CHILDREN'S RIGHTS

ARE YOU LISTENING?

Youth Accounts of Congregate Placements in New York State

JANUARY 2023

ACKNOWLEDGMENTS

On the cover: handwritten testimony by T.K., Lived Expert: "I would describe my creative response as journal entry format with a splash of poetry." *(see page 55)*

TABLE OF CONTENTS

FOREWORD

Dear Reader,

The evidence has been in for a long time. The human costs are well-documented. Congregate placements inflict deep trauma that causes youth to deteriorate physically, mentally, and emotionally. The clinical literature is overwhelming: congregate placements are inherently harmful to young people. In fact, the placement of youth in these settings is one of the most pernicious ways that the foster system inflicts violence on those it purports to protect. Yet, despite the compelling and growing body of evidence, congregate placements persist and thrive, including in New York State.

There is a growing movement nationally and in New York to drastically reduce or eliminate congregate placements, but policymakers and child welfare leaders continue to abide the status quo. Perhaps this is because they are not sufficiently attuned to the voices of those who are in or have survived the system, who overwhelmingly experience institutional placements as punitive, carceral, isolating, and dehumanizing. If we truly valued and honored those experiences, we would treat conditions in such placements as the clear violations of human and civil rights they are and act with fierce urgency to end the practice of institutionalizing children.

The comments of our Advisory Committee members reflect the views of the 80 young people who contributed their perspectives to this report:

> "Group care can have a life-long effect on a youth's life and it is important that we hear from individuals who have spent time in these facilities and placements. Many young people enter group care at a pivotal age and it can alter and completely change one's development. Group care should be reduced because it leaves many of its youth stuck in an institutional mindset. Being a part of the advisory committee filled me with much joy. Not only did I get to collaborate with a group of people to touch on a topic close to my heart, but we also were able to support each other, grow, and help one another work though trauma and road blocks from the past."
>
> *– Anthony Robinson, Advisory Committee Member*

> "Being part of this advisory committee was very important to me because being placed in congregate care led me down a path of constant survival. I was pushed to mature faster and it took away my childhood. Congregate care creates a situation where youth constantly live in survival mode, even after they leave care. It distances them more from their families and communities. It takes away their ability to have healthy relationships and creates a cycle of violence and isolation. Youth need to feel supported with meaningful connections, not feel like they're living in jail, in order to grow into their adulthood and have a successful future after care."
>
> *– Jonathan DeJesus, Advisory Committee Member*

"Our expectation of systems who put children and youth in their care, is that children not only have their basic needs met, but are put in conditions that allow them to thrive. The expectations of systems have clearly not been met, and I thank each and every brave young person who shared their experiences to compel those in power to change the current conditions. It is clear that the elimination of congregate care in New York State is not just necessary, but mandatory."

– Bobbi Taylor, Advisory Committee Member

"I've had the privilege to be a part of this project. One of the many reasons I participated is for all of the voices that were never heard, all of the youth that were mistreated at the hands of the system. This topic is so important because sometimes we don't realize how much we take for granted until you're left with nothing but yourself, overcoming obstacles. Although foster care is temporary, it's an experience that stays with you for a lifetime. I want the lawmakers and policy makers to know that their ultimate decisions make a difference in foster care voices and their lives. We want to be able to work hand-in-hand, together, to make the future a little bit better in these unfortunate circumstances. Let's be the light for the foster care system."

– Michelle Perez, Advisory Committee Member

We are grateful to the Advisory Committee members and young people who shared deeply personal and traumatic experiences so that child welfare leaders, policymakers, and advocates will heed their pleas and recommendations and work with them to design a radically new system that invests in families and community supports. It is past time to listen to them, give them their rightful place at the policy table, and act in a way that honors their experiences and centers their expertise. Are you listening?

Sincerely,

Sandy Santana
Executive Director
Children's Rights

Content Warning: This report contains first-hand accounts of life in the foster system, including mention of mental illness, physical violence and restraints, identity-based violence, and sexual assault. If you are experiencing a crisis and need someone to talk to, you can dial 988 to reach the Suicide & Crisis Lifeline, which provides free and confidential support for people in distress.

Photograph by D.M., Lived Expert:
*"I took this pic when I was sitting by the lake by myself, the feeling of being at peace …
I had to fight for peace no kids should grow up having to fight for peace of mind."*

EXECUTIVE SUMMARY

Youth accounts of congregate placements illustrate that these settings are overwhelmingly responsible for lasting harm instead of youth well-being and safety. In this report, congregate placements include out-of-home foster placements in environments other than family homes, such as group homes, therapeutic group homes, residential facilities, qualified residential treatment programs, shelters, assessment centers, or any other group settings.[1] Throughout this report, we use the term institutionalization to describe the practice of placing youth into congregate settings as defined above.

> "… they really don't listen to the kid … if you listen a little bit harder … the kid will literally tell you exactly what's going on, exactly where the problem is, and exactly what they want."
>
> *– Lived Expert*

As evidenced in this report, youth in congregate placements often lack basic necessities, including food, clothing, and medical care. They frequently experience physical and emotional insecurity, describing congregate placements as "prison-like," isolating, traumatizing, and unsanitary. This has immediate and longer-term impacts on young people's health and development while they are in the foster system and long after they leave. These experiences and the inherently carceral nature of congregate settings deprive young people of the mental, physical, and developmental milestones that are the foundation of healthy, stable futures. Moreover, they underscore the need for child welfare leaders, policymakers, and advocates to listen to youth accounts when examining and undertaking efforts to address ongoing harms in congregate settings, including therapeutic, treatment, and hospital-based settings.

To date, youth accounts of congregate placements have seldom informed federal and state policy. The growing momentum to redress the harms of these placements presents a unique opportunity for change—both nationally and within states like New York, which are poised to be at the forefront of inclusive and equitable system transformation. We hope that this report will help advance this change. By documenting the perspectives of 80 young adults who experienced congregate placements throughout New York State, this report calls on changemakers to listen and respond to the needs of young people in their ongoing work to effect purposeful change.

To that end, our context, findings, and recommendations center on the experiences of young people who have lived in congregate settings in New York State. As highlighted below, the four collective views that surfaced in our conversations with young adults were that congregate placements are (1) carceral, (2) unsafe, (3) isolating, and (4) destructive to youth well-being and stability.

KEY FINDINGS

1 **Youth are experiencing a carceral environment:**

▶ Severe limitations around phone use, bathroom use, and free movement

▶ Unsanitary conditions

▶ Poor food quality and quantity, with snacks often withheld as punishment

▶ Low quality and inadequate hygiene products inappropriate for most youth, especially Black youth

▶ A lack of essential clothing and apparel, especially for cold weather

▶ Medical negligence or lack of medical care when sick or injured

▶ Misdiagnosis of conditions, over-prescription of medication, or prescription of incorrect medication

2 **Youth feel unsafe:**

▶ Severe punishments including restraints, seclusion and isolation, police calls

▶ Unsafe and threatening treatment from staff causing stress and fear

▶ A culture among youth often involving conflict, physical altercations, and bullying

▶ Disparate treatment for LGBTQ+ youth due to their gender expression or sexuality

3 **Youth feel lonely:**

▶ Staff perceived as uncaring, apathetic, aggressive, and untrustworthy

▶ Disconnection from family and friends, compounded by restrictions on communication and visits

4 **Youth endure lasting barriers to well-being and stability:**

▶ Youth experienced a deep sense of hopelessness, mentioning lasting trauma, anger, depression, and persistent challenges with one's emotional well-being and mental health

▶ Poor academics in congregate placements left youth under-credited and unprepared for future education and career

▶ Feeling emotionally unprepared for independent living, and exiting the system involved issues with housing, employment, and economic insecurity

Children's Rights presents the following recommendations to the field based on the experiences shared by young people with lived experience in the child welfare system ("lived experts") who participated in this study along with recommendations highlighted in previous reports, including Children's Rights' *Families Over Facilities* report:

RECOMMENDATIONS

1 **Partner with lived experts to co-design practices and policies that lead to the elimination of congregate placements:**

- ▶ Eliminate the use of pre-placement facilities and emergency group shelters, such as the ACS Children's Center.
- ▶ Evaluate the standards of care in Qualified Residential Treatment Programs.
- ▶ Depopulate existing congregate settings that house youth.
- ▶ Ban the use of all restraints and other punitive practices while we are working towards the elimination of congregate placements.

2 **Preserve and support families of origin. Make active efforts to keep children at home, prevent removals, and increase supports for children and families in their homes and communities:**

- ▶ Adopt policies and practices that increase financial and social supports to help families stay together in the first place.
- ▶ Expand the availability, affordability, and accessibility of community mental health resources.[2]
- ▶ Address inconsistent or inequitable application of the "reasonable efforts" standard.
- ▶ Reinvest savings from depopulating congregate settings into preserving families.
- ▶ Increase utilization of, and remove barriers to, kinship placements for youth who absolutely cannot remain at home.

3 **Increase transparency and accountability around practices in congregate placements:**

- ▶ Share data publicly, specifically data on the number of restraints, AWOLS, and police-calls for all facilities as well as records of license violations, critical incident reports, notices of Heightened Monitoring State, and any Performance Improvement Plan produced in response to violations.
- ▶ Create an independent commission of experts, including lived experts, to evaluate staff conduct and treatment of youth in congregate settings.
- ▶ Establish a process for youth to share maltreatment concerns occurring in congregate settings.

Life in a Tsunami
A haiku

Destructive like tides
Always fighting to survive
God help me get by

– Kaylah McMillan
Lived Expert

"I decided to go with a haiku to not over complicate the terribly destructive experience I feel myself and most youth encounter in the foster system especially when placed in group care."

INTRODUCTION[3]

There is overwhelming evidence and consensus that congregate placements are expensive, unnecessary, unfit for healthy development, and harmful to youth—yet the experiences of the estimated 38,700 individuals across the country who endure these settings each year remains under-studied.[4] As a partial consequence of this, the perspectives of individuals with lived experience in congregate placements have seldom informed policy decisions designed to address the harms of institutionalization in the child welfare context. The current national and statewide momentum to prevent family separation, involvement in the foster system, and use of congregate settings offers some hope for change. But in order to drive meaningful transformation, policymakers must commit to listen to, learn from, and center the perspectives of youth who have experienced the harms of congregate placements in their decision-making.

New York's policy landscape presents an opportunity for the state to be at the forefront of national efforts to eliminate congregate placements. State leaders are beginning to evaluate implementation of a new federal law—the Family First Prevention Services Act of 2018 ("FFPSA")—that seeks to prioritize family-based placements over congregate placements and signals a desire for greater data transparency on utilization of existing facilities.[5] In addition to FFPSA implementation, the New York City

Council introduced a bill in August 2022 that would require the NYC Administration for Children's Services ("ACS") to report quarterly data on the amount of time youth spend in temporary congregate placement facilities.[6]

As New York begins to assess implementation of FFPSA and local policy opportunities to address the harms of congregate placements, policymakers must rely on those with lived experience (those we describe here as "lived experts") to guide and shape their evaluation of the foster system, and understand how the implementation is improving, or not improving, their experiences. Without these perspectives, our understanding is incomplete. We cannot develop strong policy without listening to impacted communities.

The purpose of this study is to amplify the experiences of young adults who have lived in congregate placements in New York State. Building on Children's Rights' *Families Over Facilities* and Think of Us' *Away From Home* reports, we intend to both humanize and localize these experiences. It is our hope that this report will not only educate child welfare agencies, caseworkers, policymakers, and other key agents of change in New York's child welfare system about what individuals experience in congregate placements, but also galvanize policy and practice changes informed by youth experiences.

The following section offers an overview of the state of congregate placements in New York, specifically current issues regarding standards of care, disproportionate impacts on Black and LGBTQ+ youth, and ongoing legislative work. Thereafter, we present findings and recommendations centered on the experiences and perspectives of 80 young adults aged 18-28 who lived in congregate placements throughout New York State. Participants detailed their experiences regarding: living conditions (e.g., physical environment, basic necessities, healthcare, restrictions); stays at the ACS Children's Center; connections and interpersonal relationships; emotional well-being; educational opportunities; exiting the system; and the overall impact of their placement(s). Most described a carceral environment that was traumatizing, lacked basic necessities, felt unsafe, and created barriers in achieving a healthy and stable future.

We must listen to and believe young people when they tell us that many of these settings are not what they seem.

> *It is our hope that this report will not only educate…key agents of change in New York's child welfare system about what individuals experience in congregate placements, but also galvanize policy and practice changes informed by youth experiences.*

NEW YORK OVERVIEW

No child should have to call an institutional placement a home. Yet, in 2021, 13% of the foster population in New York State—nearly 2,000 children—lived in institutions or congregate settings.[7] Not only did this exceed the 2021 national congregate placement average of 9%, but over the last decade, New York has steadily maintained one of the highest congregate placement rates among states with large foster populations.[8] As shown in Figure 1, the state had the second highest congregate placement rate in 2015, the third highest placement rate from 2016 to 2019, and the fourth highest placement rate in 2020.[9] This suggests that while New York's utilization of congregate placements has decreased with national trends, it remains unchanged relative to similar states.[10] Despite undertaking reforms to congregate placements, New York continues to be one of the top five utilizers of congregate placements among states with large foster populations.[11] For transformative change, New York will need to take a more radical approach.

> *No child should have to call an institutional placement a home. Yet, in 2021, 13% of the foster population in New York State—1,888 children—lived in institutional or congregate settings.[7]*

FIGURE 1:
New York's Relative Utilization of Congregate Placements Among States with the Largest Foster Populations

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
ANNUAL RANK	4	5	5	5	5	2	3	3	3	3	4
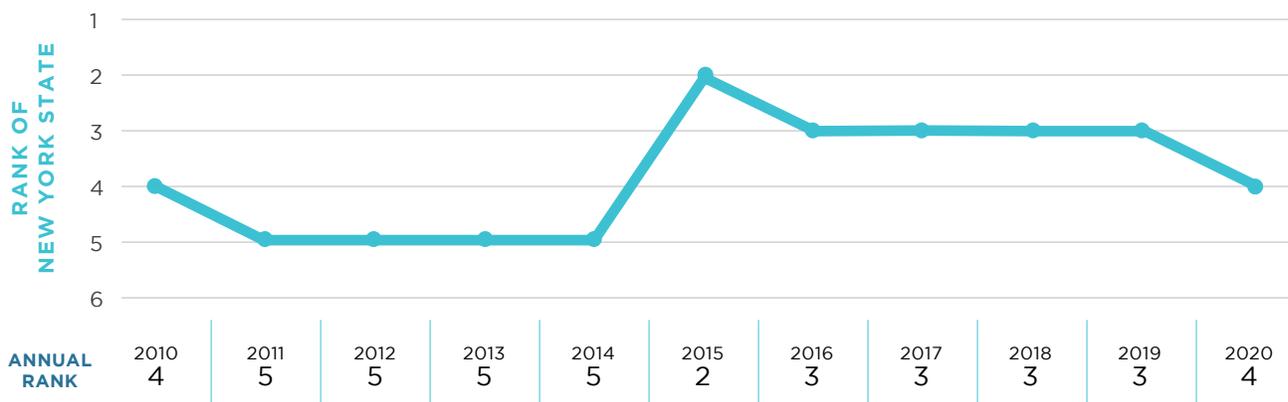
Source: AECF KidsCount Data Center

Within New York State, the congregate placement rates between New York City and Upstate New York are consistent. In both regions, 13% of youth in the foster system live in congregate placements. As shown in Figure 2, the proportion of youth living in congregate placements is higher in Suffolk and Westchester counties where for every 5 or 6 children in the foster system, one lives in a congregate setting.

FIGURE 2:
Foster System and Congregate Census Data for Counties with the Largest Foster System Census (2021)

	Foster System Population	Congregate Population	
	#	#	%
New York City	**7,601**	**991**	13%
Rest of NY State	**6,757**	**897**	13%
Erie	686	92	13%
Onondaga	509	48	9%
Monroe	426	44	10%
Suffolk	396	81	20%
Oneida	393	44	11%
Broome	299	30	10%
Westchester	318	50	16%
Orange	230	20	9%
Dutchess	113	15	13%
NEW YORK STATE TOTAL	**14,358**	**1,888**	**13%**

Source: OCFS Aggregate MAPS Data and MAPS Profiles

1. DISPROPORTIONATE IMPACTS

New York's utilization of congregate placements disproportionately harms Black[12] and LGBTQ+ youth who are overrepresented in foster system and congregate settings. Available data shows that New York's congregate population is primarily made up of children who are Black (54%), identify as male (58%), and aged 14 and older (73%). Details are shown in Figures 3 and 4.

