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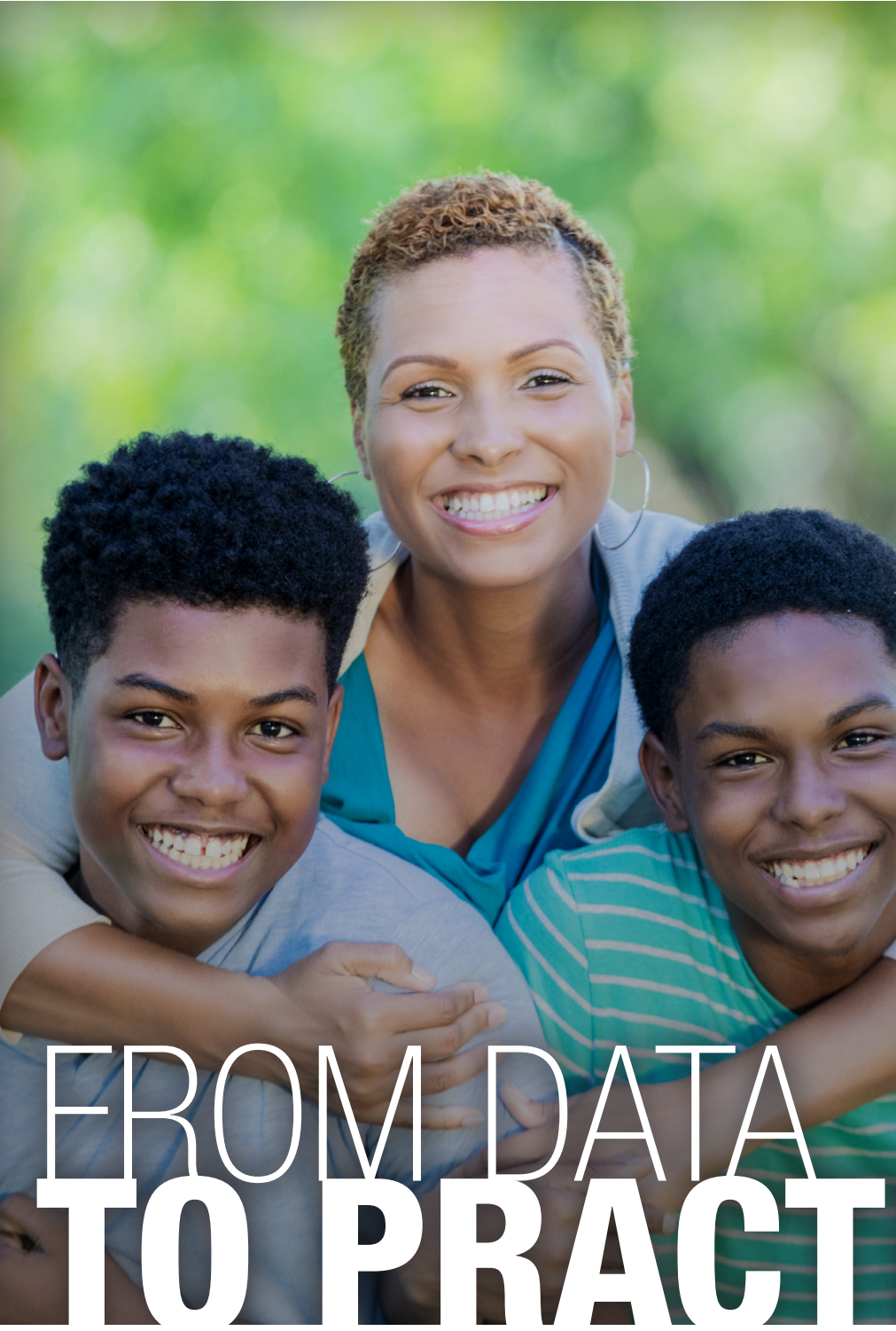CHILDRENSTRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDREN
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casey family programs

The Impact
of Placement
with Family on
Safety,
Permanency,
and Well-Being

NOVEMBER 2018

FROM DATA
TO PRACTICE

safe children | **strong** families | **supportive** communities

FROM DATA TO PRACTICE

REPORT SERIES | VOLUME 2

Foreword

DEAR FAMILIES, FRIENDS, AND COLLEAGUES,

Casey Family Programs believes that every child deserves a safe, supportive, and permanent family. We work in all 50 states to safely reduce the need for foster care and to influence long-lasting improvements to the safety and success of children, families, and the communities where they live.

We are excited to introduce the second *From Data to Practice* report, **The Impact of Placement with Family on Safety, Permanency, and Well-Being**. The Child and Family Services team at Casey Family Programs has a long and successful history of supporting families and valuing kinship care (placement with relatives) as a preferred option for children and youth when they cannot stay with their biological parents. This report presents data and recommendations that confirm this meaningful approach and assert that we are on the right track. This report further affirms our commitment to fully adhere to the principle of the centrality of family and cultural relevance in decision-making for all children — a principle that is at the core of the Indian Child Welfare Act.

Many social workers have a unique relationship with data — often prioritizing direct services to children, youth, and families while struggling with the distraction of why data and data entry are vital. But increasingly, we are witnessing how data-driven analysis mirrors our lived experience and can be used to help us course-correct our practice. In this way, data are a useful companion that can inform what works and what is possible in our constant pursuit of promoting better lives for children, youth, and families. This report is a testament to this emerging data-driven world. It explores our ever-evolving relationship with data, while allowing us the space to analyze and visualize our practice principles. It also gives us the opportunity to share some lessons learned in our continued pursuit of providing services that support family-centered care. This report also helps confirm our assertion that the future of child welfare rests in strengthening families and their communities.

In our direct services, we continue to pursue higher levels of innovation in our offerings and in how best to support children, youth, and their caregivers. As we share what we have learned about the impact of time spent with relatives on youth outcomes, we are learning and adapting our practices based on the evidence that those inquiries generate. This report, which focuses on the impact of time with family, is filled with hope. Hope is the cornerstone of life, and families inherently bring hope to the children we serve.

