Because Relationships Matter: Improving Opportunities and Outcomes for Youth in Foster Care

Edie Joseph
Kenneth Feder

December 2014
Because Relationships Matter:  
Improving Opportunities and Outcomes for Youth in State Care  
Edie Joseph and Kenneth Feder  

December 2014  

I. Introduction  

Developing healthy and lasting relationships is essential for young people to become successful and productive adults. There is emerging consensus in the field of child welfare that the development of secure and permanent family relationships, or “permanency,” is of paramount importance and is essential to the future well-being of maltreated children. While child welfare agencies across the country once encouraged two separate tracks for young people – one focused on cultivating independent living skills and preparing for life without a family, the other focused on developing relationships and achieving permanency through adoption, guardianship, or reunification – both elements (relationships and independence) are vital for young people to thrive, and that perhaps what is needed is “one track, not two.”

National research and literature consistently show that young people in foster care face challenges cultivating and sustaining relationships. Without secure and stable relationships, youth who grow up in foster care have greater difficulty achieving positive life outcomes – in fact, youth who “age out” of foster care after reaching the legal age of majority without permanent relationships face a greater risk of homelessness, unemployment, poverty, and dependence on public assistance. Connecticut can and should do more to help children in foster care forge permanent relationships. Because the State has removed children in foster care from their homes to protect their safety, the State has assumed responsibility for facilitating the development and maintenance of permanent relationships for these children. This paper examines what Connecticut is doing to facilitate the development of permanent relationships for children placed in foster care with the State Department of Children and Families (DCF). It focuses on five critical relationships that both national literature and youth advocates currently or formerly committed to DCF care have identified as crucial to them: family, siblings, mentors, attorneys, and social workers. Each of these relationships is unique and plays a different role in helping young people in foster care prepare to thrive in adulthood. According to one study, even a single new “attachment relationship” has the potential to positively impact a child’s life.

This paper examines best practices for facilitating each relationship, uses data and other evidence to compare Connecticut’s current practice to best practice, and offers recommendations for improvement. Section III describes relationships with the potential for permanency, including adult family relationships, siblings, and mentors. Section IV examines temporary relationships that can help support permanency, including attorneys and social workers. Finally, Section V explores systemic barriers to permanency for youth in care. Connecticut engages in many best practices that facilitate the development of permanent relationships for children; however, a review of national literature shows that much more could be done to cultivate strong relationships and promote positive outcomes for children and youth in foster care. Furthermore, DCF is hamstrung in its efforts to cultivate permanent relationships because of persistent cuts to the agency’s budget. We conclude that both policy and practice improvements and increased investment are needed to help all Connecticut children in foster care achieve permanence.
II. **Methods**

Using the mixed methods of national literature and research and Connecticut specific data, this paper offers a brief overview of different types of relationships that are important to the safety, development, and well-being of young people in foster care. It also explores how Connecticut policy and practice is currently promoting and sustaining such relationships, and what best practices and recommendations Connecticut can implement to improve outcomes and opportunities for its young people in care.

No one understands their needs, challenges, and opportunities better than young people in care themselves, so, throughout this paper we have included quotes from adolescents and young adults who are currently or were formerly in DCF care. Quotes are taken from youth board meeting discussions, youth interviews for an advocacy video made by Connecticut Voices, youth presenters at various conferences, youth testimony at legislative hearings, and a youth speech given at a retiring social worker’s graduation party.
III. Relationships with the Potential for Permanency

Adult family, siblings, and mentors all can potentially be permanent relationships for children in foster care. Numerous best practices have been identified supporting the growth and maintenance of these relationships, during and after the foster care placement. This section presents these best practices, and examines the extent to which each is implemented in Connecticut.

What is Permanency?

“Permanence is about a relationship—an enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; provides for physical, emotional, social, cognitive and spiritual well-being; and assures lifelong connections to birth and extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language.”

Permanency is “…a philosophy highlighting the value of rearing children in a family setting, preferably their biological families, [and] a theoretical framework stressing the stability and continuity of relationships to promote children’s growth and functioning.”

A Casey Center for Effective Child Welfare Practice “Permanency Framework” explains that permanency efforts should be “driven by the young people themselves, in full partnership with their families and the agency in all decision-making and planning for their futures, recognizing that young people are the best source of information about their own strengths and needs.”

A. Adult Family

“Of all the supports possible, familial support—knowing that one belongs and is loved in a stable and supportive relational network—is perhaps one of the most fundamental to the human experience.”

Why Family Relationships Matter

All other things being equal, children do best in families, and research shows that when families receive services that keep their children safely at home, children are better off: they avoid the trauma of separation, and they exhibit better long-term outcomes than their peers who are removed from their homes. For children who are removed from their homes, “it is essential that youth be safely connected with their own families and have the benefit of new families through adoption or guardianship.”

Like any other young person, youth in foster care need the help and support of family as they begin to approach adulthood. Foster care impacts young people’s relationships with their families, and, as research indicates, separates them “from the support that families can provide to youth as they begin to navigate the adult world.” Therefore, in order to thrive, “young people need strong relationships with families who are committed to them” and can help them effectively prepare for adulthood.

The placement of children in safe, stable, and secure families is the foundational element of “permanency,” a child welfare concept that focuses on ensuring young people can successfully exit foster care into safe, secure, and permanent homes and relationships. Connecticut’s Department of Children and Families (DCF) has made major strides over the past few years at enhancing best practices that facilitate permanency, including reducing its overreliance on residential settings or “congregate care,” implementing a differential response system, encouraging kin and relative care, and implementing permanency teaming. However, the
Department still faces challenges; these reforms must be implemented effectively, adequately monitored, and sustainably funded to ensure success.

**Best Practices for Supporting Family Relationships**

*Reduce Reliance on Congregate Care*

Research shows that family-based care is more helpful to children’s emotional, social and educational development than institutional or group-based (“congregate”) care, and that children who grow up in families experience better outcomes than those who do not. Congregate care not only undercuts positive outcomes, but is itself a barrier to permanency. Children – particularly young children – need the presence of and relationship with a consistent caregiver to develop properly. While some children will require temporary placement in a congregate or residential setting to meet clinical needs, even high-quality institutional or congregate care by necessity involves shift workers, undermining young children’s ability to attach to a primary caregiver. As Professor Victor Groza of Case Western Reserve University writes, “The insecurities that result from lack of a primary caregiver can interfere with a child’s ability to adjust to life changes, succeed in school, make friends, connect with other people, or to become connected to a parent when reunified or placed for adoption.”

*Place Children with Relatives or Kin*

A recent Massachusetts study on kinship care explains that “when children need to be removed from their families due to concerns of abuse or neglect, they have a greater opportunity to succeed if they are placed with members of their extended family, or kin, rather than with people they are unfamiliar with.”

Research shows that children who are placed with kin experience less disruption and trauma upon removal from their parents. One study found that children placed with relatives experience fewer moves, finding that “kinship placements had a 70 percent lower rate of disruption than non-kin placements.” It is crucial to limit the number of times youth in foster care move, as “the experience of multiple moves typical of children who remain in care can further challenge these young people in building personal and familial relationships with adults or caregivers.” In addition, children placed in kinship care had a lower estimated risk of behavior problems than children placed in foster care.

