



# THE

A Study of Children

# LONG

Stranded in

# ROAD

New York City Foster Care

# HOME

**EXECUTIVE SUMMARY**

NOVEMBER 2009





**THE**

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# TABLE OF CONTENTS

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ACKNOWLEDGEMENTS.....	v
INTRODUCTION .....	3
SUMMARY OF FINDINGS.....	6
I. Length of Stay.....	7
II. Casework.....	7
III. Legal Proceedings in Family Court.....	13
IV. Casework Resources .....	16
V. Court Resources.....	17
RECOMMENDATIONS.....	19
INDIVIDUAL CHILDREN'S STORIES .....	23

Full report available at [www.childrensrights.org/longroadhome](http://www.childrensrights.org/longroadhome)



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The primary authors of this report are Julie Farber, director of policy, Laurie Bensky, senior policy analyst, and Lily Alpert, senior policy analyst.

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We hope that this assessment and our analysis informs the public conversation about barriers to permanency for children in foster care, and that policymakers, administrators, and other key stakeholders in New York City and New York State will take action to implement the report's recommendations. These issues have remained unaddressed for far too long while too many children continue to grow up with the government as their parent.

**Marcia Robinson Lowry**  
Executive Director

**Julie Farber**  
Director of Policy

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**EXECUTIVE  
SUMMARY  
OF FINDINGS  
AND  
RECOMMENDATIONS**

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# INTRODUCTION

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Foster care is supposed to be temporary. When children suffer abuse or neglect at home and must be taken into foster care, the child welfare system must work quickly to either safely return them to their parents or find alternative permanent families for them. When the system fails to do so, the human costs to children and families, the immediate monetary costs of keeping children in foster care, and the longer-term costs to society are significant.

In New York City, too many children are growing up in the custody of the state rather than in the care of permanent families.

Although there has been a massive reduction in the number of children in foster care in New York City—from more than 40,000 children in 1997 to just over 16,000<sup>1</sup> children today—far too many children stay in foster care for many years without returning home to their families, getting adopted, or attaining permanency through legal guardianship.

There are currently more than 4,000 children in New York City who have remained in foster care with a permanency goal of either Return to Parent or Adoption for two years or more.<sup>2</sup> Thousands of children who have been slated for reunification with their parents stay in foster care for many years without going home, and thousands of children with an adoption plan wait for years for a permanent family, and too many never get one. For children who do get adopted, the median time from entry into foster care to adoption is almost five years.<sup>3</sup>

And there are more than 2,600 children<sup>4</sup> who no longer even have a goal of returning home or getting adopted. These children have been given a goal of Another Planned Permanent Living Arrangement (APPLA), which “is a case plan designation for children in out-of-home care for whom there is no goal for placement with a legal, permanent family.”<sup>5</sup> These children are likely to age out of foster care and research has shown that children who age out are more likely than their peers to be unemployed, homeless, and incarcerated as adults.<sup>6</sup>

Children from New York City make up 63% of the children in foster care throughout New York State<sup>7</sup>, and the State has some of the weakest permanency outcomes in the nation. Of the 47 states measured by the federal government on the timeliness of children’s return home from foster care, New York comes in 40th. On the timeliness of adoptions, the state ranks 44th.<sup>8</sup>

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<sup>1</sup> New York City Administration for Children’s Services. *ACS Update June 2009*, p. 2. This figure does not include children who are home on trial discharge or AWOL. When children on trial discharge or AWOL are included, the total number of children as of August 2009 was 18,902. Email communication with the Administration for Children’s Services, August 7, 2009.

<sup>2</sup> Data provided to Children’s Rights by the Administration for Children’s Services for the purpose of selecting the study sample.

<sup>3</sup> New York State Office of Children and Family Services. *Children in Care and Custody of LDSS - Quarter Ending 12/31/08*. Retrieved May 27, 2009 from <http://www.ocfs.state.ny.us/main/reports/QRcare-2008-12.pdf>

<sup>4</sup> Data provided to Children’s Rights by the Administration for Children’s Services. August 2009.

<sup>5</sup> Child Welfare Information Gateway. *APPLA and LTFC*. Retrieved September 15, 2009 from [http://www.childwelfare.gov/outofhome/types/appla\\_ltfc.cfm](http://www.childwelfare.gov/outofhome/types/appla_ltfc.cfm)

<sup>6</sup> Courtney, M. E., Dworsky, A., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. (2007). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

<sup>7</sup> New York State Office of Children and Family Services. *Children in Care and Custody of LDSS - Quarter Ending 12/31/08*. Retrieved May 27, 2009 from <http://www.ocfs.state.ny.us/main/reports/QRcare-2008-12.pdf>

<sup>8</sup> New York State Office of Children and Family Services. *Statewide Assessment Instrument*. Retrieved August 11, 2009 from <http://www.ocfs.state.ny.us/main/reports/2008%20Statewide%20Assessment.pdf>

Acknowledging the severity of the problem, the state legislature passed the “Permanency Law” in December 2005, imposing new requirements on Family Court processes in an effort to quicken the pace of children’s return home or placement with other permanent families.<sup>9</sup> But with the new requirements came no additional resources, no planned evaluation of their impact, and no plans to address significant problems in other parts of the system. And, indeed, available data continue to reflect long lengths of stay in foster care for too many children.

This study sought to identify the barriers that may keep children in foster care and to recommend concrete, viable strategies for overcoming them. We evaluated not only the casework done by the private agencies contracted and supervised by the Administration for Children’s Services (ACS) to provide foster care services, but also the workings of the Family Court, which has an equally important role in moving children out of foster care—and an equally important responsibility to do so as quickly as possible.

### ***Study Partners and Components***

Children’s Rights conducted this study in partnership with ACS and the Legal Aid Society Juvenile Rights Practice (JRP), with the voluntary participation of 28 private foster care agencies, and with input and support on various aspects of the project from many other organizations and individuals, including the New York City Family Court, the Council of Family and Child Caring Agencies (COFCCA), the Child Welfare Organizing Project (CWOP), the Center for Family Representation (CFR), the Bronx Defenders, the Brooklyn Family Defense Project, the Citizens’ Committee for Children, and the First and Second Departments of the State of New York Unified Court System, Appellate Division, Law Guardian Program.

We examined the case records of 153 children in foster care whose permanency goals were designated as Return to Parent (RTP) or Adoption for two years or more.<sup>10</sup> We also conducted interviews and focus groups with dozens of parents, resource parents (a.k.a. foster parents)<sup>11</sup>, caseworkers, attorneys (for children, parents, and ACS), and Family Court judges and referees to complement and enhance the information available in case records.

This report presents quantitative data regarding the experiences of children and families in the study sample, along with relevant qualitative information collected via the interviews and focus groups. The report describes the key issues that these stakeholders identified, and provides many of their direct quotes. This qualitative information provides critical context for understanding the quantitative data about children’s and families’ experiences in the system.

Equally important, the report includes stories about several of the children and families in the study (which can be found on pages 23 – 46 of this executive summary), describing their experiences in the child welfare system.<sup>12</sup> Although every child and family is unique and the nature of casework and court process varies from one to the next, these stories collectively reflect the major barriers to permanency identified through the case record review and in the interviews and focus groups.

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<sup>9</sup> N.Y. FAM. CT. ACT § 1089(a)(2)–(3) (McKinney 2008).

<sup>10</sup> In order to focus on recent practice, most of the data findings pertain to practice during the one-year period from October 1, 2007 through September 30, 2008. This is referred to throughout the report as “the one-year review period.” A limited number of items were based on examination of activities during a two-year period. Some data pertaining to legal activities were based on examination of activities over the entire life of the case. See the full report for details, available online at [www.childrensrights.org/longroadhome](http://www.childrensrights.org/longroadhome).

<sup>11</sup> The shift that has occurred in the nomenclature—using the term resource parents instead of foster parents—reflects the child welfare system’s expectation that the role is not only to serve as caregivers for the children but also as resources for parents who are working to have their children return home. This report uses the term resource parents throughout, although the terms foster mother and foster father are used in the report when referring to specific individuals.

<sup>12</sup> Names, other identifying information, and some non-material details in these stories have been changed to preserve confidentiality.

It should be noted that this study specifically examined a group of children for whom the system has failed to bring about permanency in a timely fashion, and our findings therefore focus on those failures and the factors that may have contributed to them. This is not to say, however, that nothing in the system ever goes right. By design, this study did not evaluate the cases of children whose families received services that safely prevented them from entering foster care, or who entered foster care and returned home or got adopted quickly. Examining practice in such cases could provide important additional insight into our understanding of barriers to permanency.

In addition, despite the focus on identifying barriers, some important positive findings emerged. For example, the majority of the children whose cases were studied were living with families rather than in facilities (such as residential treatment centers or group homes). The majority of their foster care placements remained stable during the past year. In some cases, agencies and their caseworkers had been diligent in planning for the needs of children and their families and in providing services to them, and court proceedings took place in a timely fashion. But these positive elements did not exist in nearly enough cases, and it was extremely rare to find all or most of them simultaneously in any one.

### ***Historical Context: New York City's Child Welfare System 2004-2009***

The New York City child welfare system has come under enormous pressure in the past four years. After a series of child deaths in 2005 and 2006, allegations of child abuse or neglect increased dramatically (from 47,640 reports in 2005 to 67,535 reports in 2006) and have remained at 2006 levels ever since.<sup>13</sup> With the increase in reports and investigations came a concurrent increase in findings of abuse or neglect. The “indication rate” (the proportion of abuse/neglect allegations that are substantiated by ACS) rose from 35 percent in 2005 to 39 percent in 2006, and has remained at 39 to 40 percent since then.

Many more cases were taken to Family Court for supervision, without removal of the children; court-ordered supervision cases increased from 1,711 in 2005 to 5,017 in 2006. The number of children and families served by preventive agencies grew from 28,740 in 2004 to 31,401 in 2008.

Since 2004, eight foster care programs have been closed because of poor performance, 18 preventive programs had their contracts pulled for the same reason, and 15 poor-performing institutions and group care facilities' contracts were canceled.

This is the context in which New York City's Family Court, its parents' and children's attorneys, ACS, advocacy groups, and the foster care provider agencies have operated during the past four years. At the same time, however, there is widespread agreement among all the parties that the poor permanency outcomes for the many New York City children who stay in foster care for more than two years call for serious and immediate attention. This report offers clear confirmation of this need.

The sections that follow detail the study's major findings and offer a number of reform recommendations that policymakers, administrators, and others in the child welfare system should heed. Children's Rights plans to work with key stakeholders to advocate the implementation of these recommendations so that more children throughout the New York City child welfare system may be reunited with their families or placed with other permanent families.

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<sup>13</sup> All data in this Historical Context section were provided to Children's Rights by the Administration for Children's Services, September 2009.

# SUMMARY OF FINDINGS

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**Cutting across all parts of the New York City child welfare system, a lack of *urgency*, a lack of *accountability*, and a lack of adequate *resources* combine to keep many children in foster care for a very long time.**

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Every child welfare system must approach its efforts to bring about permanency for the children in its care with a fundamental sense of the urgency of succeeding. And it was evident from the many interviews and focus groups we conducted that there are countless individuals working in all parts of the New York City system who care deeply about what happens to children and families and are working very hard under difficult circumstances to do their jobs. However, by most accounts, people who work in all parts of the system have come to expect long lengths of stay for children in foster care.

