EVERY KID NEEDS A FAMILY

giving children in the child welfare system the best chance for success

policy report

KIDS COUNT

THE ANNIE E. CASEY FOUNDATION

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The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow.

KIDS COUNT®, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state and national discussions concerning ways to secure better futures for all children.

At the national level, the initiative develops and distributes reports on key areas of well-being, including the annual *KIDS COUNT Data Book*. The initiative also maintains the KIDS COUNT Data Center (datacenter.kidscount.org), which uses the best available data to measure the educational, social, economic and physical well-being of children. Additionally, the Foundation funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed, community-by-community picture of the condition of children.

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Every kid needs a family. This, we know. We know it when we look at our own children and think about our dreams for them. We know it in our hearts, in our bones and from our own stories. Whether "family" means a mother and father, a single parent, a beloved aunt or uncle, a grandparent or a caring foster or adoptive family, this bond gives meaning to our successes, cushions our hardships and allows us to be most ourselves. A family loves us at our worst and summons our best when nothing else will. A family provides a compass from birth to death. It is the definition of home.

We know that children do best in families. While some children grow up to succeed without a family, we would never willingly choose such a path for our own kids. Yet too many children in the child welfare system are not living in families during the most critical years of their physical, emotional, psychological and social development and the most vulnerable moments of their lives.

The Adoption Assistance and Child Welfare Act of 1980[1] codified our country's belief that children in the child welfare system should grow up in families — cared for in their own homes whenever possible to do so safely and in new permanent homes when it is not. To preserve the well-being of children who enter the system, out-of-home placements must be in the "least restrictive setting" possible — the setting most like a family.[2]

However, one in seven children under the care of the child welfare system is placed in a group setting[3] — even though for more than 40 percent of these children, there is no documented clinical or behavioral need that might warrant placing a child outside a family.[4] Many children — especially teens — are sent to a group placement as their very first experience after being removed from home.[5]

In many cases, a child ends up living in a group placement simply because an agency has not found an appropriate

We have arrived at an opportunity moment when innovative agency and private-provider practices, effective policy and political will can be harnessed to help more children live in families while in the care of the child welfare system.

family.[6] Child welfare agencies may not have made diligent enough efforts to find family members or recruited enough foster families with the skills and support to take on older youth. This problem is complicated by the fact that many teenagers enter the child welfare system not because of abuse or neglect, but because they have developed behavioral challenges that their parents or guardians can no longer handle.[7]

Caseworkers may believe teens are better off with peers in a group placement, surmising that these youth should prepare to be on their own.[8] In some cases, teens who already have suffered the trauma of disrupted families request a group placement to avoid further disappointment. But research and data show that these beliefs can be misguided, and teens still can benefit from living with a family.[9] In fact, children report overwhelmingly positive experiences with the foster parents who care for them. More than 90 percent "like who they are living with" and "feel like part of the family." Rates of positive experiences are highest for children who live with kin and lowest for children who experience group placement.[10]

Policymakers, judges and child welfare agencies must ensure that our country's most vulnerable children — those who require the protection of our child welfare systems — receive the loving care they deserve. When these children live in nurturing homes and receive the support services they need, they will have a much better chance to develop and preserve attachments that equip them to stay on the path to a bright future. They will benefit from the extra hugs and the favorite dinner that a relative can provide during a time of instability; a bedroom to decorate with familiar objects from home; a sister or brother to whisper to at night; and a familiar adult who is always there, providing individual nurturing, support and attention.

By their very structure, many group placements simply are not designed to offer such individualized nurturing. Group placements often remove children from the familiar routines of school, neighborhood and activities,[11] and siblings are likely to be separated, especially if they are of different genders. Some of these group facilities were never intended as places for a child in crisis to stay for more than a night or two, but they have morphed into residences of last resort.[12]

To be sure, a small percentage of children who have been removed from their homes have such complex clinical or behavioral needs that they require a short-term stay in a residential treatment facility. When this kind of care is high quality and customized, it can be lifesaving. Just as an emergency room addresses the acute needs of patients and prepares them to go home as soon as possible, the ultimate goal of residential treatment in child welfare should be to help children heal and prepare to live with a family. Maintaining or building family connections is a key part of treatment for children who need residential care.

We have arrived at an opportunity moment when innovative agency and private-provider practices, effective policy and political will can be harnessed to help many more children live in families during their time in the care of the child welfare system. The overall percentage of children who spend time in group placements has declined, and many jurisdictions have seen significant reductions.[13] As research has shown the clear benefits to children of living in families, practices in the field have begun to evolve.