In service to and on behalf of children, youth, and families,

Toni M. Rozanski, MSW
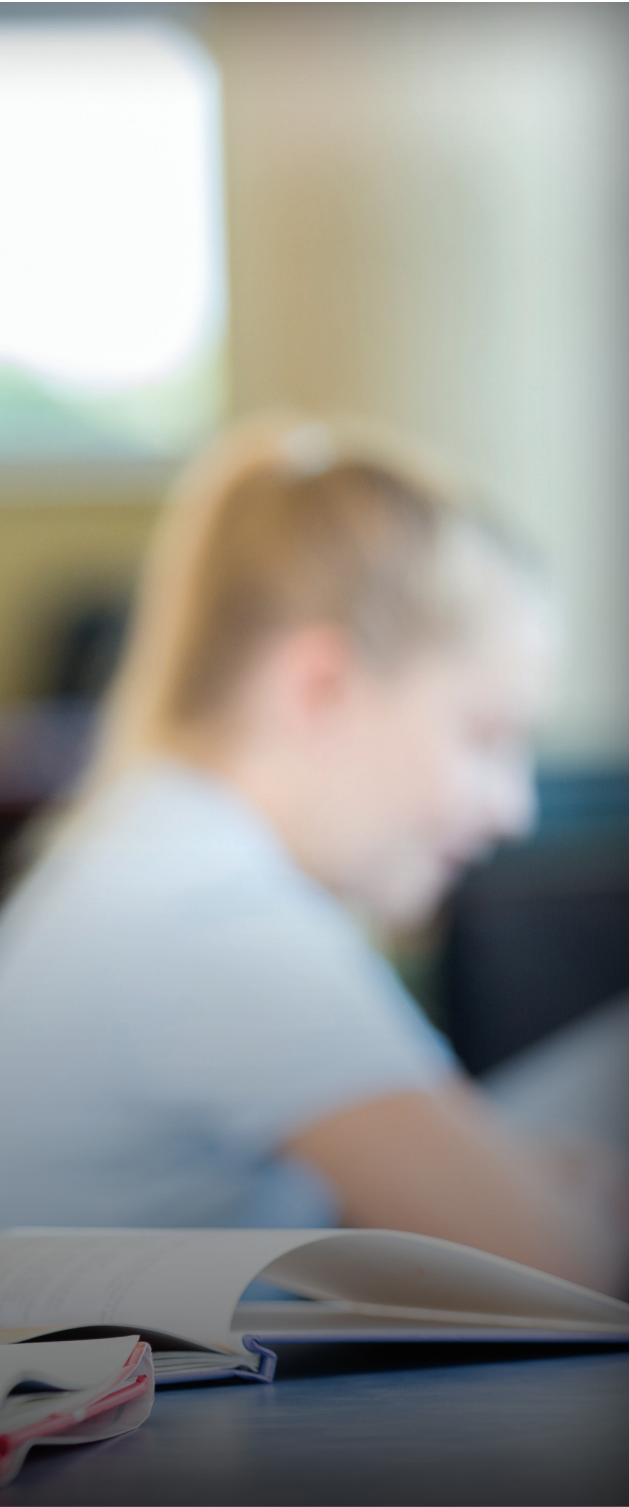Senior Director
Seattle Field Office

Jorge Cabrera, MSW
Senior Director
San Diego Field Office

FROM DATA
TO PRACTICE

Overview

As part of the *From Data to Practice* series, Child and Family Services (CFS) partnered with Research Services at Casey Family Programs to examine the impact of time children spent placed in care with family on youth safety, permanency, and well-being. The target population was 436 youth who entered Casey out-of-home care between July 1, 2014, and July 1, 2015. Data were extracted from the CFS-Electronic Case Management System in July 2017, which allowed for two years of tracking outcomes. Preliminary findings were shared with CFS staff to assist in interpreting results and identifying next steps.

An important concept we refer to throughout this report is **time with family**. Time with family is defined as the number of days in Casey out-of-home care spent residing in a trial home visit, relative placement, or placement with fictive kin. In other words, living with a "family" member while being served by CFS. These days were divided by the total number of days in care for that youth (this creates the percentage of time placed with family).

This report includes the demographic characteristics, findings of factors correlated with time placed with family while in care (compared to time placed with non-relatives), and several stories highlighting themes of the results.

Key Findings and Recommendations for the Field

Casey staff reviewed findings and discussed several potential next steps that could be taken. The following includes the study's main findings and considerations for how these findings might inform service delivery.

1 SAFETY

For youth in Casey placement supervision services, more time placed with family while in out-of-home care is associated with fewer critical incident reports.

WE RECOMMEND:

- Being resolute in engaging youth and caregivers in conversations about what safety means to them.
- Advancing multidisciplinary team practices, such as child and family teaming models, to facilitate discussions of concerns and to determine whether a safety issue is present.
- Refining ways of selecting and supporting resource familes to minimize the likelihood of child maltreatment and other safety threats.
- Developing strategies for distinguishing between threats to child safety and other barriers to achieving permanency (e.g., poor housing, criminal records).

2 WELL-BEING

More time placed with family while in care is associated with better youth well-being, including school achievement, mental and physical health, and optimism (at most recent assessment).

WE RECOMMEND:

- Persevering in engaging youth and caregivers in conversations about what well-being means to youth and families.
- Continuing to explore through analyses the intersection between safety, permanency, and well-being.
- Persisting in exploring youth identity and belonging, and their relationship to well-being.

3

RELATIONAL PERMANENCY

The more time youth spend placed with family while in out-of-home care, the more likely they are to obtain and maintain relational permanency.

WE RECOMMEND:

- Working with state partners, early and throughout the life of the case, to focus simultaneously on placement stability, and obtaining and maintaining lifelong family connections.

- Ensuring that in practice, staff explore all possible ways for family members to make lifelong connections with youth.

- Continuing the use of CFS core practices (e.g., family finding and engagement, building and supporting youth and family networks, individual child and family teaming strategies) as ways to locate and engage family members.

- Whenever possible, have children placed with family if they have to enter foster care.

4

LEGAL PERMANENCY

The more time youth spend placed with family while in out-of-home care, the more likely they are to obtain legal permanency.

WE RECOMMEND:

- Examining licensing requirements for kinship caregivers and exploring ways to simplify and expedite the process.[1]

- Persevering in engaging families, including advocating for and elevating voice of birth parents.

- Persisting in challenging bias against birth families, including those who have previously had their parental rights terminated.

- Continuing to use and incorporate family group conferences or other family-centered teaming techniques as a practice strategy to elevate relatives' voices, create a space for the relatives to develop their own plan, and break down power differentials.

What we did

This *From Data to Practice* report examines the impact of placement with family versus placement with non-relatives on youth safety, permanency, and well-being.

> Casey believes the Indian Child Welfare Act (ICWA) and its call to help youth remain connected to their families, cultures, and communities is the gold standard of child welfare practice. The efforts required by the ICWA – including active work with families, prioritizing placements with family and kin, actively involving a child's tribe and parents in proceedings, and maintaining a connection with the child's community and culture – emphasize sound clinical work that preserves families and tribes. ICWA engenders the core values of Casey's direct practice.

The target population for this report included youth who entered Casey out-of-home care between July 1, 2014, and July 1, 2015 (entry cohort). After pulling data for the entry cohort from Casey's case management system, we ran descriptive statistics for demographics, youth experience in care (as of July 1, 2017 – the day the data were pulled), and time placed with family while in out-of-home care. Exploratory analyses were run on both critical incident report (CIR) data as a proxy for safety and youth well-being indicators as proposed by Casey staff. See page 14 for more information on CIRs.

Time to event analyses helped us compare time to legal permanency for youth based on several factors, including having relational permanency at intake and time placed with family while in out-of-home care. Relational permanency is the many types of important long-term relationships that help a child or youth feel loved and connected. Legal permanency occurs when a child or youth's relationship with a parenting adult is recognized by law. Finally, we ran a multivariate analysis to ascertain the effects of several factors — including demographic characteristics, trauma history, status at intake (through initial assessment), services received, specific practices (e.g., family group conferences, permanency roundtables, family finding), and percent of time placed with family — on the likelihood of obtaining legal permanency.