ACS and the foster care agencies too often maintain the status quo in their casework. Reportedly, the parties—including ACS, the foster care agencies, and attorneys for both children and parents—infrequently take aggressive legal action to seek relief from the Court and try to move cases through the system more quickly. And the Court allows these circumstances to continue without ordering otherwise, thereby permitting children and families to remain in the system for years and years.

This lack of urgency is compounded by a lack of accountability throughout the child welfare system. By many accounts, the Court does not use its full power to hold the parties in child welfare cases accountable for moving the cases along—and moving children toward placement in permanent homes—quickly enough, thus allowing children to languish in foster care. At almost every Permanency Hearing held for children in this study, the court ruled that ACS and the foster care agencies it contracts had made “reasonable efforts” to bring about permanency. Its consistency in making these rulings belies not only the long lengths of stay in foster care that all of these children were experiencing, but also other available data, collected in this study, showing that the quality and intensity of the casework and services provided varies considerably from case to case. In addition, by many accounts, the Court rarely imposes sanctions when ACS or the foster care agencies have failed to comply with its orders.

ACS, the foster care agencies, and the Court also give parents repeated opportunities to engage in services aimed at reunifying their families even after years of parents’ inconsistency in participating in these services and visiting with their children. Then, there are further delays—in seeking other permanent families for children, filing petitions for the termination of parental rights (TPR), completing TPR trials, and evaluating the suitability of prospective adoptive homes or relative guardianship arrangements—that hinder the process of attaining permanent families for children.

ACS has overhauled its approach to monitoring the foster care (and preventive services) agencies with its Improved Outcomes for Children (IOC) reform initiative and the Family Court is implementing a Child Protective Initiative (CPI) to improve court practice, but these efforts are still too new to gauge their effectiveness.

Finally, as the data provided throughout the report demonstrate, foster care agencies in the cases reviewed were not engaging families adequately or providing the intensity and coordination of services needed to return children to their families or get them adopted. This appears to be due at least in part to inadequate resources as reflected in high caseloads and turnover among child welfare workers, inadequate training and supervision, a lack of basic infrastructure supports (including such essential needs as cell phones for workers in the field), and an inability to access the high-quality specialized services that children and families need.

Inadequate resources also affect the Court’s ability to do its job, as reflected in the data from this study, which documents large Family Court caseloads and delayed proceedings. The Court’s overcrowded docket has been documented repeatedly over the past decade by various entities.

The following summary of major findings should be read with the following caveat in mind: this study is *descriptive* of the experiences of the children and families in the study sample, the case practice of ACS and the foster care agencies serving them, and the actions of the Court.<sup>14</sup> It does not allow us to establish causality—to definitively conclude that particular characteristics, circumstances, or activities (or lack thereof) caused these children to remain in foster care for extended periods of time. Determining whether the barriers to permanency identified in this report are associated *uniquely* with long-staying children would require a control group of children who entered and left care quickly. However, we hypothesize that some of the characteristics, circumstances, and activities (or lack thereof) that we have identified may be contributing to children’s long lengths of stay in foster care and failure to achieve permanency.

## **I. LENGTH OF STAY — Children in the study sample remained in foster care for long periods of time without returning home or being adopted.**

By design, the study sample included only children who had been in foster care for at least two years. Their lengths of stay ranged from 2 years to nearly 17. The mean (average) length of stay was 5.4 years and the median length of stay was 4.8 years. Children’s lengths of time with their current permanency goals (Return to Parent or Adoption) ranged from 2 to almost 10 years. The mean length of time children remained in foster care with their current permanency goal was 3.6 years and the median was 3.2 years. Nearly one-third of the children slated for reunification had been in foster care for four or more years—and 10 percent had remained in care for six years or more.

## **II. CASEWORK — The foster care agencies were not engaging families adequately or providing the intensity of contact and quality of services needed to return children to their families or get them adopted in a timely manner.**

### **A. The quality of case planning for many children was poor. Family team meetings did not occur as frequently as they should have and were not regularly attended by parents and others. Many Family Assessment and Service Plans and Permanency Hearing Reports were inadequate, and Permanency Reports were often submitted late or not at all.**

Case plans are supposed to be developed at regularly recurring family team meetings<sup>15</sup> during which families, their caseworkers, and others are supposed to discuss the families’ circumstances and needs, progress toward their permanency goals, and plans for attaining those goals. While the majority of children in the study sample (69 percent) had two or more documented team meetings as required during the past year, almost one-third had only one meeting or none at all during the entire year.

<sup>14</sup> The percentages reported below are based on varying sample sizes depending on the analysis. Please see the full report for details.

<sup>15</sup> These are known in the New York City child welfare system as Service Plan Reviews (SPRs) and Family Team Conferences (FTCs).

Mothers attended slightly less than half of these meetings, and fathers attended only 17 percent of them. Resource/adoptive parents were not present at 40 percent of the meetings.

Although the agencies completed two Family Assessment and Services Plans (FASPs) for virtually all children in the study during the year, they frequently submitted Permanency Hearing Reports (PHRs), which summarize case progress for all of the parties and the Family Court, either late or not at all. The agencies submitted PHRs on a timely basis for only 27 percent of the permanency hearings surveyed. The late submission of PHRs frequently caused delays in court proceedings.

Additionally, only about one-third of the FASPs and one-fourth of the PHRs received high ratings for completeness and quality in the case record review. The rest were not sufficiently thorough; few included thoughtful discussion or clinical analysis of the progress made and challenges left to overcome in each case, and many relied heavily on previously written material that had been cut and pasted from earlier documents. Many stakeholders commented that agencies take a “one-size-fits-all” approach to case planning and identified the problem of poor quality FASPs and PHRs as barriers to permanency.

## **B. There are serious concerns about the quality of engagement with parents and resource parents.**

### *Communication and Respect*

Parents and others said that communication is a major problem in casework, particularly when children are first taken into foster care. Caseworkers sometimes fail to communicate clearly with parents about what is happening with their children and do not act quickly enough to identify and appropriately engage all relevant family members who need to be a part of case planning and/or services. Caseworkers also do not always adequately inform parents upfront about all of the requirements they will need to meet in order to regain custody of their children—and often come back to them later on to tell them they must complete additional tasks or services to get their children back. Additionally, parents and resource parents alike said that caseworkers do not consistently treat them with respect.

### *Relationships between Parents and Resource Parents*

ACS has expressed its commitment to the “Family to Family” model of foster care case practice, which, among other things, emphasizes the role that resource parents can play in supporting efforts to reunify children with their families. While many of the parents and resource parents who participated in focus groups for this study were familiar with Family to Family concepts, they said the foster care agencies did not regularly take steps to facilitate relationships between parents and resource parents—and that they typically had to take their own initiative to reach out to one another.

Additionally, while nearly three-fourths of the caseworkers interviewed said they had received training on how to facilitate these relationships, 27 percent had not received any such training. Contacts between parents and resource parents were rarely documented in the case files of the children in the study sample, and little documentation existed regarding the nature of the relationships between the two.

### *Casework with Fathers*

Stakeholders said that the foster care agencies generally do not make sufficient efforts to locate, engage, and provide services to fathers. Various quantitative findings from this study underscore these comments:

- In nearly half the cases in the sample involving children who were not legally free for adoption, documentation indicated either that the children’s fathers were unknown (11 percent) or that their whereabouts were unknown (37 percent) for at least some portion of the one-year review period.
- Fathers rarely participated in team meetings, contacts with caseworkers, and visits with their children.
- The agencies rarely explored the possibility of calling on paternal relatives as supports or potential caregivers.

*Casework with Incarcerated Parents*

Among children in the sample who were not legally free for adoption, 10 percent had a parent who was incarcerated at some point during the one-year review period. Some stakeholders said that the foster care agencies do not make adequate efforts to reach out to incarcerated parents and work with them in planning for their children.

**C. Caseworkers did not maintain adequate contact with children, parents, and resource parents.**

Caseworkers are required to remain in regular contact with children, parents, and resource parents (and child care staff, when children have been placed in facilities) to ensure children's safety and well-being, engage families in planning, and assess the strengths and needs of all family members and caregivers in order to move children as quickly as possible out of foster care and into permanent homes. However:

- Nearly 40 percent of the children in the sample did not receive the expected number of contacts with their caseworkers during the one-year review period.
- Only 16 percent of mothers received the expected number of caseworker contacts.
- More than half of fathers (54 percent) had no contact with their caseworkers at all.

The most commonly identified barriers to caseworker contacts with parents were parents' canceling or missing scheduled contacts, caseworkers' failure to schedule contacts, and parents' whereabouts being unknown (which was more common for fathers than for mothers).

**D. Most children were living in stable family settings, but their resource parents needed more support.**

One positive finding is that 89 percent of children in the study sample were living with families (and not in facilities) throughout the review period (including children who were home on trial discharge), and 78 percent had remained in their placements without moving during the past year. However, more than one-fifth of children did not have stable placements, typically because their resource parents requested their removal or the placements were unable to meet the children's needs.

The reasons for these moves suggest some inadequacies in the support that agencies provided to resource parents, a theme that many stakeholders echoed in interviews and focus groups. Some resource parents said they did not consistently feel respected by their foster care agencies—and did not receive adequate information about the children placed in their homes or adequate training on how to understand their behaviors and meet their needs. Additionally, some stakeholders raised concerns about inconsistency across the foster care agencies in screening, training, monitoring, and supporting resource parents and properly matching children's needs to resource parents' skills, expectations, or preferences.

**E. While the majority of children's service needs were met, a substantial minority were not.**

Based on case file documentation, the most frequently identified service needs for children, in order of prevalence, were individual therapy (72 percent of children in the sample needed the service), mental health assessment (66 percent), special education services (50 percent), educational assessment (47 percent), other educational services such as tutoring (43 percent), and psychotropic medication (41 percent).

The majority of children identified as needing these services were documented as having received them at least once during the one-year review period. But a substantial minority of children had not, including:

- 19 percent of children who needed individual therapy;
- 16 percent of children who needed a mental health assessment;
- 8 percent of children who needed special education services;
- 28 percent of children who needed an educational assessment;
- 33 percent of children who needed other education services such as tutoring; and
- 11 percent of children who needed psychotropic medication.

The most commonly identified barrier to children receiving services was foster care agencies' apparent failure to make a referral.

In addition to these services, the Bridges to Health (B2H) program—which provides services to children in foster care who have serious medical, developmental, or emotional disorders—was identified as needed for 17 percent of the children in the sample. However, only 12 percent of children who needed B2H received it. The most common barriers were caseworkers' failure to identify the need for the service and make timely referrals, as well as a lack of available slots in the program. According to stakeholders, the B2H referral process required by the state is cumbersome and can also contribute to delays.

#### **F. Substantial numbers of parents did not receive needed services due to both parents' lack of participation and casework failures.**

The parents of the children in the study sample struggled with a multitude of issues, including substance abuse, mental illness, cognitive disability, domestic violence, poverty, and housing insecurity. Their engagement in services and planning varied substantially.

