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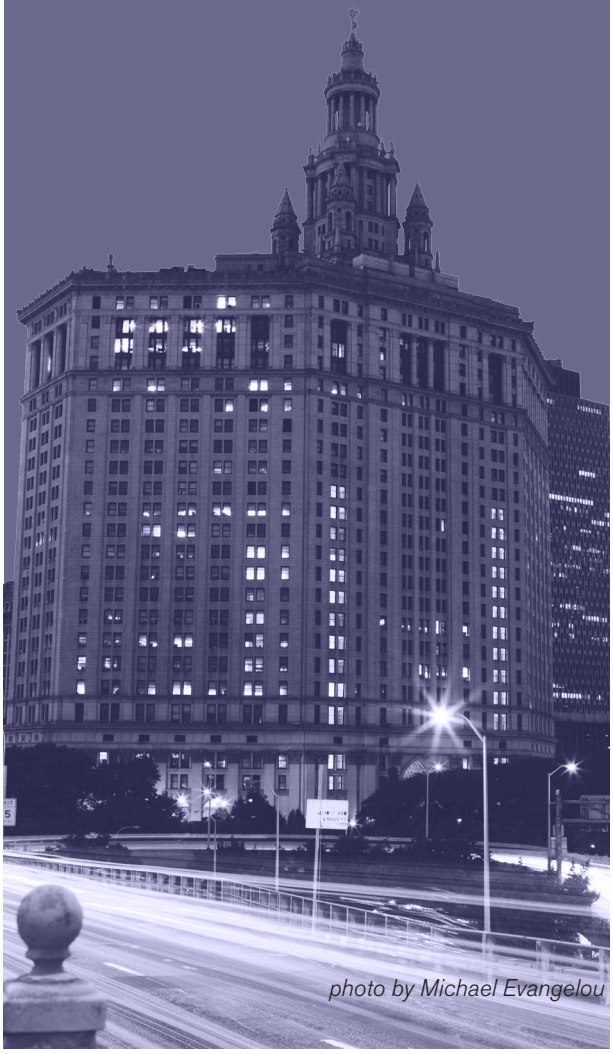

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POLICY REPORT: FOSTER CARE PART II

IMPROVING FOSTER CARE IN NEW YORK CITY: STORIES THROUGH THE LENS OF CHILDREN IN FOSTER CARE

New York City Public Advocate
Letitia James

JULY 2015

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EXECUTIVE SUMMARY

Foster care is intended to be temporary and safe: a short-term placement until a child can be safely reunified with his or her parents or, if that is not possible, placed into an alternative, stable and permanent home. Data obtained by the Office of New York City Public Advocate Letitia James indicates that children in New York City spend twice as long in foster care than they do in the rest of the country. New York City ranks forty-sixth out of fifty-two jurisdictions in length of time between removal and reunification. The city is also last in cases involving adoption, with children remaining in care an average of four and a half years before being adopted. New York State also ranks forty-sixth out of forty-eight jurisdictions in indicated reports of maltreatment or abuse while in foster care. Compounding the problem, time in care, in and of itself, causes injury to children because of a failure to identify appropriate placements and/or to provide adequate services to meet the physical and mental health needs of children in care. All told, children under the custody of the City's Administration for Children's Services (ACS) are arguably in one of the most inefficient and dangerous foster care systems in the country.

The Office of the Public Advocate launched a hotline to hear first-hand from children, parents, foster parents, and their advocates about the challenges in the foster care system. Setting those anecdotal observations against publicly available data, the following deficiencies were identified:

1. ACS removes children without court process in too many cases;
2. ACS fails to identify and provide adequate and appropriate services for the parents of children in care, leading to unnecessary impediments to reunification;
3. ACS fails to ensure appropriate placements for children while in care, often leading to multiple moves which can cause trauma;
4. ACS and its contracted agencies are often unprepared for court dates, leading to extensive unnecessary adjournments and delays to reunification and adoption;
5. ACS fails to adequately recruit, train, and support adoptive placements leading to delays in finding permanent placements and broken adoptions;
6. ACS fails to engage in concurrent planning, leading to delays in making adoptive placements when it is determined that reunification is not in the best interest of the child;
7. ACS fails to protect children in care from emotional, psychological, and physical maltreatment; and,
8. ACS fails to provide adequate health and mental health services to children in care and failures of ACS and other City agencies to adequately prepare and provide resources to youth who age out of the foster care system.

To address the above deficiencies, the Office of Public Advocate Letitia James recommends the following:

- **Ensure that ACS workers remove children from their homes prior to a court process only when there is a true emergency;**
- **Speed reunification by identifying and providing appropriate services and supports for birth parents;**
- **Identify appropriate placements for children in care from the outset, to avoid disruption to the child and their families;**
- **Develop a system to hold ACS and their contracted agencies accountable for their performance at and between court dates;**
- **Invest more resources in recruitment, training, and support for adoptive placements;**
- **Engage in concurrent planning of a primary permanency goal and a secondary permanency goal;**
- **Protect the safety of youth in care by exercising better oversight of placements, visits, and foster parents; and,**
- **Provide appropriate and quality services to children in care across all contracted agencies.**

These changes will decrease the time children spend in foster care and better ensure that they do not suffer further harm while in ACS custody.

INTRODUCTION AND BACKGROUND

In September 2014, Public Advocate Letitia James released the first policy report on foster care entitled "Improving the Outcomes for Youth Aging Out of Foster Care in New York City." The report examined the current state of youth aging out of foster care and provided recommendations to improve data collection, access to housing, and coordination of services for young people aging out of the system. Also in 2014, Public Advocate James introduced Local Law 46 of 2014, which now requires ACS to report information related to youth in the foster care system on an annual basis. This law ensures that the City monitors which support and resources these young adults use, identifies ongoing educational barriers they experience, and problems they might encounter with homelessness or law enforcement. This second foster care report analyzes the dangers and problems inherent in New York's foster care system from the viewpoint of those who have experienced it.
As of March 2015, there were over 11,000 children under the custody of ACS.[1] While the number of children entering the City's foster care system has decreased over the last three years, New York City still leads the nation in the number of children in care. Each year, ACS spends over one billion dollars on child protection, foster care, and adoption services.

In Fiscal Year (FY) 2015, ACS spent a total of $1.3 billion on such services broken down into the following categories:

-$225 million on protective services that involve investigations of allegations and reports of child abuse, maltreatment, and neglect;
-$235 million on preventive services that avert children and families from entering foster care and assist with providing safe and nurturing environments for children to live at home;
-$555 million on placement and provision of foster care services and foster parent recruitment; and,
-$320 million on adoption services for children who cannot live with their birth parents.

Similarly, according to the Executive Budget for FY 2016, ACS plans to spend $1.36 billion on child protection, foster care, and adoption services.

Despite ongoing efforts by the City and advocates, challenges to providing better services for children in the foster care system remain.