Who was served

The entry cohort consisted of 436 youth, ranging in age from birth to 18 years old, who had been served in out-of-home care for at least 30 days. The average age of youth at enrollment into Casey out-of-home care was 10.9 years (SD = 4.7), and 55 percent identified as male. More than half of the youth served, 242 (56%), were identified by their Casey social worker as Latino/Hispanic, 83 (19%) as Black or African American, and 67 (15%) as White (see Figure 1).
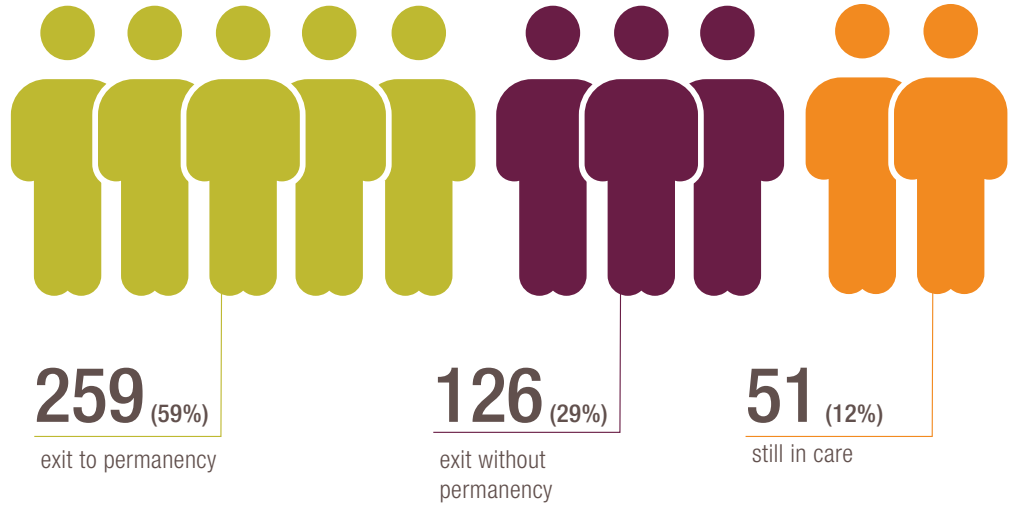
As of July 1, 2017 (the time of the data pull), 51 youth (12%) were still in Casey out-of-home care, 259 (59%) had exited to legal permanency, and 126 (29%) had exited without legal permanency (e.g., moved to another program or out of region, aged out, ran away).[2] (See Figure A.1 in the supplemental data report for more information.)

FROM DATA **TO PRACTICE**

FIGURE 1: Youth demographics and outcomes

436
youth served in Casey
out-of-home care

259 (59%)
exit to permanency

126 (29%)
exit without
permanency

51 (12%)
still in care

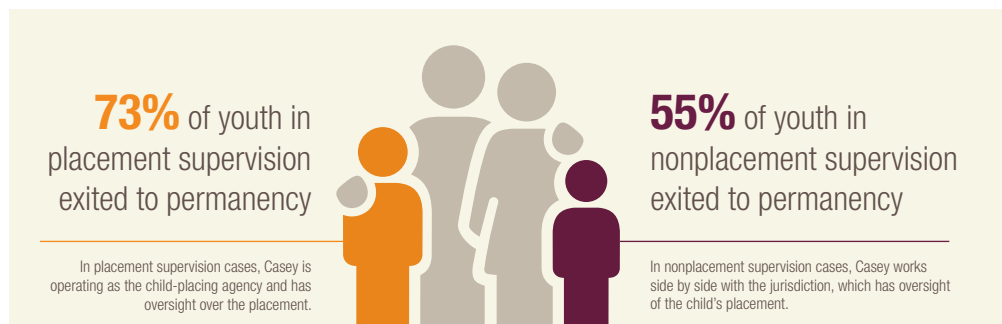| 56%	19%	15%	8%	other*
Latino/Hispanic	Black/African American	White	Multiracial	

*Other race/ethnicity category includes American Indian/Alaska Native, Chinese, and other.
Note: As of November 18, 2017, none of the 11 youth who exited without permanency, but were still in the six-month post-closure permanency window, had obtained legal permanency.

12.1 current average age (years)

27% youth in placement supervision

430 average number of days in Casey OOHC

<1% other

45% female

55% male

73% of youth in placement supervision exited to permanency

In placement supervision cases, Casey is operating as the child-placing agency and has oversight over the placement.

55% of youth in nonplacement supervision exited to permanency

In nonplacement supervision cases, Casey works side by side with the jurisdiction, which has oversight of the child's placement.

Jeremiah and Ms. Green

LOS ANGELES FIELD OFFICE

Background: Jeremiah* was referred to Casey's Los Angeles field office when he was 13 years old. The year before, his mother, Ms. Green,* called the Department of Child and Family Services stating she could not care for him. Jeremiah was the youngest of Ms. Green's children, none of whom were living in her care. Jeremiah was living in a traditional foster home when he was enrolled for Casey services. He was later moved to group homes due to his behavior.

Barriers: Jeremiah's team did not agree with the idea of him returning to his mother and the amount of partnership among the team members varied. Jeremiah's mother had not met all the goals in her case plan that were necessary for Jeremiah to return to her. Jeremiah was also very angry about not being with his family and confused about the legal processes of foster care. He would provoke staff and peers at his group homes because he was angry. This would put the stability of his placements in jeopardy causing a cycle of placement changes for him.

Casey's services and supports: The Casey social worker established good working relationships with Ms. Green, the judge and attorneys, and the group home staff. Coaching was provided to the people working with Jeremiah to help address Jeremiah's anger, and help ensure his stability. The Casey social worker also advocated for a progressive visitation schedule with his mother. The Casey social worker helped Ms. Green and Jeremiah understand the safety concerns from the court's perspective and how they could better address them. The Casey worker also helped Jeremiah understand and participate in the legal process of reunification.

After Ms. Green completed a court-ordered psychological evaluation, supervised visitation was approved between her and Jeremiah. These visits were successful with this information provided to the court. Ms. Green also began to work with Jeremiah's school to coordinate educational planning. As these improvements took place and visitation continued, his attorney started to advocate for reunification.

*All names have been changed to protect individuals' privacy.

Damian, Isabelle, and Mrs. Roman

SAN ANTONIO FIELD OFFICE

Background: Damian* and Isabelle* were referred to Casey's San Antonio field office when they were 12 and 13 years old. They had been living in a traditional foster home with two younger siblings after they were all removed from their parents because of abuse and neglect. Damian and Isabelle had also previously lived with their maternal grandmother, Mrs. Roman,* but they were removed from her care after she had to be hospitalized and left the children in the care of their parents.

Barriers: Mrs. Roman moved to San Antonio from New Orleans in 2005 after Hurricane Katrina. The only family she had in the area was her daughter, who was not allowed to have contact with the children. When the children started receiving Casey services, Child Protective Services (CPS) staff were concerned that Mrs. Roman would not be able to effectively care for the children. CPS worries included her limited local support, lack of transportation, health concerns, previous history allowing the parents to care for the children, and her past challenges in meeting case plan goals. Damian also had a developmental disorder, making things even more difficult at home and at school. Mrs. Roman also doubted how therapies might be helpful, how enrichment activities could be beneficial, and the importance of the children having same-age friends. She also did not want anyone to know of the struggles she was having with the children and she didn't want anyone to know about her daughter's struggles with addiction.

Casey's services and supports: The Casey social worker helped Mrs. Roman have more stable housing, access community resources, build a personal support network, and develop a behavioral plan to help her manage the children's behaviors. The Casey social worker also collaborated with state CPS workers, mental health professionals, and school staff to support the safety and well-being of the children. The Casey worker also helped get both children involved in extracurricular activities. She also traveled to Louisiana to help Mrs. Roman obtain critical identification information that the court needed so she could become the children's guardian.

