promote economic security, breaking the cycle of generational poverty. Children in low- and moderate-income families with just $500 or less saved for college are three times more likely to enroll in college and four times more likely to graduate than children without any savings.[34]

The tax code acts as a critical tool to promote asset building and long-term savings. Yet current tax policy assists and incentivizes middle- and high-income families to save and build assets without similar provisions for low-income families. Low-income families may be unable to take advantage of tax credits and savings accounts because of their lower tax liability or may be unaware of these opportunities due to a lack of outreach. H.R. 1 authorizes tax-advantaged savings accounts for U.S. citizen children under age 18 that could help some families build savings for their children's future. These accounts are regressive by design and would primarily benefit affluent families rather than the millions of children who lack basic economic security.

A national "baby bonds" program, as proposed by Rep. Ayanna Pressley (D-MA) and Sen. Cory Booker (D-NJ) in the American Opportunity Accounts Act (H.R. 1041/S. 441) last Congress, offers a savings account design that would help address the racial wealth gap. This legislation would authorize federally funded and managed savings accounts (American Opportunity Accounts) for children under the age of 18. The government would automatically deposit $1,000 for each child born (annually adjusted for inflation), and funds would grow over time as the account earns interest until the child turns 18. Each year, a child could receive up to an additional $2,000 deposit from the government. Children from lower-resourced households would be eligible for higher amounts. A young person could access the funds at 18 for allowable uses such as educational expenses, purchasing a home, or other targeted wealth-building assets that break down the structural barriers in our society that many Black, Hispanic, and other communities of color face in accumulating wealth and achieving economic mobility.

Recommendation: 3.6: Support Tax Legislation to Lower Costs for Babies' Necessities

Members of the Congressional Dads Caucus introduced the "Babies Over Billionaires" legislative package, a set of six bills designed to lower the cost of raising children by eliminating tariffs on essential baby products. The legislation aims to provide economic relief to families by reducing prices on everyday necessities that support children's health, safety, and development, recognizing that rising costs disproportionately affect working families and

new parents. Together, the bills target key categories of infant and child essentials to make foundational caregiving items more affordable nationwide.

Bills included in the Babies Over Billionaires package:

- **Baby Sleep Tax Relief Act (H.R.4654) led by Rep. Shomari Figures (D-AL)**— Prohibits the imposition of duties on cribs, mattresses, and other safe-sleep products intended to support infant safety and reduce financial barriers to recommended sleep environments**.**
- **Baby Clothing Tax Relief Act (H.R. 4666) led by Rep. Jimmy Gomez (D-CA)** — Removes tariffs on babies' clothing and footwear to lower routine expenses associated with rapidly growing kids.
- **Baby Hygiene Tax Relief Act (H.R.4674) led by Rep. Steven Horsford** — Prohibits the imposition of duties on hygiene products such as diapers, wipes, and related care items to reduce recurring costs families face every month.
- **Educational Toy Tax Relief Act (H.R. 4726) led by Rep. Radley Schneider (D-IL)** — Ends tariffs on toys and developmental products that support early learning and healthy child development.
- **Baby Safety Tax Relief Act (H.R. 4738) led by Rep.. Suhas Subramaryam (D-VA)** — Provides tariff relief for essential equipment like car seats and strollers, helping families access products that promote child safety and mobility.
- **Baby Food Tax Relief Act (H.R. 4746)** led by Rep. Derek Tran (D-CA) — Eliminates duties on baby formula and feeding essentials to help families afford adequate nutrition for infants**.**

Recommendation 3.7: Establish a Renters' Tax Credit

Although rent increases have slowed in some regions of the country, rent prices nationally have increased nearly 20% since 2019.[35] Yet despite the great need for rental assistance, only 1-in-4 families who are eligible for rental assistance receive it. Families with children represent a decreasing share of federal housing assistance beneficiaries[36] even though the majority of households on the waitlist (60%) are families with children.[37] Even when families do obtain vouchers, they struggle to find landlords who will accept them. Voucher discrimination against families with children is compounded by racial discrimination.[38]

Creating a properly designed and implemented national renter tax credit would help meet renters' needs by delivering resources directly to families and young adults and would reach many more people than are currently served by rental assistance. A renters' tax credit should:

- Be large enough to relieve the housing cost burden on low-income households
- Be made available to children and youth in households with the largest barriers to housing stability
- Be delivered monthly, when rent is due, building on the lessons learned from the Internal Revenue Service's delivery of monthly Child Tax Credit payments in 2021
- Include a safe harbor provision so the lowest-income households are not at risk of owing more at tax time
- Support families with children by increasing the credit for family size, inflation, and geographic differences in housing costs

- Reach homeless households as well as those who lack a formal lease
- Be layered on top of already existing subsidies such as the Low-Income Housing Tax Credit (LIHTC), so that it complements rather than replaces assistance a family is already receiving
- Be designed without burdensome bureaucratic requirements

Lawmakers should look to the Rent Relief Act of 2025 (S.968) led by Sen. Raphael Warnock (D-GA) in the 119th Congress, which provides a strong design approach for establishing a renters' tax credit.

Recommendation 3.8: Extend the Enhanced Premium Tax Credits

In 2025, the Health Insurance Marketplace (Marketplace) provided coverage to a record 24 million Americans, including approximately 2 million children. The federal government offered enhanced tax credits to help individuals and families purchase health insurance in the marketplaces. Advanced Premium Tax Credits (APTCs), enhanced under the American Rescue Plan Act of 2021 and extended through the Inflation Reduction Act of 2022, dramatically increased affordability of Marketplace coverage. When the enhanced APTCs expired at the end of 2025 the tax credit reverted to 2020 levels. As a result, Marketplace premiums have skyrocketed for 2026, abruptly making coverage an increased financial strain for families and threatening a dramatic increase in uninsurance. We support the Health Care Affordability Act of 2024 (S. 5194), introduced by Sens. Jeanne Shaheen (D-NH) and Tammy Baldwin (D-WI), , which would make the enhanced APTCs permanent. Rep. Lauren Underwood (D-IL) introduced companion legislation in the House (H.R. 9774). With the expiration of the enhanced tax credit, Rep. James McGovern introduced a bill (H.R. 1834) that would provide a three-year extension of the enhanced premium tax credits, which the House passed on a bipartisan vote of 230 to 196. We urge the Senate to pass this extension to help millions of Americans afford health insurance, protecting health care coverage for families and their children across the country. *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children.*

Recommendation 3.9: Reject Tax Credits that Promote School Privatization

In recent years, efforts to divert public education funds toward private schools have accelerated, with several states establishing new voucher programs. At the federal level, the enactment of a new K–12 scholarship tax credit has further expanded the pathway for voucher-like programs in every state. In practice, these tax credit schemes often function as tax shelters, allowing wealthy individuals and corporations to reduce their tax liability while exerting influence over public education funding decisions, with limited transparency or public accountability.

Together, these developments threaten to undermine the stability and equity of public education systems across the country. At this critical moment, states must reaffirm their commitment to public education by prioritizing sustained and equitable investment in public schools and rejecting policies that siphon scarce resources away from the students and communities who rely on them most. *See Chapter 8: Education for more information on providing children with better and more equitable education.*

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CHILD POVERTY

End Child Poverty

No child should grow up in poverty, yet historically the United States has had a higher rate of child poverty than other wealthy nations because of a persistent failure to to invest in our children.

The United States made significant inroads to addressing child poverty in 2021 with expansions to the Child Tax Credit that increased the amount of the credit and, for the first time, made the full credit available to children in families with the greatest need. These expansions led to the lowest child poverty rate on record in the United States and cut child poverty nearly in half in just one year.[1]

This dramatic result meant that households had more money to provide food, clothing, and diapers for their children. It meant more money for child care, gas, and car repairs that helped parents get to work. It meant more money for educational resources, music or soccer lessons, or a trip to the zoo. It also meant reduced stress for many parents and caretakers, who reported that it gave them some breathing room,[2] relieving them of the constant fear and distraction of how to meet their children's basic needs.

A National Academy of Sciences 2019 landmark study documented that cash transfers to households with children create positive momentum for children's long-term success, leading to better health outcomes, higher educational attainment, and increased earnings as adults.[3] As time goes on, research is likely to reveal more about the long-term positive impacts that these payments had on the millions of children whose households received them in 2021.

While the drop in child poverty and other progress of 2021 was unprecedented and worth celebrating, it also greatly underestimated hardship and still leaves many children behind. For instance, income thresholds used to measure poverty remain much too low: households at double the federal poverty line still experience significant financial insecurity and struggle to make ends meet.

Children of color experienced poverty at record lows in 2021, but significant racial and ethnic disparities remain. Children in immigrant families continue to face more significant barriers to economic stability than non-immigrant families due to restricted access to tax credits and other benefits. And children in Puerto Rico and the other U.S. territories continue to face higher rates of poverty than children in the 50 states and the District of Columbia due to their unequal access to federal benefits as part of a long history of racism and discrimination against Americans living in the territories.

The historic progress of 2021 confirmed that child poverty is solvable when lawmakers have the political will to act. Congress must not only work to regain the progress of 2021, but build upon it to reach the goal of ending child poverty in the United States. The American public agrees: In a 2022 poll conducted by Lake Research Partners, American voters said by a 6-to-1 margin that we spend too little to address child poverty, and voters across party lines said they are very concerned that children experience higher levels of poverty than adults in the United States.[4]

Ending child poverty requires big thinking and long-term solutions, such as establishing a permanent, monthly child allowance, improving income and work support for parents and caregivers, reforming homelessness and affordable housing assistance, and other steps.

To end child poverty in the United States, we urge Congress to take up the following recommendations.

Recommendation 4.1: Establish a National Child Poverty Reduction Target

We urge Congress to codify a national child poverty reduction target and set a goal to end child poverty in the United States. Child poverty is a long-term problem in need of long-term solutions. A child poverty reduction target would create the accountability needed to pass the long-term policies that can ultimately end child poverty in the United States.

Other countries have proven the effectiveness of poverty reduction targets. After establishing targets, the United Kingdom cut its child poverty rate in half between 1999 and 2008[5] and before the outbreak of COVID-19, Canada had reduced child poverty by more than a third since 2015. In the United States, momentum is growing, with child poverty reduction targets established in California, Puerto Rico,[7] and New York state.[8]

The majority of voters across party lines strongly agree that the U.S. should establish a national child poverty reduction target.[9] The Child Poverty Reduction Act (H.R. 5629/S. 2906), introduced in the 118th Congress by Rep. Danny Davis (D-IL) and Sen. Bob Casey (D-PA), would codify a national child poverty reduction target into law and task the National Academy of Sciences with analyzing and monitoring progress toward this goal. *See Chapter 9: Structural Reform for more information on structural reforms that benefit and protect children.*

Recommendation 4.2: Establish a Permanent, Monthly Child Benefit

The expansion of the Child Tax Credit in 2021 led to the lowest child poverty rate on record in the United States, and a National Academy of Sciences 2019 landmark study documented that cash transfers to households with children create positive momentum for children's long-term success, leading to better health outcomes, higher educational attainment, and increased earnings as adults.[10]

Congress must examine the progress made in 2021 and build upon it to establish a permanent, child allowance program that delivers monthly payments to children in families with the biggest

barriers to economic security. Providing families with this additional financial boost empowers them to support their children and plan for the future. To maintain their impact, these payments should not be counted as income when determining household eligibility for other public benefits and assistance.

Congress also should look to the growing body of evidence from the increasing number of state Child Tax Credits[11] and guaranteed income pilots across the country.[12] *See Chapter 3: Tax Policy for more information on how the tax code can benefit and protect children.*

Recommendation 4.3: Improve Poverty Data and Measurement

While the country made significant progress in reducing child poverty in 2021, the way the government measures poverty greatly underestimates hardship. Income thresholds used to determine poverty remain much too low, so many households with incomes significantly higher than the federal poverty line still experience financial insecurity and struggle to make ends meet.

The poverty threshold in 2021 stood at roughly $30,000 for a family of four with two children. The Economic Policy Institute's Family Budget Calculator[13] shows that in most areas of the country, a family of four with two children needs at least $80,000 a year to have an adequate standard of living — and in many places, they need much more. By these standards, even families who live at double the poverty threshold cannot make ends meet. A realistic view of material hardship and deprivation must figure into calculations of progress to ensure that anti-poverty measures make a meaningful impact.

Equally important addressing the continual undercount of children in the decennial Census, American Community Survey, and other U.S. Census Bureau surveys. Despite efforts by the Census Bureau to address the challenge of counting kids in 2020, analysis of the agency's data by Dr. William O'Hare for the Count All Kids committee finds that the 2020 Decennial Census net undercount rate for young children increased from 4.6% in 2010 to 5.4% in 2020 — the highest net undercount rate for young children since tracking began in 1950.[14] Preliminary data from 2020 also suggests the gap between non-Hispanic white children and minority children (Black and Hispanic) was bigger in 2020 than it was in 2010, meaning that many of the children most in need of assistance are the least likely to receive it.

This undercount presents a problem because census data guides the allocation of more than $1.5 trillion in federal funding to more than 300 programs, many of which support the healthy development of children and keep the most vulnerable from falling into poverty.[15]

We urge Congress to provide additional resources to the U.S. Census Bureau to support the critically important work of its Directorate on the Undercount of Young Children and its capacity to determine why young children are missed, improve data collection, elevate research addressing the undercount of Hispanic and Black children, and expand outreach to enhance data accuracy. More funding also would allow the Census Bureau to improve the American Community Survey's sample size, response rates, follow-up operations, and other mechanisms to ensure the survey accurately captures data about the nation's increasingly complex communities and households.

Recommendation 4.4: Establish a Well-Designed, Permanent National Baby Bonds Program

The long history of systematic and institutional racism in the U.S. continues to affect every aspect of the lives of children and families of color and contributes to a growing racial wealth gap in the United States. As of 2019, white households had eight times the wealth of Black households and five times the wealth of Latino households.

A national "baby bonds" program, as proposed in the 118th Congress by Rep. Ayanna Pressley (D-MA) and Sen. Cory Booker (D-NJ) in the American Opportunity Accounts Act (H.R. 1041/S. 441), offers an innovative way to address the racial wealth gap. This legislation would authorize federally funded and managed savings accounts (American Opportunity Accounts) for children under the age of 18. The government would automatically deposit $1,000 for each child born (annually adjusted for inflation), and funds would grow over time as the account earns interest until age 18. Each year, a child could receive up to an additional $2,000 deposit from the government — children from lower-resourced households would be eligible for higher amounts. The program's funding would be exempt from annual appropriations and the investments would be excluded from asset limits for other government benefits.

A child would be able to access the funds at 18 for allowable uses such as educational expenses, purchasing a home, or other targeted wealth-building endeavors that break down the structural barriers that many Black, Latino, and other communities of color face in accumulating wealth and achieving economic mobility. As part of the program, funding should be available to promote outreach and education with community partners, particularly in low-income areas and communities of color.

Connecticut was the first state to establish a baby bonds program, followed by the District of Columbia and more recently, California. We urge Congress to pass a permanent, national baby bonds program, informed by the lessons learned at the state and local level, that is designed to provide the most support to the lowest-income households.

Recommendation 4.5: Reform Homelessness and Housing Assistance

Poverty is inextricably linked to homelessness, yet policy makers often discuss and address these issues in different silos, as if children experiencing poverty and children experiencing homelessness are two completely separate populations. Time and time again, research has shown that prevention and early intervention are crucial to breaking the cycle of homelessness for children, youth, and families. Children and youth who are identified and given access to services are more likely to experience positive outcomes in physical and mental health, and in education.[16] *See Chapter 11: Homelessness for more information on how to address homelessness and housing insecurity among children and families.*

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SOCIAL INSURANCE

Improve Social Insurance Systems for Children

Asking children to bear the burden of economic downturns, temporary or permanent disability, structural inequality, financial shocks, or other maladies beyond their control or comprehension is inexcusable. Social insurance programs provide a fundamental safety net for many families and are rooted in the moral imagination that the well-being of all children is a shared national endeavor. These programs can prevent children from falling into or descending deeper into poverty and can provide them with the financial boost their families need to thrive. Social Security, for instance, lifts approximately 1 million children above the poverty line, and Supplemental Security Income (SSI) serves 1 million children with disabilities.[1] Without them, those children would be at significantly greater risk of deprivation. But for these programs to function more effectively and better prepare future generations for bright tomorrows, Congress and the executive branch must take steps to improve them.

To improve social insurance programs for children, we urge Congress to take up the following recommendations.

Recommendation 5.1: Improve Access to and Awareness of Social Security Child Survivor Benefits

The Social Security Advisory Board (SSAB), a bipartisan group of Social Security experts, recently made recommendations to improve access to and awareness of a critical but overlooked anti-poverty support for children: Social Security survivor benefits. Most people think of Social Security as a program for older Americans, and for good reason: it serves more than 52 million seniors. But Social Security also benefits children: approximately 2 million children receive Social Security survivor benefits following the death of a parent. Child survivor benefits were added to the Social Security Act in 1939, just four years after the original

legislation was enacted into law — meaning that serving bereaved children has been a core component of the program for almost 90 years.

Surviving children and their caregivers can face tremendous financial hardship after the death of a parent. Such economic insecurity often leads to other negative outcomes. However, most bereaved children qualify for Social Security survivor benefits. Research shows that receiving these benefits helps mitigate the negative economic effects associated with a parent's death, so that bereaved children can go on to live successful lives.[2] In this way, the survivor benefits act as they are intended: as social insurance against the loss of a parent.

Research however also suggests that roughly 1 million children whose parents have died are not reached by the Social Security system. This failure may happen, in part, because caregivers do not know the child in their care qualifies for benefits. Recently, the SSAB analyzed data from the University of Southern California's Understanding America Study to determine why this gap exists. The board found that 83% of participants in the study correctly understood that survivor benefits were available to children, but this understanding varied across demographic groups.[3] In its report, the SSAB recommended improvements to access and awareness of survivor benefits.

Many of these recommendations offer simple steps that are feasible even in the current budget-constrained environment. The panel recommended, for instance, that the Social Security Administration (SSA) make the application available online. This change would help families get their earned benefits faster, make it easier for caregivers to complete the application, and would lighten the workload on already-strained SSA staff, freeing them up to assist customers in-person or over the phone with other matters. The Social Security retirement and disability applications are already online and can serve as models for migrating the survivor benefits application online. SSA should also allow applicants to self-schedule appointments online, the recommendations said, instead of having to call the SSA 800 number, where the average wait to reach a representative is more than an hour.

To increase awareness of child survivor benefits, the SSAB recommends SSA relaunch a previously cancelled outreach effort and use the data it collects to identify eligible children. It suggests data-sharing agreements with states, if necessary, that would allow SSA to contact families to make them aware of survivor benefits and eligibility requirements.

Congress should join the SSAB in urging the SSA to implement these bipartisan recommendations to increase the number of eligible children who receive survivor benefits.

Recommendation 5.2: Reform SSI's Outdated Eligibility Rules

Supplemental Security Income, or SSI, is a lifeline for children with disabilities whose families have limited income and resources. In addition to supporting basic needs such as food and housing, SSI helps cover the extra costs of raising a child with a disability, such as medical care, therapies, adaptive equipment, and transportation. For many families, SSI means the difference between stability and poverty, and allows children to grow up at home, stay connected to their communities, and access the care they need to reach their full potential. Nearly 1 million kids with disabilities — ranging from mental and neurodevelopmental conditions, musculoskeletal disorders such as cerebral palsy and muscular dystrophy, nervous system disorders such as epilepsy, and vision or hearing impairments — rely on SSI to meet their basic needs.

The rules to qualify and stay qualified for SSI are complex, both for the beneficiary to follow and for the Social Security Administration (SSA) to administer.[4] For the most part, these rules are set in statute and have not been updated in 40 years.

First, Congress should update SSI's asset limits. Current law, which was last changed in 1984, limits SSI beneficiaries to having $2,000 in savings ($3,000 for a married couple). This forces a cruel choice on families with kids with disabilities: prepare yourselves for a financial emergency with a savings cushion of your own, or risk losing the monthly support you need to make ends meet. Lawmakers recently secured bipartisan support to move this program forward for the first time in decades.[5] The SSI Savings Penalty Elimination Act (S. 1234/H.R. 2540) introduced by Sens. Catherine Cortez Masto (D-NV) and Bill Cassidy (R-LA) and Reps. Danny Davis (D-IL) and Brian Fitzpatrick (R-PA), would raise the asset limit to $10,000 ($20,000 for a married couple) and, for the first time, index the limit to inflation moving forward. Congress should advance this legislation, especially if another savings and retirement package were to move through the Finance and Ways and Means Committees.

Second, Congress should urge SSA to abandon a new proposed rule on "in-kind support and maintenance" or "ISM." ISM is perhaps SSI's most complex eligibility requirement to administer, and the new proposed SSA rule would reduce a beneficiary's monthly SSI benefit by as much as one-third if they receive support from a family member or loved one, such as a place to stay.

Under current rules, children are exempt from this reduction to their SSI benefit when anyone in their household qualifies for certain public assistance programs, including the Supplemental Nutrition Assistance Program (SNAP). This exemption makes the program easier for SSA to administer and it means that SSI beneficiaries endure less burdensome red tape. It also allows generational families to stay together and to administer care for elderly or disabled relatives under one roof without jeopardizing the benefits they need to make ends meet, or having to move anyone — either their child or disabled relatives — into institutionalized care.[6]

The Trump Administration's proposed rule would eliminate SNAP from the list of programs that qualify households for the ISM exemption. It also would require all members of the household to qualify for public assistance, not just one member. This change would subject as many as 400,000 SSI beneficiaries — including up to 100,000 children — to benefit reductions or a complete loss of benefits.

The proposed rule is more than just a technical change in regulatory definition: it signifies a policy shift that will mean less stability and less of a financial cushion for caregivers to provide children with disabilities with food and clothing, let alone therapies, adaptive equipment, home modifications, and other supports. SSA must abandon this proposed rule and instead focus its scarce resources on improving customer service delivery, which has declined significantly in recent years.

Recommendation 5.3: Better Support SSI Transition Age Youth

Children receiving SSI are required by the Personal Responsibility and Work Opportunity Reconciliation ("welfare reform") Act to undergo a redetermination when they turn 18. For more than 4-in-10 beneficiaries, this redetermination ends their benefits – though, of course, it does not end their disability.[7] Federal supports such as the Supplemental Nutrition Assistance Program (SNAP) and the Earned Income Tax Credit (EITC) are largely unavailable to transition age youth without dependents, which leaves transition age SSI youth without much support. Turning 18 and undergoing this redetermination is often part of a larger, cascading loss of benefits: SSI eligibility makes children automatically eligible for Medicaid, but losing SSI eligibility generally means a person loses Medicaid eligibility at 19, particularly in states that have not expanded Medicaid coverage. These same young adults may also lose services they had at school. Of course, having started from a household with very low assets and

income, they are more likely to have difficulty finding employment and housing young adults. *See Chapter 3: Tax Policy for more information on how the tax code can benefit and protect children.*

To support SSI transition age youth, Congress should permit the Social Security Administration to refer them to state vocational rehabilitation agencies, which provide support for disabled people of all ages, including career assessment and counseling, assistive technology, job training, and financial assistance for vocational or post-secondary education. The Social Security Act currently prohibits these referrals but both President Biden and President Trump have included them in budget requests.

