



SPRING 2012

# casey connects

## No Place Like Home

Lifelong Families p3

Better Results for Foster Youth p6

Conversation on Permanence p10

Reducing Congregate Care p12



## No place like home



We all know the power of family—that sense of belonging, identity, connection, and love that sustains us through tough times and adds to our joy in good times.

Healthy family relationships are fundamental to successful human development. Nothing is more important to a child than a strong and loving lifelong family to promote emotional, physical, and financial well-being. Young people who are cut off from a family environment and left to languish in group care—either as a result of parental challenges, abuse, and neglect or involvement with the juvenile justice system—face long odds against transitioning to a successful adulthood.

Far too many children continue to be housed in group settings, rather than in family homes. Yet many jurisdictions have significantly and safely reduced the number of children in foster care who are in group settings and the number of youth placed in juvenile correctional facilities. In this issue, we focus on efforts to reduce the number of youth in congregate care in the child welfare system and to move them more quickly into lifelong families.

More than 400,000 children are in the foster care system. An estimated 30,000 children will leave foster care without a lasting family connection. As you'll read here, Casey Family Services, the Foundation's direct services agency serving children throughout New England and in Baltimore, is demonstrating that it is possible to reduce the time kids spend in foster care and to find more children permanent homes, including older children and children with special needs.

Research on teenage brain development, synthesized in a recent report by the Jim Casey Youth Opportunities Initiative described in this issue, also adds weight to the argument that the right opportunities and family connections can help older youth heal from early trauma and move forward in a positive direction.

You'll also learn how Casey's Child Welfare Strategy Group is helping jurisdictions successfully transition youth from congregate care to family settings, while working to build a broader research base on how group care affects young adults. Finally, we offer a researcher's perspectives on what permanence really means, and not just in a legal sense.

The Casey Foundation is working to promote evidence-based practices that can help fragile families stay together, reduce reliance on congregate care, and provide the connections and opportunities young people need to thrive. We also support states to adopt more community- and home-based programs and to use state-of-the-art technology to help caseworkers find permanent family connections. Every child needs and deserves a family whose support is unconditional and will last a lifetime. We are working every day to ensure this dream becomes a reality for many more children.

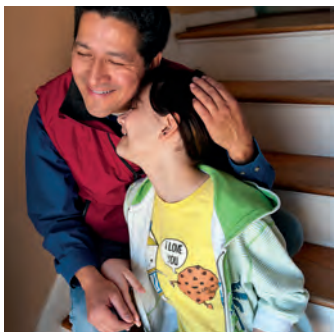
Patrick T. McCarthy  
PRESIDENT & CHIEF EXECUTIVE OFFICER



# lifelong families model

## SHOWS EARLY SUCCESS

The Brochero family's well-kept, green ranch house sits on a gentle knoll in a quiet suburb of Hartford, Connecticut. Their yard provides ample space for their children and three exuberant dogs to romp and play.



Inside, the house is warm and welcoming, and painstaking improvements show the love and pride that Gina and Luis Brochero have invested in creating a home for their children. Both born in Colombia, they immigrated to this country in the mid-1980s and became citizens 10 years later. The family has grown by two, with the arrival in 2011 of foster sisters Caitlin, now 11, and Carol, 13 (not the girls' real names), whom the couple is preparing to adopt. Son Timothy, 23, is away

in the Air Force. Adam, 15, is a high school sophomore.

Both autistic, Caitlin and Carol were separated for years after being taken into state custody and now must get to know one another again. Their birth mother, who struggled with serious mental health issues, was unable to care for them and keep them safe. Caitlin was last in a group home after several unsuccessful foster home placements; Carol also has moved several times while in foster care.



Caitlin's disability is mild. She is sometimes withdrawn and has trouble with forming words, completing her fifth grade schoolwork, and building relationships. Carol's struggles are greater. Her speech is often disjointed and slurred, her balance uncertain, and her resistance to authority pronounced. Carol, a seventh grader, cannot read or write and receives special education services.

Today, Caitlin, beaming, proudly holds up an art class certificate earned "in recognition of excellence." Carol leaps into the center of the living room floor. One hand on the brim of her black Fedora, the other swinging in time with her dancing feet, "I'm going to be a rock star when I grow up!" she announces. Caitlin dashes off to get her guitar and begin an energetic accompaniment. The girls, virtual strangers when they arrived, now have fun together. But Carol has had the hardest time adjusting to her new life. She can be aggressive and volatile.