FIGURE 3:
Race, Ethnicity, and Gender of Children in Congregate Placements in NY (2021)

Race	#	%
African-American	1210	54%
White	688	31%
Multiple	251	11%
Unknown	43	2%
Asian	41	2%
American Indian or Alaskan Native	5	0%
Nat Hawaii or Other Pacific Islander	0	0%
Other	0	0%
Latinx/Hispanic Origin		
No	1637	73%
Yes	601	27%
Gender		
Male	1288	58%
Female	950	42%

Source: OCFS Children in Care and Custody by Setting Type as of December 2021

FIGURE 4:
Age Distribution of Children in Congregate Placements in NY (2021)

Age	#	%
0 - 2	44	2%
3 - 5	58	3%
6 - 9	139	6%
10 - 12	217	10%
13	138	6%
14	183	8%
15	261	12%
16	286	13%
17	364	16%
18+	548	24%

Source: OCFS Children in Care and Custody by Setting Type as of December 2021

While state-level data does not capture the experiences of LGBTQ+ youth in the foster system, data collected in NYC reveals that nearly 30% of LGBTQ+ youth in NYC's foster system were placed in congregate settings in 2019, compared to approximately 20% of youth in the system who did not identify as LGBTQ+.[13] This is consistent with existing studies indicating that LGBTQ+ youth are overrepresented in the foster system and congregate placements at a national level.[14]

The overrepresentation of Black youth in congregate settings exposes them to disproportionate harms as well. National data indicate that Black youth comprised 13% of the general U.S. child population in 2019, but represented 23% of the total foster population and 26% of the population of youth placed in congregate settings.[15] This disproportionality was amplified in New York State. In 2019, Black youth in New York comprised 15% of the general child population, but represented 41% of the foster population and 57% of the population of youth placed in congregate settings.[16] Local data paints an even more distressing picture for New York City. While Black households comprised approximately 22% of the city's population in 2019, Black youth represented 53% of the NYC foster population and over 70% of the population of youth placed in congregate settings.[17]

In 2019, Black youth in New York comprised:

15%
of the general child population

41%
of the foster population

57%
of the youth placed in congregate settings
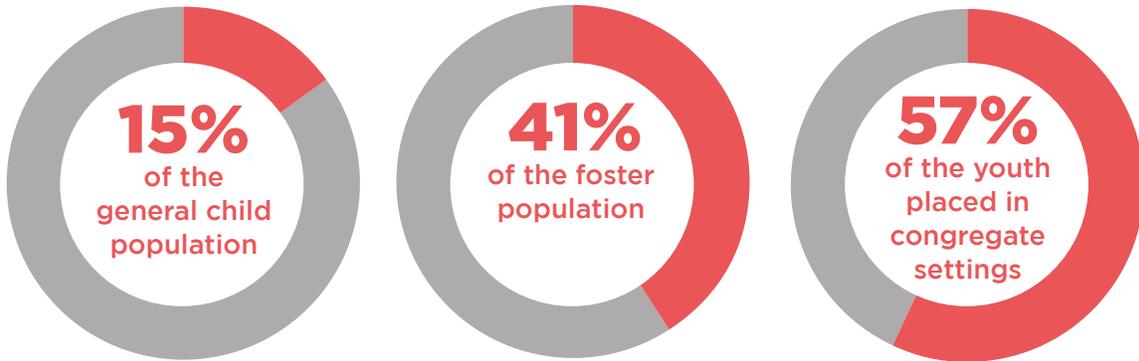
The overwhelming separation of Black families in New York contributes to the disproportionate placement of Black youth in the foster system and congregate settings.[18] Figure 5 shows that Black families entangled in the child welfare system are more likely to stay in the system than other racial and ethnic groups.[19] This disparity is especially acute in NYC, where Black youth are 13 times more likely to be in the system than their white peers, accounting for relative population sizes.[20]

FIGURE 5:

Disproportionate Impact of the Child Welfare System on Black and Latinx Families in New York City and the Rest of New York State (ROS) in 2021

Legend: NYC Black — NYC Latinx — ROS Black — ROS Latinx
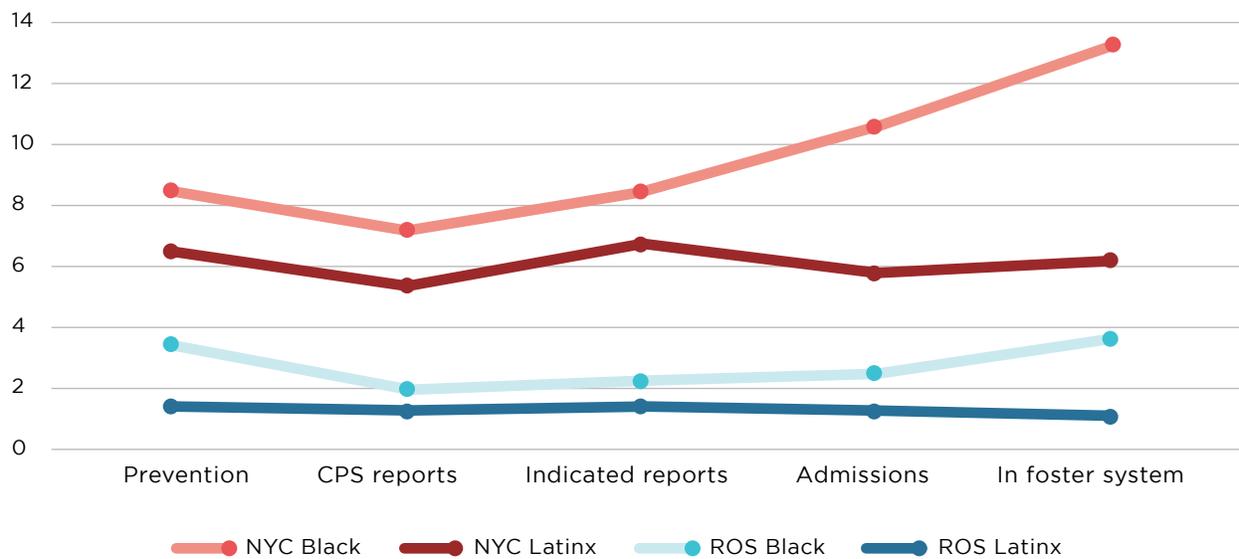
Source: OCFS Disproportionate Minority Representation Packet 2021

Untitled

People play their illusions well so you can keep faith in their potential.

Dancing around your mental

so you can do as you're told.

Already boiling over pressure

While they hope you won't fold.

Unfortunately having to live the story so it can all be said.

Of how it felt like you were being beaten alive while already dead.

Hating yourself for not listening to the voices in your head.

Still doing what was said

so you continued to live in dread.

Oh how much you wish the killer of solace wasn't breathing.

Now you know more than ever how much looks can be deceiving.

You're happy it's been overcame, you're trying to live more freely.

No longer having to deal with anyone who doesn't know how to treat me.

– Poem by C.J., Lived Expert

This is an untitled poem/spoken word of mine where I express with a goal of depicting vivid imagery of how it was surviving through deception in foster care & overcoming my need to be suppressive emotionally & verbally.

2. STANDARD OF CARE

New York's overreliance on congregate placements has been a persistent concern because the state has consistently struggled to adequately regulate its foster system practices, oversee system-wide improvements, and ensure consistent standards of care for youth.[21] While New York may be known for progressive social policies, it is among the poorest performing jurisdictions across an array of child welfare metrics according to the most recent 2016 federal Child and Family Service Reviews.[22] Throughout the state, advocates have voiced their concerns about deplorable standards of care in congregate facilities.[23] This includes the use of emergency shelters, the use of physical restraints, seclusion, and the inappropriate institutionalization of young children.[24]

There are 65 provider agencies with congregate placements throughout the state.[25] The ACS Children's Center (the "Children's Center" or the "Center"), a pre-placement emergency shelter in NYC, is one of the largest. In the last quarter of 2021, 402 individual youth had at least a one-night stay in the Children's Center.[26] Media reports of the conditions at the Children's Center are invariably troubling. They include accounts of violent assaults, overcrowding, and the inappropriate mix of ages from babies to young adults.[27]

Utilization of physical restraints and seclusion is especially concerning considering that children under the age of 11 account for one out of six youth placed in congregate settings in New York.[28] It is widely accepted that congregate placements are especially harmful to children under the age of 13 because of the isolation, disconnection from family, and the lack of developmentally appropriate experiences within congregate placements. The utilization of physical restraints and seclusion in congregate facilities in New York presents additional concerns regarding the institutionalization of young children. Due to the lack of available restraint and seclusion data in New York facilities, it is unknown how many young children are subject to, or witness to, traumatic physical restraints or seclusion practices.

Despite being banned by many facilities around the country, even the deadliest physical restraint—a "prone" or face-down restraint—was permitted in New York until very recently. Prone restraints are known to cause serious physical injury and death from asphyxiation.[29] A 2009 US Department of Justice investigation condemned the New York Office of Children and Family Services' ("OCFS") use of prone restraints, warning that this practice constricts one's airway, prevents one from expressing their inability to breathe, and makes one's body appear resistant, risking greater force and injury on the restrained individual.[30] Unfortunately, OCFS continued to train licensed agencies in this dangerous practice.[31] Nearly twelve years later, in April 2021, OCFS issued an Administrative Directive detailing regulatory amendments banning the use of prone restraints but it did not extend to all forms of physical restraint.[32]

The practice of seclusion, by using isolation rooms, is also permitted in New York.[33] OCFS recently amended their regulations to limit, but not prohibit, the use of isolation rooms.[34] In the April 2021 Administrative Directive referenced above, OCFS disallows congregate facilities from using isolation rooms as a part of any physical restraint.[35] Under the amended regulation, facilities can only use isolation rooms on a "voluntary" basis, meaning a child must agree to being isolated.[36] Since New York does not provide publicly available data on restraint and seclusion practices, it is difficult to know how OCFS has enforced this regulatory change to ensure the reduction of seclusion and disuse of prone restraints.[37]

3. LEGISLATION IMPACTING CONGREGATE PLACEMENTS

In September 2021, OCFS officially began implementing the federal Family First Prevention Services Act of 2018 ("FFPSA" or "Family First"). Family First incentivizes states to place youth in family settings instead of congregate placements.[38] While preparing to implement Family First in 2019, New York established a goal to decrease its congregate population to 12%.[39] But to date, the state still institutionalizes over 12% of youth in the foster system.

Before and after FFPSA implementation (between June 2021 and October 2022), New York State's congregate population slightly decreased from 13.9% to 13.6%.[40] During this period, New York City's congregate population actually increased, from 12.8% to 14.3%.[41]

Under Family First, congregate settings can only receive federal funding beyond two weeks if they meet the requirements of a qualified residential treatment program ("QRTP").[42] At the end of 2021, 66% of New York's congregate population (1,524 youth) lived in a QRTP.[43] "Unspecified" and "other"[44] congregate placements house the remaining population of youth in congregate placements, accounting for 31% (714 youth) and 4% (88 youth) of the population respectively.[45]

Other legislation that could impact congregate placements in New York comes from recent efforts in New York City. For over two decades now, NYC ACS has placed children removed from their families into "temporary" facilities that amount to unnecessary institutionalization with little oversight. For instance, the Children's Center, one of ACS's "temporary" placements, is among providers in New York with facilities that are not subject to QRTP standards outlined in FFPSA. There is no therapeutic justification for the continued use of the Children's Center, and yet the facility continues to operate. It is also hardly temporary, with 35% of children spending more than 11 days, and 40 children kept over a month in the past year.[46] Recent reports show that 240 youth had a stay in the Children's Center in the third quarter of 2022, and the monthly population for the year averaged from 66 to 95 youth.[47] In response, Councilmember Nantasha Williams proposed legislation requiring regular reporting on the number of days spent in a facility, the type of facility, the age of the child, the level of care recommended, the number of children placed in a facility for the first time, and the number of children placed in a facility on two or more occasions.[48] While the bill remains before the City Council Committee on General Welfare, its introduction suggests that local leaders are questioning the use of congregate facilities, even in supposedly temporary situations, responding to lived experiences and mounting evidence of harm.

The state of New York's congregate settings suggests that one of the largest child welfare systems in the country is undermining the health and well-being of youth. Concerns about the standard of care and disproportionate impact of congregate placements on Black and LGBTQ+ youth warrant urgent attention and study. The findings in this report, coupled with the general momentum of keeping families together across New York, must be a catalyst for effective change.

Painting by C.C., Lived Expert

"This is a painting of my brother's zodiac sign. While we were in care, i helped him paint this and it meant a lot to us. We've done paintings together and doing this just reminds of the brotherly bond we have together. Being in care can be very stressful, so to take our minds off of things, we did something positive like go on walks, do poems together or simply draw."

FINDINGS

This section contains findings from research developed in collaboration with the Advisory Committee and with input from all interview participants, who were invited to voluntarily provide feedback on our initial interpretations. The findings include an overview of the participants and what they shared about the conditions of congregate settings (e.g., physical environment, basic necessities, healthcare, restrictions), the ACS Children's Center, connections and interpersonal relationships, emotional well-being and healthy decisions, education and recreation, treatment based on identity, exiting congregate settings, and the overall impact of their placement(s).

1. STUDY DOMAINS AND PURPOSE

The purpose of this study is to understand the experiences and impacts of congregate placements in New York State by hearing directly from young adults aged 18-28 who have experienced these settings. Our method centers individuals with lived experience. The research team collaborated with an Advisory Committee made up of a diverse group of individuals with lived experience in congregate placements in the foster system to co-develop the study's methodology, research domains, and tools.

Semi-structured interviews focused on youth's perspectives on the physical safety, condition, and quality of congregate placements including food and basic necessities; connectedness to family and community before, during, and after entering congregate placements; experience and relationships with facility staff; interpersonal relationships with youth; experience with and impact of behavioral consequences; educational, extra-curricular, and recreational experiences; support and readiness when transitioning out of the system; and reflections on lasting impacts of being in congregate placements.

These topics were explored through several qualitative data collection methods including individual interviews, group interviews, a survey, and a creative response. This approach was designed to center youth's communication preferences and maximize inclusivity. The research team analyzed this data using rigorous qualitative analysis techniques in order to authentically present youth experiences and minimize bias. A detailed methodology is presented in Appendix A.

> *The purpose of this study is to understand the impacts of congregate placements in New York State by hearing directly from young adults aged 18-28 who have experienced these settings.*

2. DESCRIPTION AND OVERVIEW OF PARTICIPANTS

Demographics

A total of 80 young adults participated in this study. There were 36 interview participants and 44 survey respondents. Demographic and placement data were self-reported by participants. These data were captured in our interest form and matched to those who participated in an interview. Twenty-three out of the 36 interview participants completed this interest form, therefore demographic data is missing for the remaining 13 interview participants who were referred by friends.

The average age of participants was 22.8, with a slightly younger cohort of interview participants (22.2) than survey respondents (23). On average, participants reported that they entered congregate placement at the age of 12.8, with interview participants reporting an average age of 14.4 and survey participants reporting an average age of 12.6. Nearly all participants for whom we have data on reported that they were in congregate settings for over a year. Twenty-seven percent recalled being in a congregate placement for over five years, 33% reported being in a congregate placement from 3-5 years, and 35% reported being in a congregate placement for 1-3 years.

The majority of participants were Black (51%), Multi-racial (21%), and Latinx (16%), which is somewhat similar to New York's foster population. Figure 6 shows participants' race and ethnicity.

FIGURE 6:
Participant Race and Ethnicity

	Interview		Survey		Combined	
	#	%	#	%	#	%
Black	10	43%	24	55%	34	51%
Decline to Share	1	4%	5	11%	6	9%
Latinx	4	17%	7	16%	11	16%
Multi-Racial	6	26%	8	18%	14	21%
White	2	9%	0	0%	2	3%
TOTAL	**23**	**100%**	**44**	**100%**	**67**	**100%**

Most respondents identified as cisgender female (52%), followed by non-binary/gender non-conforming (15%), cisgender male (10%), other (3%), transgender male (1%), and transgender female (1%). Twelve percent of participants declined to share their gender identity. Details are shown in Figure 7.

FIGURE 7:
Participant Gender Identity

	Interview		Survey		Combined	
	#	%	#	%	#	%
Null	0	0%	3	7%	3	4%
Cisgender Female	16	70%	19	43%	35	52%
Cisgender Male	2	9%	5	11%	7	10%
Decline to Share	3	13%	5	11%	8	12%
Non-Binary/Gender Non-Conforming	1	4%	9	20%	10	15%
Other	0	0%	2	5%	2	3%
Transgender Female	0	0%	1	2%	1	1%
Transgender Male	1	4%	0	0%	1	1%
TOTAL	23	100%	44	100%	67	100%

As shown in Figure 8, nearly half of participants identified as heterosexual (44%), followed by bisexual (26%), pansexual (5%), asexual (3%), lesbian (3%), queer (3%), and demisexual (2%).

FIGURE 8:
Participant Sexuality

	Interview		Survey		Combined	
	#	%	#	%	#	%
Null	0	0%	1	2%	1	2%
Asexual	0	0%	2	5%	2	3%
Bisexual	9	41%	8	18%	17	26%
Decline to Share	4	18%	5	11%	9	14%
Demisexual	0	0%	1	2%	1	2%
Heterosexual	8	36%	21	48%	29	44%
Lesbian	0	0%	2	5%	2	3%
Pansexual	1	5%	2	5%	3	5%
Queer	0	0%	2	5%	2	3%
TOTAL	22	100%	44	100%	66	100%

Congregate Placement Overview

Participants reported experiencing placement in group homes (34%), shelters (9%), treatment facilities (4%), pre-placement diagnostic centers (3%), homes for pregnant and parenting teens (3%), and multiple congregate placements (43%). Figure 9 presents this data.

As shown in Figure 10, a little more than half of participants were placed in New York City (57%), followed by multiple regions (25%), and Western NY (12%). A handful (4%) were placed in the Capital District, Hudson Valley, Long Island, and other regions in New York.

FIGURE 9:
Congregate Placement Type

	Interview		Survey		Combined	
	#	%	#	%	#	%
Group Home	5	22%	18	41%	23	34%
Home for Pregnant/Parenting Teen	0	0%	2	5%	2	3%
Multiple Congregate Placement Types	15	65%	14	32%	29	43%
Not Sure	0	0%	1	2%	1	1%
Other Congregate Placement Types	0	0%	1	2%	1	1%
Pre-Placement Diagnostic Center	0	0%	2	5%	2	3%
Shelter	2	9%	4	9%	6	9%
Treatment Facility	1	4%	2	5%	3	4%
TOTAL	**23**	**100%**	**44**	**100%**	**67**	**100%**

FIGURE 10:
Congregate Placement Region

	Interview		Survey		Combined	
	#	%	#	%	#	%
Capital District	0	0%	1	2%	1	1%
Hudson Valley	0	0%	1	2%	1	1%
Long Island	1	4%	0	0%	1	1%
Multiple Regions	10	43%	7	16%	17	25%
NYC	9	39%	29	66%	38	57%
Other Region	1	4%	0	0%	1	1%
Western NY	2	9%	6	14%	8	12%
TOTAL	**23**	**100%**	**44**	**100%**	**67**	**100%**

Entry Reason

"I think what could have prevented me [from entering care] is having the adequate support system, because when I went to foster care, I was there when I was 13. So I grew up eight years in the foster care system. And that was just due to the lack of support and care that I had in my own corner. So I feel like if I had adequate enough support, or a way to express how I feel, then I wouldn't have been in this situation."

"... And that was just due to the lack of support and care that I had in my own corner. So I feel like if I had adequate enough support, or a way to express how I feel, then I wouldn't have been in this situation."

"But, like, if I had somebody that will listen to me ... you know, cries for help ... but just the signs ... you know, I need somebody to come talk to me, or come check up on me ... I was kinda like, lost in a sense. And I feel like if somebody would have just took my hand and said, everything was gonna be okay, or, you know, everything is gonna be alright. And know that I'm here for you, then I will not be in foster care. But since that didn't happen, I feel like, you know, I became the person that, you know, I didn't want to be."