Congress also should raise the age at which SSI beneficiaries are subject to redeterminations. This measure would narrow the age gap between when these young people lose SSI eligibility and gain eligibility for EITC and other benefits. It would also mirror other policies in federal law: former foster youth can receive services up to age 23, and current law allows all young adults to stay on their parents' health insurance until they turn 26. Raising the age would provide these young adults with a longer period to transition into adulthood without having to navigate the sudden shock of losing their benefits all at once at 18.

Finally, SSA should provide a more forgiving student earned income exclusion, so that transitioning youth could work more hours or earn more income without fear of losing their benefits. SSA might consider allowing transitioning youth to earn an unlimited amount of income. To simplify administration of this rule, SSA should establish data exchanges with relevant agencies to confirm school enrollment.

For a longer analysis of the challenges facing SSI transition age youth and recommendations to support them, cited above, see "Low-Income Disabled Youth Face Significant Challenges Upon Coming of Age" by Kathleen Romig.[8]

Recommendation 5.4: Establish a National Paid Family and Medical Leave Program

Children thrive when their families are economically stable and when parents have the time and financial security they need to care for them. A truly modern system of social insurance must include universal paid family and medical leave, covering all workers — regardless of where they live, the job they hold, or the employer they report to. Decades of research shows that paid leave improves infant and maternal health, supports healthy attachment, stabilizes family income, reduces medical and child care costs, increases breastfeeding duration, decreases postpartum depression, strengthens long-term child development, and improves parental labor-force attachment, all of which create conditions in which children flourish.[9]

For paid leave to function best, it must be built with the same principles that make other universal programs powerful and effective: coverage for everyone, benefits that reflect the full spectrum of caregiving needs, wage replacement levels that make leave usable for low- and middle-income families, and protections that ensure workers can take leave without risking job loss or retaliation. A comprehensive system must include gender-neutral parental leave, family caregiving leave, and personal medical leave, recognizing that babies benefit enormously from parental bonding time and that their needs — and the caregiving responsibilities of their parents — extend well beyond the first months of life.

A meaningful benefit requires a sliding-scale wage replacement structure so that lower-wage workers receive nearly all of their usual earnings and middle-income workers receive enough

to make leave financially feasible. Every state that has enacted paid leave in the last decade has adopted some version of this model, and Congress's most recent proposals, including the FAMILY Act (H.R. 5390 / S. 2823) and prior versions that passed the House of Representatives, follow this approach. Likewise, a minimum of 12 weeks of leave is consistent with Family and Medical Leave Act (FMLA) standards and meets most families' needs, but states have increasingly pioneered stackable leave durations of up to 16 weeks or more, reflecting the reality that caregiving rarely fits neatly into one single model. Finally, any paid leave program must have strong job protection and anti-retaliation provisions, because workers will not use a benefit if taking it risks unemployment.

The FAMILY Act remains the only federal bill that would guarantee universal access to paid family and medical leave for all workers, and Congress came remarkably close to enacting a national program with Build Back Better in 2021. Establishing a meaningful paid family and medical leave program would represent one of the most consequential investments the United States could make in children's well-being, family economic stability, and the long-term strength of the nation's social insurance system.

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NUTRITION

End Child Hunger and Improve Nutrition

Nearly 16 million children in the United States are hungry – an indictment of a wealthy nation that continues to tolerate otherwise avoidable deprivation among its youngest people. Hunger undermines children's health, learning, and emotional well-being, and it reflects policy choices that fail to guarantee the most basic conditions for kids to thrive. Children cannot focus in school, grow properly, or develop to their full potential when they are unsure where their next meal will come from, and families cannot maintain a stable household when every grocery trip is a financial question mark. Programs such as the Supplemental Nutrition Assistance Program (SNAP) and healthy school meals are foundational for low-income children to reduce hardship, improve academic outcomes, and moderate the lifelong consequences of poverty. Ensuring every child has reliable access to nutritious food is not only a moral imperative — it is a strategic investment in the nation's future. And because of recent actions in Congress, the issue demands immediate and urgent attention.

To end child hunger and improve nutrition, we urge Congress to take up the following recommendations.

Recommendation 6.1: Reverse the SNAP Cost Shift to States

Roughly 4-in-10 participants in the Supplemental Nutrition Assistance Program (SNAP) are children — which makes the way lawmakers tossed it around like a political football during the 2025 government shutdown all the more unforgivable. The Trump Administration turned the program on and off like a lightswitch as the lives and budgets of 42 million people — including 16 million kids — hung in the balance. This chaos came on the heels of the steepest funding cuts in the program's history: A nearly $200 billion gutting to be enacted over the next decade under the so-called "One Big Beautiful Bill", passed as H.R. 1.

The 43-day government shutdown made families and kids unsure at any given moment whether they'd have the support they rely on to put food on the table, forcing them to choose between food or diapers.[1] The tumult hit food banks, where an estimated one-third of patrons are children, straining them to fill the gaps.[2] And it hit state agencies that are responsible for handling SNAP, making it extremely challenging for them to accurately administer the program.[3]

Food banks are not built to replace SNAP. They are built to supplement it. Yet the shutdown forced them to try anyway — a burden that states, local communities, and charitable networks are ill-equipped to bear. As it became clear that the shutdown would interrupt benefits, food banks were catapulted into "emergency response mode." With benefits paused, staff at one pantry in Pennsylvania reported demand unlike anything seen "even at the peak of the pandemic".[4] When the food bank system is asked to pick up the slack, the math simply doesn't add up. As the CEO of the Houston Food Bank put it: "We cannot meet the gap."[5]

The situation for state SNAP administrators was equally chaotic.[6] States found themselves squeezed between contradictory federal guidance, judicial orders, and operational realities. In one particularly striking turn, the U.S. Department of Agriculture, which administers SNAP, actually directed states to "immediately undo" full payments they had already issued[7] — putting agency staff in the impossible position of distributing aid one day and reclaiming it the next.[8] The combination of legal uncertainty, administrative burden, and operational risk makes clear that if states cannot manage a brief interruption from the federal government, they are surely not prepared to absorb the cost shift scheduled under H.R. 1.

The shutdown provided a preview of what is to come once the H.R. 1 cuts take effect later in 2026. That's when the federal government begins to shift the cost of SNAP down to states — unless Congress charts a different path. Starting next year, H.R. 1 will require states to pay a larger share of SNAP benefit costs for the first time in the program's history. To put it simply: no state is in a position to absorb these cost shifts. States could be forced to narrow eligibility so that fewer children and families qualify or to make benefits less supportive of children. Under the law, if states can't fully pay the amount owed, they could be forced to drop out of SNAP entirely, terminating benefits for everyone eligible in the state. To make matters worse: if a child loses access to SNAP because of these policy changes, they will also lose their seamless access to free school meals.[9]

For millions of kids, SNAP goes beyond nutrition — it provides critical support for their health, education, and overall well-being.[10] The Restoring Food Security for American Families and Farmers Act (H.R. 6088/S. 3281), introduced by Reps. Jahana Hayes and Angie Craig and Sen. Ben Ray Lujan, t would ensure that the 16 million children who rely on SNAP would continue to benefit from its critical role in helping them grow and reach their full potential. This bill would repeal the cuts to SNAP that were enacted into law by the One Big Beautiful Bill. If not outright repeal, it is critical that Congress otherwise reverse or at least delay this cost shift as soon as possible so that states can determine how to best mitigate the deep harm these cuts will inflict on children and families.

Recommendation 6.2: Codify the Community Eligibility Provision

The Community Eligibility Provision (CEP) is one of the most powerful anti-hunger tools available to schools, and its benefits for children are both immediate and far-reaching. By allowing high-poverty schools to serve free breakfast and lunch to all students without requiring individual applications, CEP eliminates the administrative barriers and stigma that often prevent eligible kids from accessing meals. Schools that participated in CEP found a 6.8%

increase in school lunch participation and a 12.1% increase in school breakfast participation in the first year of implementation, according to a recent USDA study.[11]

For millions of children, especially those in families facing unstable incomes or bureaucratic hurdles, CEP transforms school into a place where they can reliably count on nutritious meals every day. CEP also reduces stigma, which is a major, under-appreciated barrier to school meal participation. In schools where some students pay and some do not, children from low-income families often stand out — leading many to skip meals out of embarrassment or fear of being singled out. CEP solves this by putting every child on equal footing: all meals are free, for everyone, with no singling out, no lunch debt, and no cafeteria shame.[12] This universal approach normalizes participation, strengthens the school community, and increases meal uptake across the board. Higher participation also allows schools to expand menu variety, invest in fresher ingredients, and operate more efficiently. These improvements directly benefit all kids.

Finally, CEP streamlines operations for schools, freeing up time and resources that can be reinvested in students. With no individual applications to collect, verify, or chase down, school nutrition staff can focus on what matters: serving healthy meals and improving program quality. Schools report fewer administrative errors, more predictable funding, and significant reductions in unpaid meal debt — all of which create a more supportive environment for children. For states and districts, CEP ensures that the federal resources available for school meals actually reach kids, rather than being left on the table due to paperwork barriers. In a country where millions of children face food insecurity, expanding CEP is one of the most efficient, equitable, and child-centered strategies available to boost nutrition, strengthen health, and support learning.[13]

CEP is at risk of attack from a hostile USDA, which could use regulatory tools to undermine the program and reduce the number of children eligible for free school meals. It is critical that Congress proactively protect CEP by codifying into law the components that make it successful: preserving the financial multiplier at 1.6, the school eligibility threshold at 25% Identified Student Percentage, the Medicaid Direct Certification demonstration projects for the 44 states that currently participate, and school districts' ability to group schools together to run efficient meal operations.

In addition to these important protections, two bills in Congress would support child nutrition in schools. The Expanding Access to School Meals Act (H.R. 2680), introduced by Rep. Josh Gottheimer, would increase federal CEP reimbursement, encouraging more schools to participate; and the School Meal Modernization and Hunger Elimination Act (S. 1431), introduced by Sen. John Fetterman, would expand direct certification. Coupled with codification of the core components of CEP, these bills would allow Congress to ensure that children continue to have healthy meals as part of their daily school routine.

Recommendation 6:3: Support Nutrition in Early Learning Settings Through Improvements to the Child and Adult Care Food Program (CACFP), Which Ensures That Child Care Providers are Able to Feed Children in Their Care

Congress should adopt the Early Childhood Nutrition Improvement Act (S. 1447/H.R. 2818) introduced by Sens. Dick Blumenthal (D-CT) and Tina Smith (D-MN) and Reps. Suzanne Bonamici (D-OR) and Ryan Mackenzie (R-PA). This bill would allow care providers to serve an additional meal or snack to children in their care for more than eight hours; increase reimbursement rates for child care homes; and streamline the certification process for providers.

Congress should also adopt the Child Care Nutrition Enhancement Act (S. 1420/H.R. 2859) introduced by Sens. Dick Blumenthal (D-CT) and Tina Smith (D-MN) and Rep. Greg Landsman (D-OH), which would increase meal reimbursement by 10 cents per meal so that child care providers can afford to provide nutritious food for the children in their care. It would also eliminate CACFP's tiering structure and allow all family child care providers to receive the same reimbursement rate for meals and snacks. *See Chapter 7: Early Childhood for more information on early-childhood programs.*

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EARLY CHILDHOOD

Invest in our Youngest Children

Programs impacting our youngest children, including Early Head Start, Head Start, home visiting, pre-K, child care, and paid family and medical leave have immense benefits for young children, their families, and early educators. The opportunities children have during their early years play an essential role in reducing racial inequalities and directly impact their long-term health, well-being, and economic outcomes.[1] The evidence supporting high-quality early childhood investment is among the strongest in the social sciences. Investing in children during their most formative years is among the soundest financial decisions a country can make and ensures that children across the country receive the support they need to thrive.[2] Child care and other early learning programs also provide families with the opportunity to work or study; support an early learning workforce; and supply crucial infrastructure for the United States' economy.

Current funding levels and existing programs are not meeting the need that children and their families have for early care and learning opportunities though. Under current funding levels, Head Start is only able to serve 33% of eligible families, Early Head Start serves 11%, the Child Care and Development Block Grant (CCDBG) serves 15%, and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program can serve just 15% of families who qualify. Nearly a quarter of the U.S. workforce does not have access to paid family and medical leave or sick days, putting their health and the health and well-being of their families at risk.

Child care continues to be an enormous expense that many families cannot afford and that harbors disparities. Child care is least affordable and accessible for Black, Hispanic, and low-income working parents.[3] In 2024, the cost to a family of child care for two children in a center was more than annual mortgage payments in 45 states and the District of Columbia, and the cost of child care for an infant at a center was more than in-state tuition at a public university in 41 states and D.C.[4] Along with the lack of affordability for families looking to access high-

quality early childhood resources, there is a critical shortage of early care educators. Poverty-level pay and a lack of professional development opportunities create difficulty in retaining early childhood educators, exacerbating child care shortages across the country. Researchers have found the early care and education workforce is compensated at lower rates than 97% of all professions.[5] Nearly one-third of child care professionals are insured by Medicaid, and 43% of early educator families use one or more public safety programs such as Medicaid and SNAP to help with their health, nutrition, and other needs.[6]

To build an early learning system that meets the needs of children, families, and employees, Congress must:

- Significantly increase federal investments in child care and treat the sector like the public good it is.
- Improve child care data to better reflect care being used and received.
- Increase equity in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program by improving language access, creating viable funding pathways for additional home visiting models that serve underserved populations, and requiring Medicaid to cover home visiting.
- Establish a national paid family and medical leave program and provide workers with paid sick days.

To invest in our youngest children, we urge Congress to take up the following recommendations.

Recommendation 7.1: Improve the Affordability, Access, and Quality of Child Care

Congress should consider several of the large child care bills already before them, including the Child Care for Working Families Act (S. 2295/H.R. 4418), introduced in the 119th Congress by Sen. Patty Murray (D-WA) and Rep. Bobby Scott (D-VA); the Child Care for Every Community Act introduced in the 119th Congress by Sen. Elizabeth Warren (D-MA) and Rep. Mikie Sherrill (D-NJ); and the Building Child Care for a Better Future Act (S. 1285/H.R. 2595) introduced by Sen. Ron Wyden (D-OR) and Rep. Danny Davis (D-IL).

The Child Care for Working Families Act would limit families' out-of-pocket costs; expand pre-K programs in states; improve care options for children with disabilities, dual language learners, children experiencing homelessness, and children in foster care; provide funding for new child care providers; ensure that child care workers' pay is commensurate with that of public elementary school teachers; and increase Head Start funding. The Child Care for Every Community Act would require universal access to child care for every family; provide free child care for families making less than 75% of their state median income and limit other families to paying 7% of their income; provide pre-K; increase early learning educators' wages; and expand Head Start. The Building Child Care for a Better Future Act would increase mandatory child care funding to $20 billion and create grants to improve access, quality, and supply in child care and increase compensation for child care educators.

Recommendation 7.2: Apply Child Care Policies in a Variety of Settings

Child care looks different for different families based on their needs. Some families need care during non-traditional hours such as overnight, some prefer classroom settings like pre-K, and

others want their children in an in-home care setting. Congress must think creatively about how to tailor care to families' needs. For instance, the Build Housing with Care Act (S. 310/H.R. 646) introduced by Sen. Ron Wyden (D-OR) and Rep. Suzanne Bonamici (D-OR) in the 119th Congress, would provide funding to build child care centers and support home-based care providers connected with affordable housing locations. *See Chapter 11: Homelessness for more information on how to address homelessness and housing insecurity among children and families.*

Recommendation 7.3: Support the Child Care Workforce

We urge Congress to adopt the Child Care Workforce Act (S. 846/H.R. 1826) introduced by Sens. Katie Britt (R-AL) and Tim Kaine (D-VA) and Reps. Salud Carbajal (D-CA) and Mike Lawler (R-NY) in the 119th Congress, which would create grants to states to increase compensation for child care professionals.

Congress also must consider the Leveraging Estate Gains for America's Children and Youth (LEGACY) Act, H.R. 4330 introduced by Rep. Sara Jacobs (D-CA), which would create the Early Childhood Education Trust Fund through a 15% set-aside of the estate tax to supplement the Child Care and Development Fund.

H.R. 1, passed and signed into law in 2025, will make it harder to recruit and train new child care professionals by prohibiting the use of federal student loans for sectors that do not earn more than the median high school graduate salary in a student's state. Congress should repeal this provision of H.R. 1.

Congress also should pass the Protecting Health Care and Lowering Costs Act (S. 2556/H.R. 4849) introduced in the 119th Congress by Senator Chuck Schumer (D-NY) and Rep. Adam Gray (D-CA), which would repeal cuts to Medicaid and the Children's Health Insurance Program made in H.R. 1 and would protect coverage for the early learning workforce. *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children.*

Recommendation 7.4: Support Student Parents

We urge Congress to adopt the Preparing and Resourcing Our Student Parents and Early Childhood Teachers (PROSPECT) Act (S. 1411/H.R. 2845), introduced by Sen. Cory Booker (D-NJ) and Reps. Jahana Hayes (D-CT) and Donald Norcross (D-NJ) in the 119th Congress. This bill would provide grants to community colleges and Minority-Serving Institutions to establish or expand child care programs, make child care at these institutions free for student parents, and provide training and professional development for the child care workforce.

Recommendation 7.5: Support Nutrition in Early Learning Settings

We strongly urge Congress to support nutrition for our youngest children by improving the Child and Adult Care Food Program (CACFP), which ensures that child care providers are able to feed children in their care.

Congress should adopt the Early Childhood Nutrition Improvement Act (S. 1447/H.R. 2818), introduced by Sens. Dick Blumenthal (D-CT) and Tina Smith (D-MN) and Reps. Suzanne Bonamici (D-OR) and Ryan Mackenzie (R-PA) in the 119th Congress. This bill would allow care providers to serve an additional meal or snack to children in their care for more than eight

hours; increase reimbursement rates for child care homes; and streamline the certification process for providers.

Congress should also adopt the Child Care Nutrition Enhancement Act (S. 1420/H.R. 2859), introduced by Sens. Dick Blumenthal (D-CT) and Tina Smith (D-MN) and Rep. Greg Landsman (D-OH) in the 119th Congress, which would increase meal reimbursement by 10 cents per meal so that child care providers can afford to provide nutritious food for the children in their care. It would also eliminate CACFP's tiering structure and allow all family child care providers to receive the same reimbursement rate for meals and snacks. *See Chapter 6: Nutrition for more information on ensuring every child has reliable access to nutritious food.*

Recommendation 7.6: Update Child Care Data Collection to Reflect Current Care Settings

To better evaluate child care gaps and demand levels, lawmakers must understand the variety of care settings that families currently use, such as center-based, home-based, family/friend/neighbor, unlicensed, licensed, and other options. The U.S. Census Bureau's last comprehensive survey — "Who's Minding the Kids? Child Care Arrangements" — was published more than a decade ago, in spring 2011. Whether through legislation or appropriations language, Congress must require the Census Bureau to update this report.[7]

Recommendation 7.7: Support Head Start

Head Start has faced numerous challenges this year, including threatened elimination, a halt in grant payments, cuts to the Head Start workforce at the Department of Health and Human Services, a directive that attempts to end services for immigrant children and families, and potential future rulemaking that would cut compensation for teachers. Head Start and the families it serves need the stability and security of a strong program to continue the child care, health, and supportive services it provides. The Head Start for America's Children Act (S. 2819) introduced by Sen. Bernie Sanders (I-VT) in the 119th Congress, would fully fund Head Start to serve 11 million children; enable Head Start to provide full-day and full-year services for families; increase Head Start educators' salaries; improve mental health supports for Head Start children, families, and staff; allow Head Start programs to partner with colleges and universities to provide services on-campus; expand Head Start partnerships between Historically Black Colleges and Universities, Tribal Colleges and Universities, and other Minority Serving Institutions; and improve facilities and transportation for programs. *See Chapter 8: Education for more information on providing children with better and more equitable education.*

Recommendations on Home Visiting

Home visiting connects expectant parents, new caregivers, and their young children with a support person, called a home visitor, who meets regularly and develops a relationship with a family to support that family in achieving their goals and meeting their needs. The largest source of federal funding dedicated to home visiting comes from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. MIECHV, as well as home visiting models funded outside of MIECHV, show positive results in areas critical to families, including improved maternal and newborn health; prevention of child injuries, child abuse, neglect and maltreatment, and reduction of emergency department visits; improved school readiness; reduced crime and domestic violence; improved family economic self-sufficiency; and improved coordination of and referrals to other community resources and supports.

The Fiscal Year 2023 Omnibus Appropriations bill reauthorized MIECHV for five years and delivered the first funding increase in the program's history, a doubling of the tribal set-aside funding, the continuation of virtual home visits, and new data disaggregation requirements based on race and ethnicity. Congress and the Administration must continue to work to improve equity in MIECHV and home visiting while the reauthorization is being implemented and as we look ahead to the next reauthorization.

We urge Congress to implement recommendations made in our report titled, "Community-Based Home Visiting: Fidelity to Families, Commitment to Outcomes."[8] Several of these recommendations are outlined below.

Recommendation 7.8: Provide Meaningful Access to MIECHV Funding for Community-based Home Visiting Models

Community-based home visiting models use designs and measures of success that center community goals and perspectives and the needs identified by members of a local community, and that also reflect racial, ethnic, and linguistic diversity. Federal investment and work are needed to improve the sustainability of community-based home visiting models and to make home visiting more diverse, equitable, and inclusive.

The MIECHV statute allows states to spend up to 25% of their allotment on "promising practices", which are home visiting models that do not currently receive MIECHV funding and do not yet meet the evidence standard required. However, community-based models are often unable to pursue "promising practices" funding, as the amount available is often inadequate to both continue delivering services and fund the evaluations that are required for "promising practice" models. Congress should increase the amount of funding available for states to use for "promising practices" to help account for research costs, and create incentives for states to engage with the "promising practices" pathway. This could be done through a slightly higher federal funding match rate for state and philanthropic money that is used for "promising practices", or creation of a new funding set-aside specifically for research and evaluation for "promising" programs.

Recommendation 7.9: Require Medicaid to Cover Home Visiting Services

Home visiting programs are associated with a variety of positive benefits including improving child and maternal health and a child's school readiness. Home visiting helps deliver and connect children and families to critical social, health, and educational services. These services can include screenings for physical, social-emotional, and developmental issues, case management, and family support and counseling. Some programs have seen decreases in hospitalizations, reductions in unnecessary emergency department visits, and lower rates of interaction with the youth justice system. Home visiting itself is not a covered service in Medicaid. Based on state design, however, services that are part of a home visit (e.g. screenings, case management) can be reimbursed through Medicaid. More support and flexibility for states to provide home visiting through Medicaid would greatly enhance the physical and behavioral health outcomes, educational readiness, and long-term success for children in the United States. Congress should pass legislation requiring Medicaid coverage of home visiting, including those services provided by community-based home visiting models, as well as ample time for states to ramp up their programs and build capacity to provide the services. *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children.*

Recommendation 7:10: Collect Data Around Funding for Home Visiting

Currently, Medicaid pays for some home visiting in some states, depending on the model, state interest, and capacity for obtaining reimbursement. As discussed, home visiting shows benefits in numerous areas, including maternal and child health and social determinants of health. Congress must require the Health Resources and Services Administration to track Medicaid and other sources of funding for home visiting in states, including through MIECHV, to better understand how Medicaid is currently being used and what other funding streams help pay for home visiting services.

