

Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanency. Out-of-home placements include foster care homes, group homes, shelter care, residential facilities, and medical facilities. Permanency can be achieved through reunification with the family, adoption, or guardianship.

SIGNIFICANCE

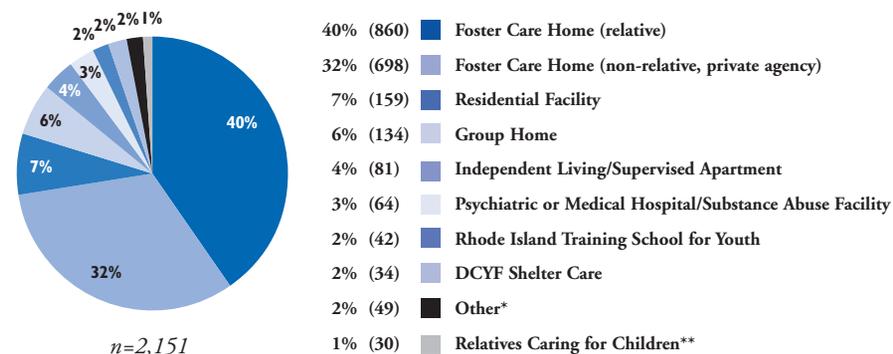
Children need stability, permanency, and safety for healthy development. Removal from the home may be necessary for the child's safety and well-being; however, critical connections and a sense of permanency may be lost when a child is placed out-of-home.¹ Permanency planning efforts should begin as soon as a child enters the child welfare system so that a permanent living situation can be secured as quickly as possible.² The federal *Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act)* promotes permanency through supports for relative guardianship and incentives for adoption.³

Rhode Island children in out-of-home care often experience multiple placements, lose contact with family

members, and may have overlooked educational, physical, and mental health needs.⁴ Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.^{5,6} Long-term stays in care can cause emotional, behavioral, or educational problems that can negatively impact children's well-being and success.⁷ Children in foster care are more likely than their peers to change schools, be suspended, qualify for special education, repeat a grade and drop out of school.⁸ Appropriate supports and services can help youth in care maximize their potential and ensure that they are prepared for higher education and work.⁹

Children of color are overrepresented at all decision points in the child welfare system, including reporting, screening, investigation, assessment, recruiting and retaining resource families, and permanency.¹⁰ Minority children in child welfare systems experience significantly worse outcomes, have more placement changes, receive fewer supports, stay in the child welfare system longer, are less likely to be adopted or reunited with their families, have fewer contacts with caseworkers, less access to mental health and substance abuse services, and are placed in detention or correctional facilities at higher rates than White children.¹¹

Children in Out-of-Home Placement, Rhode Island, December 31, 2017



*The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (45), pre-adoptive homes (1), and minors with their mother in shelter/group home/residential facility (3).

**Relatives caring for children are classified as an out-of-home placement by DCYF, despite the fact that these relatives did not receive monetary payments from DCYF to care for the children and the children were never removed and never needed to be removed from the relatives' homes. In these cases, the relative caring for the child initiated contact with DCYF to receive assistance from the agency.

◆ As of December 31, 2017, there were 2,151 children under age 21 in the care of DCYF who were in out-of-home placements, and 57 were in out-of-state placements/other agency custody.

◆ The total DCYF caseload on December 31, 2017 was 7,133, including 2,318 children living in their homes under DCYF supervision and 2,599 children living in adoption settings.

◆ Of the foster families caring for children age 12 and older on September 22, 2017, 48% (129) were relative kinship families, 20% (53) were non-relative kinship families, and 31% (83) were non-kinship families.

◆ On December 31, 2017, 293 children were living in a residential facility or group home, a decline from 355 children on December 31, 2016 and 400 children on December 31, 2015. The percentage of children in out-of-home placement who were in a relative foster care home increased from 35% on December 31, 2016 to 40% on December 31, 2017.

Source: RI Department of Children, Youth and Families, RICHIST, 2016-2017.

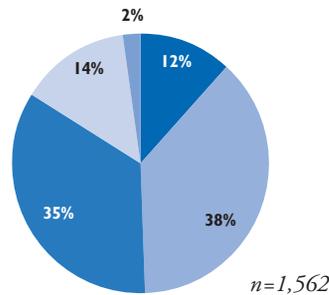
Note: A relative kinship foster family may be an aunt, grandparent, cousin, or adult sibling. A non-relative kinship foster family may be a stepparent, family friend, or adult who has a bond with the child. A non-kinship foster family is not known to the child.

