KYA

Making Kentucky **the best place** in America to be a kid

Every Kentucky Kid Needs a Family

Every child needs a family and a safe place to call home. Growing up with at least one trusted, committed parental figure is integral for children's healthy development. Such stable, responsive, and nurturing relationships are foundational necessities for lifelong physical and mental well-being.[1]

For families at risk of child abuse or neglect, direct services and supports (from governmental, community-based, and faith-based organizations) can alleviate issues and allow children to stay safely in their home. When staying with parents is not an option and children must be removed from their care, research shows they fare best when placed in a family setting. Yet, too many Kentucky children victimized by abuse or neglect are placed in non-family settings (i.e. residential treatment facilities) when they could be cared for in kin or foster families with the right supports and services. Residential treatment facilities should only be utilized when an intense level of care is needed that cannot be addressed with home and community-based services.

Our state has been moving towards using residential treatment facilities less; from 2004 to 2013, the use of residential treatment facilities fell by approximately 29 percent.[2] However, there is still much more work to do, as 33 states are using such settings at a lower rate than Kentucky.[3] Fortunately, there are cost-effective, evidence-based solutions we can implement to give every child the opportunity to grow up in the care of a family.

What placements are in a family setting?

There are options for placing children who cannot safely stay with their parents in a safe family setting, including:

- **KINSHIP CARE** – placement with a blood relative or close family friend who may or may not be a licensed foster care provider; and

- **NON-RELATIVE FOSTER CARE** – placement with a foster family previously unknown to the child.

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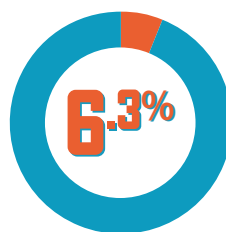
Children do best in families

Research has shown that family is truly the best medicine for ensuring children thrive, even if the family caring for them is not their birth parents. Childhood represents a critical period of physical, emotional, psychological, and social development in which children need at least one trusted, committed parental figure for healthy and successful development. Whether that crucial relationship is with a family of origin or circumstance, nurturing families provide caring relationships that help children develop self-esteem, regulate behavior, learn independence and self-reliance, and form positive relationships with others.[4] When children have to be removed from their parents, placement with grandparents or other relatives helps to maintain a strong familial bond and cultural connection.

For decades, federal law has recognized the importance of giving those in the child welfare system the opportunity to grow up in a family by requiring they be placed in the least restrictive (most family-like) setting possible.[5] Some children can stay safely in their own homes and be cared for by their parents if the child protective system, community- and faith-based organizations provide the family the right supports and services. Family preservation programs are one tool to help keep families together by teaching families life-skills, promoting and modeling positive parenting, and connecting families with needed community resources. Family preservation programs reduce the need for out-of-home placement, and when out-of-home care is used, the stays are shorter and the odds of parental reunification are greater.[6]

Being removed from one's home is a traumatic event, even when it is in the best interest of the child. When children cannot remain safely at home, the trauma of out-of-home care can be greatly relieved by placing children with relatives, known as kinship care. Approximately 1,200 Kentucky children are in kinship foster care.[7] Also, more than 10,000 children are in Kentucky's Kinship Care Program, which places kids who have experienced abuse or neglect with relatives outside of the foster care system.[8] Research shows that children raised in kinship care retain strong familial bonds and cultural connections, and have fewer educational disruptions and behavioral problems.[9]

Family Preservation Programs (FPP) Reduce the Need for Out-of-Home Care (OOHC)
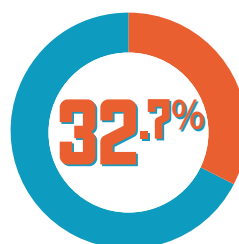
Children who received FPP

6.3% ENTERED OOHC **AFTER** FPP SERVICES

AVERAGE TOTAL **MONTHS** IN OOHC **8.6**

REUNIFIED WITH PARENT **AFTER** OOHC: **76.5%**

Children who did not receive FPP

32.7% ENTERED OOHC SERVICES

AVERAGE TOTAL **MONTHS** IN OOHC **11.7**

REUNIFIED WITH PARENT **AFTER** OOHC: **54.0%**

Source: Cabinet for Health and Family Services, Department for Community Based Services' 2008 *Kentucky's Family Preservation Program: Comprehensive Program Evaluation*

