



CHILDREN AND YOUTH LIVING IN CONGREGATE CARE



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WHY IT MATTERS

Reducing the use of congregate care as a best practice is supported by research that shows that children and youth do better emotionally, physically, and educationally, when placed in home-based family settings.¹ Congregate care settings have been associated with higher levels of emotional and behavioral problems, poorer educational outcomes, and do not often provide children with appropriate long-term placement settings – forever families. Traditionally, residential centers and other forms of congregate care have been used to accommodate high-risk children who require a level of care that was not available in the family home. Research conducted in the past several years now supports the finding that congregate care is less

effective at achieving safety, permanency, and well-being outcomes than other, less restrictive settings, and is also costlier.²

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In the past ten years, there has been a 37 percent reduction in the number of children living in congregate care. Data indicates that children and youth who live in congregate settings, spend an average of eight months

there.³ While this trend suggests that child welfare is moving towards a limited use of congregate care, improvements have not been consistent across states. Nationwide, between 2004 and 2013, decreases in the use of congregate care ranged from 7 to 78 percent, and increases in congregate care use ranged from 2 to 70 percent (25 states decreased their use by over 37

percent, 22 states decreased between 7 and 36 percent, and 5 states increased their use).⁴

What accounts for these varying statistics?

Chapin Hall, an independent policy research center at the University of Chicago, notes that:⁵

- Some states rely heavily on congregate care as a first placement (suggesting capacity building for foster homes is needed).
- Youth placed in congregate care and therapeutic foster homes have significantly higher levels of internalizing and externalizing behaviors than those placed in traditional foster care (suggesting that increased access to services that effectively address internalizing and externalizing behaviors are essential to safely reducing the use of congregate care).
- Compared to youth whose clinical needs are met through therapeutic foster care, youth placed in congregate care are more likely to have externalizing problems (suggesting that strategies for serving these youth in home-based setting should focus on preparing those homes to respond by de-escalating difficult behaviors).
- The California Evidence Based Clearinghouse for Child Welfare (CEBC) contains tested strategies for disruptive behavior problems, however, many of them have not been tested for use with the child welfare population.

IN GENERAL, RESEARCH INDICATES:⁶

- Young adults who have left group care are less successful than their peers in foster care.
- Youth with at least one group home placement were almost 2.5 times more likely to become delinquent than their peers in family-based foster care.
- Youth placed in group homes have poorer educational outcomes, including lower test scores in basic English and math.
- Youth in congregate care are more likely to drop out of school and less likely to graduate high school.
- Youth who have experienced trauma are at greater risk for further physical abuse when they are placed in group homes, compared with their peers placed with families.

ALTERNATIVELY, CHILDREN AND YOUTH PLACED IN FAMILY FOSTER CARE:

- Had fewer placements;
- Spent less time in out-of-home care;
- Were less likely to be re-abused;
- Were more likely to be placed near their community of origin; and
- Were more likely to be placed with their siblings.

ADVOCATES IN ACTION

PRACTICE ACTIONS:⁷

- **Advocate for expanded services** to avoid removal and to support safe return home.
- **Use early trauma screening and assessments⁸** to enable the implementation of tailored mental health services while partnering with a mental health advocate to avoid placement in more restrictive settings.
- **Call for the increased availability of family-based placement options** in your community. Educate others about gaps in placement options.
- **Ask tough questions about why a child or youth is placed in congregate care.** If you don't believe this is the best placement, raise your concerns through court reports, with your CASA supervisor, during hearings, with judges, parent attorneys, parents, case workers, and others involved in the case.
- **Request that a qualified mental or behavioral specialist regularly evaluates the child.** A child's status may (and should) change over time regarding the appropriateness of their placement.
- **Advocate continually for the child or youth's placement in a family like setting.** Given the poor outcomes associated with placement in congregate care, children need someone who is constantly raising the issue of placement and whether it is in the best interest of the child. Insist on evidence that supports the more restrictive placement and push back when needed.

PROGRAM ACTIONS:⁹

- **Work with congregate care providers** to change service array and practices to ensure that you are provided a "normalized" experience.
- **Support data collection** to inform practices and ensure better outcomes. Ensure that the child or youth is making progress in this setting and raise your concerns immediately if the placement is showing detrimental impacts on the child.
- **Encourage a multidisciplinary committee review process** for any situation where congregate care is being recommended. The committee should include an expert in mental and/or behavioral health if the rationale for the placement is related to one of these issues.
- **Monitor facilities** to ensure quality service. Visit the placement, talk with the youth or child about their experiences, and get to know the staff, check out the activities and supports that are available to better understand if it is an appropriate setting for the individual child/youth you advocate for.