Many stakeholders said that foster care agencies do not adequately tailor service planning to the unique needs of each child and family or coordinate effectively among multiple service providers, and that too many service requirements are “piled on” without consideration of whether the services may be duplicative—not to mention whether it is even logistically possible for parents to attend multiple required programs, possibly while also searching for employment or housing at the same time. Judges and referees expressed frustration that caseworkers focus more on monitoring and reporting on parents' attendance at services than on evaluating their progress.

A substantial minority of children in the study who were not legally free for adoption had parents with serious mental illnesses (32 percent) and/or cognitive disabilities (17 percent). Some stakeholders said that cases involving parents with mental illness or cognitive disabilities are particularly challenging in terms of obtaining both accurate assessments of and appropriate services for these parents.

Based on case file documentation, the most frequently identified service needs for parents, in order of prevalence, were individual therapy (71 percent of parents), housing assistance (68 percent), mental health assessment (52 percent), income assistance (51 percent), substance abuse services (45 percent), transportation services (45 percent), parenting skills training (44 percent), and family therapy (42 percent). Many parents identified as needing certain services received them. However:

- 37 percent of parents did not receive needed individual therapy.
- 51 percent of parents did not receive a needed mental health assessment.
- 30 percent of parents did not receive needed substance abuse treatment.
- 72 percent of parents did not receive needed family therapy.
- 56 percent of parents did not receive needed parenting skills education.

For parents of children with a goal of Adoption (who were not legally free), the most frequently identified barriers to receiving needed services were parents' sporadic participation in the services or their refusal to engage in them. For parents of children with a goal of Return to Parent, barriers included parents' lack of participation and caseworkers' failure to identify the need for the service and make timely referrals. Although barriers related to parental engagement may be insurmountable in some cases, they highlight the need for skilled casework that makes every effort to engage parents and to address these issues—or to consider the impact that parents' lack of participation may have on permanency for their children.

### **G. Contact between children in foster care and their parents was insufficiently frequent due to missed visits by parents, canceled visits by resource parents, casework failures, and parents' unknown whereabouts.**

Research has shown that children who visit more frequently with their parents are more likely to return home to them.<sup>16</sup> The frequency of visits between the children in the study sample and their parents was inadequate. Slightly more than one-fifth of children slated for reunification had the expected number of visits with their mothers during the one-year review period—and only five percent had the expected number of visits with their fathers. It should be noted that because caseworkers did not always document the dates when visits occurred, particularly unsupervised visits, these findings likely underestimate the frequency of visits between parents and their children. However, clear and specific documentation of all visits—and all other aspects of casework—is critical to ensuring accurate assessments of children's progress toward permanency.

For mothers, the most commonly identified barrier to visits with their children was the mothers' missing or canceling scheduled visits. The next most prevalent barriers were resource parents' canceling or missing appointments, mothers' whereabouts being unknown for part or all of the review period, and a lack of documented efforts by caseworkers to schedule the visits in the first place.

For fathers, the most frequently identified barrier to visits was the fathers' whereabouts being unknown, followed by a lack of documented efforts by caseworkers to schedule visits, and fathers' missing or canceling appointments.

It is notable that 45 percent of children slated for reunification were still having their parental visits supervised by either agency staff or resource parents, relatives, or friends—even after two or more years in foster care. The fact that supervised visits were still required in these cases after such a long time raises questions about whether the requirement for supervision is actually still necessary and, if it is, whether the longstanding safety concerns identified suggest that the goal of reunification is unrealistic.

### **H. Alternative permanency options were not adequately explored.**

Documentation of a concurrent planning goal—an alternate plan for moving children into permanent homes in case the primary permanency goal designated for them cannot be achieved—existed in the cases of only 30 percent of the children in the sample (51 percent of children designated for reunification and 14 percent slated for adoption).

Although these are poor findings, some cases in which no concurrent planning goal was documented did include evidence of some efforts toward concurrent planning—such as identifying and working with relatives who might be able to serve as caregivers, discussing the possibility of voluntary surrender with parents, and asking resource parents if they would adopt in the event the children in their care

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<sup>16</sup> Hess, P. (2003). *Visiting Between Children in Care and Their Families: A Look at Current Policy*. New York, NY: The National Resource Center for Foster Care & Permanency Planning, Hunter School of Social Work. Retrieved August 12, 2009 from [http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/visiting\\_report-10-29-03.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/visiting_report-10-29-03.pdf)

could not return home. There was, however, minimal documentation of conversations with parents about the possibility of open adoption.

The long lengths of time that children have remained in foster care with the goal of Return to Parent, combined with the lack of concurrent planning, raise questions about whether these goals are maintained in some cases primarily because no other permanent family has been identified for the child, either through adoption or legal guardianship.

In fact, none of the children in the study sample had a concurrent planning goal of Referral for Legal Guardianship. Typically, this goal would be designated when a relative or other adult in a child's life is willing to be legally responsible for the child, but reluctant to be involved in an adoption process that requires terminating the parents' rights.

Beyond the study sample, relative guardianship is rarely used as a permanency option in New York City. Currently, according to ACS, less than two percent of all children in foster care have a *primary* permanency goal of Discharge to Relative, and not a single child exited foster care to relative guardianship in FY 2008.<sup>17</sup> This may be due at least in part to the fact that, unlike many other states, New York State does not currently provide subsidized guardianship arrangements.

**I. Although the majority of the children in the sample with a goal of Adoption were living in pre-adoptive homes, most had remained in foster care for a long time before their goals were changed to Adoption, and foster care agencies were slow to file petitions to terminate parental rights.**

Seventy-seven percent of all children in the sample with a goal of Adoption were living in prospective adoptive homes, although in 19 percent of these cases, the case record indicated that the prospective adoptive parent was wavering in his/her commitment to adopt the child.

Thirty-two percent of the children in the sample with a goal of Adoption had been in foster care for three or more years before their permanency goals were changed to Adoption—and 21 percent had remained in care for four or more years before their goals were changed.

Additionally, the foster care agencies either did not file petitions to terminate parental rights or were extremely slow to do so for most children in the sample.<sup>18</sup> Termination of parental rights (TPR) is necessary to legally free children for adoption (unless a parent voluntarily surrenders his or her rights), and federal law requires the filing of TPR petitions when a child has been in foster care for 15 months out of the last 22 months (with provisions for exceptions, known as “compelling reasons”). It is the foster care agencies' responsibility to file these petitions (although it is also within the Court's power to order them to do so).

The foster care agencies failed to file TPR petitions for 69 percent of the children in the study sample (who were not already legally free for adoption). For 11 percent of these children, the agencies documented no “compelling reason” why they had not filed for TPR. For an additional 62 percent of children, the documented reason did not appear to meet the letter or spirit of ACS' policy guidance pertaining to compelling reasons, and reflected a general lack of urgency regarding achieving permanency.

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<sup>17</sup> Data provided to Children's Rights by the Administration for Children's Services, August 2009.

<sup>18</sup> Analyses in this section regarding *whether* a TPR was filed are based only on children in the study sample who were not legally free because a fixed proportion of children that were legally free as of September 30, 2008 was deliberately selected for inclusion in the study sample. To include these children in this analysis would therefore force a certain proportion of “yes” answers to the question of whether or not TPR petitions were filed. Analyses of the timeliness of TPR filings and TPR proceedings include all children who had TPRs filed.

When the agencies did file TPR petitions, they were often very slow to do so, filing within 15 months of children’s entry into foster care in only seven percent of the cases with TPRs on file.<sup>19</sup> One-third of the children with TPRs on file had been in foster care for more than three years by the time the agencies actually filed the petition. One-fifth had been in foster care for more than four years before filing.

Another way to measure the timeliness of TPR filing is to examine how long it takes agencies to file the petitions after a child’s goal has been changed to Adoption. This is supposed to occur within 30 days—but among the children in the sample with a TPR on file, the process took more than 30 days for 59 percent and more than three months for 43 percent.

Once a TPR petition is filed, Fact-Finding and Disposition Hearings are held in Family Court, where the judge makes the decision about whether or not to terminate a parent’s rights. Findings pertaining to TPR proceedings are provided in Section III below.

### **III. LEGAL PROCEEDINGS IN FAMILY COURT — Major delays in Family Court proceedings were pervasive in the cases of the children in the study sample, including hearings related to abuse and neglect investigations, termination of parental rights, and permanency. By many accounts, the Court does not consistently hold parties accountable, which can play a major role in these delays.**

#### **A. The length of time between children’s entry into foster care and the Court’s completion of Fact-Finding and Disposition was extremely long for many children.**

When a child enters foster care, the Family Court is responsible for determining whether or not he or she has been abused and neglected and, if so, by whom. This process occurs at a Fact-Finding Hearing. If the Court makes a finding of abuse or neglect, then the case moves to a Disposition Hearing at which the judge decides whether the child will go home or remain in foster care. These two hearings are part of what is known as an Article 10 proceeding.

Although there are no specific required timeframes for completing these hearings, they should be completed before the first Permanency Hearing; the “Permanency Law” passed by the New York State legislature in 2005 requires that the first Permanency Hearing be held eight months after a child has been remanded into foster care. Because the purpose of Permanency Hearings is to monitor the child’s safety and well-being, the family’s progress, and efforts to return the child home or what efforts will be undertaken to find another permanent family, it would be premature in most cases for the Court to hold such hearings before it has even decided whether abuse or neglect has occurred.

Fact-Findings and Dispositions in Family Court were substantially delayed for children in the study sample, including children who entered care in recent years. The mean length of time between children’s placement in foster care and completion of the Disposition by the Family Court was 14 months; the median was 11 months. Disposition took more than a year for 44 percent of the children and more than two years for 15 percent.

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<sup>19</sup> This analysis of the *timeliness* of TPR filings includes all children in the study sample who had a TPR filed, regardless of whether the children were legally free

Given that many children in the sample entered foster care a number of years ago, we examined the timeliness of Dispositions for a sub-sample of children who entered care since the new “Permanency Law” went into effect. For 72 percent of these children, Disposition took more than eight months. We also compared the mean length of time to Disposition for children who entered care prior to the Permanency Law to that of children who entered care after the law was enacted. The difference in time to Disposition between the two groups was not statistically significant. Although this analysis does not control for other factors that might influence the length of time from remand to disposition, it does suggest that this length of time has not changed substantially since the Permanency Law was enacted.

**B. More than half of children experienced delays in their Permanency Hearings. The Court made “reasonable efforts” findings at virtually all hearings, calling into question the threshold it uses to make these determinations.**

Children are supposed to receive their first Permanency Hearing eight months after being remanded into foster care and then every six months thereafter until they exit foster care. Once a Permanency Hearing is begun, it must be completed within 30 days. The purpose of these hearings is to improve permanency outcomes for children through regularly scheduled judicial reviews of the circumstances of their cases, the appropriateness of their permanency goals, and the efforts made by the agencies to bring about permanency. The Court must also issue orders to expedite permanency, to ensure the safety and well being of children in foster care, and to determine when to discharge them.

For more than half (55 percent) of the children in the sample, at least one Permanency Hearing over a two-year period was not completed within the required 30 days. In order of prevalence, the most common reasons for these delays were that the foster care agencies had not submitted Permanency Hearing Reports (PHRs) on time, that the Court did not have sufficient time for the hearings, that foster care agency caseworkers were not present, that the PHRs did not sufficiently address the issues in the case, and that ACS caseworkers were not present.