*Employ a “Differential Response” to Low-Risk Allegations of Maltreatment*

Research shows that children’s needs can often be better met if they are not removed from their home and instead are offered treatment services together with their families, particularly in cases where foster care placement may be necessitated by factors relating to poverty. In a traditional system, when a report of abuse or neglect comes to the attention of the child welfare agency, the main objective of the social worker is to gather evidence to determine whether a child is at risk of maltreatment or has experienced abuse or neglect. This process often leads families to view the agency as an adversary, and many times families are resistant to working with the agency. In a differential response model, when a case is reported and appears to be of low- or moderate-risk, a worker will replace the original investigation model with an assessment of a family’s needs. In this model a formal determination of child abuse or neglect may still occur; however, it is not required in order for a family to access supports. A differential response model can authorize the state agency to partner with families to help them identify community services that can alleviate risk faced by children, rather than open a traditional, forensic style investigation. This can allow more young people to stay out of foster care and receive services in their homes and communities.
Reduce “APPLA” goals
Each and every child deserves to leave foster care with permanent connections to loving and supportive adults. In order to facilitate these connections, all children in the care of a child welfare agency are assigned a “permanency goal.” There are four preferred permanency outcomes: reunification with parents, adoption, transfer of guardianship, and a legal permanent placement with a relative (“kinship care”). Identifying and accomplishing one of the four preferred permanency goals is key to ensuring that children will leave the foster care system to a stable, loving family and home. Children for whom there is no obvious permanent connection available are given a permanency goal of Another Planned Permanent Living Arrangement (APPLA). APPLA is not a preferred permanency goal, because it does not provide a clear path for children to exit the foster care system with a truly permanent relationship with a caring adult. In fact, research shows that children with an APPLA goal are the most likely to become homeless upon and after aging out. For this reason, the American Bar Association (ABA) has recommended abolishing the goal entirely. Instead, the ABA recommends that all children exit foster care with a permanent connection to at least one identified supportive adult. In addition, recent federal legislation, HR 4980, mandates that state governments limit APPLA designation to youth in foster care age 16 and over.

Employ Permanency Teaming
In order to reduce the use of APPLA and ensure that children find permanent homes, child welfare agencies across the county are implementing a model called “permanency teaming,” which “is a collaborative approach to permanency planning for children/youth in foster care or at risk of entering the foster care system.” In this model, social workers engage the natural networks of the youth in foster care and seek out adults – like birth parents, extended family, or other important adults – who might be interested in serving as resources and potential foster or adoptive parents for the child. This “team” meets regularly on behalf of youth who have been in care the longest to help to develop and improve detailed plans for achieving alternative permanency.

Support Foster and Adoptive Parents
As children leave congregate care facilities and enter into foster homes, it is imperative that foster and adoptive parents are provided with adequate support to safely care for their children. Without adequate support for foster and adoptive parents, placements might fail and permanency efforts be thwarted. A necessary first step towards placing more children in families is to do a better job of retaining current foster families. Retaining existing families not only decreases the strain on recruitment efforts, but also increases placement stability and boosts the likelihood that children are placed with experienced foster parents. In 2002, the Office of the Inspector General of the federal Department of Health and Human Services commented on the importance of foster parent retention, stating that the loss of these trained and experienced foster parents greatly impacts the foster care program, and suggesting that it may have an even greater impact on programs than failing to recruit new foster families. Retaining existing families not only decreases the strain on recruitment efforts, but also increases placement stability and boosts the likelihood that children are placed with experienced foster parents.

Connecticut Policy, Data, and Outcomes
Reduce Reliance on Congregate Care
Connecticut has made great strides in recent years to reduce the number of young people in congregate care. The percentage of children in care who live in congregate care dropped from 29.8% in January 2011 to 16.8% in September 2014, a reduction of 749 children or 52.5%. This allows more children to reside in communities where they have the freedom to develop permanent relationships.
"My auntie is the most important person to me. She helped me emotionally, and she helped me trust adults again. She taught me that family doesn’t always mean blood. She showed that God still cared.”

"Place Children with Relatives or Kin"

Connecticut’s DCF is working to place many more children with families. Placements with family members (or other individuals the child knows) grew from 21% of DCF’s caseload in January 2011 to 35.1% in September 2014. However, due to cuts in DCF funding, the families in which these children are placed are not always receiving the serving the children need to thrive.

"Employ a “Differential Response” to Low-Risk Allegations of Maltreatment"

In 2012, DCF implemented Family Assessment Response (FAR), an alternative or differential response model for low-risk allegations of child neglect, typically those that involve family poverty. Nearly 40% of DCF’s cases now take this Family Assessment track. This partnership can prevent the need for foster care, reducing the total number of children in DCF out-of-home care and saving the State money.

Alongside a reduction in out-of-state placement, differential response might have contributed to fewer children entering foster care, and fewer of those who do spending the majority of their time in a congregate setting. Data from September 2014 shows that compared to January 2011, there are 743 fewer children in care, a 15.5% decrease.

Children do best in families, and these reforms have helped to keep families together and maintain at-risk children in the least restrictive environment of care, as is developmentally appropriate. However, as youth leave congregate care settings and enter foster families and community based settings, they require additional services and supports – such as access to mental health treatment, high-quality educational opportunities, and dedicated social workers – to ensure their safe and appropriate development.
Reduce “APPLA” Goals
As of July 2014, 16.5% (505 children) of all children with a permanency goal had an APPLA goal.\textsuperscript{40} While a significant reduction since 2009, this is far too many. Current Connecticut law suggests that those with an APPLA goal be placed in long-term foster care with a licensed foster parent or an independent living program, neither of which are preferred permanent living situations. In 2014, legislation was proposed to add placement “with an adult who has significant connection to the child or youth and is willing to provide a permanent living arrangement to the child or youth” to the list of recommended APPLA goals.\textsuperscript{41} Unfortunately, the bill did not pass.

\textbf{Figure 2: The Number of Children with APPLA Goal is Decreasing, But Still Too High}

![Graph showing the decrease in children with APPLA goals from 2009 to 2014.]

Source: Quarterly Report of DCF’s Federal Court Monitor

Employ Permanency Teaming
Over the past several years, DCF has implemented Permanency Teaming, a team approach that encourages the important people in the child’s life – parents, social workers, mentors, teachers, and other important adults – to work together and create clear and consistent plans and expectations. Without appropriate training for DCF staff, the danger is that this teaming approach might be misconstrued as top-down pressure to change youth permanency goals from APPLA to a preferred goal simply to improve statistics reported by the Department.\textsuperscript{42}

Support for Foster and Adoptive Parents
A 2011 Connecticut Voices for Children report found that DCF struggles to retain foster parents when foster families do not feel adequately supported.\textsuperscript{43} Notably, there were 372 fewer foster homes in July 2014 than July 2009, a decline of 15%.\textsuperscript{44} This suggests that DCF has been unable to support foster parents in caring for the challenging new group of children in foster care; however, without sufficient foster homes, Connecticut will not be able to continue to safely reduce reliance on congregate care.
Because the implementation of the Family Assessment Response system diverts low-risk cases to community services, the children entering foster care are often the more challenging and difficult cases. In addition to retaining and recruiting additional foster parents, foster parents will require more social worker attention, more training, and more support to be able to parent the more challenging children they must care for. Research shows that “without adequate preparation, training, and support for foster parents, children will experience disruptions in their placements.”

**Recommendations**

To foster permanent connections with family, DCF should continue its reforms and bolster its efforts, and:

- Ensure that congregate care reduction is accompanied by a robust array of supports and services to help youth succeed in families and communities, including adequate training, recruitment, and retention for foster and adoptive families.
- Continue to implement and monitor the progress of reforms like Family Assessment Response, Permanency Teaming, and increased reliance on kinship care.
- Include permanent adult relationships in APPLA planning, and limit APPLA designation to those over 16. For children who do exit care with an APPLA goal, it is important that DCF make every effort to find true alternative permanent connections for these youth, and not simply use APPLA as a substitute for long-term foster care (no longer permitted under federal law), or no goal at all.

