

Every Kid Needs *a* Family



All in for Kin

Thursday, April 19, 2018

ANNIE E. CASEY FOUNDATION'S WORK FOCUSES ON
STRENGTHENING FAMILIES, BUILDING STRONGER
COMMUNITIES AND ENSURING ACCESS TO OPPORTUNITY

Our initiatives:

- Child Welfare
- Juvenile Justice
- KIDS COUNT
- Economic Opportunity
- Community Change
- Evidence Based Practice
- Leadership Development
- Research and Policy
- Equity and Inclusion

CHILD WELFARE STRATEGY GROUP

Works with public systems to improve outcomes for children involved with child welfare systems

Field work (consulting)

- Multi-year strategic consulting to identify barriers to finding children a permanent family and introduce reforms that can succeed in complex, often under-resourced child welfare agencies
- Targeted technical assistance to help jurisdictions improve in specific practice areas

Field building (strategies)

- Develop models, tools and other resources to help public agencies and providers make measurable improvements in meeting the needs of children

THE HIGHLIGHTS:
CHILDREN DO BEST IN FAMILIES

Common sense and rigorous research, supported by policy and legal decisions, shows us that children do best in families

A small number of kids have such complex needs that they need specialized care in a residential setting

Far too many children involved with child welfare are unnecessarily separated from family

A combination of efforts can increase the odds that more children are cared for in families

- What we know about kids in group and family placements
- Increasing the odds that children are cared for in families

WHAT WE KNOW ABOUT KIDS
IN GROUP AND FAMILY
PLACEMENTS

RESEARCH:
CHILDREN DO BEST IN FAMILIES

- Healthy attachments with a parent figure **are necessary for children of all ages and help to reduce problem behaviors and interpersonal difficulties.**
- Customized parenting **for each child is critical to healthy development.**
- **Group placement is** never substitute for a family environment and should not be a **long-term living arrangement.**
- **Children develop** secure attachments in appropriate family settings.