At virtually every Permanency Hearing for children in this study— 99 percent over a period of two years—the Court ruled that the foster care agencies had made “reasonable efforts” to bring about permanency. This finding belies the long lengths of stay in foster care that these children and families were experiencing, as well as other data collected in this study regarding the varying intensity of service provision, the infrequency of caseworker contacts with children, parents, and resource parents, and the lack of meaningful concurrent planning. Further, it raises questions regarding the standard used to make these determinations.

Virtually all of the stakeholders who participated in interviews and focus groups for this study talked at length about how the number of adjournments and the length of time between adjournments for all types of court hearings (Article 10 proceedings, Permanency Hearings, and termination of parental rights proceedings) contribute to children’s lengthy stays in foster care.

**C. Termination of parental rights proceedings were extremely delayed for most children.**

When a TPR was filed, TPR proceedings and dispositions were extremely slow. For children in the study sample, the mean and median lengths of time between TPR filing and the actual termination of parental rights were 2.4 and 1.9 years, respectively. The mean and median lengths of time between establishing the goal of Adoption and becoming legally free were 2.4 and 2.1 years, respectively.

New York State regulations require that children be freed for adoption within 12 months of the establishment of Adoption as their permanency goal. However, more than three-fourths (77 percent) of children were not legally freed within that period of time.

Finally, the mean length of time from entering foster care to becoming legally free for adoption was 5.4 years; the median was 4.8 years. Forty-five percent of children were in foster care for more than five years before becoming legally free.

Given that many children in the study sample entered foster care a number of years ago, analyses were conducted to determine whether the timeliness of TPR processes has changed over time. Although there were still long delays in filing TPR petitions and completing TPR proceedings in many recent cases, there was some improvement seen.

#### **D. A lack of accountability in Family Court proceedings contributes to poor permanency outcomes for children.**

All stakeholder groups—parents, resource parents, attorneys, judges, and referees—noted that the Court does not consistently use its full power to hold the parties in child welfare cases accountable for the steps that need to be taken in order to achieve family reunification or the placement of children with other permanent families. Children remain in foster care for years, and the Court gives ACS and the foster care agencies many chances (and multiple hearing adjournments) to present evidence and provide necessary services to parents, even after they have been slow or negligent in doing so. As noted above, the Court virtually always finds that they have made “reasonable efforts” to bring about permanency.

Stakeholders said that when the Court does issue orders, they often lack specificity. For example, the Court will sometimes order a foster care agency to provide a particular service, but will not specify a date by which it must do so—making the order difficult to enforce. Finally, by most accounts, the Court rarely uses its power to impose sanctions, issue warrants, or dismiss cases when ACS or the foster care agencies have not complied with its orders.

Stakeholders also said the Court gives parents repeated opportunities to participate in services toward the goal of family reunification, even after years of parents’ inconsistent involvement in required services and visits with their children.

At the same time, stakeholders acknowledge that the Court’s decision-making is hampered by poor-quality casework by ACS and the foster care agencies. The Court depends on ACS and the foster care agencies to provide appropriate services to children and families and to inform the Court’s decision-making through assessments of children’s progress toward permanency. But judges and referees expressed frustration with the quality of the agencies’ case practice—and the fact that many caseworkers seem to see their role as only documenting parents’ attendance at services rather than providing the Court with clinical assessments of parents’ progress. In addition, judges and referees said that the parties infrequently make applications or motions to the Court for relief to address pressing issues and try to move cases forward.

Finally, some stakeholders expressed frustration that, short of the judicial reappointment process (which happens only every 10 years) and processes for serious ethics violations, there is no viable process for filing complaints when they have concerns about judges’ or referees’ conduct—for example, not spending enough time on the bench, failing to hold mandated hearings, and treating the parties in Court poorly.

## **IV. CASEWORK RESOURCES — Children in the sample experienced high caseworker turnover. Caseworkers reported large caseloads and a lack of adequate training, resources, and supervision, all of which can negatively affect the quality of their casework.**

### **A. Caseworker turnover among children in the study was high. Most children had many different workers.**

The majority of children in the study had multiple caseworkers<sup>20</sup> during a two-year period. Less than one-fifth (18 percent) of children in the study sample had one consistent caseworker. Almost one-fourth (23 percent) had two caseworkers, and 51 percent had three or more caseworkers.

### **B. Caseworker caseloads exceed recommended sizes.**

Research has shown that large caseloads negatively affect permanency outcomes for children<sup>21</sup>—and indeed, many stakeholders in this study identified large caseloads and their effect on virtually every aspect of casework as barriers to permanency.

A study commissioned by the New York State Office of Children and Family Services (OCFS)<sup>22</sup> recommended that foster care caseworkers carry a maximum caseload of 11-12 children, but data collected in this study and other available information indicate that the caseloads of many foster care workers in New York City exceed the recommended standards.<sup>23</sup> Only 25 percent of caseworkers interviewed for this study carried caseloads of 12 or fewer children. Twenty-nine percent were carrying caseloads of more than 20 children.

A recent survey conducted by the Council of Families and Child Caring Agencies (COFCCA) found similar results; of 14 foster care agencies responding to the survey, only one reported an *average* caseload of 11. Every other agency had caseloads *averaging* 15 or higher and more than one-third reported an *average* caseload of 20 children or more.<sup>24</sup> Average caseload statistics can also mask the full extent of the problem.

### **C. A substantial proportion of caseworkers interviewed for this study did not receive training prior to receiving a caseload.**

Forty-three percent of the caseworkers interviewed for this study said that they had not been trained before they were given responsibility for a caseload of children and families. However, 93 percent said that they had received in-service training during the past year. Reviews of training were mixed, which is not surprising given that there is currently no consistent training provided across the many foster care agencies working with children and families in New York City.

<sup>20</sup> The study measured the number of case planners that children had. "Case Planner" is the designated term for the caseworker at the foster care provider agency who is responsible for the coordination of the work with the child and family.

<sup>21</sup> Multiple citations as noted in Children's Rights. (2006). *Components of an Effective Child Welfare Workforce to Improve Outcomes for Children and Families: What Does the Research Tell Us?* Available at [http://www.childrensrights.org/wp-content/uploads/2008/06/components\\_of\\_effective\\_child\\_welfare\\_workforce\\_august\\_2006.pdf](http://www.childrensrights.org/wp-content/uploads/2008/06/components_of_effective_child_welfare_workforce_august_2006.pdf)

<sup>22</sup> Walter R. McDonald and Associates and American Humane Association. (2006). *New York State Child Welfare Workload Study*. Rensselaer, NY: New York State Office of Children and Family Services, pp. 6-14.

<sup>23</sup> ACS does not collect system-wide caseload data.

<sup>24</sup> Data provided to Children's Rights by the Council of Family and Child Caring Agencies, August 11, 2009.

#### **D. Caseworkers' reviews of the quality of supervision were mixed.**

More than two-thirds of caseworkers interviewed reported receiving supervision on a weekly basis. However, seven percent said they received supervision on a biweekly basis and 21 percent said they generally received supervision only monthly. Reviews of supervision were mixed. Some caseworkers noted that their supervisors were well-versed in their cases and helpful; others said their supervisors did not make time for them and did not provide good clinical oversight. The poor quality of the case practice seen in many cases in the study sample also raises serious questions about the quality of supervision.

#### **E. Basic infrastructure supports are lacking.**

Caseworkers identified the need for cell phones, laptops, agency vehicles, interpretation services, and more clerical support. Cell phones and laptops were their major priorities, given the expectation that workers should be in the field working with children and families most of the time, and the reality that they spend much of their time in court waiting for hearings to begin.

### **V. COURT RESOURCES — Judges, referees, and attorneys have large caseloads and lack adequate resources, which can affect the timeliness and quality of legal representation and the Family Court process.**

The data clearly indicated that there are major delays in the court system. Underlying these delays are serious resource issues that compromise the operations of the Family Court and permanency outcomes for children and families.

#### **A. Judges' and referees' caseloads are too large. The Court's untenable caseload has been repeatedly documented by various entities, including the Court itself, for almost a decade.**

Since 1991, 47 judges have been assigned to the New York City Family Court. Despite the passage of the "Permanency Law" that doubled the number of Permanency Hearings as of 2005—and a considerable increase in the number of abuse and neglect and voluntary placement petitions filed since 2006, resulting in tens of thousands of hearings that must be conducted every year—the number of judges assigned to Family Court has not been increased.

As of May 2009, the 26 judges in the Child Protective Specialty carried an average caseload of 724 children, and the 19.2 referees had an average caseload of 772 children. Eleven judges and seven referees had more than 800 children on their caseloads and three judges and one referee had more than 1,000 children on their caseloads.

Increasing the number of judges requires action by the State Legislature. Bills have been introduced and many groups, including the court system itself, continue to advocate increasing the number of Family Court judges both in New York City and across the state.

## **B. Juvenile Rights Practice attorneys for children and Family Court Legal Services attorneys carry caseloads that are larger than national standards.**

The Juvenile Rights Practice (JRP) of the Legal Aid Society represents most children in foster care in New York City in Family Court.<sup>25</sup> The average reported caseload for JRP attorneys system-wide as of July 2009 was 163 children. Caseloads had previously been much higher until the New York State Office of Court Administration issued a new court rule, effective April 2008, limiting these attorneys' caseloads to 150 children each and providing additional resources toward meeting this goal. However, even this limit exceeds the National Association of Counsel for Children's recommendation of no more than 100 child clients for attorneys representing children in abuse and neglect cases.

Family Court Legal Services (FCLS) attorneys represent ACS in Court. The average reported caseload for FCLS attorneys system-wide was 70 families as of July 2009. The average caseload of the FCLS staff attorneys who were interviewed for this study was 82 families and the median was 80 families. The American Bar Association's Standards Drafting Committee recommends a caseload of no more than 60 families for attorneys representing public child welfare agencies.

Many FCLS and JRP attorneys interviewed for this study also identified other resource issues that hinder their work. They said they need additional office space to alleviate overcrowding (with both coworkers and case files), and both additional support staff and critical equipment such as laptops and cell phones.

## **C. Some parents reported insufficient access to their attorneys.**

Parents of children in foster care in New York City are typically represented in Family Court either by court-appointed "18b" attorneys (who are usually solo practitioners) or by "institutional providers," which are organizations with the infrastructure to provide both legal advocacy and other important supports via parent advocates and social work staff. In 2007, the City contracted the Center for Family Representation, Bronx Defenders, and the Brooklyn Family Defense Project to substantially increase the proportion of parents represented by institutional providers. Most parents of the children in the study sample, both mothers and fathers, were represented by an "18b" court-appointed attorney.

Parents who participated in a focus group for this study reported feeling extremely vulnerable and uninformed when their children were first placed in foster care. In addition, some parents said that their attorneys do not return their phone calls and do not take enough time to meet with them before court. Parents' attorneys reported that their ability to represent their clients effectively and assist them in getting the services they need is significantly improved when they have access to resources such as social workers and parent advocates.

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<sup>25</sup> Lawyers for Children also represents many children who have been abused and neglected or placed voluntarily by their parents.