> **"Ultimately I wish every kid to have that feeling that they are not alone, the feeling that they belong somewhere...."**
>
> – Female youth formerly in foster care

If relatives are not available to take in a child, a foster family is the next best alternative to provide stable, nurturing parental figures. Despite the abuse or neglect they have experienced, children and adolescents in the child welfare system can form secure attachments with foster parents.[10] Such attachments are associated with fewer symptoms of disruptive behavior[11] and promote healthy development and resiliency.[12]

Family reunification programs reunify children in out-of-home care with their parents as quickly as is safely possible. As part of the spectrum of family preservation services, family reunification programs are focused on helping the family prepare for reuniting and address the issues that will enable the child to safely return to and remain in the home. A 2008 evaluation in Kentucky found that children who received reunification services were significantly more likely to be reunified with their families than those in out-of-home care who did not receive such services (77 percent compared to 54 percent).[13]

Residential facilities as an intervention, not a placement

A small percentage of children who have been abused or neglected need treatment in a residential facility in order to address their complex mental or behavioral health needs. However, residential treatment facilities must only be used as an intervention as long as clinically necessary and should prepare children to transition or return to a family setting as soon as possible.

When used as a long-term placement (more than three to six months), residential treatment facilities can have the following negative effects on children:

- Higher likelihood of testing below or far below basic skill level in English and mathematics, dropping out, and failing to graduate from high school, compared to children in family-based placements;[14]

- Increased susceptibility to negative influences by peers and being 2.4 times more likely to be arrested for delinquency, compared to youth with similar backgrounds living with foster families;[15] and

- Greater risk of further abuse (physical and sexual), compared with children placed in foster families.[16,17]
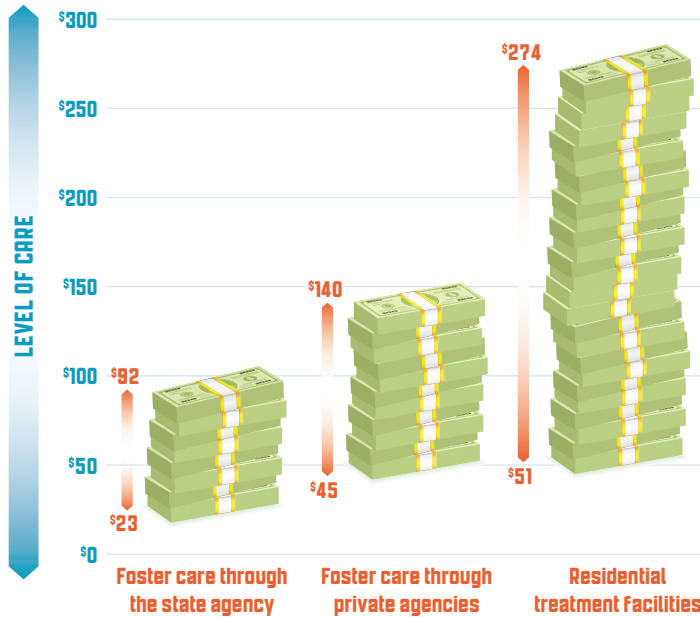
Secure attachments are necessary for healthy development from infancy to adolescence, and even into adulthood. Yet, residential treatment facilities do not allow for the development of parent-child relationships. This makes it difficult, especially for young children, to form secure attachments.[18]

All children in out-of-home care should have the chance to experience regular family life and the same kinds of social activities as their peers. These opportunities help youth develop interests, talents, and skills, as well as healthy relationships – all essential for a successful transition into adulthood. However, achieving this type of normalcy is extremely challenging for those living in residential treatment facilities, because of limitations put on allowable every day activities.[19]

Family placements are more cost-effective

Family settings not only offer more stability and better outcomes for children, but they are also less costly to create and maintain. The basic level of foster care by a foster family ranges from $23 to $45 per day, but the least expensive placement in a residential treatment facility costs $51 per day. The cost of out-of-home care increases as the level of therapeutic or special needs of a child increase; it is in the highest levels of care that the cost differential is greatest. The most expensive foster family placements range from $92 to $140 per day, but the most expensive residential treatment placement costs $219 per day and a psychiatric residential treatment facility costs $274 per day.[20,21,22]

