



**Testimony Supporting S.B. 312: An Act Concerning the Needs of Children with Intellectual and Developmental Disabilities**

**Testimony Regarding S.B. 318: An Act Establishing a Task Force to Study Interventions for At-Risk Youth**

**Testimony Supporting S.B. 322: An Act Concerning Guardianship Subsidies for Grandparents Caring for Grandchildren**

**Testimony Supporting S.B. 323: An Act Requiring Notice Prior to the Transfer of a Child to a New Out-of-Home Placement**

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Committee on Children  
March 6<sup>th</sup>, 2018

Senator Moore, Senator Suzio, Representative Urban, Representative Zupkus, and esteemed members of the Committee on Children:

My name is Stephanie Luczak, and I am testifying today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. I am currently a policy intern at Connecticut Voices and a second year Master in Social Work student at the University of Connecticut. Thank you for the opportunity to present testimony supporting S.B. 312: An Act Concerning the Needs of Children with Intellectual and Developmental Disabilities, regarding S.B. 318: An Act Establishing a Task Force to Study Interventions for At-Risk Youth, supporting S.B. 322: An Act Concerning Guardianship Subsidies for Grandparents Caring for Grandchildren, and supporting S.B. 323: An Act Requiring Notice Prior to the Transfer of a Child to a New Out-of-Home Placement.

**Testimony Supporting S.B. 312**

Connecticut Voices for Children strongly supports S.B. 312, which aims to improve current child welfare investigation, assessment, and case-planning procedures for children with intellectual and developmental disabilities.

Children who come into contact with the child welfare system are some of the most vulnerable children in the state. Within that population are an even more vulnerable group: children with intellectual and developmental disabilities. Children who have an intellectual or developmental disability possess specific risk factors that limit their ability to protect themselves, such as limited speech or lower cognitive ability, which may not only impact their overall functioning, but increase their risk for chance of maltreatment.

While statistics vary, the largest population-based study found that children with disabilities are 3.4 times more likely to experience maltreatment.<sup>iii</sup> Moreover, other studies have found that while children with disabilities experience maltreatment at greater rates, children with intellectual or developmental disabilities specifically are even more likely to experience abuse or neglect.<sup>iii,iv,v,vi</sup>

Nationally, the number of children with disabilities experiencing maltreatment increased from 12.7 percent of child maltreatment victims to 14.1 percent in 2015.<sup>vii</sup> While there is no publicly available data regarding the prevalence of maltreatment of children with disabilities in the state of Connecticut, 13.9 percent of students in Connecticut received special education services in 2016-17, which has increased over the last five years.<sup>viii</sup> More than 65,000 children in the state have been identified as having a disability and must be protected by every state agency they come into contact with.

However, as the number of students with disabilities is increasing, the demands of DCF caseworkers with complex cases are simultaneously increasing as well.<sup>ix</sup> This bill would help establish best practice for children with disabilities who come into contact with DCF to help ensure that their needs are not overlooked by busy caseworkers with high caseloads. Children with disabilities involved with DCF must be adequately assessed, interviewed, and referred for appropriate services with unique attention to the individual family and child. As children with disabilities grow, their needs may change as they age. It is important that procedures are tailored to detect changing needs for different ages as well as different developmental stages.

Current DCF investigations policy (34-2) reviews the necessity of gathering information, interviewing the child, and completing safety and risk assessments in order to determine the next steps to take in the best interest of the child.<sup>x</sup> However, as I have established, children with disabilities possess an array of unique characteristics that must be taken into consideration at every point of a case of maltreatment, not just during the investigation and assessment phases.

It is imperative that the Departments of Children and Families, Early Childhood, Developmental Services, and Social Services work in conjunction with one another to develop specific and clear guidelines of how to work with children with disabilities in the child welfare system. Developing procedures that are responsive to the needs of children with intellectual and developmental disabilities will only increase protection and outcomes for some of the most vulnerable children in our state.

### **Testimony Regarding S.B. 318**

Connecticut Voices for Children believes that the charge of S.B. 318, An Act Establishing a Task Force to Study Interventions for At-Risk Youth warrants further specificity and expansion other than its current form. The bill language currently indicates that the population should be to serve “youths that are less likely to successfully transition into adulthood.” This language may be too broad and lose focus. “At-risk” could mean many things for youth in Connecticut; it could mean youth at-risk for criminal justice involvement but it could also mean youth at-risk for disengagement or youth at-risk for developing a substance use disorder.

