

# CWWW

## PRESSURES AND POSSIBILITIES: SUPPORTING FAMILIES AND CHILDREN AT HOME

In social policy, statistical details can easily obscure the real people they describe. There is artistry in getting inside the numbers to discover what's happening in people's lives.

Last year, a surge in the number of children placed in foster care began soon after the January 2006 killing of young Nixzmary Brown. In 2006, foster care placements increased 53 percent, from fewer than 4,800 to more than 7,200. The last time there was such a leap from one year to the next, Rudy Giuliani was mayor, Nicholas Scoppetta was children's services commissioner and they had just created a new agency for child protection in the wake of the horrific murder of a Lower East Side child.

Each time there is a well-publicized, preventable death of a child, people make more reports of abuse and neglect; caseworkers become more cautious

and confirm more allegations; city lawyers file more petitions in Family Court; and judges place more children in foster care. It's all there in the data.

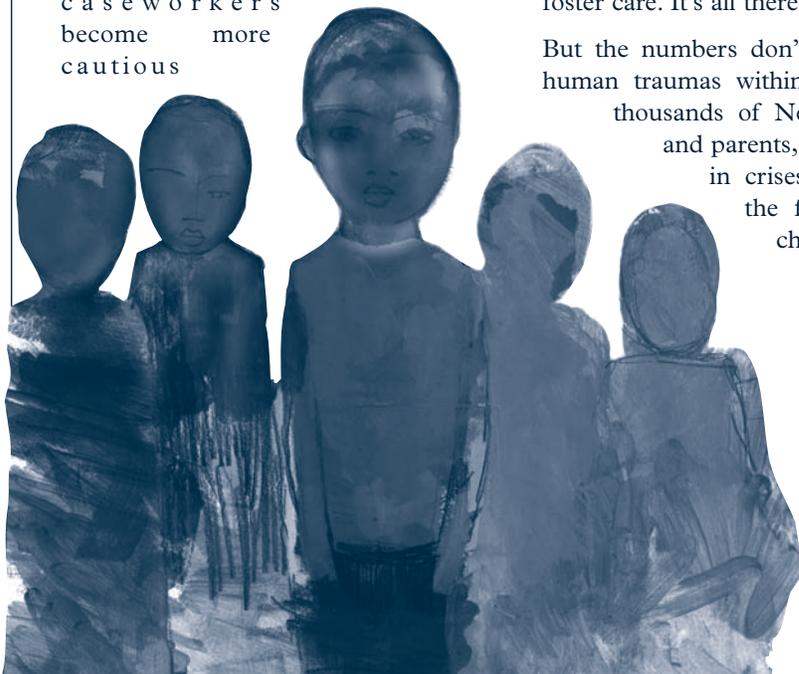
But the numbers don't reveal the very human traumas within the psyches of thousands of New York children and parents, their lives reeling in crises. Depending on the family, placing a child in foster care can be either a necessity or a mistake. But in every case it reflects trauma, separation, fear and sadness.

There are two motivational impulses in child welfare.

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One is the drive to protect vulnerable children. The other is the desire to help make families stronger and parents better able to provide for their kids and themselves. The former has always dominated the field—children’s safety is the founding principle, after all. But the two are in fact inseparable and should not be seen as being in conflict with one another.

Today, these two motivations are in a tension-filled balancing act. With foster care placements up, the number of abuse and neglect petitions in Family Court rising to extraordinary levels (up by 60 percent in fiscal year 2007), and the number of frontline child protective specialists at an all-time high, there is new intensity on the child protection side of the system. At the same time, the city has increased funding for preventive family support services by well over \$70 million since 2005.

As we show in this issue of *Child Welfare Watch*, the roles of child protection and preventive family support services are overlapping more and more. Preventive family support is funded by the Administration for Children’s Services (ACS) through contracts with 76 nonprofit organizations. “We need our preventive providers to play a protective role,” Elizabeth Roberts, ACS deputy commissioner for family support services, told the *Watch*. “They are responsible for the ongoing assessment of risk, really taking responsibility for child safety as well as family well-being.”

Roberts’ comments reflect a widely understood imperative. But there is an important political aspect to this message as well,

- The number of children placed in foster care increased 53 percent to more than 7,250 placements in 2006. Many directors of family support agencies worry this increase could result in less funding for their programs.
- After a decade of problems and more than \$400 million in state spending, New York State may scrap Connections, its bug-ridden child welfare computer tracking system. It would take years to develop and install a workable replacement. (See “Connections Defection,” page 24.)
- Transforming the business of family support, city referrals to “general preventive” programs increased 28 percent from fiscal year 2004 to 2006. And the number of court-ordered supervision cases shot up 100 percent since January 2006. (See “Higher Profile, Higher Pressure,” page 5.)
- In the two years since New York City launched a system-wide effort to provide more support to families with children leaving foster care, 36 foster care agencies have provided intensive services to families of more than 4,300 children. (See “After the Kids Come Home,” page 10.)

whether intended or not. As New York City invests more funding and strives to make preventive family supports more rigorous and accountable, the public and political leaders (not to mention budget officials) will have to learn that preventive services are indeed about child safety in the most basic fashion: If a family is stable and getting stronger, a child is safe at home.

Every parent needs support from the day their first child is

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## THE ROLES OF CHILD PROTECTION AND PREVENTIVE FAMILY SUPPORT SERVICES ARE OVERLAPPING MORE AND MORE.

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born. Many of us get by with the help of partners and our own parents, or we pay for help. But not everybody has that option. In New York City, nearly one of every three children lives in poverty. Their parents, the majority of them single mothers, can’t easily afford help. Family support services can provide it. And they should—without raising the specter of losing a child to foster care.

“Preventive services is a chance for a parent to get the help she needs without ACS, without the fear, because they’re helping you get all the resources so you don’t have to go through the bad times with your fear of your kids getting taken away,” says Youshell Williams, a parent who has participated in preventive programs. “It’s like a collaboration ... to make sure your family stays together.”

Sometimes this works. Sometimes fear trumps the desire for help, and families want no part of services. New York has not yet figured out how to serve every objective—how to abide with both motivational forces in perfect balance. The stories of real lives, of families surviving against all odds, illustrate the tensions that will shape this work for years to come. ♦

—ANDREW WHITE

The Child Welfare Fund is interested in supporting projects to implement the recommendations of the *Child Welfare Watch* advisory board. For application guidelines, contact:

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## Recommendations and Solutions proposed by *Child Welfare Watch*

**M**ayor Bloomberg and his commissioner for children's services, John Mattingly, have made formidable new investments in the city's network of nonprofit, community-based preventive family support services. The \$188 million that the NYC Administration for Children's Services (ACS) dedicated to family support contracts in fiscal year 2007 (which began in July 2006) is a far greater sum than ever before. And 2008 promises modest growth.

*This investment responds to the vision long advocated for by the Child Welfare Watch advisory board. We have sought not only savings on the foster care side of the system, but also a more substantial family services safety net in the neighborhoods where so many New Yorkers live in substandard housing, have low incomes and are most at risk of becoming homeless or losing their children to the foster care system.*

*But you must keep an eye on what you have asked for, because circumstances can change and intentions can be distorted. The latest investments in preventive services arrive in the wake of the huge increase in reports of abuse and neglect that followed the January 2006 murder of 7-year-old Nixzmary Brown. As a result, preventive services—including new, targeted supports for groups of children at very high risk of foster care and juvenile detention—are more closely tied to child protective services than ever before. Today, about two-thirds of families participating in family support programs are referred by ACS child protective services. Previously, fewer than one-half of family support cases were referred by ACS.*

*It makes perfect sense for ACS to emphasize the child safety aspect of preventive family support. Caseworkers from nonprofit organizations can share the responsibility of making sure kids are safe at home even after an investigation is finished. And by investing tens of millions of dollars in supports for high-risk groups such as families that have been reunified after a child was in foster care, ACS has proven that, with help, otherwise fragile families can stay stable, healthy and together.*

*But this network of support services was never intended to serve only those families reported for suspicion of abuse or neglect. It was not designed as a stigma-bearing set of programs for the accused—which, despite the best intentions of ACS and agencies, is how some families see it—but as a safety net for parents with nowhere else to turn. It is a family support system with many purposes, built over decades by community agencies and city government amid a relative scarcity of resources. Policymakers at ACS have good reason to focus on their fundamental responsibility to keep children safe. But in truth, family support encompasses a vast array of other goals: helping parents stay employed, keep their kids in school, find legal assistance, avoid eviction, become sober, get treatment for mental health problems, control their anger, deal with a batterer, keep a decent home. There are as many variations as there are families.*

*This issue of the Watch attempts to illuminate the puzzles posed by a growing system with many purposes. Following is a short list of recommendations, drafted by the Child Welfare Watch advisory board, that can help policymakers create a more inclusive safety net for families.*

### **ACS SHOULD PROVIDE AFTERCARE SERVICES FOR EVERY CHILD LEAVING FOSTER CARE IN NEW YORK CITY.**

Soon-to-be-published research from the University of Connecticut indicates that intensive, flexible engagement with families while children are in foster care and after they return home can reduce the amount of time children spend in foster

care—and help prevent their return to care. ACS has dedicated \$18 million in each of the last two years to foster care agencies to create more intensive aftercare services. (See “After the Kids Come Home,” page 10.) As a matter of policy, intensive family engagement and aftercare should be fundamental elements of any

foster care system and, ideally, designed with input from families. Yet before the city created a dedicated funding stream, this was not a routine part of practice. It is clear now that the city should continue to dedicate funding—and more of it—to these services; if they are subsumed into the standard foster care contracts, they may again disappear.

The city's yardstick for evaluating which aftercare programs deserve continued funding centers on a reduction in the number of days children are in foster care. This may encourage agencies to focus on short-term efforts that get kids home faster, without ensuring the longer-term supports that will help keep families stable over the long haul. The latter must be of equal or greater priority.

Thanks to recent changes, city policy now allows preventive and foster care agencies to work with the same family without fear that funding will be denied because of “duplication of services.” This allows for greater flexibility and more comprehensive aftercare for every child who is transitioning out of foster care.

### **ACS MUST ESTABLISH COMPREHENSIVE PERFORMANCE MEASURES FOR THE PREVENTIVE FAMILY SUPPORT AGENCIES IT FUNDS.**

Even as ACS creates a new method for holding nonprofit agencies accountable for their work, practitioners, advocates and policymakers have no unified view of the purpose of preventive family support. In reporting this issue of the *Watch*, the writers and editors encountered many definitions of family support services, and no two were alike.

It is the city's responsibility to use performance measures that ensure agencies do their work well and maximize their impact. Unavoidably, the measures ACS officials choose will directly shape the work of those programs. If the city decides to focus most heavily on measures of child safety and the reduced use of foster care, these will become driving forces in the priorities of family support agencies. It is easy to measure such outcomes: incidents of repeated abuse and

neglect can be tracked; so too can placements in foster care.

These are important measures. Yet thousands of parents in family support are not at great risk of harming or neglecting their children and are unlikely to have their children placed in foster care. This doesn't mean they don't need help. So additional measures of success and effectiveness are needed. Are children attending school? Are they well-fed and supervised? Have they been to a doctor? There are also ways to measure the quality of services. Are staff meeting their deadlines, making visits and engaging families, working in a decent office with the tools they need? Are parents and older children happy with their experience in preventive services? Were the appropriate services offered and available? Were each family's needs met, as they themselves identified those needs?

Any monitoring system can have unintended consequences. Agencies that report abuse and neglect when they see it should not suffer because they have made more reports, as long as those reports are not frivolous. And more oversight can lead to excessive paperwork. The last thing caseworkers need is to spend more time in front of a computer and less with families. New monitoring requirements must be offset by reductions in other paperwork. But there should be no doubt that performance monitoring is essential—so long as it is designed with a clear view of agencies' effectiveness.

In devising these measures, ACS must

collaborate with community-based organizations and parent advocates, because every neighborhood is different. Also, many family support organizations have very specialized practices that should be accommodated and encouraged—after all, flexibility and individualized services are often essential for success. Finally, the city must place great stock in family interviews designed to assess the quality and responsiveness of services, weighting the results heavily and holding contract agencies accountable for their results.

**GOVERNOR SPITZER, MAYOR BLOOMBERG AND ACS SHOULD IMMEDIATELY PRESS THE FEDERAL GOVERNMENT TO AUTHORIZE FEDERAL FOSTER CARE DOLLARS TO BE REDIRECTED TO FAMILY SUPPORT SERVICES.**

Title IV-E of the federal Social Security Act governs the distribution of funds to the states for foster care and adoption. Several states, including, most recently, Florida, have obtained a waiver to Title IV-E that allows them to use this money more flexibly to support families. Unfortunately, Congress allowed the federal Department of Health and Human Services Title IV-E waiver authority to lapse in 2006. But with the new Democratic leadership—including U.S. Rep. Charles Rangel and Senator Charles Schumer—New York leaders must help ensure that it is restored in 2007. When it is, New York should apply for a waiver—something ACS was poised to do before federal authority expired. Because of the steep drop in the state's foster care caseload since 1998, New York is spending hundreds of millions of dollars less on

foster care, but relying more heavily than ever before on early interventions via preventive family support programs. The federal government would undoubtedly seek to cap funds available to New York under a waiver, but this cap should be based on an average of funds expended over the last five or 10 years, reaching back to a period when the foster care caseload was much larger than today's.

**THE STATE OFFICE OF CHILDREN AND FAMILY SERVICES SHOULD SCRAP THE "CONNECTIONS" CASE TRACKING SYSTEM.**

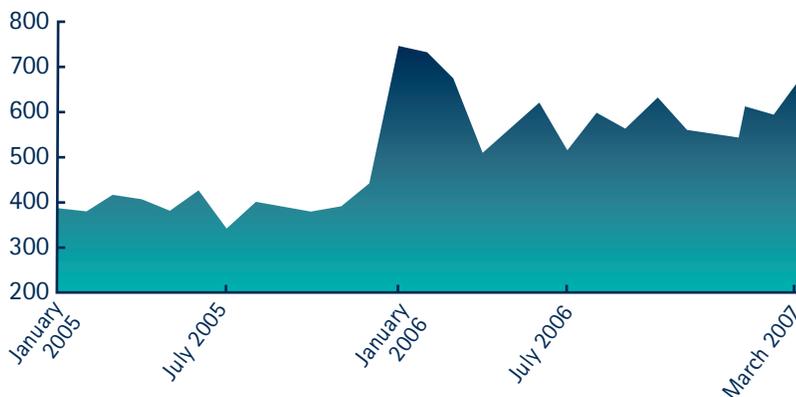
After more than a decade of failed efforts to fix the state's flawed, \$400 million electronic case tracking system, child protection and preventive services workers continue to find it over-built, anachronistic and too often unworkable. Administrators say it has reached its limits in terms of flexibility and is not user-friendly, and the commissioner of OCFS agrees the system takes up too much of caseworkers' valuable time. (See "Connections Defection," page 24.) It is time to stop hoping that a failed system will eventually work and instead take advantage of technological change to develop software that functions properly, helps keep children safe and serves the needs of frontline workers, administrators, policymakers and researchers.

