

Five Commentaries: Looking to the Future

To provide an array of perspectives on the future direction of foster care, we asked five experts across various disciplines and backgrounds to respond to this question: “How can the child welfare system be improved to better support families and promote the healthy development of children in foster care?” Their responses follow.

COMMENTARY 1

Susan H. Badeau

My husband and I first became foster parents in 1982. In the 20 years since then, we have fostered more than 50 children and teens, adopting 20 children along the way. At the same time, in my career as a child welfare caseworker, I was involved in placement decisions for hundreds of children and their biological, foster, and adoptive families. With those experiences in mind, I would argue that a conversation about improving the system should begin with a discussion of guiding principles. If policymakers and practitioners at the federal, state, and community level were to agree to a basic set of guiding principles, multiple strategies to serve children and families would emerge and would likely be successful. As a way of beginning this conversation, I propose six key principles.

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1. Do no harm

Any policy discussion or shift in practice should begin with a strong commitment to ensuring that no child or family will be worse off after intervention than they were before. No one works in child welfare with a goal of hurting children. Yet the cumulative effect of the patchwork approach to child welfare policy and practice is that children and families are often hurt more by the system than they were by the circumstances that brought them to the system in the first place.

One of our first foster care experiences was with a teenage boy, “Jerry.” When he arrived in our home at the age of 14, he was desperately behind in school, severely depressed, and addicted to sniffing glue, paint, and other chemicals. We eventually learned that Jerry had been a “healthy, normal” six-month-old when he was removed from the care of his developmentally disabled mother, ostensibly because of neglect. In the ensuing years, Jerry experienced 17 foster care moves, and was physically and sexually abused in at least 3 of these placements. During the same period, his mother, despondent over the loss of her son, became depressed and lost her job. She received no supportive services, and, as a result of chronic unemployment and homelessness, eventually became a prostitute. Throughout

his teenage years, Jerry was involved in escalating criminal activities, and he is in prison today. Jerry and his mother were clearly harmed more by the system's intervention than by the "neglect" that first brought Jerry to the attention of child welfare workers.

Children who have spent time in foster care have negative outcomes in numerous areas, including physical and mental health, educational achievement, and social development. Although some of these outcomes can be attributed to factors that were present before a child came into contact with the child welfare system, prolonged foster care, particularly involving multiple placements, undoubtedly contributes to the negative outcomes.

2. Focus on the whole child, in context

Policy and practice must be structured to serve children within the context of families and communities. The structure should provide opportunities and incentives for multiple systems—including health, mental health, education, employment and income support, and justice as well as child welfare—to collaborate on behalf of children before, during, and after their involvement with foster care. Although some strides have been made, serious gaps exist. For example, children in foster care are entitled to receive health and mental health care services through Medicaid, but no policy initiative ensures continuity of health care coverage for children who return home after a period in foster care. Services that "wrap around" both the child and the family should be a high priority in discussions regarding improvements in the child welfare system.

Recently the media have presented heart-wrenching stories of children with mental health challenges being placed into state custody for foster care because their families concluded that this was the only way to secure a mental health diagnosis and ongoing treatment. Early in our experience as foster parents, "Kyle," a cute but "wild" 11-year-old, was placed in our home. Kyle's parents had become increasingly unable to cope with his erratic and challenging behavior, and after several years of frustration, they decided to place him in foster care. Within six months, we obtained a mental health assessment for Kyle and he began treatment, which included medication. Nine months after entering foster care, he was stable enough to return home. Upon leaving fos-

ter care, however, he lost his Medicaid coverage. His parents could not afford both therapy and the medication for Kyle. Within a few months, he had deteriorated to the point where he was returned to foster care.

3. Uphold connections to family and other significant relationships

Children need constancy, connectedness, and a sense of belonging to thrive, as detailed in the article by Jones Harden. Even when a child clearly will not be well served by returning home, and no relatives are available to provide a permanent home for the child, children must be allowed to maintain the connections that have been significant in their lives. Sibling relationships, in particular, should be carefully preserved in all but the most extreme circumstances. Our oldest six children are siblings who had been separated and scattered across a large state for several years while in foster care. When we adopted them, they had to move across the country to join our family. Someone asked the 17-year-old why he wanted to uproot himself in the middle of his junior year in high school and move 3,000 miles away to start over. "To be reunited with my siblings," he replied, "it is worth it."

Adoptions that incorporate a degree of openness, allowing a child to maintain some contact with parents and other relatives, should become the norm. Paternal as well as maternal family connections should be explored and honored. After more than 15 years of separation from her birth father, one of our daughters, "Betty," recently got to know not only him, but also her half siblings, aunts, uncles, and cousins on his side of the family. We learned that her birth father's family had never been considered as a resource when Betty entered foster care as a young child. Clearly, many family members could have been either a placement or resource for her. Instead, she bounced around between seven foster and group home placements.

Families and children themselves should determine who is significant in a child's life; child welfare agencies should take steps to ensure that both sides of a child's family are contacted when a foster care placement is imminent. Instead of viewing "lasting versus binding" as competing concepts, as described in the article by Testa in this journal issue, we should think about ways to provide children with family connections that are

both lasting and binding. A legally binding relationship with a relative (as in a permanent legal guardianship) or an adoptive family does not eliminate the need for a child to continue to have lasting connections with other important people in his or her life, including siblings, birth family members, and former foster families.