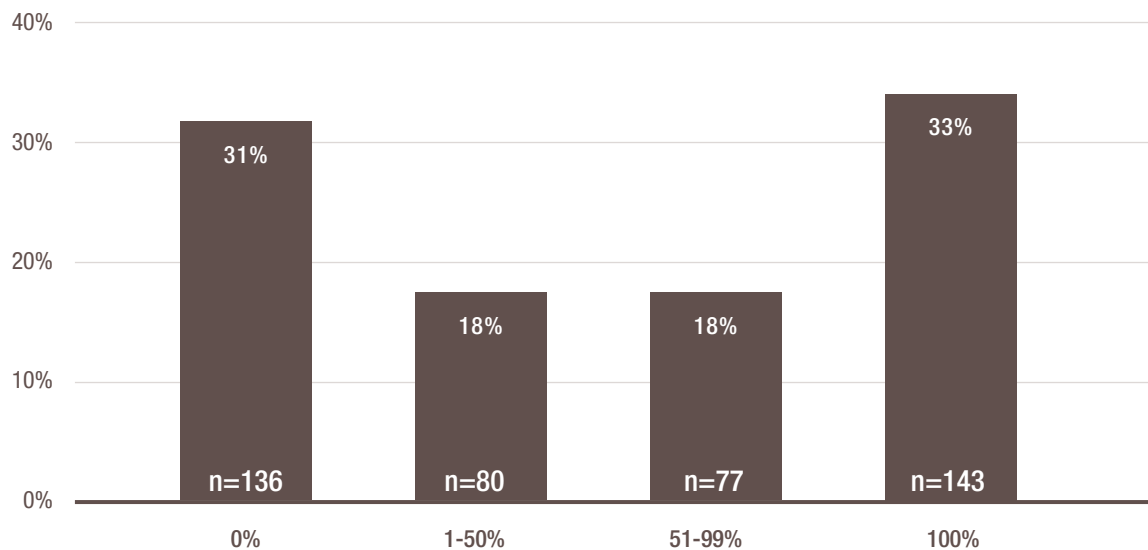*All names have been changed to protect individuals' privacy.

What we found

Types of family placements, as defined in this report, include biological parent (e.g., trial home visit), relative (e.g., aunt, grandfather), and fictive kin (see Glossary, pp. 24-25 for key terms).

The average length of stay in Casey out-of-home care was 430 days (SD = 292). Of their time in care, 136 youth (31%) did not spend any time placed with family, 143 youth (33%) spent all of their time placed with family (but not necessarily with the same family member[s]), and the other 36 percent were evenly split between 1-50% time placed with family and 51-99% of their time placed with family (see Figure 2). Average time in care placed with family was 53 percent (SD = .45).

> Time with family is defined as the number of days in care spent in the placement categories of trial home visit, relative placement, or placement with fictive kin divided by the total number of days in care for that youth (this creates the percent of time placed with family). To simplify analysis and interpretation, unless otherwise noted, youth were categorized into four groups based on time placed with family while in Casey out-of-home care: no time; 1-50%, 51-99%, and 100%.
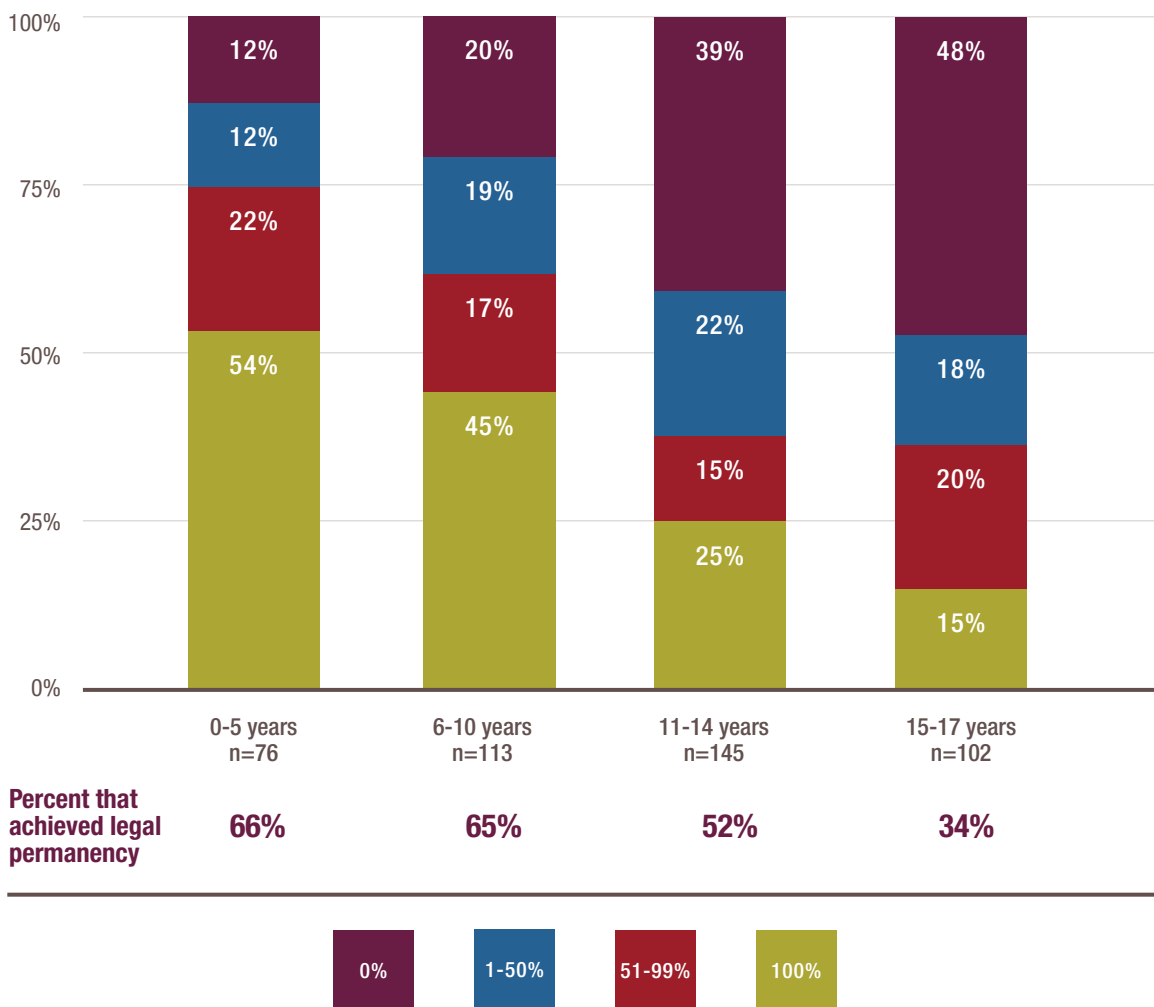
FIGURE 2: Percent of time placed with family while in Casey out-of-home care

The percent of time placed with family while in out-of-home care was also broken down by age, gender, and race/ethnicity. The youngest group of children served by Casey (those 0-5 years of age) had the largest proportion of time in care placed with family, while the oldest group of youth (those 15-17 years of age) spent the smallest proportion of their time in care with family (see Figure 3). Of note, 66 percent of the youngest children exited to legal permanency, whereas 34 percent of the oldest youth exited to legal permanency. There was no clear pattern found for percent of time spent with family by gender or race/ethnicity (see Figure A.2 in supplemental data report for more information).

FIGURE 3: Percentage of time placed in Casey out-of-home care with family by age

	0-5 years n=76	6-10 years n=113	11-14 years n=145	15-17 years n=102
Percent that achieved legal permanency	**66%**	**65%**	**52%**	**34%**

Legend: 0% | 1-50% | 51-99% | 100%

Time percentage totals for some age groups do not equal 100% due to rounding.

Jeremiah and
Damian and Isabelle

Ensuring safety was an integral part of the services and support provided to Jeremiah, Damian, and Isabelle.

The Casey social worker talked with Jeremiah about ways to better control his anger that would help make his placement more stable. She also helped Jeremiah while he was transitioning home, giving him hope, and helping to keep him calm.

