DOUBLE JEOPARDY: A STUDY OF YOUTH IN FOSTER CARE WHO COMMIT DELINQUENT ACTS

Sara Munson, MSW and Madelyn Freundlich, MSW, JD, LLM

Placement in foster care exposes youth not only to the intricacies of a challenging child welfare system, but often to a host of other complex, interwoven systems as well, i.e., education, health care, mental health, and juvenile justice. In recent years, a plethora of reports have detailed the issues affecting the provision of educational, medical, mental health, and family court services for foster youth. These studies have highlighted the negative impact on youth functioning and well-being when coordination and role clarification are lacking within and among these systems, and youth do not have the benefit of consistent advocacy. Relative to reports regarding juvenile justice, there have been changes in federal laws that reflect the federal government’s interest in more coordinated responses to youth involved in child welfare and juvenile justice systems [Reauthorization of JJDPA, 2002 and Reauthorization of CAPTA, 2003]. Research regarding foster youth involved with the juvenile justice system, however, has primarily focused on quantitative data analysis regarding the overlap of child welfare and juvenile justice caseloads (Conger & Ross, 2001; Halembsa et al., 2004).

Little effort has been made to better understand the personal experiences and challenges of youth in foster care who become involved in the juvenile justice system, foster parents, juvenile court judges, and child welfare professionals, so that best practices and model programs can be developed and enhanced.

In an effort to address this gap in the knowledge base, Children’s Rights, a national child advocacy organization based in New York City, undertook a comprehensive exploration of the experiences of and outcomes for youth in foster care who became involved with the juvenile justice system as a result of a delinquent act. The study—Youth Involvement in the Child Welfare and Juvenile Justice Systems: A Case of Double Jeopardy—offers a comprehensive literature review highlighting the following trends:

- Youth who have experienced abuse or neglect are more likely to engage in juvenile delinquency than are youth in the general population (English et al., 2001; Maxfield & Widom, 1996);
- Youth with at least one placement

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As I begin my tenure as Chair of the Child Welfare Specialty Practice Section Committee, it is with renewed conviction that I express my thoughts about how our work continues to grow and change in depth, breadth, and complexity. First, our work is emotionally affected because we interact with children who are vulnerable and rely on our best efforts. Second, child welfare practice, while under the aegis of the “best interest of the child,” is also dedicated to the best interest of families caring for the child. For without caring and nurturing families, there is little hope for positive child outcomes. Third, work involving children and families is so connected to our daily lives because we have our own children and families, which results in having both personal and professional values about how practice ought to proceed. All too often, our personal attitudes overwhelm our professional knowledge. Finally, our humanness reacts to children whose basic needs go unmet.

Best practice is not an easily translated social construct. We acknowledge that in suggesting that you incorporate new strategies into your overflowing repertoire of practice strategies, you must experience a different way of thinking and working. It is not simply throwing out the old to add the new. Aspects of new strategies must be combined with the former ones. New suggestions to improve practice must continue if child welfare practice is to function effectively in a contemporary society.

This issue of the Child Welfare Section Connection provides a wealth of information with implications for your practice in child welfare. Valandra shares strategies for effective practice with African American girls and adult women who are healing from sexual abuse. Munson and Freundlich give a report on findings and recommendations from their study on the experiences of youth in foster care who commit delinquent acts. Salcido reports on a social services agency designed to help inner-city children and their families living in poverty. Finally, Lightfoot, LaLiberts, and Zimmerman
Breaking the Silence

Disclosing child sexual abuse can be a difficult and complex process bringing about many conflicting and painful emotions; yet, for some survivors it can be a self-empowering act of courage and activism that facilitates healing. Recent studies have found that most survivors of child sexual violence do not disclose their abuse until adulthood (Goodman-Brown et al., 2003; Alaggia, 2004), but few studies have examined how race and class issues influence disclosure. Increasingly, African American girls are choosing to tell their stories of surviving sexual violence; however, the choice to do so can be so stressful that a substantial number of girls never disclose the abuse at all. In addition to feelings of guilt, shame, and embarrassment experienced by most survivors, African American girls face additional risks and barriers that may contribute to a strong reluctance to disclose and seek help. This article examines these potential risk factors and barriers using an ecological perspective with implications for child welfare practice.