BRIGHT SPOT

THE RETURN HOME EARLY PROJECT ONEIDA, NEW YORK

The *Return Home Early Project*, a program of *Kids Oneida* in New York, was conceived when staff felt that in order to keep families together, they would identify children in placement who would benefit from intensive community-based services in their home communities, as opposed to more restrictive levels of care. These services, which already existed in the

to high-need behavioral issues) for their potential to move to a less restrictive level of care (foster home), closer to home, or back home with their families. They used a “Child Readiness Assessment” tool created by the agency. In the first full year, the *Return Home Early Project* identified 43 children who could be discharged early from placement, which saved Oneida County 4,755 days of care. In one year, it was estimated that 1.6 million dollars was saved from this reduction in placement time.

Return Home Early has saved 16,000 days of care and residential treatment center and group home occupancy has decreased by 50% with a total cost avoidance of \$4.9 million dollars.

county, serve as a less intense option for youth to continue their treatment once they have stabilized in out-of-home placement. This collaborative effort includes the following partners: the *Oneida County Department of Social Services (OCDSS)*, *Kids Oneida*, placement facilities, families, school districts, and community partners.

Impressive outcomes were identified when addressing and intervening for their youth in congregate care. Teams assessed each child in a residential treatment center or group home (commonly placed there due

Five years since the program’s implementation, the *Return Home Early Project* has identified and returned 169 children from Oneida County who benefited from discharge from placement. This saved the county 16,000 days of care. Residential treatment center and group home occupancy decreased by 50% and from 2009–2013, a total cost avoidance of \$4.9 million dollars was realized.

To learn more: <http://www.kidsoneida.org/programs/return-home-early-project-2/>¹⁰

SELECTED RESOURCES

Below are resources for safely reducing congregate care for children and youth in foster care.

Name	Description
<p><u>Annie E. Casey, <i>Every Kid Deserves a Family</i></u>¹¹</p>	<p>This document explains the developmental benefits of family and why group placements for children and youth are over used and often times detrimental to outcomes related to permanency and safety. It provide recommendations for reducing the use of congregate care.</p>
<p><u>Chapin Hall, <i>Using Evidence to Accelerate the Safe and Effective Reduction of Congregate Care for Youth Involved with Child Welfare</i></u>¹²</p>	<p>This brief provides empirical guidance, as well as points to an array of evidence-based approaches, for policy, placement and programmatic decisions related to the use of congregate care.</p>
<p><u>Children’s Bureau, <i>Working with Children and Youth with Complex Clinical Needs: Strategies in the Safe Reduction of Congregate Care</i></u>¹³</p>	<p>This document contains examples of various practices and programs, including early trauma screening and assessments, that jurisdictions have used to reduce reliance on congregate care.</p>
<p><u>San Diego State University School of Social Work, <i>Literature Review: Alternatives to Congregate Care</i></u>¹⁴</p>	<p>This report contains several alternatives and/or strategies for reducing congregate care including: evidence-based behavioral health interventions; services and support for home-based caregivers; foster family recruitment, support, and retention; treatment foster care; time-limited placements; and system reform strategies.</p>
<p><u>United States Government Accountability Office, <i>HHS Could Do More to Support States’ Efforts to Keep Children in Family-Based Care</i></u>¹⁵</p>	<p>This GAO report contains examples of a variety of efforts under way in eight different states to help ensure that children in foster care are placed in family-based settings rather than in congregate care.</p>

ENDNOTES

- 1 San Diego State University School of Social Work, *Literature Review: Alternatives to Congregate Care* (2016) Retrieved from: <https://theacademy.sdsu.edu/wp-content/uploads/2016/03/alternatives-congregate-care-feb-2016.pdf>
- 2 Ibid.
- 3 Children’s Bureau (2015). *A National Look at the Use of Congregate Care in Child Welfare*. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/cbcongregatecare_brief.pdf
- 4 Children’s Bureau (2015).
- 5 Chapin Hall (2016). *Using Evidence to Accelerate the Safe and Effective Reduction of Congregate Care for Youth Involved with Child Welfare*. Retrieved from: https://comm.ncsl.org/productfiles/83453725/reduction_of_congregate_care.pdf
- 6 Source: <https://www.casey.org/what-are-the-outcomes-for-youth-placed-in-congregate-care-settings/>
- 7 Child Welfare Capacity Building Collaborative (2017). *Working with Children and Youth with Complex Clinical Needs: Strategies in the Safe Reduction of Congregate Care*. Retrieved from: <https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/congregate-care-guide/>
- 8 See Issue Brief, “Trauma informed practice.”
- 9 Child Welfare Capacity Building Collaborative (2017).
- 10 <http://www.kidsoneida.org/programs/return-home-early-project-2/>
- 11 See <http://www.aecf.org/resources/every-kid-needs-a-family/>
- 12 See https://comm.ncsl.org/productfiles/83453725/reduction_of_congregate_care.pdf
- 13 See <https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/congregate-care-guide/>
- 14 See <https://theacademy.sdsu.edu/wp-content/uploads/2016/03/alternatives-congregate-care-feb-2016.pdf>
- 15 See <https://www.gao.gov/assets/680/673029.pdf>