For Damian and Isabelle, their Casey social worker talked about what it means to be safe and who they can talk to if/when they don't feel safe. Damian can now talk about when he needs a break instead of running away and becoming angry. He can also talk about safe and unsafe touches. Isabelle has a better understanding of why she can't live with her parents, which has helped her relationship with her grandmother. Mrs. Roman better understands what it takes to ensure the children are safe at all times.

1 SAFETY

For youth in Casey placement supervision services, more time placed with family while in out-of-home care is associated with fewer critical incident reports.

Note: A subset of 119 youth (27% of the total cohort) were used for the safety analysis. The safety data used for this report were more complete for youth served in placement supervision (see Glossary for definition).

It is important to note that safety is not uniformly defined across child welfare jurisdictions. The CFS practice model identifies that safety includes whether youth are safe from maltreatment or other harm and whether they feel safe. In practice, and as set forth in the ICWA, ensuring safety may require a focus on youth services and supports. Ensuring safety may also involve identifying appropriate services for parents and caregivers, and helping parents to overcome barriers, including actively assisting them in obtaining services.

For the current analysis, we focused on critical incident reports (CIRs) to assess whether a youth was safe. CIRs are any reported actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of a youth. Examples include a youth running away or cutting themself, a youth getting into a physical altercation with a peer, or a youth being physically assaulted by an adult. Because there is a higher level of monitoring and documentation requirements in our practice for youth served in placement supervision, there were more robust data on CIRs for these youth. Therefore, this subset of youth (n = 119; 27% of the total cohort) was used for analysis.

Of the 119 youth in placement supervision, 60 (50%) did not have documented CIRs while in Casey out-of-home care, 25 (21%) had one documented CIR, and the remaining 34 (29%) had two or more CIRs (range 2-14). Six youth (5%) moved placements as a result of incidents documented in a CIR. Note that the CFS definition of safety encompasses many more areas than just substantiated child maltreatment. Examples include runaway, injury or illness requiring medical attention, and arrest of a youth in foster care.

Youth who spent more than half of their time placed with family while in out-of-home care had fewer reported CIRs compared to youth who spent less or no time in care with family. Further, youth who spent 100% of their time placed with family while in out-of-home care had significantly fewer reported CIRs. Specifically, 77 percent of youth placed with family the entire time in Casey care had no CIRs (see Figure 4 and the statistical tests reported in Table 1.1 in the supplemental data report for more information). CIRs often are associated with behavioral challenges, which are among the factors that contribute to youth not residing with family, particularly for older youth served in Casey placement supervision. Further analysis could look at whether youth age, type of incident, or presenting behavioral issues differ by time with family.

FROM DATA **TO PRACTICE**

FIGURE 4: Percent of CIRs for placement supervision youth by percent of time placed in Casey care with family

0-50% time in care placed with family

41%
0 CIRs

24%
1 CIR

35%
2+ CIRs

51-100% time in care placed with family

62%
0 CIRs

17%
1 CIR

21%
2+ CIRs

Jeremiah

Casey's practice focuses on supporting families in creating safe, secure, and responsive environments for youth to be healthy, learn in school, and pursue their dreams.

With the encouragement from his Casey social worker, Jeremiah started to write letters to the judge for each court date, saying he wanted to go home and describing the impact that being in foster care was having on his well-being.

Jeremiah had a history of behavioral and academic difficulties in school. Upon returning to his mother's care, Jeremiah's behaviors improved. His academic tutoring continued and he earned full credits in school.

Damian and Isabelle

Education and support provided to Mrs. Roman helped in setting more age-appropriate goals for Damian and Isabelle, which increased the stability in the home and helped decrease Mrs. Roman's frustrations with the children. The children now have friends and Damian is interested in basketball, football, and running track, while Isabelle is pursuing photography, track, tennis, gymnastics, and makeup design.

2 WELL-BEING

More time placed with family while in out-of-home care is associated with better youth well-being, including school achievement, health, and optimism (at most recent assessment).

Note: For the remainder of the report, the full entry cohort of 436 youth was used for all analyses.

Similar to safety, child welfare does not use a standard, agreed-upon definition of youth well-being. Historically, well-being has been difficult to define, measure, and assess, as no consensus exists on how it should be conceptualized.

DEFINITIONS OF WELL-BEING

Child well-being encompasses quality of life in a broad sense. It refers to a child's economic conditions, peer relationships, political rights, and opportunities for development.[3]

Child well-being is the ability to successfully, resiliently, and innovatively participate in the routines and activities deemed significant by a cultural community. Well-being is also the state of mind and feeling produced by participation in routines and activities.[4]

Child well-being is multidimensional – encompassing safety, physical health and development, cognitive functioning, behavioral/emotional functioning, and social development.[5]

Because we do not have a standard way of defining well-being, we asked a group of Casey staff and leadership to tell us how they defined youth well-being. While environmental factors (e.g., stable housing), economic circumstances (e.g., family status), and risk behaviors (e.g., alcohol use) were mentioned, ideas overwhelmingly fell into three categories: education (i.e., academic achievement and functioning), physical and mental health, and social development (i.e., optimism, resiliency, and a sense of identity). A fourth category, culture, was added later after further discussion with staff to honor culture and cultural traditions, a cornerstone of the ICWA and Casey practice. Within these categories, certain indicators were repeatedly mentioned. These indicators were then aligned with individual items on Casey's Child and Adolescent Needs and Strengths (CANS) assessment. See Figure 5.

FIGURE 5: Preliminary indicators of youth well-being

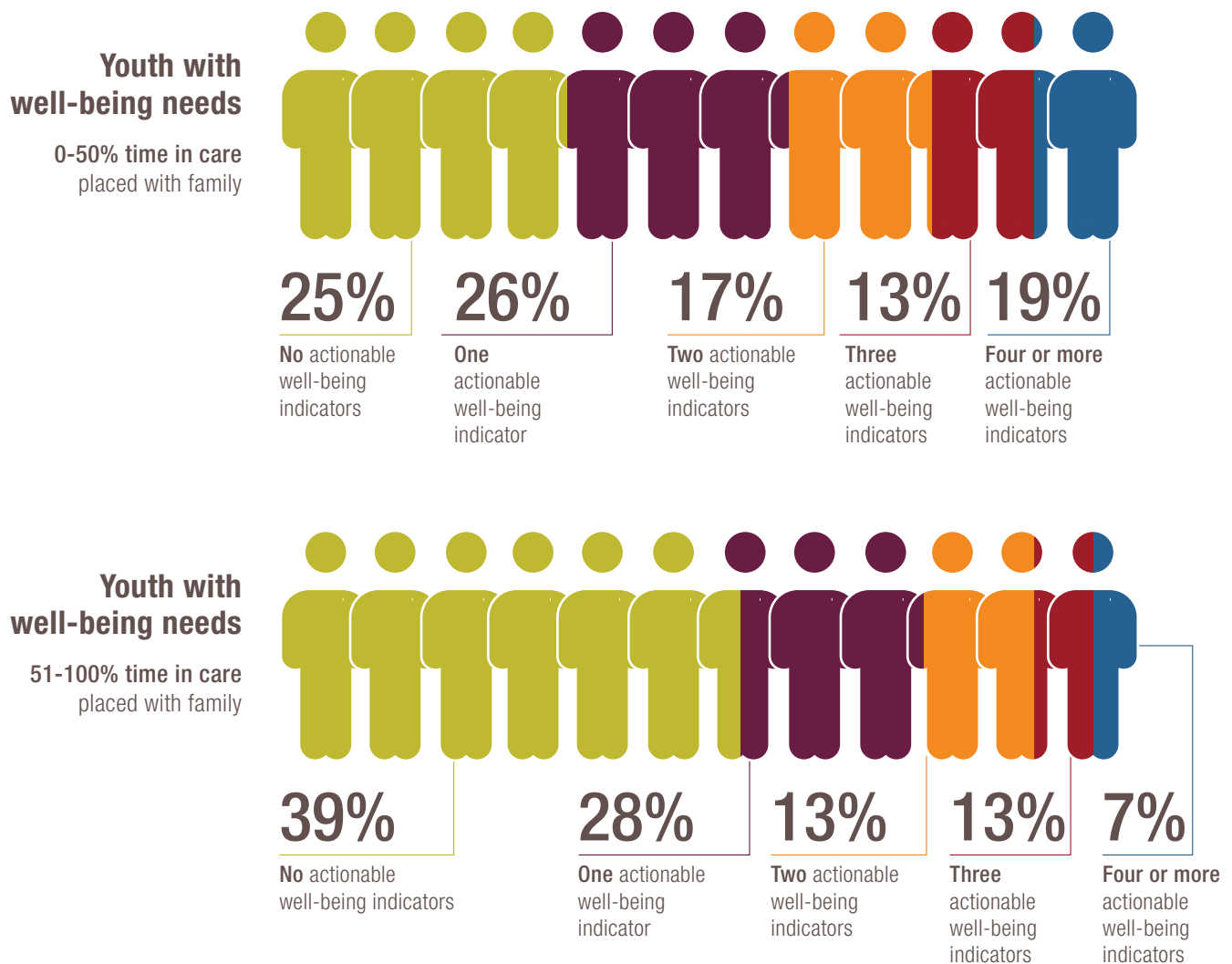| Culture	Education	Physical and mental health	Social development
Cultural stress	School achievement	Adjustment to trauma	Optimism
			Resiliency
		Social functioning	Identity

