Rhode Island KIDS COUNT

CHILD WELFARE FACT SHEET

December 2016

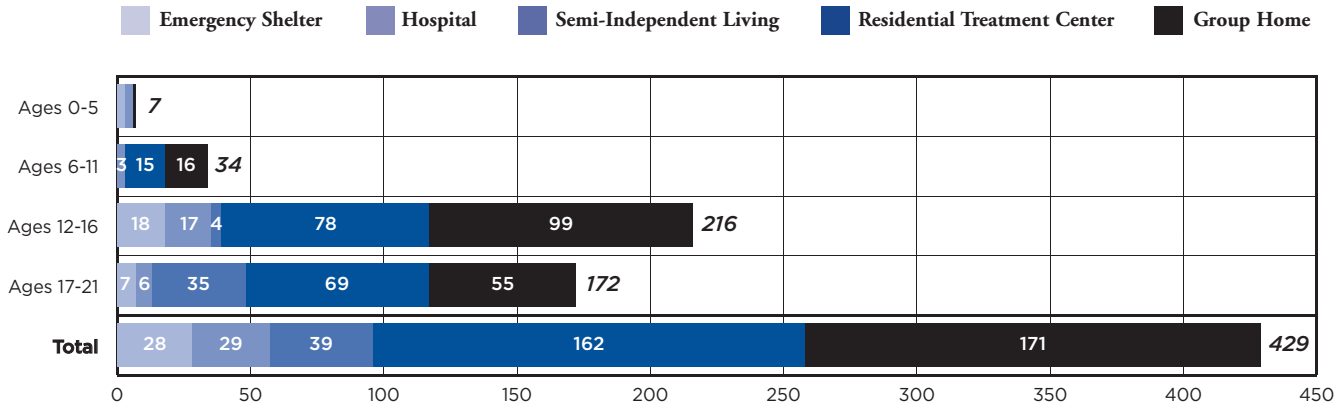
FOCUS ON CONGREGATE CARE

Congregate care provides full-time care for children and youth in the child welfare system in the following types of settings: (a) ***emergency shelters*** (group homes or institutions with paid staff that provide care for children and youth for less than 24-48 hours), (b) ***hospitals*** (medical or psychiatric facilities that provide acute physical or mental health treatment), (c) ***semi-independent living*** (apartments or houses with daily supervision and overnight staffing), (d) ***residential treatment centers*** (licensed facilities operated by public or private agencies that provide 24-hour caretaking and/or treatment for 12 or more children and youth), or (e) ***group homes*** (licensed homes with paid staff that provide 24-hour caretaking to no more than 12 children and youth of similar age groups).

There has been sustained national and state focus to decrease the number of children and teens living in congregate care. Between 2004 and 2013, congregate care use decreased by 37% in the U.S. and 43% in Rhode Island.[1] However, Rhode Island had the second highest percentage of young people in congregate care (not living with families) in 2013, twice the national average. While there have been improvements, Rhode Island can do more to use family placements instead of congregate care.[2]

In the U.S., young people living in congregate care spend an average of eight months there and in many cases, remain longer than is clinically necessary because no appropriate family placement is available.[3,4] One in three teens in the U.S. child welfare system lives in congregate care and teens are more likely to be placed in congregate care upon initial entry into the system, rather than with a family.[5,6]

RHODE ISLAND CHILDREN AND YOUTH IN CONGREGATE CARE BY PLACEMENT TYPE AND AGE, SEPTEMBER 30, 2016



Source: Rhode Island Department of Children, Youth and Families, RICHIST, September 30, 2016. Table shows data for a single point in time.
Note: Seven placements for children ages 0-5 includes three in emergency shelter, three in hospital, and one in group home placements. Residential Treatment Center includes High End Residential and RCC-Non-Contracted. Hospital includes three Medical Hospital placements (two ages 0-5 and one ages 12-16) and 26 Psychiatric Hospital placements (one ages 0-5, three ages 6-11, sixteen ages 12-16, and six ages 17-21).

FAMILY PLACEMENTS PROMOTE NORMALCY FOR CHILDREN AND YOUTH IN FOSTER CARE

While short-term placement in a congregate care setting may be clinically necessary for a small number of young people, children and teens generally do better in a family setting. The decision to place a child or teen in congregate care should be based on their own specialized behavioral and mental health needs and should be used only for as long as needed for stabilization before returning to a family setting. A family provides a safe, nurturing environment where children and teens can maintain connections and develop appropriate attachments. Parental figures provide support as children and teens develop physically, mentally, and socially.[7,8,9,10]

Normalcy refers to providing children involved in child welfare with childhood and adolescent experiences similar to young people not in the child welfare system. Children and youth living in foster care need to experience developmentally-appropriate normalcy activities, such as playing sports, sleepovers with friends, social media use, obtaining a driver's license, or working a part-time job.[11,12,13] Congregate care placements present more barriers to normalcy than do family settings, because of issues such as program and work schedules, therapy, visits, and transportation.[14]

The federal *Preventing Sex Trafficking and Strengthening Families Act* requires state child welfare agencies to develop a *prudent parenting standard*, allowing caretakers to make decisions about child participation in cultural, social, extracurricular, and enrichment activities throughout their time in foster care. Congregate care staff fall under the definition of caretaker and must facilitate participation in age-appropriate activities. Participation in enriching activities during childhood and adolescence strengthens healthy social and emotional skill development for all young people, particularly those living in foster care.[15,16,17]

Recommendations

- Recruit, train, and support more foster families in Rhode Island to serve teens and children and youth with high needs.
- Minimize the number of congregate care placements experienced by teens in Rhode Island in order to promote healthy development in family settings.
- Increase the daily rate provided to foster parents in order to increase number of families available, incentivize the retention of trained and experienced foster families, and provide access to normalcy activities for children and youth in family settings.
- Amend Rhode Island statute to include normalcy language in the *Children's Bill of Rights* for children and youth in the child welfare system, as was done with the *Foster Parent Bill of Rights*.
- Ensure that congregate care placement facilities in Rhode Island implement the federal *Preventing Sex Trafficking and Strengthening Families Act* normalcy guidance to strengthen child and adolescent development.

References

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