4. Consider the child's developmental needs, timetable, and lifetime needs

Remember how far away summer vacation seemed at the beginning of a new school year when you were a child? Interventions for children and their families must respect and account for children's timetables. Too often, child welfare policies and practices take a "one-size-fits-all" approach. Instead, service delivery should look entirely different for infants, toddlers, school-age children, and adolescents. During our tenure as foster parents, my husband and I cared for an equal number of infants and adolescents. One thing that constantly amazed me was how similar the case plans looked, whether for a medically fragile baby or a college-bound teen. In particular, "parenting classes" for the birth parents were the same for everyone, regardless of whether they were the parents of infants, adolescents, children with developmental or mental health challenges, or children with relatively normal cognitive capabilities.

In addition, although foster care is meant to be short-lived and temporary, it must be cognizant of children's lifelong needs. Child welfare policy and practice must not only focus on the immediate health and safety of children in care, but also lay the foundation for healthy adult lives. Children eventually grow up, and as most of us can attest, they will continue to need family, supportive relationships, and healthy environments as adults.

5. Culturally respectful approaches, not unequal treatment

Principles 2 and 3 above, if implemented with honesty and integrity, will result in culturally respectful and competent practices involving a child's family, kin, and community in every aspect of their experience with the child welfare system. As noted in the article by Wulczyn in this journal issue, significant differences are seen in the quality of care and outcomes for children in the child welfare system depending on their race and ethnicity. This is clearly unacceptable. Yet, in an effort

to ensure that such disparities are erased, we must not ignore the significance of racial, ethnic, and religious factors in children's development and long-term well-being. For example, one of our foster sons was better served by moving to another state, where he could be placed with an Orthodox Jewish family, similar to his family of origin. Other children are best served by remaining in the neighborhood and school system they are most familiar with. Child welfare policy needs to account for, embrace, and encourage respect for cultural differences while ensuring fairness and equality in expected outcomes for all children.

6. Outcomes-based approaches should not eliminate innovation

Given the sufficiency of data and research in the field of child welfare, we can legitimately expect to see evidence that programs and support services will be effective before investing in them. However, the focus on outcomes should not be used as a limiting factor discouraging our best thinkers from stretching toward even better opportunities and outcomes for all children and families. To serve the best interests of children, families, and communities, we should provide professional environments that encourage social work staff and researchers to innovate and take the risks needed to make continued improvements in the system. In our family, when four siblings we later adopted first came into foster care, kinship placements and subsidized guardianship were relatively new approaches. Had the child welfare agency been encouraged to be creative and innovative, social workers there might have considered a guardianship placement with the children's cousin, a schoolteacher with a stable home environment who cared a great deal about them. However, because this was an "untested" approach, agency staff did not explore it, and the children lost an opportunity to remain permanently connected to their family of origin. After multiple foster care placements, they landed in our family, and over the years we were able to reestablish this tie to their birth family.

Unfortunately, lack of public will remains a serious barrier to making genuine improvements in the care of vulnerable children in our society. Transforming the child welfare system, in the ways in which I have suggested will require a groundswell of public interest in and support for these children and families.

COMMENTARY 2

Alfred G. Pérez

The articles in this journal issue focus on the safety and stability of children who are placed in our nation's foster care system. The central goal of this system is to provide abused and neglected children with safety, permanency, and well-being. Yet this goal is not always achieved. Services are often delivered in a piecemeal or "one-size-fits-all" manner, rather than with a developmental and holistic approach. Given my personal experience as an adolescent growing up in California's foster care system, and my professional experience working as a child advocate, I will focus this commentary on the unique needs of adolescents.

Healthy development is critical at all stages of childhood for youth to grow into stable and contributing members of society. As described in the article by Jones Harden in this journal issue, children and youth in foster care are often traumatized by abuse and neglect before entering foster care. This traumatization has potential lasting developmental effects. The foster care system can minimize these harms or it can exacerbate them.

The stewards of foster care tend to use a one-pronged approach to service delivery, neglecting the unique developmental needs of youth. It is common knowledge that the child welfare system is burdened by high caseloads and that caseworkers spend a great deal of time navigating the bureaucracy. Child welfare practice also sometimes reflects a belief that it is too late to intervene in adolescents' lives. As a result, adolescents are often a forgotten population in the child welfare system. But developmental theorists maintain that intervention can have a positive impact at any point in one's life span.

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Although youths' developmental needs are, at worst, neglected or, at best, addressed in a boilerplate manner, their individual, cultural, and spiritual needs often go unrecognized. In the article by Stukes Chipungu and Bent-Goodley in this journal issue, the authors describe how cultural and ethnic development parallels—and is as important as—basic development. Teens forge identities and belief systems during adolescence. These developmental milestones can be hampered by the effects of foster care. Youth in foster care often experience culture shock, which can be compounded by a sense of confusion, anxiety, stress, and loss.

A poignant example of how the foster care system tends to focus heavily on younger children and ignore the developmental needs of adolescents is placement options. Younger children tend to be placed with safe and loving foster families. Jones Harden states that children who grow up in stable families often achieve positive outcomes. Teens, however, tend to be placed in residential facilities or group homes. My experience of living in 11 different group homes denied me the necessary sense of family, safety, and well-being. Instead, these institutional placements impress a form of "punishment" on youth for being victims of abuse or neglect. For example, youth in group homes are frequently asked, "What did you do to get sent here?"