Macro-level Risk Factors

Examining the socio-historical context of rape, McNair & Neville (1996) explained how negative racial and sexual stereotypes about black females as lustful, promiscuous, exotic, and uninhibited play a role in minimizing the legitimacy of black girls as victims of rape in the court system. Sexual stereotypes about African American men as sexual aggressors have placed them at the other end of the spectrum in the judicial system as they are disproportionately falsely accused and convicted of rape, particularly when the alleged victim is white. These stereotypes are reinforced and continually perpetuated in media images and contribute to the myth that sexual violence is normal in African American communities (Wilson, 1994).

Mistrust of law enforcement and public child welfare services serve as a barrier in disclosing sexual abuse. Parents of color express fears that in calling the police they will become victims of police brutality and/or their children will be removed by child protection services (Wolf et al., 2003).

Sincerely,

Priscilla Gibson, PhD, ACSW, LICSW
Chair, Child Welfare Specialty Practice Section Committee

HEARING THE VOICES OF AFRICAN AMERICAN CHILDREN HEALING FROM CHILD SEXUAL ABUSE

Valandra, MSW, LGSW

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discuss strategies for child welfare services involving children with disabilities and their families.

I hope you find this issue beneficial to your practice and that our efforts contribute to the betterment of the children and families you serve.

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African American families living in poverty and low-income urban areas are witnesses to police raids of their homes and neighborhoods, intrusive and disrespectful caseworkers, and the removal of children by social services (McNair & Neville, 1996). Systemic racial discrimination and poverty make it much more difficult to disclose child sexual abuse and seek help (Fontes, 1993). It would be a mistake, however, to believe that child sexual abuse only affects children living in poverty. More research is needed to examine the unique barriers middle-class African American children experience in disclosing and healing from sexual violence.

**Messo-level Risk Factors**

Another barrier to reporting child sexual abuse involves the stress and stigma of being labeled a “race-traitor” (Roberson, 2003) when a black girl identifies a black man as the perpetrator of the violence (McNair & Neville 1996; Rose, 2003; Wilson, 1994). Black patriarchal political responses to racism give rise to explicit and implicit messages that black females should sacrifice their individual needs and realities for the sake of advancing the black race (Rose, 2003). As such, anything that makes a black man look bad is labeled as betraying the black community (Wilson, 1994). Feelings of community betrayal have the potential of alienating African American girls from their families and community-based supports, thereby creating a barrier to seeking support. Traditionally, kinship and extended family networks have provided a fortress of protection for African American families. Children are often socialized at an early age to respect and show deference to their elders, including both blood and non-blood relatives as part of the extended family network. When sexual abuse occurs within this network, strong family bonds can act as a barrier for African American children in disclosing [sexual] abuse (Wyatt, 1990).

**Messo/Micro-level Risk Factors**

The burden of the strong black female myth must be overcome (Wallace, 1979). African American girls and their mothers have relied heavily on their spiritual faith, informal networks, and persistence in the face of adversity. This resiliency can be both a burden and a blessing. It is needed as a source of hope and testament to what is possible. And yet, it also makes it more difficult to acknowledge vulnerabilities and stressors, and to ask for help. When loved ones betray trust, it is even more difficult to open up and trust others. By internalizing the myth, many women may feel as though they should be able to handle trauma (Wilson 1994; Singleton, 2003). This belief may be passed on to girls inadvertently or purposely as a coping mechanism, making it much more difficult to disclose child sexual abuse.