**WHEN FAMILIES ARE REFERRED TO PREVENTIVE SERVICES, ACS PROTECTIVE WORKERS AND PREVENTIVE AGENCY STAFF MUST BE CLEAR WHAT SERVICES ARE AVAILABLE TO THE FAMILY AND WHAT IS EXPECTED OF THEM.**

Caseworkers and supervisors need to be consistent and affirmative in telling families that preventive services are voluntary unless there is a court order. They need to explain what preventive services can and cannot do, so that parents can make an informed decision about whether or not they want the services. And if there is a court order in place, families should be given sufficient information so they can choose the provider and program that will best meet their needs. In this way, parents can maintain a sense of their own autonomy even when receiving services that are not fully voluntary, and efforts to engage families stand more of a chance of success.

## MONTHLY ADMISSIONS TO FOSTER CARE IN NEW YORK CITY

The number of children placed in foster care each month increased by 50 percent from 2005 to 2006.



Source: NYC Administration for Children's Services

# HIGHER PROFILE, HIGHER PRESSURE

The nonprofit business of family support is undergoing dramatic change as prevention becomes more closely tied to child protection.

Lisa Caswell says she has the best staff she's ever worked with in her nearly 10 years as director of the Day Care Council of New York's Family Support Program in Parkside, Brooklyn. The storefront agency serves people in the surrounding neighborhoods, offering help when pressures such as unemployment, domestic violence and truant teens push families to the breaking point.

Members of Caswell's team have been with the agency for more than a decade, and they are better paid and have lower caseloads than in the past. But in some ways their work is harder than ever. City child abuse and neglect investigators and Family Court judges have recently been referring more—and more complex—cases to her agency, says Caswell, including many that once would have resulted in foster care stays for children instead of services geared toward stabilizing their lives at home.

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**"THERE'S BEEN A BLURRING OF THE BOUNDARIES BETWEEN PROTECTIVE AND PREVENTIVE. AND WE REALLY WANT TO KEEP THEM SEPARATE."**

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The child protection system run by the city's Administration for Children's Services (ACS) is relying more than ever before on workers in preventive agencies like Caswell's to ensure that families take part in services that will keep children safe over the long term. Investigators refer most of these families to what are called "general preventive" programs run by community organizations. City referrals to these programs leapt by 28 percent since 2004, to 4,325 families last year. Hundreds more are sent each year to programs that specialize in intensive supports for people with drug addiction and other troubles.

Even starker is the 100 percent increase since January 2006 in the number of parents ordered by Family Court judges to take part in services after being charged with child abuse and neglect. Last year, adults in 4,400 such families were ordered into drug

rehab, mental health care, parenting classes or other programs, many of them run by community organizations.

Besides handling more volume, workers in preventive agencies also face new pressure from ACS to achieve faster and more positive outcomes in their cases. As a result, Caswell says, the people they're trying to help view them differently than in the past. "We're now seen as an extension of the protective mandate," she says.

In their daily work with clients, some family support agency staff fear their services are no longer seen as voluntary, but as just another hoop families must jump through if they want to keep the authorities at bay.

"There's been a blurring of the boundaries between protective and preventive," Caswell says. "And we really want to keep them separate."

That's not the direction in which the city child welfare system is moving. In the last two years, ACS has significantly upped the budgets and the profile of the 76 nonprofit organizations it contracts with to provide a broad spectrum of family support services—counseling, case management, parenting education and more. Since 2005, the city's annual budget for preventive services provided by nonprofit organizations has grown from \$118 million to \$187 million. And ACS officials have set high expectations for the role these preventive agencies are to play in staving off the types of family crises that lead the city to place children in foster care.

"We are really asking the providers to step up to the plate in a different kind of way as partners in keeping kids safe," says Elizabeth Roberts, ACS deputy commissioner for family support services.

Agencies must work more efficiently and handle a much larger cross-section of the city's families. ACS Commissioner John Mattingly recently asked preventive service contract agencies to try to reduce the time they work with families to no more than 18 months so that more families can take part in services.

These trends add up to a dramatic shift in the business of family support. In January 2007, more than two-thirds of all new cases opened in general preventive programs were referred by ACS. In the past, fewer than half the families in these programs were referred by child protective services, while the rest either dropped in of their own accord or were referred by churches and other neighborhood organizations.

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## A MIXED PICTURE ON RESOURCES

Over the course of a full year, preventive family support agencies work with more families than the foster care system. Yet in fiscal year 2007, preventive services received less than a third of the amount ACS spent on foster care.

Of course, residential foster care is far more costly than most of the programs preventive agencies provide. But the funding structures put in place by the federal and state governments also have a direct impact on the capacity and quality of the system. The bulk of federal money for preventive family support programs comes from a capped child welfare fund that has not increased since the early 1990s. New York State provides a 65 percent match on local preventive spending but only after localities—including New York City—use up all available federal funds.

To free up more resources, the Bloomberg administration redirected savings from the city's greatly reduced use of foster care to preventive family support programs. (Between 1999 and 2005 the number of children placed in foster care each year declined from more than 10,000 to about 4,800.) In the last two fiscal years, those savings have given preventive agencies with high demand for their services unrestricted "enhancement" grants of up to \$1,000 per slot, and helped fund \$44 million in new services for teens, families struggling with substance abuse and those with children leaving foster care.

Since the January 2006 murder of 7-year-old Nixzmary Brown, however, the number of reports of abuse and neglect have risen and the number of children placed in foster care has increased by about 50 percent, to a rate of about 7,000 placements per year. Many preventive agency directors worry this recent increase will erode savings and result in less enhancement money in the future.

Last year, ACS and nonprofit leaders successfully lobbied city budget officials for money to reduce preventive agency caseloads from 15 to 12 for frontline workers and also obtained cost-of-liv-

ing increases for family support staff. After more lobbying this spring, the \$4.2 million in city dollars needed to keep that case-load ratio in place was included in the budget for the fiscal year that begins in July 2007.

Details on the final budget had not been released as *Child Welfare Watch* went to press. An analysis of Mayor Bloomberg's executive budget proposal by the Citizens Committee for Children shows it adds \$10.2 million to preventive child welfare services for FY 2008, of which \$3.3 million is city funding. (The new budget agreement brings that to more than \$7 million). Of the total \$235.6 million in the mayor's budget for preventive services, the analysis shows nearly half comes from the state, about a third from the city and about a fifth from the federal government. Once again, the proposed budget for preventive services represents less than a third of the \$782.3 million proposed for the city's foster care system.

Leaders of family support agencies say more resources are needed for general costs. At the Brooklyn Bureau of Community Service, which serves 330 families at sites in Bedford-Stuyvesant and East New York, unrestricted grants expanded the budget by a crucial \$270,000 last year. "Without the enhancement money, we would be in a deficit," says Clare Longo, the agency's director of family and children's services.

Her organization used last year's grant for more staff training, a new support group for teens and a technology consultant to ease the burden of producing required outcomes reports for the city and state. But because the money isn't part of the city's continuing budget, Longo says it's been hard to plan ahead. "You can't hire someone and tell them their job will be up in June."

Salaries for family support agency staff are still substantially lower than those in ACS child protection. "It's still a two-tiered system," says Ilze Earner, an assistant professor of social work at Hunter College. "Prevention is where all the talk, talk, talk is. But where is the money?" ♦ —BARBARA SOLOW

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Preventive agencies are now operating at or above their city-funded capacity, serving about 13,000 families at any given time during the year. "In the past we used to get a lot of calls from local schools," says Dorothy Worrell, executive director of Harlem Dowling, which offers counseling and other support to troubled teens and families. "Now, a lot of times we say we don't have the capacity for those referrals."

As they become more central to ACS's child safety goals, preventive agencies are creating new, specialized programs for teens, infants and families whose children have come home from

foster care. And they are facing closer scrutiny of their work, as the city seeks to establish more comprehensive oversight and performance management systems for its contractors.

The city's increased reliance on preventive family support services is good news to advocates and nonprofit practitioners who have long favored more focused, systematic efforts to stabilize families—and sought greater respect and resources for prevention.

"We are listened to more, across the board," says Laura Fernandez, who runs the Incarcerated Mothers Program at Edwin Gould Services for Children and Families. "I'm part of a foster care

agency and a few years ago, I usually came last on every agenda. Now, prevention is more recognized as being an important partner.”

Yet, with higher visibility has come added pressure, nonprofit leaders say—and bigger questions about the larger goals of preventive family support.

“For a long time we were flying under the radar,” says Ronna Weber, director of Astor Family Services in the North Bronx, which has recently added a new ACS-funded program for teens. “Now, the system is paying attention, and that has its ups and downs.”

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## THE NEW CHILD PROTECTION ROLE

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This coming fall, the city will begin an 18-month process developing and awarding new long-term contracts to family support agencies, making this a critical time for nonprofit leaders trying to plan their organizations’ future.

Experts say ACS needs to be explicit about the part it wants family support agencies to play in child protection. “The city needs to be very clear about what preventive agencies are expected to do,” says Jane Waldfogel, a professor of social work and public affairs at Columbia University who has written extensively about child welfare, “especially about what share of resources are to be devoted to cases referred by child protection and what share are available for people from the community to come in voluntarily.”

Interviews with leaders of more than a dozen city-funded family support agencies reveal widespread anxieties on that score. Many nonprofit leaders are worried about what ACS expects of them—and whether those aims can be accomplished while they are coping with a flood of new cases involving families at risk of losing their children to foster care.

While some preventive agencies are adding staff, offering more training for existing workers and creating new programs for target populations, others say that without more resources they can’t handle more growth.

Their evolving relationship with ACS has many agency leaders re-examining their priorities. “What it requires of me is much more intensive supervision of everything,” says Ivy Zlotolow, director of preventive services at Little Sisters of the Assumption in East Harlem, which is now filled past its 60-family capacity. “And my supervision has changed. Now I’m often thinking, ‘What is the child welfare risk in this case?’”

Meanwhile, ACS is moving to more closely gauge the effectiveness of family support services. The city child welfare agency will soon shift the main locus of oversight of its nonprofit contractors from its headquarters in lower Manhattan to the field. In late March, Commissioner Mattingly unveiled plans to send teams of “performance monitors” out to foster care and preventive programs in the five boroughs. The teams

will participate in key decisions on cases and will offer training and troubleshooting help to staff.

The first phase of the plan will begin this summer and will cover just 10 percent of family support programs. (The startup phase will involve preventive agencies in Brooklyn only, because the borough has the most numerous and varied group of family support programs.) By summer 2008, ACS plans to have teams overseeing all agencies in its network.

The scheme differs from the city’s existing Family Support Units (FSUs), which are located in ACS’ field offices. The FSUs offer short-term help with court-ordered and other high-risk cases that originate with child protective investigators. By contrast, the new monitoring teams will be concentrating on the long-term work of family support programs, not just individual cases.

“We will be there to support the work in a different way,” says Deputy Commissioner Roberts.

Some preventive agency leaders welcome the new plan because it offers them a way to partner with ACS on cases

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**“THE CITY NEEDS TO BE VERY CLEAR ABOUT WHAT PREVENTIVE AGENCIES ARE EXPECTED TO DO.”**

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beyond those that originate in the field offices. And, they say, it gives them more clout in getting families to participate in services because of the direct involvement of child welfare staff in family conferences.

“Whatever bumps might occur at the start, in five years, this is going to mean a child welfare system that is much better for kids and families,” says Bill Baccaglini, executive director of New York Foundling, which operates one of the largest city-funded family support programs.

But others worry that a bigger ACS presence will intimidate families enrolled in preventive programs and endanger the voluntary nature of those services.

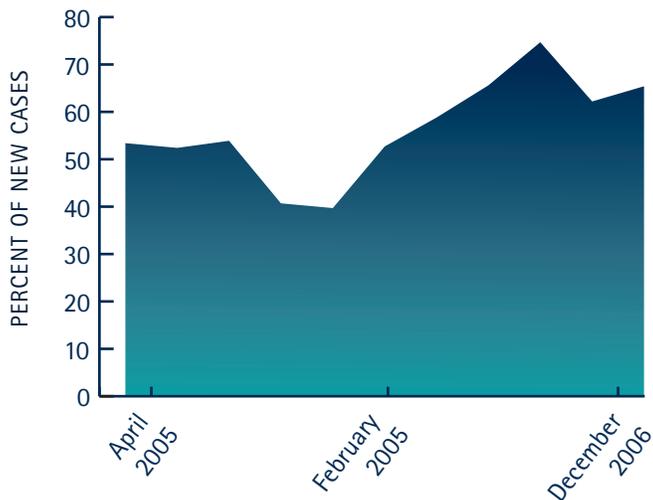
“A lot of the families we see don’t necessarily want our help when they first come in,” says Caswell of the Day Care Council’s Family Support Program in Brooklyn. “If we tell them they have a right to refuse it, are ACS workers going to come in and say, ‘Why did you do that?’”

The city is also developing a new rating system for evaluating family support services similar to its current scorecard for foster care providers. Specific measures are still being worked out, but ACS officials say the length of time that families stay in prevention and whether there are additional reports of abuse and

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## ACS REFERRALS TO PREVENTIVE

The city's child protective investigators are relying more on nonprofit-run general preventive programs than they once did. This chart shows the growing number of families referred by ACS to general preventive programs as a percentage of all newly opened cases.



Source: NYC Administration for Children's Services

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neglect after they receive help will be key indicators.

While they are quick to back the goal of greater accountability, some agency leaders worry that scorecards won't capture the complexities of their work with vulnerable families.

"Those [evaluation] forms don't tell a story," says Zlotolow of Little Sisters in East Harlem. "They don't tell about the incredible pressures on my staff or what it takes to help a family with generations of trauma to effect change."

Deputy Commissioner Roberts agrees it is "more challenging" to develop an evaluation system for family support work than for foster care. "There are not as many cut and dried outcomes you can look at," she says. "We have had a really lively and productive dialogue with preventive providers about this over the past year. A lot [of the evaluation] will be about the quality of services, the quality of engagement of family and elements where the family gives feedback." (See "A Community's Concern," p. 29.)

Perhaps the biggest concern of nonprofit leaders is how the pressure for outcomes on the child protective side will affect the neighborhood-based missions of family support agencies.

"Right now, we're not always as purely preventive as we'd like to be," says Worrell of Harlem Dowling. "We should be able to serve more of those families who are walking in off the streets before they even come to the attention of ACS."

"We're called preventive family support services but we always have this background music," adds Sister Judith Garson, executive director of Little Sisters of the Assumption. "Is this

protective or is it true preventive services? Are we removing the surface child welfare risk and moving on, or is this about long-term change" in a family?

Experts say that problem isn't likely to be resolved anytime soon. "That's always been the paradox of child welfare," says Ilze Earner, an assistant professor of social work at Hunter College and a former family support agency worker. "You can't really get away from it. The best thing is to recognize it and say, 'I wear two hats.'"

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## A SYSTEM THAT'S STRETCHED

But wearing two hats can be challenging—especially when the workload is increasing. Even ACS leaders concede the preventive system is reaching its limit, due to a combination of its new focus on services and the flood of abuse and neglect reports that followed the murder of Nixzmary Brown in January 2006.

To extend capacity, Commissioner Mattingly has called for "shorter stays" in preventive programs. While he has stressed that agencies won't be penalized for having cases open for longer than 18 months, he has also made clear his belief that—as he wrote in a February 2007 letter to contract agencies—"in most cases, it is possible to address and reduce the risks to children and strengthen families within a shorter timeframe."

Many family support agency directors agree there are cases that could be closed more rapidly. But they say they want to avoid a mandate for shorter stays. Instead, many agency leaders want more funding. "What has happened is that ACS has allocated more cases to us, but they haven't grown the actual number of preventive [per family] slots," says Worrell of Harlem Dowling.