The overuse of group homes can be detrimental to adolescent development. Group homes do not provide a family-like setting and confine youth with myriad regulations that do not allow them to function like their counterparts placed in family foster homes. As a result, adolescents in care often exhibit destructive behavior that can have lasting consequences. Young people need both a sense of belonging and of individuality. When youth are treated as individuals and connected to caring adults who meet their needs, negative and unintentional consequences can be counteracted.

Foster care programs such as California Youth Connection, Voices of Youth in New York City, and the National Foster Youth Advisory Council embrace components of positive youth development. These programs promote foster youth participation in policy development and legislative change in an effort to improve the foster care system. Additionally, these programs provide a sense of community, identity forma-

tion, and self-worth, developmental milestones that teens must achieve to grow into healthy adults. These programs give youth a voice in an overwhelming and sometimes unfriendly foster care system, and provide a sense of connectedness and belonging. I have heard from many youth across the country who feel empowered by attending conferences, sitting on advisory boards, or having an outlet to write and speak about their foster care experiences. This empowerment helps adolescents begin to think positively about life on their own when they reach majority age.

Many foster teens, especially those who have been in foster care for an extended period, have difficulty establishing themselves as self-sufficient, independent adults. The dismal outcomes youth face when aging out of foster care are summarized in the article by Massinga and Pecora in this journal issue. The authors report that emancipated youth are likely to experience homelessness, fall into the criminal justice system, and become dependent on public assistance. Additionally, these youth are at a higher risk of teen pregnancy, physical, developmental, and mental health problems, and alcohol and other drug abuse, and they must deal with many educational deficits.

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These unfortunate outcomes only reinforce that most youth are not ready to undertake the responsibility of rearing themselves at age 18. When I speak publicly regarding my foster care experiences, I always ask audience members how old they were when they left their parents' home to live independently. The majority moved between the ages of 25 to 27. This age range coincides with U.S. Census data reporting that many Americans remain at home well into adulthood or return after trying to make it on their own.

Since the late 1980s, programs have been established to help prepare youth for the transition from foster care to living independently. The majority of these programs are funded under the Chafee Foster Care Independence Program. (For a more detailed description of the Chafee Foster Care Independence Program, see the articles by Allen and Bissell, and by Massinga and Pecora, in this journal issue.) Program models vary across the country. Some teach tangible life skills, such as budgeting, apartment hunting, and finding resources. Other programs provide direct services, such as transitional housing and other support services. Some programs also provide counseling and address interpersonal skills.

Regardless of the program model, youth benefit from a connection with caring adults, such as parents, older siblings, community members, teachers, court-appointed special advocate volunteers, and extended family. The foster care system should make a commitment to ensure that no youth exits the system without such a connection. A brochure with a list of hot-line phone numbers is simply not enough.

From both a personal and a professional viewpoint, I believe that it is essential for the foster care system to shift its current paradigm of one-size-fits-all service delivery to one that is developmentally sound and addresses individual needs. Incorporating programs that embrace positive youth development, connect youth to caring adults, and place youth in developmentally appropriate settings is a step in the right direction. Although the foster care system might not be the most desirable parent, the potential exists for the system to have a lasting and positive impact on the lives of our nation's most vulnerable populations.

COMMENTARY 3

Will Lightbourne

In the Spring 1998 issue of *The Future of Children* on protecting children from abuse and neglect, the editors commented in their introduction,¹ “The decisions caseworkers make every day would challenge King Solomon, yet most of them lack Solomon’s wisdom, few enjoy his credibility with the public, and none command his resources.” The current journal issue focuses more on out-of-home care and questions of reunification and permanency than on investigation and removal, but the credibility of the decision-making process and the availability of resources still lie at the heart of any discussion about how to improve the child welfare system.

The Credibility of the Decision-Making Process

The decision-making model within the child welfare system needs to shift from one that centers on the social worker alone, or a social worker and supervisor, to one in which community agencies that are providing services, and the family itself, are encouraged to participate. Decisions regarding placement or reunification should also involve the foster family (also referred to as the “resource” family). Expanding the circle of decision makers is key to broadening the knowledge base of culture and resources, reducing the role of personality and the possibility of bias, and increasing the likelihood that the birth family will understand the service plan and how recommendations about reunification will be made. It also increases opportunities for the foster family to see the birth parents in a constructive light and affirm a continuing relationship between birthparents and child. It may also have the welcome effect of reducing the power imbalance between the child welfare worker and the birth parent.

Desirable as such a decision-making model may be, it comes at a price in terms of workers’ ability to handle

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large caseloads. Recent studies in California show that the average public child welfare agency worker carries a caseload that is more than double what is considered appropriate. Achieving a new model of decision making involves more than just deciding to do it and training workers in its use. Public resources must be available over the long haul to permit and maintain caseload reduction.

The Availability of Resources

Improving the system is necessarily a developmental process—dependent not only on the availability of adequate financial and human resources, but also on a greater alignment of the system’s goals, approach, philosophy, and structure. The starting place for such a process is to define the child welfare system as part of a larger network that cares for and supports families that have pressing needs they cannot meet with their own resources.