Recommendation 7:11: Establish a National Family and Medical Leave Program

The lack of earned family leave for millions of U.S. workers forces parents to choose between forfeiting income and caring for their newborn, a sick child or family member, or themselves. Paid family leave promotes healthy child development, family economic security, and labor force retention by allowing parents and caregivers to maintain steady employment and income without sacrificing their family obligations. The Bureau of Labor Statistics shows that only about 1-in-4 private sector employees have access to paid family leave. Hispanic and Black workers are much less likely to have access to paid leave than their white counterparts.[9,10]

We strongly urge Congress to establish a permanent paid family and medical leave program as outlined in the FAMILY Act (H.R. 5390/S. 2823), led by Rep. Rosa DeLauro (D-CT) and Sen. Kirsten Gillibrand (D-NY) in the 119th Congress. *See Chapter 4: Child Poverty for more information on poverty-reduction policies that benefit children.*

Recommendation 7.12: Provide Workers Access to Paid Sick Days

Parents and caregivers must have paid sick days to care for a child without risk of losing their job or forfeiting income. Parents without sick leave are twice as likely to send a sick child to school or child care as a parent who has sick leave.[11] And this problem is growing worse. In October 2022, 104,000 employees missed work to care for their children, a number that far exceeds any time in the past, including at the height of the COVID-19 pandemic. Increased child illness, driven, for instance, by the "tripledemic" of COVID, RSV and flu, combined with child care closures caused these absences, and added to the urgent need for a national paid sick leave policy.[12] Nearly 1-in-4 U.S. workers , or 23% of the workforce, does not have even a single paid sick day.[13] Low-wage and part-time workers, the majority of whom are marginalized workers of color, are the least likely to have paid sick days.

We urge Congress to permanently guarantee America's workers access to paid sick days as proposed in the Healthy Families Act (H.R. 2465/S. 1195), led by Rep. Rosa DeLauro (D-CT) and Sen. Patty Murray (D-WA) in the 117th Congress. *See Chapter 4: Child Poverty for more information on poverty-reduction policies that benefit children.*

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EDUCATION

Invest in Our Nation's Students and in Education Equity and Supports

Policymakers often fail to put the needs, concerns, and well-being of children first when it comes to public policy — even in education. For example, far too often, lawmakers have normalized chronic underfunding of our nation's public schools. Instead, the federal government should ensure that all children, regardless of age, race, ethnicity, gender, disability, income, or ZIP code receive a quality education. The following K-12 federal education agenda outlines policies and programs that First Focus Campaign for Children believes are essential to achieving that goal.

To invest in our nation's students and in education equity and supports, we urge Congress to take up the following recommendations.

Recommendation 8.1: Increase Funding and Equity in K-12 Education

Increased funding is one of the most critical components of improving K-12 education. The funding disparities among our nation's students is disturbing. A 2022 analysis found that districts with the most Black, Latino, and Native students receive as much as $2,700 less per student than the districts with the fewest students of color.[1] First Focus Campaign for Children supports policies that:

- Improve the Title I formula. The National Center for Education Statistics (NCES) found that aspects of the Title I formula provide less funding to children in poor school districts than wealthier ones.[2]
- Support equity in schools by increasing funding for Title I, which provides funds to schools with high percentages of students from low-income families.

First Focus Campaign for Children urges Congress to adopt the Keep Our Pact Act (S. 343/H.R. 869), sponsored by Sen. Chris Van Hollen and Rep. Susie Lee (D-NV) in the 119th Congress.

Recommendation 8.2: Support Students with Disabilities

Students with disabilities face unique challenges in the education system, and it is critical that they receive the supports and services they need to succeed. IDEA has successfully ensured that students with disabilities are entitled to a quality education experience, even though Congress has never provided the promised level of funding and state requirements often go unmet. When IDEA was enacted in 1975, Congress committed to funding 40% of the average per pupil cost for special education, but the federal share is now less than 12%.[3]

First Focus Campaign for Children supports policies that:

- Ensure Congress finally fulfills its commitment to fully fund the Individuals with Disabilities Education Act (IDEA) to provide schools with the resources they need to meet the needs of students with disabilities.
- Ensure that students with disabilities have access to the same high-quality education as their peers.
- Provide schools with additional resources to support the needs of students with disabilities.

To reach these goals, First Focus Campaign for Children urges Congress to pass the IDEA Full Funding Act (S. 1277/H.R. 2598), sponsored by Sen. Chris Van Hollen and Rep. Jared Huffman (D-CA) in the 119th Congress.

Recommendation 8.3: Protect the Department of Education

A strong, fully funded Department of Education provides the critical backbone to ensuring student equity across the country. Dismantling the Department of Education would eliminate the only cabinet-level position dedicated solely to children and youth, eliminating an important voice for the next generation. First Focus Campaign for Children opposes policies that:

- Take education programs out of the hands of education experts and spread them across the federal government, which risks the effectiveness, safety, and oversight of the education of students across the country.
- Allocate the responsibilities of the Department of Education across several departments, which risks the federal monitoring of states' K-12 accountability, disproportionately harming underserved student groups.
- Transfer IDEA authority elsewhere. This move would undermine the principle that students with disabilities are general education students first, not patients.

To support these goals, First Focus Campaign for Children urges Congress to adopt the Department of Education Protection Act (H.R.433) sponsored by Representative Jahana Hayes (D-CT).

Recommendation 8.4: Ensure Safe and Healthy Schools

Ensuring that schools are safe is essential to promoting positive learning outcomes for all students. When students feel safe and secure in their school environment, they are more likely to attend school, participate in class, and succeed academically. To ensure that schools are safe and healthy, we recommend that lawmakers:

- Implement school safety measures. Ensuring that schools are safe and secure should be a top priority for lawmakers at all levels of government. The federal government should provide funding to improve school safety measures and provide training for personnel to respond to emergencies.
- Ensure access to healthy food. Good nutrition is essential for student success, both academically and in terms of overall health. Unfortunately, many students in low-income communities do not have access to healthy food. The federal government should assist states and local education agencies (LEAs) with funding to ensure that all students have access to healthy meals, including breakfast and lunch. *See Chapter 6: Nutrition for more information on ensuring every child has reliable access to nutritious food.*
- Promote physical activity. Physical activity is important not only for physical health, but also for mental health and academic success. Schools should provide opportunities for physical activity during the school day, such as recess, physical education classes, and after-school sports programs. The federal government should provide funding for schools to improve their physical education facilities and equipment.
- Address environmental hazards. Schools should be free from environmental hazards that can impact student health, such as mold, air pollution and lead in water. The federal government should provide funding for schools to address these hazards and ensure that all school facilities are safe and healthy for students and staff. *See Chapter 10: Environmental Health for more information on ensuring that every child lives in a safe and healthy environment.*

Support students who have experienced trauma. Many students have experienced trauma, such as domestic violence, child abuse, natural disasters or community violence. Schools should provide trauma-informed care and support services to help these students cope and succeed academically.

Recommendation 8.5: Support Student Health in Schools

Many students do not have access to health care services, which can greatly impact their ability to succeed academically. Schools should provide access to health care services, such as dental and vision screenings, immunizations, and basic medical care. First Focus Campaign for Children supports policies that:

- Provide access to health care. The federal government should increase funding for school-based health services and streamline the ability of schools to access funding from Medicaid to provide services to low-income students.
- Implement comprehensive mental health services. Many students struggle with mental health issues, including anxiety, depression, and trauma. Schools must have the resources to provide comprehensive mental health services to all students who need them. Schools must have counselors, social workers, and psychologists on staff, and must train teachers and staff to recognize the signs of mental health issues and provide appropriate support.

- Implement bullying prevention programs. Bullying is a significant problem in many schools, and it can have a detrimental impact on students' mental health and academic success. Schools should implement evidence-based bullying prevention programs that teach students and staff how to recognize and prevent bullying behaviors. First Focus Campaign for Children urges Congress to adopt the Safe Schools Improvement Act (S. 986/H.R. 1810), sponsored by Sen. Tim Kaine (D-VA) and Rep. Linda Sánchez (D-CA) in the 117th Congress.
- Address substance misuse and addiction. Many students struggle with substance misuse and addiction and schools should have the resources to work with their communities to improve access to prevention and treatment services. *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children.*

Recommendation 8.6: Support English Learners (ELs)

The federal government should increase funding for programs that support English Learners (ELs) and ensure that they have access to high-quality education. The increased funds should support teacher training and professional development, as well as programs that support language acquisition and academic achievement. ELs represent the fastest growing population of students in U.S. public schools and make up nearly 11% of the total K–12 population.[4] It is imperative to ensure that this large and growing population of students receives the support and resources they need to succeed in school. To reach this goal First Focus Campaign for Children supports policies that:

Increase federal funding for programs that provide high-quality instruction tailored to the needs of ELs.

- Ensure that states and LEAs provide equitable resources and opportunities for ELs, particularly those who are economically disadvantaged or have disabilities.
- Support ELs with access to qualified teachers who are trained in bilingual education or in teaching English as a second language (ESL).
- Work with states to provide professional development opportunities for teachers working with ELs, including training on effective instructional strategies, cultural competency, and strategies for building positive relationships with families and communities.
- Provide ELs access to appropriate assessments and accommodations. Standardized testing can be particularly challenging for ELs, who may struggle with language barriers and cultural differences.

Finally, it is essential that all states and schools respect and affirm the U.S. Supreme Court decision in *Plyer v. Doe*. This landmark decision held that all students, regardless of their immigration status, have the right to a free public education. Schools must not discriminate against students based on their immigration status or require them to provide proof of citizenship or immigration status in order to enroll. These supports are crucial not only for ELs, but for all students who may be undocumented or have family members who are undocumented. All students have a right to a safe, supportive and inclusive learning environment, and the federal government must ensure that this right is upheld. *See Chapter 15: Immigration for more information on immigration policies that support children.*

Recommendation 8.7: Address Teacher Shortages and Support Teacher Quality

The federal government should provide grants to states to address teacher shortages in high-need areas and to recruit and retain diverse teachers. These grants should cover incentives to teachers who commit to teaching in high-need areas for a certain number of years, as well as student loan forgiveness and increased salaries.

The federal government should also increase funding to existing programs in support of teacher quality and retention. First Focus Campaign for Children supports increasing the funding of the following programs:

- Teacher Quality Partnership (TQP) Grants
- Augustus F. Hawkins Centers of Excellence
- IDEA Part D Personnel Preparation
- Supporting Effective Instruction State Grants (Title II-A)

Recommendation 8.8: Support Students Experiencing Homelessness

The federal McKinney-Vento Act requires schools to address needs of students experiencing homelessness, including transportation costs. The federal government fails to adequately fund this program. *See Chapter 11: Homelessness for more information on how to address homelessness and housing insecurity among children and families.*

Recommendation 8.9: Promote Parent and Family Engagement and Community Partnerships

- Parents and families play a crucial role in the education of their children. Research has shown that when parents and families are actively engaged in their child's education, students have higher grades, better attendance, and higher rates of graduation. The federal government should expand its support for partnerships between schools and parents, caregivers, and community organizations, including businesses, nonprofits, and local governments. First Focus Campaign for Children supports policies that:

- Promote family-friendly policies in schools. Schools should provide flexible scheduling and accommodations including interpretation services, child care, and virtual attendance options — for parents to attend parent-teacher conferences, school events, and meetings.

- Provide resources and support for parent and family engagement. Schools should receive funding and resources to develop and implement programs that support parent and family engagement, such as parent-teacher associations, parent networks, and workshops on topics such as navigating the school system, supporting student learning at home, and college readiness.

- Expand community partnerships. Schools should work with community organizations, including businesses, community centers, nonprofit organizations, and local governments to provide resources and support for families.These partnerships can provide students with access to a wide range of resources and opportunities, including internships, mentoring programs, and community service opportunities.

- Support the work of community schools. Community schools provide a range of services and supports to students and families, including health services, mental health services, tutoring, and mentoring. The federal government should fund and support the expansion of community schools across the country.

Recommendation 8.10: Promote Civic Education

Civic education is essential for preparing students to be active and engaged citizens who are informed about their rights and responsibilities, understand the structures and functions of government, and have the skills needed to participate in democratic processes. First Focus Campaign for Children supports policies that:

- Fund civic education programs. The federal government can play an important role in promoting and supporting civic education in K-12 schools by providing funding to help schools develop and implement effective civic education programs.
- Encourage student participation in the democratic process. Programs that provide students with opportunities to meet elected officials, participate in community service projects, or engage in simulated democratic processes, such as mock elections or model Congresses, will encourage them to engage in democratic processes and develop their civic skills.
- Promote media literacy. Schools should be encouraged to develop media literacy programs that help students understand how to navigate and critically evaluate the media, including social media. These efforts could include programs that teach students how to identify bias in news coverage, distinguish between fact and opinion, and evaluate the credibility of sources and information.
- Encourage youth voting. States should promote voting by its youngest citizens at all levels of democracy. Schools should encourage students to register to vote as soon as they are allowed and provide them with information about the voting process and issues at stake.

Recommendation 8.11: Address the Digital Divide and Access to Technology

The federal government should provide additional funding and support for programs that address the digital divide and ensure that all students have access to high-speed internet and technology. Technology has the potential to enhance and expand learning opportunities, and students who lack access to technology or a reliable internet connection are at a disadvantage. These efforts should include programs that provide funding for schools to purchase technology, as well as programs that provide internet access to low-income families. First Focus Campaign for Children supports policies that:

- Provide funding for technology infrastructure. The federal government should support efforts by schools to invest in improving technology infrastructure in schools, particularly in low-income areas. This funding should be used to upgrade existing technology, provide internet access, and ensure that all students have access to reliable devices.
- Ensure broadband access. Reliable and affordable broadband access is critical to ensuring that students can access online learning resources. The federal government must ensure that all families have access to broadband internet, particularly in rural and low-income areas.

- Support digital literacy. Students need to be taught digital literacy skills to navigate the digital world effectively and safely. The federal government should provide funding to support digital literacy programs in schools to ensure that students are prepared to live and learn in our digital world.
- Bridge the digital divide. The federal government should help bridge the digital divide by providing funding to schools and communities to purchase devices for students who do not have access to technology. These efforts will ensure that all students, including those in low-income families, experiencing homelessness, or living in foster families, have access to the tools they need to succeed in school and beyond.

Recommendation 8.12: Reject Culture Wars and Related Legislation

The federal agenda for K-12 education should reject the associated culture wars. Students benefit from exposure to different ideas and viewpoints, and limiting the scope of education to a narrow set of beliefs through book bans, speech codes, and censorship can be detrimental to their development. In fact, these bills infringe upon the rights of students to a safe and inclusive learning environment. For example, some of these bills promote an unsafe and unwelcoming environment for students of color and LGBTQ+ students. Every child deserves the opportunity to fulfill their potential, regardless of their race, ethnicity, gender, religion, income, disability, ZIP code, sexual orientation, immigration status, or place of birth. Communities must reject the attempts of some parents to discriminate against or harm children who are not their own. Unfortunately, these bills often target certain groups of students and foster an antagonistic relationship between parents, teachers, and administrators that fails students.

Although there is no doubt about the importance of parental engagement in schools, parents must serve as partners to rather than authoritarians over teachers, schools, and students in public education. These partnerships demand civility and forbearance.

Education is a complex and nuanced field, and educators must be able to make decisions based on their professional expertise and respond to the special needs, concerns, and questions of students without the micromanagement by politicians. Limiting educators' ability to teach disrespects them as professionals and negatively impacts students.

Recommendation 8.13: Reject School Privatization Efforts

Public education is critically important for children themselves but also the country as a whole. Education enables citizens to develop their full potential, which promotes democracy and democratic institutions. Public education is about both helping individuals learn and grow and creating a successful and prosperous society. Private school voucher programs strip funds from public education, discriminate against students based on disability, income level, religion, or sexual orientation, and contribute to education inequality. Private schools can reject and accept students as they please, while public schools are subject to essential protections that ensure all students are served equitably.

The current movement to privatize public school funds has resulted in the creation of new voucher programs across several states. Additionally, the federal government recently passed a K-12 scholarship tax credit, opening the door to vouchers in every state. It is essential that states prioritize support for public education amidst efforts to promote vouchers across the country.

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STRUCTURAL REFORM

Make Government Work Better for Children

The current political environment leaves the nation's children exposed to great potential harm — not only because of the challenges they face, but because of how our government is or is not structured to address them. Our nation's leaders have adopted an agenda of "organized abandonment," which isolates and atomizes children and families, and leaves them with declining levels of support.

Every major decision made by Congress and the federal government — on taxes, health care, housing, labor, immigration, education, infrastructure, national security, and foreign policy — shapes children's lives. Yet children are rarely treated as a central consideration in how those decisions are made. Instead, children are being abandoned. These decisions are scattered across dozens of agencies, buried in hundreds of programs, and often invisible in the policymaking process itself. Even on matters in which the well-being of children should govern decision-making, the needs and best interests of children are often treated as an afterthought.

The result is a government that routinely makes decisions that affect children profoundly — sometimes for the better, too often for the worse — without a clear line of accountability for children's well-being. This is not because policymakers do not care about children. It is because the federal government was never designed to consistently see, measure, and prioritize children across all of its work.

Public opinion makes clear that Americans want something better. Voters overwhelmingly believe that federal policy involving children should be governed by a "best interest of the child" standard and that investing in children improves their lives and strengthens our nation's future. Yet even with this broad consensus, children too often fall through the cracks of a system built around adult needs, adult politics, and adult constituencies.

Therefore, making government work better for children requires more than individual programs or one-time investments. It requires building stronger and more child-focused structures, accountability mechanisms, and coordination tools that ensure children's needs are visible, measured, and prioritized across the entire federal government.

To make government work better for children, we urge Congress to take up the following recommendations.

Recommendation 9.1: Create an Independent Children's Commissioner

When a child is sick, abused, hungry, homeless, or in danger, adults are supposed to listen and respond. Yet far too often, the systems designed to serve children fail to hear them, fail to see them, and fail to act.

Although the United States played a leading role in drafting the United Nations Convention on the Rights of the Child (CRC), it remains the only country in the world that has not ratified it. Many other nations have gone even further by establishing an independent Children's Commissioner or Ombudsman to ensure that children's voices, rights, and well-being are meaningfully represented in government decision-making.

Even absent ratification of the CRC, the United States should establish an independent Children's Commissioner to serve as a permanent, nonpartisan advocate for children within the federal system. This office would provide Congress, federal agencies, and the public with a dedicated, authoritative source of oversight, analysis, and accountability for how government actions affect children.

An independent Children's Commissioner would be empowered to examine policies, issue reports, investigate systemic failures, and make recommendations to Congress and federal agencies to improve coordination, strengthen protections, and promote best practices in programs affecting children. By operating independently of any single department, the Commissioner would help ensure that children's needs are not overshadowed by competing institutional priorities.

Whether the issue is child abuse and neglect, child poverty, homelessness, child labor, the troubled teen industry, or juvenile justice systems, children who experience harm or injustice often have no effective way to be heard by those with the power to fix it. In scandal after scandal — from the sex abuse experienced by children via religious leaders to the U.S. Women's Gymnastics team, from Jeffrey Epstein to Jerry Sandusky, from the Kids for Cash scandal to the Troubled Teen Industry — institutions and the powerful have repeatedly exploited children and taken steps to protect themselves rather than the children who have been abused and harmed.

A Children's Commissioner would provide a trusted channel for children and families to raise concerns and would bring transparency to systems that too often operate in the shadows.

Public support for this approach is strong. In a May 2022 national survey by Lake Research Partners, voters supported the creation of an independent Children's Commissioner to investigate and make recommendations to improve the care and well-being of children by a more than 2-to-1 margin.[1] Congress should create the role of a Children's Commissioner or Ombudsman.[2]

Recommendation 9.2: Adopt a "Best Interest of the Child" Standard

Children deserve to have their best interests guide the policies that shape their lives, health, safety, and future. Yet in federal policymaking, children are too often invisible — even when decisions made for other purposes have profound and lasting consequences for them.

As Michael Freeman, author of *The Moral Status of Children*, observes:

> ***"All too rarely is consideration given to what policies do to children… But where the policy is not "headlined" children, the impact on the lives of children is all too readily glossed over.[3]"***

A "best interest of the child" standard provides a clear and principled way to correct this problem. It requires policymakers to consider how laws, regulations, budgets, and administrative actions affect children — not only in programs explicitly labeled as "children's policy," but across the full range of government activity, including tax policy, housing, health care, immigration, labor, environmental protection, and public safety.

Adopting this standard would not mean that children's interests always override all other considerations. It simply means that children's needs, development, safety, and long-term well-being must be explicitly weighed in policy decisions, rather than being treated as incidental or secondary. A government that routinely fails to account for how its actions affect children cannot claim to be acting in their best interests.

The American public strongly supports this approach. In a national survey by Lake Research Partners, voters agreed by an 82–10% margin that federal policy involving children should always be governed by a "best interest of the child" standard that makes the protection and safety of children the first priority.[4]

Recommendation 9.3: Create Child Impact Statements

Federal policy frequently affects children — sometimes profoundly — even when children are not the stated focus of a proposal. Yet because children are rarely a formal part of policy analysis, the consequences of government action on their health, safety, development, and well-being are often overlooked until after harm has already occurred.

Child impact statements would correct this structural blind spot. Much like environmental, fiscal, and small business impact statements, child impact statements would require agencies to examine in advance how proposed laws, regulations, and administrative actions may benefit or harm children. This simple but powerful tool would make children visible in the policymaking process and ensure that their interests are considered before decisions are finalized.

As Wendy Lazarus of the Kids Impact Initiative explains:

> ***Much like environmental impact assessments and fiscal impact assessments, child impact assessments apply to children a well-tested process used to advance priorities society considers important. Child impact assessments can focus policymakers' attention on shared goals for kids and analyze the implications of a proposal in relation to those goals.[6]***

To produce a child impact statement, staff in government agencies or independent entities would use a standardized template to answer basic but essential questions about how a

proposal is likely to affect children. These assessments can be used at the federal, state, and local levels — and by school boards and other public bodies — to guide decision-making and prevent unintended harm to children.

Communities such as Shelby County, Tennessee, and Santa Clara County, California have already implemented child impact assessments and found them to be effective in improving policy design.[6] A number of countries around the world use similar tools to ensure children's needs are taken into account.[7]

Congress should require federal agencies to implement child impact statements as part of developing and implementing federal policy, including through regulations, rules, and guidance. This requirement should apply not only to domestic policy, but also to U.S. foreign policy and international assistance, where American decisions can profoundly affect children around the world.

Congress should also consider authorizing legislation to standardize and enforce child impact statements across federal agencies, including through the Office of Information and Regulatory Affairs (OIRA), to ensure transparency and accountability when government actions risk harming children.

Per our First Focus on Children analysis of the issue:

> ***…creating child impact statements at the federal level is the only way to ensure that United States foreign policy and international programs examine their effect on children… Currently, the U.S. government's response to the needs of children and youth around the world is fragmented and lacks coordination, failing to gain a holistic understanding and focus on the needs of children. Policymakers must consider not only how their approach to international assistance programs and funding affects our economic standard or military standing, but also how effectively it addresses the needs of the world's children.***[8]

Recommendation 9.4: Establish a National Child Poverty Reduction Target

Child poverty is not only a moral failure: it is a systemic breakdown that undermines every aspect of children's lives. Children who grow up in poverty face higher risks of poor physical and mental health, worse educational outcomes, housing instability, food insecurity, involvement with the child welfare and justice systems, and diminished long-term economic opportunity.

A national child poverty reduction target would provide a clear, measurable, and transparent way to hold the federal government accountable for improving children's well-being. By establishing a specific goal, such as cutting child poverty by a defined amount within a defined period of time, Congress would signal that reducing child poverty is a core national priority and that progress must be tracked, reported, and sustained across administrations.