FIGURE 11:

Reasons for Placement in Congregate Setting
(by number of mentions)
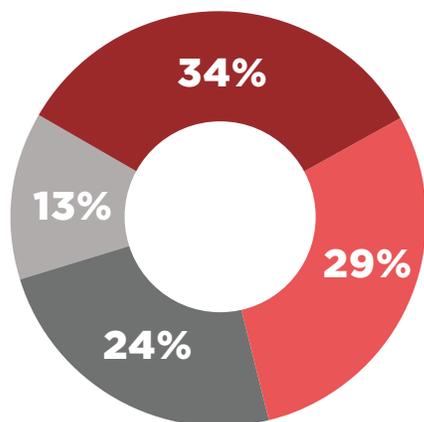
● Family Instability	31
● Lack of personal and/or family support	27
● Individual challenges	22
● System issues	12

Participants attributed their entry into the child welfare system either to family instability, a lack of family support, or a lack of individual support. Figure 11 shows the category of themes pulled from youths' experiences. Notably, physical abuse was not a main driver for participants' entry into the system.

The most common theme in the family instability category was interpersonal tensions, including arguments and fighting. There were also mentions of substance abuse, conflict between caregivers, lack of acceptance from family, and family absence or involvement in systems.

Many participants shared that together with their families, they needed more support. Some believed that if they had certain supports—such as with their academics, peer dynamics, in resolving family disagreements, in supporting their healing after experiencing loss or trauma—

their entry into the system could have been prevented. Many youth described struggling in school, but received little guidance and support. One participant described how they were quickly labeled a "bad kid" in school. In addition, a lack of financial resources, including stable housing, put stress on caregivers and families.

The dearth of family support youth experienced intersects with a similar absence of support on the individual level. Though many youth blamed themselves for their entry into the system, reflected in "individual challenges" in Figure 11, their experiences reflect a lack of systemic supports for adolescents and youth. The most common theme in this category of responses were related to one's poor mental health, misunderstood behaviors, substance use, and truancy from school. There were a few young people who described an interaction with law enforcement that ultimately led them into the system, including gang activity and physical altercations.

A smaller percentage of participants felt that their congregate placement was driven by system, or procedural, causes. The most common experience in this category was having multiple placements and failed adoptions.

3. CONDITIONS IN CONGREGATE SETTINGS[49]

In the following section, we present a summary of interviewed youth's accounts of the physical environment and treatment they experienced while in congregate placements. This includes summaries from our discussions about the facility, food, clothing, toiletries, health care, restrictions, and behavioral consequences. Participants described an isolating, severe, and carceral setting with significant threats to physical safety and emotional well-being from peers and staff alike.

Facility

"All the walls were pretty much, they weren't brick, but they were like cement block. So very prison-like. And our windows weren't like actual windows, we have those glass blocks that couldn't break … yeah, we couldn't see any of them. And we didn't have any windows that opened either."

"… like, if you come back, they search your person like, they pat you down, like you're going to jail. Like you have to give up your money, your phone, anything that they feel like would start problems is called contraband. And you won't get it back until you exit the facility for good. And so the facility that I was at, like I said, they treated it like more like it was more like jail rather than foster care. Because basically, like most of the kids that were in my home specifically, once they transferred out, they weren't going back to a regular life, most of those kids were being shipped to jail afterwards. Or, an even worse lockdown facility …"

Most youth described a negative experience with the facility, as shown in Figure 12. Participants felt that the facilities they were placed in were prison-like and unsanitary. The second reoccurring theme was that the sleeping and bathroom arrangements were

uncomfortable, overcrowded, lacked privacy, and in some cases made youth feel unsafe. Survey participants responded similarly with only 41% expressing that they felt safe in congregate settings.

Some youth, particularly those who had a private room and bathroom, felt that their facilities were clean, safe, and comfortable.

Participants' observations about the congregate facilities were coded 60 times in 48 interview excerpts. Positive codes were applied 10 times, neutral codes were applied 6 times, and negative codes were applied 44 times.

Further elaborated upon in the following sections, 46% of survey participants felt their basic needs, including access to food, clothing, a bed, and hygiene products, were met while in congregate settings. Seventeen percent felt their basic needs were not met and 36% felt neutral. While nearly half felt they had access to these essentials, the accounts below illustrate that these essentials were not adequate for most youth.

FIGURE 12:
Experience with the Facility
(by number of mentions)

73%

17%

10%

● negative 44   ● positive 10   ● neutral 6
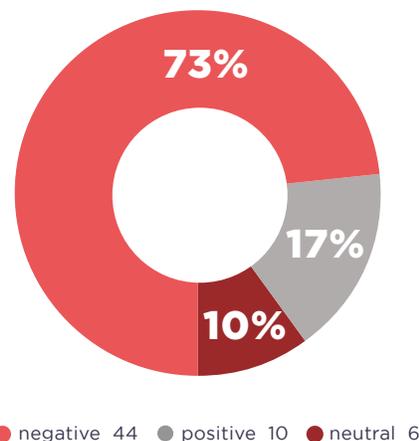
Food

"And honestly, some of that food, it makes you say f*ck it, I guess I'm starving for the night."

"The food was horrible. Every time they cooked chicken or hot wings, you cut it open, the meat's still uncooked. And they want us to eat it. Like, if you resisted, like the chicken's uncooked, they write in the book you're self-harming … I got food poisoning twice … because the food was not cooked properly. But if you don't eat, they say, 'Oh, you're self-harming yourself, we have to take you to the hospital.'"

"Staff be eating our snacks. When there's no snacks, they want to blame the residents. 'Oh, y'all ate all the snacks.'… But they'd eat all the snacks and they want to blame it on the residents."

Participants generally did not like the food they were given in congregate settings, as shown in Figure 13. There were some positive experiences with food and several participants who didn't feel strongly one way or another. The positive responses ranged from youth appreciating when they could cook for themselves, having enough food, or when they experienced working with a dietician or a chef. Generally, youth who had access to fresh ingredients and a kitchen had the best mealtime experience. Participants' experiences with food were coded 87 times in 65 interview excerpts. Positive codes were applied 14 times, neutral codes were applied 10 times, and negative

codes were applied 63 times.

Out of those who described a negative experience with food, the most common experience was simply disliking the taste, quality, lack of options, and repetitive meals. The second most common complaint was that the facilities did not honor or adhere to dietary restrictions, allergies or food sensitivities, and personal, cultural or religious preferences. In addition to reports of food being uncooked, unsafe, unappetizing, and inadequate, there were many reports of food making children sick. Several youth disliked the food so much that they would rather skip meals and go hungry.

The second dynamic described around food, perhaps due to its scarcity, was how snacks in particular were used by staff to punish and reward youth (15 mentions). As meals in congregate settings were generally not appetizing, youth often described a reliance on snacks (e.g., pre-packaged chips, crackers, cookies, and so on) as sustenance. Interviewed youth described how staff would limit or disallow access to snacks, eat snacks meant for youth, and show favoritism to some by providing extra snacks.

FIGURE 13:
Experience with Food
(by number of mentions)

72%

16%

12%

● negative 63   ● positive 14   ● neutral 10
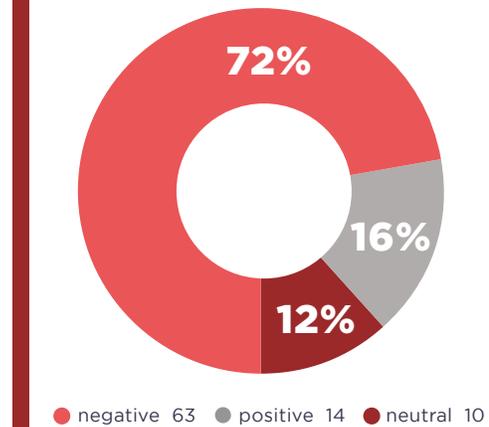
Clothing

> "Um, there was this kid named [redacted][50] and he only wore a sweater all day, year-round when it's freezing cold up there. Like when it got stuck in the negatives, all he brought was a sweater. And he caught pneumonia and he straight died in the hospital like, and everybody was there at the memorial, like, because we see this kid walking around with just a like a just a regular sweater … So winter months, it was really, really, cold and all you wore was a sweater and he ended up catching sick and the staff knew that he was probably walking around with a sweater didn't get him a coat or none of that. He ended up passing away. And … he was young he was only 16 like and I only met him for a couple of days before he had passed away and he seemed really nice …"

> "They won't buy you a new pair of underwear. They won't buy you a new pair of socks, they won't buy you nothing. They won't give new shirts, pants, they don't give a f*ck. Whatever you go into care with is what you're gonna wear unless you steal … You in foster care, if you don't know how to steal, you're never going to survive."

Most youth had a negative experience with clothing as shown in Figure 14. Youth did not have the essential clothing they needed when they were in congregate settings, particularly for cold-weather essentials (coats, snow-boots), undergarments, and plus-sized clothing.

Several participants noted that their clothing allowance was insufficient to purchase winter clothing and outerwear. As described in the quotation above, one participant shared an incident where a youth caught pneumonia and died in the hospital because he did not have a winter jacket when temperatures dropped below zero degrees. Many participants, particularly young women, didn't feel the clothing allowance was adequate to account for undergarments, which typically exhausted their budget.

Other experiences youth shared included not being permitted to go shopping, having to wear clothing they have out-grown, and the unfair distribution of apparel to those whom staff favored. One youth described how her allowance didn't go as far when purchasing plus-sized clothing due to the higher cost. Lastly, there was a general lack of adequate laundry services to care for the limited wardrobe they had. This resulted in many being forced to wear clothing they felt was unclean or malodorous.

While the vast majority of youth felt clothing was not adequate, there were some who felt their clothing needs were met. These comments included experiences where youth's families provided them with needed apparel, which was helpful in supplementing what they received in the system. There were a couple of experiences mentioned where facility staff would do an inventory of an individual's clothing requirements to help them acquire what they needed.

Overall, inequities and insufficiencies in clothing was a prominent source of shame and discomfort for participating youth.

FIGURE 14:
Experience with Clothing
(by number of mentions)

81%

13%

6%

● negative 26   ● positive 4   ● neutral 2

Toiletries

Some of our discussions with youth (16 mentions in 14 interview excerpts) uncovered issues in accessing culturally appropriate hair and body products, particularly for Black youth. Out of these, most (80%) participants indicated their needs were not met. Issues ranged from a lack of access to routine hair care, like braiding, and receiving hair brushes that are inappropriate and damaging to many Black youth's hair. Nearly all references to personal hygiene described a lack of access to sufficient and appropriate products. For example, participants described being provided with insufficient and poor-quality feminine hygiene products—low quality pads and no tampons. Several participants described that the soap provided was harsh and caused skin reactions. In one extreme case, a soap reaction required a participant to go to the hospital.

Health Care

"I was sexually assaulted when I was in care … They did the rape kit, but after the rape kit, there was no follow up. The only thing that they told me was that there was a positive match for the man who raped me. And there was no follow up on if he was gonna go to jail. There was no follow up on, like, testing me for STDs. I found out that that man gave me chlamydia, like, a whole year later, and I knew it was from him because I was still a virgin when he took my virginity and I hadn't had sex since that, so I know it was him. It gave me chlamydia. And then I carried it for a very long time not knowing. And, like, if I was sexually active with other people my age, I could have just been giving everyone that. And thank God, I had chlamydia, something that's curable and not like HIV or something. You know?"

> "I was sexually assaulted when I was in care … There was no follow up on, like, testing me for STDs. I found out that that man gave me chlamydia, like, a whole year later, and I knew it was from him because I was still a virgin …"

"I was overdosed when I was in care. They had prescribed me sleeping medication for my ADHD because they noticed I was an insomniac. And the thing about it is, they don't really correspond with the doctor. They make up their own rules. So, while I was supposed to be taking two pills, they were giving me five."

"I was supposed to wear prescription eyeglasses when I was in care. They broke, right when I entered care, and I didn't have prescription glasses after that. And my vision got progressively worse, in just a couple of months. Because even when they do provide basic health care, they don't include the dentist and optometrist as basic health care."

Nearly all youth participants reported gross medical negligence while in the system, and healthcare related issues were coded 62 times in 54 interview excerpts. As shown in Figure 15, nearly all mentions of health care were negative. The experience that was shared most often related to medical neglect (27 mentions). Youth consistently described not receiving the care they needed when sick, injured, or assaulted (usually involving injuries sustained in their congregate placement). There were numerous mentions of staff, including facility healthcare staff, being reluctant or even refusing to take youth to the doctor or hospital, because staff dismissed youths' symptoms or did not believe youth were actually unwell. Two participants shared a case of a youth who died from not receiving timely health care.

Just as concerning were numerous reports (24 mentions) of harmful experiences at the hands of healthcare staff in, or affiliated with, their placement from being misdiagnosed, over-prescribed medication, or administered incorrect medication. Youth shared how these incidents exacerbated their medical issues, caused unnecessary side-effects, and generally made them ill.

The three mentions of helpful and quality healthcare involved experiences where youth received quality therapy and access to specialists.

Survey results in this area were inconsistent with experiences shared by youth in the interviews, perhaps reflective of variations across the system and with the needs of the individuals surveyed. Sixty-five percent of survey respondents felt their healthcare needs were met, 20% felt neutral, and 15% felt they were not met. These results raise additional questions and warrant further exploration.

FIGURE 15:
Health Care
(by number of mentions)

95%

5%

● negative 59   ● positive 3
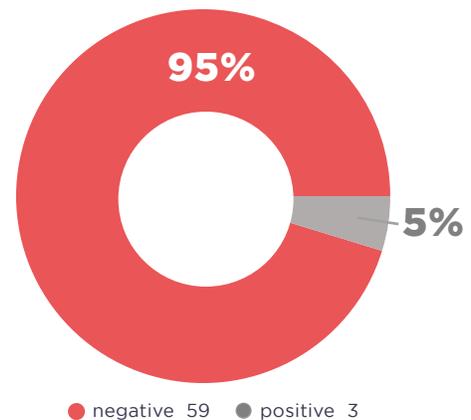
Restrictions and Personal Freedom

"The only thing that was heartbreaking was I wasn't allowed to see [family] for a certain amount of time. Like I wasn't allowed to leave the property, they weren't allowed to come see me. I was also only allowed one phone call a day. And it was monitored phone calls. So I wasn't comfortable enough to really speak up about my feelings."

FIGURE 16:
Restrictions
(by number of mentions)

98%

2%

● negative 41   ● positive 1
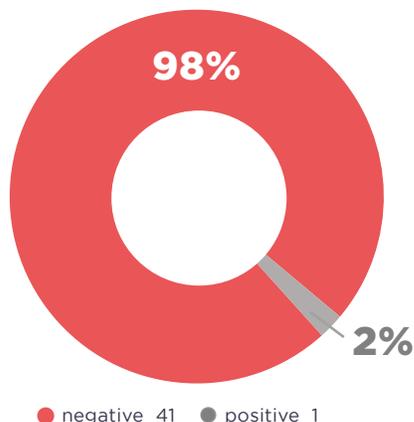
Participants described a very carceral and restrictive environment, as shown in Figure 16. Nearly all 42 mentions in 36 interview excerpts referenced limitations to when an individual could make a phone call, eat or use the bathroom, or move throughout the building or campus. Generally, youth described a variety of restrictions that seemed to differ according to the placement, for example, not being allowed to eat with a fork, having rigid bedtimes, and requiring permission to use the bathroom. The most common restriction that youth experienced across our interviews was with phone calls and visits (28 mentions), which youth described as having to earn with good behavior. Phone calls were often limited to

one per day, to phone numbers youth had committed to memory, and were capped at a certain time. When youth were able to make calls, they were supervised by staff. Incoming calls and contacts initiated by family members were often prohibited. One youth shared that in one of their short-term placements, there was no supervision or structure and the "kids could do whatever they want."

Interestingly, more survey respondents expressed that they were able to contact their loved ones freely, at 52%, than interview participants, perhaps a reflection of regional and facility differences in permitting youth to have cell phones.

Behavioral Consequences

"Some of the staff used it as, like, a control mechanism. Like okay, if they don't like this youth, we're going to make sure that he stays on level one or level two because that means he has got to go to bed early or he can't play this video game or he can't go to this program because he's level two and that's the rules, so that's that. That was my main reason for, not liking it …"

"But I know when people just done fight and they box it out or whatever the case can be they was restraining people and sending them to like basically solitary confinement and then ended up either putting them back in the cottage or sending them to a mental hospital and get evaluated."

"After they restrained the kid, he died when they restrained him, from improper restraint. After he got to the hospital two weeks, two weeks or three weeks later, he ended up dying from the staff um, restraining him. And it's crazy … but after that kid died, they're still restraining … The guy's still working after. They said, 'Oh, it was by accident.' No, the kid couldn't breathe."

"If you try and tell them like, 'Oh, my arm hurts it don't move,' they put more restraint on your arm. Even if they stop doing it, they still do it. The school … they restrained, they put their knees on your back … Every time they would say … 'Oh, shut up. I'm restraining you.' Because last time, they dislocated a kid's arm in that school. And they are still restraining … That's training, you're supposed to do that. But you broke a kid's arm. You dislocated his shoulder. Like, and I feel bad for the kids there, it's like, I don't even know."

"They like they're in the box, there was like a box. So it's like a room with like padding, and they like stick you in there. And you're just all alone. And some kids will be in there for like, days or weeks."

"So they actually put me in like, solitary confinement. Yeah, they actually, I don't know if this was legal, but they actually

> "The school … they restrained, they put their knees on your back … Every time they would say … 'Oh, shut up. I'm restraining you.'"

had me strapped up. And like one of those strait-jackets. And they put me in a room by myself. I was only 12."

"One of the boys in my cottage, [redacted], he, um, I didn't believe that he was the age he was because of his height, but he was 13. I kid you not, he was probably four feet if not lower than that, I think. But the way he would react when he got upset, he would end up getting restrained by three staff. And mind you that's three adults on top of a 13-year-old who's trapped in probably a seven, eight-year-old body."

Interviewed youth consistently described a severe culture in congregate placements where they were subject to harsh punishment in facilities and on campus schools. Reoccurring themes included restraints, seclusion and isolation, police calls, and taking away activities.

About half of the discussions concerning consequences centered on restraints (33 out of 64 mentions), representing the most common experience shared by youth participants on this topic. As illustrated in the quotations above, youth either experienced or witnessed violent restraint of their peers (20 mentions), and many shared that restraints occurred often (13 mentions). An alarming number of experiences detailed how youth suffered serious injuries from restraints. Several observed restraints that led to fatal injuries. While most described restraints as a result of "acting out," there were a few who experienced or saw a restraint take place because a youth was not complying with directives. As shown in Figure 17, nearly all experiences shared about behavioral consequences were negative.

Several youth also experienced seclusion or isolation in congregate placements. Some referred to this as "solitary confinement," and in one instance the youth described being put in a "straight-jacket."