As part of this larger network, one means of expanding resources for families in stress is by creating stronger linkages with community-based organizations. Many families who are referred to child protective services do not require agency intervention, but they do need some social supports. Similarly, families being “assessed out” (that is, families whose cases are being closed) often have continuing needs for supports. In such situations, child welfare agencies could secure service agreements with community organizations to serve as family resource centers that can provide extended services. Even in situations where closer monitoring is called for, a community-based partner can assist child welfare workers by assuring a regular presence with the family and observing the children’s status. Such support from a community-based partner can make a difference in the worker’s decision about whether to bring a family into the child welfare system.

Tapping community resources to take on these new roles is viable, however, only if the public agency has a means to reimburse the organizations or can arrange for funding from third parties. Efforts to shift placement resources to early-intervention strategies based on the premise that this redirection of resources will ultimately be cost neutral are risky, even for the larger public agencies, and often the time frames within

which the economics must work out are too short for early-intervention services to mature and win the confidence of all the involved decision makers. As a result, brokering funding from private sources is increasingly a more realistic approach.

It is particularly challenging to secure resources to support more specialized services, especially substance-abuse treatment, psychological assessments, and mental health services that are culturally competent for minority parents, as discussed in the article by Stukes Chipungu and Bent-Goodley in this journal issue. Even when specialized services are available, resource experts are needed when service plans are developed to ensure that families know about and use the services. In the absence of services and/or the experts that can recommend them, “cookie-cutter” plans are often adopted that do little to address a birth family’s specific needs. Such plans usually frustrate birth families and waste their time, but, if ignored, the plans can lead to families appearing noncompliant, inappropriate, and even aggressive. As a result, if parents have previously “failed” in reunification services, decision-making teams should ascertain whether the services were appropriate, and whether better-matched resources have since become available.

Goals for an Improved System

With a more inclusive decision-making process and adequate resources, progress could be made toward several important goals for an improved child welfare system:

- ▶ **Less overrepresentation.** Children of color would not be overrepresented in the system. Or, at least, if they are overrepresented in the population that is referred into the child welfare system, the services they and their families receive should result in outcomes that are at least comparable to those of children from groups that are not overrepresented.
- ▶ **More community-based services.** More families that are referred to the system (but not assessed as posing imminent danger to their children) would receive community-based services to help them resolve the problems that may otherwise lead to their

being among the 30% to 40% of assessed-out families that come back into the system within 3 years.

- ▶ **Individualized service plans for birth parents.** Following the removal of children—or the imposition of judicially required in-home supervision—birth parents would receive assessments that would produce detailed, individualized service plans, focusing especially on behavioral health needs. If successfully completed, these plans would result in a high likelihood of reunification.
- ▶ **Better-matched resource homes.** Following removal, children would receive assessments and matching services that resulted in placements in resource homes that (1) provide a supportive and nurturing environment until reunification; (2) participate in children’s transitions back to the birth parents; and (3) have a high likelihood of becoming an adoptive or kin guardian placement if reunification is not possible.
- ▶ **More services for children.** Children would have access to a broad array of services, including (1) services (especially mental health services) for children in out-of-home care to help them to succeed in placement, in school, and at home when reunified; (2) postpermanency services that follow children to their birth homes following reunification, or stay with them in their permanent placement until relationships and behavior are stable; and (3) transition services for children making placement changes or aging out of the care system.²

Only when such goals are realized will caseworkers have a better chance of making wise decisions that support families and promote the healthy development of children in foster care.

ENDNOTES

1. Larner, M.B., Stevenson, C.S., and Behrman, R.E. Protecting children from abuse and neglect: Analysis and recommendations. *The Future of Children* (Spring 1998) 8(1):4–22.
2. Children aging out of the care system should have the option of receiving transitional services, including housing assistance, educational or vocational support, and health care, until at least age 21. See the article by Massinga and Pecora in this journal issue.

COMMENTARY 4

Ernestine S. Gray

Someone has defined insanity as doing the same thing over and over but expecting a different result. By that definition, what we have been doing in child welfare for the past two decades is insane. All the efforts to improve the system have not resulted in better outcomes.¹ The number of children entering foster care has continued to increase. Moreover, children are still languishing in the system, not being reunified or adopted, cycling in and out of care, and even, on occasion, dying.

In a 1997 article, John Gibeaut, a reporter for the *ABA Journal*, wrote, “The way Americans go about caring for abused and neglected kids is a mess. The only way to fix a system that fails everyone may be for juvenile court judges and lawyers to take charge.”² I am not sure how many people would agree that turning the system over to the judges and lawyers would be the best mechanism for improving outcomes for families and children. For many, judges and lawyers are seen as part of the problem with the current system. But I do agree with Gibeaut that the solution must entail a radically new approach.