In states from Maine to Kansas to California, government systems have adopted new ways of working to place children in families while preserving their safety. Improvements, however, are inconsistent, with wide variations from state to state in the percentage of children living in families and in the policies and practices that influence those placements. Good policy and its faithful implementation can make the best strategies permanent and create lasting benefits for generations of children. Private providers are equal partners in the solution as well. Those that adapt their business models according to the latest research will thrive while serving kids in families and communities, not apart from them.

It is important that our country address the underlying conditions that lead to child abuse and neglect, causing children to enter the child welfare system.

We also must increase and strengthen the number of adoptive families. While we recognize the critical importance of both reducing the need for child protective services and finding permanent homes for children, this report focuses on the children in the middle — those who have come at least temporarily into the public child welfare system's care.

The way we make decisions about children in the child welfare system has a profound effect on their ultimate life trajectory. This report provides recommendations for policies and practices that will equip decision makers to ensure that many more of these kids grow up in families.

CHILDREN DO BEST IN FAMILIES

Every child deserves to grow up with at least one trusted, committed parental figure — an adult who keeps her safe and serves as a stable, nurturing bedrock. This becomes clear the moment a newborn is

FIGURE I

The Developmental Benefits of Family

Living with at least one parental figure is integral to a child's healthy development and continues to confer benefits that contribute to his success throughout life. Nurturing families treat children as individuals, leveraging their strengths, meeting their needs and encouraging developmentally appropriate independence within a caring relationship.

INFANTS
An infant's brain develops through positively reinforcing interactions with a dependable caregiver.

YOUNG CHILDREN
Young children, treated as individuals, develop self-esteem and learn to form relationships and regulate behavior.

ADOLESCENTS
Adolescents learn independence within healthy boundaries while looking to parents as a moral compass.

YOUNG ADULTS
Young adults draw on family experiences and relationships to support self-reliance and to raise their own children.

SOURCES Center on the Developing Child at Harvard University. (2012). *The science of neglect: The persistent absence of responsive care disrupts the developing brain (Working Paper 12)*. Cambridge, MA: Author. And, Dozier, M., Kaufman, J., Kobak, R., O'Connor, T. G., Sagi-Schwartz, A., Scott, S., Shauffer, C., Smetana, J., van IJzendoorn, M. H., & Zeanah, C. H. (2014). Consensus statement on group care for children and adolescents: A statement of policy of the American Orthopsychiatric Association. *American Journal of Orthopsychiatry, 84*(3), 219–225.

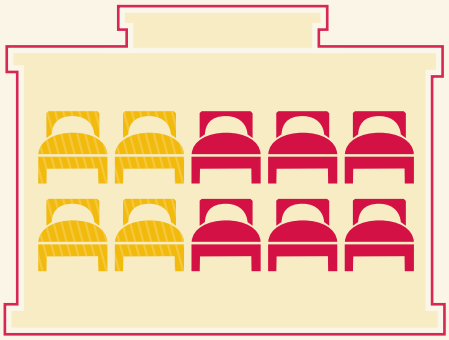
FIGURE 2

Young People in Group Placements

Too many children in the child welfare system are living in group placements, at great cost to taxpayers. While residential treatment is a beneficial, short-term option for a small percentage of young people, we know kids do best in families.

NEARLY **57,000** KIDS
in the care of child welfare systems are living in group placements.

MORE THAN
4 IN **10** CHILDREN
in group placements have no mental health diagnosis, medical disability or behavioral problem that might warrant such a restrictive setting.



Group placements cost
7 TO **10** TIMES
the cost of placing a child with a family.

SOURCES Child Trends' analysis of 2013 Adoption and Foster Care Analysis and Reporting System (AFCARS) data on children from birth to age 20. And, U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2015). *A national look at the use of congregate care in child welfare.* Washington, DC: Author. And, Barth, R. P. (2002). *Institutions vs. foster homes: The empirical base for a century of action.* Chapel Hill, NC: University of North Carolina at Chapel Hill, School of Social Work, Jordan Institute for Families.

handed to her mother and begins to recognize her face and voice. The infant begins to learn to depend on the person who is there day and night. This foundational healthy attachment to a parent or caregiver not only helps a child feel secure, it promotes the development of her brain.[14]

Kids need parental figures at all stages of life to support them as they develop mentally, physically and socially. Nurturing families treat children as individuals, building on their strengths, meeting their needs and encouraging appropriate independence within a caring relationship. A father might find opportunities to draw out his shy 5-year-old, for example, while diplomatically showing the boy's older sister how to keep from interrupting others at the dinner table. A mother might nurture the boy's interest in music while helping him understand math.