**Implications for Child Welfare Practice**

The National Association of Social Workers (NASW) Code of Ethics (1999) clearly articulates social workers’ ethical responsibility to promote social justice and demonstrate cultural competency in all areas of social work practice. It is imperative that social workers understand and respond to the socio-cultural needs of African American females at a macro-level by actively challenging systemic oppression in the legal, judicial, public health, and welfare systems. Systematic disapproval of disparaging, oppressive remarks made among professionals in the service delivery system can send a strong message of intolerance for discrimination. As part of service delivery, social workers
can encourage African American families to participate in the political process and file formal charges if discriminated against by professionals. Social service agencies can formulate policies with input from African Americans and review existing policies in relation to their implications for practice with African American families. Social workers can also advocate for legislation and policies that hold the media responsible for perpetuating negative race-based stereotypes in programming and reporting.

Messo-level interventions should engage profit and non-profit community-based businesses, civic and professional organizations and associations, and educational systems in campaigns to eliminate sexual violence. This may include social workers forming alliances with the local chapters of the NAACP, urban leagues, the Association of Black Social Workers, and professional black enterprises to support prevention through education in African American communities. Studies have recognized social supports and informal networks as protective factors for African American sexual [abuse] survivors (West, 2002). For example, witnessing child sexual violence prevention within their own communities and among the efforts of respected neighborhood elders and leaders can reduce the risks of alienation in disclosing child sexual abuse. Institutional funding of more culturally relevant research to understand the variability of sexual violence experiences among African American female survivors is also needed.

At a micro-level, therapeutic interventions should recognize racial trauma and the impact of stereotypes on African American girls, and explore spirituality and self-expression through the arts and activism as effective healing modalities. Clinical practitioners can engage non-offending parents and kin as allies and therapeutic supports for children healing from child sexual abuse. Building trust and alliances with African American caregivers is also critical. This can be achieved, in part, by showing appreciation and respect for their life experiences and wisdom, recognizing diversity among African Americans, and not discounting or skeptically questioning African Americans’ experiences with racism or discrimination. Social workers should consider that as helping professionals, they may continually be viewed as an “outsider” and only receive partial information about personal family issues. Social workers and other practitioners should continually examine their own biases and consider how their beliefs, values, and attitudes might be a factor in the “resistance” they may experience with African American survivors of child sexual abuse. Understanding the complexities of race, gender, and class issues in the lives of African American survivors is critical to breaking the silence and developing culturally relevant systemic approaches to healing within the child welfare system.

The terms African American and black are used interchangeably and refer to individuals and groups of African descent.

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PARA LOS NINOS: A CHILDREN & YOUTH SERVICES AGENCY

Ramon M. Salcido, PhD, DSW

Child welfare literature identifies poverty as a major risk factor for child abuse and neglect (Gelles, 1996; Capello, 2004). According to information from the U.S. Census Bureau, in 2003 there were 12.9 million (17.6 percent) children in poverty, an increase of about 800,000 from 2002 when 16.7 percent of children lived in poverty (DeNavas-Walt, C., Proctor, B., & Mills, R. 2004). The Institute for the Study of Homelessness and Poverty at the Weingart Center in Los Angeles reports that, “In Los Angeles, nearly 45% of children lived in high poverty neighborhoods in 2000, up from the 1990 percent of 35%” (2003). With state and federal budget cuts, declining state revenues, and increased military spending, the nation’s initiative to assist poor children and their families is not sufficient. The lack of resources for food, housing, and medical and child care expenses places a tremendous strain on families living in poverty, some of which will become homeless.

The purpose of this article is to report on a social services agency designed to help inner-city children and their families living in extreme poverty, such as the Skid Row area of Los Angeles, and to provide recommendations for child welfare workers.

Children on Skid Row

As the number of poor children continues to grow each year, the potential number of children who become homeless and enter shelters and transitory type housing
arrangements also increases. Women and their children are the fastest growing segment of the homeless population and the most vulnerable (Dryness, Spoto & Thompson, 2004). For instance, in Los Angeles, about 34,000 families are homeless at any given time and, most alarming, are the homeless families with infants (Rivera, 2004).

Los Angeles Skid Row is home to one of the largest stable populations of transient people in the United States. Informal population estimates range from 10,000 to 30,000 individuals. According to World Socialist (2002), the 2000 Census reports that about 9,000 to 15,000 individuals live on the streets of the city of Los Angeles and as many as three to five thousand live in a 50 square-block area called Skid Row.