To begin, we must take a critical look at the system when no reporters or television cameras are inquiring about the death of a child. Unfortunately, in my opinion, many of the changes in the laws in this area have been efforts to “correct” the latest horrific case. We need to be proactive rather than reactive. We need time to think and plan, free from the pressure to rush to judgment and find fault or blame for the latest tragedy. We must not allow those who know very little about the system to attempt to fix it, yet again, through some new version of legislation. We do not need another piece of legislation. We just need to enforce the laws that are already on the books, adequately fund the child welfare and court systems, and make decisions that support the belief that “the children of our state are its most precious resource.”³

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Based on my 18 years on the bench, I offer the following suggestions for improving the child welfare system:

1. Invest in prevention

We must take steps to keep children from coming into the system. Both for the children and for society, it is far better to prevent the harm from happening than to have to repair the damage. When I was a relatively new and naive judge, I said that it was criminal, in a country as rich as America, that families were being separated because of poverty, and after 18 years on the bench I still believe this to be true. Many of our problems would be solved if we ensured that all citizens had adequate income, housing, and health insurance, and we were willing to provide financial support for families at the level we provide for incarceration.

2. Increase the number of professional staff

Next, we must recognize that there are not enough professionals in the system to do this work. We need better-trained and better-paid judges, lawyers, and social workers to reduce turnover and keep experienced workers. Judges should not be rotated. Professionals, especially lawyers and social workers, need to be mature, with significant life experience.

3. Assign appropriate caseloads

With appropriate caseloads, caseworkers have sufficient time to complete thorough investigations, develop better case plans, and connect children and families to needed services that are family centered and child focused. This would lead to improvements in the quality and timeliness of the information that other professionals—such as lawyers and judges—rely on to make decisions in children’s best interests.

4. Implement concurrent planning

One of the bright lines in the Adoption and Safe Families Act of 1997 (ASFA) is concurrent planning, which allows caseworkers to pursue both reunification and adoption at the same time. Some find working on two goals at the same time to be difficult, but concurrent planning should help to ensure permanency for children much faster. If a child is placed initially in a dually certified home (that is, the foster parent is committed to adoption), less time is needed to reach permanency. In such situations, time spent working to reunite the child with his or her birth family can also count toward

the legal time requirements for placement of a child in a prospective home before an adoption can be filed.

5. Provide services immediately

To further advance the goal of achieving permanency as early as possible, services must be provided immediately. To accomplish this, a thorough assessment must be done of all members of the family. This assessment will identify the needed services. Additionally, because of the time frames established by ASFA, we absolutely cannot wait three months to start providing services! Three months is one-fourth of the time allotted to work toward reunification of the family.

6. Increase professional collaboration

Collaboration among system professionals—domestic violence advocates, judges, attorneys, and court-appointed special advocates (CASAs)—is absolutely critical. The child welfare system cannot adequately meet all the needs of children and families without collaborating with other agencies and service providers. Many

families who come to an agency's attention have multiple problems, which must be addressed appropriately to meet the goal of providing permanency for children. Housing, mental illness, and substance abuse are at the top of the list. To provide timely and appropriate services, child welfare agencies need to collaborate with agencies that have primary responsibility for addressing these issues. Agencies should also work with job programs to provide employment opportunities for parents.

7. Engage communities

The children and families that enter the child welfare system come from communities. Establishing the best chance for success requires engaging the community. The community needs to become more actively involved in identifying potential foster parents, adoptive parents, CASA workers, and mentors. Preventing child abuse and neglect is a community concern and communities must be meaningfully engaged in this work. Churches, schools, businesses, recreation departments, and other service providers all must play a role in helping to keep children safe.

None of these principles or ideas is new. As a society, we talk about them. We say that they drive our work. However, the decisions we make regarding funding do not support what we say. We do not behave as if children are our greatest natural resource, and as a result, many children will be left behind. We will improve the child welfare system to better support families and promote the healthy development of children in foster care only when we begin to practice what we preach.

ENDNOTES

1. Included in these efforts are the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) and the Adoption and Safe Families Act of 1997 (Public Law 105-89). For further details, see the article by Allen and Bissell in this journal issue.
2. Gibeaut, J. Nobody's child. *ABA Journal* (December 1997) 84:44-51.
3. *Miller v. State of Louisiana*, 2002-0670 LA(2003), 838 S2d, 761, 765 citing *Vonner v. State*, 273 S2d, 252, 256 LA (1973).

COMMENTARY 5

Layla P. Suleiman Gonzalez

Shifts in the general child population have resulted in an increasingly diverse child welfare population. Latinos¹ are a substantial proportion of some key large states, such as California, New York, Florida, and Texas—but the 2000 census showed that they are also growing in states not traditionally known for large Latino populations, such as North Carolina, Nevada, and Connecticut. This dramatic growth has positioned Latino children as the largest ethnic minority group of children in the nation,² and as a growing presence in foster care.

Recent estimates from the Adoption and Foster Care Analysis and Reporting System (AFCARS) indicate that the percentage of Latinos in foster care has more than doubled in the past decade, from 8% in 1990 to 17% in 1999.³ Actual totals suggest the Latino foster care population has almost tripled to around 90,000;⁴ at least 1 child in 6 is Latino in the foster care population. In states with large Latino populations, Latino children can have a substantial presence in the foster care system, as large as 32.7% (20,342) in California and 25.8% (13,533) in New York.⁵ Of the 126,000 children free for adoption, 15% are Latinos.⁶

Although AFCARS data provide the best national estimates, these are likely to be undercounts of the actual totals.⁷ AFCARS relies on state data collection efforts that have been problematic, especially with regard to race and ethnicity.⁸ However, accurate data collection is not the only challenge state child welfare systems face in providing services to a growing multicultural population. Child welfare systems are facing new challenges related to diversity, including language, culture and sociocultural adaptation, and immigration status.

