



Testimony of Kara Wood
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Good Afternoon. My name is Kara Wood and I am a Senior Director of Public Policy with Casey Family Programs, the nation's largest operating foundation dedicated to safely reducing the need for foster care and building communities of hope across America.

Casey Family Programs was founded in 1966 and has been analyzing, studying and informing best practices in child welfare for nearly 50 years. We work with child welfare agencies in all 50 states, the District of Columbia and Puerto Rico, and with the federal government on child welfare policies and practices. We partner with child welfare systems, policymakers, families, community organizations, American Indian tribes and courts to support practices and policies that increase the safety and success of children and strengthen the resilience of families.

I want to thank you for extending an invitation to Casey Family Programs to participate in this hearing to share our national expertise and experience regarding foster care and strengthening child welfare systems.

As a starting point for this discussion, it is important to remember that most children enter foster care due to neglect— not because of physical or sexual abuse. National data tells us that 83% of children enter foster care due to neglect. Neglect may include parental substance abuse, inadequate housing, and child behavior problems, among other things. In Kansas the number of children entering foster care due to neglect is 76%. This is important to keep in mind as you consider the array of services and approaches used to respond to children who are at risk and children who have experienced abuse and neglect. We also know that the majority of children return to their parents after foster care. In Kansas, 56% of children who are placed in foster care are reunified. States and communities across the country have demonstrated that children can be successfully reunited - and grow up in safe and stable families - by providing appropriate and timely services before and after they return home. It is important to keep this in mind when considering strategies to improve outcomes for children in foster care and provide children with appropriate services and placements.



Today I would like to outline five components that we think are critical when considering the appropriate role that foster care can play in the protection of children and support of vulnerable families. I will also discuss foster care licensing and strategies to support and improve the quality of foster homes. First, we know from research and from providing direct service for over four decades that in most cases children do best with their own families. Children and families should be assessed to see what safety risks exist and if they can be addressed without removing the child from the home. However, when removal of a child from the home is necessary, it is critical to recognize that the placement of a child in foster care should be temporary, and should only be utilized to ensure the safety of a child. It is important to establish a timely plan for a child to receive appropriate services and achieve permanency – whether that is reunification or adoption or guardianship - as quickly as possible.

Second, in those cases where foster care is necessary, placements should be in as family-like a setting as possible, ideally with relatives, close family friends or other adults known to have a supportive relationship with the child, and ideally in the child's same community, where school and other connections can be maintained.

Research demonstrates that children placed in a family setting experience better outcomes than children who are placed in group homes or other similar non-family like settings. Children in these placement types experience increased negative outcomes, including higher rates of school dropout, higher likelihood of being arrested, and higher likelihood of aging out of foster care without achieving legal permanency. In addition, placing children who have already experienced trauma in group settings can put them at greater risk of further physical abuse when compared with children placed in family settings.

The third critical component is to ensure a stable placement for children while they are in foster care. Research and our national experience indicates that having a child stay in a stable placement, meaning no moves or limited changes in placement, leads to improved outcomes. Research has shown that minimizing placement changes reduces trauma, lessens child attachment disorders and child emotional and behavior disorders, increases academic achievement, decreases foster parent stress and lowers program costs. Many child welfare agencies use an approach of “first placement, best placement”, which is critical to promoting better outcomes for children in foster care.

Some basic practice principles specific to placement stability include:

- Effective training and supports for foster parents
- Matching the placement of children to the most appropriate home within their school district as opposed to placing simply based on availability.
- Targeted, need-specific training for foster parents (i.e. infant and toddler, adolescents, disability-specific, special needs)
- Frequency of face-to-face visits with foster parents and children by the caseworker

The fourth critical component is to keep a child's time in foster care as short as possible. Research shows that the longer a child stays in foster care and the more moves a child has while in foster care – the poorer the outcomes for that child. Extended periods in care can harm the sense of belonging that comes from a permanent, lifelong connection and can reduce the ability of youth to develop relationships, connect with their community, and acquire life skills.

Compared to their peers in the general population, foster care alumni (most of who in research samples have emancipated from care) experienced higher rates of incarceration and criminal justice involvement; unintended pregnancy; food, housing, and income insecurity; unemployment; educational deficits; receipt of public assistance; and mental health problems. This is particularly pronounced for older youth who have a more difficult time achieving permanency than younger youth; the odds of achieving permanency decrease by 12% for every additional year of a youth's age at the time of their first placement. Adolescents who feel connected to a parent are better protected against a range of risks, including emotional distress and suicidal thoughts, alcohol use, smoking, violent behavior, early sexual activity, and early pregnancy.