By specifying the population of youth that will be of target for intervention, the task force would be more efficient and effective. If this task force is created, we strongly encourage the Committee to include on the task force at least two youths and caregivers with experience to the specific topic. This voice will help inform recommendations that are unbiased, trauma-informed, developmentally appropriate, and responsive to the needs of the specific youth population.

### **Testimony Supporting S.B. 322**

Connecticut Voices for Children supports S.B. 322, An Act Concerning Guardianship Subsidies for Grandparents Caring for Grandchildren. In 2016, the Pew Charitable Trusts reported that the number of grandparents raising their grandchildren had increased from 2.5 million in 2005 to 2.9 million in 2015.<sup>xi</sup> While there are several reasons that a grandparent may care for their grandchild, the Pew Charitable Trusts cited the opioid epidemic as one reason for this increase.

In Connecticut, the care of children in need by their relatives has exponentially increased over the last five years. The Department of Children and Families has made great strides in increasing the number of children placed with kin while also simultaneously decreasing the number of children placed in congregate care. As of January 2017, 34.5% of children in DCF care live with relatives.<sup>xii</sup> Placing children in the care of their kin rather than by a stranger helps children adjust to change in which they are less likely to experience school changes and less likely to have maladaptive behavior.<sup>xiii</sup> When grandparents step up to care for their grandchildren, it can ultimately help maintain a sense of permanency and stability for the child who might otherwise move around in the foster care system.

However, depending on their circumstances, grandparents may have limited financial resources to provide for their grandchildren. Exploring the possibility of a subsidy program would help determine if a subsidy could help grandparents effectively provide adequate housing, food, and clothing for their grandchildren. A subsidy program, in turn, may help DCF further increase its use of kinship care and decrease the number of children in non-relative foster care or congregate placements.

### **Testimony Supporting S.B. 323**

Connecticut Voices for Children strongly supports S.B. 323, An Act Requiring Notice Prior to the Transfer of a Child to a New Out-of-Home Placement.

Moving from place to place is a regular experience for some children in foster care. When children and youth in foster care are moved to new placements, the transition may bring more upheaval: each new placement brings a new set of adult caregivers with different routines, personalities, and implicit or explicit expectations. The experience of placement changes can disrupt any sense of predictability and belonging for children in care.

The 2016 Child and Family Services Review determined that Connecticut has a placement change rate of 2.92 placement changes per 1,000 days spent in foster care.<sup>xiv</sup> While this rate is lower than the national standard, this translates into at least one move per year spent in foster care.

Current policy administered by the Connecticut Department of Children and Families requires that the youth's foster parents, biological parents, attorney, and guardian ad litem should be notified at least ten calendar days prior to any non-emergency placement change.<sup>xv</sup> S.B. 323 would implement that the youth also be provided written notification in the circumstance of a non-emergency placement change as well.

At Connecticut Voices' annual Youth at the Capitol Day event this past January, four foster youth advocates were asked about what the smoothest placement change was like. All four youth expressed that when more time and information given in between foster placement changes, it was ultimately it an easier transition.<sup>xvi</sup>

In the fall of 2017, Connecticut Voices conducted an informal, voluntary survey with 46 youth from DCF Youth Advisory Boards. Youth experienced between zero to four placement changes this year alone (median = 1), and zero to thirty placement changes in total (median = 3). The youth received as little of just minutes of advanced notice to as much of six months advanced notice; the median amount of advanced notice of a placement change was one day.<sup>xvii</sup>

Little to no advanced notice of a placement change may exacerbate the feelings of abuse or neglect and may only further create instability and confusion in the youth's life. This may affect how they view themselves, the world around them, and how they form relationships with others.<sup>xviii</sup>

Notifying the youth of a placement change will help better plan and prepare to change placements that involves the youth's input and attempts to increase stability for youth in foster care. Advanced notice of a placement changes assists with emotionally processing the move with a social worker, friends, or family and provides time to pack belongings to reduce the chance of them getting lost in the shuffle.

Lastly, if this bill were to be implemented, we recommend that the proposed language be added to Conn. Gen. Stat. 46b-129(j) in regards to all youth in care of the Department of Children and Families. The original language of the raised bill places the added language in CGS 17a-111b(d), in which this Statute Section refers to youth in care where reunification is not required. Even youth who are ultimately reunified with their biological parents may experience placement changes in care and could therefore benefit from additional time to prepare. Moving this language to CGS 46b-129(j) would ensure that this law applies to all children in changing placements in foster care, not just those where the court has determined reunification is not an option.

Thank you for this opportunity to testify. I am happy to answer questions, and I can be reached at [sluczak@ctvoices.org](mailto:sluczak@ctvoices.org) or (203)498-4240 x 116.