Teenagers and even young adults continue to benefit from the love and support of stable parents and caregivers.[15] As they become increasingly independent and even at times rebellious, adolescents view parents as reliable authorities on how to maintain relationships, develop skills of self-reliance, learn to follow rules and evaluate and avoid risks,[16] such as unprotected sex and underage drinking. The benefits of family relationships extend into adulthood, even affecting how children as adults will treat their own children.[17] The gregarious girl now speaks her mind persuasively and with confidence; the shy boy has come out of his shell enough to deal effectively with customers at work.

Even for children whose families have failed to deliver all of these nurturing

benefits and who have entered the child welfare system, research increasingly shows that family is the best medicine. Parents whose stress, substance abuse or mental illness has impaired their caregiving can, with the right resources, become capable of safely parenting their children.[18] Even children who have been abused or neglected and who have not formed secure attachments with birth parents can develop such connections with relatives, close family friends or caring foster parents, no matter what the child's age. It is the responsibility of child welfare systems to make sure that family caregivers are carefully assessed, properly trained and effectively supported as vital assets in helping children recover from traumatic experiences.

Most importantly, family begets family. Research shows that children who live in a family while in the child welfare system are better prepared to eventually thrive in a permanent home, whether that involves a return to their birth parents, permanent placement with kin or non-kin adoption.[19]

Conversely, when children grow up without the protective effects of a loving family, research demonstrates harm.[20] Compared with children placed in the care of families, children in group homes were more likely to test below or far below in basic English and mathematics, more likely to drop out and less likely to graduate from high school.[21] A 2008 study found that youth in group placements were 2.4 times as likely to be arrested, compared with similar youth living with foster families.[22] Furthermore, placing already traumatized children in group settings can put them at greater risk of further physical abuse, when compared with children placed in families.[23]

WHAT THE DATA SHOW

On any given day in the United States, nearly 57,000 young people in the care of the child welfare system — about one in seven children — are living in group placements.[24] For teens in the child welfare system, the ratio jumps to one out of every three.[25] Furthermore, one in five children in out-of-home care will experience a group placement at some point during their time in the system.[26] Forty percent of young people who come into the state's custody as teens spend their first night in a group placement.[27] And when teens are sent to group placements, they often age out of out-of-home care without ever joining a permanent family.[28] Most troubling is the fact that more than four out of 10 children in group placements have no mental health diagnosis, medical disability or behavioral problem that might warrant such a restrictive setting.[29]

African-American and Latino youth are more likely than white youth to be placed in group settings, and boys are more likely than girls to be in group placements. African-American youth are 18 percent more likely than their white counterparts to be sent to group placements, and boys are 29 percent more likely than girls.[30]

While most young people placed in group settings are between the ages of 13 and 17, nearly 11,000 are younger when placed — a situation of particular developmental concern.[31] Leading experts

TABLE I

Children in Out-of-Home Placements

Kids should live with relatives or foster families when they have been removed from their own families, but one in seven nationally lives in a group placement. State data from 2013, the most recent available, show use of group placements varies widely by state, from 4 percent to 35 percent of children under the system's care.

Location	Total	Family Placement	Non-Family Placement	Other
	Number	Percent	Percent	Percent
United States	402,407	84	14	2
Alabama	4,452	79	18	2
Alaska	1,997	93	6	1
Arizona	14,259	84	14	2
Arkansas	3,829	79	19	1
California	56,767	83	12	4
Colorado	5,801	64	35	1
Connecticut	4,071	74	24	2
Delaware	704	84	15	1
District of Columbia	1,263	84	9	7
Florida	18,039	86	13	1
Georgia	7,648	82	17	0
Hawaii	1,086	92	7	2
Idaho	1,352	92	8	0
Illinois	16,732	83	10	7
Indiana	12,384	90	9	1
Iowa	6,384	79	19	2
Kansas	6,456	93	5	1
Kentucky	7,211	81	18	1
Louisiana	3,990	90	9	1
Maine	1,790	94	5	0
Maryland	4,486	84	14	2
Massachusetts	8,590	81	17	1
Michigan	14,446	77	18	5
Minnesota	5,697	76	21	3
Mississippi	3,728	83	15	1
Missouri	10,659	87	11	1
Montana	2,238	90	9	0
Nebraska	4,593	81	16	3
Nevada	4,801	94	6	1
New Hampshire	815	78	22	0
New Jersey	7,055	91	8	1
New Mexico	2,089	92	6	2
New York	22,867	83	15	2
North Carolina	8,938	87	12	1
North Dakota	1,235	77	22	1
Ohio	12,340	85	14	2
Oklahoma	10,485	90	9	1
Oregon	8,251	94	4	2
Pennsylvania	14,313	76	21	3
Rhode Island	1,803	68	28	4
South Carolina	3,206	76	23	1
South Dakota	1,265	80	20	0
Tennessee	8,228	81	17	1
Texas	29,659	83	16	1
Utah	2,727	84	12	3
Vermont	976	79	20	1
Virginia	4,351	83	16	1
Washington	10,240	94	5	1
West Virginia	4,403	72	27	1
Wisconsin	6,523	86	13	1
Wyoming	991	72	27	1
Puerto Rico	4,194	81	17	2