"At first, I couldn't control her," Gina Brochero, a registered nurse, recalls. "Her frustration would build, and she would act out, crying and screaming." Last night, near wit's end, Gina called her Casey Family Services social worker, Colinda Hunter, for advice.

*Page 2, top, Carol (left) and Caitlin, with foster brother Adam Brochero; below, Luis Brochero with Caitlin. This page: From left, Luis Brochero, Caitlin, Gina Brochero, and Carol, with the family's three dogs.*



In dealing with these mini-crises, Adam, Gina, and Luis have called upon skills and tools they have learned in training and team meetings provided as part of Casey's Lifelong Families model, which works to ensure that all children exit foster care to permanent, loving families and get the support needed to sustain them.

"Permanency teams," which engage family members, professionals, and other important people in a child's life, are the backbone of the model, providing continuous support and guidance and making the child the central and primary focus. The Brocheros' team includes Hunter as well as a Casey family support worker, the children's state social worker, Carol's former foster mother, a psychologist, and other clinicians. Together, they have helped the Brocheros understand the girls' diagnoses and needs.

The Lifelong Families model focuses on five core components to help children in the child welfare system move toward lifelong families as quickly as possible: teaming, preparation, case management, family identification and engagement, and support planning. Casey Family Services, the Annie E. Casey Foundation's child welfare agency, is conducting a comparative outcome study and collecting data in order to develop this model into an evidence-based practice, meaning one with scientifically demonstrated results through rigorous evaluation. As it works to finalize the Lifelong Families model for replication, Casey is developing "fidelity" measures to ensure that practitioners adhere to the model's core components.

"We have taken proven best practices in the field and blended them together in one unified whole," explains Lauren Frey, permanency

director for Casey Family Services. “Many children in foster care have compartmentalized the relationships in their lives and have had to end some in order to begin others,” notes Frey. “Bringing all those relationships into the picture and talking about them is important, and bringing other ‘sympathetic’ adults into those relationships—coaches, teachers, friends—helps these kids build extended family relationships.”

To find and engage a potentially permanent family, Frey says, “We look to everyone who knows and cares about these kids for help in locating a birth family member who may well be able to parent now, even though they could not in the past.” Adding to the complexity of the work, most children referred to Casey Family Services are older and have severe challenges and needs. In 2011, 61 percent were age 9 or older.

In 2009, the most recent year for which the following data are available:

- 50 percent had a failed family reunification prior to coming to Casey;
- 50 percent had multiple psychiatric diagnoses;
- 38 percent had a special education classification; and
- 55 percent had been in group care or a psychiatric hospital.

Currently, Casey provides high-level care, known as treatment foster care, to youth in Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, and Vermont, as well

as to young parents and their children in Baltimore, Maryland. Since Casey implemented the Lifelong Families model in 2005, the number of children and youth who achieve permanence within 18 months has steadily increased. In 2005, 36 percent of youth exiting foster care achieved permanence, 15 percent of whom did so within 18 months. In 2011, the share of youth exiting foster care to permanent homes jumped to 58 percent, with 67 percent doing so within 18 months.

Preliminary data from 2008 through the third quarter of 2011 also show that:

- In cases where youth were age 12 or over, 87 percent participated in their permanency teams;
- 73 percent of teams involved birth family member(s);
- 100 percent of teams involved foster family member(s);
- 84 percent of youth said that their opinions were included in their plans; and
- 77 percent of team participants interviewed said that the plans addressed all of their concerns.

One of the most significant gains, in the view of Diane Kindler, Casey Family Services clinical director, “is that we are much clearer about working on trauma, and that strengthens the model.” Whether the permanency goal is reunification, adoption, or guardianship, she notes, everyone involved needs to understand the long-term impact of

trauma, which most foster children have experienced.

Of the children and youth in the care of Casey Family Services, a third reunify with birth families; a third are adopted or in the guardianship of kin; and a third leave to live independently. Casey is working to ensure that all leave with permanent family connections.