Language and Meaningful Communication

Language is an essential tool for cultural transmission and for maintaining connections to our cultural her-

itage and traditions across generations. When these traditions are grounded in a non-English speaking community, the home language becomes a crucial link to our identity. Because of its link with culture, the issue of language has been viewed traditionally as an element of cultural competence in social service practice. However, linguistic competence is essential for meaningful communication and viewed in this light, language access becomes a matter of civil rights and not just cultural competence. When language barriers result in the denial, delay, or otherwise differential treatment of limited English proficiency (LEP) speaking populations, it represents a violation of Title VI of the Civil Rights Act. In the context of child welfare, language issues emerge along the service continuum including placements, assessments, and services. Language barriers that impede meaningful communication can alter significantly the stability, safety, and permanency outcomes of Latino and other LEP families in the system.

Placements

Placing a child from a Spanish-speaking family in a non-Spanish-speaking foster home (or other placement), increases the odds that the child will lose proficiency in the home language. Without the ability to

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communicate in the language of parents and/or other family members, the stability of those linkages and therefore, the family itself is seriously threatened. While all children in out of home care struggle to maintain ties with biological family members, children from LEP families experience the additional risk of being linguistically severed from family connections.⁹ Developmentally the risk may be more pronounced for young and preverbal children than for adolescents; but to ensure continued relationships with relatives, all children from LEP families should find linguistic support for their home language in their placements.

To develop a sufficient pool of bilingual foster homes, linguistic competence is necessary to recruit and retain Spanish-speaking families. Throughout the entire recruitment and licensing process, Spanish-dominant families—especially kinship care families—need access to information in their language. Required trainings should be planned so they are offered in Spanish and do not significantly delay the process. Also, though many Latino homes are bilingual and proficient in English, some will need to access Spanish-language resources for the children in their homes. As Spanish-speaking families are a resource in high demand, recruitment and support strategies should address their language needs as well.

Assessments

Investigations and psychosocial assessments in the front end provide much of the evidence used to determine the course of child welfare cases. When assessments are conducted in English with LEP families, language conflicts can yield insufficient and/or inaccurate data for case disposition and planning. Whether the investigation yields a false positive or abuse is actually missed, results can be devastating to families. If communication is compromised in the assessment process, important information can be missed or misconstrued. Moreover, performance on English-language measures can make LEP parents appear low-functioning or even psychologically impaired, and their ability to provide adequate care may be called into question. An assessment of potential resources may be limited by the inability to communicate with family members or relations who might serve as potential kinship placements. Decision making about case goals (such as reunification and adoption) and appropriate services for Latino families will be greatly influenced by the quality of data collected in these evaluations.

Bilingual Services

Currently, bilingual services, whether basic services such as homemaker supports or more intensive inpatient drug abuse treatments, are insufficient to meet the growing demand. Although lack of access to services is an exemption under the rushed permanency timelines of the Adoption and Safe Families Act of 1997 (ASFA), it is not clear whether eligible LEP families are afforded this extension since many workers are unaware of the provision's application to lack of bilingual services. The extent to which LEP families may be experiencing termination of parental rights because of unavailable bilingual services needs to be investigated.

Whether bilingual services are available to biological parents or to kinship care providers, it seems likely that access would influence reunification, child well-being, and permanency for LEP families. The simple act of a parent speaking the home language with the child may be restricted if the visitation supervisor does not speak Spanish and/or does not allow family members to communicate in Spanish.¹⁰ Overall, we do not know how the limited accessibility to bilingual services impacts case trajectories and outcomes.

Interpreters are sometimes used to assist in service delivery. Although they can be a useful resource, the use of a third party to establish therapeutic rapport and treatment should be carefully evaluated. It is essential that the interpreter have the skill level to translate social service terminology. The responsibility for making interpretation resources available rests with the provider, not with the family. Using convenient alternatives not determined by the family, such as a neighbor, violates confidentiality and ethical principles. A fairly common practice of using children as interpreters is not only counter to Title VI guidelines, but from a social work perspective, could further victimize a child who has suffered abuse and is being asked to interpret for the abuser.

The larger “English-only” political discourse also impacts LEP families in the child welfare system, often creating resentment toward the requirement for translation and provision of language appropriate services. In more extreme cases, workers or judges can construe parents who are LEP as deficient or as an additional risk factor. As one judge questioned after ordering an LEP parent to learn English as part of the case plan for

reunification, “If there is an emergency, how would you communicate the needs of your child?” Although a violation of Title VI, such practices persist in courts throughout the country.¹¹

Culture and Sociocultural Adaptation

Much like African Americans and other ethnic communities, sociocultural variables related to coping in a discriminatory society also impact Latino families. Poverty, discriminatory housing, and urban development practices further isolate the Latino community. Language barriers add to these stressors. Consequently, Latino communities become quite insulated and families may only seek help in times of crisis.

Latino families may also struggle with multiple risk factors related to cultural differences between the home (culture of origin) and host culture. Miscommunication and cultural conflicts over child rearing practices and discipline may be a factor in bringing Latino families into the child welfare system. For example, even if parents are exercising what they believe to be appropriate discipline methods, the level of physical punishment accepted in the country of origin may seem excessive relative to United States standards. In emergency room or medical care situations, misunderstandings about the nature of the injury could also result in increased suspicion/reports of child abuse.