FROM DATA TO PRACTICE

We calculated the sum of actionable items (areas where help is needed to improve youth functioning) or strengths (assets that youth possess that can facilitate healthy development) for the most recent assessment. Youth's most recent CANS assessment corresponded to either their exit CANS, if they had exited Casey out-of-home care, or their most recent CANS as of July 1, 2017 (the end of the study period).

Youth who spent more than half of their time placed with family while in out-of-home care had fewer documented recent well-being challenges (see Figure 6 and Tables 2.1 and 2.2 in the supplemental data report for more information).

FIGURE 6: Percent of youth by recent well-being by percent of time placed in Casey care with family

Youth with well-being needs

0-50% time in care placed with family

25%	26%	17%	13%	19%
No actionable well-being indicators	**One** actionable well-being indicator	**Two** actionable well-being indicators	**Three** actionable well-being indicators	**Four or more** actionable well-being indicators

Youth with well-being needs

51-100% time in care placed with family

39%	28%	13%	13%	7%
No actionable well-being indicators	**One** actionable well-being indicator	**Two** actionable well-being indicators	**Three** actionable well-being indicators	**Four or more** actionable well-being indicators

3 RELATIONAL PERMANENCY

The more time youth spent placed with family while in out-of-home care, the more likely they were to obtain and maintain relational permanency.
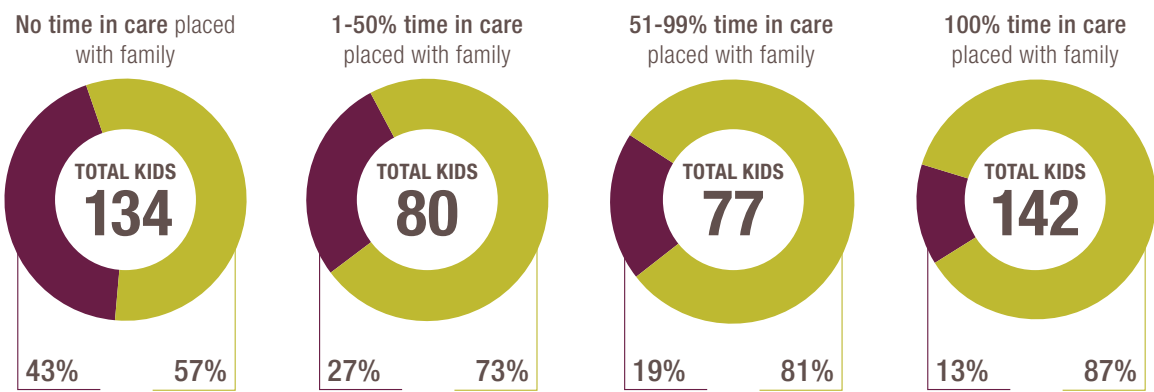
Helping youth develop, maintain, and/or obtain stable and significant relationships is a key element of CFS work (see the CFS practice model). Relational permanency occurs when a youth has relationships with one or more adults who are reliable and committed to the youth throughout their life. We also support youth and families to have consistent connections to their cultures and communities, including neighborhoods and schools. In line with both the principles and legal requirements of the ICWA, CFS prioritizes identifying extended family members and contacting/consulting with extended relatives to provide family structure and support for a youth and her, his, or their family when a youth cannot be safely kept at home. Affirmative, active, thorough, and timely efforts to maintain or reunite youth with family also are emphasized. Relational permanence is captured on the CANS assessment by one item. To be identified as a centerpiece strength, a youth must have stable relationships "for most of her/his/ their life" and be involved with both biological parents.[6]

Relational permanency was a centerpiece strength for 108 (25%) youth at intake into Casey out-of-home care. At their most recent CANS, relational permanency was a centerpiece strength for 162 (37%) youth. This change in relational permanency status from intake may indicate that this strength was developed during their time with Casey or that it was discovered later in the service delivery process (see Figure 3.1 in supplemental data report).

Figure 7 illustrates that the more time youth spent placed with family while in out-of-home care, the better their chances of obtaining relational permanency.

FIGURE 7: Recent relational permanency by percent of time placed in Casey care with family

Relational permanency

No time in care placed with family — TOTAL KIDS 134 — 43% / 57%

1-50% time in care placed with family — TOTAL KIDS 80 — 27% / 73%

51-99% time in care placed with family — TOTAL KIDS 77 — 19% / 81%

100% time in care placed with family — TOTAL KIDS 142 — 13% / 87%

Most recent relational permanency according to CANS

Strength to be built   Usable strength

4 LEGAL PERMANENCY

The more time youth spend placed with family while in out-of-home care, the more likely they are to obtain legal permanency.

CFS works to secure both relational and legal permanency with the highest degree of urgency. The ultimate goal for children and youth in foster care is for them to transition to safe and legally permanent families. The goal in CFS is that no youth will age out of Casey foster care.

Youth in the entry cohort who spent more time placed with family had higher legal permanency achievement rates, and the percent of youth who achieved legal permanency went up in a step-wise fashion as the amount of time placed with family while in care increased (see Figure 8). For example, 38 percent of the youth who spent no time placed with family achieved legal permanency compared to 83 percent of the youth who spent all of their time placed with family.