THE PUBLIC ADVOCATE'S FOSTER CARE HOTLINE

Methodology

Between April and May of 2015, the hotline collected 77 personal experiences and documented recurring obstacles that inhibit safety and permanency for the City's foster population. The public was able to contact the multilingual hotline through internet, phone, text, email, and social media. To encourage participation, the Office of the Public Advocate reached out to communities through social media and grassroots outreach. The Office also worked with several famous New Yorkers who volunteered to produce a public service message advertising the hotline.[2] Hotline participants were asked to complete a survey. The survey's questions varied based on the type of respondent – typically a child, birth parent or foster parent – and asked about the child's trajectory in foster care, permanency planning, services provided, and cases of maltreatment in care. Survey respondents were also given the opportunity to provide general comments and recommendations. While the hotline accepted surveys from anyone who had first-hand experience with the system, most questions sought information about the experiences of children within the foster care system or those who recently exited the system. All responses were kept confidential and any testimony shared in this report has been listed under a pseudonym to protect the participant's privacy.

The results provide a valuable perspective on the challenges faced by those living in foster care, as well as opportunities to improve the New York City foster care system. Thirty seven percent of respondents were birth parents of children in foster care and 26 percent were current or former foster parents. Among the 15 percent of respondents who were children, most were between 18 and 21 years of age and had aged out of the foster care system (Figure 1). The majority of children represented by the hotline respondents were from the Bronx (43 percent), followed by Brooklyn (25 percent) (Figure 2).

Figure 1

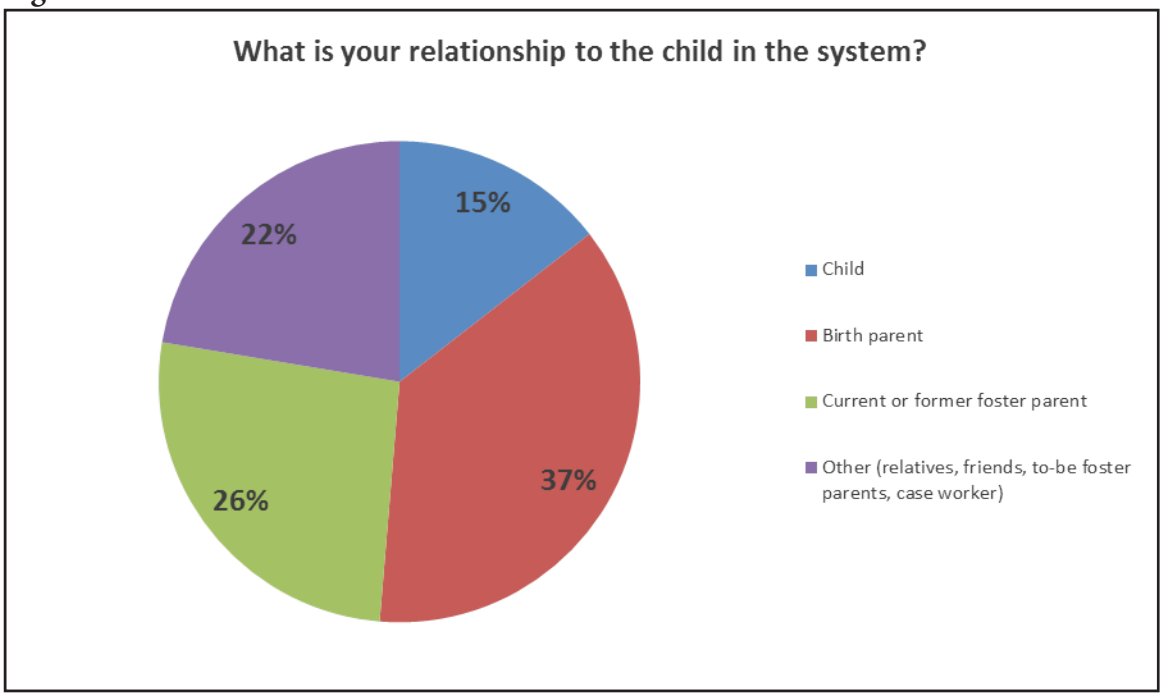
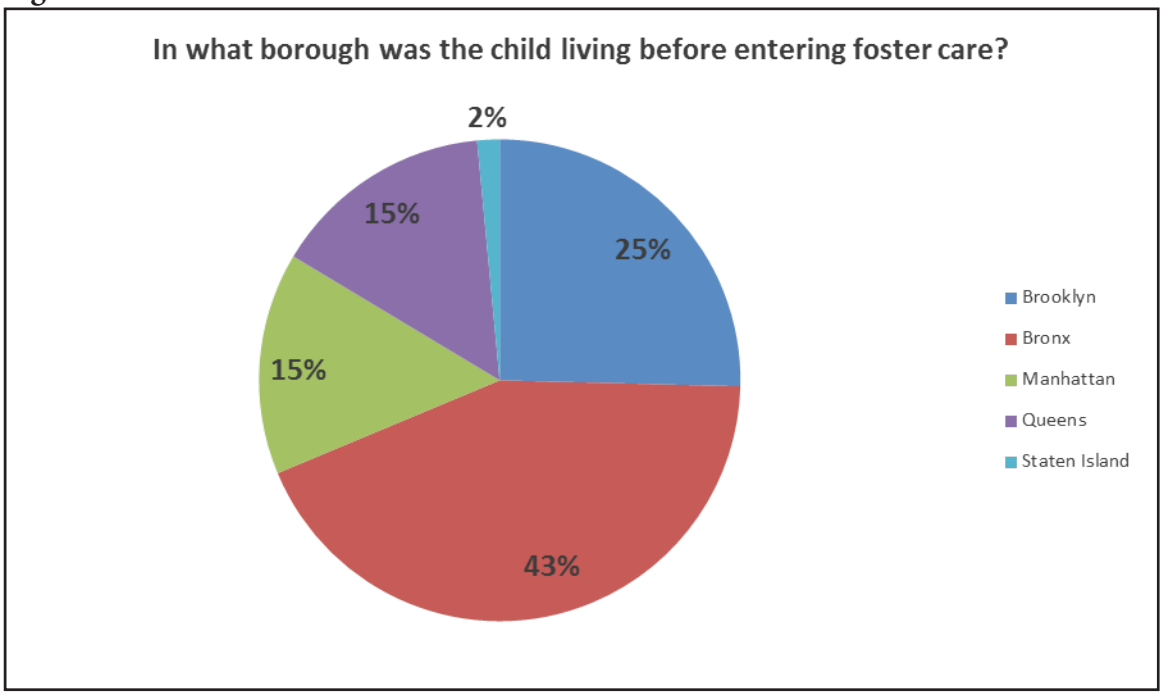


Figure 2



Removals

In New York City, a report of maltreatment or neglect begins with a call to a Statewide Central Register of Child Abuse and Maltreatment (SCR). In FY 2014, there were 55,529 intakes of SCR complaints pertaining to children in New York City; of those calls, 40 percent were substantiated investigations.[3]

