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What are some strategies that prioritize first placement of children with a family?

Separating children from their families is a traumatic experience for everyone involved. When children must be placed in out-of-home care, one way to mitigate that trauma is to place children in the best possible setting right from the start: **with a family**. [Numerous studies](#) have established that placing children with kin — whether biological relatives or [chosen family \(fictive kin\)](#) — is the [best option for children](#), resulting in better behavioral health and well-being, increased stability, and higher levels of permanency than their peers placed with non-relative caregivers.^{1,2} [Kinship care](#) allows children to remain connected to their family and community, which helps reduce the trauma associated with being separated from their parents. After placement, child welfare systems have an obligation to provide kinship caregivers with the support they need to raise the children successfully.

In the rare case that all options for placing children with kin have been exhausted, placement in non-relative family settings is the next best option. A family can provide children access to supportive relationships, which often is not the case when children are placed in [group or institutional settings](#). Children belong with families, not in facilities.

[Away from Home](#), a report focused on the experience of young people in group placement, concluded that these settings often fail to offer consistent, caring relationships and *actually prevent* young people from building the sort of relationships necessary for healing and successful transition to adulthood. Research suggests that when compared to youth placed in group or institutional settings, children placed in family foster homes have fewer placements, spend less time in out-of-home care overall, and are more likely to be placed with their siblings and near their community.³

Prioritizing placement with a family is supported by federal law. The [Family First Prevention Services Act of 2018](#) (Family First) provides federal child welfare funding for upfront services to support safety, stability,

and permanency for children while still living with their families. It seeks to reduce overreliance on inappropriate use of non-family-based settings by instituting requirements designed to ensure that group and institutional facilities be used only when clinically necessary. Federal policy also stipulates that those settings be time-limited, trauma-informed, and focused on engaging the child's family during and after treatment, with the goal to prepare the child for a swift return to family and community life.

Recognizing the significance of a child's first placement, and with the goal of making it the child's only placement, several child welfare jurisdictions have ***moved away from making initial placement in crisis nurseries, emergency shelters, diagnostic facilities, or receiving centers — and are prioritizing the placement of children with kin, or with caregivers in a family setting, from the start.*** This brief outlines six key strategies, shared by individuals with lived experience and agency leaders, that support first placement with a family and, in turn, [improve placement stability](#) and timely permanency.⁴

Engage families

[Authentic family engagement](#) involves more than a caseworker providing parents with a to-do list of essential tasks for successful reunification (such as parenting classes and therapy sessions). At its best, family engagement is collaborative and prioritizes the family's voice when making decisions and establishing goals. This approach must also [extend to fathers and paternal relatives](#), who often have been excluded from decision-making but play a vital role in supporting their children and facilitating timely permanency.⁵ Engaging families also must include [prioritizing youth voice](#) in all case planning by asking youth directly where and with whom they want to live, and what supports they may need.

It is common for families to distrust and fear child welfare intervention. Family engagement that is anchored in open communication and partnership between caseworkers and families helps to balance the inherent power dynamic that exists. "It is essential that families feel heard and that they are centered in decision-making that impacts their lives," said Gail Geohagen-Pratt, deputy commissioner of the New York State Office for Children and Family Services. "As child welfare seeks to transform, it is integral that we partner with families in a meaningful way."

"It is important for parents to have their voices heard because sometimes that's all they want. If we're not providing the space for parents to speak while others are actively listening, then family engagement is not beneficial."

—Colleen Puckett, CEO, Families' Anchor, Georgia

Provide support at home

When child welfare intervention is necessary, it is best practice to provide [in-home services](#) to keep a child safely at home with their family when possible. In-home services include a wide range of resources, with a goal of providing supports unique to a family's specific needs while:

- Ensuring child safety.
- Strengthening parental protective capacity.
- Improving overall adult, child, and family functioning.
- Building caregiving and coping skills.
- Supporting healthy and nurturing relationships.
- Fostering physical, emotional, behavioral, and educational well-being and mental health.
- Enhancing the potential for permanency.⁶

The **Iowa** Department of Health and Human Services provides **short-term supports for families in crisis** while keeping children safely with kin. During a child safety conference, casework staff, the family, and family advocates convene to develop immediate action steps to remove or reduce the imminent risk that brought the family to the attention of the agency. The family then is assigned a worker who checks in several times a week to ensure the child remains safe in the home and assist the family in accessing the resources essential to successfully complete the steps identified in the action plan.