There is strong public support for this approach. National polling consistently shows that Americans believe the government is spending too little to reduce child poverty and that child poverty imposes enormous costs on society.[9] Other nations, including the United Kingdom[10] and Canada[11], as well as several U.S. states, have adopted child poverty targets to guide policy and budget decisions and to drive long-term progress for children.

Congress has already taken steps in this direction. The Child Poverty Reduction Act, introduced in previous Congresses, would codify a national child poverty reduction target and charge the National Academies of Sciences, Engineering, and Medicine with analyzing progress toward that goal. Establishing a target would help ensure that decisions about taxes, benefits, health care, housing, education, and employment are evaluated not only in isolation, but also based on whether they are moving the nation closer to — or further from — the goal of ensuring that no child grows up in poverty.

A child poverty target would also complement other structural reforms in this chapter, including the cross-agency priority goal for child well-being and the Children's Budget, by providing a clear outcome that the federal government can organize around. *See Chapter 4: Child Poverty for more information on poverty-reduction policies that benefit children.*

Recommendation 9.5: Simplify Administrative Barriers

Millions of children miss out on health care, food assistance, and income supports not because they are ineligible, but because the systems designed to serve them are too often built to exclude, delay, and discourage families from getting help.

Across federal and state programs, families must navigate complex application forms, duplicative documentation requirements, in-person interviews, recertification rules, and digital systems that are often inaccessible, confusing, or unreliable. For families with limited income, limited English proficiency, unstable housing, or limited internet access, these administrative hurdles can become insurmountable — even when their children clearly qualify for assistance.

The result is a form of silent exclusion: many children who are legally eligible for Medicaid, the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), child care, housing assistance, or tax benefits never receive them, not because Congress denied them help, but because bureaucratic systems made it too hard to apply, enroll, or stay enrolled. This exclusion is especially harmful for babies and young children, for whom gaps in coverage and support can have lifelong consequences for health and development.

Research consistently shows that administrative burdens fall hardest on families with the least time, money, and stability and that children of color, rural families, and families with disabilities are disproportionately affected. When programs are difficult to access, the children who need help the most are the most likely to be left out.[12]

Yet the federal government already possesses the data needed to serve many of these children. Income, household size, and eligibility information are routinely collected through tax filings, SNAP, Medicaid, the Temporary Assistance for Needy Families program (TANF), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), school meals, and other programs. The question is not whether government knows who needs help — it is whether government chooses to use that information to connect children to benefits or to police and exclude them.[13]

Express Lane Enrollment (ELE) offers a powerful example of what is possible when government uses data to serve children rather than block them. Under ELE, states are allowed to use eligibility information from programs such as SNAP or TANF to automatically enroll or renew children in Medicaid or CHIP, without requiring families to submit duplicative paperwork. Evaluations of ELE have found that it increases enrollment, reduces churn, lowers administrative costs, and improves continuity of coverage for children, especially among the lowest-income families.

ELE demonstrates a fundamental principle: when government simplifies access, children benefit.[14] When government relies on redundant paperwork, frequent recertifications, and punitive verification systems, children lose coverage, go hungry, or miss out on essential supports.

Congress should direct federal agencies and states to maximize the use of data matching, automatic enrollment, and streamlined renewal processes across all programs serving children, including health coverage, nutrition assistance, income supports, and child care. Federal policy should make it easier — not harder — for eligible children to receive the benefits Congress has already authorized.

Simplifying administrative systems is not about weakening program integrity. It is about ensuring that government actually delivers on its promises to children. A system that makes it harder for eligible children to get health care, food, and stability is not fiscally responsible — it is structurally unjust.

Recommendation 9.6: Establish a Children's Cabinet

Programs and policies affecting children are spread across nearly every part of the federal government from education, health care, child welfare, and nutrition to housing, labor, environmental protection, justice, immigration, and international assistance. Yet too often these efforts operate in silos, without a shared strategy, shared goals, or sustained coordination around child well-being.

A Children's Cabinet would provide a formal, high-level mechanism to align federal agencies around the needs of children and young people. By bringing together Cabinet secretaries and senior officials whose departments shape children's lives, this body would help ensure that policies are coordinated, gaps are addressed, and agencies are working toward common outcomes for children.

The Department of Education is uniquely positioned to play a central leadership role in this effort. It is the only Cabinet-level agency whose core mission is explicitly focused on children and youth, and it serves the vast majority of children in the nation through public education. As such, it provides a natural anchor for federal coordination on child well-being and development across agencies. Unfortunately, the Administration has proposed its elimination, which would take the one child-focused seat at the table out of the Cabinet.

Instead, through a Children's Cabinet, the Secretary of Education could work in partnership with the Secretaries of Health and Human Services, Agriculture, Housing and Urban Development, Labor, Justice, Treasury, State, and other relevant departments to ensure that federal policies and investments reinforce — rather than undermine — children's health, learning, safety, and long-term opportunity.

Public support for this kind of coordination is overwhelming. In a national survey by Lake Research Partners, voters agreed by an 82–13 percent margin that programs for children need greater attention and coordination across government.[15]

Recommendation 9.7: Establish a Cross-Agency Priority (CAP) Goal for Children

Nearly every major federal policy affects children in some way. However, responsibility for children's well-being is fragmented across dozens of agencies, programs, and funding streams. Without shared goals and shared measures of success, agencies may pursue their individual

missions while unintentionally undermining children's health, learning, safety, or economic security.

A cross-agency priority (CAP) goal focused on child well-being would provide a unifying framework for federal action. It would establish common outcomes for children, align agency strategies, improve the use of data, and ensure that progress is measured and reported consistently across government.

The Government Accountability Office (GAO) has repeatedly recommended creating a CAP goal for child well-being, finding that improving outcomes for children "requires attention to a multiplicity of interrelated factors" and coordination among federal, state, local, and non-governmental partners. GAO has emphasized that a CAP goal would help the federal government better address children's needs "in ways that take into account the interrelatedness of federal actions and policies."[16]

Establishing a CAP goal for children would allow Congress and the public to see whether federal agencies are actually making progress on the outcomes that matter most to kids — such as health, safety, learning, and economic stability — rather than simply tracking program activity in isolation. It would also provide a critical accountability tool for the Administration by giving it shared indicators and benchmarks to guide coordination across agencies.[17]

Recommendation 9.8: Establish a National Commission on Children

The challenges facing America's children — from poverty and health inequities to educational disruption, mental health crises, climate risks, and technological change — are too large and too interconnected to be addressed through isolated, piecemeal reforms. The nation needs a sustained, bipartisan process to examine how our policies, institutions, and investments are serving children and to chart a long-term path forward.[18]

A new National Commission on Children would provide that platform. It would bring together leaders from across parties, branches of government, and sectors to take a comprehensive look at children's well-being, identify structural gaps in how government serves children, and recommend reforms to improve outcomes over the next decade and beyond.

There is strong historical precedent for this approach. The original National Commission on Children, created during the Reagan and George H. W. Bush administrations, played a catalytic role in shaping bipartisan progress for children, helping lay the groundwork for policies such as the Earned Income Tax Credit, the Child Tax Credit, the Children's Health Insurance Program, and major child welfare reforms.[19]

Today, there is renewed bipartisan and cross-sector interest in reviving this model. Leading policy innovation organizations, including Convergence, have called for a new national commission to help build durable, bipartisan solutions for children and families.[20] This interest reflects a growing recognition that children's well-being requires a shared national commitment that rises above short-term politics.

A new Commission should be charged with examining the full range of factors that shape children's lives, selecting and tracking national indicators of child well-being, and making concrete recommendations to Congress and the President to improve outcomes and reduce disparities. Its work should be informed by data, research, and the voices and lived experiences of children, families, and communities.

By creating a National Commission on Children, Congress can help establish a common factual

foundation, a shared set of goals, and a long-term strategy for ensuring that America becomes the best place in the world for children to grow up.

Recommendation 9.9: Adopt a Children's Budget

If we as a nation truly value children, then our federal budget must reflect those values. Yet in practice, children remain largely invisible in federal budgeting. Spending on children is scattered across agencies, buried in tax provisions, and rarely presented in a way that allows policymakers or the public to see how much — or actually, how little — we are investing in the next generation.

A Children's Budget would provide a comprehensive, transparent accounting of all federal spending and tax expenditures that affect children. It would break down investments by agency and program and show the share of the federal budget devoted to children, allowing Congress and the public to assess whether national priorities align with children's needs.

This transparency is essential for accountability. Recent analysis by First Focus on Children has shown that in fiscal year 2025, just 8.57% of all federal spending went to children,[21] even though numerous studies have demonstrated that investing in children provides the greatest return on investment.[22] Without a clear budget framework for children, it is far too easy for these disparities to persist unnoticed.

First Focus on Children creates a Children's Budget and the Urban Institute produces Kids' Share annually, so the idea is not to recreate those documents. However, Congress should consider the following ideas:

- **Direct the Congressional Budget Office (CBO) to provide child-specific distributional and fiscal impact analyses of legislative scoring at the request of authorizing committee chairs or ranking members, Budget Committee chairs or ranking members, or Government Reform Committee chairs or ranking members, similar to the way CBO currently provides information on impacts by income, geography, or population group.**
- **Direct CBO to consider how investments in children impact long-term outcomes for children and potential savings to the federal budget, including reporting on savings that may occur outside the federal budget window.**
- **Asking the Congressional Research Service to prepare regular analyses of discretionary spending and policy changes affecting children, including how changes in appropriations, tax expenditures, and eligibility rules affect children's access to health care, nutrition, education, housing, and income support.**

These tools would allow lawmakers to better understand how budget and policy decisions shape children's lives and to make more informed choices on their behalf.

Recommendation 9.10: Protect Children's Independent Interests in Law and Proceedings That Decide Their Lives

Children are the subject of countless legal and administrative proceedings that shape their safety, liberty, family relationships, education, and even their citizenship. Yet in many of these settings, children have fewer procedural protections, weaker access to representation, and less ability to be heard than the adults whose decisions are being evaluated.

These gaps are not simply procedural: they reflect a deeper failure to treat children as individuals with their own rights, interests, and needs. Federal law has long recognized that children require special protections because of their vulnerability and developmental status. Yet in practice, children are too often treated as extensions of adults rather than as people whose futures are directly at stake.

Congress should take steps to strengthen children's independent interests in all federal laws, regulations, and programs that involve children. This includes ensuring that children have meaningful opportunities to be heard in age-appropriate ways, improving access to legal representation or advocacy in proceedings that determine their safety, liberty, or family relationships, and requiring agencies and courts to give explicit consideration to children's best interests when making decisions that affect them.

Protecting children's independent interests is not in conflict with supporting families. It is an essential part of ensuring that government fulfills its responsibility to safeguard children's well-being, prevent harm, and promote healthy development. A system that fails to recognize children as rights-bearing individuals cannot claim to be acting in their best interests. *See Chapter 15: Immigration* for more information on immigration policies that support children and *Chapter 13: Youth Justice for more information on youth justice policies that support children.*

Recommendation 9.11: Create a Youth Advisory Council

Children deserve to be heard and to have their voices represented in our democracy, particularly with respect to the policies that affect them. Long-term challenges will have the largest impact on the next generation. It is impractical to believe that our nation's young people will come to love and understand democracy if our society simultaneously structures public debate and policies that fail to ensure children's perspectives and voices are included and respected.

Young people have much to offer. Lawmakers must consider their views of critical importance to their present and future, including education, the environment, health care, gun safety, artificial intelligence (AI), child abuse, housing, and the economy.

We must provide meaningful opportunities for our youth to offer input and must factor their views into the policies and actions that our government and society take. In fact, violence, abuse, injustice, and discrimination against children that occur in institutions, families, and the broader society can best be addressed if children are enabled and encouraged to tell their stories and if those stories are heard by people with the authority to act. We can and must do better by our children, and it starts by listening to them.

Recommendation 9.12: Establish the Second Sunday in June as National Children's Day and the Second Full Week in June as Children's Week

Over the past eight years, child advocates have promoted the second Sunday in June as National Children's Day and the week following as Children's Week in the U.S. We urge Congress to pass a resolution identifying the second full week in June as Children's Week.

There has been strong bipartisan support for the establishment of such a da in the past. In 2001, President Bush proclaimed:

> ***All adults must work together to ensure the safety and well-being of our Nation's most precious resource, our children… We must nurture our children's dreams, help them develop their talents and abilities, and ensure their healthy development so that they may reach their full potential. Our success in this endeavor will affect the direction of their lives, and the future strength and vitality of our Nation.***[23]

In 1998, President Clinton declared:

> ***One of the most important resources of our success as a Nation is the well-being of our children. As a society, we have no more important responsibility than to help our families raise healthy, happy, loving children in an environment that allows kids to reach their full potential.***[24]

For decades, presidents have declared a Children's Day during their term of office but the dates have shifted. It is past time to have a uniform national day or week of observance to reflect upon the well-being of nearly one-quarter of the population and all of our future.

Recommendation 9.13: Ensure the Census and Other Surveys Properly Count Children

Congress must address the continual undercount of children in the decennial Census, American Community Survey, and other U.S. Census Bureau surveys. This undercount of young children is very troubling as census data guides the allocation of more than $1.5 trillion in federal funding to more than 300 programs, many of which support the healthy development of children and keep the most vulnerable from falling into poverty. We urge Congress to provide additional resources to the U.S. Census Bureau to support the critically important work of its Directorate on the Undercount of Young Children and its capacity to determine why young children are missed, improve data collection, elevate research addressing the undercount of Hispanic and Black children, and expand outreach to enhance data accuracy. *See Chapter 4: Child Poverty for more information on poverty-reduction policies that benefit children.*

Conclusion

Making government work better for children requires more than good intentions. It requires structures that ensure children are seen, heard, and protected in every corner of public life.

The recommendations in this chapter are designed to do just that. Together, they create a framework that gives children a voice through an independent Children's Commissioner; a guiding principle through the best interest of the child; early warning and prevention through child impact statements; coordination through a Youth and Children's Cabinet; accountability through a cross-agency priority goal and a national child poverty target; transparency through a Children's Budget; and long-term reform through a National Commission on Children.

None of these tools alone is sufficient. But taken together, they form a system that can ensure children are no longer invisible in the policies, budgets, and decisions that shape their lives. For a generation that makes up more than one-fifth of our population and the entirety of our future, that level of attention and accountability is not optional — it is essential.

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ENVIRONMENTAL HEALTH

Protect Children from Environmental Hazards

Every child, regardless of race, income or location, deserves to live in an environment free from hazards. Unfortunately, millions of children in the U.S. and abroad do not enjoy this basic right. Air pollution accounted for more than 1 million deaths in children less than one-year-old worldwide in 2023.[1] In the U.S., 1.2 million children between 1999 and 2010 had elevated lead levels in their blood.[2] Nearly half of the world's children are at extremely high risk for the impacts of climate change.[3]

Exposure to environmental toxins affects children differently, and often more harshly, than adults. Children's physiology and behavior make them uniquely susceptible to environmental threats, such as air pollution, water pollution, and toxic substances. Environmental hazards put children's bodies — and their futures — in jeopardy. Climate change threatens more and more children as natural disasters and extreme weather events increase in frequency and intensity around the globe.

Compounding an already complicated issue, children of color, children in low-income communities, and other marginalized children are even more likely to be exposed to environmental pollution, the effects of climate change, poor air and water quality, toxic pollutants, and the subsequent health outcomes.[4]

Legislation to improve oversight of pollution or upgrade infrastructure in communities would help ensure that every child lives free from environmental hazards.

To protect children from environmental hazards, we urge Congress to take up the following recommendations.

Recommendation 10.1: Protect Children from Harmful Toxins and Pesticides

Harmful toxins and pesticides pose a particular risk to children and can do major damage to their growth and development. Therefore, we urge Congress to strengthen the Toxic Substance Control Act and to enact other legislation that shields children from exposure. The Protect America's Children from Toxic Pesticides Act (H.R. 5085/S. 269), introduced in the 118th Congress by Sen. Cory Booker (D-NJ) and Rep. Jim McGovern (D-MA), would ban some of the most harmful pesticides and create new regulations that ensure safe pesticide registration practices. The Get Toxic Substances Out of Schools Act of 2020 (S. 5363), led by Sen. Ed Markey (D-MA) in the 118th Congress, would provide support to schools and child care centers so they can adequately address environmental problems, contaminants, hazardous substances and pollutant emissions, and protect the health of students.

Recommendation 10.2: Protect Children From Lead Exposure

Lead is an extremely dangerous toxin that can cause developmental issues in children, and the Centers for Disease Control and Prevention maintains that any level of exposure is dangerous. Yet thousands of children remain exposed to lead in their drinking water and within their homes. The Keep Children and Families Safe from Lead Hazards Act (S. 577/H.R. 1366), introduced in the 118th Congress by Sen. Marco Rubio (D-FL) and Rep. John Rutherford (D-FL), would direct the federal government to do what's necessary to prevent lead poisoning in low-income housing. The Preventing Lead Poisoning Act of 2021 (S. 1826/H.R. 3511), led by Sens. Bob Menendez (D-NJ), Rob Portman (R-OH) and Sherrod Brown (D-OH) and Reps. John Katko (R-NY) and David Cicilline (D-RI) in the 117th Congress, would require the Children's Health Insurance Program (CHIP), which insures more than 8 million children, to cover screening tests for lead.

Recommendation 10.3: Promote Environmental Justice for Marginalized Communities

Children from low-income families and communities of color are usually at higher risk of exposure to toxic substances, pollution and the resulting negative health outcomes such as asthma and learning disabilities. The Environmental Justice for All Act (S. 872/H.R. 2021), introduced in the 117th Congress by Sen. Tammy Duckworth (D-IL) and the late Rep. Raul Grijalva (D-AZ), would require federal agencies and large corporations to consider the health consequences of their actions and would ensure compliance and enforcement to reduce health disparities in disadvantaged communities.

Recommendation 10.4: Invest in Programs That Tackle Climate Change and its Health Outcomes

Climate change is altering our planet at an alarming rate. Temperatures continue to rise, weather patterns are shifting to create stronger storms and longer droughts, and food- and water-borne diseases are afflicting even more people. Unfortunately, women and children — who make up nearly 70% of the world's poorest populations — will bear the brunt of the climate emergency. The Women and Climate Change Act of 2021 (H.R. 260/S. 3774), led by Rep. Barbara Lee (D-CA) and Sen. Mazie Hirono (D-HI), would direct federal agencies, such

as the Department of State and the Centers for Disease Control and Prevention, to develop coordinated and comprehensive strategies to lead the global effort to mitigate the impacts of climate change on women and girls. Pregnant women and their infants run a particularly high risk of climate-induced health hazards, which can cause low birth weight and even death. We urge Congress to support The Protecting Moms and Babies Against Climate Change Act (H.R. 3302/S. 1601), introduced in the 118th Congress by Rep. Lauren Underwood (D-IL) and Sen. Ed Markey (D-MA), which would invest in community-based programs to identify and mitigate this population's exposure to climate-related health risks.

Recommendation 10.5: Improve School Infrastructure to Protect Child Health

Students and teachers deserve to learn and work in a building free from environmental and occupational hazards. Yet nearly 50 million students and 3 million teachers are put at risk by crumbling school infrastructure, which can expose them to toxins such as asbestos, lead, copper, and mold. This exposure can impair cognitive function and damage lungs, affecting children for the rest of their lives. The Clean Air Sharp Minds Act (S. 3364/H.R. 6025), led by Sen. Cory Booker (D-NJ) and Rep. Katherine Clark (D-MA) in the 116th Congress, would work to improve the air quality in schools so that children can thrive. The Reopen and Rebuild America's Schools Act of 2021 (S.96/H.R. 604), led by Sen. Jack Reed (D-RI) and Rep. Bobby Scott (D-VA), would invest $100 billion to transform school infrastructure and would provide $30 billion in bond authority to support high-poverty schools. Congress also should support the Breath of Fresh Air Act (H.R. 245) led by Rep. Sheila Jackson Lee (D-TX) in the 118th Congress, which would provide schools with grants to allocate nebulizers, which help children suffering from asthma, a condition exacerbated by air pollution.

Recommendation 10.6: Reverse Cuts to Key Programs and Restore Offices and Programs that Protect Children

The Interior, Environment, and Related Agencies Fiscal Year 2026 Appropriations Bill that was recently passed provides $8.64 billion in essential funding for EPA's critical responsibilities to protect our environment and the American people's health — $1.6 billion above the level in House Republicans' bill and $4.5 billion above the level requested by the Trump Administration. The bill protects funding levels for scores of EPA programs — including clean water and clean air programs — and rejects the steep cuts that the Trump Administration proposed in their FY 2026 budget request.

The Environmental Protection Agency (EPA) has rescinded its landmark 2009 declaration that greenhouse gases and the climate crisis endanger public health, a change that effectively eliminates the agency's authority to regulate key sources of pollution.[5] This change by the Administration will reverse progress the United States had been making toward climate- and pollution-related goals and will expose the nation's homes and schools to the ill effects of the climate crisis. Today's children are growing up in a world that is increasingly more polluted and more harmful to their growing bodies and minds. We urge Congress to reverse the Administration's funding and personnel cuts at EPA, the Centers for Disease Control and Prevention, and the Department of Housing and Urban Development.

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HOMELESSNESS

End Child, Youth, and Family Homelessness

From 2023 to 2024, families with children experienced the largest year-over-year increase in homelessness of any group.[1] Homelessness is even more prevalent among children of color — Black, Hispanic, Native American, Native Hawaiian, and Alaskan high school students disproportionately experience homelessness compared to their white or Asian peers.[2]

These numbers are staggering, yet still greatly underestimate the problem. Federal data has long underestimated the prevalence of child, youth, and family homelessness in the United States.[3] The closure of schools and other institutions during COVID-19 made it even harder to identify children and youth experiencing homelessness, masking the pandemic's exacerbating impact.[4] Point-in-time counts have always undercounted the number of homeless children and youth since most of them do not experience the visible homelessness these counts capture. Homeless children, youth, and families must stay where they can due to a lack of alternatives and/or fear of authorities and are often forced to bounce around. Many communities do not have family or youth shelters, and even when they do, shelters are often full. Shelter policies may also prevent families from staying together or may restrict the length of stay. As a result, children and youth experiencing homelessness often end up staying in motel rooms or with friends or others, hiding them from the community and disconnecting them from assistance. The temporary nature of these situations creates frequent upheaval, volatility, and a loss of stability for children, disrupting their education, health care, and other stabilizing factors.

The U.S. Department of Housing and Urban Development (HUD) uses a very narrow definition of "homelessness" that prevents the majority of children and youth experiencing homelessness from receiving or even being assessed for HUD Homeless Assistance, despite extensive evidence that homelessness has grave consequences for children and youth regardless of where they find a place to sleep on a given night.[5]

Many times these families also are not eligible or prioritized for aid intended for households "at-risk of homelessness," such as emergency rental assistance. Homeless families living in motel rooms or staying with others lack formal leases and often do not legally qualify as "tenants," making it difficult for them to access rental assistance or eviction protection.[6] Children experiencing homelessness with their families or young people on their own therefore fall through the cracks of both the homeless and housing-assistance systems.[7]

Congress must reform these systems to better serve children, youth, and families, and must prevent further instances of homelessness through eviction prevention and other efforts.