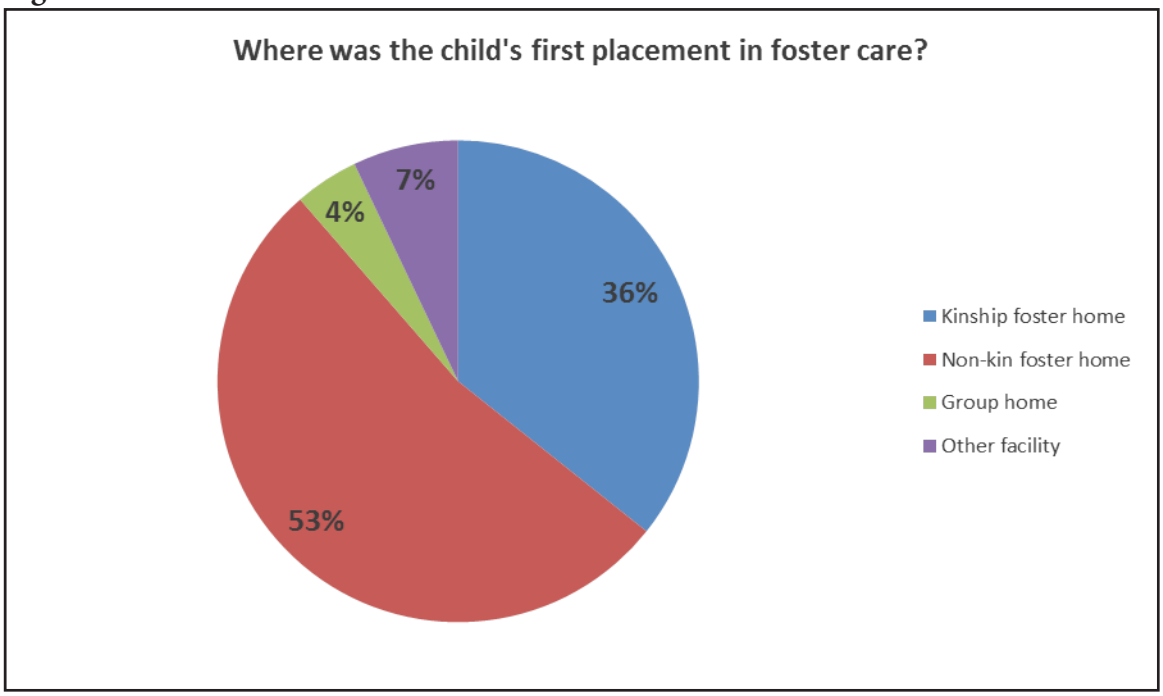
ACS removes children from their homes when it is believed that they are in an unsafe environment. While ACS must always obtain a court order to effectuate a removal, they can make the removal prior to obtaining the order only when the child's life or health is in immediate danger. As highlighted in ACS's Guide for Parents with Children in Foster Care, it is recommended that emergency removals be limited.[4] Between April 2014 and April 2015, however, there were high numbers of emergency removals. In March 2015, for example, as many as 51 percent of the removals were done on an emergency basis, without obtaining a court order prior to removal.[5]

Foster Care Placements

It is the responsibility of ACS and its contracted agencies to place children in the most appropriate and family-like settings available, such as placing children with relatives, keeping them in their own neighborhoods and schools, and keeping siblings together. The types of placements include (1) regular foster boarding homes where a certified foster parent cares for the child; (2) kinship foster homes where a certified relative cares for the child; (3) group homes where youth over the age of 12 live together in residences under the care of trained staff; and (4) other facilities including special medical and treatment family foster care for children with special needs or behaviors that require extra supervision and support. The latest ACS data shows that on average about 49 percent of foster children live in regular foster boarding homes and 33 percent are in kinship foster homes. About eight percent reside in group homes and 10 percent in other facilities.[6]

Among the hotline respondents, 53 percent stated that the child's first placement was in a regular foster boarding home. 36 percent indicated the child's first placement was in a kinship foster home, including homes of family friends and in-laws (Figure 3).

Figure 3



Many children move multiple times while in care. Fifty-seven percent of hotline callers indicated that the subject child had more than one placement while in the custody of ACS (Figure 4). Only 10 percent of the respondents indicated that the child returned home after his or her first placement and only one percent were adopted after the first placement.

Of the children who had more than one placement, 26 percent indicated that the child had more than five placements while in the City's foster care system (Figure 5). Some even experienced seven to eight placements and one respondent indicated that the subject child, who had been in foster care for the last 14 years, had too many placements to remember. This degree of turbulence has been proven to lead to emotional trauma, attachment disorders, and cause children to lose a sense of stability and security. Multiple placements can also cause educational interruptions and compromise the child's ability to finish school.

Fifty-seven percent of hotline callers indicated that the subject child had more than one placement while in the custody of ACS. Of the children who had more than one placement, 26 percent indicated that the child had more than five placements while in the City's foster care system.

