



Improving Policies and Services in Congregate Care Settings: Our Priorities

Adopted April 24, 2016

OVERVIEW

For some children and youth, at certain points in their lives, placement in congregate care is necessary and appropriate. For example, some young people need access to intensive therapy or intensive medical care that might not be available in a home placement. Some youth may have behaviors that would endanger family members in a home. Certain young people have experienced such profound relationship loss, that they need time to grieve and recover before being ready to be placed in a family setting.

In developing this set of priorities, the Council scanned its previous recommendations and reviewed those that revolved around the placement of youth in congregate care, along with those that addressed permanence for older youth. Members also reviewed recent publications by leading child welfare groups on the topic of congregate care. Mainly, however, Council members formed recommendations based on a series of roundtable discussions, along with previous discussion with other youth, to develop these recommendations.

Council Members recognize that the term “congregate care” is used to describe a long list of placement types, including shelters, groups homes, and residential treatment facilities. Members also recognize that each of these placements varies in operation, including operation, staffing, training, facility, number of youth served, and more. Members reflected on their congregate care experiences, ranging from “great experience” to “something I wouldn’t wish on my worse enemy.” However, Council Members unanimously agree with these statements:

- A. Policies, oversight and staffing of congregate care operations must be improved
- B. Congregate care settings must provide trauma-informed services

One limitation Members recognized is the Council’s ability to address the needs of special populations in this set of recommendations. While the Council provides some specificity regarding the needs of LGBTQ in congregate care, we recognize there are other populations that deserve special consideration: pregnant and parenting youth, disabled youth, immigrant youth, young people who have been trafficked, etc.

POLICIES AT CONGREGATE CARE FACILITIES

1. **Disallow anything but the least restrictive level upon entry into congregate care.** Too many young people report being placed in congregate care and automatically being restricted in many ways. Congregate care placements should not be allowed to automatically and indiscriminately penalize youth upon entry. Youth should not be relegated to high levels of confinement or restriction based solely on the fact that they are in need of a safe place to live. Youth who have experienced level systems upon entry into a congregate care facility report loss of opportunities to play on a sports team, participate in extracurricular activities, spend time with friends, phone calls and visits with family, driving privileges, or continue other regular healthy adolescent activities. In addition, collective punishment should be disallowed in congregate care facilities. A young person

should not be subject to disciplinary action based on the behavior of another individual, particularly because congregate care settings are often placements for youth with severe behavioral issues.

“I was in a group home placement for a couple of months. I believe that none of the group homes are to be considered a ‘good placement’. When I come to think of group homes, I come to think of them as more of a ‘restrictive placement.’ It is no place for a child to grow. In fact, it hinders them in my opinion. My only reasoning for these statements is because being separated from your family, and not being allowed to do anything alone/go anywhere alone is restrictive. It makes it seem like we are the ones who are responsible for the fault of our parents’ mistakes.” – Ashley

2. **Improving LGBTQ policies.** Congregate care facilities should be required to adopt and implement LGBTQ-affirming policies and practices related to youth safety, well-being, and permanence:

Safety. Create safe environments in congregate care to support each other and learn about transphobia, homophobia, and other oppressions.

- Require expert stakeholders to be involved in training staff and resource families on the needs of LGBTQ youth, specifically in trauma informed care and LGBTQ sensitivity and awareness
- Youth should be placed in settings that respect their gender identity and expression
- Congregate care facilities should be required to adopt and abide by anti-discrimination policies
- A youth bill of rights that is inclusive of LGBTQ rights should be adopted and posted

Well-being. Young people should have the right to live their lives with dignity and to express themselves without fear. Congregate care should work toward building a more just community in which everyone has an equal opportunity to live openly and honestly.

- Communicate affirmation through signage and other communication
- LGBTQ foster youth should never be required to participate in conversion or reparative therapy
- All youth should receive age-appropriate dating and sexuality education, regardless of SOGIE
- Congregate care youth and staff should be educated about bullying, homophobia, gender identity and sexual orientation issues

Permanency. LGBTQ youth deserve love and support from families and lifelong connections, just as their non-LGBTQ peers.

- States should be required to diligently recruit LGBTQ-friendly resource families to increase placement options
- Don't delay family placement of youth in foster care based on their SOGIE and allow youth to express their interest in specific placement options w/LGBTQ resource parents.

3. **Improve policies and oversight of restraints.** Physical restraint can be highly triggering for young people who have experienced physical abuse. Congregate care facilities should be required to develop and disclose their restraint policy (including posting the policy in clear view). Youth should receive notification and training when they enter the facility (and on each occasion restraint is used) regarding the facility's policy on restraints. Training on de-escalation and mental health first-aid should be a requirement for all staff and caregivers. To ensure a youth's rights and safety are protected, a report should be required within 24 hours of the use of restraints. Additionally, youth should have the right to receive a copy and file a response to the report, and the report must be filed with an outside party, preferably the child's attorney, GAL, or judge. Youth should be allowed to make a report on any restraint incident to an outside party. Require congregate care facilities to

provide an accessible, confidential and non-retaliatory process for youth to report abuse. States should be required to collect data on the use of restraints so there is more visibility about restraint use in congregate care, which could inform policy and practice in this area.