Children in Out-of-Home Placement

Children and Youth in Out-of-Home Placement by Type of Setting and Age, Rhode Island*

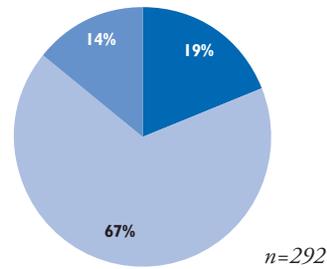
In Foster Care Homes

12%	(181)	■	Under Age 1
38%	(586)	■	Ages 1 to 5
35%	(542)	■	Ages 6 to 13
14%	(214)	■	Ages 14 to 17
2%	(39)	■	Ages 18 and Over



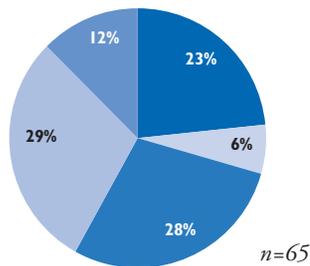
In Group Homes and Residential Facilities**

0%	(0)	□	Under Age 1
0%	(0)	□	Ages 1 to 5
19%	(55)	■	Ages 6 to 13
67%	(196)	■	Ages 14 to 17
14%	(41)	■	Ages 18 and Over



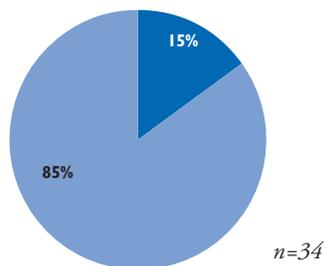
In Medical Facilities***

23%	(15)	■	Under Age 1
6%	(4)	■	Ages 1 to 5
28%	(18)	■	Ages 6 to 13
29%	(19)	■	Ages 14 to 17
12%	(8)	■	Ages 18 and Over



In Shelter Care

0%	(0)	□	Under Age 1
0%	(0)	□	Ages 1 to 5
15%	(5)	■	Ages 6 to 13
85%	(29)	■	Ages 14 to 17
0%	(0)	□	Ages 18 and Over



*Pie charts show data for a single point-in-time (Foster Care Homes-January 2, 2018; Group Homes and Residential Facilities, Medical Facilities, and Shelter Care-December 31, 2017.)

**Residential facilities data do not include psychiatric hospitals, medical hospitals, or the Rhode Island Training School.

***Medical facilities data includes medical hospitals (26), psychiatric hospitals (39), and substance abuse treatment facilities (0).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2018. Percentages may not sum to 100% due to rounding. Data do not match chart on previous page due to different report dates.

Safety, Permanency, and Well-Being

Fostering Connections

◆ The federal *Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments.¹² Rhode Island's guardianship assistance program defines kin broadly and includes any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.¹³

Congregate Care

◆ In Rhode Island, of the 422 adolescents age 12 and older who entered out-of-home placement for the first time in FY 2017, 67.1% (283) entered congregate care settings, including group homes, residential facilities, and emergency shelters as a first placement. Of the 171 children assessed by RI DCYF from January 1, 2017 to August 31, 2017, who were deemed appropriate for foster care but then placed into congregate care, 85% (145) were teens.^{14,15}

Racial and Ethnic Disparities

◆ In Rhode Island in FY 2017, Black, Multiracial, and Hispanic youth ages 10 to 17 were overrepresented in entering into an out-of-home placement compared to their RI census population. Black Non-Hispanic children (45.2%) and Hispanic children (39.7%) who experienced out-of-home placement during were placed in congregate care as their first placement compared to their White peers (27.8%).¹⁶

Shelter Care

◆ The number of children in shelter care (facilities providing emergency care to eight children or less for no more than 90 days each) increased from 31 on December 31, 2016 to 34 on December 31, 2017. Five of these Rhode Island children in shelter care were ages six to 13; and 29 were age 14 and older.¹⁷

References

¹ Williams-Mbengue, N. (2008). *Moving children out of foster care - The legislative role in finding permanent homes for children. Permanency: A key concept for children in foster care.* Washington, DC: National Conference of State Legislatures.

² U.S. Department of Health and Human Services, Administration for Children and Families. 1998. *Program instruction: Adoption and Safe Families Act of 1997.* Retrieved January 10, 2018, from www.acf.hhs.gov

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