Formal level systems have been phased out in most facilities in New York City, but they are still used in some facilities throughout the state. Youth receive points for compliant or pro-social behavior, which translate into levels that allow for certain privileges or rights. Except in one instance, youth found level systems very stressful and unfair. Some youth described a constant fear about what level they were in, and what the implications would be for what they would be permitted to do. Others described the subjective nature of points and levels and felt that no matter how hard they tried, they never made it to a higher level.

Experiences shared in the survey are consistent with interviews. When asked about their perception of consequences in congregate settings, whether they were fair, reasonable or helpful, 75% of survey respondents disagreed or strongly disagreed, when filtering out neutral responses.[51] When considering neutral responses, 41% disagreed or strongly disagreed, and 46% felt neutral.

FIGURE 17:
Behavioral consequences
(by number of mentions)

98%

2%

● negative 63   ● positive 1
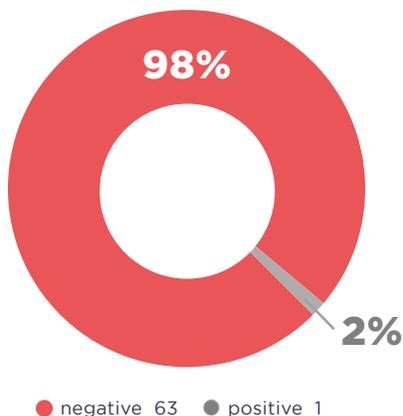
4. EXPERIENCES AT THE ACS CHILDREN'S CENTER

Fourteen out of the 36 interview participants experienced a stay at the ACS Children's Center. It was designed as a pre-placement intake facility but functions like an emergency group shelter. The experiences of youth who had a stay in the Children's Center are represented throughout this report, but this section highlights experiences they shared about their stay in the "ACS building" in particular.

"I remember there was barely any adults around."

"It got to the point where I got my arm dislocated … for them to actually want to help me. And it took getting beat up by other residents and pushed down a flight of stairs for them to actually listen … It sucked. I had to sleep on the floor while everybody else slept in these beds, because they didn't have so called any extra beds. So they made me sleep on the floor with a blanket and they made my brother sleep on these blue cots, like, they look like the cots from kindergarten, these little blue little beds. They made him sleep on that it was just horrible."

"So they made me sleep on the floor with a blanket and they made my brother sleep on these blue cots, like, they look like the cots from kindergarten, these little blue little beds.

"And get to that topic well, as far as the ACS building, because that was the most harsh situation. And it was because they take your phone. It just feels like jail. They take your phone, give you certain phone time. And it's just not enough … And you feel punished. Because you should have the freedom to you know, call family"

"Speaking of high school, that's one thing that I want to say that I didn't understand with the Children's Center. Because I was there for a long time, and they didn't have me in school … I would assume that they had everything for me, all the information they needed. But I just I wasn't in school for months."

"I had a passport. I had a state ID. I had my social security number, my birth certificate and stuff. And when I left there, and I tried to find it, it was gone. Like all of a sudden it just magically disappeared."

The duration of participants' stays in the Children's Center varied, with some being moved after a week, and others who stayed for several months. Reoccurring themes among youth included that the facility was overcrowded, felt unsafe, and was unsanitary (with multiple reports of mold and rodents). Youth described how overcrowding, communal sleeping and bathroom arrangements, and a wide age-gap between residents were overwhelming and chaotic, especially to those under the age of 10.

Youth described many instances where they experienced or witnessed bullying, assault, and theft between youth, with little intervention from staff. Participants' accounts also indicate that they had minimal supervision, programming, or structure, and residents spent a lot of time outside on the streets of Manhattan. Participants shared several stories of youth engaging in sex-work and alcohol and drug use while at the Center. One youth shared that she was out of school "for months" while awaiting a transfer from the Children's Center.

5. CONNECTIONS AND INTERPERSONAL RELATIONSHIPS

Interview participants shared how congregate placements impacted their interpersonal relationships, especially those with staff and youth in the system, as well as with their family and community. Overall, participants' interactions with staff and other youth made them feel unsafe, and were causes of uncertainty, stress, and fear. Many youth found it hard to maintain connections while in the system, which was compounded by restrictions on communication and visits from the outside as described above. There were some who built connections, community and friendships in the system.

Staff Relationships

"They'll say that now we're becoming verbally aggressive or whatever, and then they will antagonize the kid to get them more upset. If you know that, you know, the kid already has maybe anger issues or whatever they're going through, maybe they're upset or depressed, whatever it can be, why would you sit here and try to keep on bothering them or doing something that you know is going to trigger them? You could leave them there, give them space, but they never did. They always would just antagonize the kid. It was just childish to me."

"They didn't have no remorse or care when it comes to putting their hands on their children, and also injections. They'll give you medicine or whatever, almost like they don't hear you. They don't hear you out at all, which I personally don't like. I like to be heard, because I'm very understanding. And…there are a lot of kids in there and we all agree. So it's clearly not us that are the problem."

Participants' comments on staff connectedness focused on staff's treatment of youth. Staff treatment was coded 245 times in 199 interview excerpts and, while participants shared some positive stories of forming relationships with certain staff members, the vast majority of participants shared many stories of abuse, neglect, and poor treatment by congregate placement staff. The proportion of negative staff experiences discussed by participants is shown in Figure 18.

Those who had positive experiences with staff primarily described a caring relationship where staff actively helped, supported, and advocated for youth. A few youth continue to maintain relationships with staff who they met in congregate placements.

Descriptions of staff treatment generally encompassed either apathy or aggression. Across the board, youth's experiences indicate that they did not trust staff or feel safe with them.

The most common grievance was that staff were uncaring and perceived as unconcerned with the well-being of youth (64 mentions). Youth described instances of staff being apathetic to youth's needs and concerns, particularly as it related to inter-personal conflict or aggression between youth. There were numerous experiences that youth described where they felt that staff allowed or instigated physical fights between youth (15 mentions). Many youth felt staff chose favorites, who had more access to resources and more lenient rules. Staff were also described as dishonest and untrustworthy.

85%

12%

3%

● negative 209　● positive 30　● neutral 6

Disturbing accounts of staff physically and sexually assaulting youth were described consistently throughout the interviews, and mentioned 65 times. Youth often described staff physically "fighting" with youth. There were 15 experiences shared where youth experienced or knew of staff sexually assaulting youth, trafficking or sexually exploiting youth, and a few instances of staff making other sexual advances at youth.

Analysis of the staff treatment survey category shows that survey respondents had a somewhat similar perception of staff as interview participants. Youth were asked the extent to which they trusted, felt safe, and felt respected by staff. They were also asked whether they felt staff were caring, supportive, and understanding of youth. When filtering neutral responses, 50% of youth had a negative perception of staff treatment, and when including neutral responses, 49% felt neither positive nor negative.
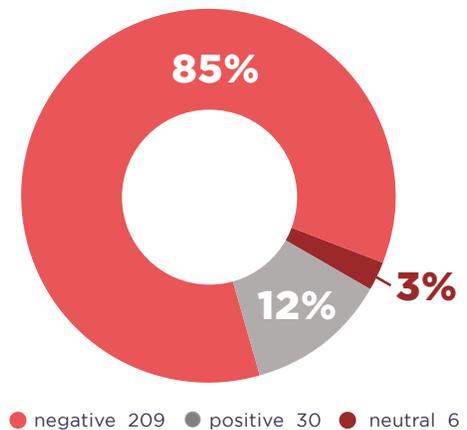
At 15 I was placed in a residential facility after a failed emergency placement with a foster family that had just been certified. I remember going into that home feeling a sense of safety. Afterall, it was safer there than I was in my biological family's home. I had food, a bed, and there wasn't constant chaos going on around me. I recognized all these things when I was there. When I first arrived, I slept for days. Here is the thing though, my body was safe AND my brain didn't know what to do with safety. I remember thinking there was something so wrong with me because I couldn't turn off survival mode. I was exhausting to everyone around me, and I was exhausting to myself. I knew that it was a matter of time before I was going to be moved again … and it happened. I still remember the first moment I walked into my new home, a residential facility, and I remember feeling overwhelmed and so alone. Oddly enough, I found comfort in this feeling because it was so familiar. I was, once again, surrounded by people but isolated from everyone I knew. I made it through the first three months there having no contact with anyone I knew. I dreaded every day I was there until I was able to leave. Being placed here solidified the idea in my mind, I am not worthy of being loved, an idea that was put into my mind long before I had words to describe the feeling. I won't get into every detail of each day, what I will say is I spent the next year and a half surviving. I spent valuable time, that could have been used to cultivate growth and healing just mastering my survival skills and staring at blank walls. I witnessed more adults, that were supposed to be role models, displaying the same threatening anger and rage I experienced at home. I had my basic bodily needs met; we had food available three times a day, water, and a place to sleep. What none of us got was the thing we so desperately needed, love. We were institutionalized and criminalized for the crimes of our parents—we were seen as "bad" for the lack of regulation skills, consistency, and love we so desperately needed in early childhood. It was easier to place us away from society than it was to actually meet our needs, to actually hear us. As if instilling fear is ever more effective than corrective trauma-informed practices. I was able to leave at 17 and go to college, I graduated with a bachelor's degree in interdisciplinary studies: psychology, education, and literature to support trauma impacted youth. I went to college, determined to do more for the youth who have experienced unbearable childhoods, for the youth who are doing their best to survive, for the youth who are desperately trying to get their needs met. I have beyond exceeded in this goal with the work I am doing. I have also been shown that I am far beyond worthy of love by the person I call my mama. She taught me more about regulation, compassion, and empathy than I would have ever learned in a residential facility. I won't stop fighting for them, because while I fight for them, I know that I am also fighting for me. I am here, at 23, still screaming "deinstitutionalize these children, they just need to be loved!" to ears that are committed to misunderstanding me and millions of other traumatized youth. I won't stop until they see us, I won't stop until they hear us, I won't stop until they do something. Hear me … and see them for who they are. Children … desperately needing to be held.

– Essay by C.M., Lived Expert
"My response is a short essay—sharing what needs were and weren't met during my time in care and how my experiences have shaped who I am now."

Family Relationships

"I got separated from my little sister. And the thing is, we was Tom and Jerry. We were always fighting and we fought in church. We fought in the video game store, we fought in the park, we fought in the house, we fought everywhere. But the day we was in the ACS building, and I was 12 years old, I'll never forget. It was around Thanksgiving time ... And I'll never forget them telling me to pack up. They found me a placement, and I'm running to go get my sister. I'm so excited that they found us a place ... And the lady looked at me and said, 'No, she's not coming with you.' Even though we fought a lot, that hurt me. Like what you mean, my sister can't come with me. Like, I was 12, she was 8. I was pissed. Like, it just hurt ... But eventually, when I was 13, I got to see her again ... She lived across the street from me. And I used to go visit her all the time and play nice, because you know what? I remembered what happened. When I was being mean to my sister, ACS separated us. Like, that's my sister. Who are you? You can't separate me from my sister."

"Well, at first, to be honest, when I first got into care, I was like, 10 years old, they cut all that off, they didn't like, allow me to speak to the people that would have kept me calm. Like, although, like, you know, the issue was my mother, and why I was taken away, that is still somebody that I was willing to speak to, and that was taken from, like, stripped from me and I had no choice ... the system's mess up is when they really don't listen to the kid. Because if you listen a little bit harder, though, the kid will literally tell you exactly what's going on exactly where the problem is, and exactly what they want. But it never goes a kid's way."

> "And I'll never forget them telling me to pack up. They found me a placement, and I'm running to go get my sister ... And the lady looked at me and said, 'No, she's not coming with you.'

How connected youth felt to family varied across interviewed youth, as shown in Figure 19, especially youth perceptions of how their connections changed while in congregate placements. A little more than half of mentions around family connectedness described scenarios where congregate placements weakened their connections to family. Several youth had strained familial ties when they entered the system, some felt congregate placements made them feel more isolated and lonely. Others who had strained relations continued to have weak relationships with family for the duration of their time in the system. As illustrated with the quotation above, youth who were separated from siblings who were also in the system described a deep sense of loss. And those who were the only child removed from their family tended to lose contact with their siblings.

There were a handful of instances where youth described how congregate placements helped them strengthen their relationship with family, particularly as it relates to sibling connections.

Survey participants had a similar perception of their connectedness to family, siblings, and friends in that only 31% felt that congregate placements had a positive impact on their relationships, while 40% said it had no impact and 28% expressed it had a negative impact.

Youth Relationships

"But, you know, yeah, I didn't really have much of relationships. And then as far as like friends … a lot of my friends thought I like died or something. They didn't know what the hell happened to me because I literally dropped off the face of the earth. I said, 'See you later,' I thought I was coming to school the next day."

"I was in this group called Big Sister [while in group care]. It's a group where you help the other immigrants coming also to the program. So, because I was speaking French, I had to help the one who could not speak English. I had to translate whenever that staff talk about rules and all this stuff, and I will help them to translate about them. So yeah, I was in that group. It was really good … So it was a good experience for me to, to be a part of that."

For many interview participants youth relationships in congregate settings felt unsafe, as interactions with other youth involved conflict, physical altercations, and bullying. The high proportion of negative interpersonal experiences described by youth is shown in Figure 20.

Physical assaults between youth, often very violent, were mentioned the most frequently in our conversations (30 mentions). Some youth described instances where an assault (sometimes sexual) from another youth resulted in hospitalization and serious injury.

Youth who were perceived as different were often targeted—for example younger youth and LGBTQ+ youth. Theft and bullying were also common incidents described by youth in congregate placements, where some described being targeted at night, in the bathrooms, or by groups.

Several youth coped with these dynamics by avoiding interactions and friendships with others altogether, and these experiences are represented

FIGURE 19:
## Family Connectedness
(by number of mentions)

52%

11%

37%

● weakened 43 ● maintained 30
● strengthened 9

FIGURE 20:
Relationship with other Youth
(by number of mentions)

70%

8%

22%

● negative 77 ● positive 24 ● neutral 9
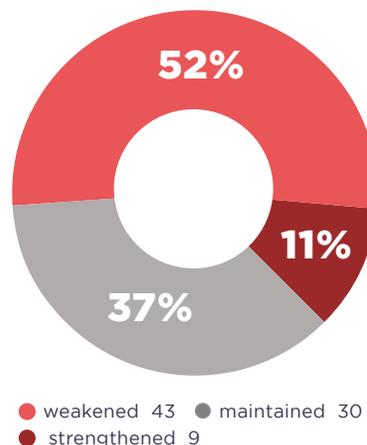
in the neutral section in Figure 20. These youth often felt that keeping to oneself was necessary for surviving congregate placements.

However, some described productive and generative relationships with their peers leading to long-term friendships, connections, and communities of support (24 mentions).

Community Connections

Perceptions and experiences of connectedness varied primarily by whether youth were placed out-of-county in congregate settings. Compared to connections with family and friends, community connections were not discussed as much, totaling to 23 mentions, as shown in Figure 21. Those who were placed far from their neighborhood felt isolated and disconnected from home and many had difficulty adjusting to their new geographic environment. In contrast, there were a handful of experiences where youth found community. One youth shared that connecting with a church-based youth group gave him a reprieve from the congregate setting and he continues to be involved.

FIGURE 21:
Community Connections
(by number of mentions)

65%

35%

● negative 15   ● positive 8
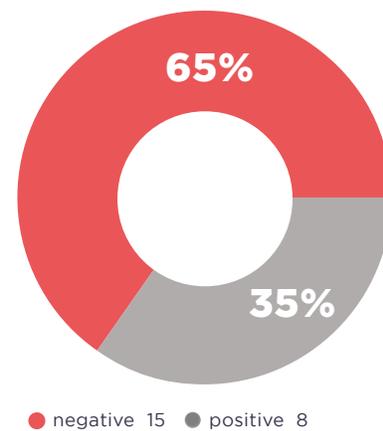
6. IMPACT ON WELL-BEING AND HEALTHY DECISIONS

This section presents youth reflections on how congregate placement has shaped their emotional state and exposure to risk-factors. Their accounts illustrate the complex decision-making youth face in balancing their coping and survival.

Emotional Well-being

"Nothing is safe. It's like, you feel like you're doing fine one week and then all of a sudden the world comes crashing down on you. And there is nowhere to turn."

"I lived in a cycle where I, when I tell you, I really just didn't want to live. I had nothing to look forward to. I was just in a dark bubble … nothing was worth it to me."

In addition to feeling unsafe, which was the most commonly mentioned sentiment, youth experienced a deep sense of hopelessness. There were many references to feeling traumatized, angry, lonely, depressed, and suicidal.

Figure 22 shows the most commonly mentioned words youth used when describing their emotional state while in congregate placements, with text size corresponding to the frequency at which the word was mentioned.

FIGURE 22:
Feelings While in Congregate Settings

Depressed
Stressed
UNSAFE
Traumatized
Suicidal   Disgusted   Self-harming
Unhappy   LONELY   ANGRY

Healthy Decisions

"And, and being there also … strengthened my belief that it's, it's really so easy to get caught up in a lot of bad things."

"I literally did start doing sex work the year before I went to college because I needed money … like [selling] weed wasn't enough money for me. So as soon as I turned 18, I started doing sex work. And I won a contest for the $1,000 … I saved up and I had that and I went to college with that."

"A couple of times, I was homeless when I was in foster care. There was even times I knew people who, if they like missed curfew or came back too late, the foster people wouldn't let them in and sh*t. And they had to like sleep on the streets and sh*t. Or then there was people like me, like there was just some nights where I'm like, I'm not dealing with these people. So I'd rather go sleep on a train."

Interview participants described how the environment in congregate settings led to unhealthy or high-risk decisions. Youth usually felt that some of these choices or activities were necessary for their own survival.

Youth who felt trapped and unhappy described running away to get a break, escape a bad situation, or see their family or loved ones. The quotation above illustrates how running away and sleeping on a train, for example, is a desperate measure to get away from congregate settings, but can result in the youth being put in a potentially more harmful situation. Youth described the complex decision-making they faced as they

dealt with constant distress while balancing what they needed to cope and survive. Figure 23 shows the themes that were most commonly described out of the 63 mentions in 58 interview excerpts.