Ultimately, success depends on recognizing that foster care placement, no matter how stable and safe, “is only a tool, a pathway to lead the child back to a family,” notes Frey, who is pleased with the promising preliminary results of the Lifelong Families model and the interest several states have shown. For Caitlin and Carol, permanence may come just in time. Despite her difficulties with reading and writing, Carol expresses it powerfully in her rap music lyrics:

*“The music of my heart is coming,*

*“And you will see me happy.*

*“Stay together. Don’t argue. Don’t say, ‘Is this happening?’*

*“Forget about the sad stuff.*

*“Somebody teases you... Forget about it. Don’t cry.*

*“Sometimes families fly away and you miss them,*

*“Sometimes they forget you and you miss them.*

*“Your love is coming.”*



BETTER RESULTS FOR FOSTER CARE YOUTH:

## a no-brainer

The Allstate insurance company has an advertisement picturing a model of a brain on a pedestal—the kind you might see in a doctor’s office—with a telltale chunk missing. “Why do most 16-year-olds drive like they’re missing a part of their brain?” it reads. “Because they are.”



Anyone who has raised teenagers knows they can be prone to outrageous and even foolhardy behavior. The ad makes the case for graduated driver licensing laws on the grounds that teenagers are more likely to take risks—and thus cause more crashes—because their brains haven’t fully matured. “The underdeveloped area is called the dorsal lateral prefrontal cortex. It plays a critical role in decision making, problem solving and understanding future consequences of today’s actions. Problem is, it won’t be fully

mature until they’re into their 20s,” states the Allstate ad.

The science that this ad is based on doesn’t just apply to teen driving behavior. It is also the driving force behind a campaign by the Jim Casey Youth Opportunities Initiative to ensure that older youth aging out of foster care get the support and make the lasting adult connections they need to be successful and productive.

For many years, brain development was believed to be essentially



complete by the end of childhood. But *The Adolescent Brain: New Research and Its Implications for Young People Transitioning from Foster Care*, a report released by the Jim Casey Initiative last fall, synthesizes neuroscience research confirming that in the teenage years, the brain undergoes a period of development—and a window of learning opportunity—similar to the early years. The report argues that young people’s experiences are critical in developing resiliency, knowledge, and skills that can serve them throughout adulthood. Because of the brain’s ability to be molded during this period, it says, the right interventions can help overcome the effects of early trauma.

These findings are especially important in shaping policies for young adults who have been in foster care, notes Gary Stangler, the executive director of the Jim Casey Youth Opportunities Initiative. “We have a system that is designed for two-year-olds. We need to figure out how to connect older youth to families and other adults, jobs, and schools, and how to take advantage of the brain’s activity during this time, because this really might be the last chance.”

The Jim Casey Youth Opportunities Initiative was launched by the Annie E. Casey Foundation and Casey Family Programs in 2001, fueled by the vision that every young

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*Jim Casey Youth Opportunities Initiative participant Sixto Cancel speaks at a meeting convened by the Center for the Study of Social Policy in Washington, DC.*

person leaving foster care should have the opportunities and support needed for a successful transition to adulthood. Now a private operating foundation, the Initiative provides services to help young people aged 14–25 complete their education, prepare for employment, build savings and assets, and develop permanent family relationships. The Initiative, active in 15 states, forms partnerships with communities to improve practices for older foster youth, involves young people in decision making and advocacy, and brings evaluation results and research to bear in child welfare policymaking.

The adolescent brain findings provide a powerful platform for advancing the Casey position that youth do better in family settings than in congregate care, and that young people need permanent, loving connections with adults and connections to the right opportunities to exit foster care successfully.


The report argues that long-term congregate care doesn’t help young people form bonding relationships with adults or learn to take appropriate risks in safe settings—skills they need to navigate the world.

“There are individuals who need a more highly structured environment and some who need it for short periods of time, but by and large group homes are not going to promote the social connections to adults and community that living in a family provides. It’s not how people live, and you don’t learn how to interact appropriately with adults,” notes Stangler.

“Adolescence is a period of ‘use it or lose it’ in brain development,” the report states. “When young people are actively engaged in positive relationships and opportunities to contribute, create, and lead, they ‘use it’ to develop their skills to become successful adults.”