Implement administrative safeguards

Children deserve to be placed with kin from the outset. Despite efforts to increase the number of children placed with kin, many child protection agencies continue administrative practices that do not facilitate kinship placement and may lead to placements with strangers or in group settings.

Changing the way caseworkers approach placement can be challenging, given systemwide structures that may be in place. Existing procedures — for example, having receiving centers and shelters as placement alternatives — may serve as deterrents to kinship placements as a first option. Instituting internal accountability safeguards, such as a director's approval for any group or institutional placement, builds roadblocks and checkpoints into the system to help ensure placement with family is the default and therefore the norm, not the exception.

In 2012, the **Philadelphia** Department of Human Services instituted a **commissioner's approval process** to ensure that group or institutional placements require the highest level of review before being approved. For approval, the caseworker must present the commissioner with key details that justify the need to place a child in a group or institutional setting and prove that all other options for providing care have been exhausted. Instituting these additional steps within the decision-making process was a catalyst for systemwide change, resulting in a substantial decrease of youth in these placements from 1,000 to 255 over a 10-year period. Kimberly Ali, commissioner, and Katherine Garzon, chief of staff, shared several recommendations for implementing a commissioner's approval process:

- **Examine data and other information with a racial equity lens** to increase awareness of disproportionality in the system and create strategies to effectively address racial disparities and the role of bias in decision-making.
- **Get buy-in from internal staff and external stakeholders** — such as judges, probation officers, and child and family advocates — by sharing an overarching vision grounded in the agency's values, and providing education on both the benefits of kinship care and the poor outcomes for youth placed in group or institutional settings.
- **Expect resistance to new procedures.** Placing children in group or institutional settings is often an easier process than identifying kin. Changing mindsets and behaviors likely will require an adjustment.
- **Appoint dedicated staff** who can review placement referrals in real time. Placement decisions often require immediate attention. Without dedicated staff, the approval process may create a barrier that prolongs placement, which can lead to further disruption and trauma for the child.
- **Prioritize kinship care** as an alternative to group or institutional placement. Actively engage the family and help identify kin.

The **New York State** Office of Child and Family Services implemented policy to make placement with kin the presumptive placement. This [kin-first firewall](#) uses an extensive approval process that makes it difficult to place children in non-relative settings. Child protection agency staff must work with families to identify and consider relatives who could be a child's first and only placement. Additionally, hired staff referred to as kinship champions partner with parents to identify kin —relatives and chosen family — as potential caregivers and provide caseworkers with administrative support to solidify safe and timely kinship placements for children. Since implementing the kin-first firewall, the number of children placed with kin has increased from about 1 in 5 placements to 1 in 3.

Match caregivers and children

Placing children with kin is one way to ensure they stay connected to family, community, and culture. Child protection agencies and nonprofit organizations have developed a number of strategies to facilitate, establish, support, and maintain connections with kin for children in out-of-home care. An agency [adopting a kin-first approach](#) actively involves families, reduces or eliminates barriers to placing children with kin, and ensures families have access to an array of community-based supports. Georgia, Iowa, and New York have **expanded the definition of “family”** to include fictive kin (other adults who have a relationship with the child or the family, such as a family friend or day care provider). To increase the likelihood of kinship placement, **Georgia** implemented a [use of voluntary kinship caregivers](#) policy that allows parents to voluntarily place a child with a relative for up to 90 days as parents work to resolve any safety concerns. These planned placements can extend across state lines. Georgia has worked closely with its border states, such as Alabama, to develop a strong [border agreement](#) that allows caseworkers to quickly place children with a relative across state borders.

The Children’s Bureau provides clear guidance to child protection agencies about how to adopt [standards for licensing and approving kinship homes](#) that differ from non-relative foster family homes. The guidance is designed to support and ease the placement of children with their kin, with a dual goal to ensure more children are under the care of those who know and love them, and ensure kinship caregivers receive financial support equitable to that of non-kin caregivers.