FIGURE 23:
Unhealthy Decisions *(by number of mentions)*

Category	Mentions
Running away	23
Substance use	16
Physical altercations	8
Sex work	9
Self-harm	4
Other	3
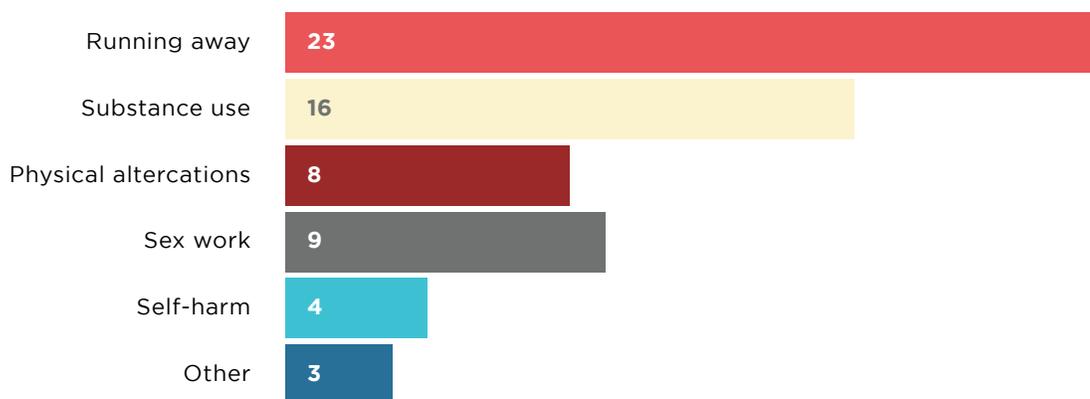
7. EDUCATION AND RECREATION

Our interviews had robust discussions about academics that also touched upon extra-curricular activities. Overall, youth were not satisfied with their educational opportunities while in congregate placements, and felt that their academic achievement suffered, leaving them under-credited and unprepared.

Academics

"Honestly, well with school, I felt like I, I didn't stay in a school for too long. Since I got into care, I was switching schools. Like, high school is where, you know, I was able to stay in one school. Before that, until high school, I didn't really stick around … That's one thing that I want to say that I didn't understand with the Children's Center. Because I was there for a long time, and they didn't have me in school … I would assume that they had everything for me, all the information they needed. But I wasn't in school for months."

"We had one classroom for the whole facility. And everybody got fourth-grade work no matter what grade you was in, they didn't give a f*ck who was actually in fourth grade or 11th grade, you was getting fourth grade work."

Youth experiences with school and academics during congregate placements were varied, with more participants expressing negative experiences with school as shown in Figure 24. Nearly half of participants felt that their academic needs were not met (31 mentions). The quotation above referencing below grade-level work was a common theme among participants, who ultimately fell behind in future studies due to congregate placement. Survey participants had a similar response about school, and only 34% reported a positive experience.

Many also believed that congregate placement was an obstacle to their academic achievements. Reasons ranged from multiple placements causing gaps in attending school, the loss of high school credits, campus schools being unsafe, and lacking an environment conducive for homework and studying. Youth reported that campus schools lacked engaging curriculum, hands-on learning, and usually involved endless worksheets. Youth described how their motivation in school waned while in congregate settings, some losing interest to the point of dropping-out. Generally, youth did not feel that their academic performance and growth was prioritized by staff and teachers. When youth left the system, they often found themselves behind, with not enough credits to graduate and unprepared for future educational pursuits. Those who managed to earn their high school diploma and go onto post-secondary education often did so with little to no support.

Those who described a positive experience with school graduated from high school and were able to build on their education through continued training or studies. Others felt their academic needs were met (13 mentions), and some were connected to special programs, like a credit-recovery school, allowing them to catch up and ultimately graduate.

Youth who went to a community-based school off campus had a better experience academically, but often struggled socially and felt that transportation from campus was unreliable.

Recreation

Youth's involvement with recreation activities was not discussed as much as their academic experience in interviews. It was noted 15 times in 10 interview excerpts. Activities and access varied according to facilities, but were popular with youth. A handful of participants shared that they enjoyed playing sports on campus, doing art, and going on trips. Forty-seven percent of survey respondents shared that they had a positive experience with recreational programs while in congregate settings, while 23% had neither a positive or negative experience, and 30% had a negative experience.

FIGURE 24:
Academic Experience
(by number of mentions)

62%

11%

27%

● negative 68 ● positive 30 ● neutral 12
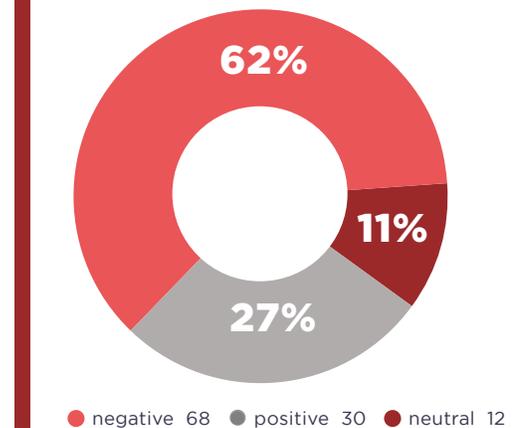
8. UNIQUE EXPERIENCES OF LGBTQ+ AND PARENTING YOUTH

While this report presents a summary of all participants' experiences, this section highlights accounts from youth specific to their identity that emerged from our analysis. Out of the group of youth who participated, there were common themes among two groups, the LGBTQ+ and parenting youth communities.

LGBTQ+ Youth Experiences

"And it took them not once, it took them seven times for them to actually hear that I was being bullied and assaulted on a daily basis for being gay … It took me to get a broken arm and a busted nose and teeth knocked out of my mouth for them to be like oh, he needs help … I'd been shouting out help for so long."

"Back then I dressed like a girl, but I started dressing like a boy—I've stopped dressing like a girl because staff kept on making fun of me and that's why I used to get in fights and they used to call cops on me. Put me in the hospital for no apparent reason because I'm fighting over my rights. We have more rights than that, so why are you discriminating? And I got mad because you call EMS on me because I act up because I'm mad because you're discriminating me. I threw all my dresses out, all my makeup, all my wigs, like I got tired of it."

> "I've stopped dressing like a girl because staff kept on making fun of me and that's why I used to get in fights and they used to call cops on me."

"I mean, I did get bullied sometimes in that group home because I was, I guess, gay or whatever … But that was one of the reasons why I've never really wanted to be there because some of them would start saying stuff or whatever … I was always AWOLing to my dad's house, my stepmother's restaurant, her house. So, I was always going to them. I never wanted to be in any group home that I was in."

Nearly all LGBTQ+ youth participants shared stories demonstrating that they were treated differently by staff and youth in congregate settings due to their gender and sexuality. Those who felt accepted and found community had positive experiences with staff and youth as a part of an affirming program or facility.

LGBTQ+ youth described adverse experiences with youth and staff 78% of the time, as shown in Figure 25. They reported being targeted by peers and staff through bullying and assaults, both physical and sexual. Being in congregate settings made it more difficult for youth who were in the midst of their gender transition or coming out. Similar dynamics were described among youth, but were not discussed as much.

Overall, congregate settings were not a safe space for LGBTQ+ youth. These placements made youth feel more vulnerable and deepened feelings of isolation and despair.

The disparity experienced within LGBTQ+ youth was also shown in the survey analysis. This population reported negative experiences at a higher rate than others. In particular, 79% reported having a negative overall experience, 75% felt consequences were unfair, 72% felt school did not meet their needs, 64% felt mistreated by staff, and 60% did not feel safe in congregate settings.

Parenting Young Adults

> "A lot of girls were scared to speak up, because they thought that their babies was gonna get taken away if they spoke up."

> "If you didn't do your chores, you would just get $3 out of the week ... Like if you don't complete certain stuff, you can't go shopping for you and your baby, which doesn't make sense. Because if you don't have anything [for the baby], then still, you can't go shopping, you have to figure it out by yourself, which is not fair ... you should never take that away from us."

FIGURE 25:
Experience of LGBTQ+ Youth
(by number of mentions)

- ● Negative experience with youth — 8
- ● Positive experience with youth — 4
- ● Negative experience with staff — 22
- ● Positive experience with staff — 4
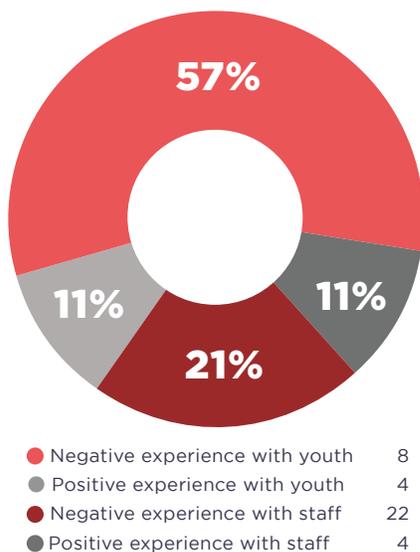
Participants who became parents while in the system, approximately five participants, faced some common challenges. Prominent themes included being in constant fear that your child would be taken away or hurt and not having enough resources and supplies to care for the child. There were several instances of intimate partner violence that were shared by youth, which compounded the stress of parenting while in the system.

9. EXITING CONGREGATE PLACEMENTS

In this section we cover the placements that youth recall after congregate settings, as well as their perception and sense of preparedness for transitioning out of the foster system. It is important to note that most interviewed youth are still in the process of exiting the system, as many are in extended care.

Post Congregate Placements

The settings that youth experienced after congregate placements are illustrated in Figure 26. Interviewed youth who did not age out of the system after congregate placements mentioned returning home to their families, being placed with a foster home, or being moved to a hospital setting. A handful of youth ended up becoming incarcerated due to an incident that occurred while in congregate settings.

Those who exited the system after congregate placements mentioned staying in a supervised independent living program, a shelter, or other housing.

FIGURE 26:
Post Congregate Placements _(by number of mentions)_

Placement	Mentions
Foster home	28
Family	7
Incarcerated	4
SILP	4
Other housing	3
Shelter	2
Hospital/Psychiatric Facility	2
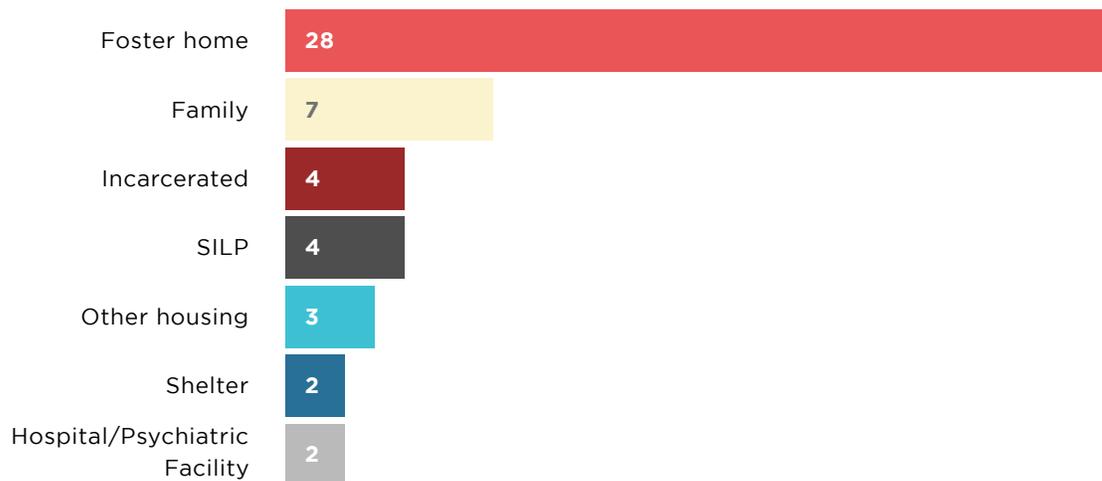
Preparedness for Transitioning Out of the Foster System

Most participants described concrete supports that they had when leaving the system, such as housing (19 mentions, primarily public or supportive), furniture, needed documents, and SNAP benefits. Several also described supports they received from family. These experiences suggest that most interviewed youth had some necessities for life after the foster system as shown in Figure 27.

That said, many youth did not feel emotionally prepared for independent living, having never had the chance to manage their own household before. The challenges youth described after exiting the system often involved resolving issues with their housing, maintaining steady work, and managing their finances.

Other youth felt the transition was rushed, and involved a drastic adjustment from living in a highly structured and rigid setting to being completely on their own.

Survey respondents similarly shared that they had some of the tangible supports they needed when exiting the system (56%) such as housing, a bank account, and a plan for employment. Yet, only 42% of respondents felt prepared to exit the system.

61%

39%

● Prepared   42
● Unprepared   27
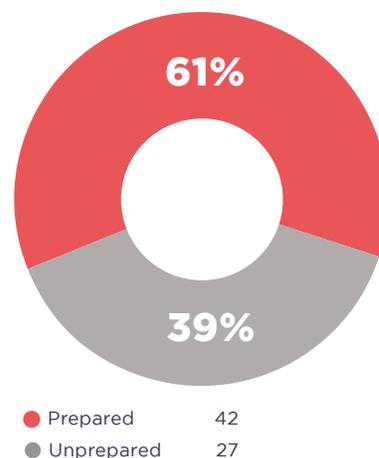
10. OVERALL IMPACT AND HEALING FROM CONGREGATE PLACEMENTS

Participants had profound perspectives on their experience with the system and its impact on them personally, even though many of them exited the system recently. In this section, we share the accomplishments and aspirations that are a source of pride and optimism for their futures.

Reflections on the Impact of Congregate Placements

"I think that in a way, every single thing that's happened to you happened to you for a reason. But I also think that it also helped make you the strong individual that you are today. And I believe that, you know, that you should own your story, but not in a negative way, you know, own it in a way that, you know, like, that makes you feel proud. And doesn't make you scared to talk about it, because I've never been really scared to talk about, you know, me being in foster care, that's literally my whole life."

"I just want to say like, those type of tactics and the system the way it is, is really a cycle. Because, like, kids go in there, and then they're in this environment where it feels like, you know, basically in fear and danger. So now you got to go into survival or fight mode. But then those are the things, when you start acting those ways, those are the things they'd be like, oh, well, yeah, see, we gotta go hard on him. And it just creates a cycle because they're, they're just creating a cycle. And, and it's traumatic, it's traumatic ... It's not, it's not normal. It's really

not. It's really not. Like, that's what happens. And no, everybody doesn't experience it. But, you know, there's still too many cracks in this system for people to slip through. Like, there's too many cracks. That's just how I feel."

"Foster care hasn't done nothing but bring problems and trauma to my life. And then they didn't solve any of the problems, or the trauma that they gave me. They just set me up to be a statistic, kind of dumped me here and left me here to figure it out. And time is ticking. Because most of the programs that help you grow up and become a good adult, they stop servicing you by 24 years old, the latest programs 25. But even that is not enough time, when you didn't have the childhood that you were supposed to, you know what I'm saying? You're, you're forcing us to be these adults that we literally aren't prepared to be, you know, and then you have like all these kids just walking through life with trauma and fear. And most importantly, fear. These, these people are scared to live, because they don't know what tomorrow is, if tomorrow is a promise, what they're going to have tomorrow, because so much has been taken from them today."

"A system can never be a parent. That's what I'm gonna say, because they think that they going to take these kids out they home and become parents and it's not working like that."

"… they didn't solve any of the problems, or the trauma that they gave me. They just set me up to be a statistic"

FIGURE 28:
Overall Impact *(by number of mentions)*

Category	Mentions
Trauma	23
Resilience/Strength	21
Positive self-identity	13
Distrust of others	10
Sparked a passion	7
Desire to reform system	4
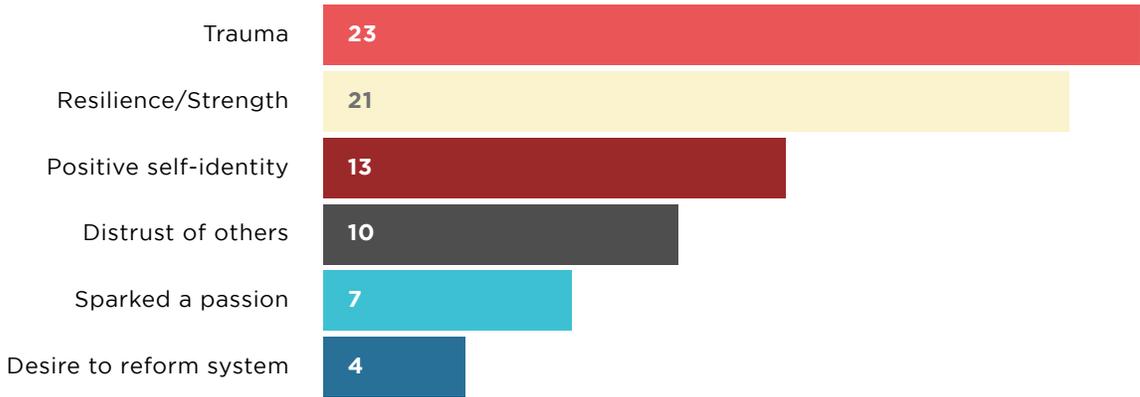
When interview participants reflected on their time in congregate placements, the most common theme that arose was the lasting trauma it left, shown in Figure 28 and illustrated through the quotations above. Many youth have daily and persistent challenges with their emotional well-being and mental health, suffering from anxiety, depression and in some cases, anger and hopelessness. Youth shared how their experiences in congregate placements make it difficult to trust others and have left a lasting sense of apprehension.

Results from the survey are somewhat consistent with the interview analysis. When reflecting on their overall experience in congregate placements, 52% of survey respondents did not feel they had a good experience, were happy, or were comfortable in congregate settings. When filtering out neutral respondents, the percent increases to 73% of survey respondents. In considering youth's perception of the impact congregate placements had on their self-esteem, identity, and confidence, 36% felt it had a positive impact while 41% suggested it had neither positive or negative, and 22% felt it had a negative one.

As a result of an oppressive and traumatic system, youth were forced to mature quickly and learn how to be self-sufficient, advocate for themselves, and be resourceful. However, youth also expressed how foster and congregate placements shaped who they are. Youth discussed how their experience helped them find their passion in, for example, poetry, art, and community service. There were also a handful of mentions of youth wanting to leverage their life lessons and experiences to change the foster system and support others in the system. Many described their aspirations to become an elected official, advocate, counselor, or social worker.

As most interview participants recently exited the system, or are in extended care, these reflections are early. Many are still processing their experiences and are focused on survival.

Healing and Forging Ahead

"I was in care for like eight years. I always had the mindset that I didn't think I was gonna make it this far in general, in my life. So ... I'm 22 now and I'm here, still alive with my own family. And my own place. You know, I never saw this coming. You know what I mean? So, I'm pretty proud of this."

"I definitely want to save up money ... one thing I do want to do is build my own business, because I have family members who have businesses...So I want to, you know, build my own shop and stuff and I'm very passionate about, you know, communities like the ones I'm in, like local communities having access to like, you know, healthier foods and organic produce and stuff like that. So, I'm very passionate about that ... I want to build something out of that. So, that's something I'm working on independently."