Figure 4

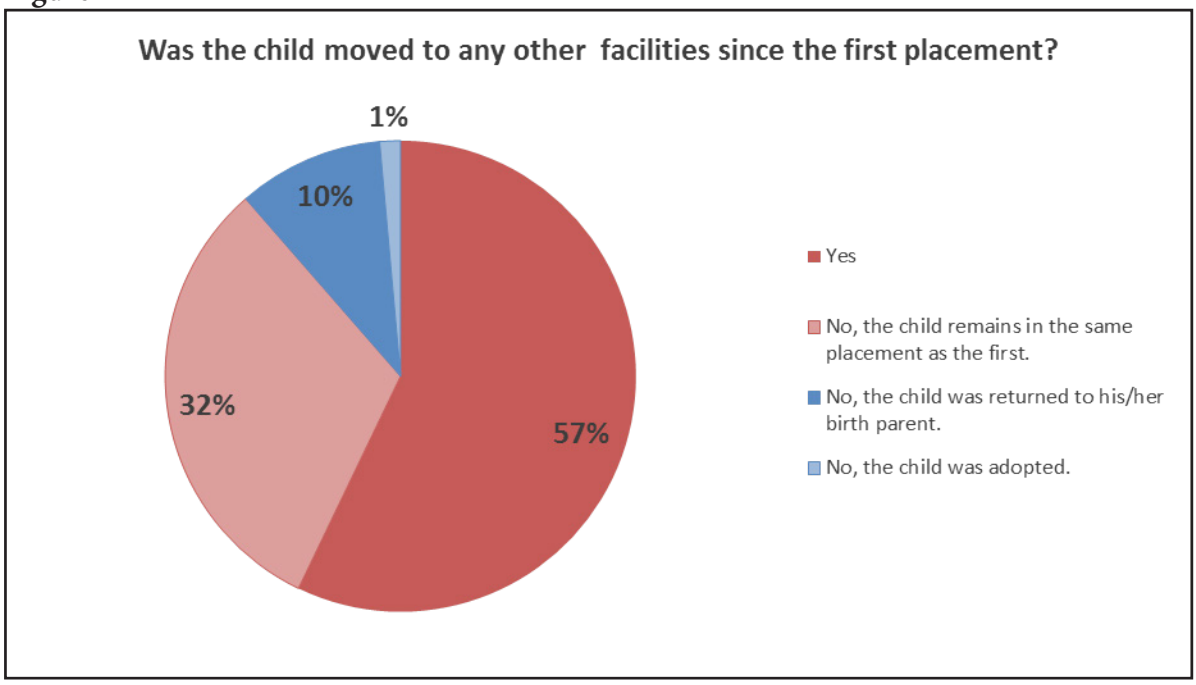
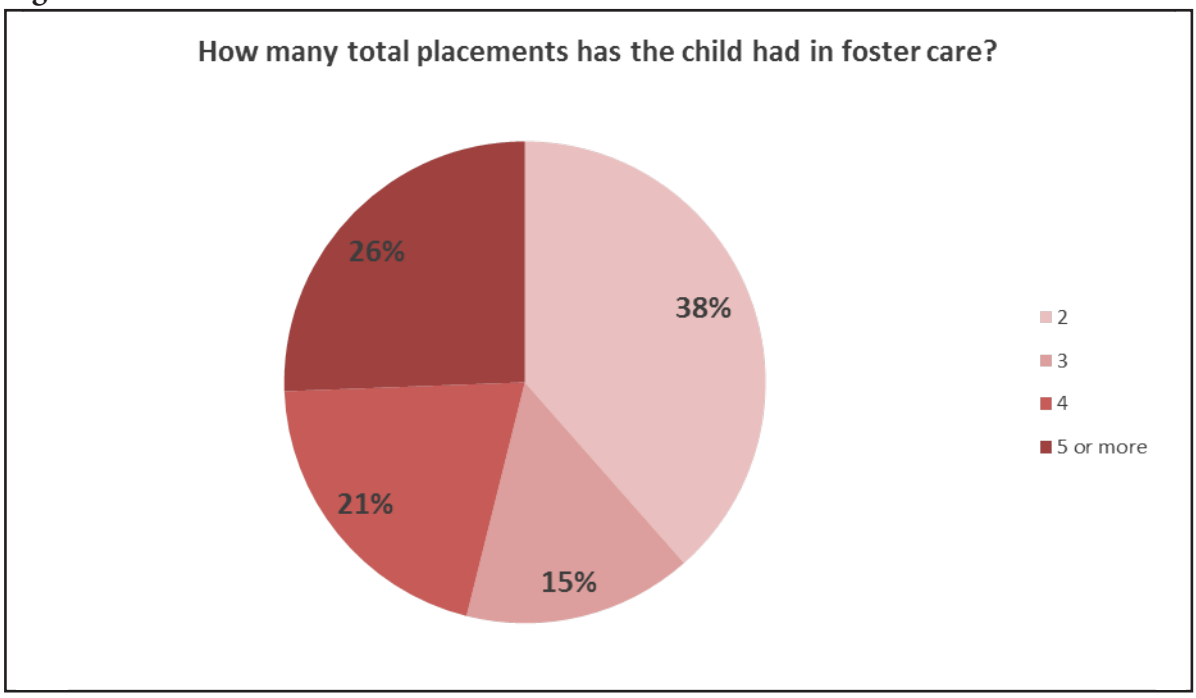


Figure 5



When placing a child, the contracted agency is supposed to consider a number of factors to promote continuity, including keeping siblings together, placing a child with relatives whenever possible, and considering a child's ready access to school and services. A change in placement can result either from the request of the foster parent or the child, or by decision of the contracted agency or court. Even if a home was just not a good fit, many respondents complained that certain placements were obviously inappropriate, and ACS and contracted agencies could have prevented further disruption by identifying better homes at the outset.

Leann is in her fourth home, and says it finally feels right: "My current family is very supportive and consider[s] me a family member. They have expressed that they will always be there for me and I always feel welcomed in their home. For the first time in my life, I am not worried about life after college as far as having home. I never had that in my life. I'm very lucky."

Yolanda had seven different placements in 14 years. She was moved from one home because the family did not speak English. She was removed from two other homes because she was mistreated by her foster parent. She described being made to wait outside for a parent to come home because she was not trusted to be in the home alone. She is now 19 and still in foster care. To date, Yolanda doesn't have her high school diploma. In her words:

"The agency did not take precautions when placing me in a foster home. I was placed in homes where I was mentally and physically abused. There was no stability...It was difficult to receive educational services. I missed many days of school. No thought was given to me being able to attend a school and keep up with classes. As a result, I was a high school freshman when I should have been completing my junior year. The credits that I obtained at schools that I attended were not accepted at the high school that I ultimately attended."

Catherine is a 21- year old individual who was in the foster care system for four years. She explained that she "never had a sense of knowing when [she] was in a home that would have been lasting [because] there was always uncertainty."

Permanency Goal and Planning

In 1997, the Adoption and Safe Families Act (ASFA) was enacted in an effort to address the systemic problems of keeping children, especially those with special needs, in the foster care system for long periods of time without achieving permanency.[7] As a result of the passage of ASFA, federal law requires ACS to ensure that each child in foster care reaches a "permanency goal" within a reasonable period of time.

There are five defined permanency goals:
(1) return to parent(s);
(2) adoption;
(3) legal guardianship or kinship guardianship;
(4) placement with a relative; and,
(5) another planned permanent living arrangement ("APPLA").

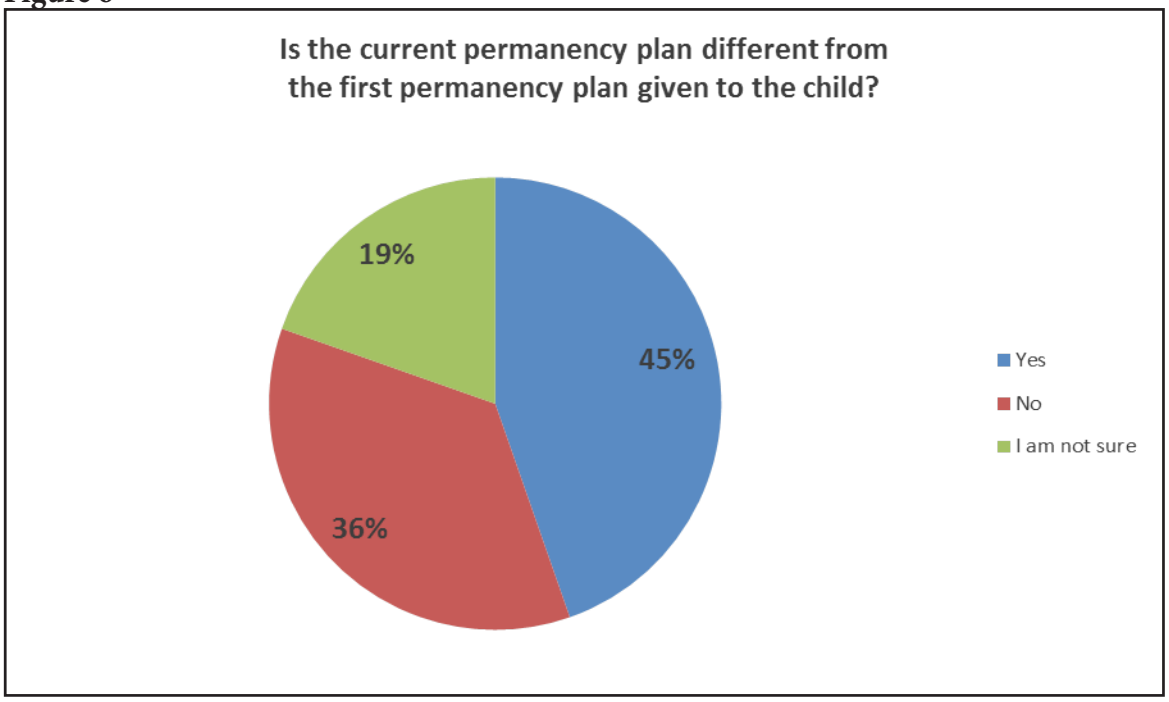
ASFA stipulates that a child's permanency plan should not be "return to parent" indefinitely; thus, if a child has been in care 15 or more of the previous 22 months and the necessary reunification services have been provided to the child's parent(s), ASFA requires the state to file a petition to terminate parental rights (TPR) unless there is a case-specific "compelling reason" why it is not in the child's best interests.[8]