WHAT WE'VE LEARNED:
CHILDREN DO BEST IN FAMILIES

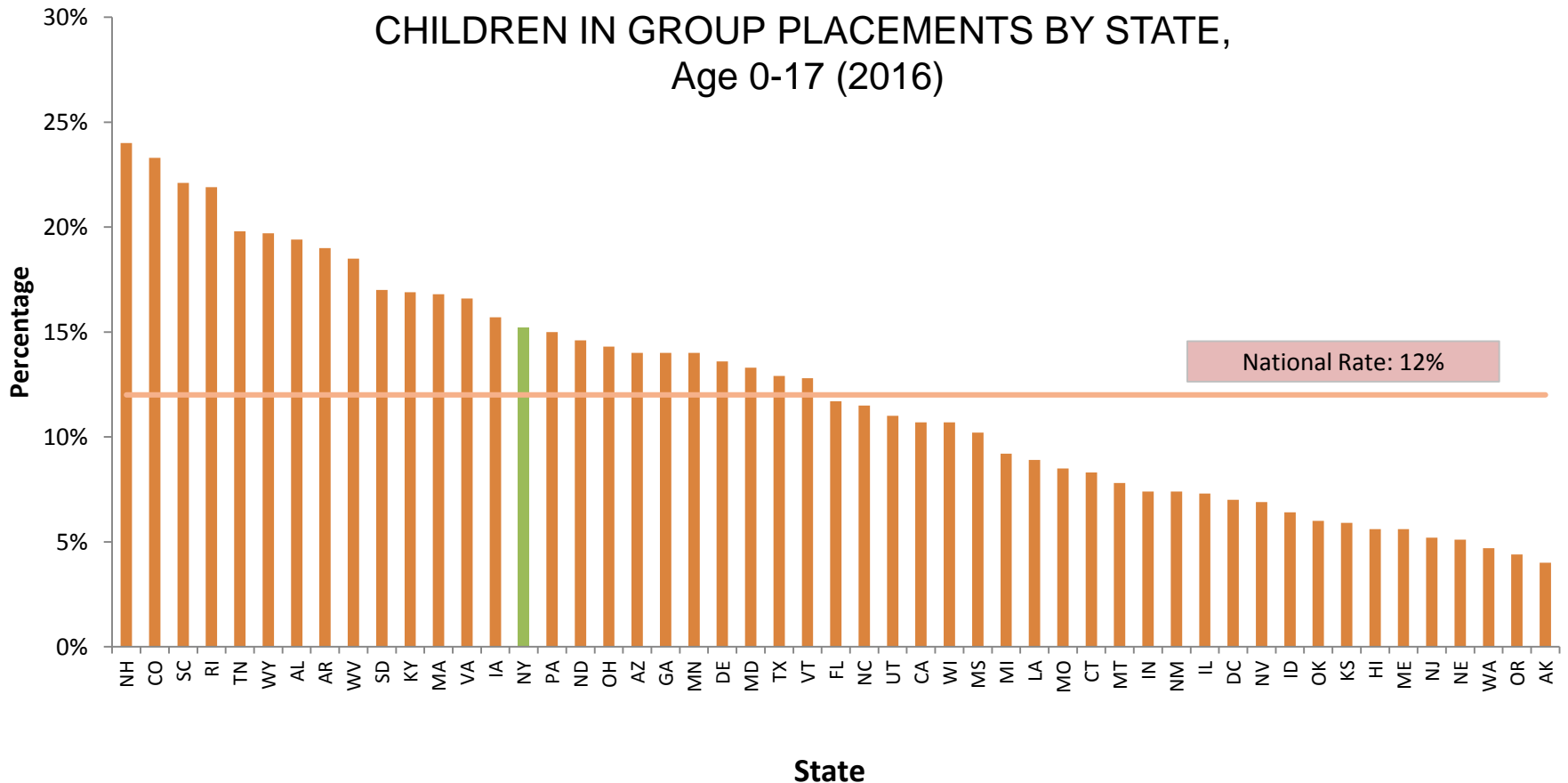
“Child development theory, federal legislation and best practice confirm what we know intuitively – children should be placed in settings that are developmentally appropriate and least restrictive.”

“Stays in congregate care should be based on the specialized behavioral and mental health needs or clinical disabilities of children. It should be used only for as long as is needed to stabilize the child or youth so they can return to a family-like setting.”