**B. Siblings**

**Why Sibling Relationships Matter**

For children in foster care, as for all children, relationships with brothers and sisters can be some of the most important and longest-lasting relationships in their lives, so it is essential to support the continuation of these ties following a foster care placement. For many older youth who are at risk of aging out, sibling relationships are particularly essential, since there are few other sources of relational stability in their lives.
Best Practices for Supporting Sibling Relationships

Place Siblings Together

“If you’re put into care, you definitely need to have somebody by your side. Let me tell you, my little brother is ten, and I could not imagine what it would be like not being able to see him at all, especially with the circumstances me and him have grown up in.”

It is crucial that siblings be placed together whenever possible. Following the enactment of the federal 2008 Fostering Connections Act, states must make “reasonable efforts” to place siblings in foster care together. Research from the Jim Casey Youth Opportunities Initiative, a national organization devoted to ensuring that youth in foster care successfully transition to adulthood, shows that when young people in foster care are placed with siblings, “they feel safer, may experience better outcomes – such as improved placement stability and reunification - and have fewer emotional and behavioral problems. Sibling relationships are critical social capital and essential in the healthy development of adolescents and young adults.”

Allow for Sibling Visitation

If siblings are not placed together, then they should be allowed to see each other on a regular basis. A once-a-week baseline is consistent with best practices in child welfare, which aim to recreate a sense of normalcy by requiring frequent and regular contact between siblings. The uncertainty of being separated from siblings with infrequent or irregular visitation can compound the trauma of separation from parents. In fact, the original complaint in the Juan F. litigation – a federal court order that the Agency has been under since a 1989 class action lawsuit – included the claim that separation from and lack of visitation with siblings had compounded the trauma of Juan’s removal from his home.

Connecticut Policy, Data, and Outcomes

Place Siblings Together

DCF has made some improvement in placing more children with their siblings; however, DCF still places fewer children with siblings than the 95% standard mandated by the Federal Juan F. court order. In the most recent assessment, DCF placed together only 89.3% of all siblings entering out-of-home placements, a decline from 90.6% in the first quarter of 2014.

Allow for Sibling Visitation

Recent Connecticut legislation (P.A. 12-71) requires that siblings not placed together be allowed to visit each other once a week. According to a 2014 Connecticut Legislative Program Review and Investigations (PRI) study, while DCF reports the number of adolescent cases where sibling visits were documented, they did not report “data on the total annual number of adolescent cases in out-of-home placements who have siblings nor data on the number of individual siblings involved,” thus rendering the number of total cases incomplete in assessing this issue.

In addition, the 2012 legislation mandated that DCF collaborate with youth in its care to adopt a “Sibling Bill of Rights” into DCF policy, will help facilitate the maintenance of this important relationship. DCF recently released this Bill of Rights, but it is not yet clear if all young people in DCF are aware of the opportunities to visit siblings and if social workers and Agency staff are adequately supported (fiscally and otherwise) to ensure that visits can occur.
Recommendations
To ensure that young people in state care are able to develop and sustain meaningful relationships with their siblings, Connecticut should:

- Ensure full compliance with legislation requiring sibling visitation.
- Ensure full implementation of the Sibling Bill of Rights.
- Collect and monitor data on total number of out-of-home adolescents who have siblings.

C. Mentors

Why Mentor Relationships Matter
Research shows that mentoring relationships with well-prepared adults can “change the trajectory of young people in foster care by offering a positive role model, facilitating access to community services and supports, and providing a buffer from the stress and disruption of the foster care experience.”56 Mentoring programs with well-trained mentors can help adolescents in foster care develop relational and other skills they need to grow.57 Such programs can also create opportunities to increase self-esteem, can provide new openings that can become turning points in their lives, and can encourage healthy conflict resolution skills.58

Best Practices for Supporting Mentor Relationships
Provide Mentors to Youth who Request Them
The benefits of mentoring indicate that all youth who desire a mentor and are ready for one should be able to access one. Research confirms the benefits of mentoring; a 2005 study found evidence of “a significant but small overall positive effect of mentoring programs on the emotional, behavioral, and educational functioning of participating youth.” Individuals who reported having a relationship with a mentor were “more likely to exhibit favorable outcomes relating to education/work… reduced problem behavior… and health.”59 In a study published by the National Institutes of Health unique to youth in foster care, youth reported that important mentors in their lives had “helped them to learn how to plan or problem solve or had helped them to learn independent living skills that they previously lacked, thus indicating contributions to their cognitive development as well.” In the same study, youth also indicated that important adults had “contributed to their identity, both by helping them to understand their own potential/self-worth.”60

Ensure Program Best Practices
For mentoring programs to be successful for youth in state care, the national Office of Juvenile Justice and Delinquency Prevention explains that several steps must be taken, including: ensuring that youth are connected to the services and resources they need; providing comprehensive training for program staff; screening youth and gauging their readiness to participate; delivering orientation and ongoing training for mentors; and providing mentor support, supervision, and monitoring.61 Moreover, mentoring programs must acknowledge the unique needs and challenges that youth in foster care face, and therefore “must reach agreement with relevant child welfare agencies about how information on mentor-mentee matches will be maintained and shared, so that if a young person transitions to a new placement or a new child welfare agency, the mentoring relationship is continued.”62

Connecticut Policy, Data, and Outcomes
Provide Mentors to Youth who Request Them
In Connecticut, mentoring is available to young people in foster care upon the age of 14 through the One on One Mentoring Program. Mentors are screened and trained and then, through coordination with the social worker, matched with individuals. Unfortunately, data suggest that not all youth who request a mentor are matched with one: in 2013, only 32% of all youth who requested a mentor received one.
According to the 2014 Connecticut Program Review and Investigations study, no data is available for how long it takes on average to match a youth, and DCF reports a substantial wait list for mentorship.

**Ensure Program Best Practices**

DCF’s mentorship programs follow best practice in requiring strict background and reference checks for mentors, and consistent contact standards for mentors, including minimum contact of once per week, and face-to-face contact at least three times per month. Mentors must undergo extensive training on topics such as “separation and loss, out of home care issues, adolescent development, youth leadership development, listening skills, expectations of mentors, appropriate boundaries in mentor-mentee relationships; confidentiality, cultural competency, low cost area activity resources, independent living skills training and guidance, tutoring skills, vocational skills, and the importance of the first meeting.”63 No statewide data on what happens to the mentor-mentee relationship if the child moves placements is available.

**Recommendations**

To help youth in foster care develop relationships with supportive adult mentors, the state should:

- **Ensure that all DCF youth who request a mentor receive one, and track data on average wait time for youth-mentor matching.**
- **Ensure that mentoring programs meet the unique needs of young adults in foster care, and ensure that all mentors are well-trained, well-supervised, and can commit to long-term participation.**
- **Develop incentives and opportunities to recruit high-qualified mentors;** for example, proposed federal legislation The Foster Care Mentoring Act (S. 1343) would provide competitive state grants for foster care mentoring programs. The legislation would also provide funding to forgive a portion of student loans for those mentors involved in long-term, intensive mentoring relationships with foster youth.64
IV. Temporary Relationships that Help Facilitate Permanency

In contrast to families, siblings, and mentors—who are all intended to be long-term and permanent relationships—attorneys and social workers do not and usually should not form permanent relationships with children and youth in foster care following the tenure of a child or youth’s involvement with the child welfare agency. However, attorneys and social workers play an essential role in providing specific services that can help young people in foster care eventually achieve permanency.

A. Attorneys

Why Attorney Relationships Are Important
Attorneys can play a critical role in the lives of youth in foster care, for example, in helping young people engage in their own case planning process and achieve permanency. It is critically important that a) young people in DCF care have access—and know that they have access—to attorneys, and b) that the attorney and youth can develop a thoughtful and effective relationship necessary for the attorney to best understand and advocate for the young person’s needs.