Different rates of acculturation between family members can be a great source of strife as parents cope with their children’s rapid adaptation to values and ideals that often conflict with their own. Acculturation and intergenerational conflict influence Latino family relationships and caseworkers need to be competent in addressing these issues in service planning and delivery. Moreover, different ethnic groups acculturate at different rates depending on when and why they immigrated to the United States. Some groups, such as Puerto Ricans, Mexicans and Cubans, have a long, established presence in the United States compared to newer ethnic groups, such as Dominicans, Nicaraguans, Colombians, etc. Although Latin American groups share a common language, a history of European colonization, and some broad cultural characteristics, each group has its own national history and culture, its local dialects, and its particular political relationship with the United

States. The great diversity in ethnic groups suggests that a one-size fits all Latino social service model is insufficient to address the needs across all Latino communities.

The reasons for migrating to the United States are complex and tied to economic and sociopolitical realities of home countries. Political instability, corruption, and harsh repressive regimes are all too recent in the collective memory of many Latin Americans. Despite recent strides in child protection and domestic violence policies across the Americas, government agencies have been slow to interfere in private family dynamics; therefore, the concept of state responsibility for the protection of children and the power to terminate parental rights may be alien to more recent arrivals. Child welfare workers may be perceived as government representatives and reminiscent of negative experiences in the home country creating fear and mistrust on the part of Latino families.

This perception is compounded by the lack of *personalismo*, a Latino cultural expectation that in the context of child welfare would demand more intimate and sustained interaction between the social service provider and the family as a foundation for building trust and rapport. The bureaucratic nature of public social services in the U.S. is hardly compatible with this expectation, and it is a challenge mentioned by bilingual workers who point to the greater time and energy it takes to develop *personalismo* and break down fear and mistrust of government agencies. This fear sometimes motivates Latino parents to acquiesce to agency or court demands, without any real understanding of what is being asked of them, making them appear uncooperative when they do not follow through.

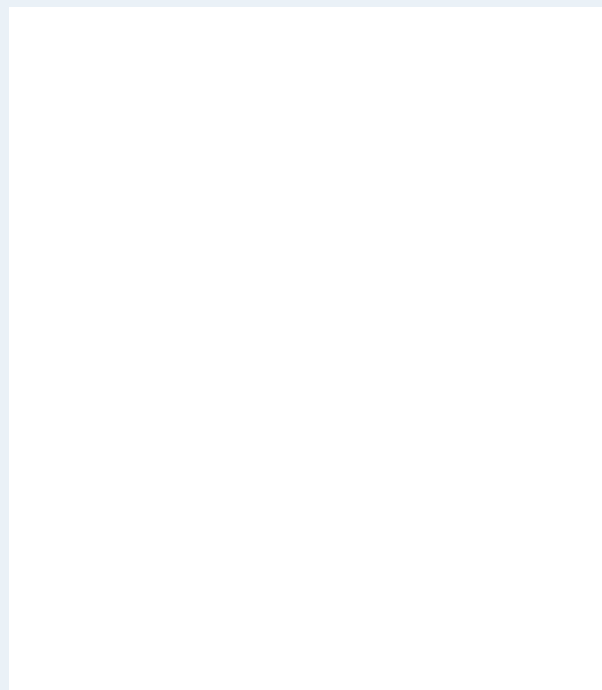
Immigration Status and Transnational Issues

Particularly in the post-September 11th climate, the issue of immigration has received increased national attention. However, there has been little effort to examine the ramifications of immigration and now, homeland security policies, within the context of child welfare. Given the transnational nature of family relationships for the Latino population—who often maintain strong ties with extended family in the home country—immigration status is a critical factor in Latino family life, and poses distinct challenges for the child welfare system.

In addition to the various migration experiences mentioned in the previous section, there is wide diversity in legal status among Latino groups. For example, as United States citizens, Puerto Ricans do not face the threat of deportation experienced by noncitizen Latinos. Political concerns and threats to safety have granted protection to other groups such as refugee status for many Cubans, and the more recent Temporary Protective Status (TPS) for some Central American groups, i.e., Salvadorians.¹² Within the Mexican origin community, there is tremendous variability because there are recent arrivals who may be undocumented and others who have lived for many generations in what is now the southwest of the United States.

There is also wide variation in family configurations, as children may remain in the home country with relatives, while a parent (or both parents) comes to the United States. Or a parent may bring some children and leave other children with relatives, then send for them after the family has settled. These factors, combined with the geographic proximity and economic realities of Latin America, often result in Latino family relationships that cross national borders, with family members maintaining close contact via phone, e-mail, and visits. When relative homes are unavailable in the United States, the possibility of transnational placements for children has gained some attention, particularly in Puerto Rico and Mexico where there is increasing cooperation with local child welfare agencies.

Across the United States, at least 1 out of every 5 children under the age of 18 has an immigrant parent.¹³ The percentage is much higher in states with large Latino populations such as California, where 1 out of 2 (50%) children have an immigrant parent. In New York, Florida, Arizona, Nevada and New Jersey, about 1 out of 3 (30%) children have an immigrant parent. The estimate is close to 1 in 4 (23%) in Texas and New Mexico. Children of immigrant parents often live in mixed immigration-status homes, where different family members represent a range of legal statuses, including citizenship, legal residency, and undocumented. About 10% of all children in the United States live in mixed-status families, and the figure is higher in states with large



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Latino populations, for example, 27% in New York City.