Family Placements Are a Wiser Use of Tax Dollars

LEVEL OF CARE

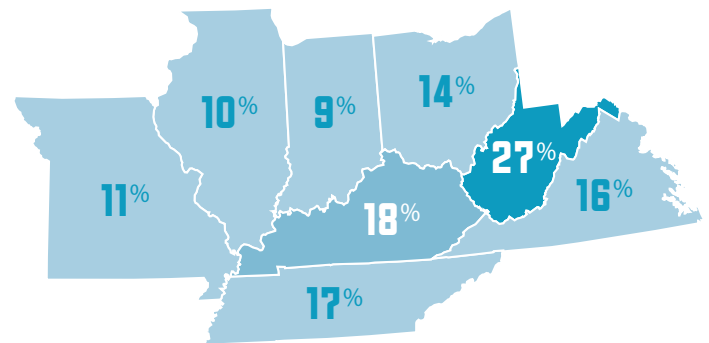|	Foster care through the state agency	Foster care through private agencies	Residential treatment facilities
High	$92	$140	$274
Low	$23	$45	$51

Another family-based placement option used in Kentucky is the Kinship Care Program. Prior to 2013 budget cuts, children who were removed from their homes and placed with relatives as an alternative to foster care through the state's Kinship Care Program received $300 per month (approximately $10 per day), per child. Those enrolled in the program were eligible for financial monthly supports and start-up costs but did not have access to other resources provided to foster families. Since April 2013, new kinship caregivers cannot enroll in the program due to a moratorium – the only cash assistance they are eligible to receive is $186 per month (approximately $6 per day) for one child through the Kentucky Temporary Assistance Program (KTAP), with the amount increasing on a graduated scale for multiple children.[23]

What the data show

Since 2010, the number of Kentucky children in out-of-home care (i.e. removed from their parents' care due to abuse or neglect) has been rising each year. From 2010 to 2014, the number in out-of-home care grew by 19 percent.[24] This means an increasing number of Kentucky children are at risk of placement in residential treatment facilities if we do not prioritize family settings.

Kentucky has a higher rate of using residential treatment facilities for children in the foster care system than the nation as a whole (18 percent compared to 14 percent).[25] Kentucky also has a higher rate than all of its neighboring states except West Virgina. Further, of the children in residential treatment facilities, Kentucky has a higher proportion under the age of 13 compared to the national average of 31 percent.[26] This is particularly troubling given the importance that younger children be raised in family settings to develop secure attachments with others.[27]

Percentage of Foster Care Youth in Residential Treatment Facilities, 2013

Source: Annie E. Casey Foundation's KIDS COUNT Data Center, *Children in Foster Care by Placement Type, 2013.*

Policies and practices to prioritize family placements

Keeping children in the care of a family means starting with the one they already have, even if that family is in crisis. Some children can be kept from out-of-home care by providing their parents substance abuse and mental health treatment as well as utilizing creative safety planning and family preservation services. The scope of such services was not keeping pace with the need in Kentucky, prompting the state to apply for a Title IV-E Waiver to better meet these needs.[28]

The Kentucky Sobriety Treatment and Recovery Team (START) program is an intensive intervention that integrates addiction services, family preservation, and community partnerships to keep children safely in their homes when possible. This is a highly successful and cost effective program – mothers have twice the rates of sobriety and half the rates of children placed in out-of-home care compared to typical practice. Yet, it is only available in four counties in the state.[29]

When children cannot stay with their parents, relatives often step up and take on the role of caregiver. Though many relatives are willing to take in children to keep them out of foster care, the new responsibility brings financial, legal, and emotional challenges. Kinship caregivers who are not licensed as foster parents have access to far less financial assistance and support services than foster care providers.[30] Faith- and community-based organizations can provide some supports to make kinship care more accessible, but inequitable financial assistance makes kinship care not possible for some families.

Kinship Caregivers Struggle to Make Ends Meet

As a single grandmother, Wareen Mulgraw of Middletown, Kentucky struggles financially to provide for her young grandson she is raising, often dipping into retirement funds to pay for child care. At first, Wareen received less than $200 per month from KTAP, but this did not cover their expenses. She chose to regain employment as a full-time hairdresser, forfeiting KTAP and hoping her paychecks and child support would alleviate financial burdens. But then child support checks came sporadically and Wareen was forced to take legal action against her grandson's father. With child care costing $800 a month, every day is another struggle.