Best Practices for Supporting Attorney Relationships

Provide High-Quality Representation
Research suggests that competent and effective representation of children requires attorneys to engage with children’s families and their communities to understand the context in which children exist. At the same time, it is crucial to understand the child’s unique needs as an individual person. Best practices for child welfare attorneys include consulting with the client face-to-face on a regular basis, ensuring that “child clients are informed, supported and empowered to be engaged participants in the legal proceedings,” practicing developmentally and age appropriate communication with the child, and being “continually aware of the child client’s identity, functional level, any disabilities, the history and nature of any trauma, and the level of maturity of the child’s thinking.” To effectively carry out these best practices and recommendations, it is vital that the attorney and youth in foster care develop a trusting relationship.

When youth are provided with high quality legal representation, youth outcomes improve and state savings result. A pilot program to improve legal representation in Washington State reduced the time that youth spent in foster care by an average of 20%. The Washington pilot also demonstrated that quality representation resulted in better outcomes for children and their families; reunification rates increased from 37% to 56% and cases involving the termination of parental rights were cut in half. Additionally, a Florida study showed that with appropriate caseloads and other services in place, attorneys could increase permanency. These pilot programs and studies also indicate other best practices for high-quality representation, including appropriate caseloads, standards of practice, training, ongoing monitoring and evaluation, and quality assessment.

Provide Legal Representation to Youth 18 to 21 Who Remain in Foster Care
The American Bar Association (ABA) Center on Children and the Law recommends that children retain their right to counsel upon turning 18. For young people who are at risk of discharge, attorneys can play a critical role in helping them fight to stay within the care of DCF or can help them find alternate living arrangements.

Connecticut Policy, Data, and Outcomes

Provide High-Quality Representation
The Commission on Child Protection was created by the Connecticut General Assembly in 2005 and staffed beginning in May 2006 with the appointment of the Chief Child Protection Attorney. Among its statutory responsibilities, the Commission was to appoint attorneys and guardians ad litem in child protection
proceedings (a responsibility previously held by the Judicial Department). Though successful at providing high-quality attorneys to clients, the Commission was eliminated in 2011 when its costs exceeded its allocated budget. The work of representing children in child-protection cases is now coordinated through the Public Defender’s Office.

Currently, all children under age 18 in DCF care are provided with an attorney. However, anecdotal evidence from Youth Advisory Board members, social workers, and even attorneys reveal that few attorneys actually communicate regularly with their youth clients, and many YAB members report they do not even know they have one. This is in part because attorneys have very high caseloads and simply do not have the time to meet face-to-face with their clients on a regular basis.

“Provide Legal Representation to Youth 18 to 21 Who Remain in Foster Care”
In contrast to best practice, children lose their right to counsel after they turn 18 – precisely the age at which this representation is most necessary, as youth are at risk of being discharged from agency care. After a young person turns 18, DCF requires that youth pursue a post-secondary education program to remain in care. Maintaining compliance with this requirement can be a daunting task; over the past 3 years, 294 youth have been discharged for failing to comply with this requirement. When youth are threatened with discharge, they receive little support if they attempt to contest the Department’s decision. Youth are notified of their discharge with a confusing and technical form, the DCF-800. Furthermore, while youth may appeal their discharge, if they want an attorney they must pay out of pocket. This is an enormous expense for any young adult, much less one who has grown up in foster care. Unsurprisingly, during the 309 discharge appeals between 2010 and 2013, only 11 young people had legal representation, and DCF’s decision to discharge (out of all 309 appeals) was reversed only 9 times.

Recommendations
To ensure that all children and youth in Connecticut foster care have high-quality legal representation, Connecticut should:

- Require appointed counsel to regularly meet with and consult their child/youth clients and, in an age-appropriate manner, include them in all meetings and court proceedings pertaining to their futures.
- Provide attorneys for youth at risk of being discharged from DCF care, to help achieve better outcomes for the state’s most vulnerable young people.
- Develop and monitor measures to ensure high-quality legal representation, including appropriate caseloads, standards of practice, training, ongoing monitoring and evaluation, and quality assessment.

B. Social Workers

Why Social Worker Relationships Are Important
National literature strongly suggests that a healthy and trusting relationship with a social worker is an important precursor to forming other lasting relationships and achieving permanency. Social workers are the linchpin that hold a strong child welfare system together; when the social work staff is strained, every facet of the system becomes strained as well. That insufficient staff for investigating child abuse and neglect puts children at risk is self-evident. However, the day to day efforts of social workers include many more critical functions like facilitating relationship building, working to find children
permanent and stable homes, assessing children’s and families’ needs and connecting them with services such as medical care or rehabilitation programs, and engaging foster and biological families. These efforts are truly at the core of the child welfare system, and they all depend on the social worker having adequate time and resources; if they are not made, children are never prepared to exit foster care, and may languish in the system while their needs go unmet.

Best Practices for Supporting Social Worker Relationships

Assign Social Workers Appropriate Caseloads

At each stage of the state’s involvement with young people in care, social workers and their supervisors have the responsibility to “determine the type of supports that children and their families need to ensure that the children are safe, are in or moving toward permanent homes, and have stable living arrangements that promote their well-being.” When social workers’ caseloads are too high, and they do not have enough time to fulfill their countless roles and responsibilities, the safety, security, and long-term well-being of children in DCF’s care is threatened. As a joint Children’s Defense Fund and Children’s Rights brief explains, “High caseworker and supervisor caseloads contribute to the reentry of children into placement due to the recurrence of abuse and/or neglect.” Simply put, when social workers do not have the time to perform all of their duties, children’s chances of permanency decrease.

Moreover, extensive research shows that high caseloads can lead to increased staff turnover. In fact, a national survey of child welfare administrators found that high caseloads and workloads are “among the top reasons for preventable turnover.” Research shows that high social worker turnover is linked to negative outcomes for children – outcomes such as: lower rates of finding permanent homes for children, children moving around to multiple placements within care, and families receiving fewer needed services and supports in the community. In a 2005 study, children entering care who had only one worker achieved permanency in 74.5% of the cases, as compared to 17.5% of children with two case managers and 0.1% of children with six or seven case managers.

Some legislatures in states such as Delaware, Florida, Indiana, and Texas have mandated that state and local jurisdictions evaluate workload standards and take concrete steps to address worker shortages. In Delaware, for example, 1998, 2004 and 2007 legislation set caseload standards (11 for investigation and 18 for treatment) and supervisor standards (5 family service workers per supervisor). In addition, this legislation tied allocation and funding of new positions to the caseload standards. As a Child Welfare Information Gateway brief explains, “based on projections of child abuse and neglect cases,” the state’s General Assembly is “authorized to fund adequate staff so that caseloads do not exceed the established standards.”

In many states, caseload and workload management often begins with a thorough workload time study, which, as the Child Welfare Information Gateway brief explains, “analyze how work is being done and how time is spent, and can compare the actual data with estimations of what is needed to deliver quality services and best practices.”

Make Thorough Caseworker Visits to Produce Quality Case Plans

One crucial responsibility of social workers is to develop and implement a treatment, or case, plan for each child, which is a written, clinically appropriate working agreement between the child, family, caretakers if any, service provider(s) and the child welfare agency. Connecticut’s Federal Court Monitor describes the plan as an agreement that “documents the child and/or family’s service needs as well as what DCF, the family and child, and providers are required to do to achieve the goal of the treatment plan.” Social workers have the responsibility of ensuring that the vital information and plans for the young person, including educational, permanency, and life skills planning, are carried out in thorough and efficient manners. To do this work effectively, case worker visits must be high-quality, with frequent face-to-face contact with the child and family to ensure a full, in-depth understanding of the child and family's short and
long-term needs.

