



Protecting Children and Youth in Connecticut's Child Welfare System

CANDIDATE BRIEFING
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The state of Connecticut bears legal and moral responsibility for the children in its care and custody. As of August 2010, nearly 3,900 Connecticut children and youth were in the custody of the Department of Children and Families (DCF) and placed outside their homes because they had been abused or neglected by their parents.¹ Many other children and families are receiving services from DCF to avert out-of-home placements. As the legal “parent” of children committed to the state, the Commissioner of DCF has the constitutional and statutory responsibility to ensure their health, safety, education and sound development.² Removal from one’s family and home is extraordinarily traumatic for any child.³ When the state fails to provide for the intellectual, physical, social, and emotional well-being of these children, it compounds the trauma, with devastating long-term effects.⁴

While there have been some improvements in Connecticut’s child welfare system in recent years, Connecticut still fails to meet its basic responsibilities to many of the children and youth in its care. Connecticut has made progress in recent years in reducing the number of children taken into state custody.⁵ Connecticut’s child welfare system is significantly better funded and more effective than it was in December 1989, when the complaint was filed in *Juan F.*, a comprehensive federal class action lawsuit. Nonetheless, despite tremendous budget increases in recent years⁶, far too many children and youth in DCF’s care still:

- Get “bounced around” among foster homes and institutions, resulting in traumatic uprooting and insecurity;⁷

- Are placed in institutional or “congregate care” settings, rather than families – not as a result of their needs, but rather due to a severe and persistent shortage of foster families;⁸
- Remain in expensive institutional care past discharge dates simply because there isn’t another placement;⁹
- Are given the case plan *goal* of “Another Permanent Planned Living Arrangement” – a “last resort” catch-all that excludes adoption, reunification, guardianship and other avenues to permanent relationships;¹⁰
- Grow up in the care of DCF and eventually leave the system at age 18 — *without ever having found a permanent family*;¹¹
- Are placed out-of-state, far from relatives, due to the lack of appropriate services in Connecticut;¹²
- Experience long wait lists for necessary services, such as dental, medical, and mental health services;¹³
- Are separated from siblings;¹⁴
- Do not have reliable access to high quality legal representation to protect their rights;¹⁵ and
- Experience homelessness, teen pregnancy, dropout, and severe risks of sexual exploitation.¹⁶

While each of these issues is of serious concern, we focus here on some of the most fundamental.

Connecticut’s DCF needs to do a much better job of caring for children – especially children under 12 — in families, rather than in expensive institutional and congregate care.

New Haven Office
33 Whitney Avenue
New Haven, CT 06510
T 203.498.4240
F 203.498.4242

Hartford Office
53 Oak Street, Suite 15
Hartford, CT 06106
T 860.548.1661
F 860.548.1783

www.ctkidslink.org

Extensive research shows that children – particularly young children — need to grow up in families to develop properly. Even high-quality institutional or congregate (group) care involves shift workers and no real possibility for adoption or long-term familial bonds, severely undermining children’s abilities to form attachments and long-term relationships.¹⁷ Indeed, in light of this research, many developing countries are moving away from orphanages to foster care systems¹⁸.

Yet in Connecticut, as of August 2010, 978 of the children in DCF care — including 223 children under the age of 12 — were placed in congregate care settings.¹⁹ Historically, Connecticut has had one of the highest rates of use of congregate care for young children in the nation²⁰.

Not only are these congregate care settings developmentally harmful, they are also more expensive than alternative family placements²¹. In February 2010, the Commission on Enhancing Agency Outcomes remarked on the potential for significant financial savings by shifting children to family settings. It concluded, “Short-term savings result because foster care board and care payments should be less than per child costs for congregate care. And there should be longer-term savings because kids are far more likely to get adopted out of foster homes than congregate care.”²²

To reduce overreliance on congregate care, DCF must do a better job of attracting new foster parents and, perhaps even more significantly, retaining the foster parents it already has. DCF itself admits that “children and youth in non-family settings remain there for long periods beyond what has been deemed clinically appropriate.”²³ The primary factor underlying DCF’s overreliance on congregate care is a shortage of licensed foster homes.

While DCF has devoted great resources for the recruitment of new foster families, it has failed to meet its benchmark for net increase in foster homes. To help achieve this goal, DCF should devote increased attention to the retention of current foster families. While some turnover of foster parents is due to adoption, retirement, and other changes in family

circumstances, foster parent exit interviews conducted by the Connecticut Association of Foster and Adoptive Parents (CAFAP) under contract with DCF reveal that a significant minority of foster parents closing their licenses are doing so because they feel inadequately supported or respected by DCF.²⁴

While many DCF workers are polite, supportive, and respectful of foster parents, others are not, and these negative interactions poison foster parents’ perception of the agency. As one foster parent interviewed for a CAFAP satisfaction survey remarked, “The state is their own worst salespeople for selling the service of being a foster family because they don’t work as a team with the families.”²⁵

According to a DCF-commissioned focus group conducted by the UConn Center for Excellence in Developmental Disabilities, foster parent participants “consistently felt that the DCF staff were disrespectful and non-supportive, and generally held a negative view of the foster parents.”²⁶ Despite extremely negative foster parent feedback,²⁷ it is not clear that DCF has taken sufficient action to improve the interactions between its staff and foster parents. By making foster family retention a top priority and improving relationships between DCF and foster parents, DCF can make progress towards its goal of increasing the pool of quality foster families and reducing reliance on expensive institutional care.