Kinship caregivers have the option of becoming licensed as a foster parent, but many are not informed of this option by the child welfare system. At less than 5 percent, Kentucky licenses kinship caregivers as foster parents at a lower rate than all other states.[31] Foster care licensure of kinship caregivers could be improved by revising licensing standards using the Model Family Foster Home Licensing Standards, developed by national experts, which allow children to be placed with kin during the licensing process and expedite the licensing of kin.[32]

Kentucky can also expand kinship care options by including fictive kin as eligible recipients of kinship care supports and services. Twenty-five states and the District of Columbia have broadened their definition of "relative" to include fictive kin[33] – close family friends such as pastors, teachers, and coaches. Placements with fictive kin keep children in the care of a known, trusted adult with whom they already have a relationship.
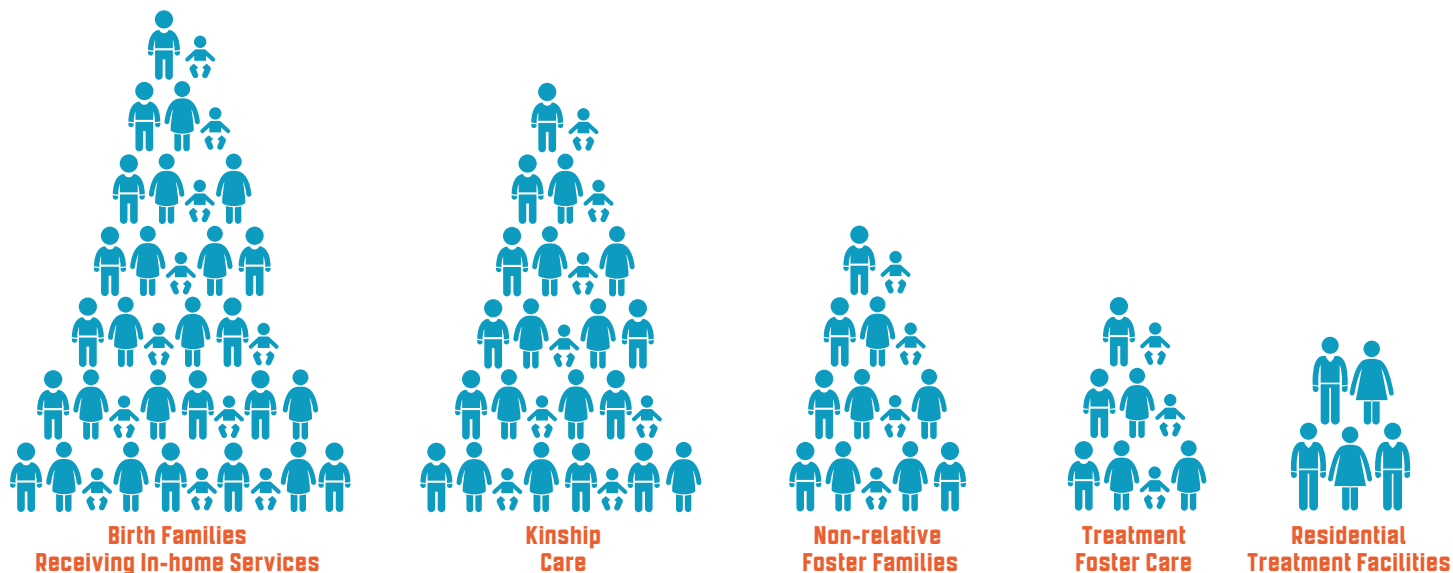
When kinship care is not available, well-trained foster parents can effectively care for the vast majority of children needing out-of-home care. A foster family can be the last opportunity to keep children out of residential treatment facilities. Kentucky needs more foster families, especially those willing to take in adolescents and those trained to care for children with the most severe needs (known as treatment foster care). Disruptions in foster care are often due to behavioral problems, but can be reduced through training of foster parents and an extensive assessment process that assures children are matched with an appropriate foster family. Kentucky is piloting the Screening and Assessment for Enhanced Service Provision to All Children Everyday (SAFESPACE) project in two regions to ensure children receive the most appropriate placement and determine the type, frequency, and duration of services to meet their needs.[34]

Family Is at the Heart of Childhood Development

Develop a responsive continuum of care

Kentucky's child welfare system needs a range of options that can meet children's individual needs, while prioritizing placements in family settings and reserving use of residential treatment facilities for short periods of time.