Form Supportive but Appropriately Professional Relationships with Youth
To carry out their tasks effectively and to truly meet the needs of their children in care, it is imperative that social workers and young people develop a trusting and healthy relationship. As a joint Children’s Defense Fund and Children’s Rights brief explains, “Research has demonstrated the importance of clients having access to workers with whom they are engaged. Supportive relationships assist in addressing serious problems requiring knowledge of complex issues.”

However, though this relationship is vital, it raises a challenge identified in a study in which sometimes social workers come to be seen as “people whom you can’t imagine your life without.” While the social worker is important as a bridge in connecting the child to permanent resource and opportunities, this highlights concerns about “the stability of these sources of support and the realities of foster care as a time-limited status.” The study showed that when caseworkers departed, the loss of that relationship proved incredibly painful, and there was no help provided to help navigate the transition to a new worker. The study continues: “Children were, consequently, left to their own imaginations and emotional abilities to process why these losses occurred and how best to cope with them on their own.”

Young adults in care have already experienced immense trauma and loss in their life; they should not be subject to further loss without clear help in navigating these transitions.

Connecticut Policy, Data, and Outcomes
Assign Social Workers Appropriate Caseloads
Over the past several years, DCF has implemented a variety of new services and programs (including Purposeful Visits training, Fatherhood Engagement, Relative Placement and Family Arrangements, Case planning, Trauma-Informed Practice, Permanency Roundtables and Team Decision Making, Supervision Model, and Considered-Removal Team Meetings), each of which are important strategies designed to more effectively meet children’s needs and increase permanency. Implementing such programs and services require additional time; however, caseloads have not decreased.

In addition to these measures, the implementation of Connecticut’s Family Assessment Response system has impacted social worker caseloads. Because children with less severe needs are diverted to the FAR track, those children who remain in foster care tend to have very high levels of need, and therefore require more attention. Because the typical child in DCF care is now much more challenging to care for than four years ago, social workers must have smaller caseloads in order to have the time to meet all of the health, safety, and education needs of their children.
Moreover, in his most recent report, DCF’s Federal Court Monitor explains that there has been an additional staffing shortage (and strain on current staff) because of “a spike in the number of reports received by the Department's Careline.”\textsuperscript{91}

Unfortunately, there has been no adjustment in DCF’s caseload standards, and front-line staffing levels at the agency have been reduced in proportion to the number of children in care. According to a recent Court Monitor report, this has left strained social workers making difficult choices about which needs to prioritize, and has jeopardized the well-being of children who remain in care.\textsuperscript{92} As such, DCF’s compliance with social worker caseload standards in their \textit{Juan F.} federal court order has declined in recent quarters.\textsuperscript{93}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Figure5.png}
\caption{Average Caseload Has Remained Constant but Cases Have Grown More Challenging}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Figure6.png}
\caption{DCF Compliance with Social Worker Caseload Standards Declining in Recent Quarters}
\end{figure}
**Make Thorough Caseworker Visits to Produce Quality Case Plans**

To attain the court monitor’s standards for appropriate treatment planning, the plans in at least 90% of all cases must be thorough, appropriately supervised, and well-executed with an entire team in place.\(^9^4\)

Unfortunately the Second Quarter 2014 DCF performance result (the most recent data available) for Case Plans is 46.3%, a decline from 51.9% reported in the prior quarter; both are significantly below the 90% standard. Of the case plans reviewed that did not pass, several "lacked timely supervisory approval; failed to have any supervisory approval at the time of our review; or lacked a developed case plan altogether.” The Court Monitor warns, “This is a resurfacing trend we have not seen to this magnitude since the onset of the blind review process in 2011. There is clear indication from contact with Area Office staff that part of the reason for this problem is due to under-staffing and workload related demands.”\(^9^5\)

**Form Supportive but Appropriately Professional Relationships with Youth**

During multiple statewide board meetings with DCF staff, youth suggested that the Department have a Youth/Social Worker Bonding Day, to help facilitate this relationship. Youth also emphasized their desire to be matched with social workers who were a “good fit for them,” or whose working style met their needs; they suggested using get-to-know-you surveys to facilitate healthier youth/worker matches.\(^9^6\) Moreover, youth have addressed the issue of social workers leaving (whether re-assigned to new cases, moving to different regions, or being promoted) without any warning and transition, contrary to best practice. None of these practices are as of yet are in policy.

**Recommendations**

To ensure the safety and well-being on Connecticut’s youth in foster care, important reforms impacting social workers must be implemented, including:

- **Conduct a workload and caseload study to determine appropriate and maximally effective workload and caseload standards.**
- **Lower caseloads through administrative or legislative changes, thereby limiting staff turnover to help meet children’s needs and increase permanency.**
- **Facilitate positive relationships between youth and social workers.**
V. Systemic Barriers to Successful Relationships and Outcomes

While Connecticut is in many ways moving in the right direction, there are several structural barriers hindering further progress in creating successful relationships and outcomes for youth in state care. This section highlights three of these barriers: a) a declining state budget for DCF, b) DCF’s current eligibility structure for remaining in foster care after turning 18, and c) insufficient opportunities for youth empowerment and engagement in their case planning.

A. Cuts to DCF’s Budget and the Need to Re-Invest Saved Funds

Why The Budget is Important
The Department of Children and Families (DCF) is entrusted with the responsibility of protecting and promoting the welfare of Connecticut’s children and their families. DCF’s mission regarding child protection services and prevention is to create and sustain families who can meet children’s developmental needs. In times of great economic hardship it is even more important for DCF to ensure that the resources it is investing are being used to secure the best possible outcomes for children as well as their families.

The cultivation and development of the types of relationships explored in this paper all need proper infrastructure and ongoing fiscal support from the state. Many of the recommendations – for example lowering caseloads for social workers and creating more supports for foster and adoptive parents – directly rely on line items in the budget.

Best Practices

Use Savings Generated from Best Practices to Invest in Prevention Services and Family Supports
Child welfare agencies across the country are saving funds due to decreased numbers of children entering foster care, congregate care reduction, and other cost-effective reforms. In order to ensure the safety, health, and well-being of children who remain in the care of child welfare agencies, it is important that state savings from these reforms are “re-invested,” or put back, into the child welfare agencies to help provide needed supports and services. In 2012, Washington State passed legislation (H.B. 2263) creating a “reinvestment account,” in which money saved from reduced foster care caseloads can be put into a separate account and be used solely for the purposes of “[s]afely reducing entry into the foster care system and preventing reentry; (b) safely increasing reunifications; (c) achieving permanency for children unable to be reunified; and (d) improving outcomes for youth who will age out of the foster care system.” The legislation empowers the state’s fiscal management office to determine a methodology for calculating the savings.97