Connecticut’s DCF needs to improve services for older youth in the system. Connecticut falls short of ensuring that many vulnerable older youth who “age out” of foster care get a healthy and secure start in life. Each year, approximately 90 youth turn 18 and leave the care of DCF entirely on their own – e.g. *without any formal family relationships*.²⁸

In 2010, DCF found that a majority of the youth who “aged out” of the system in 2008 and 2009 either dropped out of high school or decided not to pursue any postsecondary education. These same youth often have difficulty entering the work force. According to DCF figures, 65 of the 104 youth who left the care of DCF at age 18 in 2008 and 2009 and who did not receive post-secondary education reported being unemployed. Moreover, only six of the 104 youth

reported full-time employment.²⁹ Many of these youth become homeless and live in severe poverty³⁰. Many do not receive appropriate treatment for mental health needs and are at risk of victimization, including sexual exploitation³¹.

The recent decision of the federal court to continue oversight of DCF is critical to ensuring accountability. Despite the fact that DCF has been under federal court supervision since entering into a consent decree in the *Juan F.* class action in 1991, the agency has failed to meet key performance objectives in providing appropriate case plans and meeting identified treatment and permanency needs.³²

According to a brief filed by the Office of the Child Advocate, a independent state agency charged with reviewing the state's delivery of services to children, "DCF's continued non-compliance with the 2006 Revised Exit Plan, and in particular, DCF's persistent inability to plan appropriately for the treatment of children in its care and to meet the basic needs of children, jeopardizes their safety, well-being and permanency."³³ Continuing federal court supervision is vital to ensuring that DCF continues to make progress towards meeting the needs of all children in its care.

To better protect our children and youth and enable them to reach their potential, Connecticut leaders should:

- Select as Commissioner of DCF a leader who can take DCF in a new direction, ensuring better results for children while reducing waste and inefficiency;
- Reduce over-reliance on congregate and institutional care;
- Prioritize foster family retention and improve the relationship between the agency and current foster parents;
- Ensure that, at a minimum, every child under six be placed in family, rather than institutional or group care;
- Continue to improve the quality of legal representation for children and youth;
- Listen to and respond to the concerns of older youth in DCF's care in a regular, transparent way

- for example, by restoring regular meetings between the Youth Advisory Boards and the Commissioner;
- Monitor vigorously the implementation of Connecticut's recent school stability legislation and the effects of recent cuts to post-secondary education funding for foster youth;
- Improve transparency and accountability; and
- Provide greater supports for older youth in care and youth transitioning out of foster care.

¹ Department of Children and Families, *Commissioner's Highlights: Second Quarter 2010 Exit Plan Report*, August 2010.

² For the statutory basis for DCF's responsibility in child welfare cases, see C.G.S. §17a-98 et seq..

³ Clausen, J., Landsverk, J., Ganger, W., Chadwick, D., Litrownik, A., "Mental Health Problems of Children in Foster Care," *Journal of Child and Family Studies* 7:3, 1998, 283-296,

⁴ For an overview of the way in which "many children's situations are exacerbated by the system they encounter," see Rosenfeld, A., et al.. "Foster Care: An Update," *Journal of the American Academy of Child and Adolescent Psychiatry*, 36:4, 1997. For a case study of the devastating effects of the failure of DCF to provide for the needs of one young person, see Milstein, J. and Blumenthal, R., *The Cost Of Failure: Consequences of Inadequate Community Services for Children*, Report of the Child Advocate and the Attorney General, State of Connecticut, March 2003.

⁵ DCF reports that the number of children in out-of-home placements due to abuse or neglect has decreased by over one-third since January 2000. Defendant's Memorandum of Law in Support of Motion to Vacate Consent Decree and Exit Plan Pursuant to Federal Rule 60(b)(5). *Juan F., et al. v. M. Jodi Rell, et al.* April 13, 2010, p. 27. (Hereinafter "Motion to Vacate").

⁶ In the past several years alone, DCF spending has increased from \$587,028,935 in State Fiscal Year 2003 to an estimated \$867,638,586 in State Fiscal Year 2011.

⁷ While DCF has reduced multiple placements to an extent that satisfied the benchmark under the *Juan F.* exit plan, over four percent of the children in DCF custody have experienced four or more placements *in the past year alone*. *Juan F. v. Rell* Exit Plan Quarterly Report April 1, 2010 – June 30, 2010. Report of the DCF Court Monitor's Office, p. 10 (Hereinafter "Court Monitor's Report").

⁸ In 2008, DCF agreed to add 350 foster family homes statewide by June 30, 2009 and an additional 500 statewide by June 30, 2010. However, as of June 2010 the Department had achieved a net gain of only 342 homes. Court Monitor's Report, p. 12.