Birth Families Receiving In-home Services   **Kinship Care**   **Non-relative Foster Families**   **Treatment Foster Care**   **Residential Treatment Facilities**

Recommendations

With the number of child abuse substantiations increasing in Kentucky, it is now more important than ever to ensure we provide children who have experienced abuse or neglect with an appropriate level of care and a chance to grow up in the care of a family. This can be accomplished by prioritizing funding and resources for family-based placements.

Increase the availability and use of family preservation and reunification services

Parents who participate in family preservation and reunification services learn effective techniques for coping with life stressors while creating a nurturing environment. Another use of preservation services addresses adolescents' engagement in risky behaviors, which can pose challenges for both the youth and their caregiver. For too many teens, those challenges can lead to the involvement of the juvenile justice or child welfare system and unnecessary placement in out-of-home care. Promising approaches to address families' challenges, without pushing youth into unsuitable placements, include using timely and high-quality screenings and assessments and a wide range of community-based services to address behavioral issues and provide familial conflict resolution.[35] Kentucky needs to ensure adequate funding for high-quality family preservation and reunification services that work with families to keep kids safely at home. The expansion of the START program, under the state's Title IV-E Waiver, is a step in the right direction.

Adequately support kinship families

While many relatives are willing to care for children, such arrangements work best when kin have some financial support and access to services and training, when they take on the responsibility of caregiver. Kentucky needs to lift the moratorium on the Kinship Care Program so that more kinship caregivers can get the financial support they need to raise children. Kinship caregivers also need access to supports provided to foster care providers, such as child care assistance, respite care, and trainings, to increase the stability of kinship placements. Another way to support kinship homes is to allow them to become therapeutic foster care placements. This offers an effective option for children who are already in residential facilities to step down into a family setting with the right mix of supports to ensure successful placement.[36]

Prioritize increasing the number and quality of foster care homes

When a kinship caregiver is not an option, a family-based home with foster parents is the next best option for placement. Foster care recruitment and retention are essential in ensuring quality foster care placements are available when needed, especially for youth at higher risk of group placement due to age or health conditions. Nationally, 40 percent of foster care parents leave the system primarily due to inadequate agency support.[37] A systemic review of Kentucky's foster care system would help identify where needs are not being met, whether in training, respite care, or other supports. One option is to create and regularly update a census of active foster parents. A census maintained by the public and private foster care agencies, with specific information on the capacity of the families, allows child protective services to ensure homes are available for children in need of foster care.

Restrict residential treatment to those with clinical needs

When children need intensive services, quality, time-limited residential treatment can help to meet those needs. Requiring authorization by child protective services leadership for residential treatment would ensure that children are placed there due to treatment needs, and not a lack of other placement options.

Research and best practices recognize the need for serious consideration of the significant limitation, if not prohibition, of using residential treatment for young children. When it is needed, children must be returned to the least-restrictive setting as soon as possible, which can be aided by requiring documentation from the courts every 90 days to justify the clinical need for residential treatment.

Kentucky law allows children under age six to be placed in a residential facility as long as it is licensed to provide emergency shelter services.[38] Increasing the minimum age would bring state policy more in line with what we know is best from child development theory, best practices, and federal legislation.

Invest in efficiency in Kentucky's child welfare system

Kentucky can ensure our most vulnerable children receive appropriate and timely intervention from DCBS by establishing manageable caseloads, whether that be through improved caseload management or hiring more caseworkers. Caseworkers also need technological tools to be efficient in the field and track child outcomes. Further, our child welfare system needs more detailed data on the different placements, characteristics, and experiences of children in out-of-home care in order to design policies and practices that prioritize family placements.

> **"I needed support from an accessible and caring adult. My social worker was the only person on my "contact list" which meant she was the only person from the "outside world" that I could call or could visit me. That makes you even more institutionalized. "**
>
> – Female youth formerly in foster care

Conclusion

As children grow and develop we must ensure they have the ability to do so in the healthiest, safest environment possible. If a child is removed from their parent's care, those who step up and become a caregiver need the tools and supports necessary to raise these vulnerable children well. Growing up in the care of family affords children the best chance for lifelong well-being.

Endnotes

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