Connecticut Policy, Data, and Outcomes

Use Savings Generated from Best Practices to Invest in Prevention Services and Family Supports
In Fiscal Year (FY) 2015 the total State appropriation to the Department of Children and Families (DCF) fell by $11 million (1.5%) after adjusting for inflation.98 This continues a trend of reductions: between 2009 and 2015, DCF’s budget fell by 20%, from $995 million to $800 million.99 This does not account for the 2015 rescissions, which remove an additional $9.2 million from DCF’s budget.100
This reduction has been driven by a series of reforms including diverting low risk cases away from foster care using a differential response system, relying on relatives to be foster parents whenever possible, placing fewer children in congregate care settings, and placing fewer children out of state.\footnote{101} In fact, nearly three-fifths of the total reduction can be attributed to a $112 million (-48\%) decrease in the “Board and Care for Children – Residential” line-item.\footnote{102} This likely reflects the decline in the share of children in foster care living in a congregate setting (which is about ten times more expensive than family foster care).\footnote{103} Another fifth of the reduction can be attributed to the $45 million reduction (-14\%) in the Personal Services line item, which reflects the agency’s shrinking staff.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure7.png}
\caption{Figure 7: Total DCF Appropriation, Inflation Adjusted, Has Fallen Since 2009}
\end{figure}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure8.png}
\caption{Figure 8: DCF Appropriations in Inflation Adjusted Dollars}
\end{figure}

\begin{table}
\centering
\begin{tabular}{|l|c|c|c|c|}
\hline
\hline
Personal Services & $318,122,639 & $265,473,153 & $273,428,318 & -14\% \\
\hline
Board and Care– Adoption & $85,466,347 & $91,065,504 & $92,305,046 & 8\% \\
\hline
Board and Care– Foster Care & $130,483,624 & $113,318,397 & $115,021,983 & -12\% \\
\hline
Board and Care– Residential & $235,174,002 & $141,375,200 & $122,996,813 & -48\% \\
\hline
Other\footnote{104} & $225,629,737 & $200,165,600 & $195,853,818 & -13\% \\
\hline
TOTAL & $994,876,349 & $811,397,854 & $799,605,978 & -20\% \\
\hline
\end{tabular}
\end{table}
Reforms such as reducing overreliance on congregate care and “rightsizing” the agency’s caseload by diverting low-risk cases to community providers are best practice and have created cost savings on the one end. However, the success of these reforms is contingent on sufficient reinvestment of saved funds into services and supports for the unique needs of children and youth who remain in DCF care.

In particular:

- With low risk cases diverted away from the department, every child who remains in DCF care has complex needs. Social workers require a lower caseload to meet these needs.
- A robust array of community services must be available to meet the needs of families diverted away from the foster care system.
- Relative caregivers often struggle with similar challenges to birth parents, and require specialized support.
- Foster parents will need enhanced support to adequately care for the more complex children placed with them, who might previously have been placed in congregate care.
- Research is shedding light on the need for reinvestment in previously poorly understood areas, among them transitional supports and educational supports.

Unfortunately, a growing body of evidence suggests inadequate investment in these services and supports. DCF remains under federal court supervision for failing to meet the needs of children in its care, and the agency’s federal court monitor has cautioned against efforts to save money by reducing congregate care and caseloads absent meaningful investment in frontline staffing and development of services that meet the complex needs of those children remaining in care. In fact, as already discussed, DCF’s caseload safety, case-plan quality, and ability to meet children’s basic needs have all suffered in recent months. These declines in care quality undercut the departmental infrastructure needed to promote permanency.

Recommendations

The state’s failure to adequately reinvest saved funds into reforms that improve care quality is jeopardizing the well-being of vulnerable children to whom we owe a special responsibility. To ensure the state is able to meet children’s needs now and in the future, the state should:

- Protect DCF’s budget from further cuts.
- Begin reinvesting current saving and any future savings back into the DCF budget, and invest in lower caseloads for social workers; enhanced community services; increased support for kinship families; increased support for foster families; and increased programming in newly identified areas of need.
- Consider legislation creating a “re-investment fund” to ensure that state savings from child welfare reforms are put back into the DCF budget.

B. Discharge of Vulnerable Youth in Foster Care at 18

Why Preventing “Aging Out” is Important

Each year, close to 100 youth turn 18 and leave the care of DCF without any formal family relationships. In many ways, these are the young people whom our child welfare agency has failed – after being removed from their families to protect them from abuse and neglect, DCF has been unable to reunify these children with their families, transfer their guardianship to a loving family member, or find them an adoptive parent. As such, upon reaching a designated age, these young people will see the State agency that has been their statutory parent suddenly cut off all support, and they will be forced to transition into their impending adulthood with few permanent connections to guide them. These youth are at extremely high risk for unemployment, poverty, homelessness, hospitalization, dependency on public programs, criminal justice
involvement, and future child welfare involvement. Therefore, it is essential that Connecticut provide an adequate array of services and supports to these young people to ensure that their transition to adulthood goes as smoothly as possible, so that the State can fulfill its obligation to these children as statutory parent, and avert the future costs to other State agencies that result from poor life outcomes.

Best Practices
Keeping Kids in Care Until 21
National research suggests that youth who can remain in foster care until age 21 have greater educational attainment, higher lifetime earnings, delayed pregnancy, and reduced involvement with the law. By discharging the most vulnerable youth at age 18, states increase their risk for poverty, young pregnancy, and criminal justice involvement. Moreover, new federal reimbursement for foster care services provided to youth age 18 to 21 under the Fostering Connections to Success and Adoptions Act of 2008 (Fostering Connections) means that states can save money by allowing these young people to remain in foster care until age 21.

States may extend post-majority services to five categories of youth who wish to remain in care after age 18:

1) Youth completing secondary education (e.g., high school);
2) Youth enrolled in a post-secondary education program (e.g., college or vocational school);
3) Youth enrolled in a program designed to promote or remove barriers to employment (e.g., Job Corps);
4) Youth working at least 80 hours per month;
5) Youth suffering from a medical condition that prevents them from falling in categories 1 through 4.

Over 15 states, including Maine and Massachusetts, have extended foster care to 21 for all 5 eligibility categories.

Developing relationships and permanency for young people 18 to 21
For young people who remain in foster care until 21, it is not enough to continue “business as usual.” As the Jim Casey Youth Opportunities Initiative explains, “Simply extending traditional foster care to young people once they reach age 18 will not provide them with the developmentally appropriate supports and services that they need to become healthy and productive adults.” These services must include the cultivation of relationships with adults who might be permanency resources. A 2005 North American Council on Adoptable Children Report explains that the growing trend in older child permanency movement is for “child-specific recruitment,” that “asks youth to identify possible resources, and creates an individualized plan by carefully reviewing the child’s case record and finding people the young person knows.” A best practice model includes the Brooklyn, NY based “You Gotta Believe!” program, which “recruits, trains, and supervises adoptive families” for older youth in foster care who have a goal of adoption or independent living, and “prepares and supervises families who will commit to assuming permanent care of youths.” Older youth play a key role in identifying adults who might not have been previously been thought of as permanency resources, and case workers help cultivate the relationship between the young adults and families. Between 2001 and 2005, You Gotta Believe placed 80 youth with permanent families. Of these families, 50 percent adopted the youth and 50 percent made a commitment to stay connected to the young person permanently.
Connecticut Policy, Data, and Outcomes

Keeping Kids in Care Until 21

DCF’s current eligibility structure for youth over the age of 18 does the least for those youth who need the most. Currently, youth who turn 18 in foster care are permitted to remain in DCF care only if they are finishing high school, enrolled in a college or vocational program, or enrolled in an approved job training program. Those youth who are least ready to be on their own – those who do not yet have the ability to continue their education – are the ones who are forced to age out at 18.

Many youth who do not meet DCF’s current eligibility categories are eligible for Connecticut Department of Mental and Health and Addiction Services (DMHAS) or Department of Developmental Services (DDS), and are transferred to those agencies, where they will reside in supportive housing paid for entirely by the State. The remaining youth are simply discharged. However, national research indicates that these youth who are struggling at their time of exit from DCF are at substantially higher risk for homelessness, hospitalization, and incarceration than their higher-functioning peers who turn 18 in foster care. As a result, even many of those youth who are not transferred to DMHAS or DDS will still soon face a crisis and return to expensive hospitals or agencies like DMHAS of the Department of Corrections (DOC) anyway.