MANY KIDS INVOLVED WITH CHILD WELFARE AGENCIES ARE NOT PLACED WITH A FAMILY

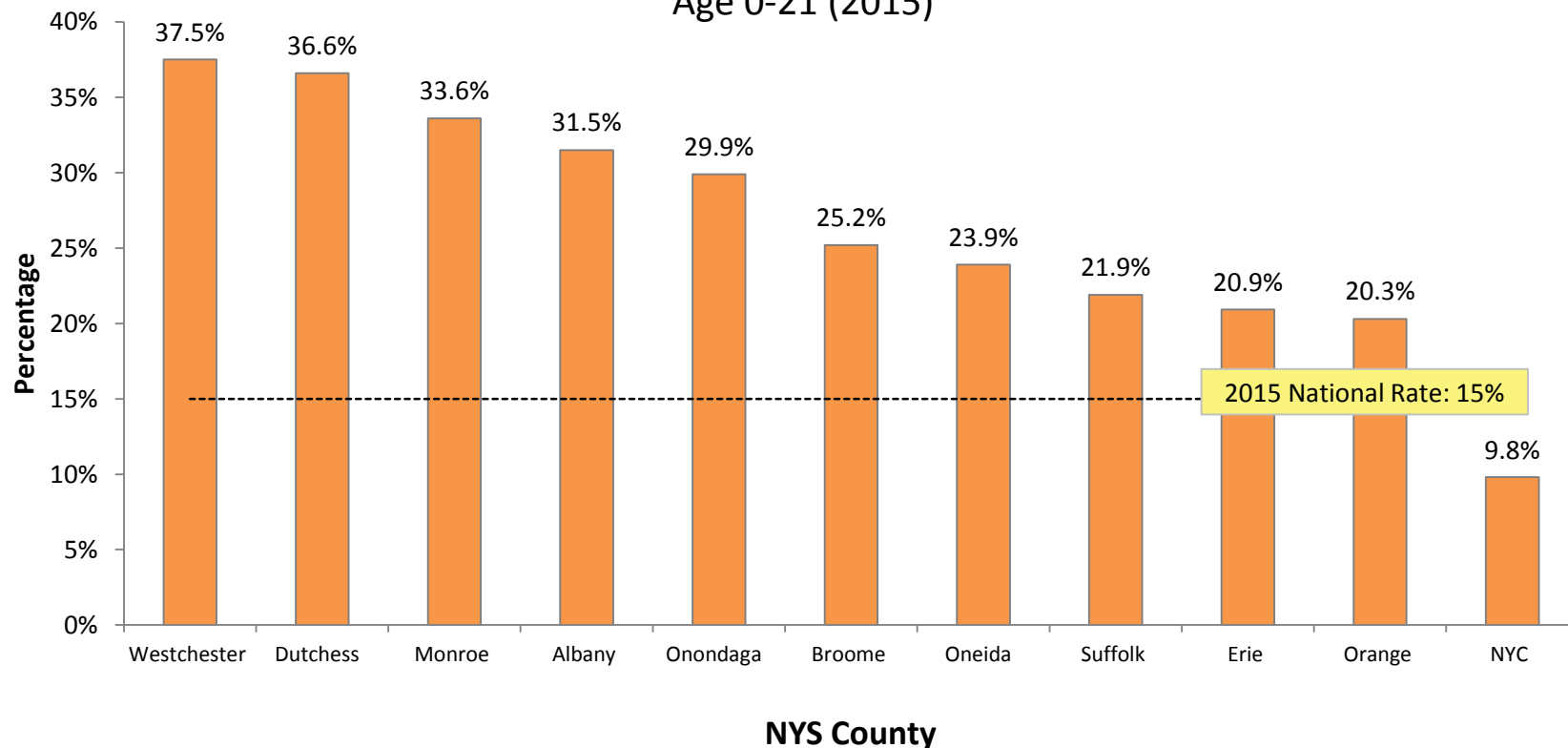
- 57,000 young people or about 1 in 7 children in foster care in the United States are not living with a family.
- For teens in the system, the ratio jumps to 1 in 3.
- 1 in 5 children in foster care will experience a non-family placement at some point during their time in the child welfare system.

STATE VARIATION SUGGESTS THAT MORE KIDS CAN BE CARED FOR IN A FAMILY



MOST LARGE COUNTIES IN NEW YORK STATE ARE WELL ABOVE THE NATIONAL GROUP CARE PLACEMENT RATE

CHILDREN IN GROUP PLACEMENTS BY COUNTY
Age 0-21 (2015)