Research has shown that placing a child with a non-relative caregiver of the same race can positively impact placement stability, and that [recruiting resource caregivers](#) with diverse identities and backgrounds helps to ensure children are placed with families that nurture and affirm their culture and identity.⁷ Implementing these strategies can help mitigate the overrepresentation of Black and American Indian/Alaska Native children in the child welfare system. The Indian Child Welfare Act (ICWA) elevates the importance of keeping American Indian/Alaska Native children connected to their family, tribe, and culture in all placement decisions, and its principles serve as the [gold standard](#) for supporting the well-being of all children. When racial and cultural matching is not possible, child protection agencies should provide caregivers with training and resources to increase cultural awareness.

Youth who identify as LGBTQ+ also are overrepresented in the child welfare system, with studies suggesting 15% to 30% of youth in care identify as LGBTQ+ compared to 3% to 11% of youth in the general population. Recruiting and supporting caregivers who celebrate and affirm the sexual and gender identity of the youth in their care is critical to reducing LGBTQ+ youth trauma and instability.

Attend to children’s behavioral health needs

Children with unmet mental and behavioral health needs often experience placement instability. A comprehensive continuum of care that includes crisis response services can ensure children and their caregivers have access to the support they need, when they need it. Access to a comprehensive continuum of crisis care has been shown to [deescalate urgent behavioral situations, stabilize, and improve outcomes for children](#), youth, and young adults. For example, **Washington** has implemented a [mobile crisis response program](#) to help stabilize families while providing in-home therapeutic assessment and brief treatment for children in crisis. Trained workers address immediate crises and deliver ongoing outreach support, such as mental health services, community resources, and suicide risk assessments, to prevent future crisis. Similarly, **New Jersey** has a [mobile response and stabilization services intervention](#) that dispatches a trained worker to a caregiver’s home within 72 hours of a child entering out-of-home care or transitioning to a new placement. This initial visit is framed to acknowledge the child’s trauma and plan for any behavioral challenges that might arise. In the event of a crisis, caregivers can call the program around the clock and a worker will arrive at the home within an hour to help deescalate the crisis, assess the situation, and develop a plan with the child and caregiver.

Behaviors of young people often are mislabeled as mental health issues rather than what they are — normal response to trauma. Ensuring all caregivers receive trauma-informed education and services to care for children can help minimize placement disruptions. Many child welfare jurisdictions offer programs that help kinship caregivers and foster parents build specific skills to care for the children in their homes successfully and help them thrive. One such program is [KEEP](#), developed at the Oregon Social Learning Center and implemented in a number of jurisdictions across the country. KEEP is an [evidence-based intervention](#) designed to build caregiver skills for supporting children’s behavioral and emotional challenges. The program entails 16 weekly, 90-minute sessions with hands-on instruction and weekly consultations with the facilitator. [Research⁸ indicates](#) that KEEP decreases placement changes, child behavior problems, and caregiver stress, and increases reunification rates and foster parent retention.

Equitably support all caregivers

All children in foster care deserve to be in families that are provided with financial supports and other resources, regardless of whether caregivers are kin or non-kin. A child protection agency bears the responsibility to develop solutions to provide the appropriate supports, and offer those supports in ways acceptable to an individual family.

About [half of kinship caregivers live in poverty](#). Family members often are more than willing to care for children when there is adequate financial support to offset additional expenses associated with raising a child. Caseworkers should assess and address kinship caregivers’ financial and concrete needs, and then provide them with the supports to successfully secure placement.

[Kinship navigator programs](#) also can be critical in connecting families with support, and several child welfare jurisdictions offer some form of kinship caregiver support. In **Polk County, Iowa**, a worker whose job is to **ensure the identified relative caregiver is connected to all eligible benefits** attends a pre-removal conference. In 2021, Iowa implemented a [kinship caregiver payment program](#) to financially support court-ordered kinship placements (including placements with fictive kin), as well as a kinship navigator program to connect kinship caregivers to community-based resources. [A Second Chance, Inc.](#), a kinship care provider in **Allegheny County, Pa.**, makes sure that the caregivers it serves receive the same financial benefits as non-relative caregivers. Kinship caregivers are offered specialized services and support, including licensing, training, and case management. Prior to completing the licensure process, the caregivers can receive childcare assistance for younger children and a per diem to help offset additional financial expenses.

“Preserving connections with family should always be the first line of response. As we prioritize placement with kinship caregivers, it is vital that we ensure they have access to the needed services and resources to support stability, inclusive of economic and concrete supports.”