SOURCE Child Trends' analysis of Adoption and Foster Care Analysis and Reporting System data (2013).
NOTES Placement type might not add up to 100 percent because of rounding. Percentage estimates of children in each placement type are based on children ending the year in foster care, ages birth to 20, where placement type is known. Family placement includes children in relative foster care, non-relative family foster care, trial home visits and pre-adoptive homes. Non-family placement includes children in group or institutional placements. Other includes children identified as runaways or placed in supervised independent living. It is important to note that states vary significantly in their use and coding of certain types of placements (pre-adoptive and supervised independent living placements in particular) as well as whether they include children involved with juvenile justice authorities in their data. Such differences are likely to at least partially explain some of the differences observed across states.

have concluded that group placements should never be used for young children and that those raised in such settings are at high risk of developing clinical attachment disorders.[32] Yet nearly a third of children who have been placed in group facilities are younger than 13.[33]

Regardless of a young person's age, group placements are not appropriate as long-term living situations. Although research shows that even those young people who need specialized residential treatment should not be there for longer than three to six months,[34] U.S. children are spending an average of eight to nine months in group placements, according to the U.S. Department of Health and Human Services.[35] More than a third of children remain in such settings even longer.

Data show wide variations among states — and even within states — in the percentage of children living in family versus non-family placements and in the time children spend outside of families.[36] In Oregon, Kansas, Maine and Washington, only 4 percent to 5 percent of young people in out-of-home care are in group placements, compared with more than 25 percent in West Virginia, Wyoming, Rhode Island and Colorado.[37]

Finally, compared with children living in families, group placements are extremely expensive for taxpayers. It can cost seven to 10 times more to care for a child in a group placement than in a family,[38] and in some instances, when children receive additional mental health services or are placed into group settings out of their state of residence, the costs increase even further.

Putting Kin First: How One Child Welfare Agency Uses the Family Tree

In many situations when children must be removed at least temporarily from home, it can take time for the child welfare department to find relatives with whom they can stay. The family member suddenly must find room in the home, make arrangements for school and child care and meet licensing requirements, a process that can take days or months. Often, children will go to a foster family they do not know — or sometimes a group placement — while waiting for kin.

But leaders in the Washington, D.C., Child and Family Services Agency (CFSA) have made finding kin their highest priority. This has meant creating a rapid turnaround process to remove as many placement barriers as possible.

The program, called KinFirst, created an approach for frontline caseworkers to follow when working with parents they were investigating. Child protection workers began engaging parents to help identify relatives who might be available to care for a child while CFSA investigated a concern and arranged a Family Team Meeting. Under this process, a call immediately goes to the Kinship Licensing Unit to contact relatives on that list, while the Diligent Search Unit scours a series of databases to find other relatives to consider as options. All removal notices must include the list of identified relatives, with comments explaining why they could not be immediate placement resources.

When a willing relative is found, an expedited licensing process takes as little as four hours. CFSA worked with the caseworkers union to reorganize the schedules of Kinship Licensing, Family Team Meeting and Diligent Search workers. This allowed around-the-clock searches and procedures, making multiple moves of kids less likely. Because so many CFSA families span the borders between Maryland and the District of Columbia, the two jurisdictions executed an agreement for expedited kin placements. CFSA also established an emergency flexible fund to pay for furniture, clothing, food and even moving expenses to smooth the process.