To address homelessness at its core, lawmakers must adopt a holistic and coordinated approach. Poverty is inextricably linked to homelessness, yet policy makers often discuss and address these issues in different silos, as if children experiencing poverty and children experiencing homelessness are two completely separate populations. *See Chapter 4: Child Poverty for more information on poverty-reduction policies that benefit children.*

While increasing access to affordable housing is critical to fighting homelessness, so is improving access to affordable child care, physical and mental health care, educational support for children, and other services.[8] Families with children and young people on their own often become homeless due to traumatic experiences such as job loss, substance abuse, mental health issues or domestic violence. Homelessness is both a symptom and a cause of trauma for children, youth, and families and access to trauma-informed services are critical to ensure that homeless children do not grow up to become homeless adults.

To end child, youth, and family homelessness, we urge Congress to take up the following recommendations.

Recommendation 11.1: Establish a New Program Within HHS to Combat Child, Youth, and Family Homelessness

The U.S. Department of Health and Human Services (HHS) oversees programs on early childhood, runaway and homeless youth, and other providers with a long history of working together at the intersection of these issues, making the agency a natural place to command and coordinate assistance to end the cycle of homelessness. We urge HHS to create a new grant program that would:

- Establish a new funding stream through the agency's Administration for Children and Families (ACF) to allocate funds directly to local agencies, housing authorities, education programs, legal service providers, and others who directly serve homeless children, youth, and families.

- Allow funds to be spent on support and prevention services that stabilize families and youth experiencing or at risk of homelessness, such as civil legal aid, housing assistance services, education support, and behavioral health and other services.

- Prioritize the allocation of funds to programs serving historically marginalized families of color, pregnant and parenting youth experiencing homelessness, children under age 6, and children with disabilities.

Recommendation 11.2: Reform Federal Homeless Assistance

Most homeless children, youth, and families do not meet HUD's narrow definition of homelessness and as a result, are not eligible to receive or even be assessed for HUD Homeless Assistance. This discrepancy forces millions of homeless children and youth to remain in dangerous living situations, and creates communities of hidden homeless children, youth, and families that are not competitive for public or private funding for assistance.

At the same time, these children, youth, and families may be identified as homeless and highly vulnerable by other federal agencies, including the Department of Education or HHS.

Congress must reform federal HUD homeless assistance and improve federal data as proposed in the bicameral, bipartisan Homeless Children and Youth Act (S. 1667), introduced in the 119th Congress by Sens. Katie Britt (R-AL) and Angela Alsobrooks (D-MD).

Recommendation 11.3: Establish a National Renters Tax Credit

Although rent increases have slowed in some regions of the country, rent prices nationally have increased nearly 20% since 2019.[9] Yet, according to a 2024 study, only 1-in-4 families who are eligible for rent assistance receive it. Families with children represent a decreasing share of federal housing assistance beneficiaries[10] even though the majority of households on the waitlist (60%) are families with children.[11] Even when families do obtain vouchers, they struggle to find landlords who will accept them. Voucher discrimination against families with children is compounded by racial discrimination.[12]

Creating a properly designed and implemented national renter tax credit would deliver resources directly to families and young adults, reaching many more people than are currently served by rental assistance. *See Chapter 3: Tax Policy for more information on how the tax code can benefit and protect children.*

Recommendation 11.4: Establish National Policy to Prevent Evictions

During the COVID-19 moratoriums and emergency rental assistance helped prevent millions of evictions,[13] but they also missed many families. The expiration of these policies — combined with rising rents — has led to increased evictions in many parts of the country.[14] Evictions are particularly harmful for children, causing upheaval that negatively affects their health, education, and overall development.[15] Households with children are evicted at much higher rates than those without children.

Relieving economic hardship for families would keep them from falling behind on rent, but more measures are needed to prevent evictions, including:

- Expanding access for civil legal services for tenants facing eviction through increased funding for the Legal Services Corporation and other measures
- Creating a permanent source of emergency rental assistance that is available to families without formal leases
- Improving data on formal and informal evictions in the U.S. and creating more transparency around tenant screening reports

Lawmakers should look to the Eviction Crisis Act (S. 2182) introduced in the 117th Congress by Sens. Michael Bennet (D-CO), Rob Portman (R-OH), Sherrod Brown (D-OH), and Todd Young (R-IN), and the Stable Families Act (H.R. 8327), led by Reps. Ritchie Torres (D-NY) and Jimmy Gomez (D-CA) also in the 117th Congress.

Recommendation 11.5: Increase Funding for the Education of Homeless Children and Youth (EHCY) Program

Additional funding for students experiencing homelessness has proven effective. The American Rescue Plan Act in 2021 included $800 million for emergency education assistance for homeless students, which helped school districts identify, enroll, and support homeless students. Homeless student liaisons have used these flexible funds to provide wrap-around services to students and their families, covering expenses such as transportation to school, motel stays, and tutoring and other services.[16] As student homelessness continues to rise, Congress must significantly increase funding for both this program and for programs under the Runaway and Homeless Youth Act. *See Chapter 8: Education for more information on providing children with better and more equitable education.*

Recommendation 11.6: Improve Partnerships Between Housing Authorities and Other Systems Serving Children

We urge Congress to improve collaboration between public housing authorities and other institutions serving children such as public schools, child care centers, and other facilities in order to support the healthy development of children in subsidized housing. Lawmakers must pass bills that incentivize these partnerships, such as the Build Housing with Care Act (H.R. 646/S. 310) led by Rep. Suzanne Bonamici (D-OR) and Sen. Ron Wyden (D-OR) in the 119th Congress, and the Affordable Housing for Educational Achievement Demonstration (AHEAD) Act (H.R. 9400/S. 5162), introduced in the 117th Congress by Maryland Democrats former Sen. Ben Cardin and former Rep. David Trone.

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CHILD WELFARE

Make the child welfare system more efficient, equitable, and safe

In 2024, the government took on a parental role for the 170,955 children and youth who entered foster care because a court found they were abused or neglected. In total, 499,918 children experienced at least one day in the government's care and custody in 2024.[1] The most common reasons for children entering foster care were neglect, substance abuse (parent), caretaker inability to cope, physical abuse, and inadequate housing. The express purpose of foster care is to provide the environment and services that children need to develop and heal while their parents address the issues that led to the placement. Once parents complete this task the children are supposed to reunify with their parents. Recent statistics indicate that approximately half of children who leave foster care are reunited with their parents or previous caregivers.[2] If parents do not make sufficient progress toward addressing the issues that led to the children being placed in foster care, then the child welfare agency is tasked with finding another permanent family for the children. In 2024, 1-in-4 children were adopted out of foster care, and approximately 6% were placed with a relative or guardian.[3]

The outcomes and experiences of children in foster care vary but it is clear that government agencies across the country struggle to provide the care that the children in their custody need. For example, in Washington state during Fiscal Year 2020, 220 youth in foster care spent a cumulative 1,863 nights in hotels or offices — an average of more than eight nights per child — because the state could not provide a better placement.[4] In July 2021, more than 400 children in foster care in Texas slept in hotels, offices, and other unlicensed settings for weeks at a time.[5]

In the fall of 2022, Maryland experienced a spike in foster youth which due to mismanagement associated with foster youth not having enough beds and thus were housed in unlicensed

facilities. These experiences suggest that states are not living up to a basic standard. Foster children were placed in hotels, a commercial office building in downtown Baltimore, and in some cases were left in emergency departments and other sections of hospitals even though they had no medical reason for being there. Each year 80-100 children in state custody in Maryland stay in medical facilities longer than needed, due to lack of placement options.[6] Nationally, about 20,000 young people exit foster care each year without establishing a permanent legal relationship with an adult who can help them transition into adulthood. Only 70% of children who age out of foster care graduate high school compared to 85% of the general population.[7] The impacts of the child welfare system and foster care are not doled out equitably. Child abuse and neglect investigations, foster care entrance rates and aging-out rates are higher for children of color or children in families who live in poverty. Many of these statistics are better than in years past, but the outcomes are still unacceptable. Bipartisan leadership from the 119th Congress is needed to accelerate the positive transformation of the child welfare system.

Address the Conflation of Neglect and Poverty

One way that Congress can help make the child welfare system more efficient, equitable, and safe is by addressing the frequent conflation of neglect and poverty. Many people who notify authorities of possible abuse and neglect, possibly due to a lack of understanding or bias, report "neglect" when the root cause is poverty and a family's lack of material resources. According to the research organization Child Trends, many states lack a specific exemption for poverty-induced deprivation in their definitions of child maltreatment, which leads to a higher probability that children from low-income families in these states will be reported, investigated, and substantiated for neglect. The presence of child poverty should not create a presumption that parents are neglectful and child welfare agencies should be able to connect families to material resources when it appears that a child is in need.[8]

Native American and Black children and families are particularly vulnerable to the conflation of poverty and neglect. They are disproportionately more likely to be reported to child protection services and to be investigated compared to white children and families. They are overrepresented in the child welfare system, and not necessarily because of a higher rate of abuse and neglect. Addressing the root causes of poverty and systemic socioeconomic inequities can help to ensure fairness for all children and families as well as the efficient use of child welfare resources.

Connecting families to social services may reduce the incidence of abuse and neglect reports. For instance, by providing a dependable food budget, the Supplemental Nutrition Assistance Program (SNAP) functions as a key stabilizer for households, cutting the shock of month-to-month survival that can fuel stress, instability, and ultimately family harm. When parents aren't scrambling to make ends meet or skipping groceries so the car gets fixed, they have a cushion that reduces coercive conflict and minimizes resource-bargaining inside the home. Studies show that households receiving SNAP are less likely to be reported for child maltreatment or neglect, and that state level expansions of food assistance eligibility correlate with fewer investigations by child protective services.[9,10,11]

Improving tax credits would also help. In 2021, the United States made significant progress in reducing child poverty through enhancements to the Child Tax Credit (CTC) made by the American Rescue Plan Act (ARPA). The CTC helped decrease child poverty by more than 40% and prevented 3.7 million children from falling into poverty.[12] The CTC had a significant impact on reducing poverty among Black and Hispanic children, many of whom previously did not receive the full credit. Recent studies have shown that increasing benefits under

the Earned Income Tax Credit (EITC)also leads to a decrease in child neglect reports. Many families investigated for child abuse or neglect earn less than 200% of the federal poverty line, highlighting the importance of programs like EITC in maltreatment reports.[13]

The expiration of the enhanced tax credit returned nearly 4 million children to poverty in January 2022. Congress should continue the ARPA improvements to both the CTC and EITC to address child poverty and reduce incidents of abuse and neglect.[14] *See Chapter 4: Child Poverty and Chapter 3: Tax Policy for more information on tax and poverty-reduction policies that benefit children.*

Support the Foster Opportunity EITC Act

Young people aging out of the foster care system face challenges that their peers do not as they transition into adulthood, and are at higher risk of homelessness and unemployment.[15,16] Under current law, young adults without dependents must be at least 25 old to claim the Earned Income Tax Credit (EITC). The EITC is a powerful tool in the tax code that rewards work and gives low-wage workers an additional income boost, but the EITC for workers without dependents is extremely small relative to the credit for workers with children in the home. The EITC also has outdated minimum and maximum age limits – and the former unnecessarily locks transition age foster youth of the credit entirely.

An important but temporary improvement to the Earned Income Tax Credit (EITC) contained in the American Rescue Plan Act (ARPA) helped ease the way for youth emerging from foster care. The temporary EITC expansion nearly tripled the amount of the credit for low-income workers and broadened the eligibility age from 25 to 18 for foster youth and youth experiencing homelessness even while these young people are full-time students. Making these improvements permanent would benefit many transition-age youth and prevent millions of low-wage, childless workers from being taxed into poverty. Making these EITC improvements permanent has the potential to benefit more than 17 million workers[17], including an estimated 380,000 to 500,000 former foster youth.

The Tax Cut for Workers Act (S. 1372 /H.R. 2764), introduced in the 119th Congress by Sens. Catherine Cortez Masto (D-NV) and Michael Bennet (D-CO) and Reps. Dwight Evans (D-PA) and Ro Khanna (D-CA), lowers the minimum age to qualify for the credit to 18 and nearly triples the maximum amount of the credit. This larger credit would provide additional financial stability at a critical period of time for transition age foster youth. *See Chapter 3: Tax Policy for more information on how the tax code can benefit and protect children.*

Shed Light on the Hidden Foster Care System

The foster care system in many states also suffers from a lack of transparency, creating what is known as the "hidden foster care system." The hidden foster care system refers to the practice of a child protection agency facilitating the change of physical and sometimes legal custody of a child to a relative or family friend (called a "kinship caregiver") via suggestion, threat, or coercion toward the child's parent or legal caregiver after the agency has received a report of allegations of child abuse or neglect. This practice does not involve child abuse court oversight or adherence to federal regulations or requirements, and families and caregivers in the hidden foster care system do not receive the same essential services or financial support as those in the formal foster care process.

The hidden foster care system poses no small challenge. Experts estimate that hundreds of thousands of U.S. children are in the hidden foster care system.[18] They do not receive on-going safety visits from social workers. They are not guaranteed access to state medical insurance

that offers coverage for trauma-responsive treatments. They are not assigned advocates to protect their rights and interests.

Many child protection workers have the best intentions when they tell parents to transfer their children's custody to other relatives who might have a greater capacity to provide for or supervise their children. Workers likely believe they are sparing families involvement in a sub-functional child welfare system and that they are helping to keep their agencies' caseload numbers lower. Data shows that the number of families in the formal foster care system has been decreasing for years. But what we don't know and what no one has been deputized to examine is whether children are safer in hidden foster care than they were in their households of origin.

Numerous articles suggest that the children in hidden foster care are not alright. A 2022 investigation by ProPublica and the New York Times[19] found that the scope of unjust family separation is even greater than any government agency has the data to comprehensively understand.[20] The sudden role transition can place financial and emotional stress on the kinship provider, without the benefit of government aid and services.

An article in the Stanford Law Review found that "a key reason that the federal government has not implemented safeguards for concealed foster care is the disagreement among state child welfare agencies on whether the practice is driven by family decisions or facilitated by caseworkers.[21]" Child welfare experts argue that if hidden foster care is a family issue, caseworkers should not be involved, but if it is a government placement, the agencies must fulfill their responsibilities such as providing payment to caregivers, ensuring safety, providing health care, and planning for the children's return home, as with traditional foster care.

The means and responsibility to monitor and respond to the impact of this custodial change on the child's physical, social, emotional, and educational well-being is splintered across the parents, the caregivers, and the government. No one is empowered, equipped, or consistently held accountable for meeting the child's needs and the government has no process in place to ensure that the practice of hidden foster care is, at the very least, not causing more harm to children, youth, and families.

Identifying the challenges posed by hidden foster care will first require collecting data about how states have applied the practice, which will require partnerships with children, youth, and families to co-create information-gathering processes and goals. A necessary first step will be to define kin caregivers. Most of the information currently available on the outcomes for children separated from their parents comes from broad subgroups of nonparental care, such as "foster care," "kinship care," "formal kinship care," and "informal kinship care," rather than from specific and clearly defined groups.[22] It is important to track and understand the characteristics of children who are disproportionately separated from their parents into nonparental care. This includes data on the number of children who can stay in their homes versus those who are physically separated and ensuring equitable access to resources for children in nonparental care as for children in other situations.

This information should all be made publicly available.[23] Meaningful research on the different types of nonparental care families requires accurate data on subpopulations. This data will help identify the specific needs of each subpopulation and inform policies and practices that support the well-being and stability of these families.[24]

Only after experts gather this data can the really hard work of establishing standards and accountability for hidden foster care begin. Advocates across multiple specialty areas have worked to identify principles that could inform these standards.[25] Most importantly, these

standards must account for the variety of perspectives and experiences of children, caregivers, and parents. The standards must ensure that parents have input into their children's care and custody, and must provide kinship caregivers with community-based support without fear of surveillance.

To make the child welfare system more efficient, equitable, and safe, we urge Congress to take up the following recommendations.

Recommendation 12.1: Holistically Educate the Child's Entire Care Team

To improve the child welfare system and create positive outcomes for foster youth, a personalized approach is necessary. Congress should fund and support executive branch agencies to create and provide resources to educate caseworkers, foster parents, and community-based organizations on how to support foster youth and ensure their safety and well-being, including how to keep children in school, provide medical care, and maintain connections with family.

Recommendation 12.2: Improve Mental Health Services and Reduce Reliance on Congregate Care

Policy makers must integrate the experience of youth with foster care experience into solutions to the problems that plague our child welfare system. Young people have done the hard work of educating Congress and advocates about the difficulty of obtaining the mental health care and healing that they needed while in foster care and the multifaceted harms they experienced in congregate care.

Advocates from the Congressional Coalition on Adoption Institute (CCAI) such as Angulina Wilson emphasize the risk of trauma and negative implications of foster care on the mental health and well-being of young people, even in high-quality foster care placements.[26] Research supports the importance of nurturing guardians for children's well-being. The advocates recommend that caseworkers regularly conduct mental health and wellness check-ins and develop a rapid response plan to address the needs of all youth in foster care. They also suggest using Title IV-E training funds to train professionals, foster parents, prospective adoptive families, and legal guardians on trauma-informed support and helping youth connect with mental health resources.[27]

Additionally, CCAI urges increased investment in kinship care using Title IV-E foster care dollars to fund services and supports. The investment would aim to reduce reliance on congregate care. The advocates also call on states to ensure that all kinship families understand the full range of options and services available through the child welfare agency and in the community. The ultimate goal of the foster care system should be family reunification, not extension of foster care stays.[28]

Solutions could include placing children with kin, recruiting foster families that match the child's needs, involving children and families in decisionmaking and providing them with adequate and accessible support during the decision-making process, offering mental health education resources for foster parents, and offering rehabilitation therapy to families or kin caregivers. Many of these options could help reduce congregate care and give children the resources they need to return to a safe and stable home with their family. Congress should consider integrating these policies and principles into legislation.

Recommendation 12.3: Support the Indian Child Welfare Act

The bipartisan Strengthening Tribal Families Act (H.R. 8621/S. 4471), led by Tammy Baldwin (D-WI) and Don Bacon (R-NE) in the 118th Congress), would support the Indian Child Welfare Act (ICWA) and reduce the disproportionate representation of Native American children in the child welfare system. The Strengthening Tribal Families Act builds on the efforts of ICWA to keep or reunite Native American children with their families. Before ICWA, 25-35% of Native American children were removed from their homes and placed with adoptive families, into foster care or in institutions. However, despite ICWA, Native American young people and children are still disproportionately represented in the child welfare system at every stage.[29]

Congress must pass the Strengthening Tribal Families Act and promote racial and cultural equity in the child welfare system and minimize trauma for native children removed from their homes. This legislation incorporates guidance and leadership from individuals with personal experience in the system and aims to enhance educational and occupational outcomes and strengthen community-based relationships. The U.S. Supreme Court upheld ICWA in 2023, but it is still important to protect and strengthen ICWA, which has long been considered the gold standard for protecting the best interests of the child in custody cases.

Recommendation 12.4: Support Youth Transitioning to Adulthood

For the past 20 years, states have been able to access federal funds through the John H. Chafee Program for Successful Transition to Adulthood to support young adults leaving foster care up to their 21st birthday. However, young people who have been in foster care continue to face challenges beyond that age. The Family First Prevention Services Act (FFPSA) of 2018 addresses this issue by allowing states to extend Chafee-funded services to age 23.[30]

As detailed previously, foster youth aging out of the system often have poor outcomes and lose access to services and support offered through the foster care system. The COVID-19 pandemic had an acutely stressful impact on young adults with foster care experience, particularly in terms of employment, food security, and housing stability. Many of these young people reported losing their jobs, with a lack of unemployment benefits, and struggling to afford necessities such as food. They also reported difficulty accessing government stimulus, and many were forced to move or feared eviction. Many young people reported being on their own without any support from adults, and 15% reported difficulties accessing health care and obtaining medication.[31]

Despite these vulnerabilities, older and former foster youth also have the potential to experience lifelong benefits from support and interventions during the transition period. For example, workforce skill development leads to career success as adults. They deserve programs that are supportive, accessible, rooted in community-involvement, and that help them gain economic stability.[32]

The FFPSA amended Title IV-E programs to provide optional funding for time-limited prevention services aimed at mental health, substance use, and in-home parenting skills for children and youth at risk of entering foster care, pregnant or parenting youth in foster care, and their parents and kin caregivers.[33] The Children's Bureau reviewed Title IV-E Prevention Services Plans submitted by interested states and Title IV-E-eligible tribes to ensure compliance with FFPSA requirements. As of December 18, 2025, 53 five-year plans for Title IV-E prevention programs have been submitted, with 52 plans approved.[34]

First Focus Campaign for Children strongly urges Congress to reauthorize FFPSA.[35] Priorities for reauthorization should include extending the Chafee Foster Care Independence Program, implementing developmental services for youth, and improving data collection on the outcomes of foster youth aging out of the system to enhance support for these individuals. These steps will offer deeper insight into the difficulties and hurdles faced by foster youth before transitioning to adulthood, and aid in addressing their most pressing concerns.

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YOUTH JUSTICE

Advance Youth Justice

The current political rhetoric paints a picture of rising crime and incarceration, often by youth, and particularly by youth of color. In fact, youth incarceration fell nearly 75% between 2000 and 2023, and youth arrests are also down 75% from their peak in 1995.[1] While encouraging, the data also show that youth of color still are substantially more likely to be incarcerated. Black youth are 5.6 times more likely than white youth to be incarcerated, while Native youth are 3.8 times more likely. Latino youth are 25% more likely to be incarcerated than their white peers.[2] Despite the overall decline in incarceration, deliberate falsehoods continue to threaten youth justice reforms and fuel the public misperception that violent juvenile crime is on the rise.

The falsehood that the U.S. is experiencing an uptick in juvenile crime has jeopardized bipartisan reforms already achieved. Instead of focusing political will on closing unsafe and ineffective youth prisons or making sure that kindergarteners and first graders don't end up in zip-tie handcuffs in the back of squad cars, youth justice advocates are now fighting against a wave of regressive policies. One example is the House-passed bill H.R. 5140, sponsored by Rep. Brandon Gill (R-TX), which lowers the age children can be tried as adults for certain criminal offenses to 14 years old in Washington, D.C.[3]

A two-year time lag in federal data on youth crime makes it impossible to speak definitively on youth violent crime trends in 2024 and 2025, but research has consistently shown that harsher punishments, pre-adjudication detention and longer sentences do not decrease youth criminal behavior. A growing body of research suggests most young people grow out of delinquent behavior.[4] Culturally responsive, trauma-informed responses to youth delinquency and its associated risk factors are the tried-and-true measures that improve youth outcomes and public safety.

To advance youth justice, we urge Congress to take up the following recommendations:

Recommendation 13.1: Prioritize Youth in Anti-Trafficking Efforts

In early 2023, Congress reauthorized the Trafficking Victims Protection Act (TVPA), which funds programs to combat human trafficking both in the United States and abroad, through passage of the Trafficking Victims Prevention and Protection Reauthorization Act (S. 3949), led by Sens. Chuck Grassley (R-IA) and former Sen. Dianne Feinstein (D-CA), and the Abolish Trafficking Reauthorization Act (S. 3946), led by Sens. John Cornyn (R-TX) and Amy Klobuchar (D-MN) in the 117th Congress.[5]

The Senate also included international provisions of the TVPA in the 2025 National Defense Authorization Act (NDAA) (S. 2296), which included reauthorization of the State Department office that produces the annual Trafficking in Persons Report and oversees Child Protection Compact Partnerships.[6] The bipartisan efforts of Sens. James Risch (R-ID) and Jeanne Shaheen (D-NH) were instrumental in ensuring that Congress reauthorized the trafficking act.[7] The NDAA was signed into law on December 18, 2025.[8] The continuation of these critical anti-trafficking programs and efforts that prioritize assistance to youth trafficking victims, such as arming child welfare providers with funding and tools to combat the trafficking of foster youth, remains a vital part of protecting victims.