Differences in types of permanency by time placed with family were also clear for those youth who did achieve legal permanency (n = 259). Youth who obtained legal permanency who spent no time placed with family while in out-of-home care were significantly more likely to be adopted, whereas reunification and guardianship were significantly more likely if the youth had spent any time placed with family (see Table 4.1 in the supplemental data report for more information). At the time of analysis, youth who spent less time in care placed with family were more likely to exit without
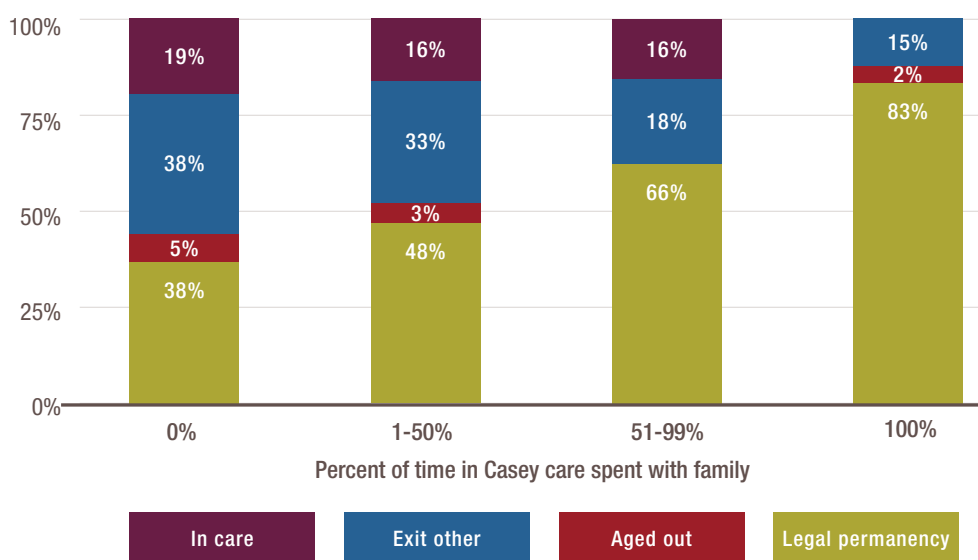
Jeremiah

Jeremiah's Casey social worker provided for both him and his mother individualized services and supports to meet their unique needs. For Jeremiah's mother, Ms. Green, the work was to assist her through the judicial process and ensure she completed each step required of her to allow the multidisciplinary team to see her as a permanency resource. The Dependency Court bench officer ruled that Ms. Green had complied with her case plan.

Jeremiah was successfully reunified with his mother in November 2017.

After the court date, Jeremiah told his Casey social worker: "I just had to sit down … it was like my whole body lifted up. I'm very happy. I made it." Ms. Green also reflected on her positive relationship with the judge and how important it was to have someone who took the time to listen and understand.

FIGURE 8: Legal and other permanency outcomes by percent of time placed in Casey care with family

Percent of time in Casey care spent with family	In care	Exit other	Aged out	Legal permanency
0%	19%	38%	5%	38%
1-50%	16%	33%	3%	48%
51-99%	16%	18%		66%
100%	15%		2%	83%

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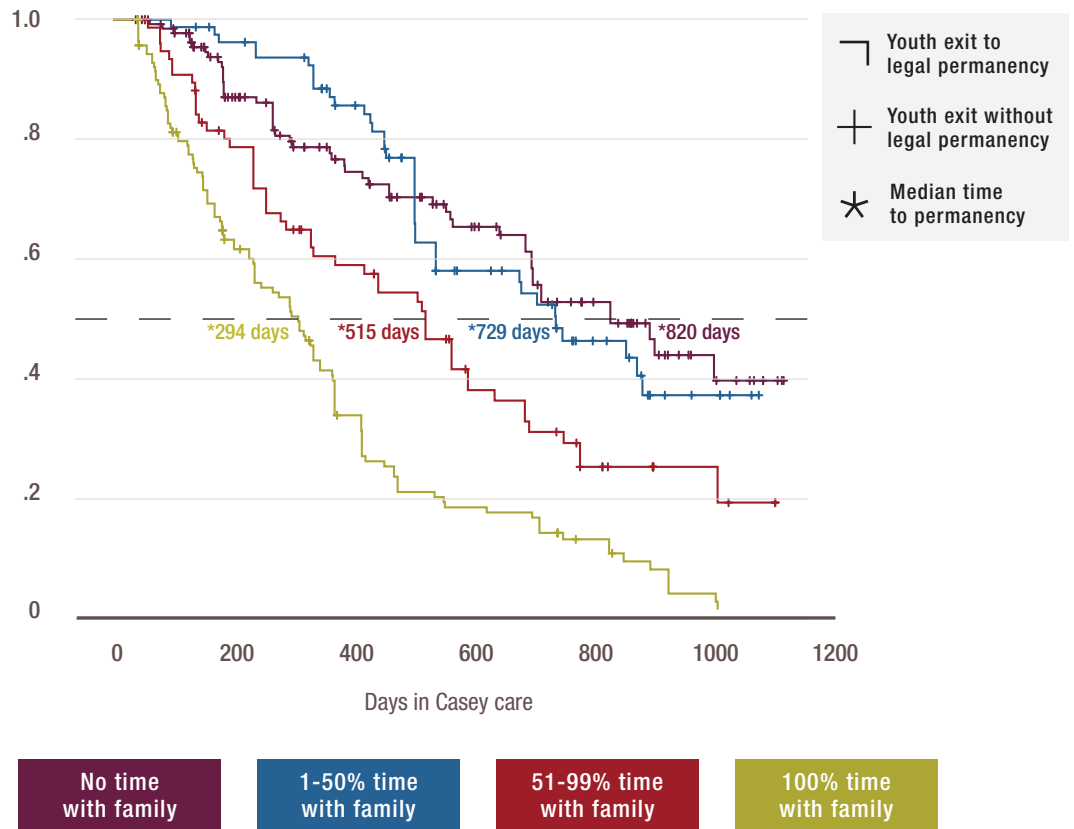CHILDRENSTRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDRENSTRONGFAMILIES

Damian and Isabelle

The Casey social worker provided Damian and Isabelle individualized services and supports to meet their unique needs. For Damian's and Isabelle's grandmother, Mrs. Roman, their Casey social worker provided information on how to improve her housing situation, connected her with a support system, and provided education regarding how to successfully manage the children's behaviors.

Mrs. Roman was given guardianship of Damian and Isabelle and their case was closed in October 2017.

permanency or still be in out-of-home care (see Figure 8). Further analyses could look at age of youth and types of adoptive and guardianship placements (i.e., with a relative or non-relative). Many of the youth who spent no time in Casey care with family and who obtained legal permanency through adoption, for example, went home to non-relative adoptive placements.

FIGURE 9: Probability of achieving legal permanency for youth by time placed with family while in out-of-home care

Legend:
- ⌐ Youth exit to legal permanency
- + Youth exit without legal permanency
- ✳ Median time to permanency

*294 days   *515 days   *729 days   *820 days

Days in Casey care

| No time with family | 1-50% time with family | 51-99% time with family | 100% time with family |

Time to event analyses were completed to assess the time it took youth to exit to legal permanency. Comparisons were made based on the amount of time youth spent in out-of-home care placed with family (see Figure 9). The plus signs in Figure 9 indicate where youth are exiting without permanency (for each of the lines). A step down in the line, or curve, represents a case moving to legal permanency. The chart indicates that:

- There are far fewer plus signs on the green line, meaning far more of the youth who spent 100% of their time placed with family while in Casey out-of-home care exited with legal permanency.

- Youth who spent 100% of their time placed with family while in Casey out-of-home care exited to legal permanency significantly faster and at a higher rate than those who spent less than 100% of their time placed with family while in care.

- Youth who spent 51-99% of their time with family in Casey out-of-home care (the red line) exited to legal permanency significantly faster than youth who spent 50% or less of their time in care with family (purple and blue lines).

This last finding is particularly noteworthy because many studies have found that youth placed with relatives or in kinship care have longer lengths of stay. (See Table 4.2 in the supplemental data report for more information).