# RECOMMENDATIONS

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Permanency outcomes for children in foster care in New York City are among the poorest in the country. The findings of this study suggest that a number of factors combine to create formidable barriers that keep children from returning home to their families or achieving permanency through adoption or legal guardianship. The following recommendations suggest strategies for overcoming these barriers.

We have not provided recommendations to address every one of the findings presented in this report. Instead, we have focused on the major actions that must be taken in order to effect a meaningful shift in the urgency with which the child welfare system approaches permanency, the quality and timeliness of case practice and court proceedings, the standards used to measure the system's performance and increase accountability at every level, and the adequacy of the resources deployed throughout the system.

Some of these recommendations can be implemented more quickly than others. And, although some can be implemented without a significant infusion of dollars, others require additional funding commitments. Certainly, identifying additional funding in the current economic climate is a challenge. But if the State and the City make these investments now, both will realize savings as children begin leaving foster care more quickly and the overall foster care population begins to drop. Savings will also come from having fewer children who exit foster care only to enter other public systems as they experience homelessness, substance addiction, incarceration, and the many other poor adult outcomes that are all too common among children who spend most of their childhoods as wards of the state.

These issues have remained unaddressed for far too long while too many children have continued to grow up with the government as their parent. To change this we must:

## ► **Improve the Family Court Process and Accountability**

1. **The New York State Office of Court Administration should develop and issue periodic public reports on key measures of the permanency process in the New York City Family Court.** These reports should provide data including but not limited to the Family Court's timeliness in completing abuse and neglect proceedings, Permanency Hearings, and TPR proceedings; the frequency and reasons for adjournments of Court hearings; and the caseloads of judges and referees.
2. **The New York City Family Court should use the power that it already has to hold all of the parties in child welfare matters accountable.** The Court should use all available tools, including court orders and sanctions, to ensure that the parties are present, prepared, and ready to proceed at hearings, and to ensure that ACS and the foster care agencies provide appropriate services to children and families.
3. **The New York State Legislature and the Governor should authorize and fund additional judgeships for the Family Court.**
4. **The New York State Legislature and the Governor should enact mandated time frames for completing Article 10 and TPR proceedings.**
5. **The New York City Family Court should fully implement time-certain hearings, continuous trials, and court conferencing in order to reduce delays in all court proceedings.** These strategies have already been identified as components of the Family Court's Child Protective Initiative, the progress of which should be closely tracked and monitored.

6. **The Criminal Justice Coordinator should explore the further expansion of parent legal representation by organizations that have the capacity to provide social work and parent advocate assistance to parents.**

► **Improve Foster Care Casework Accountability**

7. **ACS should develop and issue periodic public reports on key measures of the permanency process as it pertains to the work of ACS and the foster care agencies.** These reports should include data regarding but not limited to:
  - the numbers of children in foster care with each permanency goal, and their ages, races/ethnicities, lengths of stay in foster care, and lengths of time with their current permanency goal;
  - the frequency of caseworker contacts with children and parents;
  - the frequency of visits between children in foster care and their parents;
  - the participation of families in team meetings;
  - the status of service provision for children and families;
  - the timeliness of the filing of termination of parental rights petitions and the existence of “compelling reasons” when petitions are not filed; and
  - the proportion of children placed in pre-adoptive homes.

ACS, working with the Office of Children and Family Services (OCFS), should also develop the capacity to report on key workforce measures, including worker educational background and tenure, caseloads, turnover, and other key indicators.

8. **ACS and the foster care agencies should immediately address the needs of many children who are at risk of leaving the foster care system without a permanent family.** Currently, there are 2,600 children with a goal of Another Planned Permanent Living Arrangement (APPLA); for these children, efforts at reunification, adoption, or guardianship have failed. In addition, there are more than 4,000 children in the system who have had a goal of Return to Parent or Adoption for more than two years. Within the next 18 months, all 6,600 of these children should receive a special, intensive “SWAT team” review in order to identify barriers to permanency and to develop, implement, and monitor plans to achieve permanency for each child through family reunification, adoption, or legal guardianship. ACS and the foster care agencies will need to develop criteria to prioritize the order in which these cases will be reviewed. At the same time that ACS is taking steps to reduce this backlog of children languishing in foster care, it must also develop a mechanism for reviewing the cases of children who newly enter these categories, and take action as appropriate.
9. **ACS must implement with rigor and consequences a quality assurance process to ensure that the foster care agencies are doing their part to achieve timely permanency outcomes for children and families.** ACS’s “Scorecard” evaluates foster care agencies on various process and outcome measures, and scores agencies on their performance independently and as compared to other agencies’ and citywide performance. It is critical that ACS use this process to determine when agencies need assistance in meeting their goals and when it may be necessary to place agencies on corrective action plans or on probation; and agencies that prove unable to meet expectations must be closed.

► **Improve the Child Welfare Workforce and the Quality of Casework with Children and Families**

10. **The State and the City should provide adequate funding to lower caseloads citywide to 11-12 children per foster care caseworker, as previously recommended by a study commissioned by the Office of Children and Family Services.** These caseload levels should be phased in over a period of three to five years.
11. **In addition to lowering caseworker caseloads, other steps must be taken to improve supports for the child welfare workforce, reduce caseworker turnover, and improve the quality of casework and service coordination.**
  - A. The State and City should develop and implement a “workforce improvement plan” that addresses the recruitment, retention, training, and supervision of private agency foster care workers citywide. ACS and OCFS should develop this in partnership with COFCCA and the foster care agencies, and provide adequate support to enable the agencies to implement the plan.
  - B. The State and the City should work together to take full advantage of newly available federal Title IV-E training funds for the training of private agency staff.<sup>26</sup> ACS, COFCCA, and the foster care agencies, with support from OCFS, should work together to develop and implement uniform pre-service and in-service training for foster care workers across the City. Specialized training and intensive supervision should be provided to foster care agency staff citywide to address the serious case practice deficiencies identified in this report.

► **Improve Supports and Services for Children and Families**

12. **ACS and the foster care agencies should develop and implement a plan to substantially increase the frequency of visits between children in foster care and their families.**
13. **Clinical staff positions should be created in the foster care agencies to provide consultation, assessments, and service linkages in cases involving parents with serious mental illness and/or cognitive disabilities.**
14. **ACS should work with the foster care agencies to ensure that they have sufficient capacity to recruit foster and adoptive homes. ACS should ensure that children for whom reunification, relative guardianship, or adoption by current resource parents is not viable are referred to agencies that have the capacity to recruit adoptive homes for them.**
15. **The Bridges to Health (B2H) program should be expanded.** This important program provides supportive services for children in foster care who have serious medical, developmental, or emotional disorders. Importantly, these services can remain with the child when they exit foster care to reunification, adoption, or other settings. There are currently 720 B2H slots available for children in New York City. However, it has been estimated that several thousand children in the New York City foster care system may be eligible for these critical services, which can stabilize children so that they can return home, or achieve permanency through adoption or legal guardianship.
16. **ACS should work with the City’s housing agencies to expand access to housing assistance for families.**

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<sup>26</sup> Federal funds for the training of private agency staff were made available via the Fostering Connections to Success and Increasing Adoptions Act of 2008. Previously, federal funds were available only for the training of public agency staff.

17. **The State and the City should maintain and increase their commitment to providing high-quality Preventive Services to keep children safe at home and prevent them from entering foster care in the first place.** After many years with no mechanism in place for the evaluation of Preventive Services, ACS now has a Preventive “Scorecard,” which must be implemented with rigor to ensure that the City is using its Preventive Services funds on programs that are most effective in ensuring that children are safe and families are receiving the services they need.

► **Establish a New Permanency Option**

18. **The New York State Legislature and the Governor should enact and adequately fund subsidized guardianship.** New York is far behind the curve in not having subsidized guardianship as a permanency option for children in foster care. Many other states have subsidized guardianship programs and, recently, federal funds were made available to states for this purpose through the Fostering Connections to Success and Increasing Adoptions Act of 2008. Subsidized guardianship is an appropriate option when children who have been abused and neglected cannot return home, adoption is not an option, and ongoing services to the family are no longer needed. It must be carefully implemented to ensure that it is not used in cases in which children could return home if appropriate services were provided, or if they could be adopted.

This program should not be funded through the State’s foster care block grant. Subsidized guardianship is an alternative to adoption, not to foster care. Currently, the non-federal share of adoption subsidies in New York is split 75 percent state / 25 percent city. In order to incentivize adoption over subsidized guardianship, the State should implement a 65 percent state / 35 percent city split, as has been proposed by the Citizens Committee for Children.

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**INDIVIDUAL  
CHILDREN'S  
STORIES**

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# ONE CHILD'S STORY: DARLA

**Child's Age:** 14

**Length of Time in Current Foster Care Spell:** 10 years

**Current Permanency Goal:** Adoption

Darla is 14 years old and has been in foster care for ten years. Her permanency goal has been Adoption for eight years. She has been legally free for adoption for six years.

Darla entered care at the age of four due to neglect. She is one of eight siblings of a single mother with a history of substance abuse. She was moved through three different foster homes in two years (including one kinship home), and was then committed to a psychiatric hospital at age six due to aggressive behavior. For three years after that, she lived in a residential treatment center (RTC).

Although a prospective adoptive mother for Darla stepped forward, there was a long delay before Darla was placed with her. Nevertheless, Darla reportedly adjusted well to the new home and the foster mother expressed interest in adopting Darla. This was Darla's first home after spending many of her childhood years in hospitals and RTCs.

The foster care agency and the foster mother began the adoption process, completing most of the paperwork. Darla's behavior started to improve and she and her foster mother bonded—but she continued to present challenging behaviors, and the foster mother never attended court-ordered training for foster parents of youth requiring therapeutic care. In addition, there was an incident between the foster mother and another child in the home. After this incident, both Darla and that child were removed and the foster home was closed. Darla again entered a psychiatric hospital and was subsequently placed in a residential treatment facility (RTF). Although she was moved into another foster home after that, it was not a certified therapeutic home, as the RTF had recommended and the Court had ordered.

## **BARRIERS TO PERMANENCY**

Since entering care ten years ago, Darla has been placed with four different provider agencies and spent much of that time in institutional and hospital settings. Efforts to reunify were unsuccessful, and were followed by delays in the TPR process. Darla has a history of psychiatric hospitalizations for depression, suicidal behaviors, and psychosis.

More recently, permanency hearings have been adjourned due to various parties' failure to appear in court. Darla's current foster care agency does not have a therapeutic foster home program, and Darla still has not been placed with a family trained to address her mental health needs. Her current foster parent enjoys working with teenagers and is responsive to Darla, but will not agree to adopt her.

## **CURRENT STATUS**

At Darla's age, she must consent to her own adoption—but she has become ambivalent about the prospect, and her current foster mother is not interested in adopting. Meanwhile, Darla continues to wait for another pre-adoptive placement.

# ONE CHILD'S STORY: CECE

**Child's Age:** 8

**Length of Time in Current Foster Care Spell:** 6 years

**Current Permanency Goal:** Return to Parent

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Cece is an eight-year-old only child who entered foster care at the age of one when her parents, both of whom have a history of substance abuse, abandoned her in the care of a family friend. Within days, the friend's home was determined to be unsuitable, and Cece was moved into a foster home where she lived for the first three and a half years of her time in foster care.