The city budget that Mayor Bloomberg and the City Council recently agreed upon for FY 2008 includes an additional 1,000 preventive slots at a cost of \$2.4 million in city funds to be matched by \$4.4 million in state funds.

Yet, even with increased funding, Zlotolow of Little Sisters is not sure her agency could take on more families. "It's not just about more, it's about better," she says. "It's about what families need. And without the city looking at alternative services, I just can't expand."

For example, in East Harlem, Zlotolow says, an influx of new immigrants from Mexico and Central America has led to rising demand for English classes, health care and affordable housing—all of which are in short supply in the community.

Without a wider range of available services, family support agency leaders worry that the child welfare system has unrealistic expectations for their programs.

"A lot of times we feel frustrated that the system may be giving clients an inaccurate sense of what we can do," says Weber of Astor Family Services. "We always complain that [child protective workers] tells clients we can help with their

housing problems. In reality, there's very little we can do about that."

## SPECIALIZED SERVICES

ACS's greater emphasis on prevention has been accompanied by more targeted funding to help family support agencies serve hard-to-help populations, including families that have recently reunified with children leaving foster care. (See "After the Kids Come Home," p. 10.)

In each of the past two budget years, ACS has provided \$18 million in grants for specialized intensive preventive programs for teens, as well as intervention services for infants whose parents have histories of drug abuse. Last year, the city also launched an \$11.5 million effort to assist 600 city children on foster care and preventive agency caseloads who are involved with the juvenile justice system.

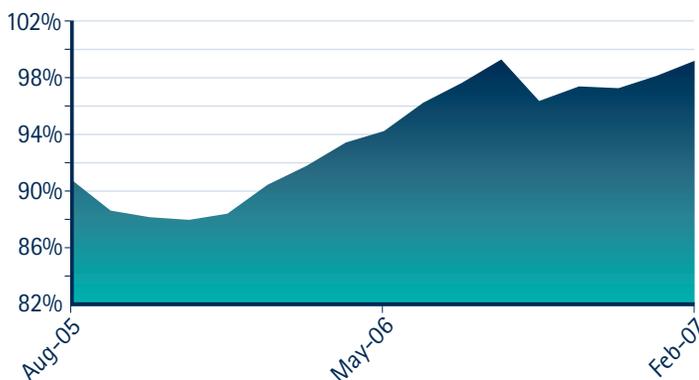
New York Foundling is part of that effort. The agency recently received a contract for a new program to provide therapeutic at-home services to 100 foster teens who would previously have been placed in detention homes. Social workers spend up to 20 hours a week with each child's family, offering support and advice in dealing with their teens. The goal is to keep these young people in their communities and out of institutions for juvenile delinquents.

Kingsbridge Heights Community Center in the Bronx has set up a new ACS-funded program that targets supports to families at risk of losing their infant children to foster care. Its team,

## FAMILY SUPPORT PROGRAMS ARE FILLING UP

UTILIZATION RATES FOR GENERAL PREVENTIVE AGENCIES IN NYC

One clear sign of the city's emphasis on preventive services is the increased utilization of family support programs. As this chart shows, many general preventive agencies have been operating at or beyond their city-funded capacity in the last year.



Source: ACS monthly update, January 2006, FY2006 and December 2006, FY2007

which includes a parent aide, a case planner, substance abuse and domestic violence specialists, a psychiatrist and a social worker, works closely with 20 families at a time, all of them referred by ACS child protective services. "The success of our services has resulted in moving toward closing some of the first cases we received," says Doug Simon, the program director. "Folks have completed their substance abuse programs and children are getting the services they need."

Other family support agencies, particularly those with small staffs and budgets, have been slower to create specialized programs, partly because the targeted money has come so fast—mostly within the last budget cycle—and partly because some agency leaders want to stick to their own program agendas, or those they view as most effective.

"For many preventive agencies, we've been doing case management and clinical work in the neighborhoods for years," says Robert Cizma, vice president for prevention and mental health programs at the Jewish Child Care Association. "What we need to look at is best practices and the agencies that have models that work. Let's put the funding into those."

And there are other challenges associated with recent funding initiatives. At Astor Family Services in the Bronx, Director Ronna Weber says integrating the new ACS-funded teen program—which offers counseling, business training and social support clubs for adolescents—into her agency's existing work has been a struggle.

"ACS has treated it as a separate program with a different referral process that's audited by a different group of people," Weber says. "For me as a program director, I try not to make that separation. We have one weekly staff meeting. Things are best morale-wise and in many other ways if we are one group."

Linda Santlofer of the Seamen's Society for Children and Families on Staten Island has seen specialized funding for prevention come and go over the years. Her organization used to run a drug rehabilitation program but closed it in the early 1990s when the state froze Medicaid funds. It hopes to reopen the program later this year.

What her agency wants most are more unrestricted funds to hire specialists in mental health and housing—two pressing needs of families in the agency's service area of Staten Island and Brooklyn.

"What ACS has done is increase funding for specialized populations, not for general preventive," where referrals have gone up, Santlofer says. "We have gotten more money in preventive and we don't want to knock that. But it's not been where we need it or the form we need it in."

## STAYING MISSION-DRIVEN

Julia Jean-François knows that much of her agency's work doesn't fit the traditional form. She codirects the Center for

*continued on page 13*

# AFTER THE KIDS COME HOME

## New programs aim to get kids in foster care home earlier—and keep them there.

**W**hen Stephanie Skinner learned her two sons were coming home in July after more than two years in foster care she was thrilled, but unprepared.

She needed to move out of homeless housing. She needed furniture for a new apartment. Unemployed, she needed to sign up Vincent, 12, and Quincy, 17, who has developmental disabilities, for public assistance. And she needed a drove of documents for their discharge, from birth certificates to school records to paperwork showing that the family was undergoing therapy.

Helping her every step of the way was Crystal Fowler, one of 20 aftercare workers at SCO Family of Services in Brooklyn, the foster care agency responsible for Skinner's sons.

SCO's new \$1.4 million aftercare unit, "Permanency Plus," sweeps in at least six months before children are slated to leave foster care to speed up discharge and make sure parents are ready for kids to come home—and stay home. SCO also has a \$284,000 residential aftercare unit for teens leaving its group homes.

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**"SIMPLY REUNITING CHILDREN WITH THEIR FAMILIES WITHOUT SUPPORT IS A RECIPE FOR FAILURE."**

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The programs are part of the city child welfare system's new push to help more parents like Skinner during the difficult transition time when kids leave foster care to be reunified with their families, age out of foster care or be adopted. The Administration for Children's Services (ACS) hopes added services and more intensive involvement of foster care agencies with families will help shorten stays in foster care and shore up more struggling households.

Fowler, a parent advocate who was in foster care herself for 13 years, helped expedite the morass of paperwork Skinner faced. She helped her sign up the family for public assistance, and when the checks stopped coming, she went with Skinner to the welfare office to straighten things out. She shopped with Skinner and paid for groceries and clothes for the boys. When the family moved to a subsidized apartment in East New York,

Fowler went with Skinner and bought her dishes and pots, bureaus and a living room sofa.

Since Skinner broke her leg in December, Fowler has been picking up Vincent at school and taking him to his weekly counseling sessions. Afterwards, they go out for Chinese food and heart-to-heart talks. "She's my second mother," Vincent says, showing off his report card and giving Fowler a bear hug.

Now, Skinner, who says she used to spend food money on crack, proudly points to turkey wings in the oven and a pile of freshly washed clothes in the living room. "I feel good bathing my kids, helping them get dressed and praying with them," she says.

### **ADVOCATES HAVE LONG SEEN AFTERCARE AS**

essential to families like Skinner's, when their children come home and they need intensive services to help them stabilize. A child returning home to a recovering drug addict is prime time for a relapse. It's when mom needs to move from a shelter to an apartment. It's when the teen doing well in foster care might start to skip school and hang with the wrong crowd.

If parents are going to make a go of it, agency leaders say they need support at these stressful times.

"This is the most difficult and the most important phase of care," says Jeremy Kohomban, president of The Children's Village, which runs a residential campus in Dobbs Ferry for 340 boys and girls and a network of foster and adoptive homes in New York City and Westchester and Rockland counties. "That's when the real work begins. Simply reuniting children with their families without support is a recipe for failure."

Aftercare also aims to send kids home sooner—and research suggests it does. A soon-to-be released study found that children who participated in an aftercare program were reunified with their families or placed in a permanent home 22 weeks sooner than those who received standard care. Once children were home, those families had fewer reports of abuse and neglect or other concerns. The report, prepared for Casey Family Services by the University of Connecticut, compared families that took part in Casey's "Family Reunification Program" in New England with those receiving standard care.

In 2005, New York City launched its first system-wide effort to provide aftercare services to families with children making the critical move out of foster care. ACS gave the 36 foster care agencies it contracts with \$18 million in each of the last two budget years to provide that help, with the state paying 65

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## PERSONALIZED CARE

*Foster care agencies are allowed to design their own aftercare programs and spend city funds creatively. Aside from making sure concrete services are in place before the kids come home, many aftercare programs add personal touches.*

- **Good Shepherd Services** ramps up foster children's supervised visits with their parents before reunification so families can mend and bond. They move visits out of the agency and into the home as parents cook, oversee homework and practice rusty parenting skills with parent mentors.
- **Episcopal Social Services** has a literacy program that sends in tutors to help children with homework and academic needs. Each month, children get a *Highlights* magazine and Scholastic book. Also, the agency holds recreation workshops for parents and children before reunification. They'll make t-shirts together, cook special dishes and go to Six Flags Great Adventure or Sesame Place for a day of fun. The agency also offers support groups for children, adoptive parents and birth parents.
- **The Children's Village** has used private funds since 1984 to run WAY, a five-year-long program that helps teens transition back to the community. But with new city aftercare funds, the agency now offers aftercare for an entire year to every teen who leave the Dobbs Ferry campus. Not only does the teen have a

positive adult around when the honeymoon period is over and problematic behaviors might creep back, but aftercare workers also help get teens into Boys' and Girls' Clubs, summer camps and job programs.

- **Jewish Child Care Association (JCCA)** sends workers into neighborhoods to find teens who have gone AWOL from its Pleasantville foster care residential campus. They'll go out into the community, look for places where teens hang out and spread the message that they don't have to come back to the cottages but can work together with staff to find a safe setting. When the program first started, JCAA had 40 teens missing from foster care; 36 have since been located and their housing situations resolved, says Elizabeth Schnur, a senior vice president. Also, before a teen is reunified with family, aftercare workers make weekend visits to help families work through issues and develop positive ways of interacting. They plot conflicts on "harmony charts" and work toward resolving them. Sometimes, Schnur says, it's the little things that flexible aftercare dollars pay for that help the most, like a dining room table. "That sounds like a low-level thing," she says, "but that single intervention created a place for a family to be positive together—to sit, eat and talk together." ♦ —EVE HEYN

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percent of the costs. ACS' share came from savings from the shrinking number of kids in foster care. Those funds were "reinvested" in aftercare services to get more children who were taken away from their families adopted or back home faster and into secure households.

Now, with more than a full year of experience in which agencies served more than 4,300 children, advocates say these programs are making a difference. The hands-on involvement of special aftercare workers, paperwork expeditors and parent advocates not only sends kids home to stronger households, they say, but frees up regular caseworkers to focus on other families.

"We have a number of families who I don't think would be together if we didn't have that money," says Susan Kyle, administrative supervisor for Good Shepherd Services, which provides foster boarding home and adoption services in Manhattan and the Bronx and preventive services in Brooklyn.

ACS officials concur: "Family relationships are being reinvigorated and strengthened through the work they've been able to do," says Nancy Martin, the city agency's associate commissioner for policy, development and program planning. "We don't want to send kids home and then walk away from the family. We want some structured and supportive ways of staying connected to them."

Nonetheless, many practitioners say aftercare isn't reaching

nearly enough kids because the funding doesn't go far enough. Though some agencies do now offer aftercare to all families with children leaving foster care, the aftercare unit at SCO Family of Services, for example—which has one of the most comprehensive programs—can only offer it to its most difficult cases.

Anne Lown, director of special projects at SCO, says with more funding her agency could make aftercare a routine offering instead of a specialized service. "It's a good step but it should be offered to everybody who comes into care," she says.

Martin of ACS agrees that current funding levels aren't "necessarily enough to provide six months of aftercare to every single child coming out of care." She adds that the city has given foster care agencies flexibility in choosing how to spend the money so that it has the greatest impact.

It also remains to be seen how well aftercare services work to reduce the length of time kids spend in foster care—one of the major indicators the city will use to evaluate these programs. Agencies worry that if they can't hit official benchmarks devised by ACS, their programs may be in jeopardy.

"We're really worried about losing it and we think it's a fabulous program and what families need," says Elizabeth Schnur, a senior vice president at Jewish Child Care Association, which runs foster care and adoption programs.

## WHEN CARLOS BOYET PICKED UP HIS SON

from foster care in July 2005, “It was ‘See you later, alligator,’” he recalls. Unemployed and 25 years old, Boyet had never lived with his son, Jeremy, then 8. And Jeremy was challenging. Taken from his mother at age 3, he had bounced around to nine different foster homes in five years. Jeremy, who has mental retardation and is hyperactive, would hit, spit and throw things at people.

Boyet dealt with everything on his own. He got Jeremy evaluated for public school, hunted for one that would take him and then transferred Jeremy twice when things didn’t work out. Boyet got counseling for Jeremy, signed him up for Supplemental Security Income benefits and enrolled himself in parenting and anger management classes. Along the way, he wrestled with one paperwork nightmare after another.

“I was overwhelmed,” says Boyet, now a parent organizer with the Child Welfare Organizing Project. “They gave me my kid and that was that. I was just struggling and struggling. Families need help getting services and they need support once the kids come home.”

Many Family Court judges agree.

“I’m more likely to send a child home sooner when there are good intensive services,” says Kings County Court Family Judge Lee Elkins. “They can spot a problem and address it quickly so I’m sure that whatever caused a child to come into care doesn’t recur.”

But that doesn’t happen often enough, says Elkins, who has also delayed discharging children from foster care because services weren’t in place. He says he’s not yet seeing the widespread impact of aftercare programs and in several cases, has ordered transitional services for children returning home only to be told there were no spots. Furthermore, the crucial programs aftercare workers refer families to—such as services for children with developmental disabilities—aren’t always available in their communities.

What’s more, aftercare isn’t mandatory and some parents turn it down because they distrust the system that took away their kids, program managers say. At The Children’s Village, for example, half the families of boys leaving residential cottages at the agency’s Dobbs Ferry campus turn down aftercare. Some foster care groups report similar resistance; others say parents rarely turn them down.

The Children’s Village tries to win over parents by offering a combination of concrete help, such as summer camp fees, and supportive listening. “Bonding and gaining trust are ultimately what work,” says Richard Larson, the agency’s aftercare director.

## ACS’S AFTERCARE PLAN, RELEASED IN 2005,

gave agencies freedom to design their own programs but set guidelines, such as putting aftercare in place at least six months before a child goes home. A key objective was to lower average stays in foster care—which, at just under four years in New York City, is

far above the national average—by getting children home faster and providing supports that could prevent returns to care.