In 2012, the first year of the program, kin placements upon initial removal increased from 16 percent to 24 percent. The percentage has decreased slightly since then, but only because the larger strategy behind KinFirst has been succeeding. The rapid identification of kin and quick scheduling of family team meetings have allowed children to safely return to their parents with the appropriate services in a shorter amount of time. And those who cannot return home are moving more quickly to guardianship and adoption, often with the kin who were found so quickly.

Research shows that when kin are not available, foster parents can effectively care for the same kinds of children most frequently placed in group settings.

EQUIPPING FAMILIES TO HELP CHILDREN SUCCEED

Helping more children live in families means starting with the families they already have — even if those families are in crisis. Decision making improves when birth parents are engaged as partners. Team Decision Making (TDM), for example, is a collaborative practice that has been used by child welfare agencies from Alaska to Virginia to involve all relevant parties in removal and placement decisions. This process may include representatives of provider agencies, community members, foster parents and even the children themselves.[39] A study of California sites showed that when TDM meetings were held within one day of a referral, children were less likely to experience repeat maltreatment within six months and more likely to return to their families within a year.[40]

If birth parents cannot care for children, relatives can offer an existing relationship and connection to their identity and culture, making an eventual return home easier. Many kinship caregivers take on this responsibility gladly, but with it can come challenges. Kin often are unprepared financially to assume responsibility for the child and need support from child welfare agencies to understand and help ease a young person's trauma.[41] With the right services and support, qualified kin often can be found. Many systems that have placed more children in kinship foster care have seen group placements decline.[42]

Research shows that when kin are not available, foster parents can effectively care for the same kinds of children most frequently placed in group settings.[43] Several studies have found that children with similar backgrounds and profiles do just as well or better in family foster care than in a residential program.[44] The number of evidence-based or evidence-informed, culturally sensitive treatments for young people who have serious emotional and behavioral problems — for example, Multisystemic Therapy, Multidimensional Treatment Foster Care and the Modular Approach to Therapy for Children With Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC) — has grown considerably in recent years,[45] making it possible for more children to be cared for within families.

Foster parents play an integral role in providing a sense of family and belonging. A recent study found that foster parents tend to develop deeper connections with children in their care than do shift workers or live-in house parents who care for children in a group setting.[46] Yet, like kin, foster parents require proper support and coaching to help them meet the needs of young people in their care. Forty percent of the families who leave foster parenting do so primarily because of inadequate agency support.[47] Agencies can serve children well by carefully recruiting and equipping kinship and foster families to do their important job and work effectively within an expanded constellation of services. Providing peer support groups, 24/7 crisis response services, assistance working with birth parents or training to help traumatized children can make foster parents feel

engaged and supported by child welfare departments and private providers. Faith communities and private employers can assist child welfare departments in recruiting foster parents and providing support that helps foster families care for children.

The Court Appointed Special Advocates (CASA), agency attorneys and guardian ad litem programs also are key players. These judicial stakeholders can have a powerful voice in court and should urge judges to ensure that children are placed with families when it is safe to do so.

ADVANCING APPROPRIATE RESIDENTIAL TREATMENT

Private providers have an important role to play in helping children go safely home to their families, in finding and supporting available kin and in equipping foster families with the expertise required to meet the needs of traumatized young people. Expanding their approaches to offer a broader range of services, providers of customized residential treatment are critical for the small percentage of children who need such care.

Studies have found that residential treatment programs have the best chance of success if they focus on family involvement, discharge planning and reintegration into the community.[48] A strengths-based culture,[49] provided by models such as Teaching-Family and Sanctuary that treat children individually, can help kids have as normal an experience as possible. Most importantly, children should stay only as long as their treatment requires.

From Orphanage to Family-Oriented Services: Changing the Provider's Business Model

Children's Village in New York and Stanford Youth Solutions in Sacramento, California, opened their doors more than a century ago looking very much alike — as orphanages that took in children when no one else would.

Today, these providers are part of a movement of changing practices in child welfare based on research showing that kids do best in families. Encouraged by public policies in their jurisdictions that made it easier to shift to services for kids in families and communities, both have de-emphasized their residential roots in favor of less expensive and more effective approaches.