A fifth critical component is to have in place a robust and transparent process for continuous quality improvement (CQI) that allows the agency to self-monitor, based on data, to make adjustments and improvements in real time. CQI is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process. It appears that Kansas is well positioned to have a robust CQI system.



A sixth factor that is critical to this conversation is the creation of a trauma informed system to best serve children who do enter foster care. As research has highlighted the development needs and challenges in serving children known to child welfare, states have moved to build trauma-informed systems, identify how to assess and treat trauma, work to address secondary trauma in caseworkers, and provide trauma training to all who interact with families and their children. Elements of a trauma-informed system include maximizing the physical and psychological safety of the child and family, identifying the trauma-related needs of children and families, and partnering with youth and families and other system agencies. Children involved in the child welfare system have been, by definition, exposed to traumatic situations. Then, during the course of their child welfare involvement, system-imposed stressors, such as removal from the home, can compound pre-existing stressors and re-traumatize children who already carry significant burdens from their experience of abuse and/or neglect. These two sources of stress can interact and amplify each other. Untreated stress reactions can lead to placement disruptions, which only intensify the problematic reactions and behaviors.

I also want to take a few minutes to talk about the quality of foster homes as I understand the agency has recently incorporated the previously independent Licensing Department and is considering what changes may be necessary. Focusing on the quality of foster homes and engagement with foster parents is critical for improved child outcomes as research has shown that when foster families are partners with the child welfare system and are seen as members of the professional child welfare team, they are more satisfied and more likely to provide longer care for children, and to better support birth families. Casey Family Programs participated in extensive work in this area along with the Michigan Department of Human Services Foster Care and Adoption Program and the Children's Research Center. This work suggests that child welfare agencies achieve greater success when they:

- Adopt one or more of the foster parent applicant assessment exercises that can be used by foster parent screening staff of all ability levels;
- Add one or more of the Resource Family Assessment questions currently being used by Casey Family Programs;
- Pay special attention to identified risk factors for maltreatment in foster care; and
- Consider adding one or more specific assessment tools. These can include tools such as the short form of the Parenting Stress Index; the caregiver section of the Child and Adolescent Needs and Strengths (CANS); the Casey foster parent applicant assessment tool; and other assessment tools.



Another strong tool is the Structured Analysis Family Evaluation - or “SAFE” Home approach to assessing foster parent applicants. SAFE is a structured evaluation process that assists practitioners in identifying and addressing both strengths and areas of concern, as well as safe and effective parenting during the home study process.

Key policy changes go hand in hand with these assessment tools and techniques. It’s important for jurisdictions to pay special attention to identified risk factors for maltreatment in foster care, and consider if any policy changes in licensing requirements and/or targeting of resources and training is warranted. Risk factors for maltreatment in foster care can include:

- Caseworker reservations about the home (even if they meet all requirements)
- A foster child sharing a bedroom with another family member
- Young, female foster caregivers due to lack of supports and/or the presence of unrelated paramours in the home
- Foster caregivers who placed restrictions on whom they would care for, such as excluding infants or teens
- Prior complaints about the foster parent and criminal history
- Placement instability and exposure to multiple care providers

Finally, but certainly not least, I want to talk briefly about promoting child well-being. A large body of research indicates how maltreatment harms the cognitive, physical, behavioral, and social dimensions of children’s development and overall well-being. We know that it can be traumatic when a child is removed from his or her family. While safety is always going to be our primary concern, it is important to recognize that there is a difference between risk of harm and immediate or eminent danger. As such, this should be assessed and considered when making a decision about removal. It is important to critically consider “is this child better off” by being removed. This question requires a larger perspective that includes community and other systems in order to move to a paradigm of safe and thriving with in healthy families and strong communities.

Child welfare systems have a unique opportunity to assess and promote child well-being across each of these domains but they should not be alone in promoting child wellbeing. Flexible funding and cross-system coordination and information and data sharing would allow resources to be used more efficiently to promote healthy child development while keeping children safe and helping them achieve permanent family relationships in nurturing environments.



In order to best serve those children who have suffered abuse or neglect as well as those families who are vulnerable and at risk, we cannot just look to the Child Protection Agency for solutions. As I stated earlier, most children involved with child welfare came to the attention of the agency due to neglect, and many of these children and families have previously been and are presenting known to others beyond the Child Welfare agency. Other agencies involved through health, mental health, domestic violence, substance abuse, law enforcement and education are critical in this work. Child safety is a community responsibility and as you're looking at current policy and considering changes, we strongly recommend that you encourage agencies to work together, and set policy based on what the research tells us works, not based on anecdotes or individual cases.

Thank you very much for your attention and leadership in improving outcomes for children and families. I would be happy to answer any questions you may have.