Developing relationships and permanency for young people 18 to 21

As detailed in the 2014 Program Review and Investigations Study on Youth Aging out of Care, DCF has a plethora of programs and services in place to help older youth, including supportive housing programs, independent living programs, paying for college education, and, most recently the CHEER program, which will permit certain youth who turn 18 in foster care to remain in the agency’s care if they are employed and otherwise productively engaged (e.g., receiving therapy, taking classes) for a total of 40 hours per week. Unfortunately, in not uniformly serving all young people to 21, the young people who are least able to participate in full time school or job training programs are left out of these programs and services and are at greater risk for homelessness and other negative life outcomes.

Recommendations

To fulfill its responsibility to the most vulnerable young adults it has raised, Connecticut should:

- Allow all eligible youth to remain in DCF care until 21, capturing additional federal funds and saving the state money while helping the state’s most vulnerable youth
- Build and support innovative programs designed to help 18 to 21 year olds who remain in care develop relationships.

C. Youth Empowerment and Engagement

Why Youth Engagement is Important

Authentic engagement of young people in DCF care is critical to both appropriate young adult development and to the formulation of strong DCF policy and practice. Adolescence is a time of rapid growth and brain development, and provides an opportunity for youth to take on increasingly adult roles while still under the supervision of family. Since youth in DCF care have been removed from their families, it is essential that the Agency actively engage youth in decisions made about them, so that youth can begin to learn to take on these adult planning responsibilities. By engaging youth
in care in Department policy-making and in the development of their case plans, youth and policy makers can both benefit.

Best Practices

Youth Engagement in Policy
Youth who grow up in the foster care system often come to know the intricacies and realities of the system better than anyone. Policy makers who actively engage with young people in the foster care system learn valuable lessons about which parts of the foster care system are working well and which are not. Youth also often know best what it is they really need from the State to transition to a healthy and meaningful adulthood, and can help to inform strong policy and practice through authentic youth-adult engagement.120

Youth Engagement in Case Planning
It is vital that foster children and youth are involved – in an age-appropriate manner – when important decisions about their futures are made, and are provided the opportunity to identify and seek out permanent relationships in their lives. Disastrous situations such as disrupted placements can be avoided if youth first are consulted. Youth in foster care, who have been uprooted from their families, have a particularly strong desire to know what is going to happen to them to be sure that any changes being considered will meet their needs. The point is not that youth should make the decisions themselves, but rather that their input is essential to making good decisions. The more that youth are engaged in the decision-making process, the more likely they are to respond positively to choices made for placements and services.121 In some states, the child welfare agency provides a transition planning checklist or “toolkit,” to help guide workers through the many facets of ensuring a smooth transition from care. These checklists often help guide workers as they partner with youth in their care to develop a plan for life after care. New York, for example, utilizes an extensive 11 page transition plan asking numerous questions covering various domains, while Nebraska uses a worker’s checklist for its transition planning with youth to ensure relevant tasks are performed prior to case closure.122

Connecticut Policy, Data, and Outcomes

Youth Engagement in Policy
DCF Youth Advisory Boards (YAB) are currently the primary outlet through which youth have the opportunity to engage in the policy process, and are tasked with “addressing Department policies and procedures involving youth issues, and the unique problems of youth transitioning from out-of-home care.”123 DCF requires that each area office have a YAB;124 however, in practice smaller offices often combine their boards to have larger group meetings.125 There is no dedicated employee in each office responsible for running the YABs; rather, interested social workers work overtime to fill the role. In practice, boards generally engage in a wide range of activities, which include advocating for improved Department policy, recruiting foster parents, doing community service, and celebrating educational achievement.

YABs have played an integral role in advancing policies that promote permanency and smooth the transition to adulthood. A YAB-championed campaign to allow youth to regularly see their siblings led to the passage of legislation (PA 12-71), which requires that DCF permit youth in care who are not placed with their siblings be allowed to visit them at least once each week.126 Additionally, DCF leadership sometimes holds regular meetings with representatives of the YABs. However, DCF policy does not mandate that the Commissioner meet regularly with the youth board; as a result, there is no guarantee that such regular meetings will continue when agency leadership changes.

“I would tell the commissioner that I would love to have more programs out there for more DCF children... it will keep people knowing that yeah, we have a voice, and, yeah, we are getting somewhere.”
Youth Engagement in Case Planning

While Connecticut is already doing some things well in engaging youth in their case plan, there is much room for improvement.

“By allowing youth to be part of the planning when it comes to these transitions it creates not only a timeline but also a sense of security. Having a voice allows us as youth to know that we are able to make our own decisions and begin to make the transition into adults who can function in society.”

First, youth can influence the development of their own case plan and transition process by attending their Administrative Case Reviews (ACR). DCF policy requires that all youth over age 12 be invited to their ACRs,127 unfortunately, anecdotal reports from attorneys representing youth in care and from Youth Board members suggest that, currently, youth in care rarely actually attend. This is in part because DCF has no requirement that adolescent ACRs be scheduled in the afternoon,128 in spite of the fact that this has been identified as a best practice for youth engagement.129 As such, as youth are often in school during the ACR and cannot attend.

Second, while DCF policy indicates that youth must identify important adult relationships in their case plan, DCF is unable to provide data on how many youth identify three relationships in their case plans, suggesting that this is not a valued nor tracked component of the case planning process.130 National research and programs that best support permanency are clear that young people must have the opportunity to identify and seek out relationships that are important to them.

Finally, while DCF does mandate that all youth who are approaching their 18th birthday have an Adolescent Transition Plan, current policy mandates the plan be developed at a youth’s final ACR, during the 90 day period prior to the youth’s 18th birthday.131 This gives workers and youth little time to collaborate on important transitional decisions like identifying permanent connections, finding educational and employment resources, determining benefits eligibility, and setting post-foster-care goals. Furthermore, DCF does not provide a detailed transition planning checklist or “toolkit,” to help guide workers through all the many facets of ensuring a smooth transition from care.

Recommendations

To ensure that the needs and voices of young people are heard in policy decisions and their case planning, the state should:

- Ensure the continuation of the Youth Advisory Board program and provide opportunities for further youth engagement with DCF policy.
- Encourage all youth to attend their ACRs and mandate that ACRs not be held during school hours.
- Require the identification of important adults in each child’s case plan, and track data on whether this is fulfilled in order to measure progress.
- Begin Adolescent Transition planning well before 90 days in advance of a child’s 18th birthday, and provide additional tools and resources to help social workers and young people create a comprehensive and ultimately successful transition plan.132
VI. Conclusion

Children in the foster care system are among Connecticut’s most vulnerable young residents. These children are often victims of severe trauma that can disrupt healthy development, and they frequently lack a traditional family structure that can consistently support their growth. When DCF chooses to take children away from their homes, in order to protect them from abuse and neglect, it does so with the promise that, whether through reunification, adoption, kinship care, or transfer of guardianship, it will one day be able offer these children a healthy, loving, and supportive family to grow up in.

This paper identifies policy and practice recommendations designed to foster permanency and help young people in foster care meet their needs through relationships with family and siblings, mentors, attorneys, and social workers. Connecticut has already adopted some of these policies and practices. However, this paper also identifies systemic barriers to achieving successful relationships, and suggests recommendations to break down these barriers, including preventing further cuts to DCF’s budget and investing saved funds into supports and services, allowing all eligible youth to remain in DCF care until 21, and empowering youth to be involved in policy development and case planning. While there have been a number of significant and encouraging improvements in Connecticut’s child welfare system, Connecticut can still do more to cultivate and secure permanent relationships for young people in its care. The recommendations in this paper can provide a crucial place to start.

“I am proud of myself for being who I am now. After all my struggles, trauma, and sad days, here I am still standing and being educated to be someone in life.”
Acknowledgements

We would like to thank the staff of Connecticut Voices for Children, particularly Cyd Oppenheimer, J.D., for their invaluable support and guidance in the production of this paper. We would also like to thank the young people involved in the Department of Children and Families for their inspiration, bravery, and commitment to advocacy. Finally, we would like to thank the Jim Casey Youth Opportunities Initiative, the Tow Foundation, and the Melville Charitable Trust for generously supporting Connecticut Voices for Children’s child welfare and juvenile justice work.