"My passion right now is just my advocacy ... I'm still trying to figure out my way on how to do that, because, you know, I just, I just want to be this inspiration for youth. I think that this whole time in my life, I was alone, I didn't have anyone. And it's horrible to be in that space, where you just have nothing going for yourself,

and you have no hope at all. And I want to, I just want everyone to know that you can make it you know, and doing that, whether it's through my advocacy, whether it's through whatever job that I find … I have like some goals in my life, you know, I eventually want to, you know be part of a non-profit organization…to build some type of program that's just specifically focused on emotional well-being…Because I wish I [had that] when I was in care."

FIGURE 29:
Accomplishments *(by proportion of mentions)*

OVERCOMING THE PAST

PARENTHOOD

EDUCATION/CAREER ATTAINMENT

LIVING INDEPENDENTLY

BEING ALIVE
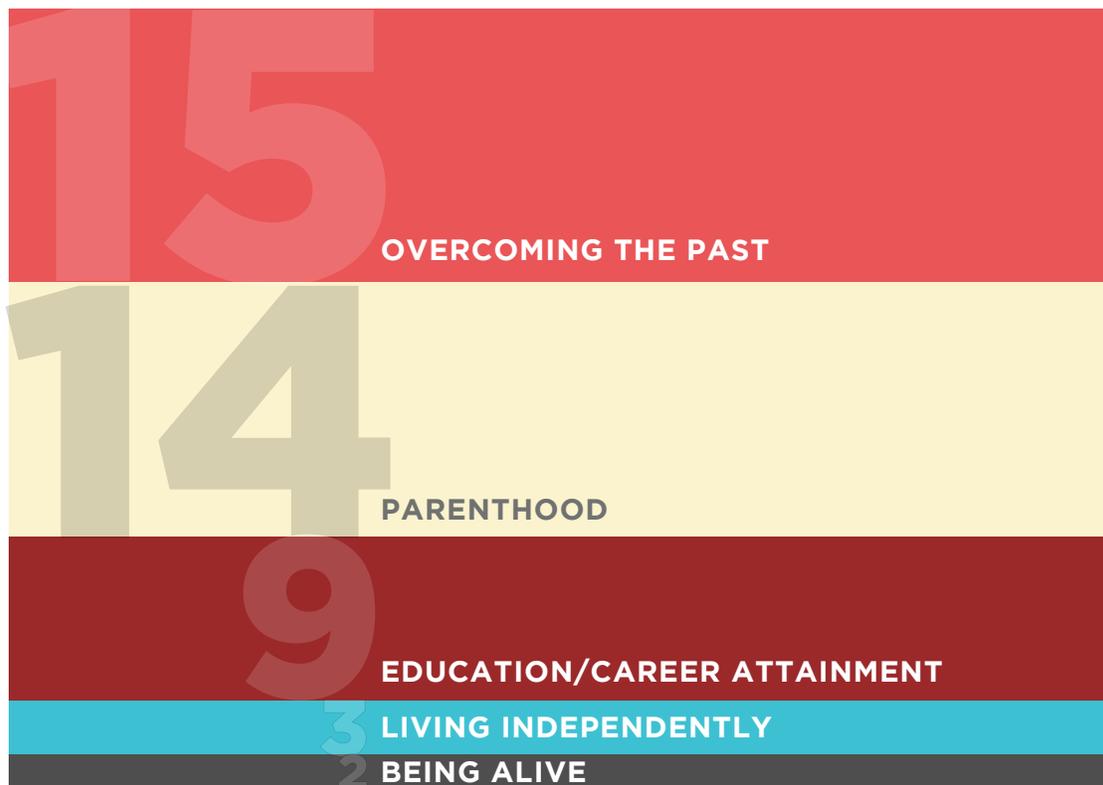
Above all, shown in Figure 29, youth expressed pride in overcoming what they went through, some sharing how grateful they are to be alive. Participants with children are proud to be creating their own connections and family. Many also discussed how proud they are to have earned their HS diploma or be in college.

In reflecting on what is next for youth in life after the foster system, many youth feel optimistic about their futures—though unsure of their path or how to achieve their goals. Youth described future plans ranging from pursuing post-secondary education and building their careers. Overall, youth expressed a deep commitment to continuing on their journey, and continuing to build, heal, and thrive.

Painting by C.C, Lived Expert

I painted this when I was in a group home. They had a recreational therapist come to the home on a weekly basis. She was really nice and helped me express myself through art. During that time I was going through a lot of difficulties, especially my mental state. That day I decided to paint myself a message that little did I know I would look back at it today and actually smile and laugh at what I did thought mattered in those moments.

DISCUSSION

Based on the findings above, there are four collective views expressed by the 80 young adult participants who experienced congregate placements in New York. Youth in congregate settings lack basic necessities, feel unsafe, experience trauma, and face challenges in meeting the mental, physical, and developmental milestones that are the foundation for a healthy and stable future.

Youth experience physical and emotional insecurity while in congregate settings, lacking adequate food, medical care, and physical safety while in these facilities. There were numerous examples of the congregate environment creating a culture of scarcity, competition, and fear, and many youth referred to the constant stress of survival. Youth accounts indicate that the isolation from community and family further exacerbates these dynamics. Finally, the lack of developmentally appropriate educational opportunities, an essential part of child development, creates a deficit for youth in the system that is exceedingly challenging to overcome in their academic and professional pursuits as young adults.

Experiences shared also raise questions about the standards of care in therapeutic, treatment, and hospital-based settings. Consistent patterns emerged from participants' perceptions of their mental and behavioral healthcare including accounts of misdiagnosis, over-prescription of medication, prescription of unnecessary or incorrect medication, and being threatened with hospitalization for perceived infractions. While not the focus of this study, the numerous accounts of poor mental and behavioral healthcare warrant further investigation.

These key conclusions drawn from youth accounts illustrate that congregate placements have the opposite effect of protecting the well-being and safety of children. Rather, they are imposing alarming and lasting harm to children and youth.

While the study participants may not be a representative sample of the population concerned, the research team feels confident in drawing these collective views and believes they are demonstrative of youth experiences in New York's congregate settings. Our analysis revealed clear patterns and consistent themes from youth reports.

The findings detailed in this study are consistent with existing literature and research on the harms of congregate placements[52] and illuminate the human experience in these settings. The conditions in New York's congregate facilities are of grave concern. The experiences and voices of youth who bravely participated matter and are valid. It is imperative for the field to invest in listening to and collaborating with impacted young adults and communities.

> *These key conclusions drawn from youth accounts illustrate that congregate placements have the opposite effect of protecting the well-being and safety of children. Rather, they are imposing alarming and lasting harm to children and youth.*

RECOMMENDATIONS

The conversations with lived experts who participated in this study presented thoughtful and realistic ways to change the experiences of young people in New York congregate placements.

Additionally, we are fortunate to have the guidance and roadmap for long-term policy and practice changes set forth in Children's Rights' Families Over Facilities Report, Think of Us' Away from Home Report, and the Redlich Horwitz Foundation's How Three New York Counties Are Right-Sizing Congregate Care and Prioritizing Family-Based Care Report.

The following recommendations for New York are shaped by our conversations with lived experts and the recommendations in these reports.

1 — **Partner with lived experts to co-design practices and policies that lead to the elimination of congregate placements.**

a. Eliminate the use of pre-placement facilities and emergency group shelters, such as the ACS Children's Center.

b. Evaluate the standards of care in Qualified Residential Treatment Programs.

c. Depopulate existing congregate settings that house youth. Agencies should engage in ongoing case reviews that include participation by youth, reconsider reunification and kinship options throughout the entire duration of a case, and utilize guardianship as a permanency alternative. Legislators should require agencies to institute gatekeeping policies that require high-level approval for new congregate placements.

d. Ban the use of all restraints and other punitive practices while we are working towards the elimination of congregate placements.

2 — **Preserve and support families of origin. Make active efforts to keep children at home, prevent removals, and increase supports for children and families in their homes and communities.**

a. Adopt policies and practices that increase financial and social supports to help families stay together in the first place.

b. Expand the availability, affordability, and access to community mental health resources.[53]

c. Address inconsistent or inequitable application of the "reasonable efforts" standard. Courts should balance the risk of imminent harm with the risk of removal when determining what is in a child's best interest.

d. Reinvest savings from depopulating congregate settings into preserving families. Agencies should work with appropriations authorities within their jurisdictions to develop short, medium, and long-term strategies for reinvesting deinstitutionalization cost savings into strengthening community-based family supports.

e. Increase utilization of, and remove barriers to, kinship placements for youth who absolutely cannot remain at home.

3 | **Increase transparency and accountability around congregate practices.**

a. Share data publicly, specifically data on the number of restraints, AWOLS, and police-calls for all facilities as well as records of license violations, critical incident reports, notices of Heightened Monitoring State, and any Performance Improvement Plan produced in response to violations.

b. Create an independent commission of experts, including lived experts, to evaluate staff conduct and treatment of youth in congregate settings.

c. Establish a process for youth to share maltreatment concerns occurring in congregate settings.

CONCLUSION

The experiences of youth surfaced in this study indicate that congregate placements are not providing the care that they claim to provide. New York State's youth not only lack basic care but also experience harm in congregate placements and suffer ongoing trauma. The lasting impacts include isolation, weakened familial and interpersonal relations, and instability. However, the momentum in New York State's policy landscape presents a critical opportunity to learn from, and involve, young adults and families with lived experience. New York State should be a leader in equitably and effectively reimagining child welfare, and by listening and learning from youth and families it can better achieve that.

August 4th 2022 (from a foster care youth)

"foster care"... these are almost trigger words for me, No good feelings come with this. It's like being in a cage yearning for more. A deep yearning to be more, see more, feel more. The thirst is always there when you're hydrated by a fountain tainted with neglect or judgement. So more is what i need ~~xxxxxxxxxx~~ yearn to be love, accepted, wanted, and apart of something more than the system. yearn for someone to see past the anger and feel my pain, yearn to know this is not my fault. Many things never made sense. we come into foster care as victims and immediately get shipped to the childrens jail also known as center, never understood why traumatized children are immediately put ~~xxxx~~ thru a proccess where they are searched like its prison and all personal items and contact

Handwritten testimony (also on cover) by T.K., Lived Expert: *"I would describe my creative response as journal entry format with a splash of poetry."*

APPENDIX A: Methodology & Limitations

The purpose of this study is to understand the impacts of congregate placements in New York State by hearing directly from impacted young adults. The research team collaborated with an Advisory Committee made up of a diverse group of individuals with lived experience in congregate placements in the foster system to develop the study's methodology. The research team and Advisory Committee co-developed the research domains and research tools, including the interview protocols and survey instrument. With this collaborative process, our methodology seeks to center the voices and expertise of impacted communities.

Research Domains

To answer our research questions, we explored youth's perspectives on the physical safety, condition, and quality of congregate placements including food and basic necessities; connectedness to family and community before, during, and after placement in the foster system; experience and relationships with facility staff; interpersonal relationships with youth; experience with and impact of behavioral consequences; youth's educational, extra-curricular, and recreational activity experience; support and readiness when transitioning out of the system; and reflections on lasting impacts of being in congregate settings.

Research Domains and Key Questions

RESEARCH DOMAINS	KEY QUESTIONS
Physical space	▶ How comfortable and safe did you feel in the physical space of the facility? ▶ Did you have access to basic necessities? ▶ What was your experience like with food in the facility?
Academics	▶ What was your experience with school like (either on campus or in community)? ▶ Did you feel that your academic goals were supported? ▶ How did your academic experience while in group care prepare you for your future?
Recreational activities	▶ What kinds of sports, music, art, trips and other fun activities did you have access to while in group care? ▶ What were some activities you would have liked to do but didn't get to because it wasn't offered to you?
Family, friends, and community connections	▶ How did connections with siblings, other family and friends stay the same or change, during and after group care? ▶ How often were you able to speak to and see your siblings, other family and friends? ▶ How connected did you feel from your home community/neighborhood?
Staff	▶ What was your experience like with facility staff and how did they make you feel? ▶ Did staff work to understand and meet the individual needs of youth?
Incidents and behavioral consequences	▶ What was the staff response when there was a fight, incident or crisis? ▶ What was the staff response when it seemed like youth weren't following the program?
Transitioning out of foster care	▶ How prepared did you feel when you transitioned out of care, and in what ways? ▶ Did you have what you needed to live when you transitioned out of care?
Reflections on impact of group care	▶ How do you think group care changed you, if it did, and did it change how you see yourself? ▶ Do you think group care helps youth?

Mixed Methods Approach

These topics were explored through several qualitative data collection methods including individual interviews, group interviews, a survey, and a creative response. The intention of this approach was to center youth's preferences and maximize inclusivity. Group interviews can be particularly helpful for young adults who feel more comfortable being with peers and can allow a facilitator to observe connections and patterns. Individual interviews can feel safer for those who are more private or have more difficult memories.

The survey was developed to give the research team a tool to involve more young adults, and to be inclusive of individuals who do not have the ability or interest to participate in an interview for a variety of reasons such as, a wish to be completely anonymous.

The creative response was an opportunity offered to those who participated in an interview, to allow for them to share their experiences through an artistic medium. We received seven submissions that are interspersed throughout this report, and each provide a more personal and emotional sense of their experiences, allowing us to connect with their complex stories in a nuanced way.

Lived Expert-Centered Research Design

The research domains and tools were guided by and co-developed with an Advisory Committee of four individuals with lived expertise in congregate placements. The Advisory Committee oversaw the research team's development of the research areas, interview guidelines, questions, and survey.

The survey was informed by other instruments including the Youth Assessment of Program Quality and the Building Bridges Self-Assessment Tool designed for residential settings, but ultimately developed by the research team.[54] There is a deficiency of validated research tools available in the field to understand youth perspectives, particularly in youth-centered instruments that are not extractive.[55] The survey we developed in collaboration with our Advisory Committee is limited; it provides a view into youths' perceptions of congregate settings but should be further explored, tested, adjusted, and refined.

The Advisory Committee was integral in developing our methodology as they reviewed, edited, and approved all of our tools and protocols.

Outreach and Recruitment

The research team partnered with youth-centered organizations that work with youth in, or aging out of, the foster system to recruit participants for this study. We developed online FAQ's and a screener questionnaire that was distributed to prospective participants through five partner organizations. We reached out to an estimated 600 youth with experience in New York's foster system. The screener allowed prospective volunteers to indicate their interest in participating in the study, share how they would like to participate (interview, survey, or creative response), share their contact information, and provide some key placement and demographic information. This allowed the research team to ensure that all study participants met our criteria of being between the ages of 18-29 and having spent at least one night in any form of congregate facility in New York State.

Through the screener, 52 individuals volunteered to share their experience with congregate

placements in the foster system. Researchers invited all of these volunteers to register for an interview using *Signup Genius* as well as invited interview participants to share the opportunity with their own contacts so that we could maximize the number of youth engaged. All interviews were conducted in the evening and weekend hours. Researchers gave interested youth the option to register for an in-person or virtual interview, and all chose to participate virtually. Out of those who completed the screener, 23 registered for and participated in interviews. The remainder of the interview spots were filled by referrals made by individuals who participated in interviews to increase our pool of participants (i.e., a *snowball sampling* method). In total, 42 individuals registered for interviews and ultimately 36 participated in seven groups. Nine participated in 60-minute individual interviews and 27 participated in 90 to 120-minute group interviews.

Similarly, 44 survey participants were recruited through partner organizations, which helped to ensure that responses were valid and authentic. The research team developed a two-step process to screen for participants who did not already participate in an interview and that met age, regional, and placement history criteria. Both the screener and survey were administered online using *Google Forms*. Once interested respondents successfully completed this screener, a link to complete the online survey was shared with the individual.

The research team intended to sample participants so that respondents were closely representative of the demographic and placement-type array in New York. However, as we did not receive enough volunteers to make this possible, all interested participants who met the criteria were invited to participate in this research.

Protection, Support, and Compensation for Participants

The research team shared a youth-friendly "frequently asked questions" document with all prospective participants during our recruitment period to share our practices upholding participant's right to participate voluntarily, to not discuss anything they don't wish to, have their identities protected, and ensure their data is kept securely. Before each interview, our research team reiterated participant rights by reading an informed consent, which made space for them to ask questions and make a participation decision. Survey participants were provided a written informed consent prior to entering the online survey.

As interviews might surface difficult memories for individuals, we connected all participants with two pro-bono licensed mental health therapists to receive support. All youth were compensated for their time. Interview participants received a direct cash e-payment of $50 per hour. Survey respondents received a $20 cash gift-card. Creative response participants received a direct cash e-payment of $50.

Coding and Analysis

All virtual interviews were audio recorded and converted into text files using a transcription software. Each transcript was manually quality-checked and corrected by the research team to ensure accuracy. Text files were then uploaded to a qualitative analysis software called *Dedoose* used by the research team to conduct a line-by-line analysis of every interview. We used an open coding approach, which means experiences and feelings are noted and categorized as they appear, rather than searching for discrete themes limited to pre-determined categories. This coding approach was pursued to minimize bias and center youth

experience as much as possible. The codes were developed within 24 broad "parent" themes, shown below, and 168 "child" themes. During the analysis phase, these were expanded into 838 unique codes that were applied 1823 times in 1277 excerpts.

Parent Themes

Feelings of pride in oneself	Behavioral consequences
Advice to oneself	Academic experience
Perceived entry reason	Placement after group care
Placement before group care	Transition out of care
Connections with family and friends	Recreation activities
Restrictions in group care	Overall experience
Food experience	Current state and well-being
Risky behaviors while in group care	Medical care experience
Feelings while in group care	Behavioral health experience
Facility conditions	Medication experience
Youth interpersonal relations	For LGBTQ+ youth: treatment from youth
Staff treatment	For LGBTQ+ youth: treatment from staff

The research team exported survey responses into a data file, and analyzed it using *Tableau* and *Microsoft Excel*. For ease of interpretation, the research team consolidated 67 multiple choice and Likert-scale questions into 16 key domains. Individual responses were recoded into a positive, neutral, and negative value for each question in each domain, and then the frequency of responses in each domain was segmented to show the proportions of positive, neutral, or negative responses.

Limitations and Areas for Further Research

This research represents a start to learning about youth's experience in congregate placements in New York State. It is limited in several ways and presents questions and opportunities for further exploration.