⁹ Department of Children and Families *Family Foster Care Action Plan 2008-2009*, p. 12.

¹⁰ Though the number of children with the goal of "Another Permanently Planned Living Arrangement" has decreased, as of

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August 2010 there are still 853 children with this goal. Court Monitor's Report, p. 26.

¹¹ Court Monitor's Report, p. 22.

¹² As of May 2010, there were 285 children in DCF care placed in out-of-state residential facilities. Court Monitor's Report, p. 6.

¹³ The failure of DCF to appropriately meet the medical, dental, and mental health needs of the children in its care is one of the major areas in which DCF is out-of-compliance with the terms of the *Juan F* consent decree.

¹⁴ In the second quarter of 2010, 15.2% of siblings were not placed together, due to a lack of appropriate placements. This excludes cases where sibling groups were separated for therapeutic reasons. Court Monitor's Report, p. 10.

¹⁵ See Bowen, W., Hudner, J., & Warner, B., *Giving Families a Chance: Necessary Reforms for the Adequate Representation of Connecticut's Children and Families in Child Abuse and Neglect Cases*, Connecticut Voices for Children, March 2007. While there have been substantial structural improvements since 2007, the quality of representation remains uneven.

¹⁶ In 2009, the Connecticut General Assembly, cognizant of these issues, mandated that DCF report annually on at-risk children and youth involved in the child welfare system. The first annual report was completed in February 2010.

¹⁷ For a review of the research concerning the impact of congregate care, see Barth, R.P. (2002). *Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate*. Chapel Hill, NC: UNC, School of Social Work, Jordan Institute for Families. Available online at <http://ssw.unc.edu/jif/events/GroupCare.pdf>

¹⁸ In a study of a group of Romanian foster children in congregate care settings, those children that had experienced any period of time, no matter how limited, in institutional setting were significantly more likely to experience psychiatric disorders than children who had never been in these settings. Those children that were moved into family foster care at the earliest ages showed drastic cognitive and social improvement by just 54 months. Those children who remained in institutionalized settings until 54 months were more likely to experience attachment and internalizing disorders than their peers who had been moved into the foster care setting. See Zenah, C., Egger, H., Smyke, A., Nelson, C., Fox, N., Marhsall, P., & Gunthrie, D. "Institutional Rearing and Psychological Disorders in Romanian Preschool Children." *American Journal of Psychiatry* 166 (2009), 777-785.

¹⁹ Court Monitor's Report, p. 33.

²⁰ Email from Joan Kaufman, Co-Director of the Child Welfare Unit, Zigler Center in Child Development and Social Policy, Yale School of Medicine, June 16, 2009.

²¹ See, e.g., a 2005 study of the Connecticut SAFE Home model led by Yale University researchers: DeSena, A., Murphy, R., Douglas-Palumberi, H., Blau, G., Kelly, B., Horwitz, S., & Kaufman, J., "SAFE Homes: Is it worth the cost? An evaluation of a group home permanency planning program for children who first enter out-of-home care." *Child Abuse & Neglect* 29 (2005), 627-643.

²² State of Connecticut Commission on Enhancing Agency Outcomes, Initial Report to the Governor, President Pro Tempore of the Senate, and the Speaker of the House, February 1, 2010.

²³ Department of Children and Families *Family Foster Care Action Plan 2008-2009*, p. 12.

²⁴ CT Voices analysis of Foster Parent Exit Interviews summaries, FY 2007 through FY 2010, prepared by the Connecticut Association of Foster and Adoptive Parents, Inc. for the Department of Children and Families.

²⁵ Connecticut Association of Foster and Adoptive Parents, Inc., *Post-Licensing Retention Interviews: Renewal dates Jan-Feb 2011*, prepared for the Department of Children and Families, p. 5.

²⁶ Cole, Molly, *Summary of Forums: Therapeutic Foster Care*, University of Connecticut Center for Excellence in Developmental Disabilities, June 2008, p. 7.

²⁷ *Ibid.*. One representative parent commented that DCF workers "barged into our homes, make demands of us, never say thanks and don't acknowledge our experience and the work we do."

²⁸ Number of children exiting without a permanent family at age 18+, Court Monitor's Report, p. 22.

²⁹ Department of Children and Families, *Annual Report Concerning At-Risk Children and Youth*, February 2010, p. 20.

³⁰ *Ibid.*

³¹ *Ibid.*, p. 22.

³² The revised exit plan for the *Juan F* consent decree requires that DCF meet the safety, permanency, medical, dental, mental health, placement, and educational needs of 80% of families and children in its care and to adopt appropriate treatment plans for 90% of the children that it serves. DCF has persistently failed to meet both of these objective measures.

³³ Brief of *Amicus Curiae*, Child Advocate for the State of Connecticut in Support of Plaintiff's Opposition to Defendant's Motion to Vacate. *Juan F, et al. v. M. Jodi Rell, et al.* August 6, 2010. p. 3.