IMPROVING SERVICES WITHIN CONGREGATE CARE

1. **Make education separate from placement.** In some circumstances, youth in congregate care facilities are required to attend a charter school or alternative school on the same campus as the congregate facility. This can create a “bubble effect,” in which the youth is isolated from the real world and society. Sometimes, these educational programs are not licensed or accredited. This means that youth rarely, if ever, have contact with the world outside of the campus. Credits for classes and diplomas are usually not recognized by other high schools or colleges. The Council recommends that youth in placement at congregate care facilities receive their education from another entity unrelated to the congregate care facility, or that the on-campus education programs be accredited/licensed. Participation in an “outside” school allows the youth to experience more normalcy and build relationships with supportive adults that may carry into adulthood. Youth in congregate settings should always be allowed to attend public school unless it is demonstrated that public school is unable to meet the young person’s academic needs (for example, when a youth must live in a medical facility).¹

“School was a huge obstacle. You are placed with several other kids in these group homes, all with different ages, educational backgrounds, etc. So when you are placed there, there is only so much that one teacher can do with all these different youth. You are not challenged like you would be in a normal school setting. You don’t have the social growth that you would receive from a normal school setting, as well as sports, social groups, etc. This option for children should be looked at very closely before being that choice for any child.” – Michelle

2. **Medication oversight.** Medication prescribed to young people in congregate care facilities should be subject to a review by an unaffiliated third party, including a team made of both medical doctors and psychologists. Young people should be empowered to learn about and access alternatives to medication, such as talk therapy, peer support and group therapy, exercise, meditation, Cognitive Behavioral Therapy, etc. Youth should not lose their legal right to consent to medical treatment, as provided by the laws in the state.

“When I was in group homes, there were a lot of kids that had been prescribed medication that they didn't need. They had talked to the psychiatrist and said they had many different ‘symptoms’ that were made up. The psychiatrist didn't take the time to check on the problem before prescribing medications.” – Richard

3. **Birth control and reproductive health.** It is not uncommon for young woman to be involuntarily placed on birth control while at a congregate care facility. Alternately, young people are often denied access to birth control and

¹ Pennsylvania Perspective - “Findings of Educational Outcomes on Youth Entering Congregate Care”

http://stoneleighfoundation.org/sites/default/files/Moving%20the%20Dial%20Styer%20Final_0.pdf

National Perspective: “How to Ensure Educational Success for Dependent Youth in Congregate Care”

http://www.americanbar.org/publications/child_law_practice/vol-33/november-2014/how-to-ensure-educational-success-for-dependent-youth-in-congreg.html

STD protection while in congregate care. Young people have a right to be informed and provide consent to the extent the law allows, and this right should not be different for youth in congregate care.²

4. **Well-being planning to facilitate permanency & healthy relationships.** Congregate care facilities should be required to provide a well-being plan in the case plan for all residents. The well-being plan should address all of the domains outlined by ACF: cognitive functioning, physical health and development, behavioral and emotional functioning, and social functioning. The plan should provide young people space to explore their individuality, and be affirming of culture, ethnic, SOGIE, and religious identities. Outcomes should be monitored. The well-being of youth would also benefit from staff who are trained about teenage brain development and equipped to help young people work through grief and loss. Help young people understand their biologically-driven developmental drive to be independent in teenage years, yet planning for their long-term want/needs of supportive people in their lives beyond their current living placement/situation.

“I came from an incredibly restrictive setting and went to college where there was no restrictions whatsoever. That transition was a nightmare. I had no independent living skills, no social skills, was way too cautious when it came to dating, and it took two years to adjust.” – Michael

5. **Access to work.** A least restrictive environment should allow a young person to seek employment, as a first job is a common milestone in adolescent development. In addition, older youth in foster care may be a couple of years, if not months, away from needing to support themselves financially. It shouldn't be a privilege for young people to work while they are placed in congregate care. Young people, upon legal age of employment in their state should be allowed to seek employment and supported in doing so. Any money earned by the youth must remain property of the youth (for example, even if the facility provides assistance with savings accounts, the funds must be eventually provided to the youth).

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About the Council:

The National Foster Care Youth and Alumni Council convenes to provide federal stakeholders with relevant and timely information as policies and procedures are created that will affect children and families throughout the country. The Council represents a collective viewpoint of youth and alumni who have experienced the child welfare system first-hand. The Council is a partnership between Foster Care Alumni of America and FosterClub, with generous support from Casey Family Programs.

² https://www.gutmacher.org/sites/default/files/pdfs/spibs/spib_OMCL.pdf