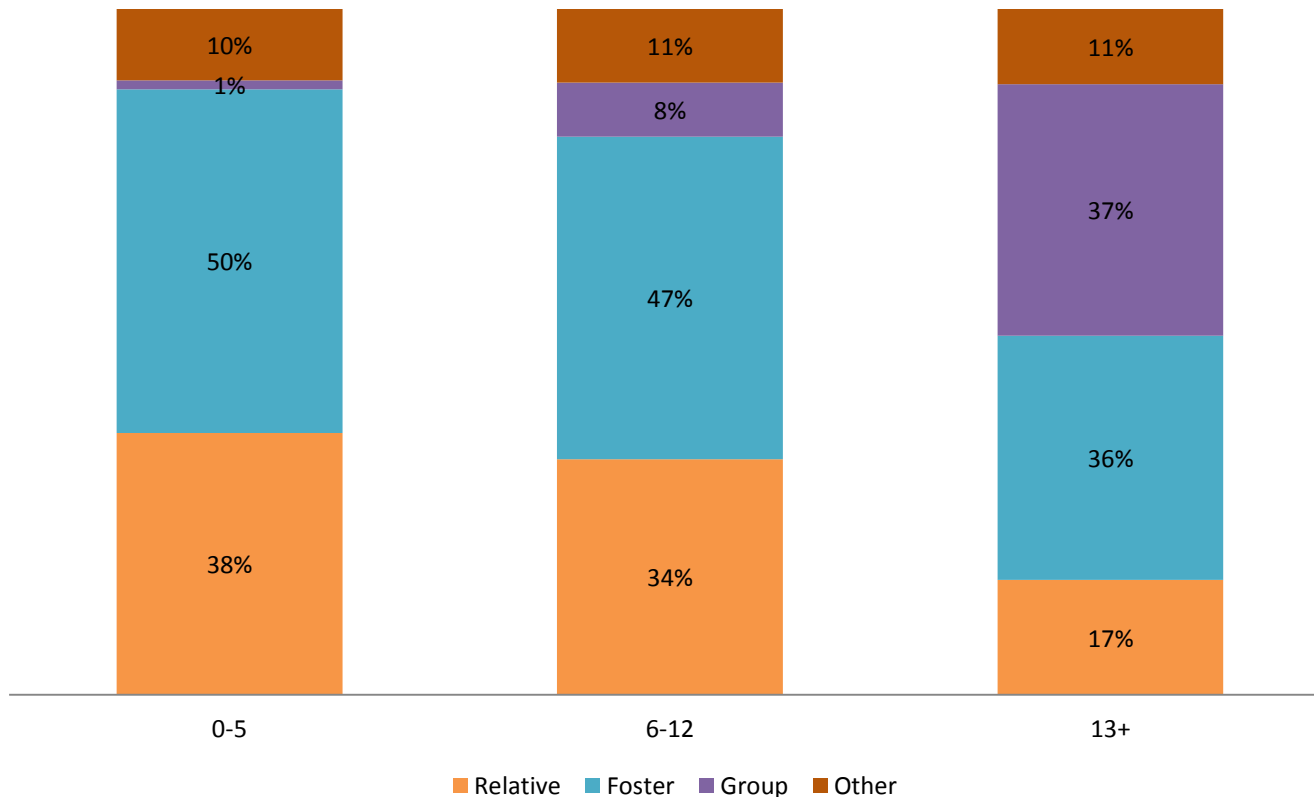


SIGNIFICANT EVIDENCE THAT CHILDREN ARE
UNNECESSARILY SEPARATED FROM FAMILY

- 30% of teens are placed in foster care solely due to their behavior
- 40% of children in group placements have no clinical needs (DSM, behavior, medical)
- Average length of time in group placements (8-9 months) is longer than the research suggests is effective