Federal law also requires that every child in foster care receive "concurrent planning" – a primary permanency goal and a secondary permanency goal – to minimize the harm caused to the child by a lengthy stay in foster care. For example, if a child's primary permanency goal is "return to parent" and the secondary permanency goal is "adoption," concurrent planning requires simultaneous provision of necessary services for the child to be returned home safely as well as the recruitment of potential adoptive parents in the event the child is unable to be returned home safely.

Federal law also requires that every child who is in foster care receive "concurrent planning" – a primary permanency goal and a secondary permanency goal – to minimize the harm caused to the child by a lengthy stay in foster care.

A foster child's permanency plan is not necessarily permanent due to the possibility of changing circumstances for all stakeholders involved. At least 45 percent of respondents indicated that the child's permanency plan changed more than once since he or she first entered the foster care system (Figure 6). Many respondents expressed frustration about the systemic barriers that delay children from receiving necessary services as permanency plans change.

Figure 6



Length of Stay

According to the 2015 Preliminary Mayor's Management Report, the percentage of children returned to parents within 12 months of entering foster care has declined over the last four years from 64 to 58 percent. Reasons for the delays include ACS' failure to provide the services necessary for families to reunify, and unnecessary court delays resulting from unprepared workers and a shortage of family court judges.

In FY 2014, New York City's median length of stay in foster care before adoption was four and a half years (54.1 months). Compared to the national average of 21 percent, 59 percent of children in New York foster care waited more than three years to be adopted in 2013.

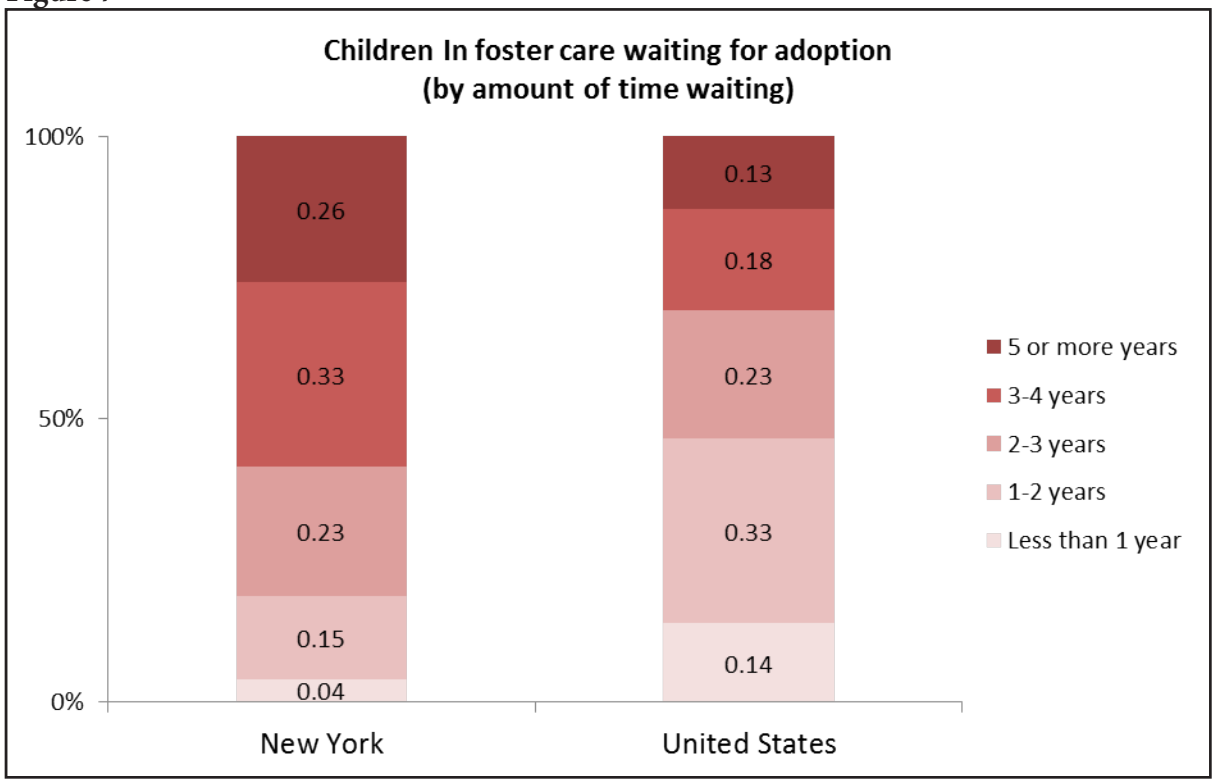
Contracted agencies are required to coordinate services to birth parents in furtherance of reunification. Birth parents need to complete court-mandated services and may be asked to participate in other services voluntarily to prove they are prepared for reunification. Services are intended to include a wide variety of counseling, parenting classes, therapy, drug rehabilitation, housing subsidies, or other programs tailored to address a family's needs. However, the hotline respondents indicated difficulties in accessing services for birth parents and a lack of specificity in the services required, rendering them ineffective.

Rebekah is a birth mother who was ordered to attend counseling: "After one week of services, the counselor refused to see me because they were not being paid. Neither ACS nor the foster agency would pay for these services for me. Even with health insurance I could not realistically afford them on my own - missing work, transportation, and a copay for each visit... ACS filed many motions saying I was being non-compliant and they wanted to [terminate my parental rights]...The judge would not grant TPR since ACS did nothing to provide services for me. The child was returned to me and the judge's opinion essentially states that the issues ACS wanted to address served no child protective purpose, and did not warrant removal of the child. After two long years away from my baby with court dates where absolutely nothing was accomplished, we were reunited."

Rochelle is a birth mother who was reunified with her child after 18 months in care: "There were difficulties having the agency refer me to where I could get the services they said my family needed...They appear to pick services out of a hat, I never used drugs and none of my urine came back positive for drugs, but they still required I attend an out-patient program."