The initial plan set only one numerical target for agencies to meet: a 10 percent reduction in the time children in each agency stay in foster care. Renewed aftercare funding was to be based on an agency’s success at reducing care days, along with other performance goals.

Agencies haven’t yet hit that mark. System wide, the number of days children spent in care dipped about 3 percent during the first quarter of fiscal year 2007 compared to the same period in fiscal year 2005.

Aftercare managers say their programs need time to mature and that fewer care days may not be the best measure of evaluating success. For example, a spike in foster care placements since 7-year-old Nixzmary Brown was murdered last year is slowing down discharges and could be increasing the number of days in care. “Everybody has been more nervous about discharging children,” says Bob McMahan, SCO’s executive director.

Instead, advocates say ACS should evaluate aftercare programs based on how well they prepare families for a child’s safe return and keep that household stable.

“The overall goal should be moving children toward permanent, stable homes, not looking at reduction [in care days] itself as the key goal,” says Edith Holzer, public affairs director for the Council of Family and Child Caring Agencies. “Aftercare should be automatic and available whether you’re reducing the length of stay or not.”

Holzer adds that she has heard of some instances where the increased visits and closer monitoring have led aftercare workers to recommend that children be returned to foster care. “This is an unexpected benefit of aftercare,” she says, “because it identifies the danger of a child early and avoids possible tragedy.”

Martin of ACS says the city is committed to continuing aftercare funding. But she adds the city also needs to monitor program effectiveness and when it comes to renewed funding, “there will be some hard decisions we’ll have to make.”

In fact, in May ACS responded to the foster care agencies’ concerns by changing the formula it uses to calculate reductions

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**“AFTERCARE SHOULD BE  
AUTOMATIC AND AVAILABLE  
WHETHER YOU’RE REDUCING  
THE LENGTH OF STAY  
[IN FOSTER CARE] OR NOT.”**

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in care days, making it easier to achieve. Nonetheless, Martin says the city still expects to see a decrease in the time kids spend in foster care and a rise in permanent discharges from care. Officials add that agencies will receive aftercare funding through September of this year, but they have warned agency executives that funding for these programs will be contingent on performance results.

Meanwhile, a consulting firm, Metis Associates, has a \$68,000 contract to help ACS assess the aftercare programs. The city will review Metis' findings as well as new performance data in making funding decisions for the fall.

ACS wants to ensure that moving kids home faster isn't jeopardizing their safety or increasing recidivism. So reducing returns to foster care and reports of abuse and neglect once a child goes home are also central goals of its aftercare program. Martin says the city is working on analyzing re-entry and abuse reports, though those numbers—as they relate to children who received aftercare services—aren't yet available.

### **PARENT ADVOCATE CRYSTAL FOWLER PROVIDES**

more than groceries and clothes to Stephanie Skinner and her sons.

Fowler calls every other day and Skinner doesn't hesitate to call Fowler on her cell phone if she needs to "cry it out" or her

kids are acting up. Her son, Vincent, calls, too. "If he got a problem he feels he can't talk to me about and he don't want my pressure to run up, he say, 'Mom, can I call Ms. Fowler?'" Skinner says.

The special Permanency Plus aftercare unit Fowler works for at SCO has 20 workers—including the director, caseworkers, expeditors and court liaisons—juggling 180 cases. But it's the parent advocates who've had their children taken into foster care or, like Fowler, were foster kids themselves, who are the heart of the program. "They feel connected to you where they don't want to let you down," she says.

Fowler will be wrapping it up with Skinner soon, when a judge signs off on final discharge of her children from foster care. SCO offers aftercare for the typical three-to-six-month trial discharge period, though it will continue for up to six months if a family needs it. After that, the agency can refer a family to preventive services, though those programs can be backlogged.

Meanwhile, Fowler stops by Skinner's apartment every few days and sometimes just sits and laughs with the family on the sofa. "She always check on me," Skinner says. "She helps me stay clean and sober. I never thought I could come this far."

Fowler squeezes Skinner's hand and smiles. "You doing good, girl. I'm proud of you." ♦ —EVE HEYN

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#### HIGHER PROFILE, HIGHER PRESSURE *continued from page 9*

Family Life in Sunset Park, which raises a significant portion of its budget from private sources so that it has the freedom to interpret its preventive duties as broadly as possible.

For example, staff members have recently been working with neighborhood groups and attending community board meetings to try to get a public high school for Sunset Park. "I know that doesn't sound like prevention," says Jean-François, who describes her agency as a kind of modern-day settlement house with services ranging from domestic violence counseling to child care. "But getting high scores [from ACS evaluators] isn't going to change the condition of teenagers who don't have a school."

The kind of work that has always been fundamental to the Center for Family Life is only tangentially related to the city's child protection system. Jean-François worries that the way child welfare officials view the role of agencies like hers may determine the types of programs that get future city contracts.

"We are concerned that the rebidding of contracts that will happen next year will focus on neighborhoods where there are a majority of ACS referrals," Jean-François says. "But our feeling is that when you put down deep roots in the community and people come to you voluntarily, you are doing prevention

in a deeper sense. That's a big tension in how contracts are going to be organized."

The other major tension, nonprofit leaders say, is how much the child protection system's increasing reliance on preventive agencies will affect their sense of long-term mission.

"That's what makes the difference between good programs and great programs—the mission-driven activities," says Fernandez of Edwin Gould. "A lot of preventive agencies feel mission-driven and not ACS-requirement-driven. We don't want to lose that."

Other agency leaders say family support organizations will have to push to make their broader vision central to the child welfare system's ongoing restructuring.

"We finally got the recognition we wanted," says Cizma of the Jewish Child Care Association. "Now, are we going to rise to the occasion and provide the services? Or are we just going to become the long arm of protection?"

"I can lower caseloads and keep families safe," adds Bill Baccaglioni of New York Foundling. "But the real question is, are we making them better? We can hold the line. But are we making them better?" ♦ —BARBARA SOLOW

# AN ADVOCATE IN POWER

Gladys Carrión outlines the prospects for change from her new job at the helm of the state's child welfare system.

**A**n attorney, Bronx native, and former member of the *Child Welfare Watch* advisory board, Gladys Carrión has a reputation as a straight-talking advocate and an expert on community-based services for children and young parents. She has been executive director for Inwood House, which runs a foster care program for pregnant and parenting teens, and Family Dynamics, Inc., a Brooklyn-based family support agency. In 2005 she became senior vice president for community development at the United Way of New York City. Early this year, newly elected Governor Eliot Spitzer appointed Carrión commissioner of the New York State Office of Children and Family Services (OCFS). The department is responsible for state oversight of local agencies that provide child welfare and child care services, as well as protective services for children and adults. It also manages the state's large network of detention centers for juvenile offenders. Commissioner Carrión spoke with Kendra Hurley and Andrew White about her plans for the agency.

## HOW MUCH OF YOUR TIME IS TAKEN UP WITH THE JUVENILE JUSTICE SIDE OF THE AGENCY?

A tremendous amount of time, because I have decided that's going to be my number one priority. What I found is that the juvenile justice system in many ways is broken. And I'm committed to doing an entire reform effort, really creating some systemic changes in how we work with these young people in our system. It moved too much to a correctional mindset and it's all about order and safety. We put a lot of focus on having these very nice facilities and making sure that we have structure and control and safety. But how do we go beyond that? What kinds of skills are we providing this young person? What is it that we are helping him or her build to move toward adulthood and be successful, or succeed in school?

I feel there are too many young people going into detention that shouldn't be in detention. Those that are there, we are not doing as well by them as we should. We are getting a lot of misdemeanors and non-violent young people going into detention. Maybe that's not the best approach. Clearly there are some young people that have done some pretty egregious things. But at the end of the day, we need to provide the appropriate supports they need to make sure they come back into the community safely. They *are* coming back.

And I think that there are a lot of lessons that we learned in child welfare that we haven't transferred or learned on our juvenile justice side. For instance, bringing kids closer to home, having more community-based services, wrapping services around families. We need to have supports in the communities, and we need to engage families and prepare families so that they have the wherewithal to be able to support their young people coming back home. We're doing some interesting re-entry

pilots, but we need to bring them up to scale and have that cut across all of our work.

## DO YOU SEE A LOT OF OVERLAP OF THE KIDS FROM FOSTER CARE AND THOSE IN THE JUVENILE JUSTICE SYSTEM?

They are the same kids. I say this—and I probably should stop saying this because I'm commissioner now—but I don't want to be the pipeline to prison. And it seems that that's what I am, that I'm preparing them for prison. That's exactly what I don't want to be. And we have a recidivism rate of close to probably 75 percent to 80 percent. So obviously something is wrong.

## ON THE CHILD WELFARE SIDE, WE'RE SEEING SIGNIFICANT CHANGES, ESPECIALLY IN THE ROLE OF THE PREVENTIVE FAMILY SUPPORT SYSTEM. ABOUT 65 PERCENT OF ALL CASES HANDLED BY THE NONPROFIT PREVENTIVE SERVICES AGENCIES UNDER CONTRACT WITH THE CITY ARE NOW REFERRED BY THE ADMINISTRATION FOR CHILDREN'S SERVICES (ACS) CHILD PROTECTION FIELD OFFICES, FAR MORE THAN IN THE PAST. IS THIS TRANSFORMING THE NATURE OF PREVENTIVE SERVICES?

You have to make sure that you address what the needs of the families are. But it's not at the expense of safety. I don't think they are mutually exclusive. All families need support. And so I want to make sure that we're able to have services at a community level for families to come in and be able to access the kinds of supports that they need. We have to make sure that the staff has the skill set and access to programs and services in the communities. I think that's the struggle, to make sure that there are enough services in a community.

**IF THE MAJORITY OF PREVENTIVE SLOTS ARE TAKEN UP BY REFERRALS FROM CHILD PROTECTIVE SERVICES, DOES IT BECOME NECESSARY FOR PEOPLE TO GO THROUGH AN INVESTIGATION BEFORE THEY CAN GET SUPPORT SERVICES?**

I think it's a challenge. It's almost equivalent to the housing situation where you need to go into a shelter to get an apartment. You don't want to be in that same situation. You want to be able to have a safety net at the community that really is there to provide help to anybody when they come in.

**HOW DO WE GET THERE?**

Realizing that this is not just OCFS or ACS. This involves many other systems. It's just not government either. We need to look at the faith-based community. We need to look at schools and the roles they play and how to use their resources in a way to help create a safety net for families. We need to look at the philanthropic sector. How are they allocating their resources and their monies?

I think there is a realization that we have to make sure there are resources at a community level that are not tied to child protective services, foster care or kids coming into the system. And we have to make sure this is fueled from a positive, strength-

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**"WE HAVE TO MAKE SURE THERE ARE RESOURCES AT A COMMUNITY LEVEL THAT ARE NOT TIED TO CHILD PROTECTIVE SERVICES, FOSTER CARE OR KIDS COMING INTO THE SYSTEM."**

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based perspective. Families don't have to give up custody of their child to get mental health services. In order to be able to get counseling, they don't have to be a victim of domestic violence.

**THERE'S A BILL IN THE STATE LEGISLATURE TO STRENGTHEN TRAINING FOR PROFESSIONALS WHO ARE MANDATED REPORTERS OF ABUSE AND NEGLECT. IS THIS SOMETHING YOU HAVE PUSHED FORWARD?**

Yes. We are developing an entire curriculum that's category-specific, including one for teachers, so that mandated reporters really have a better grounding on what they are looking for, to help them identify the factors and the instances where they really should be reporting.

Almost every day now, I am receiving a report of a child fatality. And so I know some of the horrific things that are happening to

children out there. But we want to be able to intervene in those situations and only in those situations. And where possible, we can provide for other supports for families where children can be home safely. That's where we want to be and we want to make sure that mandated reporters understand that.

Reporting a family, removing a child from a home or being part of an investigation is a very traumatic event, not only for the family, but certainly for the child. So I think that to the extent possible you really should have as much information and knowledge as you can have to be able to discern where it is that it's important for you to intervene. For instance, if a child is coming into school and you see the child eating all of the snacks in the room, that's an indication they are hungry. So maybe the first step is not to call child protective services. Maybe the first step is to be able to call that parent in and talk to the parent, make a referral to a community-based organization. Or if that child is in the after school program, you have to talk to that after school program and see what they are seeing.

**ANOTHER BIG PROBLEM IS CONNECTIONS, THE STATE'S CHILD WELFARE CASE-TRACKING DATA SYSTEM. CASEWORKERS COMPLAIN ABOUT IT RELENTLESSLY.**

We are exploring ways to get out of the straitjacket we are in and really move to a different platform. It is a huge, huge system. It can't take many more users without some really long delays.

We have lots of problems with Connections. I have to say there are pieces of it that work really well. But it's clear that we have lots of problems with Connections. One of them is that we have to be in compliance with federal requirements. We have to fit into what they want us to do. They want one uniform statewide system. Schenectady is not the same as New York City. Maybe we can afford to give that up. In return, we will have the freedom to create a system that really is more user-friendly, that addresses our needs to have information and case records at our fingertips that we need to be able to do our work—but at the same time allows workers, caseworkers, to really work with families. That's what we want. So we are actually exploring, actively, formally, with the federal government to really get out of their system. (See "Connections Defection," page 24.)

**SOME TIME AGO, ACS AND OCFS WERE TRYING TO GET THE BUSH ADMINISTRATION TO AGREE TO A WAIVER THAT WOULD ALLOW FEDERAL FOSTER CARE FUNDS TO BE USED FOR PREVENTIVE FAMILY SUPPORT SERVICES. WILL IT HAPPEN?**

We're still working on that. We have a Democratic majority, right? We are working with the governor's legislative staff to make sure it's on his agenda as he goes and meets with our federal legislators. It's very important for us. We're hopeful that with the Democratic majority, the city will do better. Certainly, child welfare is at the top of the agenda. ♦

# DISPATCHES FROM THE NEIGHBORHOOD

## Difficult days in the lives of two frontline family support workers

*Many of the parents the Administration for Children's Services refers to the city's nonprofit preventive family support agencies arrive at their first meeting without knowing what to expect. They don't know what these agencies do, why they are there or whether or not they have the right to refuse to participate. It is up to preventive workers to break through the distrust.*

*Preventive family support caseworkers are mostly women of color, although there are a few men doing this work. Some grew up in low-income neighborhoods like those where they work. Others are firmly middle-class. Many have Master's degrees. A few have been doing this work for decades.*

*In interviews with more than a dozen frontline workers at preventive agencies throughout New York City, Child Welfare Watch found them to be passionate about their work, concerned about a general lack of regard for their profession, and unhappy with the relentless increase in their paperwork responsibilities, which they say means less time in the field with families. (See "Connections Defection," page 24.)*

*Talented preventive caseworkers are difficult to find, according to the directors and supervisors we spoke with at many preventive agencies. They must be able to help families with just about any aspect of their lives, whether it's a teen skipping school, a public assistance check that hasn't arrived or a parent's drug problem. They must find ways to help families despite shortages of affordable housing and legal assistance, inflexible mental health and drug treatment services, and the very small*

## STAYING STEADY

### MANY CASEWORKERS AT BROOKLYN-BASED

mercyFirst opt for an intricate combination of buses and subways to visit families, but Iris Green, a no-nonsense woman with square glasses and braids pulled tightly from her face, prefers to walk—and fast. Green, who hails from the Virgin Islands, feels she was “called” to be a preventive worker. She has little patience for buses that might never arrive. The families she works with sense her intense and serious nature, and whatever else they feel about her, they respect her.

