The New England Convening for Youth Permanency 2012

Celebrating Progress and Reviewing our Challenges

New England Convening on Youth Permanence Strategies for effectively integrating data, policy, and practice:

• Provide **localized, meaningful data** that establishes context and describes trends – discuss connection to practice/policy

• Identify where improvement is needed and **create urgency for action** - discuss practice and policy strategies

• Keeps **commitment for change**: focus on priority areas (what is measured improves)

• **Provides feedback**, celebrates success and identifies areas for further work
New England in Context

NATIONAL TRENDS IN FOSTER CARE

Overall Reduction:
Steady decline in the number of children in care (ages 0-17) nationwide
Trends in the number in care are driven by Entries and Exits

Source: AFCARS
Children Entering Care: National

Infants are by far the most likely to enter care. The number of older youth entering care seems to be declining.

National Entries into Out-of-Home Care

Nationally, entry rates are highest for African American and Native American children.
Children In Care by Age: National

Young children and older youth are in care in larger numbers.
The number of teens in care is declining.

Most children exit to permanency, but outcomes differ by age.
Youth Who “Age Out” of Care:
Nationwide, # has declined, but % remains about the same

Source: AFCARS

Youth Who “Age Out” of Care:
Nationwide, 11% of youth who aged out of care first entered when they were age 0-3 (FY11)

Source: AFCARS
Why Focus on Older Youth?

Of the 60,000 16 or 17-year-olds who were in foster care nationwide on September 30, 2011:

- Nearly half (43%) had lived in more than three placement settings (slight decline from 44% in FY10)
- 38% were residing in group homes, shelter care or institutions. (slight decrease from 39% in FY10)
- 37% had a permanent goal of “emancipation” or “long-term foster care.” (down from 39% in FY10) Children and youth with permanent goals other than reunification, adoption or guardianship are likely to age out of foster care.

For the past several years, between 25,000 and 30,000 youth aged out of care *each year* without achieving legal permanency.

Source: AFCARS

NEW ENGLAND TRENDS
Across New England, Fewer Teens are Entering Care

The number of younger teens (13-15yrs) entering care has been declining while older teens (16-17yrs) remained about the same.

Source: AFCARS

The decline in entries among youth ages 13-17 was most evident among White youth.

Assuming reporting race/ethnicity has been similar, Latino youth now represent a larger proportion of all youth entering care.

Source: AFCARS
Overall, there are fewer teens in care. This is a function of fewer entries than exits. But only about 60% of exits among older youth and young adults were exits to permanency.

There are still very few adoptions or exits to guardianship for older youth.
While a large proportion of youth still age out of care – the number aging out seems to be declining

Fewer youth in all placement types means no substantial change in the proportion in congregate care
Across New England…

• In FY11, almost one quarter (23%) of all children entering care and 33% of youth ages 13-17 had been removed from their homes at least one other time.

• 19% of all children, and 37% of older youth in care (13-17yrs) are residing in group homes or institutions. (no substantial change for teens since FY05)

• During FY11 about 1,400 New England youth aged out of care without achieving permanency (declining since FY07)

The use of APPLA as a primary case plan goal for older youth has declined

![Graph showing changes in primary case plan goals for ages 13-17 in New England from 2005 to 2011.](source.png)
What these data aren't telling us:

• The likelihood and timeliness of exits to permanency (entry cohorts)
• Defining APPLA – relationships to caring adults
• Who are the older youth that remain in care? Do we have the right mix of resources to adequately assess their strengths and needs and move them to permanency?
• Well Being: changes in social/emotional, physical, and educational functioning
• Outcomes for youth who choose to remain in care after age 18 and those that age out