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<sup>i</sup> Sullivan, P., & Knutson, J. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24(10), 1257-1273.

<sup>ii</sup> Sullivan & Knutson (2000) conducted a population-based epidemiological study to determine the prevalence of abuse and neglect among children with disabilities. Through several analyses that utilized public child welfare and education records, the researchers found that there is a strong association between children with disabilities and child maltreatment. There was a 31% maltreatment rate among children with disabilities, compared to the 9% prevalence rate among children that did not have a disability.

<sup>iii</sup> Jonson-Reid, M., Drake, B., Kim, J., Porterfield, S., & Han, L. (2004). A prospective analysis of the relationship between reported child maltreatment and special education eligibility among poor children. *Child Maltreatment*, 9(4), 382–394.

<sup>iv</sup> Johnson-Reid, Drake, Kim, Porterfield, & Han (2004) conducted a large-scale longitudinal study in order to examine child maltreatment amongst children in both the special education system and child welfare system. The researchers determined that neglect cases had a higher proportion of children with an intellectual disability.

<sup>v</sup> Lightfoot, L., Hill, K., & LaLiberte, T. (2011). Prevalence of children with disabilities in the child welfare system and out of home placement: An examination of administrative records. *Children and Youth Services Review*, 33(11), 2069-2075.

<sup>vi</sup> Lightfoot, Hill, & LaLiberte (2011) used Minnesota State administrative data found that more than a fifth of children with substantiated maltreatment had a disability. The most common type of disability amongst substantiated maltreatment was emotional disturbance, but intellectual and developmental disabilities were also very common.

<sup>vii</sup> Child Welfare Information Gateway. (updated 2018). The risk and prevention of maltreatment of children with disabilities. Washington, D.C.: Children's Bureau. Retrieved from: <https://www.childwelfare.gov/pubPDFs/focus.pdf>.

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- <sup>viii</sup> Connecticut State Department of Education. (2017). Primary disability, trend. Retrieved from: <http://edsight.ct.gov/SASPortal/main.do>.
- <sup>ix</sup> DCF Court Monitor's Office. (2017). Time study of DCF social work staff during March 2016 as requested by the Department of Children and Families' Administration and AFSCME Local 2663.
- <sup>x</sup> Connecticut State Department of Children and Families. (no date). Chapter 34, Child Protective Investigations. Policy 34-2. Retrieved from: <http://www.portal.ct.gov/DCF/Policy-Homepage/Chapter-34/Chapter-34>
- <sup>xi</sup> Wiltz, T. (2016). Why more grandparents are raising children. Retrieved from: <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/11/02/why-more-grandparents-are-raising-children>.
- <sup>xii</sup> State Department of Children and Families. (no date.) Children in Placement (CIP) Monthly Data – January 2017. Retrieved from: <http://www.portal.ct.gov/DCF/Data-Connect/DCF-Data-Reports>
- <sup>xiii</sup> The Annie E. Casey Foundation. (2014). What is kinship care? Retrieved from: <http://www.aecf.org/blog/what-is-kinship-care/>.
- <sup>xiv</sup> U.S. Department of Health and Human Services Administration for Children & Families. (2016). Child and Family Services Reviews: Connecticut. Retrieved from: [http://www.ctnewsjunkie.com/upload/2017/04/children-and-families-CT\\_FinalReport\\_2016.pdf](http://www.ctnewsjunkie.com/upload/2017/04/children-and-families-CT_FinalReport_2016.pdf).
- <sup>xv</sup> Connecticut State Department of Children and Families. (no date.) Policy Index: Moving a child in out-of-home placement, 36-55-1; change in placement, notification to parents, 36-75-1. Retrieved from: <http://www.portal.ct.gov/DCF/Policy-Homepage/Home/Policy-Index-by-Topic>
- <sup>xvi</sup> Connecticut Network. (2018). CT Voices for Children 7<sup>th</sup> Annual Youth at the Capitol. Retrieved from: <http://www.ctn.state.ct.us/ctnplayer.asp?odID=14894>.
- <sup>xvii</sup> Luczak, S., Updegrove, N., & Ruth, L. (2018). Between people and places: Reducing upheaval for children moving around in Connecticut foster care. Retrieved from: <http://www.ctvoices.org/sites/default/files/Plcement%20Change%20Report.pdf>.
- <sup>xviii</sup> Finzi, R., Cohen, O., Sapir, Y., & Weizman, A. (2000). Attachment styles in maltreated children: A comparative study. *Child Psychiatry and Human Development*, 31, 113-128.