Advocating for the Most Connected Placements During the COVID-19 Crisis and Beyond

June 25, 2020

Agenda

1. Background
   a. The harms of group care.
   b. The added threats to youth in group care posed by COVID-19.
2. The special role of lawyers in preventing group care placement, getting youth out of group care, and keeping youth safe.
3. Tips and strategies.
4. Post pandemic and racial equity implications for advocacy.
5. Questions and discussion.

Background
Family and Supportive Connections are Critical to Healthy Child and Adolescent Development

- Children and youth need the nurture and care of a parent or parent-like figure with whom they have a stable and long lasting relationship.
- This essential component for healthy development is impossible to provide in group care.

No Evidence of Effectiveness of Group Care

- There is almost no evidence that residential treatment is an effective treatment intervention.
- Any positive effects occur during short treatment stays and do not persist after transition out of residential treatment.

Evidence of the Harmful Effects of Group Care

- There is evidence that placement in residential treatment and group care causes harm. Stays in residential treatment and group care:
  - can exacerbate maladaptive behaviors
  - result in victimization and abuse
  - make youth vulnerable to harm both in the setting itself and after the youth transitions to another setting or out of care
- American Journal of Orthopsychiatry (2014)
- Unsafe and Uneducated (2018)
Group Care is Often Not Used for Treatment

- Data from an ACF Study in 2015 showed that up to 41% of youth in group care had no clinical indications.
- Of all the youth who entered foster care during the study year who were age 13 or older:
  - about half entered group care at some point.
  - 4 in 10 entered group care due to behavioral problems with no clinical issues.
  - 1 in 4 entered group care as their first placement.

A National Look at the Use of Congregate Care in Child Welfare

Group Settings Often are Not Able to Meet a Youth’s Multiple Needs

- Many settings are not able to provide or facilitate access to community-based activities or education.
- Many settings are not able to meet a youth’s special or unique needs:
  - Cognitive or physical disabilities
  - LGBTQ
  - Language

Racism and Group Care Placement

- Black youth and youth of color are disproportionately placed in group care.

Wulczyn, F., et al. Within and Between State Variation in the Use of Group and Other Types of Congregate Care (Chapin Hall 2015).
Disproportionate Impact of Group Care on Black and Indigenous Children

Black and Indigenous children have greater need for protection and care of family and face greater consequences from negative outcomes of group care (permanency, well-being, education, delinquency system involvement). 

Correlates of Entry into Congregate Care Among a Cohort of California Foster Youth, Children and Youth Services Review (2020)

Group Care Is Not Capable of Being a "Prudent Parent" to Children of Color Now

"Helping youth gain ownership where they see themselves as co-creators of a better system is the ultimate mechanism for healing." Dr. Ken Ginsburg

Advocacy, activism, and exercising self-agency are critical activities to helping Black and Indigenous youth cope and build resiliency/power, yet are often prohibited or not possible in group care.

The Risk of Infection/Transmission of COVID-19 Is High in Congregate Care

- Youth in care are more likely to have special health care needs, making them at higher risk for COVID-19 (asthma, diabetes, compromised immune systems).
- There is high risk of infection and transmission given the structure and nature of congregate care facilities.
- Facilities are not structured or staffed to implement CDC recommended practices to reduce the chances of transmission.

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Strategies to Reduce the Risk of Transmission in Group Care Are Harmful to Youth Well-Being

- Approaches used by group care to prevent transmission such as isolation, separation from family and peers and restriction from activities cause harm to youth.
- The stress of remaining in group care under these conditions causes young people anxiety and fear.

COVID-19 May Make Treatment Challenging

- Facilities must be able to continue to provide the treatment and/or services that were the basis of their congregate care placement.
- May be easier to access services/treatment and an appropriate environment during COVID-19 in a home setting.

Oversight and Monitoring May Be Limited During COVID-19

- Agencies that provide monitoring and enforcement of facility health, safety and personal rights may have decreased capacity while risks and challenges for children have increased.
- Youth are more isolated from agency, school, and community supports to ensure their well-being.
COVID-19 Is a Terrible Reason for Group Care

• Remember, the fact that child has been exposed to COVID-19 or may test positive for Covid-19 is NEVER in and of itself a reason for placing a child into group care. This is the worst possible public health approach.

The Special Role of Lawyers for Children

1. Advocate for removal from group care.
2. Advocate for remediation of poor conditions in group care.
3. Advocate to prevent group care placement.

Approaches
Tools to Analyze and Determine Strategy

- Making an Emergency Plan with Youth in Congregate Care in California: A Toolkit for Dependency Attorneys, Youth Providers, and Advocates

Resources from Massachusetts

- Letter to Congregate Care Facilities to Gather Information Re: Conditions
- Sample Letter to Child Welfare Agency Director Move a Youth From Congregate Care
- Affidavit Regarding COVID-19 Infections in Congregate Care
- Emergency Motion to Place Youth Out of Congregate Care

Spotlight: Allegheny County

- Teaming process.
- Negotiations.
- Filing of motions.
Case Examples

Implications of Our Advocacy for Racial Equity

Implications of our COVID-19 Advocacy for Long Term Reform and Family First Implementation
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