A recent University of Southern California study reports about 400 to 600 children inhabit about half a dozen hotels clustered in the central part of Skid Row (Dryness, Spoto, & Thompson, 2004). The study reports that families with four or five children frequently occupy a single room, with a hot plate or microwave for cooking and shared community bathrooms. In addition, the study reports that many children living in hotels and shelters are ill and are more likely to suffer than other children from chronic illnesses, asthma, depression, behavioral problems, and learning disabilities. The challenges that children face living in these extreme poverty circumstances are significant and leave children increasingly vulnerable to psychological, emotional, and physical problems.

Para Los Ninos

In 1980, a nonprofit service agency, Para Los Ninos (translated For The Children), was founded. The Agency is designed to raise at-risk children out of poverty and plan for brighter futures through educational opportunities and support involving families and communities. In 1999, Para Los Ninos received accreditation from the Council on Accreditation of Services for Families and Children, Inc. The accreditation verifies the agency maintains the highest national standards in services as well as manages its funds responsibly. The services are located at 15 sites in Los Angeles County and different areas of Southern California. Para Los Ninos serves some of the poorest neighborhoods, including their service boundary known as the Central Area, which includes Skid Row.

Within the Central Area, Para Los Ninos serves some of the most destitute, crowded, and crime-ridden areas of the city. With centers located in Skid Row, the clients most served are poor Latino and African American children. The income levels of families served are about $16,000 below the average state and national poverty income levels. The area has a few community-based organizations that deal with the problems of homelessness, including non-profit, government, and faith-based agencies, but few of them target children.

Service Strategy

The primary goal of Para Los Ninos is to assist children by strengthening families and connecting them to resources where the targeted families live. The objective of their Family Services Program (FSP) is to ensure that children and youth live in a nurturing
environment that can meet their emotional and developmental needs. Specifically, the program assures that children who are receiving services are safe and secure, thereby preventing any form of child abuse and neglect. Children receiving agency services such as attending after-school programs, charter school classes, youth center activities, and child development programs have on-going home visits from professional masters level social workers. In addition, agency social workers are assigned to the public schools in the service area to provide support services to children attending agency programs. One intervention approach is in-home counseling with family support as part of the service delivery. Interestingly, all children’s services are coordinated with integrated service assistance for the entire family, and families are served in the context of their neighborhoods and community. For instance, agency social workers visit families in their own homes (home rental, hotel, apartment) to assess needs and provide instruction on service planning, parenting, and resource seeking.

Although most of the children come from extremely high-risk areas where drug abuse, domestic violence, and crime are prevalent, the agency seeks to provide a broad array of cross-cultural services in both English and Spanish. Social workers help families, by speaking in their preferred language, to promote secure attachments and healthy relationships regardless of poverty and overcrowded living conditions. One of the major challenges for the social workers is the transient nature of families that tend to move out of the area within one to two months. Therefore, the first practice objective is to provide for the most critical needs, such as food, clothing, and living arrangements, in a caring way. The second objective is to work with families to address their children’s needs and emotional and educational concerns and to prevent child abuse. The social work practice methods most often used are counseling, crisis intervention, referrals, and advocacy. The third objective is to provide services in community neighborhoods where the target population resides. Strategically, Para Los Ninos attempts to locate its service sites in the poverty areas where most of their clients reside and engages in extensive home visits and brokering. In addition, the agency collaborates with other community service agencies, local welfare aid, and child welfare programs to provide resources for families in the community. Para Los Ninos philosophically believes in community-based services, service collaboration, and social justice for poor children and their families.

Discussion

The growing poverty population in the United States and the increasing number of homeless families and children behooves us to explore best practices for working with this population. It is helpful for social workers employed in the child welfare system to have awareness, knowledge, and information about the risks of homelessness for children and their families living in shelters, hotels, and on the street.