Statistical analyses were run to establish the effects on the likelihood of obtaining legal permanency of demographic characteristics, trauma history, CANS assessment at baseline, relational permanency at baseline, helpfulness of services, percentage of case goals attained, specific practices (e.g., family group conferences, permanency roundtables, family finding), first placement (e.g., family placement, non-relative placement), and percent of time placed with family while in care (see Table 4.3 in the supplemental data report for more information).

For this entry cohort, the pathway to legal permanency focused on several factors. Some of these factors act in ways that on the surface are counter-intuitive. Factors that significantly contribute to the likelihood of obtaining legal permanency according to the multivariate model include:

- Male youth (compared to female or transgender youth).

- Youth who had experienced neglect or sexual abuse (compared to youth who had not experienced these traumas). Note that many of the children and youth who obtained legal permanency did so with caregivers who were not a biological parent.

- Youth who at intake into Casey out-of-home care required community life strength building (compared to those that did not require strength building).

- Youth who did not require use of free-time strength building (compared to those that did require strength building).

- Youth who had no reported actionable needs with attention/concentration, depression, or school achievement (compared to those with actionable needs).

- Youth with fewer service plans in Casey out-of-home care.

- Youth who had more than one-quarter of services provided to them rated as helpful to obtaining case goals according to their Casey social worker.

Youth who spend more than half (51-99%) of their time placed with family while in Casey care are three times as likely to obtain legal permanency, and youth who spend all (100%) of their time in care placed with family are almost 11 times as likely to obtain legal permanency compared to youth who spend no time in care with family, controlling for all factors in the model.

What we can do

This research provides important insights into how to approach practice in the future. This research furthers understanding of how our values affect outcomes among the children and families we serve and affirms Casey's belief that families and cultural relevance play a central role in the decision-making process.

There were some limitations of this study that should be considered. First, the lack of a standard definition of safety and well-being made data analysis difficult. The data used are based on the information available. This is the beginning of a more robust conversation with staff in the field, youth, and families about what constitutes safety and well-being and how best to capture and report that information. Next, the data used to assess relational permanency focuses heavily on youth relationships with their biological parents. A more inclusive definition that incorporates other types of significant adult relationships (e.g., aunts, teachers, coaches, siblings, and fictive kin) would strengthen findings related to the stability of significant relationships in a youth's life. Finally, while examining safety, data were only available on youth where Casey had placement supervision. Once additional indicators of safety are identified, we recommend they are collected across all youth Casey serves in out-of-home care.

CASEWORK THAT OPERATES FROM THE LENS OF THE INDIAN CHILD WELFARE ACT PRINCIPLES AS THE GOLD STANDARD

Casey considers the principles of the Indian Child Welfare Act, with its call to help youth remain connected to their families, cultures, and communities, as the gold standard of child welfare practice. The urgent and relentless efforts required by ICWA principles emphasize sound clinical work that preserves families and tribes. Those principles include:

- Removing only when necessary; youth should remain at home when safe to do so.
- Providing early and active efforts that are trauma-informed and culturally responsive to children and families.

- Prioritizing placements with family and kin.

- Actively involving a child's tribe and parents in proceedings.

- Maintaining a connection with the child's community and culture.

- Achieving permanency with relatives through guardianship or adoption when reunification is not possible.

ICWA principles engender the core values of Casey's direct practice. Within the stories of Casey, we hear that youth placed with family have better outcomes (safety, permanency, and well-being). Research tells us that the benefits of placing children with family include maintained connections with cultural and familial identities, continued contact with other family members, greater familiarity with caregivers and surroundings, and a higher likelihood of placement stability. For those children already in foster care, we must work with families to make their homes safe so that youth can be safely reunited with their parents. If that is not possible, we must work urgently to find them other safe, loving, and permanent families.

Conclusion

Casey's Child and Family Services aims to keep family at the center of our practice, a core value expressed in our practice model and by our commitment to Indian Child Welfare Act principles as the gold standard for youth and families impacted by the child welfare system. The findings in this report help validate that commitment by showing that a higher percent of time placed with family while in out-of-home care improves outcomes in permanency, safety, and well-being. This *From Data to Practice* series is part of our larger effort to continuously build and improve our learning culture within Casey's Child and Family Services to ensure **a safe, loving, and permanent family for every youth**.

For more information on methodology or analyses, please contact us at **contactCFS@casey.org.**

Glossary

Child and Adolescent Needs and Strengths (CANS)

A multipurpose functional assesment developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

CANS actionable item

Areas where help is needed to improve functioning. The need is sufficiently problematic that it is interfering in the child's or family's life in a notable way. Depending on the level of need, the item may require immediate or intensive effort to address.

CANS centerpiece strength

Assets that the youth possesses that can facilitate healthy development. A significant and functional strength can become the centerpiece in service planning.

Continuous Quality Improvement (CQI)

The systematic process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions.[7]

Critical incident report (CIR)

Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of a youth.

From Data to Practice

An evaluation series from Casey Family Programs, produced jointly by Child and Family Services and Research Services. The inaugural report can be found at www.casey.org/data-practice

Legal permanency

A youth's relationship with a parenting adult that is recognized by law, with the adult being the youth's birth parent or becoming the youth's kin, foster or adoptive parent, or guardian. Legal permanency confers emotional, social, financial, and other status.

Placement supervision

Situations in which Casey is operating as the child-placing agency and has oversight over the placement.

Placement in out-of-home care

The primary placement type listed for each youth in Casey out-of-home care on any given day. Placements include fictive kin, group home, juvenile correctional facility, no recorded placement, non-relative home, relative home, respite care, runaway, supervised independent living, therapeutic residential facility, and trial home visit.

Non-placement supervision

Casey works side by side with the jurisdiction, which has oversight over the youth's placement.

Relational permanency

The many types of important long-term relationships that help a child or youth feel loved and connected – relationships with brothers and sisters, family friends and extended relatives, former foster family members, and other caring adults. The CANS relational permanency item used for analysis focuses primarily on a youth's relationship with biological parents.

Relative placement

The types of primary relative placements that could be identified by a youth, including biological parent, relative (e.g., aunt, grandmother), and fictive kin.

Time with family

The percent of time in Casey out-of-home care spent living with family. This field was created using the number of days in care spent in the specific placement categories of trial home visit, relative placement, or placement with fictive kin, divided by the total number of days in care for that youth.

References

1 See for example National Association for Regulatory Administration, American Bar Association, Annie E. Casey Foundation & Generations United. (n.d.). *Model family foster home licensing standards*. Washington, D.C: NARA.

2 Youth legal permanency status as of November 18, 2017.

3 Ben-Arieh & Frønes (2007). Indicators of children's well-being: What should be measured and why? *Social Indicator Research, 84*, 249-250.

4 Weisner (1998). Human development, child well-being, and the cultural project of development. *New Directions in Child Development, 1*(80), 69-85.

5 US Department of Health and Human Services, Administration for Children and Families. (2012). *Promoting the social and emotional well-being of children and youth receiving child welfare services.*

6 Current CANS definition requires both aspects for a centerpiece strength rating. There is work underway to expand relational permanence to align it with other CANS items (e.g., 30-day rating window) and potentially include multiple items that assess for relationships with relatives and other important individuals, including friends and community members.

7 U.S. Department of Health and Human Services. Administration for Children and Families. Children's Bureau. (n.d.) Continuous Quality Improvement. Retrieved from: https://www.childwelfare.gov/topics/management/reform/soc/communicate/initiative/ntaec/soctoolkits/continuous-quality-improvement/#phase=pre-planning

FROM DATA **TO PRACTICE**

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