— Gail Geohagen-Pratt, Deputy Commissioner, Division of Child Welfare and Community Services, Office of Children and Family Services, New York State

Additionally, caregivers should be supported through education, training and coaching, and by their caseworker. This helps [develop healthy parent/caregiver relationships](#), access trauma and behavioral health services (for caregivers and youth), work through permanency considerations, understand cultural and family identity, and receive independent living supports for older youth and young adults to minimize the risk of disruption.

While kinship placement is preferred whenever possible, [having available, trained, and supported non-relative foster caregivers](#) also is key to placing children with families rather than in a group or institutional setting. Several strategies have been shown to [effectively and efficiently recruit foster families](#) to best meet the needs of the children in their care.

Partnership between parents and caregivers is key

The Youth Law Center implemented the [Quality Parenting Initiative](#) (QPI) with the goal of cultivating strong relationships between caregivers and parents to increase the likelihood that children will have access to supports to heal, grow, and flourish. Partnership between parents and caregivers helps to focus on the main goal for out-of-home placements: to provide temporary, safe care for a child while a family is experiencing a crisis. When reunification is emphasized as the central goal, caregivers are more inclined to engage in [QPI activities](#) (comfort calls, partnership plans, and transition planning) that can cultivate positive working [relationships and co-parenting arrangements](#). Iowa opens a line of communication between the parents and caregiver immediately on a child's placement. The caregiver calls the parents to share information about the caregiver's household and any update regarding the child's safety. Parents can offer caregivers ideas to help ease the child's adjustment to the new placement, and offer pertinent information related to the child's ongoing care (such as allergies, favorite foods, habits, behaviors). Such interactions help redefine the caregiver's role as supportive to parents, with an ultimate goal of reunifying the children with their parents.

Further, caseworkers should create an open and clear line of communication for caregivers to express concerns, receive child- and family-specific information, and access resources to best care for the child. Open communication is the foundation to building **ongoing, meaningful relationships with caregivers** and is vital to successful retention. Caseworkers can become increasingly familiar with the strengths, skills, and preferences in their agency's network of caregivers, which can help to quickly match children with appropriate homes that meet their specific needs.

“Being a foster parent is not just about parenting a child, but supporting families and strengthening the child's connection with natural family. It's important to see foster parents as support versus something that disrupts the relationship between youth and family.”

—Jennifer Rodriguez, Executive Director, Youth Law Center and Quality Parenting Initiative

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² Moore, T.D., McDonald, T.P., Cronbaugh-Auld, K. (2016). Assessing risk of placement instability to aid foster care placement decision making. *Journal of Public Child Welfare*, 10(2), 117-131.

³ Barth, R. P. (2002). [Institutions vs. foster homes: The empirical base for the second century of debate](#).

⁴ This brief was developed with the following contributors: Colleen Puckett, Co-Founder, Families' Anchor; Gail Geohagen-Pratt, Deputy Commissioner, Division of Child Welfare and Community Services, Office of Children and Family Services, New York State; Kimberly Ali, Commissioner, and Katherine Garzon, Chief of Staff, Philadelphia Department of Human Services; and Jennifer Rodriguez, Executive Director, Youth Law Center and Quality Parenting Initiative.

⁵ Campbell, C. A., Howard, D., Rayford, B. S., & Gordon, D. M. (2015). [Fathers matter: Involving and engaging fathers in the child welfare system process](#). *Child Youth Serv Rev*, 53, 84-91.

⁶ Child Welfare Information Gateway. (2021). [In-home services to strengthen children and families](#). U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

⁷ LaBrenz, C.A., Kim, J., Harris, M.S., Crutchfield, J., Choi, M., Robinson, E.D., Findley, E., Ryan, S.D. (2022). [Racial matching in foster care placements and subsequent placement stability: A national study](#). *Child and Adolescent Social Work Journal*, 39, 583-594.

⁸ Greeno, E. J., Lee, B. R., Uretsky, M. C., Moore, J. E., Barth, R. P., & Shaw, T. V. (2016). [Effects of a foster parent training intervention on child behavior, caregiver stress, and parenting style](#). *Journal of Child and Family Studies*, 25(6), 1991-2000.

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