On one bright Wednesday afternoon, Green, accompanied by her supervisor, strides up the stairs of a townhouse in Bedford-Stuyvesant. “Mrs. Jones?” she calls out. “Mrs. Jones? It’s me. Miss Green.” She raps on the door.

After several long moments of stillness, Audrey Jones peeks out from downstairs, squinting in the light. The woman was expecting only Green, who has visited her family since early in the school year when her daughter Angel’s school

called in a report of suspected abuse. The 14-year-old had bruises from discipline inflicted by her mother. Child protective investigators from the Administration for Children’s Services (ACS) determined Angel was safe to stay at home but referred the family to mercyFirst for support services. In the 10 months Green has been visiting, the family has refused almost everything she’s offered including counseling and parenting classes. So Green has brought parenting classes to the Joneses, instructing them in their own living room about how to discipline their daughter without resorting to violence. She’s also been conducting makeshift family counseling to discuss why Angel has missed so much school. In January, the teen missed close to 20 consecutive days.

Now, when Mrs. Jones sees that Green has brought along her supervisor, her face registers alarm. Things have clearly gotten serious.

In the basement living room, taking care not to sit on the new leather couches that Jones reserves for family and wanted guests only, Green explains why her supervisor is here: Angel showed up at school with bruises on her arms, and she told a teacher that her father had beaten her. Green tells Jones that the school should have reported this

*continued on page 22*



number of alternatives for teens on the verge of or in serious trouble. This is a complicated line of work that requires diplomacy, flexibility, quick thinking, good judgment and a delicate balance of firmness and understanding.

The majority of parents who receive preventive services nowadays have been through an investigation with child protective services. In some cases, a Family Court judge has ordered them to take part in family support. In most, city investigators have decided these services would help the parent while also ensuring that a caseworker would keep tabs on the children. "We're monitoring families that a few years ago would have kids in foster care," one worker told us. "With that, the level of anxiety skyrockets."

These frontline workers now grapple with a huge influx of referrals from the Administration for Children's Services and all that entails: more paperwork; more oversight; vague guidelines on how to collaborate with city offices; increased pressure to close cases faster; and more complex family situations.

The following narratives capture days in the lives of two family support workers at the Downtown Brooklyn office of mercyFirst, which provides counseling and parenting classes on-site, but refers families elsewhere for most other services. Reporter Kendra Hurley shadowed two caseworkers with the consent of their clients. To protect the confidentiality of the families, all names—including those of the caseworkers—as well as some key identifying details have been changed.

## GETTING REAL

### I JUST KNOW SHE'S GOING TO GIVE ME SOME

bullshit," mutters Alisha Ali as she calls Ms. Washington from her office at mercyFirst. Though a Family Court judge ordered the city to provide the Washington family with family support services, Ali has met the woman only once, back when she first got the case. That was more than two months ago. Ever since, Washington has eluded the caseworker: calling from an unknown phone to cancel her appointment, never answering her door. Now, Ali feels hopeful but cautious. An Administration for Children's Services child protection investigator made contact with Washington about a week ago and Ali received a new phone number from her.

In a flash, Ali is all charm and warmth. "Ms. Washington?" she says on the phone, her voice rising higher, like a little girl's. "Ms. Washington? Hello! It's me, Alisha!" Washington hangs up. Ali stares at the receiver, shrugs, calls again.

The phone rings and rings. Eventually Washington picks up. When Ali identifies herself, Washington says she can't hear her and hangs up.

"She's not hearing me," says Ali.

"Either that or she's acting like a fool."

Ali switches phones, calling Washington from her cell. This time no one answers, so she returns to filling out progress reports for the families in her caseload. Minutes later the computer logs her out of the system she uses to communicate with ACS. When she gets back online, the same thing happens again. "Come on," Ali coaxes the computer, taking note of the time. She has three families to visit today, and though she's been working for nearly two hours straight, she's made little progress. Washington has continued to dodge her, and the computer has logged her out twice. In two hours, she has completed reports for only two of her 22 cases.

The phone rings. Surprisingly, it's Washington. She says someone from ACS just called to tell her that Ali had complained that she was being "noncompliant." It's a threatening word, often used by caseworkers to describe parents who are dodging or refusing preventive services. Though the term gets thrown around frequently in the world of family support, frontline workers rarely know for sure what the consequences will be for a family labeled this way. It could lead, simply, to a case being closed. Or it could spark a full-blown ACS investigation



into new allegations of neglect.

Now that ACS has told Washington she may be noncompliant, Washington can hear Ali clearly through the phone and she's angry. Ali feels torn between being pleased to finally have Washington's attention, and upset that the ACS worker antagonized the woman. "No, no," Ali coos. "I only called her to get your number. I saw she had it. I've been trying to get in contact with you and I'm so glad to hear from you! Yes...preventive is mandated for six months...Is your son feeling better?...Is he in daycare?...Well, we can recertify him when it's time. I have the voucher from ACS...But wouldn't you need him in daycare so you can finish your public assistance

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## HELPING FAMILY MEMBERS WORK THROUGH EMOTIONS THAT ARE COMMON AMONG THOSE WITH GENERATIONAL HISTORIES OF ABUSE AND NEGLECT IS ONE OF THE MOST REWARDING PARTS OF HER JOB.

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stuff? They're giving you your money, right?...I'm going to be real with you. If ACS approves it, you get it faster...How you sleeping? Oh, I don't like to hear that!" And then, the near-miraculous happens: they agree on a time to meet.

"Getting real" is one of Ali's key strategies for cajoling suspicious and skeptical clients like Washington to come around. While ACS, Family Court and sometimes even public assistance stand in as bad cops—the forces families fear most—Ali positions herself as the one who not only understands the system, but who tells the truth about it. Sure, ACS isn't always fair, she tells parents, and, yes, they ask you to jump through a lot of hoops, some of which are arbitrary. But to get what you want from them you have to play by their rules. Complying with me, Ali regularly reminds her families, is, for better or worse, one of ACS' rules.

That means families must meet with her twice a month, at least one time being in the home so Ali can look in their refrigerator, make sure the cupboards have food and see to it that all window guards are in place. Ali says she must do this even if a parent has come to mercyFirst of their own accord to

ask for help. The idea is that if they're receiving services from a preventive agency for whatever reason, they need to prove that they're doing their part as well. [Editor's note: While mercyFirst asks its workers to take these steps, not all preventive agencies agree. Some program directors say they do not consider checking cupboards to be a requirement of preventive casework, while others do, particularly following the Nixzmary Brown murder in January 2006.]

Invasive as these methods may sound, even some of Ali's most skeptical ACS-referred clients often come to consider complying with her to be for the best. Frequently the support Ali provides is practical—like getting kids into daycare. But Ali, who has a Master's degree in social work, especially likes dealing with her clients therapeutically, often through private sessions in her office, which is filled with board games. Helping family members work through emotions that are common among those with generational histories of abuse and neglect is one of the most rewarding parts of her job. No longer merely reacting to a family's immediate needs, but building the foundation for lasting results, these counseling sessions are where she sees the most progress. Just about all of the families she sees could benefit from therapy, Ali says.

Leah, the first client Ali visits today, is no exception. She has summoned Ali to her mother's apartment in projects near Downtown Brooklyn. Looking haunted and inconsolable, Leah paces the living room as her mother looks on from the doorway, arms folded across her chest. Everyone seems half-hidden in shadow. As in many of the homes Ali visits, curtains and furniture obstruct the windows, as if the home contains secrets that must be held close.

Two days ago, Leah tells Ali, she went to court to win back custody of her 2-year-old son, Tommy, who lives with his father, Mike. But the judge adjourned the case for another two months. Leah is beside herself with fury. Her troubles with Tommy's father go way back, and now she sees no end in sight.

When Mike and Leah were together, Mike used to beat her, sometimes in front of Tommy. Leah has photos taken at a shelter for battered women to prove it. But Mike accused Leah of being the perpetrator and won custody of Tommy. Because Ali acquired the case only a couple of months ago, she does not know why the judge awarded Mike custody. She assumes there is part of the story that either Leah does not know or is not telling her.

Details of the case remain a mystery, Ali says, adding that ACS provides little information on the cases it refers to preventive agencies. Often, when a case comes their way, a preventive worker knows only the most basic information about the family and must piece together exactly what help they need.

Leah says Mike isn't taking proper care of Tommy. Though

Ali cannot be sure if this is true, she knows it may be. After all, ACS is still investigating the family. She has no clear understanding of why, because no one at ACS has told her and protective workers have yet to enter the information in the computerized case record.

“You know he doesn’t feed him,” Leah says, her forehead wrinkled in disbelief. “I know he’s not taking care of him right. He just wants a meal ticket.” When Leah is scheduled to visit Tommy at ACS, often Mike won’t even show up with him, she says. The times he does drop Tommy off, the boy will look in a bad way, says Leah. He’ll be wearing a diaper “hanging off him and full of piss” and his mouth is white and “smelling like doo doo,” she says.

“My son was speaking when he lived here,” she adds. “Now he shut down.”

Ali knows that Leah has been doing everything in her power to win Tommy back—attending parenting classes, getting tested regularly for drugs as the court required. She still needs housing, but without Tommy, she receives fewer of the services she needs in order to win him back. Ali tries not to show it, but she shares Leah’s frustration. As with a lot of her cases, when it comes to helping Leah with concrete things like housing and legal services, her hands are largely tied. There simply aren’t enough services to go around.

Even if Ali could get Leah all the services in the world, she privately doesn’t believe Tommy should be living with her. At least not yet. Ali thinks Leah needs time alone to stabilize, and to learn that putting her children first means learning to stay away from the person Ali calls “her batterer,” something Leah can’t seem to do. Every time they meet, Ali explains, Leah talks about how much she wants to confront Mike and explain to him why he should give her the child. The therapist in Ali believes Leah is at risk of ending up right back where she’s been before, and that Tommy would be better off living with Leah’s mother. Nonetheless, Ali sees it as her job to help families, not judge

parents as fit or unfit, so she would never share these thoughts with Leah. That’s the job of ACS, she says, not family support.

Now, Ali offers the resources closest at hand, sympathy and support. Perched on the couch, she nods and murmurs sounds of consolation while taking notes. Leah mutters that she wants to reason with Mike. She needs to call him or go to his house and tell him that the way he’s acting is only going to make them both lose Tommy. “I don’t want to lose him because of what we’re going through,” she says.

“Leah,” Ali says firmly, “you’ve got a good heart. You’ve got to put your heart on hold for a minute. If you call him to be nice he’s going to do a harassment charge on you. He’s going to use anything you say against you. If you get another count against you, you aren’t going to get Tommy back. Right now, you are looking like the perpetrator. He has an order of protection against you, Leah,” she holds her gaze. “You know how the system is. You know how ACS is.”

Leah looks on the verge of tears. “But how am I going to get my son back when I’m fighting with this man who got him?” she asks.

That’s just it, says Ali. “You can’t fight with this man.”

“My baby’s father has a gun charge!” Leah gasps. “Why is my son with him?” Ali can’t answer that. It’s history that happened before she got the case. So she moves the conversation to the here and now. “You’ve got to get ready for the next court date,” she says. “Go get your D.V. papers together, the ones that show he’s the perpetrator. You’ve got those?”

Leah shakes her head no. She gave them to her lawyer a while back, but now her lawyer isn’t returning her calls. He’s the one who let her court case get pushed back, after all.

“You kept copies, didn’t you?” Ali asks.

Leah shakes her head again. She gave it all to the lawyer, she says. “I don’t trust these people,” she says. “They keep telling me lies. Telling me lies!” She sits on a couch and buries her face in her hands.

“Always keep copies,” Ali gently admonishes, then she whips out her cell phone. She calls Leah’s lawyer as both Leah and her mother look on. “It’s very important. Please return my call,” Ali says before snapping the phone off. She checks the time. “OK. Here’s the deal,” she says. “Next week I’m going to call Legal Aid and get you a different lawyer. If your current lawyer doesn’t get back to me, I’m going to take it higher, take it to his supervisor. You need to keep going up the ladder until someone responds. We need to get you in a housing program. That’ll look good. Now you’ve got to go to court and get all your hospital reports. You’ve got time to do that, so when I call you next, don’t tell me you forgot. If you have to pay to get those reports, let me know. We might be able to cover it.” In the meantime, says Ali, “Stay away from him. Ain’t no one can help him.”

Then, when Ali prepares to check the house for ample food, Leah offers up her most horrifying proof, as if she has been

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WHEN IT COMES TO HELPING LEAH WITH CONCRETE THINGS LIKE HOUSING AND LEGAL SERVICES, HER HANDS ARE LARGELY TIED. THERE SIMPLY AREN'T ENOUGH SERVICES TO GO AROUND.

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holding onto it either as a last resort to get Ali's full attention or for fear that she couldn't trust her with it: Once, when Mike brought Tommy to visit her at an agency, Leah says, Tommy had burn marks on him. He was in such bad shape that the person supervising the visit took photos. "And when I changed his diaper," she continues, "his wee-wee was burnt."

"Where is this reported?" Ali asks.

Leah throws her hands up. "You're asking me?" she says. "I don't even know!"

Ali is quiet for a moment. Then she says there's not much she can do because she didn't see it herself. "Whatever happened in the past is in the past," she says. To take action on anything, to bring him to court, they need documentation. That means Ali needs to see signs of abuse or neglect with her own eyes. She agrees to go with Leah to the next visit, and tells her to bring a toothbrush and toothpaste so they can make sure the boy's teeth are cleaned.

She stands up. "Can I just look around?" she asks. "You know the deal. I just have to check."

Just before heading to her next appointment, Ali makes a final appeal for not approaching Tommy's father: "I know it's going to kill you not to confront him," she says. "But you gotta do it because he's conniving, he's manipulative. Being on trial is good, because it's not ACS talking. It's not your lawyer talking. It's you, and you get to say what happened. When you are on the stand, they can't twist your words."

"I just want my baby back," says Leah. "I miss my son. This is crazy."

The really crazy thing, Ali says on the way to her next visit, is that this case would normally have been closed long ago. When Tommy went to live with his father, Leah technically no longer qualified for government-funded family support services. The only reason Ali can keep the case open is because Leah's daughter is in her grandmother's custody. The girl was raped last year and is receiving counseling. It's her need for support—not Leah's—that keeps the family eligible.

Although Ali thinks it's unfortunate that parents like Leah routinely lose services once they lose their kids, she also believes the system redeems itself in practice, because it allows preventive workers to reach out to just about anyone in a family in need of help.

The next family Ali plans to visit, the Johnsons, lives in the same cluster of buildings. As she walks across the courtyard, other residents smile and wave to her. "Everyone knows me," Ali says proudly. "I'll say hi to the drug dealers." She likes it this way; being known makes her feel safer.

Inside the Johnson's apartment, Eloise Johnson, a large woman with grey hair in a wheelchair, sits before a table covered in plastic. She chops meat and places it in a stew pot. When Ali sits beside her, Rita, Eloise's grown daughter, hands

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## ALTHOUGH ALI THINKS IT'S UNFORTUNATE THAT PARENTS LIKE LEAH ROUTINELY LOSE SERVICES ONCE THEY LOSE THEIR KIDS, SHE ALSO BELIEVES THE SYSTEM REDEEMS ITSELF IN PRACTICE BECAUSE IT ALLOWS PREVENTIVE WORKERS TO REACH OUT TO JUST ABOUT ANYONE IN A FAMILY IN NEED OF HELP.