The statistics regarding length of time in care are worse for those for whom reunification is not possible. In FY 2014, New York City's median length of stay in foster care before adoption was four and a half years (54.1 months). Compared to the national average of 21 percent, 59 percent of children in New York foster care waited more than three years to be adopted in 2013 (Figure 7).[9]

Figure 7

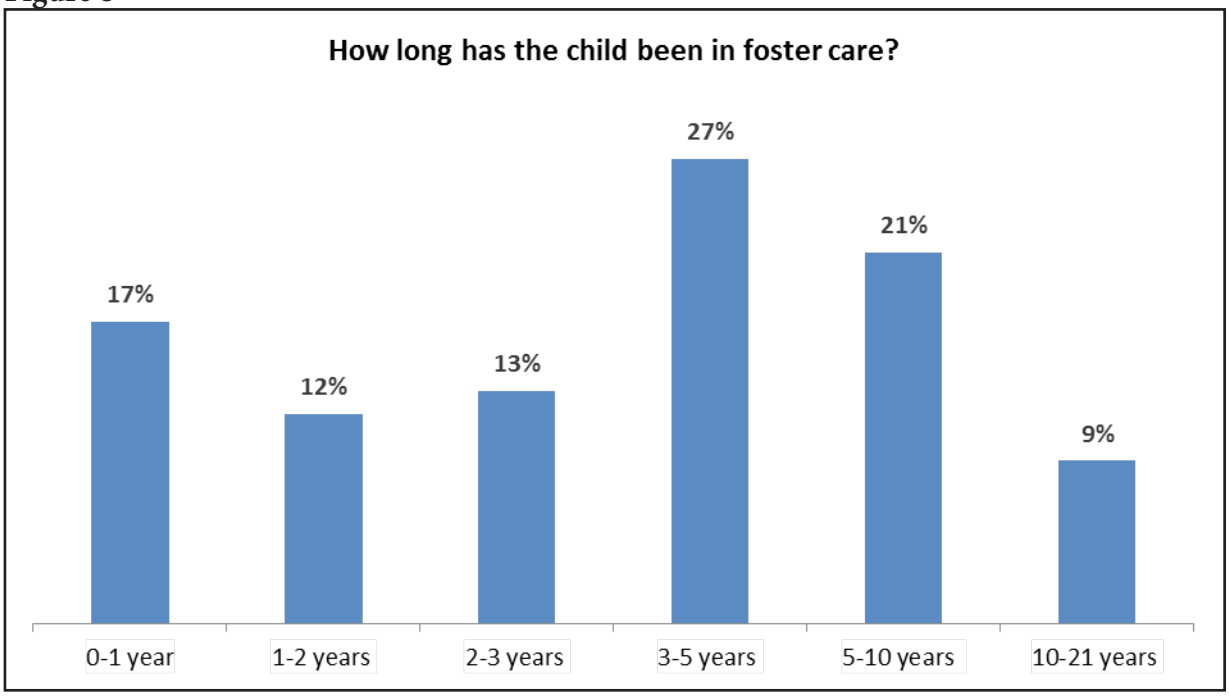


Seventy-one percent of hotline respondents stated that the child spent more than two years in the foster care system (Figure 8). Among them are the children who spent more than 10 years in the foster care system, even after the rights of the birth parents had long been terminated.

Jeanie was in foster care her entire youth. She was placed in the foster care system when she was three months old. She had three different placements including non-kin foster care home and two group homes. Jeanie aged out of the New York City foster care system two years ago and is now 23-years old.

Leonard is a 27-year old who was in foster care for 16 years until he aged out of the system at age 21. Leonard shared that he was mentally harmed because he was never provided therapy to discuss his emotions and what he had experienced while in ACS custody. Instead, he was only given medications despite his request for emotional support. Leonard said he resorted to smoking marijuana and taking codeine pills. Leonard ultimately became addicted to drugs. Eventually, he lost his apartment and checked into residential rehabilitation for 15 months and then six months. He has now been sober for three months.

Figure 8



Each year, close to 1,000 young people "age out" of the New York City foster care system, 80 percent of whom are on their own with virtually no safety net. As indicated in the Office of the Public Advocate's 2014 report, "Improving the Outcomes for Youth Aging Out of Foster Care in New York City," these children are more likely to be unemployed, homeless, and incarcerated as adults; are more likely to have drug dependence and post-traumatic stress disorder; and are less likely to have graduated high school or to attend college.

According to the National Research Council and Institute of Medicine Neuroscientists, early experiences of abuse or neglect have a concrete and lasting impact on a person's mental, social and emotional development.

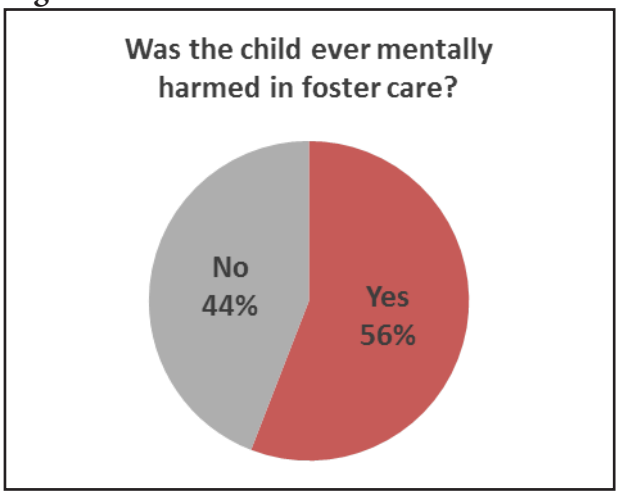
Many respondents who "aged out" of the City's foster care system had been in care their entire lives. According to the National Research Council and Institute of Medicine Neuroscientists, early experiences of abuse or neglect have a concrete and lasting impact on a person's mental, social and emotional development.[10] Nationally, infants and toddlers constitute the largest age group entering foster care; they are also likely to stay in care longer than other age groups, and more likely to be adopted than reunified with birth parents.[11] In New York City, 46 to 48 percent of children who entered foster care over the last five years were under the age of five years. Twenty-three hotline respondents indicated that the subject child entered the foster care system within six months of being born.

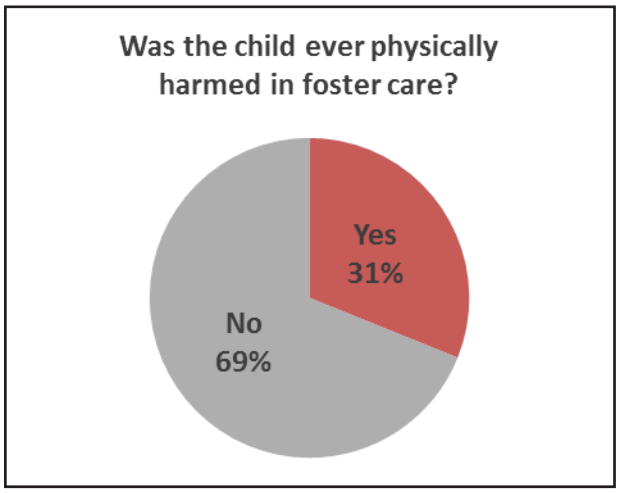
Maltreatment

Maltreatment of children in foster care is a significant problem in New York City. Based on federal data from 2013, New York State ranks 46th out of 48 jurisdictions in terms of the rate of abuse and neglect of children in foster care.[12] In 2014, SCR received 1,987 abuse and neglect reports of children in ACS custody, 28 percent of which were substantiated.[13]

The hotline found that 56 percent of the callers stated the child was emotionally or psychologically harmed and 31 percent of the callers stated the child was physically harmed while in foster care (Figure 9).