While the total number of children in foster care nationally has decreased every year for more than a decade, the number of youth aging out of foster care has continued to grow. More than 230,000 young people have aged out of care since 1999, ranging from 19,000 young people in 1999 to nearly 30,000 in 2008. Research shows that these youth are less likely to have a high school diploma, pursue higher education, or earn a living wage than other youth and more likely to experience economic hardship, have a child without being married, and become involved with the criminal justice system.

“The chemistry of the adolescent brain is what often causes young



**I grew up with a lot of anger, and this anger has manifested itself into the passion I have today to do better for my community.**

SIXTO CANCEL

# Long-term congregate care doesn't help young people form bonding relationships.

people to seek new excitement through increasingly risky behaviors,” notes the Jim Casey Initiative report. “Young people need positive youth development opportunities so that they can engage in healthy risk-taking via constructive, meaningful activities.”

The report offers several recommendations, including:

- Continually providing young people with opportunities to connect with their families and communities;
- Encouraging them to build on strengths and talents;
- Helping them advocate for themselves and be active in their own planning and decision making; and
- Promoting practices based on an understanding that “just as early maltreatment and subsequent trauma can negatively impact brain development, positive experiences during adolescence can strengthen healthy neural connections and promote learning.”

The report recommends that all states extend “developmentally appropriate foster care” services to age 21, so that young people

continue to receive support as they transition to employment, higher education, and more permanent living situations. The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 appropriates funds for states to extend foster care beyond age 18. So far, however, only 11 states are exercising that option, and experts say improvements are needed in how the law is implemented.

## Changing the Trajectory

Sixto Cancel, now 20, was removed from his home at 11 months old and moved in and out of foster homes, experiencing abuse, neglect, and isolation along the way. As he watched peers in the system age out and spiral downward without permanent relationships or supports, he took steps to change that trajectory.

Cancel chaired a leadership board for Connecticut youth in foster care and enrolled as an Opportunity Passport participant in the Jim Casey Youth Opportunities Initiative, where he learned valuable skills to help him prepare for the future and save money for a car and an apartment. Cancel, now a freshman at Virginia Commonwealth University, is a Young Fellow for the Jim

Casey Initiative and advocates for foster care reforms to benefit young people at conferences and policy forums. In February, he attended a Black Emerging Leaders Summit at the White House with True Colors, a program that does advocacy and training on lesbian, bisexual, gay, and transgender issues and helps mentor foster youth.

“What motivates me to do all these things is the fact that I grew up with a lot of anger, and this anger has manifested itself into the passion I have today to do better for my community,” says Cancel.

Thanks to his perseverance, the Jim Casey Initiative, and the fact that his home state of Connecticut extends foster care assistance beyond age 18, Cancel is managing his transition to adulthood without a legal family. Initiative staff members, who visit him at college and are a phone call away, have become his go-to network. “I absolutely couldn’t have done it without their support,” he says.

Adolescent brain development has been gaining media attention in recent months, with features in such publications as *U.S. News and World Report* and *National Geographic*. The Jim Casey Initiative has seized this opportunity to promote nurturing environments for youth with troubled backgrounds, who, the report’s authors maintain, still have a chance to make a better life for themselves.

“What we realized was that this knowledge was out there, but it hadn’t been applied specifically to youth in foster care,” notes Madelyn





Freundlich, who heads Excal Consulting Partners and was a lead author of the Jim Casey Initiative report.

“We really worked hard to use the research to show that this is a period of dramatic development in the brain second only to early childhood, and that there are ample opportunities for adolescents to rewire their brains in very substantial ways.”

The report’s analysis resonates with audiences from parents to policymakers. “Anybody who has raised a teenager instantly understands,” notes Stangler.

A recent roundtable hosted by the National Governors Association explored how to make best use of the new interest in adolescent brain development. “If one believes that this research can help set the direction for states, the conversation needs to be broader” to include all vulnerable youth, notes Susan Golonka, program director for human services at the NGA Center for Best Practices. “The conversation has really shifted to how what we know about the brain and trauma can better inform practices.”

Legislators are taking an interest in this work, and states such as New York and Iowa have requested Jim Casey Initiative involvement in conferences to examine the implications for child welfare professionals, court officials, and the foster care system.