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the caseworker her baby. Gathered behind Eloise, facing Ali, are Rita, Eloise's husband, a visiting neighbor, and a professional homemaker who helps Eloise around the house.

Still chopping meat, Eloise slowly, dramatically, begins telling Ali what's going on. Her daughter, Rita, interrupts frequently, elaborating on the story with excited bursts of detail as if the drama of their life is a fascinating mystery for Ali to solve.

The trouble is with Jean, Eloise's oldest daughter. Years ago, Jean's boyfriend began hitting her. Eloise took custody of Jean's two children and began receiving preventive services to help make sure they got all they needed while she cared for them. It wasn't long before Jean had a new boyfriend, John, and another child. The three of them lived with John's mother for a time, but now they live in a shelter for homeless families.

Eloise fears John has recently begun hitting Jean. Ali nods, unsurprised. John has even threatened her before, and once, right in front of her, covered the mouths of Jean's children to stop them from speaking.

Worse, says Rita, now holding the baby on her hip, John has hit the kids. "He hit the baby on her soft spot, you know, the place where a baby doesn't have any bone. She was sleeping when he hit her," says Rita.

The Johnson family begins talking all at once about other times John has been in the house, acting angry, on the verge of exploding. There was the time he threw one of the kids on the couch. The time another of the kids came to Eloise crying, saying John hit him, and John denied it. "I'm going to do a Tyson on him next time and bite his ear off," says Rita. "Don't worry, I got my rabies shots!"

Ali asks if they think Jean will confide in her. Unless she sees signs of violence herself, Ali cannot report it, she says. And in cases like this, where Ali does not know if the children are at risk, she prefers to monitor it herself and work with the family instead of triggering an investigation that could be traumatic for the children.

None of the Johnsons can say for sure whether Jean will confide in Ali. So she makes a mental note to call the homeless shelter and ask them to privately monitor the situation. “If she admits it to me, I can get [John] removed,” Ali tells the Johnsons. “If she talks to me, she can go into a domestic violence shelter and get housing faster. But she can’t tell him what we talked about. That could get really dangerous. She needs to say we talked about one of the kids’ behavior.”

Suddenly everyone is quiet, as if, for the first time, they feel the gravity of the situation.

Ali calls Jean at the shelter while the family watches wordlessly. “Jean,” she says, using her little-girl voice again. “It’s me, Alisha! How’re you doing? Listen, I want to see you next time I visit. Now don’t bring John, with you, ok? But bring the baby. Your family will watch over him while we talk.”

“Now listen,” Ali tells the family when she gets off the phone. “I can’t help her if she talks about it with him,” she says. “She has to trust her worker and trust we’ll all help get her away from him if she wants to. And it’s not good for the kids to be witnessing all that,” she says. “It’s part of the reason the older kids act out. They saw all that violence before.”

Rita knows what Ali is talking about. She says John acts the way he does now because, rumor has it, when he was a child, someone raped him. She half-smirks when she says it, like she’s ashamed.

Ali nods. “If he would get help from your family, if he would take meds and go to therapy, I’m sure you all would embrace him,” she says. “But he’s not. He’s taking it out on others.”

“He’s really gotta go,” says Rita.

**M**iriam Diaz, an administrative assistant at mercyFirst, joins Ali to translate during the final visit of the day. Jessica Garcia was referred to mercyFirst by ACS after she sought help because her teenage son was missing so much school. She speaks only Spanish. Ali has tried all her usual tactics to get the boy back in school, like asking him to agree to go at least two days a week. But, as with many truancy cases, nothing has worked. Ali has few resources to turn to for help. Though truant teens are one of the most common and difficult challenges preventive workers face, there are few city-funded services to help get stragglers back into school.

Now that she realizes not much can be done for her son, Garcia is tired of Ali’s visits and the way she opens her refrigerator each time. Some time ago, Ali requested that ACS—which monitors all preventive cases—close the case. But it took many weeks for the approval to arrive. In the meantime, Ali continued

her regular visits. Working with families that don’t want you in their home is one of the especially irritating parts of any preventive worker’s job. Caseworkers often feel they’re wasting their time and the families “get really upset with you,” says Ali.

Finally, however, ACS has approved closing the Garcia case, and today is to be the last visit. When Ali and Diaz ring Garcia’s buzzer, no one answers. Normally Ali would be irritated, but it is a warm, breezy late afternoon, and she and Diaz are friendly with each other. Both are in their mid-twenties, married and new mothers. They even dress alike. In heels and dark dress slacks, they settle onto a bench to wait for Garcia, chatting in a meandering way punctuated by silences.

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## THOUGH TRUANT TEENS ARE ONE OF THE MOST COMMON AND DIFFICULT CHALLENGES PREVENTIVE WORKERS FACE, THERE ARE FEW CITY-FUNDED SERVICES TO HELP GET STRAGGLERS BACK INTO SCHOOL.

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Inevitably, conversation winds its way to their own families. When the two women begin discussing, in detail, the antics of their children, the stories Ali has heard today seem to hover close by; the building where Leah told her about the burn marks on her son is literally just around the corner. But in the two years Ali has worked at mercyFirst—her first job after leaving social work school—she has learned, through trial and error, to willfully separate her cases from her home life. Once her day ends, she tries hard not to think about all she’s seen and heard. Even so, there are days Ali can’t shut out what she needs to and feels overwhelmed. Those days, she finds herself wondering out loud to her husband and mother about her cases, whether they’re ever going to make progress, how much longer she can stick with it, and whether she should think of using her degree to do something different.

Ten minutes go by and the air feels suddenly chillier. It’s edging closer to dark. Moments later, Garcia will appear down the street, looking harried and slightly displeased to see Ali waiting. But for now, there’s still no sign of her. Ali pulls her coat closer and checks the time. “Let’s give her ten more minutes,” she says. After that, she’s going home. Her own son is waiting.

◆ —KENDRA HURLEY

to child protection. Perhaps out of respect for the family's privacy, they called Green instead. Green isn't going to call in a report to the abuse hotline, either. But she needs Jones and her husband to explain what happened.

"If I'm such a bad mother, then take her, just take her!" Jones says, shaking her head in disbelief. "She's ruining the family! That girl lies!" Then, collapsing on a couch: "I'm the one who gets out of control when I hit. Not my husband! He just whups her on the behind. Only on the behind. I'm the one who loses it."

Her husband, Lewis, who recently lost a well-paid construction job, appears in the living room, and says calmly that, yes, he did hit his daughter with a belt for not going to school. He adds that he and his wife have nothing to hide. Mrs. Jones nods in agreement. Back in the day, in Biblical times, she says, when a child got out of control, you took them to the edge of town and stoned them. "Now what are you supposed to do?" Mrs. Jones asks. "Kids can get away with anything."

"Well, why don't we stone kids anymore?" ventures Green.

"We still should!" Mrs. Jones snaps. "I was whipped growing up, and I turned out just fine." But before long the husband and wife admit they're at a loss for what to do about their daughter. Angel was once a straight-A student, they explain, but she began skipping school two years ago and sneaking boys into the house when the rest of the family slept. Mr. Jones thinks someone on the outside is influencing her. He sounds resigned and sad. He adds that it is Green's job to find out what's going on and make sure their daughter goes to school. If she can't help with that, there's nothing else they can do but put Angel in a group home. They can't control her and his wife says it's frankly becoming embarrassing.

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## "IF I'M SUCH A BAD MOTHER, THEN TAKE HER, JUST TAKE HER! SHE'S RUINING THE FAMILY!"

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But after Mr. Jones took the belt to Angel, says Mrs. Jones, poking at the air with one finger for emphasis, she has gone to school every day. "Every day."

Mrs. Jones calls Angel on the cell phone to see if she's in school, putting her on speakerphone so Green can hear. Angel answers on the first ring and sounds like she's only feigning annoyance to hear from her mother. The school librarian gets on the phone to confirm that Angel is, indeed, where she says she is. "Come home right after school," Mrs. Jones tells her daughter, then hangs up.

After the phone call, Green offers the couple parenting classes yet again. And, yet again, they decline, adamant that Angel is the problem, not them. After all, they say, they've

already raised three boys with no such issues.

Mrs. Jones asks about obtaining a Person in Need of Supervision (PINS) petition so that the courts will keep an eye on Angel. "The courts would just send you straight back to me," says Green. And it's true. Most families that seek PINS status for their children nowadays are simply referred to preventive agencies. For a moment, everyone sits in consolidated silence, wondering what to do. "Try hugging Angel more," offers Green. "Don't just discipline her."

Then Green looks at her supervisor and back at the Joneses. "You want me to close the case?" she asks. It's a surprising question under the circumstances. But she has been visiting the family for almost a year, and they have remained steadfastly averse to her help. They are one of about five of her 17 cases she considers "resistant." Green knows she has made a "diligent effort" to engage them, and that is ample grounds for closing a case.

Her gut tells Green that Angel is fine at home. Angel's school is keeping an eye on the girl, and, on the phone, she did not sound the least bit afraid of her mother. Making a judgment call like this is not easy, Green admits, and she takes it very seriously that if anything should happen to one of the kids in her cases it would weigh heavily, and perhaps permanently, on her conscience.

Mr. and Mrs. Jones say they want the case closed, but they sound unsure. "It'll take a few months to close if ACS agrees," Green says. "I'll still be visiting you for the next few months."

Right before Green and her supervisor leave, Mrs. Jones hands Green a framed photo of Angel in her last beauty pageant. It was taken not long before she became a teenager, right before the trouble began. That's the last pageant we let her in, she says. "We didn't think it was a good idea for her to be wearing all that makeup, looking grown up so fast."

**B**y the time Green is back on the street, nearly three hours have passed since she left her cubicle. She stops back in the office to make some calls, then heads for her next case, skipping lunch as is her custom on "field days," when she can never be sure if there will be a clean bathroom to use or if she might see something that upsets her stomach.

Her next home visit, the Andersons, also came to mercyFirst from ACS as a straightforward case of educational neglect. A 16-year-old daughter, Rachel, was skipping school. When she did show up there, she smelled like she wasn't bathing.

Green soon uncovered more intricate issues behind the girl's behavior. Years ago, when the girl's father beat her mother, the Anderson kids went into foster care. The family is still grappling with that separation, Green says. The mother is frequently depressed, and her home reflects her sense of hopelessness. Instead of doing dishes, she'll let her daughters leave plates of food on the floor; instead of washing the pots and pans, she'll just throw them away. Before Green met the family, an ACS

worker warned her not to lean on the walls unless she wanted roaches crawling all over her.

Green got the family into counseling, taught them about hygiene and helped them with their public assistance case. For a while the apartment seemed cleaner, but the last time Green visited it was worse than the first day she had walked in. The whole four-member family, including a baby grandchild, had begun sleeping on the floor of the living room because their bedrooms were so cluttered. Green, always straightforward with her clients, had told the mother she would report her to protective services. She considered the apartment unsafe, especially for the baby. Today is Green's first visit since child protective services gave the family a deadline to get the place cleaned up.

Though it's early afternoon, Rachel and her mother still wear pajamas and the curtains are drawn. Rachel plops on the bed showing off her nephew, a grinning baby in diapers. She retires to a computer in the corner of the bedroom, turning and smiling shyly as Green encourages her to clean up for the job fair the agency is having for teens. In earshot of her mother, Green says how lucky Rachel is to have such a good mom. "Let me tell you," Green says. "I would know."

Rachel, who now attends school regularly, has grown fond of Green, seeking her out after her individual counseling sessions at mercyFirst so they can leave the agency together and chat. Green says it's her reliability—just showing up—that Rachel responds to. Green's steadiness seems to have impressed Rachel's mother as well. As Green examines each room, the woman trails closely behind like an eager student, opening doors, switching on lights and listening carefully to Green's suggestions about keeping things orderly and safe for the baby.

"I don't like that hot iron on the wooden floor," Green says, pointing at it with her shoe. Rachel's mother nods. "Well," says Green when she's finished inspecting the apartment, "it's not as clean as I hoped but not as bad either." The mother nods again, looking almost proud.

**A**s Green heads to her last appointment of the day, it is late afternoon and she's tired. She wonders out loud how much longer she can do this work. Fieldwork, she says, is draining. And sometimes it feels downright dangerous. She must enter apartment complexes alone, never knowing what to expect. Some clients try to keep caseworkers at bay with hostility. When she feels threatened, Green refuses to show fear, telling herself that intimidation is just another tactic to get a preventive worker to stay away. She reminds herself that her job is to stay steady, at least until she's certain she has done all she can to help a family and make sure their kids are safe. Perhaps because Green's casework style is so direct and firm, she has a knack for working with some of the most difficult cases that come to mercyFirst.

Today's last family is yet another school truancy case that Green has struggled with. ACS has investigated the family on and off for almost a decade. The mother's two sons and a daughter almost never go to school, even though it is within blocks of their home. Green has had the case for nearly three years and feels it's time for ACS to take over. Unable to get inside the family's apartment, a child protective investigator has arranged a meeting with both the mother and Green at a Brooklyn ACS field office.

Green waits in the ACS lobby for the mother to show—something she expects won't happen. Thirty minutes later, the mother still has not arrived. An ACS worker ushers Green to his supervisor's cubicle to have the conference without "Mom." They listen carefully as Green explains what she knows about the family: Mom and Mom's mother didn't complete high school and see no reason for the children to go to school. Mom is lonely and would rather have the kids at home with her. "She acts the same age as the children," Green says. "She thinks she's their friend, not their mother." She also bullies people. She's threatened the principal of her children's school and is no longer allowed on school grounds without an appointment. She encourages her daughter to fight.

A while back, Mom was abused by her children's father. Her daughter was raped by someone in the building, but Mom won't say who and refuses to allow her daughter to receive counseling.

What's more, ACS workers have warned that they would take her children so many times that Mom doesn't listen anymore. She sees it as an empty threat. Preventive workers "don't have teeth in making them do anything," Green says. She thinks that ACS needs to show Mom, somehow, that they mean business.

The ACS worker agrees, pointing out that most child rapes are perpetrated by someone who knows the family. The girl is likely vulnerable to another assault, he says. "We can't assess the safety of the children in the house when they play these games." Then he mentions Nixzmary Brown. If something happens, he says, it'll look bad. The press and the public will blame ACS. "They'll know ACS was aware that the girl had been raped, and was aware they weren't going to school. They'll go through the history of what services are involved and how far did we reach out to help this family," he says. "We need to see the kids. We need to get in the home."

They decide the mother needs a psychiatric evaluation. They will send a certified letter saying they've mandated an elevated risk conference, indicating that if she doesn't comply she's at high risk of having her kids placed in foster care.

Earlier, in the ACS lobby, waiting for a mother who would never show, Green observed wryly, "Everyone thinks they can make a difference. Whether through compassion or a show of force, they really think a meeting can change everything." She sounded jaded. But just now, Green seems relieved to have others as concerned about this family as she is. ♦ —KENDRA HURLEY

# CONNECTIONS DEFECTION

A commissioner says the state may abandon its bug-plagued, \$400-million-plus child welfare computer system.

**H**ang around the Day Care Council of New York's Family Support Program long enough and you're sure to hear caseworkers at the small, storefront agency near Prospect Park yelling across their windowless cubicles in exasperation. They want to know who else has been thrown off Connections, the computer system preventive workers use to document the progress of the families that ACS sends their way.

