Every child deserves to grow up in a home where he or she feels safe and part of a loving, nurturing family. In the unfortunate instance where a child is removed from a home due to abuse or neglect and placed in the foster care system, there are two primary options for placement: a family-based setting (foster family or pre-adoptive home) or a group home or institution, often referred to as “congregate care.”

Research shows family-based care is a better option for children placed in foster care, as well as less costly for the child welfare system and, in turn, for the commonwealth’s taxpayers.

Despite the advantages of family-based care, about 1 in 6 foster care placements in Pennsylvania last year involved congregate care. While Pennsylvania has made progress in recent years moving towards greater use of family-based care, the most recent national data shows there is considerable work left to do. In 2013, 21 percent of children and youth in Pennsylvania’s foster care system were in congregate care, compared to 14 percent nationally. This placed Pennsylvania 41st among states in efforts to move away from congregate care.

The use of congregate care in Pennsylvania has been especially prevalent among foster youth in the 13-20 age range, with more than 40 percent of these foster youth being placed in a congregate care setting on any given day in 2015.

Pennsylvania has a long history of family strengthening services through our General Protective Services (GPS) system that helps to prevent placement in foster care. This system, along with family finding and family engagement strategies, could help facilitate deeper support for birth families from their relatives and kin. These efforts not only help us reduce foster care placement but can lead to increased use of family and kin as foster family homes when placement must occur.

Why Family-based Care is better

Children and youth living in family-based foster care settings have better short- and long-term outcomes. Research shows:

- Children and youth in family-based placements are less likely to become delinquent than their peers in congregate care.
- Children in family-based care typically report they have more close relationships and social supports and higher levels of optimism about their economic future.
- Youth placed with foster families achieve higher levels of education, face fewer alcohol or other substance abuse problems, and tend to experience more positive relationships with biological siblings.
- Youth in family-based care also face lower risks of teen pregnancy, homelessness, unemployment and incarceration and are more likely to find a permanent home than those who live in congregate care.

In addition to the benefits for the child, family-based care also is a smarter financial choice for the commonwealth because family-based settings are less expensive than congregate care. Congregate care placements cost child welfare systems seven to ten times more than family-based placements and those costs can be even higher when children require additional behavioral health services.
Pennsylvania has made notable progress in recent years shifting away from placing children and youth in congregate care in favor of family-based placements. The most recent data shows about 16 percent of foster care placements involve congregate care last year, compared to more than 20 percent in 2011.iii And while children of color are significantly overrepresented in the commonwealth’s foster care system - making up more than half of first-time foster care placements despite being only 31 percent of the age 0-19 population – there is no evidence that children of color are placed in congregate care at rates higher than white children. In other words, there is no disproportionate use of congregate care based on race.iv

By any measure, the move away from congregate care in Pennsylvania is a positive trend that should be sustained and accelerated. Pennsylvania should:

1. Continue to build on and adequately invest in our family strengthening service array to reduce congregate care placement and increase the likelihood that children are placed with relatives and kin.
2. Continue to build community-based behavioral health services that allow children in foster care to live in family settings, even when they have behavioral health care needs.
3. Continue to recruit foster families – both relative and non-relative – to ensure a strong supply of placement options for all children, regardless of age.
4. Adequately support foster families so they have the resources necessary to support children living in their homes and provide children with similar opportunities to their peers who are not placed in foster care.
5. Explore ways to enhance placement decisions by the counties and the courts so congregate settings are the placement of last resort. Revisit placement decisions regularly and consider high-level administrator sign-off for any congregate placement, regardless of the age of the child.

Pennsylvania’s Department of Human Services should play a leading role in exploring these and other strategies by convening relevant stakeholders to identify ways to continue reducing Pennsylvania’s reliance on congregate care. But these efforts have to be done carefully. Greater reduction in the use of congregate care without bolstering family-, community- and provider-based supports could spell disaster. Instead, Pennsylvania needs to take a judicious and comprehensive approach to ensuring children and youth placed in foster care are able to successfully live in family-based settings with appropriate treatments and supports.