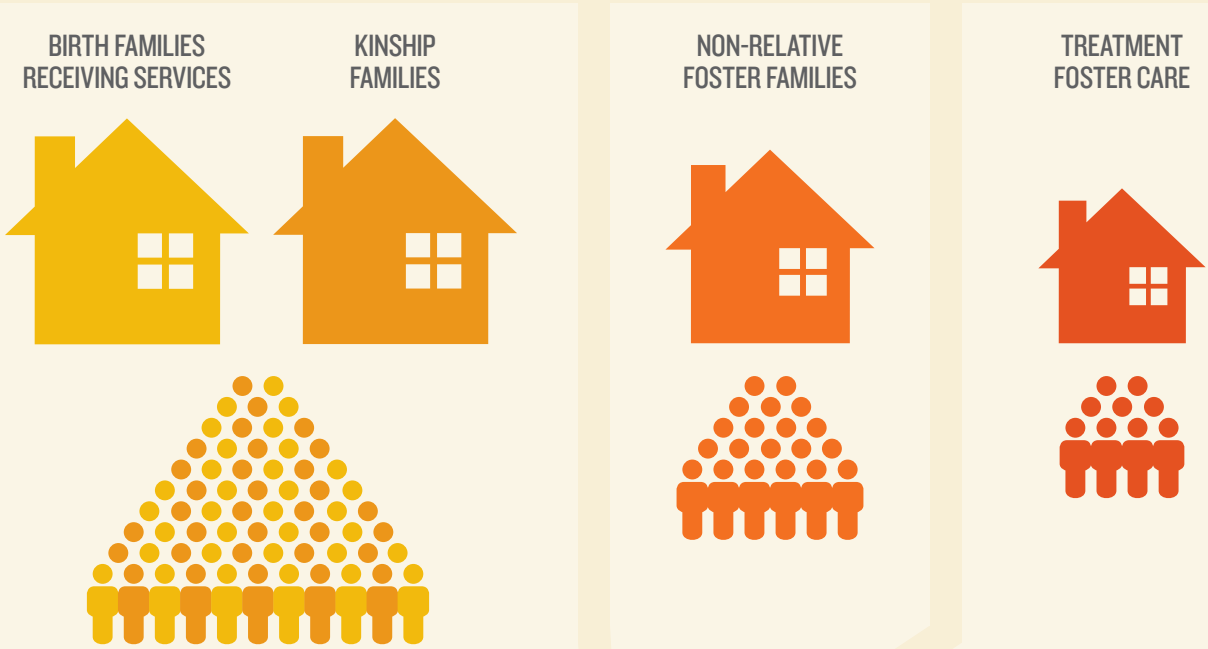
Stanford Youth Solutions, originally the Stanford Home for Children, began its transformation when board members began to realize that the children they served in residential beds weren't doing nearly as well as those receiving services with families in the community. "The big difference was the level of contact with their families," says Laura Heintz, CEO of Stanford Youth Solutions. "The kids in residential didn't feel the same level of support or contact as the kids living in the community. They were pretty much the same kids." In 2006, Stanford closed its residential beds, concentrating completely on what is now a wide range of services focused on integrating the whole family into treatment, including wraparound services, treatment foster care and family support counselors who check in with foster parents regularly and arrange for respite care when parents need a break.

New York's Children's Village, with operations in Dobbs Ferry and New York City, has shifted from a primarily residential facility to a provider of a constellation of community-based services — using evidence-based programs to support families in their homes with the goal of preventing foster care in the first place, or making family reunification work when children have been removed. During the past decade, Children's Village has increased the number of foster families it works with from 60 to 400, including foster families prepared to take on older teens receiving treatment in the facility's residential cottages. Jeremy Kohomban, CEO of Children's Village, says he sees high-quality residential treatment as a vital part of the system — but he emphasizes that residential care is an intervention, not a destination. "Our community work is all connected to this one idea that we can work together to keep kids safe and families together."

FIGURE 3

Our Vision: A Continuum of Care for Child Well-Being

All systems need to maintain continuum of care options to meet children's individual needs, while prioritizing keeping kids with families or in family-like settings. Residential treatment, when needed, should be used for only short periods of time.



Many children and youth can return home to their birth families with the right support and services. Those who cannot should live with relatives or kin if possible. If relatives are not available, systems should maintain a strong network of non-relative foster families, including treatment foster care families who are equipped to handle more severe needs.

Residential treatment is an essential option for a small percentage of young people who cannot safely live in families. Such treatment should be designed to help young people heal and return to families as soon as possible.

RECOMMENDATIONS

helping every kid live in a family

While federal law provides a framework to ensure that children in the child welfare system live in families whenever possible, wide variations among and within states show a need for new state and local policies and practices to fulfill this promise to young people.

Our recommendations are aimed at equipping policymakers, child welfare agencies, judges and other decision makers with both the strategies to expand the number of families in which children can safely live and the mechanisms to ensure accountability for placement decisions.

RECOMMENDATION I
Expand the service array to ensure that children remain in families.