Caseworkers interviewed at a half-dozen preventive agencies say the system regularly freezes, acts up and sometimes takes hours to transmit information. Sometimes records of cases disappear from the system altogether.

"It makes me scream," says Juliet Annan, a caseworker at the Family Support Program. "The frustration makes your blood pulse."

Connections was originally created in the 1990s to digitize case information from all of New York State's local child welfare agencies. But after more than a decade of adjustments, expansions and controversy, the system may finally be headed for the scrap heap.

"We are exploring ways to get out of the straitjacket that we are in and really move to a different platform," says Gladys Carrión, the recently appointed commissioner of New York's Office of Children and Family Services, which regulates the child welfare system. She says it could take years, but the state is already in discussions with the federal government, which requires a specific structure for computerized case recording systems that many states consider to be unwieldy.

Carrión says it may be possible to sidestep federal requirements, give up federal information technology subsidies and improve frontline casework. "Maybe we can afford to give that up," she says. "In return, we will have the freedom to create a system that is more user-friendly, that addresses our needs to have information and case records at our fingertips that we need to be able to do our work, but at the same time allows caseworkers to really work with families. That's what we want."

In 1997, New York State signed a \$177 million contract with Andersen Consulting to design the software for Connections. The system was supposed to provide child welfare agencies "fingertip access to vital data about the children in their care," *Child Welfare Watch* reported at the time. After the Giuliani administration spent another \$67 million upgrading desktop computers to accommodate Connections, city caseworkers quickly complained the system was faulty and burdensome. In total, the state spent \$207 million on development and \$182

million on operations and maintenance from 1995 through 2006. The *Watch* recommended seven years ago that the state consider scrapping Connections entirely. Instead, in 2005, ACS for the first time required caseworkers in preventive agencies to use the system.

Connections requires preventive workers to fill out a series of computerized forms for each of their cases. They check boxes about contacts made with families, including the type, location, participants and purpose. They must detail family members' health, school attendance and any efforts a worker makes on their behalf, like calling or visiting a school to make sure a child isn't truant.

A phone call to a family who needs help getting public assistance, caseworkers say, requires one form; a message left with public assistance on behalf of that same family takes another; a third describes their follow-up conversation with the family that day. "If I call a client and say 'boo,' I have to fill out a whole form saying that," says Annan.

Before using Connections, a preventive caseworker would describe in detail how she determined that a child with bruises was or was not in "imminent danger." Now, she simply clicks the boxes best describing the degree of danger. Some workers fear this makes it difficult for ACS to glean a true sense of what's going on in a family.

And there are other problems with the system. If a worker gets a phone call while using Connections and the computer remains idle too long, it logs out. But caseworkers also get frozen out of the system for no apparent reason.

"When there's a thousand people on it at the same time, you're going to have problems," says Shamira Desir of the Brooklyn nonprofit mercyFirst. "Our work gets behind through no fault of our own."

Darlene Nowlin of the Day Care Council laments spending half of her time "in front of a machine." She now finds herself watching the clock when clients stop by unannounced, worrying how much time it will take to document what they're saying.

Before Connections, she says, her job "made sense. Now it doesn't make sense and I question my doing this every day." Preventive casework has never been highly paid or well-recognized, but now she feels an added sting; the paperwork takes her away from her time with families and makes her feel like the system doesn't trust her. "I don't know if they're monitoring families," Nowlin says, referring to ACS' oversight of Connections. "I think they're monitoring agencies." ♦ —KENDRA HURLEY

# BLUEPRINT FOR THE FUTURE

A new pilot program aims to give city residents and community groups more of a voice in how child welfare agencies work with families.

Imagine what might change if some of the more than \$700 million doled out by the city in child welfare contracts each year were controlled by people in the neighborhoods most involved with the system. What would they do with the money?

A small hint of this alternative future is taking shape in Bedford-Stuyvesant, Highbridge, Jamaica and other New York neighborhoods—the same neighborhoods where children are most likely to find themselves in foster care, parents are most likely to be investigated on charges of abuse and neglect, and families are most likely to live in poverty. The city's Administration for Children's Services (ACS) has given organizations and advocates in these and several other communities the chance to experiment, in a very modest way, with shaping key elements of local child welfare services.

Through its new Community Partnerships Initiative (CPI), ACS is offering \$150,000 one-year contracts to eleven neighborhood partnerships bringing together preventive and foster care agencies as well as residents, churches, schools and after school programs, daycare providers, libraries, health clinics and other groups. While the contracts are small, for the first time the city is providing funding for organizers to coordinate task forces in each community dedicated to specific, direct involvement in local child welfare services.

In public meetings held around the city recently, ACS officials said they hope this experiment will help shape the next round of long-term contracts for child welfare services, which the city expects to issue in 2009. At a public forum in East Harlem, Commissioner John Mattingly told the crowd: "I made a promise to build a formal, structured way for the system to ask for help, support and guidance, and that's why we're here. In the next two to three years, we'll make major changes in the way we operate."

"It's a commitment to move into the future with us in a very different way than ACS may have been involved in the past," he added. "As a partner."

The city has set out four ways in which ACS wants each new collaborative to play a role: connect more child care programs with family support agencies; involve more family members and community-based organizations in case meetings when children are at risk of entering foster care; improve the quality and number of visits between parents and children in foster care; and recruit more foster parents.

"We're keeping it really simple," says ACS Deputy

Commissioner Anne Williams-Isom. "We're asking things like: Can you help us recruit 20 foster families, improve 5 percent of visits, ensure that a dozen childcare and Head Start programs are working with prevention, and recruit 10 parent advocates to attend case conferences? They're really realistic goals."

BridgeBuilders, a four-year-old Highbridge collaborative of local residents, nonprofit organizations, foundation donors and ACS, expects to sign a community partnership contract early this summer. The money will help the group bring a parent's sensibility to services that are generally dominated by professional providers, explains Francis Ayuso of ACS, who helps manage BridgeBuilders.

"Providers say it's difficult to set up a case conference with family members, because parents just don't attend; they are difficult to engage. But residents say maybe we should make the invitations and run the meetings," says Ayuso. "If you invite a parent [to a case conference] and everyone around the table is a provider, there's no equity," he adds. Instead, the collaborative plans to have parent advocates work with families before, during and after the conferences. "They're talking about evening out the power," says Ayuso.

In addition to Highbridge, ACS has already signed partnership contracts with organizations in Jamaica and Bedford-Stuyvesant, and chosen four others in East Harlem, the Lower East Side, East New York and the North Shore of Staten Island. The final group of neighborhoods will include Mott Haven and Soundview in the Bronx, Elmhurst/Corona in Queens, and Bushwick in Brooklyn. In total, the CPI program has a \$1.65 million budget.

"I once worked for a small community organization and I found out that you can bang on the door as loud and as hard as you want, but from the outside it's hard to change the system," Mattingly explains. "When those of us on the inside open the door and ask for help, it's a lot easier to do our jobs."

## SOME OF THE WORK OF THE NEW PARTNERSHIPS—

such as organizing family visits and case conferences in comfortable community spaces rather than antiseptic government offices—represents established good practices, which some nonprofit agencies already follow. Other ideas, such as having neighborhood organizations, churches and parent groups recruit foster parents, are intended to stir up new sources of creativity.

“We’ve been part of many neighborhood coalitions before, but this is a refreshing experience,” says Clare Longo, director of family and children’s services for the Brooklyn Bureau of Community Service, which is part of the new Bedford-Stuyvesant partnership. “It really feels like ACS has an interest in getting a lot of community input in solving difficult problems.”

In other cities, child welfare community partnerships have shown positive results, especially in recruiting foster parents, says Terri Ali, a specialist at the Annie E. Casey Foundation who began her work in Cleveland in 1993.

“Foster parents were leaving left and right because of bad treatment,” says Ali, who is providing technical assistance to the partnership teams at ACS. “Their knowledge of the children in their care was not taken into consideration while decisions were made” by agency staff. But as foster parents were tapped as participants in case conferences, and as neighborhood organizations took over more of the recruiting efforts from foster care agencies, the number of foster parents in the county nearly tripled, from 400 to 1000 in about four years.

Involving community residents and neighborhood organizations in key decisions on cases also helped bolster vulnerable families and shorten children’s length of stay in care, Ali says. With better coordination between schools, child protection and preventive services, the city placed fewer children into foster care. It was part of a series of reforms that helped reduce the number of children in foster care in Cleveland from about 6,000 in 2000 to 2,800 in 2006.

In New York City, many of the neighborhoods chosen to pilot the new partnerships already had active collaboratives of community organizations and child welfare-related social service agencies. Some, like East Harlem’s Human Services Coalition, were put together by local providers, residents and advocates. Others were neighborhood networks set up by the child welfare system to improve community knowledge of available foster care and preventive services.

A 2005 report by the Center for New York City Affairs, “Community Collaboration in New York City,” found that many of these ACS-created networks lacked adequate funding and a solid mandate. Few were able to form clear objectives, bring together motivated participants and involve both frontline and high-level agency staff. Many networks reported needing more guidance from ACS regarding their mission, more resources for planning and leadership, and more active involvement of ACS field office workers and leadership.

The new initiative attempts to deal with these problems by being far more specific, identifying specific objectives and providing funding to hire organizing staff. Already CPI has put unexpected organizations into positions of influence. In Highbridge, the partnership chose the Child Welfare Organizing Project, a parent self-help and advocacy organization that has more typically been at odds with ACS leadership, as its fiscal agent.

Likewise, in Bedford-Stuyvesant, an agency with little previous involvement with ACS, the Brooklyn Perinatal Network, took the lead in organizing the partnership. In the past, says Deputy Executive Director Denise West, her agency’s clients—expectant mothers who receive support to stay healthy during pregnancy and while their kids are small—might not have appreciated a formal tie to the city child welfare agency. “ACS, as it’s been known as a baby snatcher, does not typically interact with maternal and child health,” she says.

But in CPI, the agency and its partners saw an opportunity to change how mothers experience child welfare services, making sure that parents were involved in the task forces on case conferencing, visiting and child care. “This allows the community to hold ACS accountable,” West says. “When you talk about prevention, getting the community together is really prevention. And people are ready for it, people are zealous.”

The Bedford-Stuyvesant partnership now includes about 40 organizations. They identified private, quiet rooms in the local library and YMCA as welcoming places to hold case conferences, and have brought those organizations into the fold. They also set a goal of finding five new sites each month where families can visit or meet with agency staff until the neighborhood has 20 available family-friendly spots.

The partnership is also conducting focus groups with parents, community members, agency workers and child protective staff to help create case conferencing models that give families more of a voice. In a more traditional child welfare case conference, parents are routinely given long laundry lists of things they have to do, but they don’t have much involvement in devising the plan for their future, explains Longo of the Brooklyn Bureau of Community Service. “We need to train the leaders of these conferences on how to get input from everybody and be in partnership. Their role is to help the family own the process.”

**THE PARTNERSHIP IN JAMAICA IS CENTERED** around larger, more traditional institutions than the groups in Highbridge and Bedford-Stuyvesant. The YMCA, for example, is offering low-cost memberships to foster families and a place to connect, or relax while the children exercise and play. And Jamaica Hospital is hosting a children’s obesity, health and sexual health outreach program for foster families.

The Jamaica partnership also includes the Greater Allen A.M.E. church, which has 20,000 members. Its leadership, including the pastor, The Rev. Floyd Flake, is educating the congregation about the need for local foster parents—and advocating for their rights. Andre Brody, who heads up the foster care ministry at Allen A.M.E., wants child welfare workers at ACS and nonprofit foster care agencies to be more frank in discussing children’s case histories. “If they could be more open and honest, and foster parents could come in with their eyes

open, more would be willing to stay the course, instead of being blindsided and saying, ‘You didn’t tell me this was part of the deal,’” says Brody, who is a foster parent himself.

The first three partnerships have already run into trouble bringing child care and Head Start providers to the table, in part because small organizations can’t spare staff to attend meetings, says Andrea Anthony, executive director of the Daycare Council of New York. The Daycare Council is using grant funds to overcome the hurdle, she says.

Anthony stresses that such efforts are key to helping partnerships reach families who need help. With better links to preventive family support agencies, she says, daycare staff “could stop a young mother and say, ‘Hey, look, sit down for a few minutes and let’s talk about where you can find help.’”

The promise of real partnership has brought diverse players to the table. But the process has been slower than expected, and the

hard work of implementing the partnerships’ ideas is only just beginning in the first three neighborhoods. How exactly the projects will influence the next round of major ACS contracts with social service organizations is unclear, since the process of creating those contracts begins as soon as this fall.

While ACS has made no promises that the partnership initiative will continue after the pilot year ends, partnership leaders are operating under the assumption—and the hope—that their work will continue.

“Twelve months is great, but then what will happen?” says Francis Ayuso in Highbridge. “ACS at some point has to come back and say, ‘OK, we’ll make a 10-year commitment to your coalition. This will take time to develop.’ That will tell us that we have time and support.” And it will mean community members really do have a say in the way child welfare’s capital is spent.

◆ —NORA MCCARTHY

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## News Brief

### CONFRONTING DOMESTIC VIOLENCE IN CHILD WELFARE

The relationship between domestic violence advocates and child welfare agencies has always been difficult. While child welfare agencies, by definition, focus on keeping children safe and healthy, those working with survivors of domestic abuse focus on the needs and safety of adults. Years of effort on both sides have led to a shared language and practical working relationships, yet domestic violence professionals worry that many frontline child welfare workers still don’t “get it.”

Alisa R. DelTufo, cofounder of the New York-based family violence prevention organization CONNECT, has a new book aimed at bridging this divide. Billed as “a guide for helping child welfare provide support to families struggling with domestic violence, mental illness, substance abuse and poverty,” *Collaborative Engagement* outlines the challenges facing these families, and offers a comprehensive curriculum for the frontline workers engaging them.

As children who live in homes with domestic violence (DV) are abused at a

rate 150 times higher than the national average, according to the book, domestic violence issues are integral to child welfare practice. Advocates praise New York City’s Administration for Children’s Services (ACS) for the progress it’s made incorporating family violence issues into its child protective programs. Today, if frontline workers need help working with a battered mother, they have clinical experts in their field offices to consult. Every family reported to the state child abuse and neglect hotline is now screened for domestic violence. And because these issues often aren’t apparent in the early stages of working with a family, ACS also contracts with CONNECT to provide ongoing training and technical assistance to 50 of the 76 nonprofit agencies under contract with the city to provide preventive family support services.

CONNECT’s Family Violence Prevention Program (FVPP) trains both preventive workers—who typically work with families longer than child protective workers—and their supervisors. The program is voluntary, however, and FVPP Director Sally

MacNichol laments that only about one-third of the nonprofits enrolled take full advantage of it. She believes that part of the problem is that agencies are overstretched. But she and other advocates also feel the groups—as well as ACS—still do not view DV issues as central to their work. If so, it’s a serious misjudgment, considering that MacNichol estimates as many as 90 percent of the families receiving preventive services are affected by domestic violence.