The primary limitation is that our pool of young adult participants is not as representative as we would have liked of New York's congregate census' racial and ethnic, gender, sexuality, placement, regional, entry reason, length of stay array, and so on. Recruiting enough participants for this study was challenging and accepting referrals from participants means there may have been more youth from certain facilities than others. By having a broader, more intentional and diverse pool of youth, future researchers can explore the connection and

variation between youth placements and what they have experienced. For example, to explore the different experiences by facility type, length of stay, and region. And, to deepen our understanding of the disparate treatment of certain communities, such as LGBTQ+ youth.

Second, our focus on youth who recently exited congregate placements may increase the likelihood of recall, but may also mean that individual's perspective on the impact of the foster system is emerging as they process their time in the system. The impact of the trauma endured while in congregate placements is a substantial area that warrants further research and exploration, particularly around the link between congregate placements and individual connectedness, well-being, and stability.

Another significant limitation of this study is that we did not have the capacity to speak to youth's families. The findings raise questions about the types of support that families received, or didn't receive, leading up to the separation of their families and the placement of their child into congregate settings. An area for further exploration includes the extent to which families were consulted and engaged after the child was placed in congregate settings, including the child's treatment or discharge plans. Finally, as we know that family separation is a trauma not just for the youth but for the family of origin, further research should study the lasting impact of congregate placement on the dynamics, relations, and well-being of the family members individually and as a whole.

Additionally, we conducted this study in the English language and it was limited to youth who had a device and internet connectivity.

The survey we developed in collaboration with our Advisory Committee is limited; it provides a view into youths' perceptions of congregate placements but should be further explored, adjusted, and refined. As mentioned above, it was informed by other instruments including the Youth Assessment of Program Quality and the Building Bridges Self-Assessment Tool designed for residential settings, but ultimately developed by the research team.[56] There is a deficiency of validated research tools available to understand youth perspectives, particularly youth-centered instruments that are not extractive.[57] The survey developed by the research team is an initial step in creating tools to understand youth experiences in congregate placements and would benefit from further testing and development. The child-serving field requires more validated instruments and methods to learn from impacted youth.

As study participants were no longer living in a congregate setting at the time of participation, the experiences they shared reflect the time when they were in the system. On average we estimate they were living in congregate placements 1-5 years prior to the date of publication of this report. As such, the findings detailed in this study may not exactly reflect the current experiences of youth in congregate placements. Assessing the experience of youth living in congregate placements today would require additional research. The purpose of this report is to provide objective research

> *The findings raise questions about the types of support that families received, or didn't receive, leading up to the separation of their families and the placement of their child into congregate settings.*

findings on the recalled experiences shared by participants, as such the research team did not investigate the incidents described by participants.

Lastly, the research team filed Freedom of Information Act ("FOIA") Requests to 11 New York Local Departments of Social Services ("LDSS"), ACS, and OCFS to request records related to demographic data, use of confinement or restraints, licensure, operation, inspection, reportable incidents, and staffing of congregate settings. Two of the LDSSs accepted our request and sent us a response. However, these responses only contained facility contracts and did not fulfill most sections of the FOIA request. The remaining LDSS requests were denied or partially denied on the argument that NYS OCFS, as the entity regulating and overseeing State agencies, maintains many of the records sought in our FOIA request. Unfortunately, OCFS and ACS have extended the time to respond to our request multiple times, with the most recent deadline being February 14, 2023 and February 28, 2023, respectively. As such, this information was not available for the drafting of this report, despite having over six months to provide the research team with a response. The delay is particularly disheartening given that Children's Rights has experience filing similar FOIA requests in 2018 with Pennsylvania's Department of Human Services. Like New York, Pennsylvania is a county-based child welfare system, and they were able to satisfy the majority of the Children's Rights request.

Despite the above areas for further research, the experiences shared are valid and require action. We hope that others will build on this effort to center youth voice and experience and take action to disrupt the status quo.

APPENDIX B: Interview Guidelines

OPENING INTRODUCTION:
*"Welcome! Thank you for joining us today. My name is _____, my pronouns are _____.
I am with (organization name) and working with Children's Rights in this effort. I am
(tell a little bit about yourself)."*

INFORMED CONSENT:
*Refer to and read "informed consent"/participant rights document. Pause to answer any
questions.*

RECORDING:
Upon receiving informed consent, begin recording.

START INTERVIEW:
*"We have several questions for this session, please participate freely. Each question will be
said and pasted into the chat. Since we have limited time, everyone may not get to share for
each question. But, before going onto the next one, I will pause so you can add thoughts into
the chat. And, to make space for everyone's input I may invite some to share who may have
not shared as much as others. Let's get started!"*

1. Opening Activity: Go around the [virtual] room and share your name, pronouns, where you
   are from and something you are proud of.

2. Looking back to when you entered the system, what advice would you give yourself?

3. What do you think could have prevented you from entering group care?

4. Let's talk about family, friends and community connections while you were in group care.
   - How did friendships and connection to community change after being in group care?
   - What were your friendships and connections like with other youth when you were in
     group care?
   - If you have siblings, where were they? How did that experience make you feel?
   - Were you able to stay connected to your culture (food, music, holidays, religion)?
     How or how not?
   - How often were you able to speak to and see your family and loved ones? Were you able
     to use the phone freely?
   - How far were you from your home community/neighborhood? How did that make you
     feel?

5. Let's talk more about the physical space.
   - What was the condition of the space like?
   - Did you have access to basic necessities (toiletries, hygiene products, hair and body
     products that you were used to, etc.)?
   - What was the food like?
   - Were you allowed to leave the campus or placement freely (for example, to go to a nearby
     neighborhood/town)?
   - How safe did you feel inside?

6. Let's talk more about the staff.

- How did the staff make youth feel?
- How caring were the staff?
- Did the staff treat youth with respect?
- Did you feel like the staff were there to support you?
- Did the staff work to understand, and meet, the individual needs of youth?

7. **Let's talk about what staff did when there was an incident or they felt youth weren't following the program.**
   - Did your placement have a level system?
   - What happened when staff felt youth weren't following the program?
   - What happened when there was a fight, incident, crisis, etc.?
   - Did the staff in the facility ever call the police? For what reasons did they call the police?
   - What impact did the consequences have on youth?
   - How did all of this make youth feel?

8. **Let's talk about your experience transitioning out of care.**
   - When you transitioned out of care, did you feel prepared? In what ways did you feel prepared? In what ways did you feel unprepared?
   - Did you have what you needed to live when you transitioned out of care? (for example: housing, bank account, documents)?
   - What kind of supports would have helped you transition out of care, that you did not get?

9. **Let's talk about the long-term impact that being in group care had on your life.**
   - How do you think being in group care changed you?
   - How did it affect your relationship with friends and family?
   - How did it affect how you feel in your home community/neighborhood?
   - Did group care change how you see yourself? If so, how?
   - How connected you felt to your community when you transitioned out?
   - Do you think group care helps youth?

10. **Let's talk about the kinds of activities they had in your group placement.**
    - What kinds of sports or fun/non-academic activities did you have when you were in placement? For example: sports, art, music, and so on.
    - Were you offered the chance to go on trips (movies, museums, parks)? If so, how did you like these trips?
    - What were some activities you would have liked to do but didn't get to because it wasn't offered to you? Or activities that you couldn't do because you were in group care? Were there activities that you didn't want to do because you were in group care?

11. **Let's talk about your school and academic experience.**
    - What was your school experience like? Did you go to school on campus or in the community? Did you do school in one classroom for the whole day?
    - Did you feel like your own learning/academic goals were supported and encouraged?
    - Did school on campus prepare you for school in the future (in the community, for higher training or education)?

12. **What would you change, or keep the same, about your time in group care?**

13. **Closing question:**
    - Is there anything else you would like to share that wasn't asked about or that you didn't have the chance to ask about?

APPENDIX C: Survey

SECTION 1: LANDING PAGE

Survey: Youth Experiences in New York's Group Care

At Children's Rights & Community Impact Advisors, we are working to learn about the experiences of young people who were in foster care and placed in group settings. The survey has questions about your stay in group care and the impact it had on your life. Please answer the questions as best you can based on your experience. There are no right or wrong answers.

Your voice matters! We believe people need to listen to the thoughts and ideas from young adults with lived experience. And, leaders need to listen to those with lived experience to make things better. This research will result in a report that we will use to try to make policy changes to improve the situation for foster youth in group care.

See the FAQs here (https://bit.ly/3KamwRs).

On the next page you will see an overview of your rights, and then the survey will begin. It will take about 20 minutes and you will receive a $20 gift-card within 3 business days after it is submitted.

SECTION 2: INFORMED CONSENT

Your Rights & Informed Consent to Voluntarily Participate

Please read the below carefully to learn about how your identity and privacy will be protected and to give you one more chance to decide whether you want to participate in the survey or not.

Children's Rights and Community Impact Advisors, are collecting information to learn about the experiences of young people who were in foster care and placed in group settings. We are hoping to learn more about what your stay in group care was like and the impact it had on your life. The purpose of this consent is to provide you with information about our Study of Youth Experience in Group Care in NY and invite you to be part of it by completing a survey. Please read the below and ask any questions you have before deciding whether or not to take part in this project.

You are being asked to participate in this survey because of your lived experience and expertise. Your participation is entirely voluntary. You do not need to answer any questions that make you feel uncomfortable. If you agree to complete the survey, you can stop at any time and for any reason. If you choose not to participate, it will not affect your status or relationship with the organizations listed above.

We anticipate the survey will take approximately 20 minutes. The information we learn from the surveys will be summarized in a report by Community Impact Advisors and Children's Rights by December 2022. Following your participation in the survey and your completion of the payment information form, you will receive $20 as a gift-card within 3 business days from Children's Rights directly.

The report will describe the information you and other survey respondents provide. Your responses will be kept anonymous and no information that could identify you will be included. The information you provide will be used only for the purposes of this project. All information will be stored securely and will be destroyed one year after project completion.

If you have any questions or concerns before or after your participation, please contact Rashida Abuwala, Principal, Community Impact Advisors at 646-883-1025 or ra@communityimpactadv.com or Shereen A. White, Children's Rights' Director of Advocacy and Policy at swhite@childrensrights.org.

If you would prefer not to participate, please close out the window and we thank you for your interest.

By clicking next and continuing with the survey, you signify that you understand the information we have provided and that you voluntarily want to complete the survey.

SECTION 3: ELIGIBILITY VERIFICATION

Group Care

You probably already answered these questions in the screener, but we just need to ask them one more time. Please answer the questions as best you can based on your experience. There are no right or wrong answers!

Did you ever stay in a GROUP CARE facility when you were in foster care? (Group care means a facility where you lived in a dorm-style building, not with a family/foster-home)
- Yes
- No
- Not Sure

What type(s) of group care placement did you stay in? Check all that apply.
- Group Home
- Home for Pregnant/Parenting Teen
- Treatment Facility
- Shelter
- Pre-Placement Diagnostic Center
- ACS Children's Center Shelter
- Not Sure
- Other

Did you experience group care in New York State?
- Yes
- No
- Not Sure

What region were you placed in? Check all that apply.
- NYC
- Long Island
- Westchester
- Hudson Valley (around Newburgh or Poughkeepsie)

- O Capital District (around Albany)
- O Central NY (around Syracuse or Utica)
- O Western NY (around Buffalo or Rochester)
- O North Country (around Watertown)
- O Not Sure
- O Other

Age Eligibility

How old are you?
- O Under 18
- O 18 to 29
- O 30 and over

EMAIL ADDRESS: _____

Please enter your email address so we can send you your gift-card and also keep in touch about the survey.

Please write in your email address. The email you provide is the one we will use to send you a $20 gift card. Please make sure that your email address is accurate and be sure to check it within 3 business days.

SECTION 4: AUTOMATIC MESSAGE IF INDIVIDUAL INELIGIBLE

Hmm, It looks like you are not eligible for the survey. You may not be between the ages of 18-29, may not have been in group care or may not have been in group care in New York State. So sorry, but our scope is focused on young adults who were in New York State Group Care. We thank you and appreciate your interest in this survey!

SECTION 5: SURVEY QUESTIONS

1. OVERALL EXPERIENCE

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

Your responses are totally confidential and no one will know you participated or what was shared. There are 10 sections to this survey, and it should not take more than 20 minutes to complete.

Thanks so much for participating and sharing your voice for the NY Group Care Experience Study!

How was your overall experience in group care?

	1	2	3	4	5
	STRONGLY DISAGREE ☹	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE ☺
I had a good experience.					
I was happy.					
The facility was comfortable.					

What would you change about group care? _____

What would you keep the same about group care? _____

What did you like about the placement? _____

What did you dislike about the placement? _____

2. OVERALL CARE

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

When it came to your personal and cultural needs were you able to do the following?

	I WAS NOT ABLE TO DO THIS ☹	I DID NOT WANT TO DO THIS	I WAS ABLE TO DO THIS ☺
Have control of how I want to get my hair cut or styled.			
Have control of the clothes I wear.			
Have control of the music I listen to.			
Eat foods I know and like from my culture or background.			
Practice my spiritual or religious beliefs, such as attending a place of worship or celebrating holidays.			
Express my sexual orientation freely.			
Express my gender identity freely.			

When you were in group care, how were the following things?

	1	2	3	4	5
	REALLY BAD ☹	PRETTY BAD	JUST OK	GOOD	EXCELLENT ☺
Cleanliness of placement					
Personal safety					
Hygiene products					
Food and nutrition					
Access to clothing					

Is there anything else you would like to add about the quality of the following things when you were in group care?

Cleanliness of placement: _____

Personal safety: _____

Hygiene products: _____

Food and nutrition: _____

Access to clothing: _____

3. HEALTHCARE

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

When you were in group care, how was the quality of care you received for the following?

	1	2	3	4	5
	REALLY BAD ☹	PRETTY BAD	JUST OK	GOOD	EXCELLENT ☺
Medical care					
Mental health care					
Dental care					
Sexual health care					

Is there anything else you would like to add about the quality of health care you experienced while in group care?

Medical care: _____

Mental health care: _____

Dental care: _____

Sexual health care: _____

4. CONNECTIONS WITH FAMILY/COMMUNITY

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

How much do you agree or disagree with the statements below?

	1	2	3	4	5
	STRONGLY DISAGREE ☹	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE ☺
DURING GROUP CARE:					
I had my own phone/device and internet access.					
I was allowed to speak with my siblings whenever.					
I was allowed to speak with other family whenever.					
I was allowed to speak with my friends whenever.					

Is there anything else you would like to add about your connections with family/community while in group care?

_____

5. STAFF TREATMENT

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

How much do you agree or disagree with the statements below?

	1 STRONGLY DISAGREE ☹	2 DISAGREE	3 NEUTRAL	4 AGREE	5 STRONGLY AGREE ☺
The staff were caring.					
I trusted the staff.					
The staff treated youth with respect.					
The staff helped make us feel safe.					
The staff were supportive.					
The staff worked to understand and meet the needs of youth.					

Is there anything else you would like to add about staff treatment and care while in group care?

_____

6. PROGRAMMING

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

How much do you agree or disagree with the statements below?

	1 STRONGLY DISAGREE 😞	2 DISAGREE	3 NEUTRAL	4 AGREE	5 STRONGLY AGREE 🙂
I feel like I missed out on a typical childhood/teenage experience because I was in group care.					
I had access to plenty of recreational activities (like sports, music, arts) in the group care placement.					
I had access to plenty of recreational activities (like sports, music, arts) in the community.					

When it came to activities outside of school, were you able to do the following? If something does not apply to you, you can skip it.

	I WAS NOT ABLE TO DO THIS 😞	I DID NOT WANT TO DO THIS	I WAS ABLE TO DO THIS 🙂
Participate in school activities like sports, clubs, arts, music and other fun things.			
Attend school events, like sports games, school-wide performances in music, theater, and dance.			
Participate in activities outside of school like sports, clubs, arts, music and other fun things.			
Go on field trips.			

Is there anything else you would like to add about the programming available to you while in group care?_____

7. SCHOOL/ACADEMICS

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

How much do you agree or disagree with the statements below?

	1	2	3	4	5
	STRONGLY DISAGREE ☹	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE ☺
I liked school on campus.					
I liked school in the community.					
I felt supported in school.					
I learned a lot in school.					
School prepared me for future education/training.					

Is there anything else you would like to share about your school experience while in group care?

_____

8. CONSEQUENCES/BEHAVIOR

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

How much do you agree or disagree with the statements below?

	1	2	3	4	5
	STRONGLY DISAGREE ☹	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE ☺
Consequences were fair.					
Level systems were helpful.					
Disciplinary actions were reasonable.					

Is there anything else you would like to add about how youth were treated when staff felt there were behavior issues and/or how that made you feel? _____

9. TRANSITIONING OUT OF CARE

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

How much do you agree or disagree with the statements below?

	1	2	3	4	5
	STRONGLY DISAGREE ☹	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE ☺
WHEN I TRANSITIONED OUT OF CARE:					
I had what I needed.					
I was given enough time to prepare.					
I had housing.					
I had a job, or a plan to get a job, when I left care.					
I had a plan to finish school, or build on my education, when I left care.					
I had a bank account.					
I had all the personal documents I needed with me.					
I felt ready to be on my own.					
I had a trustworthy adult in my life that I could rely on.					

Is there anything else you would like to add about your experience transitioning out of care? _____

10. LONG-TERM IMPACT

Please answer the questions as best you can based on your experience. There are no right or wrong answers!

How much do you agree or disagree with the statements below?

	1 STRONGLY DISAGREE ☹	2 DISAGREE	3 NEUTRAL	4 AGREE	5 STRONGLY AGREE ☺
I had strong friendships with other youth after my stay in group care.					
I felt connected to my community after my stay in group care.					
My time in group care had a positive impact on my life.					

What impact did group care have on each of the following things?

	1 REALLY BAD ☹	2 PRETTY BAD	3 JUST OK	4 GOOD	5 EXCELLENT ☺
Your identity					
Your confidence					
Your life skills					
Your relationships with friends					
Your relationship with family					
Your independence					
Your education					
Your self-esteem					
Your coping					

How did being in group care change you? _____

_____

In your opinion, is there anything that could have prevented you from entering group care? Please explain. _____

Is there anything else you would like to add about the impact group care had on you?
_____

11. DEMOGRAPHICS

Thank you so much for completing the portion on your experience in group care! We are almost done with the survey. Please tell us a little bit about yourself so we can better understand everyone's experiences.

Remember that your responses are totally confidential and no one will know what was shared in this section or in any of the sections above.