Whenever possible, children should remain at home with their parents or with a caring relative — receiving services that are designed to come to them. Communities that widen the service array have more options that allow children to remain safely in families. State and local child welfare and Medicaid agencies should work together to ensure adequate support by the behavioral health system for services that can be conveniently provided in a home setting. Attachment, Self-Regulation and Competency (ARC),[50] which promotes resilience in children who have experienced chronic trauma such as sexual abuse, physical abuse and neglect, is an example of a promising service.

States can cover many needed child welfare services through Medicaid State Plans and waivers. In New Jersey, Medicaid's Rehabilitation Services Option provides funds for mobile crisis response teams that have been used to stabilize children to prevent out-of-home placements or moves to more restrictive placements. Arizona added a Medicaid billing code for Multisystemic Therapy, an evidence-based family- and community-based treatment program, and other evidence-based services are allowable under existing billing codes.[51]

Policymakers, public systems and the private agencies providing child welfare services can create a true partnership that reflects a vision of kids living in families. Tools, such as contracts based on child outcomes, flexible state and local funding streams and reinvestment of money saved by serving children in families, should be used to encourage private providers to shift their business models and provide more innovative services in home and community settings. For families in remote rural locations, technology can help providers reach children with more intensive service needs. KVC Health Systems, for example, employs a videoconferencing program to provide

therapeutic and crisis intervention services to foster families in several states using grants from the U.S. Department of Agriculture's Rural Utilities Service Distance Learning and Telemedicine program.

Public agencies should invest in high-quality residential treatment that involves family members and has the goal of preparing a young person to live safely and thrive in a family. Systems must start by holding their caseworkers and residential providers accountable for treatment outcomes that are consistently and routinely measured across all providers. Residential providers should be required to maintain real-time data on how children in their care are progressing, and agencies should regularly monitor providers' performance over time, paying particular attention to how youth respond when they return to family settings.

Policymakers, public agency leaders and family court judges should prioritize family settings and require substantial justification for more restrictive placements.

RECOMMENDATION 2
Recruit, strengthen and retain more relative and foster families.

For children who must at least temporarily live outside their homes, public child welfare agencies should prioritize recruiting, supporting and retaining kinship caregivers. Child welfare agencies should exhaust all means to find available kin and provide support that allows relatives to properly care for children, removing any barriers that would keep kin from being licensed and financially supported as foster parents. (Detailed recommendations can be found in the 2012 KIDS COUNT Policy Report *Stepping Up for Kids*.)

Likewise, recruiting, retaining, supporting and engaging foster family caregivers — the next best place when a child lacks an appropriate kin setting — should be a top priority for states and communities. Legislators should require public agencies to maintain and update a census of active foster parents, with an expectation that systems will maintain information on how the capacity of family foster homes compares with the needs of children requiring placement, including the need for emergency foster home beds. Increased investments in foster parent recruitment, licensing and support should be automatically required when the census falls below 150 percent of the projected need.[52]

Child welfare agencies should collect and analyze data to understand the population of young people entering group placement. Agencies should design recruitment and training that equip kin and foster parents to care for these youth and build the system's capacity to respond to the diverse needs of teenagers; lesbian, gay, bisexual and transgender youth; and those with disabilities. Public agencies should work with local and state associations of foster and resource parents to help enrich licensing in-service curricula and to inform resource parents about benefits, elective supplemental training and programs they can use. Jurisdictions should fund and implement evidence-informed programs that train relatives and family foster parents to meet the needs of children at greatest risk of being placed outside a family. For example, San Diego has installed Project KEEP to support foster parents and develop their skills. This program has been found to be effective at helping kin and foster parents reduce child behavioral problems.[53]

Recruitment and continuous training also should focus on emergency foster parents who can be available in a crisis to avoid the use of shelters; respite care parents who can help when foster parents need a break; and foster parents who are trained and equipped to provide treatment foster care for children suffering from severe trauma or frequent disruptions. State contracts should be designed to encourage private providers to carry out and maintain these targeted recruitment efforts. Public agencies should provide dedicated foster parent support workers who focus on both licensing and supporting foster parents, who serve as ongoing partners and coaches to kin and foster parents and who have reasonable caseloads.[54]

At the same time, agencies should strive to ease the burdens that prevent kin and foster parents from accepting the role of caregiver. Public agencies should develop a sound quality assurance system to collect feedback from foster parents. Licensing standards should be reformed in accordance with new national model standards, with enough flexibility to encourage kin to care for children while ensuring their safety.[55] Legislation and policies should provide sufficient financial support to foster

parents, including liability insurance. And policymakers should require the public agency to report annually on the foster parent turnover rate and how often children in the system are moved from place to place.