Cece's father has limited cognitive functioning, and her mother has a terminal illness. Both initially promised and failed to enter substance abuse treatment when Cece was first placed in foster care and initially visited Cece only sporadically. But they expressed a strong desire to parent her, and Cece's attachment to them was apparent. Her permanency goal has remained Return to Parent throughout her time in foster care.

## **BARRIERS TO PERMANENCY**

Multiple issues pertaining to Cece's parents—their substance abuse, the father's cognitive disabilities, and the mother's incarceration and serious illness—have stood in the way of reunification. A court-ordered neuropsychological examination of Cece's father identified certain limitations, and specialized parenting services were put in place. However, her father did not immediately participate in these programs, and foster care agency staff did not observe progress even after he did. Additionally, after some weekend visits, Cece returned to her foster home hungry because her father had not fed her adequately.

Meanwhile, Cece's mother's presence in her life has been erratic, despite her love and concern for Cece. She completed parenting classes, obtained her own housing and began having overnight visits with Cece. Eventually, Cece was released to her mother's care on a trial discharge. Her father was allowed liberal visits and performed some parenting duties, but was inconsistent in doing so. Cece's mother eventually relapsed, and Cece returned to foster care. At this point, her mother's whereabouts became unknown for an extended period.

In the two years since returning to foster care, Cece has remained in the same foster home, where she has thrived. Her foster parents have remained in communication with her parents and have supported weekly visits from her father, but they have expressed concern about her father's ability to appropriately care for Cece. Cece's mother's illness has worsened, and her participation in substance abuse treatment programs, visits with Cece, and appearances in Court have been inconsistent.

At the foster care agency, caseworker turnover may have also negatively affected the case. In the last two years alone, Cece has had four different caseworkers. Permanency Hearing Reports either were submitted late or contained insufficient information. Most of Cece's case record indicates diligence in working with her mother, but lacks documentation of equal work with her father and lacks any evidence of concurrent planning.

Additionally, Cece's case has been adjourned repeatedly due not only to her mother's failure to appear in Court, but also to absences on the part of her caseworkers and attorneys and the referee presiding over the case.

**CURRENT STATUS**

In July 2008, the Court made it clear that it would not return Cece to her father, and the foster care agency asked her mother to sign a conditional surrender. She refused. Although Cece's parents are comfortable with her foster parents and her foster parents are willing to agree to an open adoption, a petition to terminate parental rights has not yet been filed and a surrender has not been signed. Cece's official permanency goal remains Return to Parent, six years after entering foster care.

# ONE CHILD'S STORY: FELICIA

**Child's Age:** 11

**Length of Time in Current Foster Care Spell:** 5 years

**Current Permanency Goal:** Return to Parent

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Almost a year before she entered foster care, Felicia told someone at her elementary school that her father hit her. She was five years old at the time.

Felicia's mother passed away when she was a toddler. Her father suffers from serious mental illness, substance abuse, and a kidney condition that limits his capacity to work. After her mother's death, Felicia and her brother and sister lived with him and his new wife in a shelter as the family struggled to find suitable housing.

ACS responded to Felicia's initial allegation of abuse with intensive home-based services, including the Family Preservation Program, bereavement counseling, homemaking services, and parenting-skills training. But Felicia continued to struggle with behavioral issues, and her school referred her several times to a hospital for emergency psychiatric evaluation for attempting to injure herself and threatening to commit suicide. She was diagnosed as "emotionally disturbed," prescribed several medications, and referred to a Special Education program.

Her father, however, disagreed with this evaluation, and Felicia was placed in a general education class. Shortly thereafter, there were new allegations of corporal punishment and concerns about her father's substance abuse. Felicia and her siblings were removed from his home and placed in foster care.

Since then, Felicia has been through several foster care placements, including residential care and kinship, non-kinship, and therapeutic foster homes. Throughout her time in foster care, she has been slated for reunification with her father.

## **BARRIERS TO PERMANENCY**

Poverty issues plagued Felicia's family. Although her father did eventually find housing, his new home was in a different borough far away from the foster care agency, which made it difficult for him to consistently visit his daughters and participate in services. His case plan required several services, including anger management, substance abuse treatment, parenting classes, and medication management.

Felicia's father also had to attend many medical and mental health appointments to treat his illnesses, and though he recognized the importance of all of the required interventions, he struggled to keep up with them. At one point, his Medicaid benefits were terminated. Felicia's step-mother had physical and mental health issues of her own that limited her capacity to work.

In spite of all this, Felicia's father worked hard to reunite his family. Felicia's permanency goal remained Return to Parent, and after four years of foster care, the Court approved a trial discharge for her and her siblings. But it would be several more months before Felicia returned home; in order to give her father time to adjust to the responsibilities of caring for the girls, each of whom had significant special needs, their discharges were staggered and Felicia's older sisters were returned home first. When Felicia finally joined them, the foster care agency referred her and her

family to several intensive case management and social services—but it took several additional months to obtain ACS's approval, and for family members to obtain spots in the programs.

Problems persisted at Felicia's home following her trial discharge. Her stepmother gave birth to a baby who tested positive for drug exposure, and she was required to attend a substance abuse program and therapy. Felicia, meanwhile, continued to struggle in school and wet her bed, and the foster care agency was concerned that Felicia's father was not taking these issues seriously.

Although the foster care agency offered Felicia's family services to help them confront their many challenges, the services were not well-coordinated. There were several different caseworkers assigned to each of the sisters within the foster care agency alone, not to mention other providers from the school and other services. Felicia herself had three different caseworkers during the last two years.

Additionally, the Family Assessment and Service Plans (FASPs) and Permanency Hearing Reports prepared by the foster care agency were incomplete and did not sufficiently document case progress. Notably, the most recent FASP did not properly identify the newborn baby as a member of the household.

Several hearing adjournments also delayed progress in Felicia's case; the Court often simply did not have enough time to review and address the large family's myriad challenges.

## **CURRENT STATUS**

Felicia has remained home on a trial discharge for more than a year. As the foster care agency and the Court want to be sure that her father can handle the many challenges he faces in caring for his family, the case remains open.

# ONE CHILD'S STORY: MAX

**Child's Age: 5**

**Length of Time in Current Foster Care Spell: 5 years**

**Current Permanency Goal: Adoption**

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Max, now five, has lived in two different foster homes, the more recent of which has been his home for nearly his entire time in foster care.

Max entered foster care as an infant when both of his parents were arrested after an extremely violent domestic dispute. Both parents are indigent and have a history of homelessness. They also suffer from serious mental illness and have struggled with substance abuse. Max's mother has been diagnosed with Schizophrenia. She has additional children from a prior relationship who were also placed in foster care; her parental rights were terminated for all of them, and they were eventually adopted.

Max's goal was initially reunification, but his parents were inconsistent in participating in mental health services and taking their psychotropic medication. They moved in and out of shelters and hospitals and did not consistently visit Max or engage in planning for his return home.

Seventeen months after Max entered foster care, his foster care agency filed a petition to terminate his mother's parental rights and his permanency goal was changed to Adoption. But questions arose about whether the man identified as Max's father was in fact his father, significantly confusing and delaying the process of terminating his parental rights.

Four years after Max entered foster care, there was a finding of abandonment against his mother—but his father began visiting him more consistently and expressed a desire to plan for his return to him. By this point, however, Max had not seen him for more than a year. His appearance was extremely disheveled, and Max was frightened by him, reportedly crying, refusing to go with him, and experiencing nightmares after visits.

During the past year, both of Max's parents have been hospitalized at various times. His mother was reportedly using heroin, and she was incarcerated for a violent incident with Max's father. Both parents continued to struggle to maintain housing. At one point, Max's father presented his brother and sister-in-law as a possible placement resource for him, but the couple ultimately decided they were not interested.

Max's father was conflicted about his relationship with him. It was clear that he loved Max and did not want him to grow up thinking that he had abandoned him. However, he also realized his parental limitations due to his mental illness, and ultimately agreed to surrender his parental rights on the condition that Max's current foster mother adopt him and he be allowed to continue visiting. The foster mother agreed to this plan, and Max's father signed the surrender.

## **BARRIERS TO PERMANENCY**

Max's parents both had serious mental illness and participated inconsistently in planning, services, and visits with Max, and their whereabouts were frequently unknown for long periods of time.

Max has had six different caseworkers over the past two years, and the agency had trouble obtaining information it needed about Max's mother's mental health status from outside providers, further delaying the process of terminating parental rights.

Additionally, the questions about Max's father's paternity slowed progress for a full two years. Though he verbally agreed to a surrender at one point, his ambivalence and his untreated mental illness kept him from appearing in court and signing the official surrender document for an extended period of time.

Finally, there were many adjournments in this case, as the judge would often postpone hearings if Max's father was late or did not show up.

### **CURRENT STATUS**

Max remains in foster care with a foster mother who plans to adopt him. He is well-adjusted and happy in the home, but his foster mother has become frustrated by the many delays in the adoption process. Max has no mental health concerns, but he does have some developmental delays, for which he is receiving services.

# ONE CHILD'S STORY: CALVIN

**Child's Age: 18**

**Length of Time in Current Foster Care Spell: 7 years**

**Current Permanency Goal: Return to Parent**

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Calvin entered foster care at the age of three with his brothers when their infant sister died in an accident at home due to lack of adequate adult supervision; their mother, who suffers from serious mental illness, was found by the Court to have neglected him.

The children returned home two years later—but their mother continued to struggle with severe depression, and she attempted suicide several times. Occasionally, she sent her children away to relatives—sometimes alone, late at night. Eventually, following new allegations that she was not providing adequate food, clothing, shelter, or care for her children, she left Calvin at a police station. Calvin again entered foster care and was placed with his paternal aunt, where he displayed aggressive behavior and threw severe temper tantrums to the point of being inconsolable.

For the next several years, Calvin bounced in and out of the homes of his mother and aunt and, twice, a residential treatment center. His mother, after having refused to visit him or plan for his return home, re-engaged in services, and Calvin and his brother returned to her home on a trial discharge—but they re-entered foster care six months later when Calvin, covered in bruises and lacerations, said that his mother had beaten him. He returned to the residential treatment center for several months and then was placed back in the home of his aunt, where he has now resided for the past two years.

Now 18, Calvin is faring well in a special education program. He is involved in recreational activities at school and in the community. Although his behavior has improved significantly over the last two years, his grades have been poor and he has refused therapy, tutoring, and independent living workshops, contending that his family can provide for him. His father has been a consistent presence in his life, and Calvin is close with him, but his father has not planned for Calvin's discharge from foster care.

While Calvin's brothers communicate with their mother, Calvin does not have any contact with her. He has refused visits and his mother has said that she does not wish to contact him. During the past year, Calvin's mother has been living out of state.

The foster care agency has discussed voluntary surrender and open adoption with both parents. They have indicated some willingness, but they have not followed through to sign the surrenders. The foster care agency has not acted to terminate Calvin's parents' rights, and his permanency goal remains Return to Parent.

## **BARRIERS TO PERMANENCY**

Calvin's foster care experience has included many years of the foster care agency working with his parents toward reunification, inconsistent participation by his parents in services and planning, a failed trial discharge, two stays in residential care, and placements in kinship and non-kinship foster homes.