NATIONALLY, TEENS ARE MORE LIKELY THAN YOUNGER KIDS TO BE PLACED IN GROUP SETTINGS

Placement Setting for Children in Care
on September 30, 2015

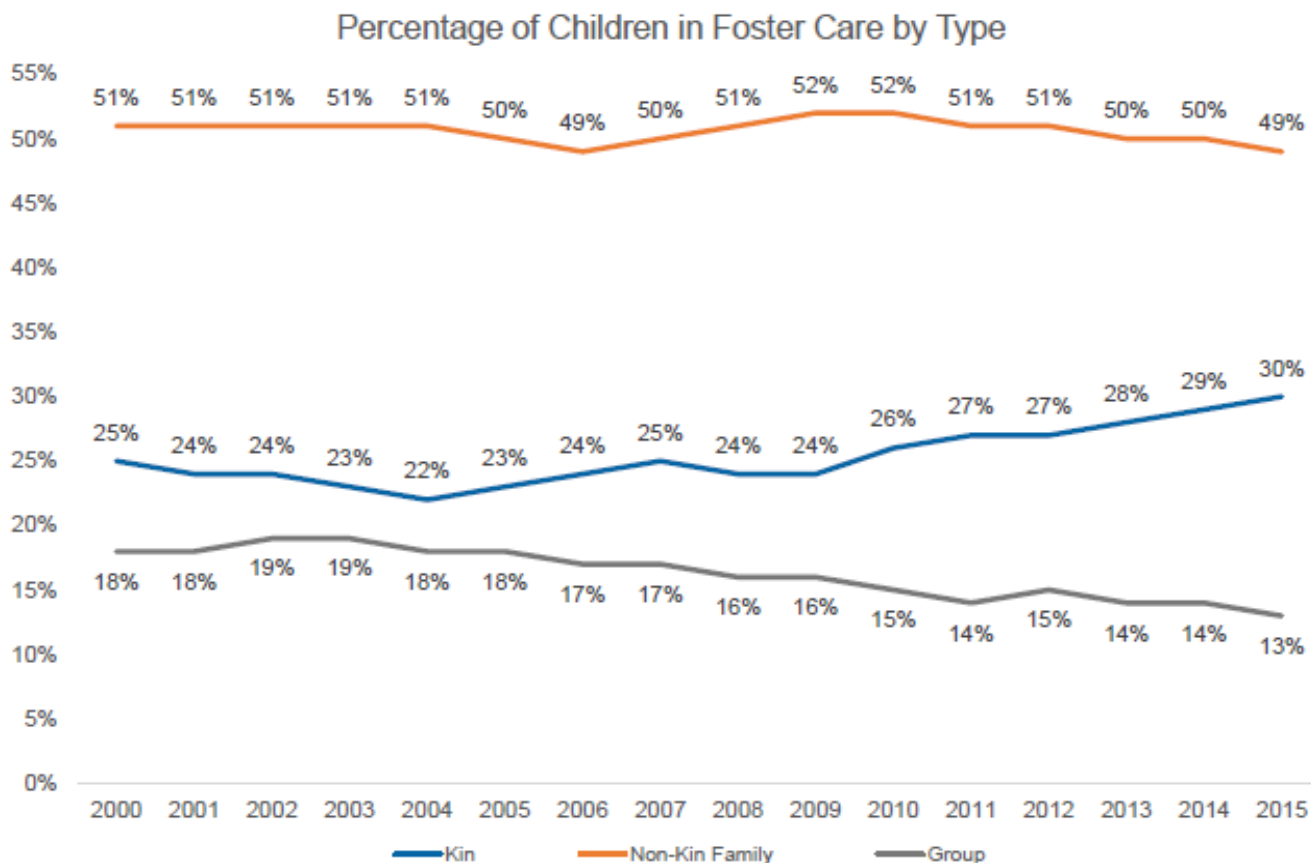


Additionally, most children who do experience group placement do so as their first placement.

Source: AFCARS A/B File Submissions

Note: "Other" includes Supervised independent living, runaway, pre-adoptive home, and trial home visit

PROGRESS: GROUP CARE PLACEMENTS HAVE DECREASED STEADILY ACROSS THE US SINCE 2007



High- quality residential:

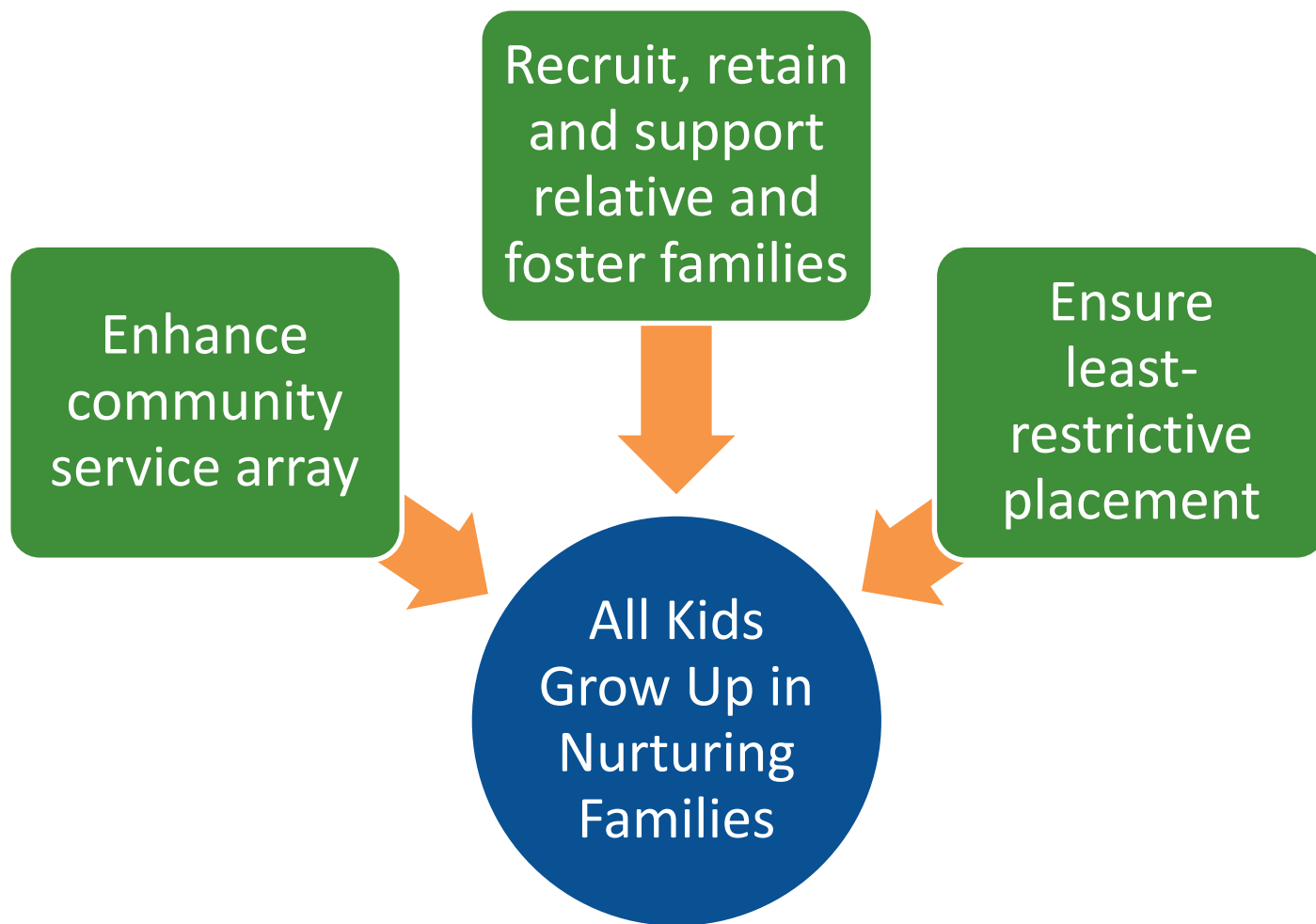
- Is customized, short-term and treatment focused
- Meets the therapeutic needs of the child
- Involves families in treatment and aftercare
- Includes a clear plan for transition back to family

For more information on high quality residential
intervention see Building Bridges Initiative:

<http://www.buildingbridges4youth.org/>

HOW DO WE INCREASE THE
ODDS THAT CHILDREN ARE
CARED FOR IN FAMILIES?

INCREASING THE ODDS THAT CHILDREN
ARE CARED FOR IN FAMILIES



- Develop and invest in community- and home-based services and supports to prevent removal from family, including evidence-based practices
- Invest in high-quality residential treatment
- Encourage private providers to shift their business models toward more community- and home-based services
- Partner with Medicaid agencies to ensure adequate support by the behavioral health system

- Eliminate barriers to the immediate placement of children with appropriate relatives
- Reform foster home licensing standards in accordance with new national standards
<http://www.naralicensing.org/assets/docs/SharedResources/Model%20Licensing%20Standards%202018%20update.pdf>
- Add dedicated support workers for kin and foster families
- Develop foster home resources that meet children's needs in the communities where they reside

- Promote and encourage kin-first, requiring justification for non-kin placement
- Require standard assessments of children's needs before placement in group settings
- Require high-level approval before a child or youth is placed in group or institutional setting
- Continually review the necessity of the placement of children placed in non-family settings



Every Kid
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Q&A
AND DISCUSSION