The Allstate insurance ad closes with a message youth advocates would love practitioners and policymakers to take away from these discussions:

“Let’s help our teenagers not miss out on tomorrow just because they have something missing today.”

A CONVERSATION WITH GINA MIRANDA SAMUELS

## older youth and permanence



*Gina Miranda Samuels is a researcher and associate professor in the School of Social Service Administration at the University of Chicago on sabbatical leave at the Annie E. Casey Foundation. She is the author of a report called, "A Reason, a Season, or a Lifetime: Relational Permanence," published in 2008 by the Chapin Hall Center for Children with support from the Jim Casey Youth Opportunities Initiative.*

**Q: WHAT DO YOU HOPE** to contribute to the Annie E. Casey Foundation's understanding of permanence and to the field more broadly?

**A: PERMANENCE IS** child welfare jargon for finding, creating, repairing, and healing families for kids to grow up and thrive in, whether that includes biological, adoptive, or foster parents, or some combination. It is not just legality that causes bonding and love to last. While all sorts of benefits come with having the right to legally affirming relationships within a family, the piece of paper alone doesn't make people family. Much more goes into the sense of attachment to a family or group. Human relationships are complex, and family relationships become even more complex for this group of kids who have experienced tough starts in their families of origin and are left with the residue. Regardless of whether they go back home or are adopted or whatever their next stopping place is, my hope is for the field to see that all of those relationships matter.

**Q: IN AN ERA WHERE FISCAL ACCOUNTABILITY** is paramount and philanthropic investments are guided by concrete results, how can we measure the success of these relationships?

**A: CASEY FAMILY SERVICES** [the Foundation's child welfare agency] has a tool called the Belonging and Emotional Security Tool, or BEST, that is used in practice and in longitudinal studies to assess a child's sense of belonging. It is not enough to check a box and say we've achieved permanence. You need to look at the child's well-being, sense of belonging, and emotional security. In the past, we assumed that if you could just get a kid to legal permanence, all those other things would come. Based on research that suggests emotional security is a critical component of successful permanence, the BEST tool is an example of a practice attuned more to relationships. Casey Family Services has been following a cohort of young people who have been in its system and have either aged out or are no longer in it—and they have used this tool to guide workers in paying attention to these things. As we look to measure outcomes, we want to know whether we have moved the dial developmentally in ensuring that children have healthy relationships. Some questions to guide us include: How do we form family-like connections and supports around youth and young adults aging out of care when we have failed to do so while these same young people were in care? What relational networks do young people have, and how might they provide support, or not, across the life course? What are the unique roles of adults, both kin and non-kin?



## A piece of paper alone doesn't make people family. Much more goes into the sense of attachment to a family or group.

**Q: IN ADDITION TO BEING AN MSSW** social worker and PhD researcher, you are a transracial adoptee. What kind of advice can you offer the field about transracial adoption?

**A: I TRY TO PUSH THE FIELD** beyond the question of whether it is good or bad. We have multiracial families not only by adoption but by birth—that train has left the station—so we should not be asking whether or not we should exist, but raising questions about the challenges embedded in that family structure. How can we make being transracially adopted less of a risk factor for identity struggles than it needs to be? Who plays what role in that, and how can we help children and parents living in that context to create families that are affirming to all members? For most parents entering transracial adoption or cross-race parenting, raising kids to operate in cultures and ethnic groups other than their own is not a natural skill set that most parents have, and yet these are absolutely essential skills for parenting transracially adopted kids.

When it comes to preparing adoptive parents, there really isn't an evidence-based practice for cross-race parenting, and unlike in foster care, many adoptions are conducted through private agencies that aren't held to the same reporting mechanisms as public agencies. Cost is also a factor, and some agencies can't provide the support to help parents—whether it is a transracial adoption or not—get sufficient training to ensure they can successfully integrate a child into their family. And while some communities offer informal support groups for transracial adoptive parents and families, or training on hair care, culture, and history, questions remain about how you can teach parents who've never experienced racial discrimination what it will feel like for their children—or if you could, is there any evidence that

it would help their parenting? It is also important to remember that some families do fine without supports, and others won't for reasons that may have everything or nothing to do with race.

**Q: A REPORT PUBLISHED BY** the Jim Casey Youth Opportunities Initiative offers guidance on foster care policies for older youth based on research on the adolescent brain (see page 6). Can this work play a helpful role in child welfare reform?