3 Ibid.
11 Ibid.
12 Ibid.
16 Testimony of Victor Groza, Ph.D., LISWS in Support of S.B. 981. Available on request to Edie Joseph at ejo@ctvoices.org


Using data from the National Survey of Child and Adolescent Well-Being, October 1999-March 2004, looking at how the placement (kinship care versus general foster care) for 1,309 children following a maltreatment report affected child behavior problem outcomes. The evidence suggested that children placed in kinship care had fewer behavior problems 3 years after placement than children placed into foster care (32% as compared to 46%).


Ibid.


Ibid.


Ibid.


As of July 2014, there were 505 youth with an APPLA goal. 16.5% was calculated by adding up the number of children with Reunification, Adoption, Guardianship, Long Term Foster Care – Relative, and APPLA goals, and dividing 505 by that denominator. See, “Juan F. v. Malloy Exit Plan, Quarterly Report, April 1, 2014 - June 30, 2014 Civil Action No. 2:89 CV 859 (SRU).” Available at: http://www.ct.gov/dcf/lib/dcf/agency/pdf/2nd_qtr_report_2014_final.pdf.


Anecdotal reports from knowledgeable attorneys representing children with an APPLA goals have raised concerns that early implementation of this Roundtable initiative may be primarily superficial.


47 To hear members of the DCF Youth Advisory Boards talk about the importance of their sibling relationships, see [http://www.ctvoices.org/node/2754](http://www.ctvoices.org/node/2754).


50 Juan F. v. O’Neill, Complaint p.18-19


52 Ibid.


57 Ibid.

58 Ibid.


62 Ibid.


65 Yale Law School Professor Jean Koh Peters suggests that attorneys answer the following set of questions in order to best address the needs of their child client: “In making decisions about the representation, am I seeing the case, as much as I can, from my client’s point of view, rather than from an adult’s point of view? Does the child understand as much as I can explain about what is happening in his case? Is it possible that I am making decisions in the case for the gratification of the adults in the case, and not for the child? Is it possible that I am making decisions in the case for my own gratification, and not for that of my client? Does the representation, seen as a whole, reflect what is unique and idiosyncratically characteristic of this child?” For example, see Jean Koh Peters, Fordham Law Review Volume 64 Issue 4, ‘The Roles and Content of Best Interests in Directed Lawyering for Children in Child Protective Proceedings,” available at: [http://ir.lawnet.fordham.edu/cgi/viewcontent.cgi?article=3243&context=flr](http://ir.lawnet.fordham.edu/cgi/viewcontent.cgi?article=3243&context=flr).


67 Ibid.
pursuant to subdivision (5) of subsection (j) of section 46b-129, the judge before whom such proceeding is pending shall, even in the absence of a request to do so, provide an attorney to represent the child or youth, if such judge determines that the interests of justice so require, provided the child or youth consents to the representation. Such proceeding is pending shall, even in the absence of a request to do so, provide an attorney to represent the child or youth, if such judge determines that the interests of justice so require, provided the child or youth consents to the representation.


See, Connecticut Raised Bill 5304 “An Act Preventing Homelessness for Youth under the Care of the Commissioner of Children and Families,” 2014. Available at: http://www.cga.ct.gov/asp/bgabillstatus/bgabillstatus.asp?selBillType=Bill&bill_num=HB5304&which_year=2014. In particular, see: (b) In any proceeding in which a child or youth who has been released from the care and custody of the Department of Children and Families as a result of (1) a denial, suspension or termination of benefits, or (2) a determination by the superior court for juvenile matters that the department’s continuation of care and custody is not in the child or youth’s best interest pursuant to subdivision (5) of subsection (j) of section 46b-129, the judge before whom such proceeding is pending shall, even in the absence of a request to do so, provide an attorney to represent the child or youth, if such judge determines that the interests of justice so require, provided the child or youth consents to the representation. Such proceeding is pending shall, even in the absence of a request to do so, provide an attorney to represent the child or youth, if such judge determines that the interests of justice so require, provided the child or youth consents to the representation.

For more on best practices for representing abused and neglected children, See “Providing Quality Representation for Abused and Neglected Children,” Connecticut Voices for Children, April 2008. Available at: http://www.ctvoices.org/sites/default/files/welf08legalrepresent.pdf. Additional information available upon request from Edie Joseph at ejoseph@ctvoices.org


See, Ibid.
Information on these measures received by Edie Joseph from DCF via email. Available upon request.


See, Recommendations of the DCF Youth Advisory Board, available upon request from Edie Joseph at ejoseph@ctvoices.org.


Inflation adjustments account for historical and expected inflation. Inflation rates were calculated using the historical 6-month averages of the Consumer Price Index (CPI) for urban consumers, publicly available through the U.S. Bureau of Labor Statistics’ (BLS) website at http://www.bls.gov/cpi/. Expected inflation was calculated using Congressional Budget Office (CBO) quarterly projections of the CPI, publicly available through the CBO website at http://www.cbo.gov/publication/45066. Nominal dollar values were adjusted to equal the expected purchasing power of a dollar at a small of FY 2015 (July 1, or the beginning of the 3rd quarter of 2014). For this reason, dollar values presented in this brief will not match budget documents.


See, data provided via e-mail by Gary Kleeblatt, DCF, available upon request.

Includes all other line items that existed at least one year between FY 2009 and FY 2015: Other expenses; Equipment; Short-term residential treatment; Substance abuse screening; Workers’ compensation claims; Local systems of care; Family support services; Emergency needs; Homeless youth; Differential response system; Regional behavioral health consultation; Health assessment and consultation; Grants for psychiatric clinics for children; Day treatment centers for children; Juvenile justice outreach services; Child abuse and neglect intervention; Community emergency services; Community based prevention programs; Family violence outreach and counseling; Supportive housing (formerly “Support for recovering families”); No nexus special education; Family preservation services; Substance abuse treatment; Child welfare support services; Individualized family supports; Community kidcare; Covenant to care; Neighborhood center; Nonfunctional-change to accruals

DCF’s federal court monitor emphasizes the profound lack of adequate services and personnel; DCF’s most recent Community Mental Health Services Block Grant (CMHS) application outlines extensive needs for mental health supports and information technology supports; Georgetown Center for Juvenile Justice Reform (CJJR) reviewed and made substantial recommendations for changes to DCF’s Juvenile Service system; A recent report, “Invisible No More,” by the Consultation Center at Yale Medical School documents the need for DCF to provide crisis services and supports to unaccompanied homeless children; Program Review and Investigations Committee (PRI) reported significant service and reporting deficiencies undermine service delivery and outcomes for youth aging out of care.


[115] Ibid.

[116] Ibid.


[120] For more on authentic youth-adult engagement, see “Authentic Youth Engagement: Youth-Adult Partnerships,” Jim Casey Youth Opportunities Initiative. Available at: http://www.jimcaseyyouth.org/sites/default/files/documents/IssueBrief%202012%20Authentic%20Youth%20Engagement.pdf


[124] Ibid.

[125] For example, Waterbury, Meriden, and New Britain usually have their board meetings together, youth from the Stamford and Norwalk office join Bridgeport’s board, Norwich’s board sometimes merges with Willimantic’s.

[126] Film of YAB advocates testifying on the importance of sibling connections can be found at http://www.ctvoices.org/node/2754.


[128] Ibid.

[129] See, Jim Casey Youth Opportunities Initiative, “Opportunities to Shape Their Own Future.” Available at: http://jimcaseyyouth.org/opportunities-shape-their-own-future.