At one point, Calvin's father said he wanted custody of Calvin but then did not follow through on the necessary steps. Calvin's father's sister (Calvin's aunt) has been willing to adopt Calvin, which has seemed to make Calvin's father less inclined to push for his own custody of his son.

Calvin's parents were reluctant to voluntarily surrender their parental rights. At one point, his mother, who was living out of state, said that she would, but then did not return to New York to do so. His father struggled with surrender given his regular involvement in his son's life.

There has been considerable of turnover of staff in this case. Calvin has had three different caseworkers just in the past two years. The FCLS attorney has also changed. However, the JRP attorney has been consistent.

Hearings have been adjourned due to delayed Permanency Hearing Reports and the absence of the mother, father, or an attorney at Court.

### **CURRENT STATUS**

Calvin's goal remains Return to Parent although his concurrent planning goal is Adoption. The agency continues to seek voluntary surrenders from both parents. Calvin is now stable at his aunt's home and she is willing to adopt him.

# ONE CHILD'S STORY: DEVIN

**Child's Age:** 13

**Length of Time in Current Foster Care Spell:** 13 years

**Current Permanency Goal:** Adoption

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Devin is a 13-year-old boy who has been in foster care nearly his entire life. His father and mother are both dead, and after years of moving around to numerous different residential treatment centers, psychiatric hospitals, and foster homes—in at least one of which he suffered physical and sexual abuse—he is now living in a therapeutic foster home with a foster father who plans to adopt him.

Devin entered foster care with his older sister when he was one month old, after he tested positive for drug exposure at birth and his mother failed to enter drug treatment. The children's father never had a relationship with either of them.

Shortly after they entered foster care, Devin and his sister went home on a brief trial discharge, but ended up returning to foster care. Further efforts to reunify the family failed, and a petition to terminate their mother's parental rights was filed three years after Devin first entered foster care. Although their mother received a suspended judgment, her rights were ultimately terminated four years later, and she has since died.

Devin has asthma and learning disabilities, and he has been prescribed psychotropic medications for multiple mental health diagnoses. He receives special education services, including weekly individual and group counseling.

During his lengthy time in foster care, Devin has been placed in several foster homes and Residential Treatment Centers—including one in which he spent four years—and in a psychiatric hospital numerous times. After moving into his current therapeutic foster home along with his sister, he has been periodically hospitalized for psychiatric emergencies, but he has consistently returned to his current foster parent and has remained in this placement for two years.

## **BARRIERS TO PERMANENCY**

There have been significant delays in legally freeing Devin for adoption; he was in foster care for three years before his foster care agency filed a petition to terminate his mother's rights, and another four years before her rights were finally terminated.

While Devin received the services necessary to address his mental health and behavioral needs when placed at the RTC, services were significantly delayed once he moved into his current therapeutic foster home—and additional services are still needed to strengthen the placement, including Bridges to Health and tutoring.

Significant turnover among Devin's caseworkers has resulted in his case being left unattended for lengthy periods of time. He has been assigned at least five different caseworkers during the last two years alone, and at the end of the review period for this study, there was no caseworker assigned to him at all. During the past year, there have been few documented contacts between caseworkers and either Devin or his foster parent, and visits and monitoring in Devin's current placement have been inadequate overall.

### **CURRENT STATUS**

Despite the fact that Devin has been matched with a pre-adoptive resource, there have been significant paperwork delays in processing Devin's adoption. There is no evidence that an adoption subsidy packet is in process, and an adoption petition has not been filed. Adoption remains Devin's permanency goal—but still a remote prospect at this point.

# ONE CHILD'S STORY: MARGARET

**Child's Age:** 15 years old

**Length of Time in Current Foster Care Spell:** 3 years

**Current Permanency Goal:** Return to Parent

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Margaret, 15, shares a strong bond with her mother and an occasionally strong desire to be reunited. But the two also share a very volatile relationship, and both struggle with mental health and behavioral issues that have kept them apart during Margaret's most recent placement in foster care, which has lasted three years.

Margaret is the only child of a single mother who has a long history of struggles with alcoholism, drug abuse, and serious mental illness. Margaret has frequently taken on the role of the parent, having to take care of her mother. She has been placed in foster care twice—most recently at the age of 12 due to excessive corporal punishment. While Margaret's maternal aunt has been involved in her care and is a strong presence in her life, neither she nor other family members were able to serve as placement resources for her. Margaret has no contact with her father.

After re-entering foster care, Margaret was hospitalized briefly due to depression and suicidal ideation and then placed in residential care for almost a year. Margaret reportedly liked residential care and didn't want to leave, but in an effort to secure a family for her, she was referred to therapeutic foster care.

Margaret has lived in five different foster homes over the past year and had three different caseworkers during the past two years. Foster parents describe her as oppositional and defiant; she does not obey the rules and has run away on numerous occasions, ultimately resulting in the disruption of her placements. Margaret does not like anyone telling her what to do. She also struggles with her peer relationships, but is not willing to consistently attend counseling.

Due to her multiple placement moves and her truancy, Margaret has missed quite a bit of school and, while she gets by in some of her classes, she is at risk of not graduating. She participates in group tutoring in reading, but it is reportedly not meeting her needs—and though she has informed her current caseworker, there is no documentation showing that the caseworker has referred her for an educational assessment or individual help.

Margaret's mother entered a residential drug treatment center and has worked hard to get clean. She became drug-free, secured a job at a restaurant, completed all required services, and was allowed to visit Margaret unsupervised overnight at Margaret's aunt's home. At that point, Margaret was eager to return home to her.

But a trial discharge to her mother ended when they got into a physical altercation, and her mother relapsed around the same time. Margaret returned to foster care and currently lives in a foster home. In spite of the strength of her attachment to her mother, Margaret wavers back and forth in her desire to return home.

## **BARRIERS TO PERMANENCY**

Margaret's mother's drug relapse and difficulty obtaining housing—and the foster care agency's failure to adequately address the mental health needs and relationship issues of both mother and daughter—have delayed Margaret's return home.

A recent psychological assessment diagnosed Margaret with oppositional defiant disorder, personality disorder, and depression, but the most recent psychiatric assessment on file dates back more than two years, and Margaret is not receiving treatment.

Additionally, despite the longstanding and ongoing conflicts between Margaret and her mother—and recommendations from the Court and the psychologist for family therapy—Margaret's foster care agency was slow to make this much-needed referral.

Margaret's mother did finally obtain housing, but, since her relapse, was required to finish her drug treatment program before reunification could be considered. There are differing views about Margaret's current foster home. While this is the longest she has ever stayed in one placement, the foster mother reportedly does not require her to go to school and does not show up at family team conferences, and there are conflicting reports regarding whether she supports the plan to return Margaret home.

## **CURRENT STATUS**

During the past year, Margaret's mother has again turned her life around. She is drug-free and participating in services, and she has been very involved in planning for her daughter's return home. Her relationship with Margaret has improved, and they are now engaged in family therapy, and working toward another trial discharge.

# ONE CHILD'S STORY: DORA

**Child's Age: 14**

**Length of Time in Current Foster Care Spell: 6 years**

**Current Permanency Goal: Adoption**

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Dora, 14, and her two siblings have been in foster care for six years. She has been placed four times in three foster homes, spending the majority of her time in foster care in one home where she was placed on two different occasions.

Dora entered foster care due to physical violence by her stepfather and neglect by her mother. The mother's long history with Dora's stepfather included many incidents of domestic violence to which the children were exposed, and Dora's brothers also suffered physical abuse. There was an initial removal order, and the children were paroled to their mother with the stipulation that she participate in services. But the children were returned to foster care when Dora's stepfather came back into the home.

Dora's mother had difficulty maintaining a stable income and became homeless for several periods—and largely inaccessible to case workers from the foster care agency. She did not regularly attend visits with her children, completed only some required services, and was deemed “resistant” by the foster care agency. In the meantime, her relationship with Dora's stepfather ended and his whereabouts became unknown.

Fifteen months after Dora entered foster care, the foster care agency moved to terminate Dora's mother's rights and free Dora for adoption. Her mother was granted a suspended judgment a little more than a year later, but died of a stroke shortly thereafter.

In the meantime, Dora's sister aged out of care and became a mother herself. She and her boyfriend tried to become an adoptive resource for Dora, but this did not work out due to housing issues.

In her teenage years and still grieving over the death of her mother, Dora began experiencing friction with her foster mother of three years, who described Dora as having an attitude. Family therapy—intended to preserve the placement and the foster mother's planned adoption of Dora—was recommended, but it never materialized, and the foster mother ultimately asked the agency to remove Dora from her home. Dora was reportedly happy to move into a new foster home, where she was reunited with one of her half-sisters. Her new foster parent plans to adopt both children.

## **BARRIERS TO PERMANENCY**

Dora's mother's poverty, homelessness, and difficulties meeting the requirements of the case plan were barriers in the initial years of the case. Because of the bond between Dora and her mother, the Court allowed more time and directed the foster care agency to identify various services that might assist her mother in achieving the goal of reunification. When her mother died, Dora had been slated for reunification with her for almost four years.

The ambivalence of Dora's second most recent foster mother about adopting Dora—and her ultimate request to have Dora removed—affected Dora's timeline to permanency and raised the question of whether the placement could have been preserved if more support and services had been provided. And while Dora's removal from this foster home led to her reunification with one of her half-sisters, that also delayed Dora's progress toward permanency; their cases were bundled together in court, and the TPR to free this half-sister for adoption was delayed due to difficulty in locating the half-sister's father (Dora's stepfather).

Further delays resulted when the agency was unable to locate a birth certificate for Dora (although the agency recently filed an affidavit allowing the adoption to move forward without one). And her case may also have been affected by significant caseworker turnover—with five different caseworkers assigned to it in just the past two years—and several court adjournments.

### **CURRENT STATUS**

Six years after entering foster care, Dora is living in a pre-adoptive home with one of her half-sisters. This seems to be a good and stable placement for her. Their adoption is expected to proceed, but the adoption home study has still not been completed and the adoption subsidy has not yet been determined.

# ONE CHILD'S STORY: PETER

**Child's Age:** 7 years old

**Length of Time in Current Foster Care Spell:** 2½ years

**Current Permanency Goal:** Return to Parent

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Peter is a seven-year-old boy who entered foster care at the age of four with his older brother and younger sister following allegations that their mother provided inadequate shelter and guardianship. Peter's mother has been diagnosed with depression and mental retardation. His father was incarcerated after he violently assaulted their mother. The couple reunited following his incarceration, but later separated, and orders of protection have been issued requiring the father to stay away from the mother.

Peter and his brother and sister all have special needs. Peter requires constant supervision and intervention due to his moderate mental retardation, significant mental health issues, and developmental delays. Now in the second grade, his current educational setting appears to be meeting his special needs, and his foster mother has been a diligent educational and therapeutic advocate on his behalf. But delays in referring Peter and his family members for badly needed services have left Peter in foster care for two and a half years.

In their first six months in care, Peter and his sister were placed together in three different foster homes. They have remained in the third foster home and their foster mother is willing to adopt them should they be freed for adoption.