Congressional leaders must build on these efforts by passing the Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act of 2025 (H.R. 1144), introduced in the 119th Congress by Rep. Chris H. Smith (R-NJ), and must work to prevent and protect youth and young adults from trafficking and exploitation. In addition, H.R. 1144 would equip survivors with the necessary resources to rebuild their lives. *See Chapter 16: International for more information on international policies that support children.*

Recommendation 13.2: Pass the First Step Implementation Act

Trying children as adults does not enhance public safety and instead creates a pipeline for further incarceration. Research also indicates that as youth mature, they are significantly less likely to re-offend. Incarcerating children for long periods of time extends their imprisonment beyond the time required for rehabilitation, and it fails to help them reintegrate into society.[9] Instead, policy makers must consider evidence-based alternatives such as diversion programs, restorative justice, and rehabilitation-focused youth facilities.

Sentencing youth as adults limits their opportunities to change their behavior and turn their lives around before reaching adulthood. Often, youth lack access to resources such as mentors, developmental programs, or therapeutic assistance before they reach adulthood, resulting in unnecessary long-term incarceration. To address this problem, it is essential that communities provide youth with early interventions and support services that can help them overcome the underlying issues that led to their involvement in the criminal justice system. This approach reduces recidivism and increases the chances of successful reintegration into society.

The First Step Act, enacted in 2018, seeks to improve the federal criminal justice system and prison conditions for federal inmates. However, the law's implementation remains incomplete and it is facing challenges that threaten its operations.[10] The bipartisan, bicameral First Step Implementation Act of 2023 (S. 1251), led by Sens. Dick Durbin (D-IL) and Chuck Grassley (R-IA) in the 118th Congress, aimed to address mandatory minimum sentences for youth by providing judges with more discretion in sentencing. The bill would also implement major reforms for people sentenced as youth, including the opportunity to have lengthy sentences reconsidered. It would allow courts to reduce sentences imposed for offenses committed under the age of 18 if the court determines that the person has served at least 20 years, is not a danger to anyone, and the interests of justice warrant a sentence modification.

The bill also would be retroactive and would apply to people currently in prison as well as those sentenced in the future. Additionally, it would allow officials to seal juvenile delinquency adjudications, shielding them from public view, and to expunge juvenile criminal records. This bill is a step in the right direction toward reducing the negative impact of mandatory minimum sentences on youth and giving them a chance to turn their lives around. We urge Congress to reintroduce and pass the First Step Implementation Act.[11]

Recommendation 13.3: Reauthorize and Enhance the Juvenile Justice and Delinquency Prevention Act (JJDPA)

The United States does not have a centralized youth justice system. Instead, it has more than 56 separate systems operated by states, territories, the District of Columbia, and local governments. This situation leads to a wide range of policies and procedures, resulting in inconsistent outcomes for youth, families, and communities, including physical, mental, and emotional harm to youth. The Juvenile Justice and Delinquency Prevention Act (JJDPA) was reauthorized in 2018 with bipartisan support and it aims to protect children, youth, and families involved in the juvenile and criminal courts through federal standards for care and custody, while also ensuring community safety and preventing victimization. The JJDPA creates a federal-state partnership for the administration of juvenile justice and delinquency prevention through funding and support.[12]

JJDPA expired at the end of fiscal year 2023. Research has consistently shown that the juvenile justice system disproportionately affects youth of color. They are significantly more likely to be involved with the system at every decision point, from arrest to incarceration. Minority youth represented the majority of youth in placement between 1997 and 2017, with a range of 60% to 69% of the total. Black youth represented the highest proportion, accounting for 38% to 42% of the youth placement population.[13] This disparity highlights the need to address systemic racial bias and discrimination within the juvenile justice system and to implement policies and practices that tackle the root causes of this disproportionate impact on youth of color.[14]

To address the racial and ethnic disparities within the youth justice system, it is crucial to strengthen the core protections provided by JJDPA. The 2018 reauthorization of the JJDPA enhanced the states' requirements to address racial disparities. The 2025 version (S. 2248), introduced in the 119th Congress by Sen. Chuck Grassley (R-IA) and Sen Sheldon Whitehouse (D-RI) would reauthorize the program through 2030 and strengthen federal protections for kids in the justice system. Congress should pass this legislation.

Congress must also pass the Reducing Racial and Ethnic Disparities in the Juvenile Justice System Act (H.R. 9579/S. 4398), led by Reps. Jason Crow (D-CO) and Frederica Wilson (D-FL) and Sens. Sheldon Whitehouse (D-RI), Elizabeth Warren (D-MA), Ed Markey (D-MA), Sherrod Brown (D-OH), Bernie Sanders (I-VT), Amy Klobuchar (D-MN), and Bob Casey (D-PA) in the 117th Congress. This bill provides states with the necessary resources to improve data collection and analysis, promote authentic collaboration between different stakeholders, and develop community-based alternatives to detention. These steps can help reduce racial and ethnic disparities within the system and ensure that all youth have access to fair and equitable justice.

Recommendation 13.4: Encourage Work Opportunities for Justice-Involved Youth

The Creating Pathways for Youth Employment Act (H.R. 3016/S. 1562), introduced in the 117th Congress by Rep. Robin Kelly (D-IL) and Sens. Dick Durbin (D-IL) and Tammy Duckworth (D-IL), aims to create grant programs for local governments and organizations to start or improve summer and year-round youth employment programs for disadvantaged youth ages 14-24, including those who are in foster care, experiencing homelessness, involved in the youth or criminal justice system, or at risk of dropping out of school, and who live in underserved communities affected by trauma. We urge Congress to reintroduce and pass the Creating Pathways for Youth Employment Act.[15]

Recommendation 13.5: Improve Conditions for Confined Youth and End Restraints and Seclusion

The use of restraints and seclusion in schools and congregate care settings, particularly against students with disabilities, children of color, and those in the child welfare system, harms their mental health and is ineffective in changing behavior. Congregate care refers to a type of living arrangement where individuals, often children and youth, live in a group setting such as a residential treatment center or group home. These practices in both school and congregate care settings can cause lasting traumatic experiences and lead to feelings of loss of dignity, degradation, fear, anxiety, disempowerment, decreased self-esteem, powerlessness, and hopelessness. The psychological trauma caused by these practices can result in negative behaviors and perpetuate a cycle of incarceration.

The moral tragedy is compounded when children, deemed at risk of harming themselves or others, become victims of institutional abuse in both schools and congregate care facilities. These places, meant to keep these children safe, instead expose them to further trauma and violence. This is a devastating outcome and underscores the critical need for reform in the way schools and congregate care facilities address problem behaviors. To mitigate these negative consequences, it is important for Congress to act.[16]

Congress can take a step toward positive change by passing the Keeping All Students Safe Act (H.R. 3470/S. 1750), introduced in the 118th Congress by Rep. Don Beyer (D-VA) and Sen. Chris Murphy (D-CT) with a long list of co-sponsors in both chambers. This bill prohibits the use of seclusion, mechanical restraint, chemical restraint, and dangerous restraints that restrict breathing in schools, and aims to reduce the use of physical restraint. It is the duty of Congressional leaders and lawmakers to support this bill, which will protect children and students who are dealing with harsh environments, trauma-rooted behaviors, learning difficulties, confined settings, and past instances of abuse or neglect. The bill will help prevent further trauma for these children and ensure that they are able to learn and grow in a safe and supportive environment.

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EQUITY

Advance Equity for All Children

Children make up approximately one quarter of the U.S. population, but historically they have not received their fair share of government funds, despite evidence that investing in children benefits their well-being and the country's overall economy.[1]

U.S. society is rife with examples of child discrimination. For instance, in housing, families with children face larger security deposits[2,3,4] and increased risk of eviction[5] even though federal law prohibits such discrimination. The transportation sector also engages in well-known discriminatory policies against children, for instance, charging more for families to sit together on airplanes.

Children also represent the most diverse generation in the United States, exposing them to compounding forms of discrimination.[6] The racial generation gap — defined as the space between these young, diverse children and an aging, predominately white older population — has been widening. A number of studies show that communities and states with a large racial generation gap often devote less support to children's programs, such as education.[7] Areas where the population of children of color is growing the fastest — the Southwest, the Southeast, and Appalachia — are the same places that report the worst outcomes for children.[8]

Longstanding systemic and institutional racism and its continued effect on government policy has left children in communities of color including Black, Hispanic, American Indian/ Alaska Native, Asian, Native Hawaiian and other Pacific Islander, immigrant households, and children living in the U.S. territories with the greatest detriments to well-being.[9] The COVID-19 pandemic and its economic fallout further exacerbated long-standing disparities for children of color and their families.[10]

Children in marginalized communities should not fare worse than their non-marginalized peers simply because of who they are, their ancestry, or where they come from. Federal policies must

proactively seek to end disparities for children from marginalized communities and ensure that every child has the opportunity to reach their full potential. The U.S. can no longer afford to put forward policies that harm children's well-being and put them behind every other generation.

Improve Government Structures

History has shown that many lawmakers will not prioritize children or advance racial equity unless held accountable for doing so. Congress must create systems to ensure that lawmakers consider and prioritize the impact of legislation on children, especially children of color.

To advance equity for all children, we urge Congress to take up the following recommendations.

Recommendation 14.1: Require Child Impact Statements

Child impact statements are used to ensure that considerations of child well-being are built into policy design. As with environmental impact statements, child impact statements require government agencies to answer fundamental questions about the potential positive and negative effects of regulations, policies, and programs on children.[11] Child impact statements can advance equity by evaluating the impact of policies on specific demographics of children. The Children's Protection Act of 2021 (H.R. 3716), introduced by Reps. Caroline Maloney (D-NY) and Ayanna Pressley (D-MA) in the 117th Congress, would require federal agencies to analyze the effects of proposed and final regulation on children, including which demographics of children would be most affected. The Children's Protection Act should be reintroduced and passed in the current Congress. *See Chapter 9: Structural Reform for more information on structural reforms that benefit and protect children.*

Recommendation 14.2: Improve Data Collection and Disaggregation

Government data consistently undercounts children. Much of the data that government collects also is not sufficiently disaggregated to determine the impact of policies on children in underserved communities. Advancing equity in policies that affect children will require more and better data. For instance, social determinants of health (SDOH), also called "social drivers of health", are non-medical factors, such as poverty, that can account for as much as 50% of health outcomes.[12] Children from low-income families and children of color are most likely to experience the impact of SDOH. Data on SDOH can provide the foundation for identifying disparities in children's health, targeting their sources, measuring progress to combat them, and establishing accountability.

Gaps in government data on child poverty also hinder progress. For instance, children living in the U.S. territories experience significantly higher rates of poverty than children in the 50 states and the District of Columbia, but the Official Poverty Measure and Supplemental Poverty Measure do not account for households in Puerto Rico and the U.S. territories. This lack of data on children in the territories masks the unequal access that territory residents have to anti-poverty programs and obscures the implications for economic stability.

The U.S. Census Bureau provides one major source of government data on children. Congress must therefore begin by addressing the continual undercount of children in the decennial Census, American Community Survey, and other U.S. Census Bureau surveys. Census data guides the allocation of more than $1.5 trillion in federal funding to more than 300 programs,[13] many of which support the healthy development of children and keep families from falling into poverty. Despite Census Bureau efforts to count all kids in 2020 the net undercount rate

for young children in the 2020 Decennial Census increased from 4.6% in 2010 to 5.4% — the highest net undercount rate for young children since tracking began in 1950.[14] Preliminary data from 2020 suggests the gap between non-Hispanic white and minority children (Black and Hispanic) also grew, meaning that many of the children most in need of assistance are the least likely to get it.

Congress must increase support for the U.S. Census Bureau's Directorate on the Undercount of Young Children in the fiscal year 2026 budget. The Directorate is designed to determine why young children are missed, improve data collection on young children, elevate research addressing the undercount of Hispanic and Black children, and expand outreach with stakeholders to enhance data accuracy. In addition, more funding would enable the Census Bureau to improve the American Community Survey's sample size, response rates, follow-up operations, and other functions to ensure that it accurately captures data about the nation's increasingly complex communities and households. Congress also must direct and fund efforts for the Census Bureau to account for all children in the United States and all of its territories in national poverty measurements.

The Interagency Forum on Child and Family Statistics gathers, pools and publishes data on children and families from multiple U.S. government agencies, including on its website Childstats.gov.[15] However, the federal government could advance better informed policy and present a more accurate picture of children and their circumstances if the Forum and its cooperating agencies disaggregated their data more deeply. For example, the Forum's national indicators of well-being break down the child population by race and ethnicity, but ignore other characteristics relevant to effective children's policy, such as age group, gender, sexual orientation, disability, urban/rural location, income, and multi-language background. Disaggregating data can expose hidden trends, particularly trends of discrimination and systemic barriers. The government must sufficiently disaggregate data on children to make informed decisions about policies that will improve well-being for all children.

Improve Policy Design

Policy makers have many tools and techniques to advance racial equity and ensure that policy does not widen disparities. Yet many policies still in practice today were intentionally designed and implemented to exclude children and families of color and the implications of those policies continue to the present day.

Recommendation 14.3: Make All Children Eligible for Aid

Federal policies too often create categories of "deservedness" — applied mostly to low-income children and children of color — that negatively impact child well-being and harm both the short- and long-term success of children. This disparity creates adverse consequences for our economy and doesn't reflect the values of our nation.

Government benefits and services often exclude immigrant children and children in immigrant families or erect significant administrative barriers to access. Eligibility limitations based on immigration status produce increased rates of uninsurance,[16] food insecurity,[17] and child poverty among children in immigrant families.[18] Given the demographics of undocumented immigrants in the United States, disparities fall disproportionately onto Hispanic children.[19] Additionally, H.R. 1 deprives 19 million children of the full Child Tax Credit because their families earn too little and blocks 2.6 million U.S. citizen children from receiving anything at all because their caregiver lacks a Social Security number.[20] *See Chapter 3: Tax Policy for more information on how the tax code can benefit and protect children.*

The COVID-19 pandemic amplified the need to ensure that every person is able to get affordable health care no matter how long they have been in the United States or what status they have been granted. However, policy barriers, including new ones in H.R. 1, prevent immigrants from having access to health care benefits.These barriers lead to a patchwork system in which immigrant families often put off getting care until it results in more dire (and expensive) emergency situations. Additionally, a new proposed public charge rule would eliminate the existing 2022 regulations that allow immigrants to receive health insurance without being deemed a public charge and replace them with nothing. This change would cause a chilling effect that prompts immigrant families to opt out of services and support their children need and are entitled to, including health care, housing, child care, nutrition, and other services. This change would even affect U.S. citizen children whose parents are immigrants. Researchers at KFF found that about 600,000 to 1.8 million U.S. citizen children enrolled in Medicaid/CHIP could disenroll due to public charge and other immigration-related fears, plus another 50,000 to 150,000 citizen children who are eligible for Medicaid/CHIP but not enrolled would continue to forgo enrollment out of fear.[21] *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children. See Chapter 15: Immigration for more information on immigration policies that support children.*

Reduce Administrative Barriers

Millions of children miss out on health care, food assistance, and income supports not because they are ineligible, but because the systems designed to serve them are too often built to exclude, delay, and discourage families from getting help. Across federal and state programs, families must navigate complex application forms, duplicative documentation requirements, in-person interviews, recertification rules, and digital systems that are often inaccessible, confusing, or unreliable. For families with limited income, limited English proficiency, unstable housing, or limited internet access, these administrative hurdles can become insurmountable — even when their children clearly qualify for assistance.

Express Lane Enrollment (ELE) offers a powerful example of what is possible when the government uses data to serve children rather than to block them. Under ELE, states are allowed to use eligibility information from programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance to Needy Families program (TANF) to automatically enroll or renew children in Medicaid or the Children's Health Insurance Program (CHIP) without requiring families to submit duplicative paperwork. Congress must greatly reduce the administrative barriers faced by families who need assistance. *See Chapter 6: Nutrition for more information on ensuring every child has reliable access to nutritious food. See Chapter 9: Structural Reform for more information on structural reforms that benefit and protect children.*

Recommendation 14.4: Create Multiple Points of Entry to Programs

Lawmakers should design or reform programs to offer families multiple points of entry. Congress should expand categorical eligiblity, the population of people automatically eligible for programs without exception, and create a "one-stop shop"[22] where families can enroll in multiple programs through one application, with the option of using an online platform if they wish.

Recommendation 14.5: Expand Accepted Forms of Identification

Congress should expand accepted forms of documentation that immigrants can use to enroll their children in benefits to include Individual Taxpayer Identification Numbers (ITINs) and self-attestation of income verification.

Recommendation 14.6: Make Administrative Forms more Accessible

Congress should require forms to be offered in multiple languages and to virtual and phone translation services should be readily available. For example, New York State requires state agencies to translate vital documents related to services into the top 12 languages spoken by those with limited English proficiency. The state also maintains an Office of Language Access and language access liaisons to support agencies in providing services in people's best languages.[24] *See Chapter 9: Structural Reform for more information on structural reforms that benefit and protect children.*

Recommendation 14.7: Require States to Provide Continuous Eligibility

Congress should require states to provide continuous eligibility for children through age 5 in Medicaid and the Children's Health Insurance Program.[25] Continuous eligibility would limit gaps in coverage for low-income children who experience disproportionate rates of health disparities, especially children of color, and ensure kids have access to necessary services during the most critical years of early development. *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children.*

Recommendation 14.8: Eliminate Work Requirements for Critical Programs

Congress must eliminate work requirements for programs such as SNAP, TANF and Medicaid that erect barriers to children receiving food, health care and the other necessities they need to thrive.

The racist roots of work requirements in benefit programs extend far back into our nation's history, starting with the slave trade and continuing into the present day, as racist stereotypes persist about Black and other people of color's willingness to work.[26] TANF, which replaced Aid to Families with Dependent Children (AFDC) in 1996, was specifically designed to limit assistance to Black mothers and children[27], partly by placing arduous administrative requirements on participants, such as strict work requirements, family caps, and time limits, and provided meager cash assistance in many places.[28] Nearly 30 years of evidence show that TANF's work requirements have failed to improve employment outcomes for program participants.[29] In fact, a 2019 nonpartisan study from the National Academy of Sciences determined "that work requirements are at least as likely to increase as to decrease poverty."[30]

Work requirements do nothing more than add an extra layer of bureaucracy by forcing families to document their existing employment. Data shows that in most low-income households with children, at least one family member is already working. For example, almost 90% of households with children work in the year before or after receiving SNAP benefits and more than 60% work while receiving SNAP.[31] Employment documentation requirements are especially onerous for low-wage workers who often have no control over their schedules and whose hours may vary from week to week. Workers in immigrant households are more likely to be paid in cash and to lack pay stubs or paychecks, making employment verification difficult. Certain employers may be unwilling to provide a letter of employment verification.[32] Work requirements also do not account for uncompensated child rearing and caretaking of family members, work that produces large benefits to the collective whole. Grandparents caring for grandchildren, or parents caring for children with disabilities or special health care needs face particular barriers to economic security.

In the end, work requirements harm children and their families. Confusing rules, complex reporting systems and other bureaucratic red tape can cause children to lose their essential benefits. For example, in Arkansas, 18,000 Medicaid recipients lost their coverage within the

first seven months of the state implementing work requirements before a court order halted the program.[33] When parents lose benefits, evidence shows that children do too, making policies such as these harmful to family financial security and children's health and development.[34]

Recommendation 14.9: Extend Improvements to The Child Tax Credit

The Child Tax Credit (CTC) offers one of the most effective programs available against child poverty. In 2021 lawmakers temporarily increased the amount of the credit, made it fully refundable, and distributed the funds to families monthly. The 2021 CTC improvements contributed significantly to the largest decrease in the child poverty rate on record (from 9.7% in 2020 to 5.2% in 2021[35]), dramatically reduced food insufficiency[36], and eased material hardship for tens of millions of households. When the CTC improvement expired, child poverty soared, rising to 12.4% in 2022 and 13.4% in 2024.[37]

Families receiving the monthly CTC payments overwhelmingly spent them on basic necessities including food, utilities, housing, education resources, diapers, and paying down debt.[38] And several studies found the cash benefit had no impact on employment status.[39] In fact, the CTC helped families, especially single mothers, increase their labor force participation by allowing them to afford child care, transportation, and other necessities that help them get to work.[40] Enhancing the CTC helps children and also makes good economic sense for the country as a whole. The National Academy of Sciences estimates that child poverty costs the U.S. nearly $1 trillion annually as a result of higher crime, poor health outcomes, and lower income levels when children living in poverty grow up. Researchers at Columbia University find that investment in a child allowance program will pay massive dividends – estimating an 8:1 return on investment.[41]

Improving the Child Tax Credit also strengthens local economies. The Niskanen Center found that extending the Child Tax Credit for even just one year would support the equivalent of 500,000 private-sector jobs. Finally, the improved CTC brings our child poverty rate closer to that of other wealthy countries, increasing our competitiveness around the world.[43] See *Chapter 3: Tax Policy for more information on how the tax code can benefit and protect children.*

Fund Outreach and Education Activities

All program funding should include separate funding for education and outreach efforts to support trusted community organizations in helping to raise awareness and increase enrollment. As an example, the first Trump Administration imposed a public charge rule that kept immigrant caregivers from enrolling themselves and their children in programs for which they were eligible, including programs not considered under the rule, for fear of immigration consequences.[44] Once the rule was overturned, 50% of respondents to a survey said that knowledge about changes to the public charge rule would make them more likely to use safety net programs when necessary, highlighting the importance of continued outreach to immigrant communities about changes to the policy.[45] All communities of color and immigrant families should receive information and support from community leaders and organizations that share their cultural and linguistic background about enrolling for services.

Recommendation 14.10: Emulate and Fund Successful Models

The "Parent Mentor" programs in Medicaid and the Affordable Care Act (ACA) Navigator program that should be emulated. Studies have shown that parent mentors — parents who use knowledge of their communities and their enrollment experience to assist and counsel other parents — are more effective in connecting children of color to coverage than traditional

methods. Parent mentors improve the likelihood of renewal and of connecting kids to care after enrollment.[46] Similarly, the ACA Navigator program, when adequately funded, has been successful in providing linguistically and culturally sensitive services, connecting people to health coverage and other social supports in underserved communities.[47] We urge Congress to fund and expand these models into other programs. *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children.*

Evaluate Programs for Equity

Lawmakers must evaluate all social policies for their impact on racial equity and must identify racially disparate outcomes so proper reforms can be made. Experts with lived experience of racial discrimination and poverty should inform all policy development.

Recommendation 14.11: Consider Existing Evaluation Tools

Members of Congress should look to existing evaluation tools and guidance, such as Bread for the World's racial equity scorecard,[48] the Equity Scoring Initiative from the Urban Institute and PolicyLink,[49] the District of Columbia city council's racial equity impact assessments for legislation,[50] and other tools. Doing so will allow them to better serve their constituencies and the American people as a whole.

Recommendation 14.12: Design Policy to Promote Racial Equity and Inclusion

Congress must consider policies that purposefully promote equity and inclusion, and that are informed by those with lived experience. For example, Black children have been suspended from school and missed critical learning time because they have Afros, braids, or locs that are part of Black and African culture.[51] The CROWN Act (H.R. 1638/S. 751), introduced in the 119th Congress by Rep. Bonnie Watson Coleman (D-NJ) and Sen. Cory Booker (D-NJ), specifically prohibits discrimination against hair texture or style for all programs or activities that receive federal financial assistance, ensuring that children can access school, benefits, and housing programs. We urge Congress to pass the CROWN Act.