**A: THIS IS A REALLY IMPORTANT AREA** of research that oftentimes as social workers we don't think about. What this work does is really force us to pay attention to the biology of human beings and the way it matters. You are born with certain abilities, and then the environment starts to happen for you and it massages either your vulnerabilities, your strengths, or a combination of both. A very important piece is that the brain science offers evidence of substantial opportunities for growth for this age group, and what particularly excites me is that it is through relational experiences that the brain grows and can rewire itself. This underscores the importance of relationships, not only from the standpoint of attachment, but because they can help young people grow and repair some of the damages in the brain's development that early maltreatment can cause. These data confirm that there are a host of things we can be doing intentionally in using relationships as a mechanism for healing.



## REDUCING CONGREGATE CARE: worth the fight

Fifteen-year-old Jasmine O'Shea has been living with a foster family in Denver for a year, and plans are underway to find her an adoptive family. It's a different world for the bright, introspective girl who loves reading and creating art, from abstracts to fashion design.



O'Shea has lived in group care facilities on and off since 2006. Her mother left an abusive marriage and gave up her parental rights for Jasmine a few years later, reporting that she was "aggressive."

"I was there too long. I didn't get to get out in the world and see what it was like, didn't get a chance to socialize," says O'Shea of her last stay in a congregate care facility in Denver. By all reports, O'Shea is doing well in her foster home and

cautiously anticipating a transition to public high school and potentially a new adoptive family. But, she says, "I wasn't prepared for any of it. The things normal teenagers are excited about, I'm terrified of."

"Jasmine is a youth who had been in institutional care for years, and against the recommendations of many professionals who thought she could never make it in a home-like setting, we got the court to agree to allow us to move her to



a foster home,” notes Allen Pollack, division director for youth services and community impact for the Denver Department of Human Services. “She is now on the way to being adopted—another goal many professionals involved did not believe was possible.”

The Annie E. Casey Foundation has been helping Denver and the state of Colorado forge child welfare reforms for several years, first through its Family to Family initiative, which used a team approach to help more children remain safely with their families or in family settings, and more recently through its “Rightsizing Congregate Care” initiative, which seeks dramatic reductions in reliance on group care.

These efforts are driven by a recognition that too many children spend too much time in “congregate care” settings, which many experts believe should be no more than a transitional step in moving a child toward a family setting and providing services to ensure a successful outcome. “Anything over three months tends to produce worse behavior,” notes Pollack.

Too much time in congregate care “has bad outcomes and interferes with the public child welfare system’s ability to find a permanent relationship for a child,” notes Suzanne

.....  
*Jasmine O’Shea, who moved successfully from a congregate care facility to a family setting, enjoys an afternoon at the park with her caseworker, Dawn Crosswhite.*



Barnard, associate director of Casey’s Child Welfare Strategy Group. “The population that needs to be in congregate care is much smaller than the population that currently lives there.”

Casey’s goal is to support interventions that reduce congregate care from its current level of 16 percent of all foster care placements nationally to about 5–10 percent in the next five years and to move those children as quickly as possible toward lifelong family connections and permanent homes.

Casey’s Child Welfare Strategy Group has successfully helped child welfare systems in Louisiana, Maryland, Maine, New York City, and Virginia to reduce reliance on congregate care. Through the Rightsizing Congregate Care initiative, this work continues in several more sites, including Colorado, Connecticut, Delaware, and Washington, DC.

### Tougher Road for Older Youth

Nationwide, there’s been notable progress in efforts to minimize the use of congregate care for younger children. In Denver, for example, the county converted its Family Crisis Center, once a holding station—often long term—for infants and toddlers removed from their homes, to serve only older children. “We said toddlers and babies don’t belong there, and we had it relicensed so no one under 12 could go there. We basically drew a line in the sand and said we are not going to institutionalize young kids,” says Pollack. The county is still working to decrease the numbers and lengths of stay in such facilities for older children as well. But in Denver and elsewhere, that work is slow going.