Promising programs have emerged to help public agencies equip foster parents with more tools and expertise. It is smart policy to invest in these approaches and measure their effects. Counties in four states are using the Quality Parenting Initiative (QPI) to promote positive perceptions of foster parents and equip foster parents to deal with behavioral issues that can threaten family stability. QPI sites have reported reductions in unplanned placement changes, increases in the number of kids living in families, a greater likelihood of keeping siblings together and significant progress toward reunifying families.[56]

RECOMMENDATION 3
Support decision making that ensures the least restrictive placements.

Policymakers, public agency leaders and family court judges should prioritize family settings and require substantial justification for more restrictive placements.

Good decision making and accountability begin with data. Jurisdictions should gather data on the types of placements they use and the outcomes young people achieve in those placements. New proposed regulations from the Adoption and Foster Care Analysis and Reporting System address this need and would require more detailed data on the placements and experiences of children in out-of-home care over time.[57] Recently developed tools can help jurisdictions gather data. The Treatment Outcome Package,[58] a validated mental health assessment tool, has been adapted for child welfare to provide a real-time snapshot of whether children across a system are improving. Indiana recently received approval to use federal funds for a technology system that includes Casebook. A case management tool that maps a child's family and resources, Casebook provides agencies with real-time data for decision making.

Child welfare departments should use data to design policies and practices that prioritize families and require an explanation for any child who is not placed with kin. Special attention should be given to young people for whom there is no current allegation of abuse and neglect but who are in danger of removal for behavioral problems. For these kids, interventions to improve parental supervision of teens or to resolve parent-youth conflict issues should take priority.

With all non-family placements, the public agency should review the placement at least quarterly and ensure that it lasts only as long as the child's needs require. The top executive of the state or local child welfare department should approve all group placements, as is the case in Connecticut and Philadelphia, where group placements have declined as a result. Six states prohibit group placement for children younger than a certain age, and 17 others have policies requiring special authorization or circumstances to place an infant or toddler in a group setting.[59] Prohibitions on group placements for very young children and strict authorization

Investments to increase the capacity and quality of family foster care are critical. Without them, changing the type of placement settings may not lead to increased permanency or improved child well-being.

policies for group placement of other children should be adopted in all states. Simultaneous investments to increase the capacity and quality of family foster care are critical. Without such investments, simply changing the type of placement settings may not lead to either increased permanency or improved child well-being.

Family court judges should ensure that each non-family placement is appropriate and time limited by requiring caseworkers to provide a validated assessment of a child's documented clinical needs before making a placement decision. Agencies also should be required to provide the court with documentation that the child's needs cannot be met in a family setting and that the residential provider proposed for placement has the specific menu of appropriate therapeutic services, capacity and treatment skills to meet the child's individual needs. In Los Angeles, for example, a former presiding judge of the juvenile court required caseworkers to appear in his court every 90 days to justify a group placement.

Finally, state legislation should limit the use of shelters and assessment centers to the time between a child's removal from home and the first court review.

CONCLUSION

Kids can't wait. By definition, the young people who come into our child welfare systems already have suffered the trauma of family disruption. It is the legal and moral responsibility of our child welfare systems to provide temporary care that is safe and attentive to the well-being of the child — rather than compound the insidious harm of being separated from home. Restoring family or creating family anew means significant hope for a child's future. Without family, children are ill equipped to beat the odds stacked against them.

We can start by recognizing every kid's need for a family who can provide the normal experiences of eating at the family table and playing after-school sports. A family who can be there when a child learns to read and gets a driver's license, and who is still there — in ways we all know are important — when he graduates from college, gets his first job, marries and has children of his own.

These aspirations, which every state, every community and every policymaker should have for all children, have been recognized in recent law, including the Preventing Sex Trafficking and Strengthening Families Act of 2014.[60] High-quality residential treatment providers have increased the role of families in their programs and installed practices to prepare young people to live in families. But the residential treatment center must be designed and used for its intended purpose: as the emergency room of child welfare, not the final destination.

While the challenge is great, there are more tools than ever to help policymakers, judges and child welfare agencies make decisions and find resources that are best for kids. We can take action on solutions that produce better outcomes. Not acting would represent much more than a failure of imagination. It would be a collective failure to support generations of young people trying to find their way home.

ENDNOTES

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