Recommendation 14.13: Close the Racial Wealth Gap

The United States government contributes to experiencing a growing racial wealth gap. As of 2019, white households had eight times the wealth of Black households and five times the wealth of Latino households.

A national "baby bonds" program, as proposed by Rep. Ayanna Pressley (D-MA) and Sen. Cory Booker (D-NJ) in the American Opportunity Accounts Act (H.R. 1041/S. 441) in the 118th Congress, offers one way to address the racial wealth gap. *See Chapter 4: Child Poverty for more information on poverty-reduction policies that benefit children.*

Recommendation 14.14: Address Maternal Mortality

The United States has long had some of the highest and most racially disparate maternal mortality rates in the world, and they rose even higher during the COVID-19 pandemic. In an effort to improve these numbers and combat the racism that underpins them, Reps. Lauren Underwood (D-IL) and Alma Adams (D-NC) and Sen. Cory Booker (D-NJ) introduced a comprehensive Black Maternal Health Momnibus Act of 2024 in the 118th Congress (H.R.

3305/S. 1606). This legislation comprises 12 bills to improve the health and well-being of birthing people and their children to combat the maternal health crisis in our country. We urge Congress to reintroduce and pass the Black Maternal Health Momnibus Act. *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children.*

Recommendation 14.15: Address Racial and Ethnic Health Disparities

The Health Equity and Accountability Act (H.R. 9161/S. 4773), introduced by former Rep. Barbara Lee (D-CA) and Sen. Mazie Hirono (D-HI) in the 118th Congress, with support from the Congressional Asian Pacific American, Black, and Hispanic Caucuses, offers a legislative outline to reduce racial and ethnic health disparities among children, individuals, and families. The bill would not only remove barriers to affordable health care coverage, but also promote a diverse health care workforce, investments in health delivery methods to reach more communities, and better guidelines to diversify clinical trials. We urge congress to reintroduce and pass the Health Equity and Accountability Act.

Recommendation 14.16: Protect the Best Interests of Native American Children

The bipartisan Strengthening Tribal Families Act (H.R. 8621/S. 4471), introduced in the 118th Congress by Reps. Tammy Baldwin (D-WI) and Don Bacon (R-NE), would support the Indian Child Welfare Act (ICWA) and reduce the disproportionate representation of Native American children in the child welfare system. We urge Congress to reintroduce and pass the bipartisan Strengthening Tribal Families Act. *See Chapter 12: Child Welfare for more information on making the system more efficient, equitable and safe for all children.*

Recommendation 14.17: Improve the Behavioral Health of Children

Children's behavioral health experiences the same disparities based on race, sexual orientation, and gender identity found in other sectors of child well-being. Between 2007 and 2017, the suicide rate for Black children rose from 2.55 per 100,000 to 4.82 per 100,000, and suicide attempts are higher among Black youth than any other racial or ethnic group.[52] As noted in First Focus on Children's Big Ideas 2023, "Pervasive inequities such as lack of access to high-quality, culturally sensitive mental health care; provider bias; and deficit-focused institutional practices harm children and families of color and deepen intergenerational and community trauma."[53]

Data is vital to creating equity in health care, and Congress must take steps to improve data. Congress should request a Government Accountability Office (GAO) report to review the way states are spending Medicaid dollars for behavioral health and substance use disorder for children, teens and young adults ages 0-26, disaggregated by race and ethnicity. High-poverty schools and those with more non-white students often have armed school resource officers on-site, but few counselors, psychologists, or social workers. Congress must require the Department of Education to conduct a detailed analysis of student-to-school-based mental health personnel ratios in all school districts, with data disaggregated by students' race and ethnicity and their access to mental health services. *See Chapter 1: Health for more information on promoting better health outcomes and improved health care access for all children.*

Recommendation 14.18: Promote Environmental Justice for Marginalized Communities

Children from low-income families and communities of color are usually at higher risk of exposure to toxic substances, pollution and the resulting negative health outcomes such as asthma and learning disabilities. The Environmental Justice for All Act (S. 872/H.R. 2021), introduced in the 117th Congress by Sen. Tammy Duckworth (D-IL) and the late Rep. Raul Grijalva (D-AZ), would require federal agencies and large corporations to consider the health consequences of their actions and would ensure compliance and enforcement to reduce health disparities in disadvantaged communities. We urge Congress to reintroduce and pass the Environmental Justice for All Act. *See Chapter 10: Environmental Health for more information on ensuring that every child lives in a safe and healthy environment.*

Recommendation 14.19: Support Children With Disabilities

To improve equity for all students, we must invest in supports for children with disabilities. An important place to start is guaranteeing they have equitable access to a high-quality educational experience. The Individuals with Disabilities Education Act (IDEA) is the law that makes a free appropriate public education available to eligible children with disabilities. IDEA has successfully ensured that students with disabilities are entitled to a quality education experience, even though Congress has never provided the promised level of funding and state requirements often go unmet. When IDEA was enacted in 1975, Congress committed to funding 40% of the average per pupil cost for special education, but the federal share is now less than 12%.[54] To support student with disabilities, Congress must fully fund IDEA and ensure students with disabilities have access to the same high-quality education as their peers. *See Chapter 8: Education for more information on providing children with better and more equitable education.*

Congress should also support children with disabilities by updating the eligibility rules and improving transition policies for Supplemental Security Income (SSI). Nearly one million children rely on this critical lifeline for support, but its outdated rules have not been updated in more than 40 years – locking children and families in poverty. *See Chapter 5: Social Insurance for information on improving social insurance systems for children.*

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IMMIGRATION

Immigration Policies Must Put the Best Interests of Children First

Immigration policy is often debated as a matter of border management, national security, or workforce economics. But for millions of children in the United States, it is first and foremost a matter of health, safety, stability, and development. Every immigration decision that affects a family is also a decision that shapes a child's life trajectory.

Children of immigrants and immigrant children should have the same opportunities as their peers to live safe, healthy lives and reach their full potential.[1] Yet immigration policy too often subjects children to instability, exclusion from basic supports, and preventable harm tied to enforcement decisions beyond their control.

Children do not experience immigration policy in the abstract. They experience it when a parent does not come home. They experience it when a knock at the door triggers fear that fractures a family's sense of safety. They experience it when a school day is interrupted, a pediatric appointment is missed, or a household's economic stability collapses overnight. Policies designed without attention to children's well-being do not remain neutral — they produce lasting consequences for physical health, mental health, educational attainment, and lifelong opportunity.[2]

There is no such thing as a child-neutral immigration policy. Enforcement practices, detention decisions, eligibility rules, and administrative barriers ripple through children's daily lives and developmental environments. When families are destabilized, children bear the costs — emotionally, neurologically, academically, and economically.[3]

Nearly one-in-four children in the United States lives in an immigrant family, and the vast majority of these children are U.S. citizens. Consequently, immigration policies function as domestic children's policy, shaping whether children grow up in stable homes, access health

care and nutrition, attend school consistently, and develop in environments free from toxic stress.[4]

The evidence is clear: children thrive in safe, stable, and nurturing environments. Policies that separate families, expose children to detention, or drive families into fear and isolation undermine those conditions and create harms that echo across lifetimes.[5]

For these reasons, immigration policy must be governed by a simple and consistent principle: the best interests of the child must come first.

Why This Matters Now

The need to center children in immigration policymaking has become more urgent as enforcement practices have intensified and public investment in children has declined. According to First Focus on Children's *Children's Budget 2025*, federal support for children has fallen for the fourth consecutive year, with just 8.57% of federal spending — $8.57 of every $100 — allocated to children in fiscal year 2025, a 3.2% inflation-adjusted decrease. Spending on immigration enforcement continues to expand even as the share of federal resources dedicated to children's programs falls. These choices are not abstract fiscal decisions — they reflect national priorities, and children are being deprioritized.[6]

Immigration operations are reaching deeper into the everyday spaces where children live, learn, and grow. Enforcement actions in neighborhoods and community spaces have heightened fear among families, even when children themselves are not directly detained. This climate of uncertainty and stress affects children's emotional security and disrupts essential routines, including school attendance, early learning participation, pediatric care, and access to nutrition and public benefits.[7]

Research shows that the effects extend far beyond individual enforcement actions. Widespread fear of detention or deportation contributes to chronic stress in children, which can become toxic to developing brains and is associated with long-term consequences for physical health, mental health, and educational outcomes.[8]

Emerging evidence also demonstrates that immigration enforcement practices affect entire school communities, lowering academic performance for both immigrant and U.S.-born students, particularly in higher-poverty districts.[9]

Family detention has re-emerged as a serious threat to child well-being. Since March 2025, at least 3,800 children under the age of 18 — including 20 infants — have been held in family detention centers. Children — including infants and toddlers — are being held in detention settings that research shows are developmentally harmful and psychologically traumatic. Even short periods of detention can disrupt attachment, impede healthy development, and produce long-lasting emotional harm.[10]

The impacts extend to the earliest and most vulnerable stages of life. Pregnant, postpartum, and nursing parents in immigration custody face heightened medical risks, barriers to prenatal and postnatal care, and, in some cases, separation from infants during critical bonding periods. These practices jeopardize both parental health and infant development, undermining family stability at the moment it is most essential.[11]

Children in mixed-status families often withdraw from community life due to fear, avoiding schools, child care centers, hospitals, and public programs that support healthy development. The result is delayed medical care, disrupted learning, economic instability, and unaddressed mental health needs — conditions that compound inequality and reduce opportunity.[12]

Taken together, immigration policy is operating as child policy — often in ways that destabilize families, generate trauma, and undermine children's well-being. Policymakers must recognize this intersection and act accordingly.

To ensure that immigration policies put the best interests of children first, we urge Congress to take up the following recommendations.

Recommendation 15.1: Establish and Apply a "Best Interests of the Child" Standard

Children depend on adults and institutions to safeguard their well-being. Yet immigration policies that affect children are too often developed and implemented without systematically considering how decisions will shape children's safety, stability, health, and development. This gap leaves children vulnerable to preventable harm.

The United States must make the "best interests of the child" a mandatory consideration in immigration decisions — both in individual case determinations and in broader policymaking.[13]

A well-established principle offers clear guidance: the best interests of the child should be a primary consideration in all actions and decisions that affect children. This standard recognizes that children have distinct developmental needs, limited agency, and heightened vulnerability. It requires policymakers to evaluate how laws, regulations, and enforcement practices affect children and to prioritize their protection and well-being.[14]

Applying a best-interests standard ensures that children are not treated as incidental to immigration proceedings involving their families. Instead, their safety, emotional security, developmental needs, and long-term outcomes become central considerations in policymaking and implementation.[15]

This principle is widely recognized in child welfare systems, family courts, education policy, and international human rights frameworks. It provides a consistent, child-centered lens for evaluating policy choices and preventing actions that inflict avoidable trauma or destabilize children's lives.[16]

A true best-interests standard requires policies that ensure:

- Children and families seeking protection have access to a fair asylum system and community-based placements with appropriate case management.[17]
- Children receive due process in immigration proceedings, including guaranteed legal representation and child-appropriate procedures.[18]
- Children are never returned to situations where they face persecution, violence, or serious harm.[19]
- Children have access to health care, nutrition, housing, and income supports regardless of immigration status.[20]
- Children experience family unity and stability through policies that move away from detention and deportation and toward child-focused immigration systems.[21]

Embedding this standard across immigration policy is both a moral obligation and a practical safeguard. When children's well-being is prioritized, policies are more likely to support healthy development, educational continuity, and long-term opportunity.

To uphold children's rights and well-being, Congress and the Administration should:

- **Codify a "best interests of the child" standard across immigration statutes, regulations, and agency guidance.**
- **Require that immigration decisions affecting children explicitly evaluate and document impacts on children's safety, stability, and development.**
- **Ensure that children's developmental and mental health needs are considered in custody, placement, and enforcement decisions.**
- **Provide training and guidance to immigration officials on applying child-centered standards in decision-making.**

Children cannot advocate for themselves in complex legal systems. Public policy must ensure that their best interests are consistently protected.

Recommendation 15.2: Protect Children from Harmful Enforcement Practices

Children need safe, stable environments to grow and thrive. They rely on predictable routines, the presence of caregivers, and communities where they can learn and receive care without fear. Immigration enforcement practices that destabilize families or expose children to traumatic events undermine these essential foundations of healthy development. In documented incidents, federal enforcement operations have targeted homes, community spaces, and neighborhoods, with consequences including a 5-year-old being transported over 1,000 miles from his Minnesota school to a Texas detention facility, an infant who stopped breathing after tear gas was deployed near a family vehicle, and a 6-year-old girl left wandering alone in New Jersey after her father was apprehended outside their home.[22]

When enforcement actions occur in neighborhoods and community spaces, children's sense of safety can be deeply shaken even if they are not directly detained. The sudden loss of a parent or caregiver disrupts attachment, emotional security, and household stability. Research shows that such disruptions can have lasting effects on children's mental health, learning capacity, and long-term well-being.[23]

Children are particularly vulnerable to environments of chronic fear. Living with the constant possibility that a loved one could be detained or deported creates persistent stress that can become toxic to developing brains. Toxic stress is linked to long-term consequences for physical health, emotional regulation, and educational achievement.[24]

Enforcement activities can also deter families from accessing essential services that support children's development. When families avoid schools, child care centers, pediatric care, nutrition programs, and community institutions out of fear, children experience missed learning opportunities, delayed medical care, food insecurity, and unaddressed developmental needs.[25]

Policies should not expose children to preventable harm. Enforcement practices must be designed and implemented in ways that minimize trauma, preserve family stability, and protect children's access to safe community spaces.

To protect children's well-being, Congress and the Administration should:

- **End large-scale immigration enforcement operations in neighborhoods and community settings where children live and gather.**
- **Ensure that enforcement practices minimize trauma to children and account for their developmental needs.**
- **Avoid tactics that create widespread fear among families and disrupt children's access to essential services.**

Children cannot control the systems that govern their lives. Public policy must ensure those systems do not undermine their safety and development.

Recommendation 15.3: Restore and Codify Sensitive Location Protections

Children depend on certain places to remain safe and accessible: schools, child care centers, hospitals, clinics, houses of worship, and community centers. These settings provide education, health care, nutrition, protection, and social connection — all essential to healthy child development.[26]

When immigration enforcement occurs in or near these locations, families may avoid them out of fear. This avoidance can lead to missed medical appointments, reduced school attendance, delayed developmental screenings, and increased isolation. Even when children are not directly involved in enforcement actions, the perceived threat can disrupt their access to the institutions that support their growth and well-being.[27]

Protecting sensitive locations helps ensure that children can safely access essential services and maintain stable routines. Clear, enforceable protections also provide certainty for families, educators, health care providers, and community leaders.

To safeguard children's access to essential services, Congress and the Administration should:

- **Restore and codify sensitive location protections that limit immigration enforcement actions in schools, child care centers, health care facilities, houses of worship, and community sites.**
- **Ensure that these protections are durable, clearly communicated, and consistently enforced.**
- **Prevent enforcement actions that deter families from seeking education, health care, and other critical supports.**

Children should never have to choose between their safety and their education or health care.

Recommendation 15.4: Preserve and Strengthen Protections Under the Flores Settlement

Children in government custody are entitled to special protections that reflect their vulnerability and developmental needs. The Flores Settlement Agreement established national standards for the care and treatment of children in government custody, including protections related to placement, conditions of confinement, and timely release.[28]

These protections recognize that detention environments are inherently harmful to children and that their well-being requires appropriate care, supervision, and placement in the least restrictive settings possible. Research consistently shows that detention can cause psychological trauma, developmental regression, and long-term harm, particularly for young children.[29]

Weakening or circumventing Flores protections risks exposing children to unsafe conditions and prolonged confinement that undermine their physical and emotional well-being. Maintaining strong standards is essential to ensuring that children are treated with dignity and that their developmental needs are respected.

To protect children in custody, Congress and the Administration should:

- **Preserve and fully enforce the Flores Settlement Agreement and its child welfare standards.**
- **Ensure that children are held only in the least restrictive settings appropriate to their needs.**
- **Limit the duration of child detention to the shortest feasible timeframe.**
- **Provide appropriate medical, mental health, educational, and developmental services for children in custody.**

Children's safety and well-being must remain paramount in any custodial setting.

Recommendation 15.5: Uphold Educational Protections Under Plyler v. Doe

Education is foundational to children's development, future opportunity, and full participation in society. In Plyler v. Doe, the Supreme Court affirmed that all children — regardless of immigration status — have the constitutional right to access public K-12 education.[30]

This protection reflects a simple principle: children should not be punished for circumstances beyond their control. Denying access to education harms not only individual children but also communities and the nation's long-term economic and civic vitality.[31]

Schools must not discriminate against students based on their immigration status or require proof of citizenship or immigration status for enrollment. Safe, supportive, and inclusive learning environments are essential to children's development and opportunity.[32]

To protect children's educational rights, Congress and the Administration should:

- **Uphold and defend the constitutional protections established under Plyler v. Doe.**
- **Prevent policies or practices that deter school enrollment or attendance based on immigration status.**
- **Ensure that schools remain safe and accessible learning environments for all children.**

Every child deserves the opportunity to learn, grow, and reach their full potential.

Recommendation 15.6: Preserve Family Unity

Children depend on stable, nurturing relationships with their parents and caregivers. These bonds provide the foundation for emotional security, healthy brain development, and lifelong well-being. Policies that unnecessarily separate children from their families disrupt these essential relationships and can inflict lasting harm.[33]

Research across child development, psychology, and neuroscience consistently shows that strong caregiver attachments are critical to healthy development. When children experience the sudden loss of a parent or primary caregiver, they may suffer intense emotional distress, anxiety, depression, sleep disruption, behavioral challenges, and long-term trauma. Separation can also impair cognitive development and educational progress, particularly for younger children whose brains are still rapidly developing.[34]

Family separation creates instability that extends beyond emotional harm. The loss of a caregiver often means the loss of economic support, housing security, and daily routines that children rely upon. Families may struggle to secure child care, maintain school attendance, or access medical care. These disruptions compound stress and undermine children's opportunities to learn and thrive.[35]

Children should not bear the consequences of immigration enforcement decisions made about adults. When separation can be avoided, policies should prioritize keeping families together. Preserving family unity promotes stability, protects children's mental and physical health, and supports positive developmental outcomes.[36]

Children's stability depends on a shift away from detention- and deportation-centered systems toward child-focused immigration policies that preserve family unity and provide fair, dignified pathways forward.[37]

Family unity is also consistent with long-standing child welfare principles that recognize the importance of maintaining children's connections to parents and caregivers whenever it is safe to do so. Immigration policy should reflect the same commitment to protecting children's relationships and well-being.

To protect children and promote family stability, Congress and the Administration should:

- Prioritize family unity in immigration policy and decision-making.
- Avoid detention, deportation, or enforcement actions that unnecessarily separate children from parents or primary caregivers.
- Use community-based alternatives and case management approaches that allow families to remain together while immigration proceedings continue.
- Ensure that when separation is unavoidable, children's safety, placement stability, and access to supportive services are protected.
- Children thrive when families remain together. Public policy should reinforce — not fracture — the relationships that sustain children's development and well-being.

Recommendation 15.7: End Child and Family Detention

Children need environments that support healthy growth, learning, and emotional security. Detention settings — even those designed for families — are inherently restrictive environments that cannot meet children's developmental needs. Confinement disrupts routines, limits movement and play, restricts educational opportunities, and places children in high-stress conditions that undermine their well-being.[38]

Research consistently shows that detention can cause significant harm to children's mental and physical health. Children in detention may experience anxiety, depression, sleep disruption, regression in developmental milestones, and symptoms of post-traumatic stress. Younger children are particularly vulnerable, as early childhood is a period of rapid brain development that depends on stable relationships and nurturing environments. Even short periods of detention can have lasting effects.[39]

Family detention does not eliminate these harms. While keeping families together is critical, detention settings still expose children and parents to constant surveillance, restricted autonomy, institutional routines, and uncertainty about the future. These conditions create chronic stress that can impair caregiving capacity and disrupt the supportive parent-child interactions that children need.[40]

Detention can also interrupt children's education, medical care, and access to supportive services. Prolonged confinement isolates children from schools, community networks, and social supports that are essential to healthy development and long-term opportunity.[41]

Alternatives to detention have demonstrated that families can remain in communities while immigration proceedings continue, without exposing children to the harms of confinement. Community-based case management approaches promote compliance with legal processes while allowing children to grow in stable, supportive environments.[42]

Children's well-being should not depend on their immigration status. Policies should ensure that children are not placed in detention settings when less harmful alternatives are available.

To protect children's health and development, Congress and the Administration should:

- **End the use of child and family detention except in the most extraordinary circumstances.**
- **Limit any custodial placement involving children to the shortest feasible timeframe.**
- **Expand community-based alternatives to detention that allow families to remain together in safe, supportive environments.**
- **Ensure that children are placed in the least restrictive settings appropriate to their needs.**

Children deserve care, stability, and opportunities to grow — not confinement.

Recommendation 15.8: Protect Pregnant, Postpartum, and Nursing Parents

Healthy beginnings matter. The prenatal and early infancy periods are among the most critical stages of human development, shaping lifelong physical health, emotional well-being, and cognitive outcomes. Children depend on the health and stability of their parents during

pregnancy and the earliest months of life, when bonding, nutrition, and consistent caregiving are essential. Immigration policies that place pregnant, postpartum, and nursing parents in detention or subject them to unnecessary enforcement actions can jeopardize both parental health and infant development.[43]

Pregnancy and the postpartum period involve heightened medical needs and increased vulnerability to physical and emotional stress. Interruptions in prenatal care, inadequate nutrition, sleep disruption, and exposure to high-stress environments can increase the risk of complications, including preterm birth, low birth weight, and maternal health crises. These outcomes carry lasting consequences for children's development and well-being.[44]

Postpartum recovery and early infancy are also critical bonding periods. Close and consistent parent-infant contact supports secure attachment, breastfeeding, emotional regulation, and early brain development. Separation or confinement during this period can disrupt bonding, undermine caregiving capacity, and create stress that affects both parent and child.[45]

Detention settings are ill-equipped to meet the needs of pregnant and postpartum individuals or to support healthy infant development. Reports have documented barriers to appropriate medical care, insufficient prenatal and postnatal services, and conditions that compromise maternal and infant health.[46]

Protecting children requires protecting the health and stability of their parents during these vulnerable stages. Immigration policies should ensure that families can experience pregnancy, childbirth, and early caregiving in safe and supportive environments.

To safeguard maternal and infant well-being, Congress and the Administration should:

- **Prohibit the detention of individuals who are pregnant, postpartum, or nursing, except in the most extraordinary circumstances.**
- **Fully enforce existing directives that limit enforcement actions involving pregnant and postpartum individuals.**
- **Ensure uninterrupted access to comprehensive prenatal, postnatal, and pediatric care.**
- **Prevent separation of infants from parents during critical bonding periods whenever possible.**

Supporting healthy starts for children begins with protecting the parents who care for them.