Immigration legislation has curtailed the availability of resources to undocumented families making it more difficult to ensure access to mandated and/or needed services in child welfare cases. For instance, undocumented youth who have been in the system and are transitioned to independent living are ineligible for services, cannot receive financial aid for college, do not qualify for in-state tuition as nonresidents,¹⁴ and do not have the requisite permits to work. Child welfare systems across the nation have failed to adequately respond to the unique needs of undocumented youth who are transitioning out of the system. (Steps should be taken to adjust the legal status of children while in custody).

However, undocumented youth and undocumented parents and their children have a mostly untapped resource in their consular offices. The Vienna Convention on Consular Relations and Optional Protocols of 1963¹⁵ provides protections for individuals who may be undocumented in the United States but are nevertheless citizens of their home country. In addition to being informed when the state takes custody of a child,

the Vienna Convention provisions state that Consular offices can protect their nationals by safeguarding the interests of minors, particularly when guardianship is required, and representing their nationals in court proceedings. To address these concerns, the State of Illinois Department of Children and Family Services signed a landmark memorandum of understanding with the Consulate General of Mexico in Chicago to ensure notification and access in cases involving minors. Within the child welfare and juvenile justice context, it is likely that more such agreements will be established as undocumented youth and parents seek protections from their consular offices in U.S. courts.

Conclusion

States are struggling with how to respond to the growing and diverse needs of Latinos. Currently the child welfare system is ill equipped to respond to the linguistic, sociocultural, immigration, and transnational characteristics of Latino families. Latino LEP and/or undocumented youth and parents are additionally burdened by a system that is already bureaucratic and complex to navigate. The extent to which this differential treatment impacts child outcomes has yet to receive research attention and overall, there is a critical need for research data to guide programmatic and policy initiatives. However, to promote the safety and stability of Latino families today, the system will need to respond without delay in culturally relevant, empowering, and innovative ways.

ENDNOTES

1. Latino refers to the ethnicity of individuals from or with ties to Mexico, Puerto Rico and other Caribbean islands, Central America, and South America. Hispanic, a term used as the official classification by the United States, denotes members of this group as well as those with ties to Spain. Both terms are used interchangeably throughout the text. Latinos can be of any race and many consider themselves to be of mixed race.
2. 2000 Census data indicate there are now 12.5 million Latino children in the U.S. representing the second largest group of all children in the nation. About 44 million children are non-Hispanic white and 10.8 million are non-Hispanic black. It is estimated that by the year 2005, the number of Latino children will increase by approximately 30%. Therrien, M., and Ramirez, R.R. *The Hispanic Population in the United States: March 2000, Current Population Reports, P20-535*. Washington, DC: U.S. Census Bureau, 2000.
3. U.S. Department of Health and Human Services. *AFCARS, Report #8*. Washington, DC: DHHS, 2002.
4. See note 3, U.S. Department of Health and Human Services.
5. See note 3, U.S. Department of Health and Human Services.
6. See note 3, U.S. Department of Health and Human Services.
7. U.S. Department of Health and Human Services. *Child Maltreatment 1999: Outcomes Appendix k-1*. Washington, DC: DHHS, 1999.
8. For example, Florida only recently began reporting statewide data on Hispanics, etc.
9. A class action lawsuit in 1975 challenged placements of children from Spanish speaking families in non-Spanish speaking homes as violations of Title VI. The lawsuit resulted in the Burgos Federal Consent Decree of Illinois, which mandates the Illinois Department to implement the infrastructure, including policies, bilingual staff and services, and monitoring of placement violations, to ensure language access for Hispanic families.
10. Not being able to speak to children during visits constitutes differential treatment for LEP parents and would be in violation of Title VI. If the visit does need supervision, a qualified bilingual worker should be assigned. Appropriate resources should be in place so that visits are not delayed or denied because of language issues.
11. Requiring that a Limited English Proficiency parent learn English as a condition for obtaining custody of their child is discriminatory, as an English speaking parent would not be asked to demonstrate their language competence and it would be difficult to show how this language skill is related to the prevention of maltreatment. Related to the specific concern about emergency services, as required by law, 911 centers have bilingual staff to communicate with service area residents.
12. Temporary protective status is offered to immigrants when severe circumstances such as war, make it difficult for them to return home. Unlike refugee status, this status must be reviewed periodically to verify whether the circumstances that prevented repatriation are still applicable.
13. Fix, M.E., and Zimmerman, W. *All under one roof: Mixed status families in an era of reform*. Washington, DC: Urban Institute, 1999. Available online at: http://www.urban.org/immig/all_under.html. The report indicates that 10% of all children in the United States lived in a mixed status household.
14. The bipartisan DREAM Act, "Development, Relief, and Education for Alien Minors (DREAM) Act of 2003," S. 1545, making its way through the Senate, would make college education accessible to undocumented youth.
15. See article 5 and article 37, "Vienna Conventions on Consular Relations and Optional Protocols," *Treaties and Other International Acts Series* (April 24, 1953) 596 (8638-8640):262-512. Available online at <http://www.un.org/law/ilc/texts/consul.htm>.