CHILDREN’S SERVICES SYSTEM TRANSFORMATION

In December 2007, Virginia’s child-serving agencies launched the Children’s Services System Transformation initiative. The Transformation included three primary goals:

1) adopt a statewide philosophy in support of “family-focused, child-centered, community-based care with a focus on permanence for all children,”

2) implement a standard practice model focused on permanence, thereby increasing the number of relative and non-relative foster parents, and

3) implement rigorous outcome measurements to ensure quality and enhance accountability.

Since the implementation of this effort, the number of children in Virginia’s foster care system has steadily declined, from 8067 children as of June 30, 2006, to 5368 children as of June 30, 2012.
DECREASE IN THE USE OF CONGREGATE CARE:

In the same time frame, local departments of social services have reduced their reliance on congregate care settings, which include group homes, institutions and other non-family-based care placements. Youth in care realize much better outcomes when living in family-based settings, most especially in relative or kinship care. From the implementation of the Children’s Transformation in Dec. 2007, the percent of youth placed in congregate care arrangements has decreased from approximately 25% of all placements to just under 15% of all placements in June 2012.
USE OF KINSHIP CARE:

The Virginia Department of Social Services defines kinship care as “the full-time care, nurturing, and protection of children by relatives.” Va. Code 63.2-100. The Virginia Department of Social Services utilizes kinship care in both formal and informal capacities.

*Formal Kinship Care:*
Local departments are tasked, under the Federal Fostering Connections to Success and Increasing Adoptions Act, with attempting to find relative placements—if at all possible—for children who must come into the foster care system. In general, these relatives must qualify as foster parents much like any other applicants, though departments are permitted to grant waivers to certain requirements if the placement is in the best interest of the child and the child’s health and safety are not compromised by the placement. With formal kinship placements, relative caregivers are entitled to all support and subsidies available to foster parents generally.
Virginia still lags behind most every other state in its use of relative placements for children in foster care. Though much has been achieved through the Children’s Services Transformation, the percentage of youth placed with family members has remained stagnant, when it should be rising dramatically. As a percent of the placements of all children in care, relative placements have only ranged from about 4.11% to 5.61% from June of 2007 to June of 2012, with the majority of youth most recently being placed in non-relative foster homes.

Voices is working to identify and make recommendations to remedy barriers caregivers face in becoming foster parents to their relative children. The measurable outcomes, as well as reported outcomes from the youth themselves, all point to greater successes when children are able to live with family, even when in formal state care.

*Informal Kinship Care (sometimes called “kinship diversion”):* A local department of social services may decide that a child does not meet the criteria for coming into formal state custody, although the
child and his family may still require services and interventions. In such cases, local departments may help the family to find a relative who will agree to care for the child until he can safely return home. In 2009, the Virginia Department of Social Services estimated that local departments may have facilitated approximately 2,148-3,012 such diversions in order to prevent children from coming into formal state custody. The Virginia Department of Social Services is currently conducting a best practices assessment in order to develop more formal guidelines and training practices for kinship diversion. Voices will continue to monitor the department’s progress on this issue, and participate in any efforts to develop model guidelines for local departments, if possible.