Recommendatoin 15.9: Safeguard Access to Health Care, Education, and Essential Services

Children's healthy development depends on consistent access to essential services, including medical care, education, nutrition, early learning, and community supports. These services form the infrastructure that helps children grow, learn, and reach their full potential. Immigration policies and enforcement practices should not create barriers that prevent children and families from accessing these critical supports.[47]

Health care access is especially vital. Routine pediatric care, vaccinations, developmental screenings, mental health services, and treatment for acute and chronic conditions are foundational to children's well-being. When families avoid clinics or hospitals due to fear

of immigration enforcement, children may miss preventive care and necessary treatment, increasing the risk of avoidable illness and long-term health complications.[48]

Education provides children not only academic instruction but stability, social development, nutrition programs, and access to trusted adults. Fear of immigration enforcement can disrupt school attendance, hinder enrollment, and create anxiety that interferes with learning. Prolonged absenteeism and disengagement undermine children's academic progress and long-term opportunity.[49]

Young children also rely on early childhood programs, child care providers, and early intervention services that support developmental milestones during the most formative years. Barriers to participation in these programs can delay developmental progress and limit school readiness.[50]

Access to nutrition assistance, housing support, and community-based services helps families maintain stability and meet children's basic needs. When families withdraw from these programs due to fear or confusion about immigration consequences, children face increased risks of food insecurity, housing instability, and unmet developmental needs.[51]

Children should be able to access essential services without fear. Policies that create real or perceived barriers to care and education undermine children's well-being and future opportunity.

Recommendation 15.10: Address Child Trauma and Mental Health Needs

Children's emotional well-being is as essential as their physical health. Experiences of fear, instability, and family disruption can have profound effects on children's mental health and development. Immigration enforcement practices that expose children to traumatic events — including sudden family separation, detention, displacement, and chronic fear — can leave lasting emotional and psychological scars. Researchers have called for immigration enforcement threats and deprivation to be formally incorporated into the Adverse Childhood Experiences (ACEs) framework, recognizing them as experiences that increase children's lifetime risks of physical and mental health problems.[52]

Children process stress differently than adults. When stress is severe or prolonged and supportive relationships are disrupted, it can become toxic stress — a physiological response that affects brain architecture, emotional regulation, and long-term health. Toxic stress in childhood is associated with increased risks of anxiety, depression, behavioral challenges, learning difficulties, and chronic disease later in life.[53]

Children who witness enforcement actions, experience detention, or live with constant fear of family separation may develop symptoms of trauma, including sleep disturbances, regression, withdrawal, hypervigilance, and post-traumatic stress. Younger children are especially vulnerable because early childhood is a critical period for emotional and neurological development.[54]

The impacts extend beyond individual children. Family stress can strain caregiver capacity, reducing the emotional support and stability children depend upon. Communities experiencing widespread enforcement activity may see increased anxiety among children, disrupted school climates, and reduced trust in institutions meant to protect and serve families.[55]

Protecting children requires recognizing and responding to these mental health needs. Trauma-informed policies and services can help mitigate harm, promote resilience, and support recovery. Access to culturally and linguistically appropriate mental health care is particularly important for children and families navigating immigration-related stress.[56]

To support children's emotional health and resilience, Congress and the Administration should:

- **Integrate trauma-informed approaches into immigration policies and procedures affecting children and families.**
- **Ensure access to age-appropriate, culturally responsive mental health services for children affected by enforcement actions or detention.**
- **Support community-based programs that help families address stress, rebuild stability, and strengthen resilience.**
- **Provide specialized infant and early childhood mental health services for young children exposed to trauma.**

Children deserve environments that nurture their emotional well-being and help them heal from adversity.

Recommendation 15.11: Strengthen Oversight and Accountability

Children depend on public institutions to safeguard their well-being. When immigration policies and enforcement practices affect children's lives, government agencies must be transparent, accountable, and responsive to children's needs. Effective oversight helps ensure that policies intended to protect children are implemented faithfully and that harmful practices are identified and corrected.[57]

Robust oversight is especially important where children are in government custody or directly affected by enforcement actions. Independent monitoring can help verify that child welfare standards are upheld, that living conditions are safe and appropriate, and that children have access to medical care, education, and supportive services.[58]

Accountability mechanisms strengthen the application of child-centered standards, including the best interests of the child. Clear performance measures, data transparency, and independent review processes help ensure that agencies consistently evaluate and minimize harm to children.[59]

Children and families also need meaningful avenues to raise concerns and seek remedies when harms occur. Accessible complaint processes and legal protections help ensure that children's rights and well-being are respected.[60]

Protecting children requires sustained attention and responsible governance. Oversight and accountability are essential tools for ensuring that immigration policies promote children's safety, stability, and healthy development.

To ensure responsible implementation of child protections, Congress and the Administration should:

- **Strengthen congressional oversight of immigration policies and practices affecting children and families.**
- **Require transparent reporting on child well-being outcomes related to enforcement and custody decisions.**
- **Support independent monitoring of facilities and programs that involve children.**
- **Establish clear accountability mechanisms when policies or practices harm children.**

Children deserve policies that work in practice, not only in principle.

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TECHNOLOGY

Make Technology Safer for Children

The United States, along with the rest of the world, is currently experiencing transformative change with the introduction and proliferation of artificial intelligence (AI). This change comes at the same time the world is only beginning to understand the impact that smartphones and social media have on individuals, and in particular, on children. The impact of AI, social media, and many new technologies is heightened for children. Technology can certainly benefit children by helping them learn,[1] keeping them connected with friends and family, allowing them to better express themselves, and exposing them to new ideas, and keeping them informed as most youth now use social media as a source of news.[2] However, new technology also presents a very real threat to children — to their privacy, their mental health, and even to their lives. Incidents abound of children being bullied, harassed, virtually undressed, having private and sensitive information revealed against their will, driven to self-harm or suicide, and manipulated into committing crimes and harming others.[3] These outcomes occurred before the introduction of AI and have only become more numerous. In some cases, when technology is used to harm children, no law exists to protect them, and no one is held accountable — not the perpetrators, not the technology companies, not the social media platforms themselves.

First Focus Campaign for Children seeks not to "keep children safe from technology" but to make technology safer for children. Congress should aim to retain the benefits of technology while reducing or eliminating the harms. Technologies including social media and AI are products that are made by companies and sold or given to the public and they should be regulated as such. The federal government has a long and well-established history of regulating products to make them safer for children, such as mandating car seats and seat belts in vehicles and removing lead from toys and paint. In the exact same way, the federal government must legislate and regulate technology products to be safer for children by adding safety features or removing harmful elements.

These recommendations are vital for children's safety but many of them also would be welcomed by adults. In some cases, it may even be easier to implement these recommendations on behalf of all users in the United States instead of treating children differently, which poses privacy challenges.

Balancing the freedom of children to use technology with the desire to protect them from harm requires envisioning a particular child. The child with ample access, resources, and online literacy — one with the skills and support network to keep themselves safe while using technology — may be helped by such legislation, but it is paramount to keep in mind and prioritize the child who is alone, may already be exploited, and is using technology — perhaps the computer in their local library — to get help. The following recommendations envision that second child — one who needs to use technology to keep themselves safe. If we are overzealous in our attempt to protect children from every possible harm that technology poses, we will be dooming countless children to harm they are already experiencing by limiting their access to their only avenue for help, social interaction, and information.

The urgency of these requirements cannot be overstated. Over the last decade, a lack of regulation has exposed an entire generation to the irreversible harms of social media. The rapidly emerging AI landscape is moving even faster. The nation's children cannot wait one more year for safer social media, AI guardrails, and protections for their health and privacy.

To make technology safer for children, we urge Congress to take up the following recommendations.

Recommendation 16.1: Children's Right to Privacy

Foundational to the use of any technology is what information it extracts from the user and what it does with that information. In order to protect children's personal and sensitive information, Congress must grant broad privacy protections to children. The Children and Teens' Online Privacy Protection Act (COPPA 2.0) (S.836), introduced in the 119th Congress by Sens. Ed Markey (D-MA) and Bill Cassidy (R-LA), would ban targeted advertising to all covered minors, expand existing protections to children under 17, and would largely prevent companies from collecting data on children under 17. We urge Congress to act quickly and pass COPPA 2.0 to update children's privacy rights in the face of emerging threats.

Recommendation 16.2: Safety By Design in Social Media

Safety By Design is an approach to tech regulation that keeps the beneficial parts of technology while reducing the harm caused by their use. In the same way the U.S. government has removed harmful components from products — for instance, removing lead from paint — Congress should remove harmful features from social media apps and platforms, such as infinite scroll, autoplay, and notifications that disrupt sleep. Congress should also empower users to control what content social media algorithms show them. The Kids Online Safety Act (KOSA) (S. 1748), introduced in the 119th Congress by Sens. Marsha Blackburn (R-TN) and Richard Blumenthal (D-CT), would require companies to incorporate a host of safety-by-design principles into social media apps and platforms. However, at the time of this writing, KOSA also includes a vague "duty of care" standard that could encourage content moderation based on the whims of political actors and what they deem safe or unsafe for children.[4] We urge Congress to drop the duty of care standard from KOSA and pass the remainder of the bill. Congress should then extend these safety-by-design principles to all users, not just children, to reduce the risk of privacy violations when verifying the age of users.

It should be noted that content moderation, age verification, and outright bans on social media are ineffective in protecting children and are difficult to implement in practice.[5] Content moderation is resource-intensive, rarely works, and can infringe on people's First Amendment rights.[6] Age verification can easily be circumvented and has recently led to massive breaches of privacy as a result of data leaks.[7] Social media bans, often enforced by age verification, are also easily circumvented and ineffective, as early results from Australia's ban seem to suggest.[8] Banning social media for children would prevent them from communicating with friends, engaging with art and culture, and learning about the world, as most people under 30 get their news from social media.[9] Congress should not prevent children from getting the benefits of social media, but must instead regulate and eliminate the known harms.

As efforts to combat underage drinking have shown, the most effective way to reduce children's participation in illegal and/or harmful activity is to encourage norms-based behavior through social marketing campaigns — convincing children that the behavior in question is not norm among their peers and educating them about its risks and harms.[10] We therefore also urge Congress and the Trump Administration to conduct and promote norms-based and social marketing campaigns to convince children and teens that excessive social media use is harmful.

Recommendation 16.3: No Gambling for Children

Through online games, phone apps, and the rise of sports betting and prediction markets, more and more children are exposed to and permitted to gamble.[11] Gambling under the age of 18 is universally banned in the United States and in many parts of the world, as gambling at a young age is likely to lead to problematic gambling behavior as an adult, substance use disorders, and other psychiatric concerns.[12]

"Loot boxes" are a feature of online and phone games that allow a user to potentially buy one of many digital items, such as cosmetics, in a game. The items in the loot box are of varying rarity, and when the loot box is opened, only one or a small selection of the items is given to the player randomly. Often, items can only be obtained through loot boxes and thus players may have to buy the same loot box multiple times in order to obtain more rare items. These items can then be worth real world money, with some digital items being worth thousands to tens of thousands of dollars.[13] Because of the element of chance and usually unknown odds of winning rarer items, loot boxes enable de facto gambling by enticing users to pay for the chance to win a rare virtual item of significant monetary value. Because of the design of loot boxes and similar microtransactions, users are often manipulated into "pay to play" or "pay to win" from otherwise free games. This is an inherently deceptive practice that is especially effective on children, which is why the state of New York is suing a game developer alleging that loot boxes are a form of illegal gambling available to children under 18.[14] We encourage Congress to reintroduce The Protecting Children from Abusive Games Act (S. 1629), introduced in the 116th Congress by Sens. Josh Hawley (D-MO), Ed Markey (D-MA), and Richard Blumenthal (D-IL), to protect children from loot boxes and pay-to-win microtransactions.

Additionally, as mentioned in the Safety by Design section, norms-based and social marketing campaigns are the most effective tools to combat illegal and harmful behaviors among children and teens. We urge Congress and the Trump Administration to conduct a norms-based campaign to convince children and teens that gambling and purchasing loot boxes are not the norm among their peers. We additionally urge Congress and the Administration to take steps to limit gambling advertisements in places where children and young adults could see them because they make gambling, especially sports betting, appear more common.

Recommendation 16.4: National AI Regulations

The Trump Administration has taken a strong stance against regulating AI at the federal level and also has attacked state attempts to regulate AI.[15] The Administration has even ended contracts with some AI companies that refuse to remove guardrails and that prohibit the government from using their AI to pilot autonomous weapons and mass surveillance systems.[16] AI poses an even greater privacy threat to children than social media and has an immense capacity to harm them while providing few, if any, benefits over existing technology.[17] Although AI has been shown in some cases to enhance learning by personalizing it to users[18] and helping people unlearn deliberately false information,[19] children need a national AI regulatory framework to protect them from abuse, overuse, and misuse of AI. We urge Congress to quickly authorize additional studies into the best method of regulating AI to mitigate the vast harms this quickly evolving technology poses to children.

We also urge Congress not to preempt state law, and instead take inspiration from the successes and shortcomings of state laws to create an informed national policy for the benefit of all U.S. children.

Recommendation 16.5: Good AI and Tech Governance

Government use of AI has rapidly increased over the last few years, and the government has lucrative contracts with AI companies for many purposes.[20] The federal government could use AI, where appropriate, to generate value and efficiency for taxpayers without impairing vital government functions, benefits, and national security. However, numerous examples exist of the U.S. using AI in harmful and dangerous ways, such as in autonomous military drones and by immigration enforcement to illegally surveil citizens.[21] To ensure the government uses AI only for the benefit of the American people — not to their detriment — we urge Congress to charge the Government Accountability Office with auditing the executive branch's use of AI to ensure it complies with existing regulation, and to reform AI governance policies to prevent malicious or unethical use, such as incorrectly denying benefits to children and their families or surveilling children and their families illegally.

Recommendation 16.6: Environmental Impact of Technology

Technology, especially AI, has rapidly increased the demand for electricity and natural resources, most recently and most notably in the creation of data centers that power AI models. These data centers have not only caused rising electric bills for families, but their noise and drain on local resources have harmed the health and well-being of children and families across the country.[22] We urge Congress to rein in the development of data centers and ensure existing data centers do not harm the health of children and their families in the surrounding community. *See Chapter 10: Environmental Health for more information on ensuring that every child lives in a safe and healthy environment.*

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INTERNATIONAL

Protecting Children Amid Foreign Assistance Dismantling and Cuts

The first year of the second Trump Administration has created a humanitarian crisis of unprecedented scale and has been especially harmful to the world's children.

The unraveling began abruptly and unexpectedly at the beginning of 2025 with the Administration's freeze of U.S. foreign assistance and its shuttering of the United States Agency for International Development (USAID). In a matter of weeks, the federal government had withdrawn American humanitarian and development support from communities worldwide already facing famine, conflict, disease, and extreme poverty. Programs that had taken decades to build were ended almost overnight.

The damage quickly accelerated. The Administration significantly weakened the President's Emergency Plan for AIDS Relief (PEPFAR), ending lifesaving programs for orphans and vulnerable children (OVC) that have sustained children living with or affected by HIV/AIDS for more than two decades. The Administration also threatened continued U.S. support for Gavi, the Vaccine Alliance, which has enabled more than 1 billion children to receive life-saving immunizations, and slashed the Centers for Disease Control and Prevention's global health work, eroding capacity to detect and contain outbreaks before they become pandemics. In a further retreat from global leadership, the United States withdrew from the World Health Organization, stepping away from coordinated international disease surveillance and response. Funding cuts to UNICEF and the World Food Program compounded the damage, undermining institutions that deliver vaccines, therapeutic food, clean water, and emergency assistance to millions of children each year.

Across the Global South, clinics closed, maternal and child health and nutrition programs halted, and health workers were sent home. In community after community, the safety nets that protected the most vulnerable children simply disappeared.

The human toll has been staggering. Projections indicate that these policy choices could contribute to an additional 14.1 million deaths in low- and middle-income countries by 2030, including 4.5 million children under the age of five.[1] For the first time this century, child mortality rates are rising rather than falling. Vaccination coverage is slipping. Hunger is deepening. Fragile health systems are buckling, allowing preventable diseases to resurge. It seems unlikely that the bilateral global health compacts that the Administration began signing with partner countries at the end of 2025 will be able change this trajectory.

The losses can be counted not only in lives lost, but in futures diminished. The children who survive will face lifelong consequences: malnutrition will stunt their growth, untreated illnesses will impair their development, interrupted schooling will limit their opportunities, and the prolonged trauma of extreme poverty will hinder their brain growth. The damage will be felt for generations.

U.S. Investment in Child Well-being Worldwide

Children make up one-third of the world's population, and in many lower-income countries, up to half of the population. Yet the United States spent just 0.03% of its entire budget on children abroad in fiscal year 2025.[2]

Before this current Administration, the proportion of funding provided to children within U.S. foreign assistance ranged from between 0.1% to 0.9%. But even with that modest investment, U.S. foreign assistance saved and improved millions of lives:

- 2019–2023: Basic education programs reached more than 34 million learners, trained nearly 3 million educators, and distributed about 176 million textbooks.[3]
- 2001–2021: USAID-funded programs prevented the deaths of roughly 30 million children under age 5.[4]
- Since 2003: PEPFAR enabled 7.8 million babies to be born HIV-free, and its Orphans and Vulnerable Children (OVC) programs protected 13 million children and their caregivers from hunger, violence, abuse and trafficking.[5]
- 2012–2022: Maternal and child health programs saved more than 9.3 million children.[6]

Sadly, these achievements are now being reversed and U.S. leadership on international children's issues is currently at its weakest. First Focus on Children offers a two-tiered strategy below to address the current state of U.S. foreign policy.

First, Congress must take immediate steps to rebuild essential structural and personnel capacity and restore critical foundations that have been dismantled. Important components of this rebuilding will include maintaining robust annual funding for key children's programs and reauthorizing cornerstone legislation to establish clear guardrails for the Office of Management and Budget, ensuring that the Administration fully obligates funds appropriated by Congress and enacts them as directed.

Second, leaders and lawmakers must look beyond restoring what was lost in 2025 and toward reinvention. This recommendation envisions what the United States, together with the global community, could build after 2029 — a starting point for a shared vision of what the world's children need from the United States, and what is possible when lawmakers choose to prioritize the well-being of the next generation.

Recommendation 17.1: Strengthen Leadership for Children Abroad

Congress should support the creation of the first-ever Office of Children and Families (OCF) at the State Department.[7]

A centralized office with leaders and technical experts would coordinate programs, policies, and funding for children and families worldwide, preventing program fragmentation and ensuring measurable impact.

While the appointment of the Special Envoy for Best Future Generations[8] is a welcome step, a dedicated office ensures U.S. resources are strategically deployed. The OCF would oversee the U.S. Government mandates for children, including:

- International Basic Education (READ Act)
- Children in Adversity (Public Law 109-95)
- Early Childhood Development (Global Child Thrive Act/Public Law No: 116-283)
- Holistic programs such as PEPFAR's Orphans and Vulnerable Children (OVC) work.

Combined with other reforms proposed in the *Children's Agenda for the 119th Congress* — such as a Cross Agency Priority for Children, an Independent Children's Commissioner, and Child Impact Statements — the OCF would elevate and center the needs of children in both domestic and foreign policy, ensuring that the U.S. consistently prioritizes the well-being of the next generation. *See Chapter 9: Structural Reform for more information on structural reforms that benefit and protect children.*

Recommendation 17.2: Strengthen Tracking of International Children's Funding and Outcomes

We urge Congress to assert its constitutional role in setting spending priorities and ensure that appropriated foreign assistance funds are implemented as enacted. Adherence to congressional direction provides predictability, upholds the rule of law, and maximizes outcomes for children and families abroad. To further strengthen funding and outcomes, Congress must require clear line-item tracking and reporting of all U.S. funding for children (ages 0–18) and young people (ages 18–24) across education, protection, health, humanitarian, and well-being programs. The data should be disaggregated by age, sex, disability, crisis status, and geography.

The Department of State should also include a "Children and Families" budget appendix in their annual appropriations submission. Without robust tracking, accountability falters, evidence on what works remains limited, and children's programs risk being fragmented, under-resourced, and neglected.

Recommendation 17.3: Pass Child-Focused Legislation

Congress should prioritize and pass child-focused legislation that advances the health, safety, and well-being of children globally. Key bills include, but are not limited to:

- Early Child Development: Global Child Thrive Reauthorization Act of 2025 (H.R. 6347)
- International Children with Disabilities Protection Act (H.R. 5847/S. 847, 118th Congress)
- Child Safety and Well-Being Act (H.R. 9875, 118th Congress)

Passing these laws ensures U.S. foreign assistance is strategic, results-driven, and directly improves outcomes for children, including early learning, protection for children with disabilities, and comprehensive safety and well-being interventions.

Recommendation 17.4: Revitalize and Fund Orphans and Vulnerable Children (OVC) Programs and Reauthorize PEPFAR

Congress must press the Administration to revitalize OVC programs at the State Department and ensure that they are fully staffed and receive 10% of resources from the President's Emergency Plan for AIDS Relief (PEPFAR). Congress must also reauthorize PEPFAR and include the 10% set aside for the care and protection of orphans and vulnerable children (OVC).

The number of children who have lost one or both parents to AIDS has grown from 12.4 million in 2003 to 14.1 million in 2023. Prior to the closing of OVC programs, PEPFAR supported 6.6 million OVC and caregivers with food, education, psychosocial services, and caregiver assistance.[9]

Recommendation 17.5: Create a Multilateral Catalytic Fund for Children

In 2026, the global architecture designed to protect vulnerable children stands at a defining moment. For generations, USAID served as a principal financier of child protection systems, a backbone supporter of humanitarian cash assistance, a driver of social sector workforce development, and a trusted convener of governments and civil society. Its dismantling created a financing and coordination vacuum across low-income and fragile countries that is without precedent.

As child advocates, First Focus Campaign for Children offers a proposal for consideration as the global children's community looks toward the next administration and a supportive Congress: the creation of a Multilateral Catalytic Fund for Children. This initiative could help low-resource partner countries establish and strengthen national social protection systems capable of safeguarding children's health, early learning, education, nutrition, food security, nurturing care, psychosocial well-being, and protection from violence, abuse, neglect, and trafficking.

A Multilateral Catalytic Fund for Children would not simply restore what has been lost. It would build something stronger: resilient national institutions in partner countries capable of protecting children for generations. Modeled in part on successful multilateral financing initiatives such as Gavi, the Vaccine Alliance, the fund could provide catalytic, time-limited financing to help countries strengthen their social services workforce, case management systems, social registries, and cash transfer programs enabling them to respond rapidly during crises.

By leveraging pooled international financing alongside growing domestic investment, the fund would help countries build sustainable systems that protect children, reduce reliance on emergency aid, and strengthen long-term stability. Over a 10-to-15-year horizon, this initiative could protect hundreds of millions of children from sliding into extreme vulnerability during crises and strengthen their chances not only to survive past their fifth birthday, but to grow to their full potential.

Such an initiative would require U.S. presidential leadership and partnership with Congress to create budgetary space within the annual foreign aid funding bill for catalytic investments that support children both bilaterally and through a multilateral contribution to the fund. Presidential leadership would also be required to mobilize governments, philanthropic institutions, and private partners around this shared mission. Child advocates and allies in Congress could begin laying the groundwork now for this to become reality someday.

The Path Forward

U.S. engagement on global children's issues should reflect our nation's basic values: compassion, faith, and belief in the dignity of every child. For the past 30 years, Congress has invested in bipartisan programs and laws that have helped improve children's health, well-being, safety, and education worldwide, and Congress must take back that leadership. As First Lady Melania Trump has said, "We must foster a future for our children which is rich with potential, security, and complete with free will. A world where dreams will be realized rather than faded by war."[10] By centering children in U.S. foreign policy and assistance, we honor our values and secure a safer, more prosperous, and stable world for generations to come.

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