How old are you? _____

How old were you when you entered FOSTER care? (it is ok to approximate) _____

How old were you when you entered GROUP care? (it is ok to approximate) _____

How long were you in group care in total?
- O Less Than 1 Year
- O 1-3 Years
- O 3-5 Years
- O 5+ Years
- O Not Sure
- O Other

Gender Identity
- O Non-Binary/Gender Non-Conforming
- O Two-Spirit
- O Transgender Female
- O Transgender Male
- O Cisgender Female
- O Cisgender Male
- O Decline to Share
- O Other

Ethnicity/Race
- O Black
- O Hispanic, Latino, or Latinx
- O Indigenous
- O Asian/Pacific Islander
- O Mixed-Race
- O White
- O Decline to Share
- O Other

Sexuality
- O Asexual
- O Bisexual
- O Gay
- O Heterosexual
- O Lesbian
- O Queer
- O Decline to Share
- O Other

ENDNOTES

1 Other congregate facilities for youth such as juvenile detention centers, Office of Refuge and Resettlement placement facilities, and Office of People with Developmental Disabilities placement facilities are not the subject of this study.

2 In March 2022, Children's Rights, Disability Rights New York, the National Health Law Program, and Proskauer Rose LLP filed a federal class action lawsuit that seeks to expand the array of appropriate and legally required mental health services for Medicaid-eligible children in New York State. Class Action Complaint for Injunctive and Declaratory Relief, *C.K. v. Bassett*, No. 22-cv-01791-BMC (E.D.N.Y. Mar. 31, 2022).

3 This report strives to use the most recent data where possible. Comparative analyses use the most recent available national data from 2020. NY state-based analyses use 2021 data. In some instances, this report cites 2019 data, even where 2020 data is available, to mitigate any confounding factors reflected in the data as a result of changes in placements due to the COVID-19 pandemic lockdowns. The start of the pandemic and subsequent public health emergency potentially impacted the number of children that entered the system and the use of congregate placements.

4 Kari Siddiqui & Brad Hansen, *Testimony: Joint Legislative Budget Hearing, Human Services*, Child. Need Amazing Parents–N.Y. (Jan. 30, 2020), at 2, https://nyassembly.gov/write/upload/publichearing/001099/002214.pdf (noting that congregate placements are 7-10 times more expensive than family-based placements); *Future Savings: The Economic Potential of Successful Transitions from Foster Care to Adulthood*, Annie E. Casey Found. (2019), at 5, https://assets.aecf.org/m/resourcedoc/aecf-futuresavings-2019.pdf (estimating that disparities in outcomes for youth in foster care and their peers in the general public are associated with $4.1 billion in costs to society for each new cohort of young people aging out of foster care); Mary Dozier et al., *Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association*, 84 Am. J. Orthopsychiatry 219 (2014) (explaining that there is no countervailing benefit or demonstrable therapeutic necessity supporting the use of congregate placements as long-term living arrangements); *What Are the Outcomes for Youth Placed in Group and Institutional Settings?* Casey Fam. Programs (June 29, 2022), https://www.casey.org/group-placement-impacts/ (observing that research demonstrating the effectiveness of congregate placements on youth is limited and although some studies have identified modest short-term benefits associated with these placements, effects do not appear to be sustained); Sarah Fathallah & Sarah Sullivan, *Away From Home: Youth Experiences of Institutional Placements in Foster Care*, Think of Us (2021), at 101-102, https://www.thinkof-us.org/awayfromhome (finding that congregate placements are traumatic and unfit for healthy child and adolescent development); Ira Lustbader et al., *Families over Facilities: Ending the Use of Harmful and Unnecessary Institutions and Other Group Facilities in Child Welfare Systems*, Children's Rights (2021), at 4-5, 7-13, https://www.childrensrights.org/wp-content/uploads/2021/03/CR-Families-Over-Facilities-Report.pdf (documenting the harms of congregate placements); *AFCARS Report #28*, Child.'s Bureau, Admin. for Child. & Families, U.S. Dep't of Health & Hum. Servs. (Nov. 19, 2021), https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf.

5 Family First Prevention Services Act, Pub. L. No. 115-123, 132 Stat. 232 (2018).

6 *Quarterly Reporting by the Administration for Children's Services on the Amount of Time Children Spend in the Children's Center or Temporary Placement Facilities, Int 0642-2022*, The N.Y.C. Council (Aug. 11, 2022), https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=5755063&GUID=ABD34A93-C4AE-4FC8-8100-77B9C6DCAE69&Options=&Search=.

7 *Total Number of Children Placed in Foster Care Settings*, N.Y. Off. of Child. & Fam. Servs. (Dec. 31, 2021), https://ocfs.ny.gov/reports/custody/fc-biannual/Total-Number-of-Children-Placed-Foster-Care-Settings-2021Dec.pdf.

8 In 2021, 9% of the U.S. foster care population—over 35,000 children—lived in institutional or congregate settings. *AFCARS Report #29*, Child.'s Bureau, Admin. for Child. & Families, U.S. Dep't of Health & Hum. Servs. (Nov. 19, 2021), https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf; *Children in Foster Care by Placement Type in the United States*, Annie E. Casey Found., Kids Count Data Ctr. [hereinafter *Children in Foster Care by Placement Type in the U.S.*], https://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type?loc=1&loct=2#detailed/2/2- (last visited Oct. 24, 2022) (the states with the largest foster care populations, as determined by averaging the foster care census for all states from 2010-2020, are California, Texas, Florida, New York, Illinois, Indiana, Pennsylvania, Arizona, Ohio, and Michigan, from largest to smallest) (analysis by Community Impact Advisors).

9 *Children in Foster Care by Placement Type in the U.S.*, *supra* note 8 (analysis by Community Impact Advisors).

10 From 2010 to 2020, New York's congregate settings population decreased by 62% (from 4,595 to 1,758 youth placed in congregate settings). *Children in Foster Care by Placement Type in the U.S.*, *supra* note 8 (analysis by Community Impact Advisors).

11 *Id.*

12 For the purposes of this report, "Black" refers to non-Hispanic Black children alone in order to parallel Census Bureau data collection. The disproportionalities evidenced in this report would be even greater if accounting for all Black children, including Afro-Latinx and biracial children.

13 Theo G. M. Sandfort, *Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City: Disproportionality and Disparities*, N.Y. Admin. for Child.'s Servs. (2020), at 33, https://www1.nyc.gov/assets/acs/pdf/about/2020/WellBeingStudyLGBTQ.pdf.

14 Jevay Grooms, *No Home and No Acceptance: Exploring the Intersectionality of Sexual/Gender Identities (LGBTQ) and Race in the Foster Care System*, 47 Rev. Black. Pol. Econ. 177, 178, 183 (2020), https://doi.org/10.1177/0034644620911381; *LGBTQ Youth in the Foster Care System*, Hum. Rts. Campaign Found. & Foster Club, https://www.thehrcfoundation.org/professional-resources/lgbtq-youth-in-the-foster-care-system (last visited Nov. 17, 2022).

15 Adoption & Foster Care Analysis Reporting System ("AFCARS") 2019 Data Set (analysis by Children's Rights' Advocacy & Policy Department); *Child Population by Race and Ethnicity in the United States*, Annie. E. Casey Found., https://datacenter.kidscount.org/data/tables/103-child-population-by-race-and-ethnicity#detailed/1/any/false/2048,574,1729,37,871,870,573,869,36,868/68,69,67,12,70,66,71,72/423,424 (last visited Nov. 17, 2022).

16 AFCARS 2019 Data Set (analysis by Community Impact Advisors); *Child Population by Race in New York*, Annie. E. Casey Found., https://datacenter.kidscount.org/data/tables/103-child-population-by-race#detailed/2/34/false/574,1729,37,871,870,573,869,36,868,867/68,69,67,12,70,66,71,72/423,424 (last visited Nov. 17, 2022); *Children in Foster Care by Race and Hispanic Origin in New York*, Annie. E. Casey Found., https://datacenter.kidscount.org/data/tables/6246-children-in-foster-care-by-race-and-hispanic-origin#detailed/2/34/false/574,1729,37,871,870,573,869,36,868,867/2638,2601,2600,2598,2603,2597,2602,1353/12992,12993 (last visited Nov. 17, 2022).

17 *Where New Yorkers Live*, Where We Live NYC, https://wherewelive.cityofnewyork.us/explore-data/where-new-yorkers-live/ (last visited Nov. 17, 2022); *Foster Care Population*, Citizens' Comm. for Child. of N.Y., https://data.cccnewyork.org/data/bar/1399/foster-care-population#1400/17,12,10,9,99/1/1662/62 (last visited Nov. 17, 2022); AFCARS 2019 Data Set (analysis by Children's Rights' Advocacy & Policy Department).

18 *Report and Recommendations of the Committee on Families and the Law: Racial Justice and Child Welfare*, N.Y. State Bar Ass'n (Apr. 2022), at 4, https://nysba.org/app/uploads/2022/03/Committee-on-Families-and-the-Law-April-2022-approved.pdf (reporting that Black children are more likely to be separated from their families and more often placed in congregate settings than other children in New York); *"If I Wasn't Poor, I Wouldn't' Be Unfit": The Family Separation Crisis in the US Child Welfare System*, Hum. Rts. Watch & Am. C.L. Union (Nov. 17, 2022), https://www.aclu.org/report/if-i-wasnt-poor-i-wouldnt-be-unfit-family-separation-crisis-us-child-welfare-system; Andy Newman, *Is N.Y.'s Child Welfare System Racist? Some of Its Own Workers Say Yes*, The N.Y. Times (Nov. 22, 2022), https://www.nytimes.com/2022/11/22/nyregion/nyc-acs-racism-abuse-neglect.html?smid=nytcore-ios-share&referringSource=articleShare.

19 *Disproportionate Minority Representation Packet 2021 - Dashboard*, N.Y. Off. of Child. & Fam. Servs. (Apr. 21, 2022), https://ocfs.ny.gov/reports/sppd/dmr/Disparity-Rate-Packet-2021-Dashboard.xlsx.

20 *Id.*

21 *Final Report: New York Child and Family Services Review*, Child.'s Bureau, Admin. for Child. & Families, U.S. Dep't of Health & Hum. Servs. (2016), https://www.acf.hhs.gov/sites/default/files/documents/cb/ny-cfsr-r3-final.pdf; *Report of the Family Court Advisory and Rules Committee to the Chief Administrative Judge of the Courts of the State of New York*, N.Y. State Off. of Indigent Legal Servs. (Jan. 2019), at 201, https://www.ils.ny.gov/files/2019%20Report%20of%20the%20Family%20Court%20Advisory%20and%20Rules%20Committee.pdf.

22 *Id.*

23 Michael Fitzgerald, *New York Moves Closer to Barring Dangerous Physical Restraints for Foster Youth, Following Michigan Child's Killing*, The Imprint (Dec. 2, 2020), https://imprintnews.org/child-welfare-2/new-york-restraints-foster-youth-michigan-fredericks/49881; Eileen Grench, *State Moves to Ban Face-Down Restraining Hold at Foster Care Facilities*, The City (Nov. 30, 2020), https://www.thecity.nyc/2020/11/30/21754333/new-york-state-ban-face-down-restraining-hold-foster-care; Melissa Russo & Kristina Pavlovic, *NYC Moves to Protect Children at Foster Care Intake Center After I-Team Report*, NBC N.Y. (Mar. 18, 2019), https://www.nbcnewyork.com/news/local/nyc-moves-to-protect-children-after-i-team-report-asc-nicholas-scoppetta-childrens-center/1567649/; John Kelly, *In Foster Care, Emergency Shelters Frequently Come Under Fire*, The Imprint (March 11, 2019), https://imprintnews.org/featured/foster-care-emergency-shelters-frequently-under-fire/34160.

24 *Id.*

25 *FFPSA Data and Resources, Number of Children in Care and Custody by County and Agency, Q4 2021*, N.Y. State. Off. of Child. & Fam. Servs., https://ocfs.ny.gov/main/sppd/family-first-data.php (last visited Nov. 22, 2022).

26 *Id.*

27 Russo & Pavlovic, *supra* note 23; Kelly, *supra* note 23.

28 *2021 Monitoring and Analysis Profile with Selected Trend Data: 2017-2021*, N.Y. Off. of Child. & Fam. Servs., at 11, https://ocfs.ny.gov/reports/maps/counties/New%20York%20State.pdf (last visited Nov. 18, 2022).

29 *The Lethal Hazard of Prone Restraint: Positional Asphyxiation*, Disability Rts. Ca. (Apr. 2002), at 16-19, https://www.disabilityrightsca.org/system/files?file=file-attachments/701801.pdf.

30 Letter from Loretta King, Acting Assistant Attorney General, Dep't of Just. to David A. Paterson, Gov., NY. State (Aug. 14, 2009), https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/NY_juvenile_facilities_findlet_08-14-2009.pdf.

31 Letter from Dwane A. Mitchell, Attorney-in-Charge, Juv. Rts. Prac. to Andrew M. Cuomo, Gov., N.Y. State. & Sheila Poole, Commissioner, N.Y. State Off. of Child. & Fam. Servs. (June 30, 2020), https://legalaidnyc.org/wp-content/uploads/2020/07/Ltr-to-Gov-re-Prone-Restraints-final.pdf (documenting appalling tragedies stemming from the use of prone restraints in New York State in 2012 and 2019).

32 Andrew M. Cuomo & Sheila J. Poole, *Administrative Directive 21-OCFS-ADM-05, Regulatory Changes and Standards of Care for Youth in Congregate Care Settings*, N.Y. Off. of Child. & Fam. Servs. (April 6, 2021), at 3, https://ocfs.ny.gov/main/policies/external/ocfs_2021/ADM/21-OCFS-ADM-05.pdf (noting that "Regulation 18 NYCRR 441.17 was amended to ban the use of prone restraints in all OCFS licensed programs.").

33 *Id.*

34 *Id.*

35 *Id.*

36 *Id.* (noting that under Regulation 18 NYCRR 441.17, "[r]oom isolation is no longer permitted to be utilized as part of any restraint of any youth placed in a congregate care setting," and that the conditions under which facilities utilize these rooms are "to be voluntary in nature.")

37 Children's Rights submitted a FOIA request to acquire this data from OCFS, ACS and large New York State counties but had yet to receive the requested data at the time of publication.

38 Family First Prevention Services Act, Pub. L. No. 115-123, 132 Stat. 232 (2018).

39 *The Family First Readiness Initiative*, FAMILYFIRSTNY.ORG, https://www.familyfirstny.org/ (last visited Nov. 3, 2022).

40 *FFPSA Dashboard – October 2022*, N.Y. STATE. OFF. OF CHILD. & FAM. SERVS., https://ocfs.ny.gov/main/sppd/family-first-dashboard/ (last visited Nov. 18, 2022).

41 *Id.*

42 QRTPs must follow a trauma-informed treatment model, have licensed clinical staff accessible at all hours, engage family participation in treatment, provide family-based support for at least 6 months after a child is discharged, and hold national accreditation. *Congregate Care in the Age of Family First: Overview*, CAPACITY BLDG. CTR. FOR STATES (2021), https://capacity.childwelfare.gov/sites/default/files/media_pdf/congregate-care-overview-cp-20114.pdf.

43 *Children in Care and Custody (All Statuses) by Setting Type, Q4 2021*, N.Y. STATE. OFF. OF CHILD. & FAM. SERVS., https://ocfs.ny.gov/main/sppd/family-first-data.php#h3-custody-all (last visited Nov. 18, 2022) (analysis by Community Impact Advisors).

44 OCFS defines "other" as those licensed by OMH, OPWDD, as well as Residential Treatment Facilities. While nearly 60% of those in "unspecified placements" are in the ACS children's center, there are ~10 other facilities that house the rest throughout the state.

45 *Supra* note 43.

46 Madison Hunt, *New York City Aims to Reduce Children's Stays in Temporary Foster Care Facilities*, THE IMPRINT (Oct. 13, 2022), https://imprintnews.org/top-stories/new-york-city-aims-to-reduce-stays-in-temporary-foster-care-facilities/234708.

47 Placement data reflects individual youth who stayed at least one night at the Children's Center in the most recent quarterly data report published by OCFS. *FFPSA Data and Resources, Number of Children in Care and Custody by County and Agency, Q3 2022*, N.Y. STATE. OFF. OF CHILD. & FAM. SERVS., https://ocfs.ny.gov/main/sppd/family-first-data.php (last visited Nov. 22, 2022); *NYC Children Flash Report Monthly Indicator*, NYC CHILDREN (Sept. 2022), https://www.nyc.gov/assets/acs/pdf/data-analysis/flashReports/2022/09.pdf.

48 *Supra* note 6.

49 Throughout these sections, the number of times that researchers identified a given theme/code in interview transcripts is presented in parentheses after each theme. The number of code applications may not equal the number of excerpts in a given section because some excerpts are coded with multiple themes.

50 Names have been redacted here and throughout the report for privacy.

51 Neutral responses refer to individuals who neither agreed nor disagreed with a statement. Neutrality can be interpreted as not knowing the answer or feeling apathetic. A significant proportion of neutral responses can skew the average, so it is helpful to report the number that agreed or disagreed both by considering those who shared their opinions and by removing the number who did not have an opinion.

52 *Supra* note 4.

53 *Supra* note 2.

54 Benjamin Silliman & Walter R. Schumm, *Youth Program Quality Survey: Youth Assessment of Program Quality*, 49 MARRIAGE & FAM. REV., 647 (2013), https://www.tandfonline.com/doi/abs/10.1080/01494929.2013.803010; *Building Bridges Initiative Self-Assessment Tool*, BUILDING BRIDGES INITIATIVE (May 2019), http://www.buildingbridges4youth.org/sites/default/files/pdf/Building%20Bridges%20Initiative%20SAT%20-%20Final.pdf.

55 There has been a lack of investment in developing validated instruments to gather youth's perspective in child welfare. Renée Spencer, *Book Review Introduction: M. Shirk and G. Stangler, On Their Own: What Happens to Kids When They Age Out of the Foster Care System*, 6 QUALITATIVE SOC. WORK 245 (2007), https://doi.org/10.1177/1473325007077259 ("Instrumentation based on youth perspective is negligible, and . . . 'future research should strive to develop a lineage of standardized measures that are valid and reliable for this unique population. Until greater attention is directed to these methodological concerns, foster children's experiences in out-of-home care will remain elusive.'").

56 *Supra* note 54.

57 *Supra* note 55.

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Every day, children are harmed in America's child welfare, juvenile justice, education, and healthcare systems. Through relentless strategic advocacy and legal action, we hold governments accountable for keeping kids safe and healthy. Children's Rights, a national non-profit organization, has made a lasting impact for hundreds of thousands of children. For more information, please visit www.childrensrights.org.

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