Figure 9





Callers stated that foster care is, by definition, a traumatic experience for all kids. Many callers stated that children in the system experienced aggravated anger and fear. In addition to emotional and psychological harms, many callers alleged that children were subject to physical abuse. Callers identified bruises and cuts, as well as signs of beating of children in both foster homes as well as after visits to birth parents.

Monica is an eight year old who has been under ACS's custody since she was one week old. For six years, she had been under the foster care of her grandmother who had harmed Monica with verbal assaults and physical abuse.

Seth, a birth parent, indicated that his daughter was burned in the eye while in the care of her foster parent. The agency moved the child to another home; however, no investigation took place. Whether the foster parent is guilty of the abuse is still unknown, and this type of incident is typically not included in maltreatment data.

Physical and Mental Health Services for Children in Foster Care

Because of the trauma inherent in foster care, many children are in need of emotional support as well as medical and special needs services. While hotline respondents expressed satisfaction with Bridges to Health (B2H) – a foster care specific Medicaid waiver program for children with serious emotional, developmental, and medical needs – many indicated that they are on a waiting list for B2H and their special needs children were not receiving adequate help as a result.

Another way in which ACS accounts for children with special needs is by adjusting the foster parent's subsidy. Certain foster homes are qualified as "therapeutic," which requires additional training for foster parents. It also states that children residing in therapeutic homes receive a higher subsidy from the contracted agency each month. Hotline respondents who were parents indicated that they required additional money to care for their child beyond what the subsidy provided.

Yvonne is a foster parent who said the medical care the agency provided was appalling to the point where she had to involve the children's lawyer in order to get basic tests performed. It took over one hour to travel from the children's school to therapy or visits, which she said was a "huge drain on the kids." Since the children were not English speakers, access to services was a constant barrier: "I believe their stay in foster care dragged out far longer than it needed to because it took months to connect the kids with services."

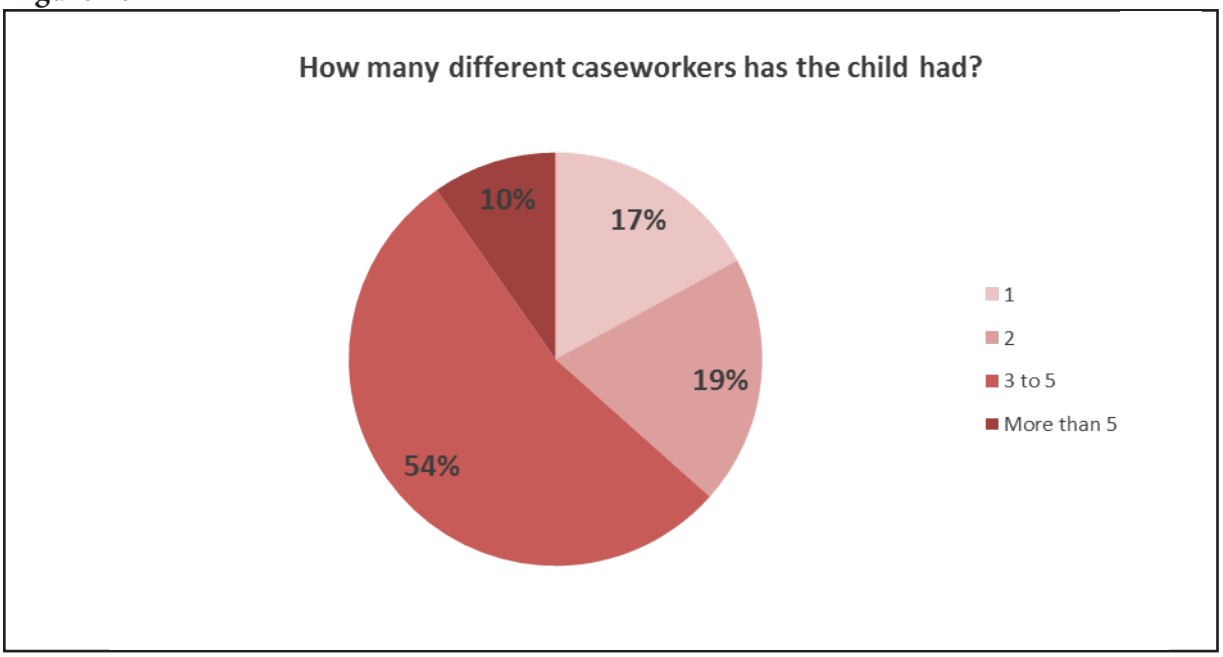
Caseworker Training and Retention

Caseworkers of the contracted agencies also play an important role in the foster care system as they work to build and support relationships with the foster child and serve as a liaison to all stakeholders involved in the life of a child. A caseworker's caseload at any given time significantly impacts his or her performance and preparedness. In addition to the high caseloads, the lack of adequate training and low pay contribute to caseworker burnout and ultimately high rates of caseworker turnover. According to a caseworker turnover impact study conducted in Milwaukee, Wisconsin, children who had one caseworker achieved permanency 74.5 percent of the time, while the chance of permanency dropped to 17.5 percent for children with two caseworkers. For those with five or more caseworkers, the likelihood of leaving the foster care system before becoming an adult was less than 0.3 percent.[14]

According to the Child and Family Services Reviews (CFSR), federal performance audits of child welfare systems across the country, high caseworker turnover, staffing shortages and caseworkers' lack of familiarity with cases slowed down the process of achieving the permanency goal of foster children in New York State. Similarly, hotline respondents cited the lack of continuity and turnover as a significant source of delay in case planning and an impediment to children and parents receiving appropriate services (Figure 10).

Four respondents indicated that they had more than eight different caseworkers during the time they were involved with the foster care system. One of the respondents indicated that there have been eight different caseworkers assigned to one child in the last 30 months.

Figure 10



The hotline results also found that both foster parents and birth parents felt that caseworkers were not well trained, which created obstacles to obtaining services and prolonged the permanency process. Many respondents noted a fear of retaliation by contracted agencies and caseworkers if they complained or spoke out. Some felt that they had been falsely accused by a caseworker, while others indicated that a child might not report an incident for fear of retaliation against the parent.

Angela is a biological grandmother of a foster child who felt that caseworkers offended her in a personal way: "I was ridiculed by a caseworker who said I should go back to my ex-husband or to put on my big-girl panties."

RECOMMENDATIONS

The Office of the Public Advocate has developed a set of recommendations that ACS should adopt to improve foster care outcomes. The City must ensure that all children in the foster care system achieve a stable and permanent home as quickly as possible. While in care, the City must provide safe and quality services to children and family members across all contracted agencies. To address the high rates of re-entry into care, broken adoptions, and children "aging out," the City must invest more resources in post-permanency services. Finally, the City must hold ACS and its contracted agencies accountable and eliminate bureaucratic barriers that hinder children from achieving stability.