“We’re in the very early stages of trying to figure out what the research says definitively” about congregate

# Congregate care placements cost child welfare systems three to five times the amount of family-based placements.

care's impact on older children, notes Barnard. The Child Welfare Strategy Group, in conjunction with the San Francisco-based Youth Law Center and Casey's Policy, Research, and Communications Group, has commissioned a literature review and is convening child welfare experts, researchers, and policymakers later this year to begin developing a research framework.

"We are trying to get a developmentally research-informed approach to group care," says Carole Shaffer, former executive director of the Youth Law Center and now its senior director for strategic initiatives.

Research has been influential in curbing congregate care for younger children, beginning with well-documented studies on the adverse effects of Romanian orphanages. A December 2011 article in the *Journal of the American Academy of Child and Adolescent Psychiatry*, titled "Foster Care for Young Children: Why It Must Be Developmentally Informed," cites "decades of developmental research on the science of attachment" in support of a focus on permanent adult connections.

Co-authored by Shaffer, who is an attorney, with Charles H. Zeanah, MD, and Mary Dozier, PhD, the article underscores the importance of early attachments to consistent, nurturing adults and says family, caregivers, guardians, and kin need to form committed relationships with young children to bolster their sense of security and self-worth. Because such facilities are staffed by people who work in shifts, "group care is the opposite—you don't even get a full day commitment, you only get eight hours," notes Shaffer.

"The instability of shift care is definitely an issue. When the same person getting you up in the morning is not the same person who sends you to bed at night, it is very difficult for children," notes Barnard.

While research on the impact of congregate care on older kids is more limited, a recent report on adolescent brain development by the Jim Casey Youth Opportunities Initiative cites evidence that young people need caring one-on-one adult connections in a real-world setting to learn appropriate risk-taking (see page 6).

Casey wants to know: "Based on what research tells us, what are some developmental tasks young people need to be able to complete to get on the right path, and if we match those up against the conditions, circumstances, and policies in group care, does it enable them to fulfill those tasks?" says Shaffer.

For now, what does turn the heads of public officials is outcome data. "What we do know is that children removed from congregate care and transitioned into family settings tend to do better," says Pollack. In convincing courts, which can override child welfare authorities seeking to remove a child from congregate care, "we show them how many kids we can get into a less restrictive setting without having to go back."

Family settings are also more cost effective, and the savings can be invested in support services. According to Casey data, congregate care placements cost child welfare systems three to five times the amount of family-based placements. In Denver, notes Pollack, the average monthly cost for congregate facilities is \$7,000 a month. "We can invest some of the savings into wrapping services around a family and providing services in the home." Providing such services on the front end for vulnerable families can help prevent a child's removal from home.

Will Lightbourne, director of California's Department of Social Services, says such services are critical in a pilot the state is implementing that aims to reduce congregate care to





a minimal level. “There has to be a very conscious strategy to look at the length of stay and outcomes and see some evidence that you have assessed each child’s needs for why they are in a higher level of placement, so that it’s clear there is a reason, and it’s not just because a bed is available.”

As director of social services in Santa Clara previously, Lightbourne led a multi-year effort to convert a state-of-the-art, 132-bed shelter that often housed 180 children a night—many staying for a period of months—into an intake and assessment center. The center now places kids with

relatives or in foster homes within a 24-hour period. “The more this work can be informed by research, the better,” reflects Lightbourne, but that means “making sure it is out there and available.”

Ensuring that there are alternatives to group care also means recruiting and training more foster parents and making connections with any family members and mentors who can be part of a child’s team and offer lifelong support.

Reducing congregate care can pose a financial threat to private providers,

but forging new relationships is possible. “In Denver, one group of providers accused us of putting them out of business, while another took the initiative to develop a continuum of services including much less restrictive settings,” notes Pollack. These kinds of changes are needed, experts say, to reduce the use of group settings and help more children find supportive homes.

“The family environment has helped me more than the treatment centers,” says Jasmine O’Shea. “No matter how good it is, it’s just not home.”

“The biggest challenge is making sure there is a strong team backing these children. Kids need to know you believe they will be successful,” notes Dawn Crosswhite, who coordinates a Permanency Roundtable in Denver and is the senior social caseworker who works with O’Shea.

“She’s worth the fight,” says Crosswhite.

**I was there too long.  
I didn’t get to get out in  
the world and see what it  
was like.**

JASMINE O’SHEA

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## CASEY CONNECTS

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