## **BARRIERS TO PERMANENCY**

Although Peter's father participated in parenting classes, the caseworker failed to identify other critical services—including substance abuse treatment and family therapy—to help the father manage the children's many special needs. Peter's mother has not completed most of the services offered to her.

There have been significant delays in referring Peter to the Bridges to Health program, completing needed educational assessments, and securing the necessary consents for surgery to treat a "lazy eye." There was no documentation of concurrent planning in this case; all planning has been geared toward the goal of family reunification.

There was also no documentation indicating that the foster care agency sought a sexual abuse evaluation for Peter's brother—despite documentation stating that he victimized Peter and his sister in the past—and there was no documentation of support provided to Peter's foster mother to help her effectively manage the children's special needs.

The vast majority of information about this case was gleaned from the third-party documents (i.e., documents not prepared by the foster agency) included in the case record because the foster care agency progress notes, Family Assessment and Service Plans, and Permanency Hearing Reports included very little information. The validity of the foster care agency documentation that did exist was questionable; several visits were summarized and, for example, one paragraph had simply been cut and pasted over and over again. The documentation also gave short shrift to significant issues and crises by reducing them to one-line progress notes with no further explanation or follow-up.

The foster care agency has not moved toward terminating the rights of Peter's parents. His mother is represented by a strong legal advocate and the Court has continued to order services toward the goal of reunification.

**CURRENT STATUS**

Peter's mother is currently homeless and continues to refuse the counseling and medication required by her case plan. Peter's father was incarcerated again, and though he filed for custody of all three children following his release, he subsequently became homeless again and stopped attending visits with his children. Peter's permanency goal remains Return to Parent, pending his father obtaining housing and resuming visits.

# ONE CHILD'S STORY: LATISHA

**Child's Age: 13**

**Length of Time in Current Foster Care Spell: 11 years**

**Current Permanency Goal: Adoption**

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Latisha, now 13, entered foster care at the age of two due to inadequate guardianship and supervision by her mother, who has a history of drug abuse and incarceration. After spending 10 years in the care of her mother's cousin, the placement suddenly disrupted.

Latisha is the fourth of five siblings. All of her siblings have different fathers, and her own father's whereabouts are unknown. Her mother has mental health problems and a long history of ACS cases involving inadequate guardianship, domestic violence, and excessive corporal punishment.

After Latisha entered foster care, her mother failed to maintain regular contact with her, did not enter drug treatment or participate in random drug testing, and did not participate in parenting skills classes, mental health evaluations, or other required services. Nevertheless, Latisha's permanency goal was not changed from Return to Parent to Adoption for nine years. It took two additional years after that for Latisha to become legally free for adoption.

Since she entered foster care, Latisha has acted out at home and in school. She has frequently run away for long periods of time, and it is suspected that during some of her disappearances, she has been with her mother. In spite of the many years she has spent not living with her mother, Latisha maintains a strong connection to her and is not comfortable with being free for adoption.

Latisha's ten-year stay in kinship care reportedly ended because of tensions between Latisha and other children in the home, and between her mother and her mother's cousin, who was caring for her. The time since then has been hard on Latisha. She was shuffled between many different foster homes—including five in the past year alone. She was removed from one foster home by court order because of overcrowding. She ran away from others, and still others were unable to handle her increasingly difficult behavior. During one of her absences from her foster home, Latisha was assaulted.

Finally, six months ago, Latisha was placed in a new, therapeutic foster home, and this placement seems to be working well. Her current foster mother reportedly loves Latisha, is very patient with her, and has gotten Latisha involved in several community activities and hobbies. Latisha's behavior has improved dramatically. She has matured and is attending therapy. And though she struggles in school, she has completed summer classes and caught up enough to be integrated into her regular grade level.

Latisha's attorney has requested a mentor for her on several occasions, but it appears to be difficult to find a mentoring program that serves the community in which she lives. She is enrolled in the Bridges to Health waiver program.

## **BARRIERS TO PERMANENCY**

Latisha spent a very long time in kinship care with her mother's cousin before that placement disrupted, and though reunification efforts were unsuccessful, her permanency goal remained Return to Parent and no progress was made toward legal guardianship or open adoption.

Although Latisha's foster care agency explored the possibility of placing Latisha with several family members and friends that Latisha had identified following her removal from the kinship care home, these efforts proved unsuccessful, either because Latisha changed her mind or because the resources were unavailable. Additionally, some of the resources lived out of state, requiring the arrangement of an interstate compact. All of these efforts took time and contributed to the ongoing lack of a stable placement for Latisha.

Additionally, despite their volatile relationship, Latisha did not want to alienate her mother. She resisted forming bonds with other families, as well as efforts to secure another family for her.

## **CURRENT STATUS**

Latisha's stay at her current foster home has been her longest since leaving her mother's cousin's home. She is legally free to be adopted and she appears to be thriving, but her case record is unclear as to whether an adoption is in progress.

# ONE CHILD'S STORY: RICO

**Child's Age:** 14 years old

**Length of Time in Current Foster Care Spell:** 7 years

**Current Permanency Goal:** Adoption

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Rico, age 14, and his three siblings were removed from their parents' home due to severe abuse and neglect. His father, who abused drugs, was incarcerated after physically and sexually assaulting Rico's mother and sister. All of the children struggle with mental health issues, and his siblings have significant developmental disabilities.

Rico was placed with his maternal grandmother. Services were offered to his mother, however she did not follow through with them and did not visit her children regularly.

Rico's grandmother initially expressed her willingness to adopt him, but began struggling with his difficult behavior as he got older. His foster care agency assigned a socio-therapist to try to help stabilize the placement, but, after much wavering, his grandmother asked that he be removed from her home. Another relative out of state was identified and an ICPC was initiated.

## **BARRIERS TO PERMANENCY**

It took four years before Rico's permanency goal was changed to Adoption and a petition to terminate his parents' rights was filed. The termination process took two more years to complete after that—and then was appealed by Rico's mother.

Although some supports were provided to Rico's grandmother to help her manage his behavior, neither family therapy nor parent training focused on caring for teenagers were among them. And though Rico was in therapy, there was no documentation that the foster care agency spoke to the therapist regarding his progress and possible strategies for preserving his placement with his grandmother.

Once his grandmother had finally told the agency that she would not adopt him, staff delayed discussing this with Rico, but he ultimately figured out what was happening and his behavior further deteriorated.

## **CURRENT STATUS**

Rico is still living with his grandmother. The termination of his mother's parental rights remains on appeal and the ICPC to move him to another relative's home out of state is still pending.

# ONE CHILD'S STORY: WILSA

**Child's Age:** 6

**Length of Time in Current Foster Care Spell:** 4½ years

**Current Permanency Goal:** Return to Parent

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Wilsa is a six-year old child who has been bounced back and forth between her parents and a foster home for four and a half years.

Her father suffers from alcoholism and has relapsed several times. Her mother has mild mental retardation. Their family has a long history with the foster care system that dates back to before Wilsa was born, and Wilsa has four siblings, three of whom are also in foster care. None of them live together in the same foster home.

Wilsa entered foster care at the age of one and a half due to neglect and domestic violence issues. Among other concerning incidents, her father had threatened one of her siblings with a knife. After more than a year of Wilsa being in foster care, her mother had completed required services and moved into her own apartment, and Wilsa was returned home on a trial discharge. Her father came back into the picture, and the case remained open due to the continuing concerns of the foster care agency. After three years at home, Wilsa was again removed and placed in her previous foster home due to neglect. She has lived there ever since but maintains a strong attachment to her parents.

Wilsa's foster mother has provided good care and stated that she is willing to adopt her.

## **BARRIERS TO PERMANENCY**

It has been ten years since the family's older children came into care for the first time; they have been removed from the home a total of three times since the case inception. Wilsa's parents have participated inconsistently in services and visits. However, the foster care agency and the Court have not changed the goal to Adoption.

Throughout the case, Wilsa's parents have begun but then not followed up on services. Her father graduated from a substance abuse program several years ago as ordered by the Court, but he refused to continue with mandated aftercare services. Although her parents completed the services needed for trial discharge of the children in the past, they were not able to maintain a safe environment for their children. The children were neglected as the father relapsed, refused all help offered to him by the caseworker to find a job, and refused to complete a court-ordered psychiatric evaluation. His behaviors appeared to get worse as the possibility of reunification got closer. For example, he has disrupted Court proceedings, had outbursts during visits, and continued to drink.

The Court has repeatedly given more time to the parents, despite continuing concerns, in recognition of the family's complex issues and needs and the strong bonds between the children and their parents.

At the foster care agency, efforts have been made to find and refer the family for needed services, and Wilsa has had one consistent caseworker for the past several years. However, there has been limited if any outreach to relatives—either as potential placement options or as possible supports for the family—and there has been no discussion of voluntary surrender or open adoption. Moreover, during Wilsa’s most recent trial discharge, agency staff made only sporadic visits to see the family. In a recent Service Plan Review summary, there is little mention of Wilsa, although the summary discusses her older siblings and their behavioral problems. Finally, this case has had multiple different referees assigned.

**CURRENT STATUS**

Wilsa remains in foster care with a permanency goal of Return to Parent. Her foster mother has a good relationship with Wilsa’s parents and she is willing to adopt. Efforts to work with the parents continue.

# ONE CHILD'S STORY: LISA

**Child's Age:** 11

**Length of Time in Current Foster Care Spell:** 3½ years

**Current Permanency Goal:** Adoption

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Lisa is an 11-year-old girl whose mother has a long history of drug abuse and arrests on drug charges. Lisa and her siblings were severely neglected in their home—frequently left home alone, in the care of strangers, and without food. Her mother sent her on drug runs and exposed her to adults using drugs and having sex. She suffered sexual abuse at the hands of a family friend and corporal punishment by her mother.

Lisa was removed from her home at the age of eight and placed in a kinship home with her paternal grandmother when her mother gave birth to another child who tested positive for exposure to illegal drugs. Her foster care agency documented repeated efforts to contact and work with her parents, but her mother refused to enter drug treatment and continued to test positive at the drug screenings she did attend, and both parents' whereabouts are frequently documented as unknown. They have also failed to participate in services or planning for their children's discharge from foster care, and—aside from a few visits more than two years ago—have not visited their children.

The foster care agency in this case has generally moved quickly in arranging for necessary psychiatric/psychological assessments, mental health services, play therapy, and tutoring for Lisa. Lisa's caseworker also raised the possibility of voluntary surrender with Lisa's parents, although the attempt was unsuccessful. Petitions to terminate the rights of both parents were filed two years after Lisa entered foster care, and Lisa's grandmother is ready to adopt her—but it took fully 18 months from filing the TPR for her father's rights to be terminated, and the process has still not been finalized for Lisa's mother.

## **BARRIERS TO PERMANENCY**

Lisa's parents did not engage in case planning and services to reunify with her. Then, there were delays in the process to terminate their parental rights. In addition, many Court hearings have been adjourned due to various parties' absence or lack of readiness to proceed.

## **CURRENT STATUS**

Lisa is happy and stable in her placement with her paternal grandmother. She visits regularly with her siblings and is doing well in school. An adoption has not yet been scheduled in Court, but is expected once Lisa's mother's parental rights are terminated.

**Full report available at [www.childrensrights.org/longroadhome](http://www.childrensrights.org/longroadhome)**



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