- **ACS should address the overuse of "emergency removals" of children before petitioning the Court.** Emergency removals should only take place in the case where a child is considered in immediate danger. Many of those children removed without court process are returned to their homes after the initial court date, demonstrating that in those cases the removal was unnecessary.
- **ACS should identify and provide better services to support reunification and lessen the trauma of removal by:**
  - Developing a protocol for conducting an individualized assessment of the barriers to reunification experienced by each family and tailoring interventions to address those needs;
  - Ensuring the prompt availability of appropriate services;
  - Providing therapeutic sessions that include family members and foster parents, where appropriate;
  - Arranging more convenient visits for both birth and foster parents by being more considerate of families' work schedules when scheduling appointments; and,
  - Using supervised visits as an opportunity for therapeutic interventions.
- **ACS should improve its procedure for performing placements by:**
  - Designing and implementing a tool to assess cases where reunification is unlikely and place the child with a potential adoptive placement;
  - Performing a diligent search to find any family member who can act as a foster parent. All kinship foster parents should be notified of their rights and given an opportunity for eligibility in the Kinship Guardianship Assistance Program (KinGAP) at the earliest stage of the process; and,
  - Ensuring, to the greatest extent possible, that children attend the same school while in foster care by providing transportation or placements in proximity to the school.

- **ACS should hold themselves and their contract agency accountable for their performance at court appearances.** Delays to reunification and adoption are caused by workers who are unprepared, do not appear, and do not do the work needed between court dates. Because of a shortage of family court judges, cases are adjourned for many months at a time. This is an example of a systemic bureaucratic impediment to both reunification and adoption.

- **ACS should invest more resources to improve recruitment, training, and support for adoptive placements.** There is a shortage of pre-qualified adoptive placements and a lack of emphasis on the need for them. The length of time in care, the emphasis on reunification, and the lack of flexibility in scheduling visits and appointments make fostering an impossible choice for some. Once a child has been determined to be in need of adoption, there should be an available pool of adoptive parents, which does not exist.

- **ACS should engage in concurrent planning.** Though concurrent planning is required, it is not practiced. Instead, the search for an adoptive placement doesn't occur until after a child's permanency goal is changed to "adopt." Then, a termination of parental rights proceeding is often not commenced until an appropriate adoptive placement is identified. This can delay the process by years, and, with each year, the child's fears of instability can lead to behavioral issues which, in turn, make placement more difficult and a broken adoption more likely.

- **ACS should safeguard the safety of youth in care by exercising better oversight of placements, visits, and foster parents.** The rate of maltreatment in care is the result of a lack of oversight, training, and supportive services. ACS should improve recruitment, training, support, and oversight of visitation and placements.

- **ACS should provide appropriate quality services to children in care across all contracted agencies by:**
  - Giving greater consideration to the continuity of mental and physical health services regardless of changing placements or contracted agencies. This may include allowing a child to keep his or her community pediatrician before, during, and after foster care where possible;
  - Congregating a group support system that provides holistic care and includes a social worker, a mentor, legal services, and an educational resources' designee. This same group of people should work with the child while in care by taking steps to reduce turnover;
  - Working with the New York State Department of Health to expand B2H slots;

- Providing necessary funding to any contract agency that receives a child who requires special services and housing;
- Working with the New York State Department of Health to expand B2H slots;
- Providing after-school activities including more supervision, college readiness, volunteer opportunities and therapy sessions for older children in foster care; and,
- Professionalizing caseworkers and preventing high turnover. Regular trainings to educate and retain caseworkers should be provided and the pay disparity across contract agencies addressed. Unless pay parity is reached across contract agencies, there will be high turnover rates of caseworkers as they will move on to other higher-paying contract agencies. The City should appropriate funds so all caseworkers can be paid at a minimum $15 per hour.

CONCLUSION

Foster care is intended to provide a safe and temporary placement for children who cannot remain safely in the home of their birth parents/legal guardians. While in foster care, the City is responsible for providing appropriate services for children and the family members in order to prepare for reunification in a timely manner. In the event the child is unable to be returned home safely, the City must provide an alternative home that is secure and stable.

The Office of the Public Advocate witnessed from the foster care hotline that children of the New York City foster care system suffer from inadequate services, maltreatment, and systemic barriers that prevent them from finding a permanent home.

To address the above deficiencies, the City must adopt and improve foster care outcomes by holding ACS and contracted agencies accountable, removing bureaucratic challenges, providing quality services and supports to children in care and their family members. The City should engage in concurrent planning, improve recruitment, and pre-qualify adoptive placements to achieve permanency as quickly as possible. We urge the City to enact these measures as soon as practical; the children of New York City deserve better.

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Lastly, the Public Advocate thanks all callers of the Public Advocate's Foster Care Hotline.

SURVEY DATA

What is your relationship to the child in the system?		
Answer Options	Response Percent	Response count
Child	14.3%	12
Birth parent	36.4%	31
Current or former foster parent	26.0%	26
Other (relatives, friends, to-be-foster parents, case worker)	22.1%	16
Answered question		77
Skipped question		0

In what borough was the child living before entering foster care?		
Answer Options	Response Percent	Response count
Brooklyn	25%	17
Bronx	43%	29
Manhattan	15%	10
Queens	15%	10
Staten Island	2%	1
Answered question		67
Skipped question		10

Where was the child's first placement in foster care?		
Answer Options	Response Percent	Response count
Kinship foster home	35.7%	25
Non-kin foster home	52.9%	37
Group home	4.3%	3
Other facility	7.1%	5
Answered question		70
Skipped question		7

Was the child moved to any other placements		
Answer Options	Response Percent	Response count
Yes	57.1%	40
No, the child remains in the same placement as the first.	31.4%	22
No, the child was returned to his/her birth parent.	10.0%	7
No, the child was adopted	1.4%	1
Answered question		70
Skipped question		7

How many total placements has the child had in foster care?		
Answer Options	Response Percent	Response count
2	38.5%	15
3	15.4%	6
4	20.5%	8
5 or more	25.6%	10
Answered question		39
Skipped question		38

Is the current permanency plan different from the first permanency plan given to the child?		
Answer Options	Response Percent	Response count
Yes	44.5%	25
No	35.7%	20
I am not sure	19.6%	11
Answered question		56
Skipped question		21

How long has the child been in foster care?		
Answer Options	Response Percent	Response count
0-1 year	17.0%	13
1-3 years	25.0%	19
3-5 years	27.0%	20
5-10 years	21.0%	16
10-21 years	9.0%	7
Answered question		75
Skipped question		2

Was the child ever mentally harmed in foster care?		
Answer Options	Response Percent	Response count
Yes	55.9%	33
No	44.1%	26
Answered question		59
Skipped question		18

Was the child ever physically harmed in foster care?		
Answer Options	Response Percent	Response count
Yes	31.1%	19
No	68.9%	42
Answered question		61
Skipped question		16

How many different caseworkers has the child had?		
Answer Options	Response Percent	Response count
1	17.1%	7
2	19.5%	8
3 to 5	53.7%	22
More that 5	9.8%	4
Answered question		41
Skipped question		36

ENDNOTES

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