Some advocates would like each agency to have at least one staff member assigned exclusively to domestic violence, and for ACS to require that work around these issues be a core part of its responsibilities. “They’re not going to pay attention to DV until their contract depends on it,” says MacNichol. *Collaborative Engagement* could help with that. Though it is aimed at changing the culture of government child welfare agencies, its lessons are equally relevant to nonprofit preventives “DV is intrinsic to child welfare practice, and it should be treated that way” by both ACS and the preventive agencies it works with, says MacNichol. ◆ —MIA LIPSIT

# GIVING ME BACK MY CONFIDENCE

When her daughter came home, one mother got the help she needed from preventive services. An essay by Sylvia Perez.

**O**n March 25, 2004, after my daughter, Lydia, had been in care for three years, the judge released her to her father and me on a trial discharge. That meant that we'd be supervised by a preventive services agency for a year.

I found an agency right down the block from me and met my new preventive worker. His name was René and he was Mexican, like me. As I got to know him and found out what preventive services was, I wished I'd gone to the agency years ago, before my family fell apart.

When I met René I was a little nervous, but he was very quiet and nice. We talked about what was expected of me and he asked, "Does your family need anything? How do you feel with Little Mama being home?" He told me that he would help me with anything I needed for my family.

I was really surprised, because when my daughter was in foster care my ACS caseworker seemed not to care about my feelings. When I met with her, I felt the system hanging over me. She seemed to look down on me, as if I didn't feel a mother's love for my child.

My ACS worker hurt my feelings deeply on two occasions. The first came when I'd already been clean for a year and was upset that I was getting only supervised visits. I said to my worker, "I'm tired of all this. I need my daughter home with me." My worker looked at me and said, "Well, Sylvia, you have to work very hard, due to your past..."

That really hit me hard in my chest. I wanted her to acknowledge that I'd been working hard for more than a year. I went to the gloomy bathroom with Lydia and cried.

Another time, in Family Court, the ACS worker told my husband, "You should get your own place. You'll get your daughter faster than Sylvia, because you've never had any children in the system."

That comment was so disrespectful to our marriage. I felt I had to approach her. "Why would you say something like that?" I said. "You are supposed to keep families together." The ACS worker tried to cover herself by saying that she didn't mean any harm. But her comments made me feel she didn't support me at all.

When I went to the preventive agency, I thought I would still feel like ACS had its chains on me. Instead, I felt released. René wasn't judgmental. He was very comforting and willing to truly listen to me. He didn't shut me down.

One of the first things I told him was that I felt I didn't need to continue with a drug treatment aftercare program. After two

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**"I WISH I'D KNOWN ABOUT PREVENTIVE SERVICES BEFORE I LOST MY DAUGHTER TO THE SYSTEM. WE MIGHT HAVE GOTTEN THE HELP WE NEEDED WITHOUT BEING SO EMOTIONALLY BRUISED."**

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years of rehab I felt stable in my recovery, and I didn't want to go for urine tests anymore. René listened and advised me on how to present my request to my ACS worker. He also talked to his supervisor. I ended up being allowed to drop that program.

When the winter months came I asked René if they had a coat drive at the agency because my family and I couldn't afford winter coats. The next week, I was given three coats. That was a true blessing.

Another time I ran into trouble with my public assistance case. I received a letter from Welfare saying that I didn't show up for an appointment and they were going to reduce my check. I was very upset. I'd been at that appointment!

I called René immediately. He read the letter and then he faxed over some papers asking that I get a "fair hearing" so I could fight the decision. When I went to the fair hearing, I won. I was so grateful for René's help. He gave me back my confidence.

When the year was over, I realized I would miss René. If I ever have problems in the future, I'll definitely go and seek help at that agency.

I wish I'd known about preventive services before I lost my daughter to the system. I truly believe that if such kind and gentle workers had met with us before ACS took Lydia, we might have gotten the help we needed without being so emotionally bruised.

*This story is reprinted from the Spring 2006 issue of Rise (<http://www.risemagazine.org>), a magazine by and for parents in the foster care system published by Youth Communication.*

# A COMMUNITY'S CONCERN

Tracking the impact of family support services can be tricky—especially if the neighborhood isn't part of the equation. An essay by Fred Wulczyn.

Keeping children safe and preserving family ties is complicated work. The work is even more difficult if agencies and practitioners lack a keen sense of what happens to the children and families they serve.

New York City's Administration for Children's Services (ACS) has for nearly a decade been a pioneer in monitoring how well its programs meet their objectives. For the most part, ACS has focused its monitoring efforts on the foster care system. With attention now turning to prevention, the city has an opportunity to improve its scrutiny of preventive service providers.

As with foster care, ACS relies heavily on private agencies for the delivery of in-home services to children and families. Compared to many other jurisdictions, the ACS investment in preventive services is substantial. But what is the return on this investment? This is a question for the system as whole, and one that pertains equally to individual provider agencies.

The dynamics surrounding the city's foster care system have changed a great deal in the last decade. The foster care population is a fraction of what it was when ACS was lifted out of the Human Resources Administration. What has not changed is the difficulty of trying to understand how well preventive services work. Whether a child served by a preventive services agency goes into foster care is easy to determine. However, it is much harder to know if the services provided prevented something that would have otherwise happened.

What, then, can ACS do to monitor the providers of preventive services? First, I recommend that ACS remind its stakeholders that monitoring is an evolutionary process that relies on learning from experience. The process will inevitably change—but it has to start somewhere.

Second, ACS must be clear about the core objectives of its preventive programs. Preventive services agencies are part of a larger child welfare system that has safety, permanency, and well-being as its central outcomes. For preventive services agencies, keeping children safe in their own homes is the most obvious connection to that broader mission. In the realm of safety, preventive service providers play a part in reducing the incidence and recurrence of maltreatment. With respect to permanency, preventive services help children stay with their families and help children who have already been in foster care avoid going back. Post-adoption services have a similar purpose.

However, pinpointing the outcome of child well-being within the constellation of responsibilities undertaken by preventive

service providers is difficult. Helping parents nurture their children's development by building their skills as parents is one way to imagine how preventive services support child well-being. If we mean something broader, such as improving educational achievement, then ACS and its partners will have to be very careful. Changing developmental trajectories, such as helping students improve their reading scores, often involves resources that are within the city's span of control but are not within those of ACS. From the perspective of accountability, the challenge is to be crystal clear about what is on the list of outcomes, given the resources of the child welfare agency.

Third, ACS must attend to the process of care and the quality of care. "Process of care" refers to the steps that define how an agency works with children and families. ACS must guard against construing "process" as simply a matter of compliance—although this is certainly a factor—because when it comes to preventive services, a broader perspective is more realistic. The child welfare system and individual providers must demonstrate a capacity to bring clients in, assess their needs, deliver services in response to those needs, and then close the case once the issues have been resolved. In doing so, providers ought to follow best practices and meet minimum standards, and the city's monitoring protocol must articulate what those standards are.

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## CASTING A WIDE SERVICE NET OFTEN CREATES THE ILLUSION OF SUCCESS.

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The quality of care, the process of care, and outcomes are closely related to one another, and in some respects they are inseparable. Nevertheless, the notion of "quality" has particular resonance that is separate from the process of care and outcomes. Factors that influence quality include best practices, cultural competence, an agency's physical plant (for example, is it family-friendly?), worker access to the resources needed to do their jobs (such as phones, computers, training), the use of appropriate assessment protocols, and so on. Again, it will be up to ACS and its network of providers to define quality. In doing so, it will be important to remember that positive outcomes require quality services—but quality services need not beget

outcomes. High-quality care that fails to achieve positive outcomes is in fact a waste of limited public resources.

Two issues remain. Within the network of preventive service providers, agencies use different approaches and serve different target populations. For its part, ACS will have to understand the former and adjust for the latter. For example, after a substantiated allegation of abuse or neglect, babies are much more likely to be placed in foster care than older children. Agencies that serve families with babies, then, have to be measured against a baseline adjusted for the population it serves. The outcomes are the same—reduce the likelihood of placement—but improvement has to be assessed relative to a unique baseline of the target population.

There are many ways to adjust expectations, but it is essential not to get carried away with the details. Starting out, the list of adjustments should be short. But to proceed without recognizing population differences will ultimately undermine the evaluation process.

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## A PROVIDER'S SUCCESS DEPENDS ON WHAT HAPPENS AT THE COMMUNITY LEVEL, JUST AS SUCCESS AT THE COM- MUNITY LEVEL DEPENDS ON WHAT PROVIDERS ACCOMPLISH.

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Ultimately, there is the question of success. To the extent the child welfare system is about safety and permanency, monitoring outcomes is about tracking the incidence of maltreatment and foster care placement. Clearly, for individual providers, it comes down to reducing the prevalence of such incidents within their community. The rub comes from the fact that casting a wide service net often creates the illusion of success. Even in communities where the stress of raising a family is high, the incidence of placement into foster care is relatively low. Yet because families benefit from support, services can and should be provided. However, the question that must be asked is, Did the services prevent placement or did they make the tough job of raising a child easier? Either way, services are vitally important. But in evaluating programs, the city must separate its investment in family support—community by community—from its investment in prevention so that it understands whether the prevention programs are working in the manner intended.

In this context, it is difficult to parse out the contribution of

any given preventive provider in quite the same way that ACS does with foster care providers. Foster care is easier to evaluate: children are placed in foster care, agencies have responsibilities in terms of quality of care and regulatory compliance, and the core outcomes—permanency for children, placement stability, and reentry—are clear.

Agencies providing preventive family support services, on the other hand, are far more dependent on outside factors. Family support and prevention are a community's concern. A provider's success depends on what happens at the community level, just as success at the community level depends on what providers accomplish. There is an explicit balance and reciprocity. If all the providers serving a community have low foster care placement rates within their served population and the placement rate in the community rises, it is harder to draw a link between what the providers are doing and the benefit to the broader community. It says nothing about the quality of care or compliance with the standards of care. It merely suggests that the link to safety and permanency is a weak one.

Put another way, service providers are probably fulfilling a family support function rather than a preventive function. ACS, along with the community, will have to decide whether that is enough and, if not, what to do about it. Perhaps they will choose to more explicitly define the valued roles of family support in their community and articulate how these services intersect and partner with other local resources and organizations.

The city's new Community Partnership Initiative—which attempts to draw together a variety of organizations and resources in specific neighborhoods to focus on a few key child welfare objectives—places greater emphasis on local decision making and service coordination. (See “Blueprint for the Future,” page 25.) The partnership initiative should go hand-in-hand with the city's monitoring of preventive service agencies. One without the other diminishes both. Participants and ACS will have to reach fundamental agreement on direction and decide what outcomes matter. Safety and permanency have to be at the top of the list. Then, the partners will have to agree on the process of care and the quality of care that matter to them.

Finally, everything has to be pulled together to answer the most fundamental questions: Are children safer and is family life more stable because of the services in place? The process for answering those questions at the community level is collaborative. It requires balance, and success is everyone's responsibility.

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## WATCHING THE NUMBERS

### A six-year statistical survey monitoring New York City's child welfare system

	FY '01	FY '02	FY '03	FY '04	FY '05	FY '06
<b>Protective Services</b>						
• REPORTS OF ABUSE AND NEGLECT	57,224	55,925	53,894	51,477	50,251	61,376
<i>The record rise in hotline reports following the 2006 murder of Nixzmary Brown is expected to decline.</i>						
• PERCENTAGE OF REPORTS SUBSTANTIATED	34.1	33.6	33.6	33.7	32.6	35.6
<i>Indication rates remained high.</i>						
• PENDING RATE	6.9	5.4	5.2	5.9	6.1	7.5
<i>The monthly average of new cases per child protective worker is expected to drop due to new hires at ACS.</i>						
• AVERAGE CHILD PROTECTIVE CASELOAD	13.2	11.6	11.2	12.1	12.1	16.6
<i>Caseloads have not decreased as fast as the pending rate and are expected to remain above average.</i>						
• CHILD FATALITIES IN CASES KNOWN TO ACS (CALENDAR YEAR)	32	25	24	33	30	45
<b>Preventive Services</b>						
• FAMILIES RECEIVING PREVENTIVE SERVICES (CUMULATIVE)	27,399	30,313	31,692	31,215	29,174	NA
• NEW FAMILIES RECEIVING PREVENTIVE SERVICES (ACTIVE)	13,990	14,552	14,978	14,417	13,921	13,819
• REFERRALS FROM ACS (%)	51	53	52	50	49	52
<i>The percentage of all new cases referred to general preventive agencies by ACS has risen.</i>						
<b>Foster Care Services</b>						
• NUMBER OF CHILDREN ADMITTED TO FOSTER CARE	7,908	8,498	6,901	6,201	4,813	6,285
<i>The number of children placed in care has risen dramatically since the Nixzmary Brown murder.</i>						
• NUMBER OF CHILDREN DISCHARGED FROM FOSTER CARE	12,072	10,538	9,594	8,854	7,907	6,431
<i>Discharges slowed as the foster care system remains smaller than in the past.</i>						
• TOTAL AVERAGE FOSTER CARE POPULATION	30,858	28,215	25,701	22,082	18,968	16,706
<i>Even with an increase in placements, the average annual foster care census dropped.</i>						
• MEDIAN LENGTH OF STAY FOR CHILDREN BEFORE RETURN TO PARENTS (MONTHS)	5.9	6.9	6.8	7.6	8.2	10.3
<i>Median length of stay increased by 20% for children entering foster care for the first time.</i>						
• PERCENTAGE OF CHILDREN WITH REUNIFICATION GOAL (PREVIOUS CALENDAR YEAR)	47.4	46.3	43.8	44.0	44.3	45.5
• PERCENTAGE OF SEPARATED SIBLINGS (PREVIOUS CALENDAR YEAR)	52.1	51.6	52.4	51.4	50.7	49.3
<i>The sibling separation rate continued a very slow decline.</i>						
• RECIDIVISM RATE (%) (PREVIOUS CALENDAR YEAR)	12.1	13.8	13.6	12.8	13.6	11.5
<i>The number of children who return to care within two years of discharge declined.</i>						
• PERCENTAGE OF FOSTER CHILDREN IN KINSHIP CARE	26.2	25.7	26.1	26.0	24.6	24.3
• PERCENTAGE OF CHILDREN PLACED WITH CONTRACT AGENCIES	88.3	90.4	92.0	94.5	95.2	97.2
<i>A very small number of foster children remained in city-managed foster homes.</i>						
• PERCENTAGE OF FOSTER BOARDING HOME PLACEMENTS IN BOROUGH OF ORIGIN	57.5	64.6	74.9	72.0	76.0	72.8
• PERCENTAGE OF FOSTER BOARDING HOME PLACEMENTS IN COMMUNITY DISTRICT	13.7	18.2	22.1	23.0	21.1	17.3
<i>This rate has dropped several percentage points as placements increased.</i>						
<b>Adoption Services</b>						
• PERCENTAGE OF CHILDREN WITH ADOPTION AS A GOAL (PREVIOUS CALENDAR YEAR)	38.6	40.3	39.4	38.8	39.8	38.0
<i>The percentage of children with this permanency goal remained fairly constant.</i>						
• NUMBER OF FINALIZED ADOPTIONS	2,715	2,694	2,849	2,735	2,364	1,831
<i>Finalized adoptions have declined by more than 35% since FY 2003.</i>						
• AVERAGE TIME TO COMPLETE ADOPTIONS (YEARS)	3.5	3.6	3.6	3.5	3.4	3.5

All numbers above reported in NYC fiscal years unless otherwise indicated.

Sources: NYC Mayor's Management Reports, New York State Office of Children and Family Services Monitoring and Analysis Profiles, NYC Administration for Children's Services Updates

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