Social work and child welfare professionals have long recognized the importance of an ecological and systems approach to understanding human behavior. When the social worker assesses the child’s vulnerability across systems, a comprehensive approach in intervention is needed. The case study of Para Los Ninos illustrates the skills needed to work with children and their families living in extreme poverty. While much of the overall work in child welfare
has focused on the protection of abused and neglected children, less has been devoted to developing prevention models, organizing community collaborations, and planning social justice activities. Social workers should develop and use a range of advocacy skills to address the needs of children living in extreme poverty such as Skid Row. Social workers should attempt to infuse the plight of Skid Row children in policy discussions and organize task forces with respect to planning services for this at-risk population. The National Association of Social Workers and other child welfare organizations should continue to research this area and organize policy initiatives to address the problem.

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References

Children with disabilities are over-represented in the child welfare system. Studies have found that the incidence of maltreatment of children with disabilities is 1.7 to 3.4 times greater than for children without disabilities (Sullivan & Knutson, 2000; Westat, 1993). Despite the high prevalence of children with disabilities in the child welfare system, there is little information within the system on how to best serve these children and their families. This article offers five best practices for child welfare workers to provide accessible and effective services for children with disabilities and their families.

Become familiar with the rights of people with disabilities and provide appropriate accommodations.
The Americans with Disabilities Act of 1990 (ADA) protects people with disabilities from discrimination in the areas of employment, government services,
public accommodations, transportation, and telecommunications. For both public and non-profit child welfare agencies, the ADA requires that child welfare services be accessible to all clients with disabilities. Child welfare workers must assess the types of accommodations a child or parent with disabilities may need and then provide this accommodation. Most often, the person with the disability is the expert in the accommodations they need, so assessment may consist simply of asking clients for their needed accommodations. Examples of appropriate child welfare accommodations include using a sign language interpreter for communicating with deaf clients, finding an accessible interview location, providing an accessible foster care home placement, providing services at the individual’s cognitive level, or recruiting for accessible foster care and adoptive home placements.

**Use appropriate communication.**
Child welfare workers need to be able to communicate effectively with clients regardless of a client’s speech or hearing abilities. In order to assess a parent’s ability to keep a child safe, a worker must be familiar with the parameters of an individual’s communication ability. Workers need to be able to adjust their own communication to fit with the client’s ability. This might include talking at an individual’s cognitive level, using adaptive communication devices, or communicating through an interpreter.

Further, workers need to know how to communicate with people with disabilities in an appropriate and respectful manner. For example, a worker communicating with a client who uses an interpreter must be sure to address and look at the client, rather than focusing on the interpreter. Workers must also be familiar with “people first” language, which is the most respectful way of referring to individuals with disabilities. People first language involves always referring to the person or people first, and describing what a person uses or a condition a person has, rather than what a person is (e.g. “person with a disability” rather than “disabled person;” “person who uses a wheelchair” rather than “person confined to a wheelchair;” or “person with post-polio syndrome” rather than “polio victim”).

**Collaborate with professionals in the community.**
Since many child welfare workers do not have extensive training in disability issues, collaborating with disability experts within their own agency is one of the most common ways child welfare workers can provide accessible services. A recent study found that many child welfare agencies utilize dual-case assignment for providing services in which a family would have a case open in both child welfare/child protection and another unit, such as developmental disabilities or mental health (Lightfoot & Laliberte, In press). These dual-case managers collaborate to provide services, with the disability worker providing expertise in accessible communication, appropriate accommodations, and community disability resources, while the child welfare worker provides expertise in assessing child safety and parent training. In agencies where dual-case assignment is uncommon, many child protection workers informally team with professionals in other units to obtain information about appropriate communication skills or available resources, or even have such professionals assist in assessment.

While many child welfare workers successfully collaborate with other professionals,
there can be systematic barriers that impede collaboration, such as red tape in provision of services or the overall lack of appropriate resources. Nevertheless, fostering effective relationships with workers in other units will help in developing a collaborative case management model to best serve children with disabilities and family members.

*Locate the disability services and resources in your community.*

Child welfare workers must be cognizant of disability services and resources in the community. Community disability organizations are often extremely knowledgeable in providing supports to people with disabilities, and may be able to provide appropriate referrals for housing, foster-care, counseling, respite care, or other services that people involved in the child welfare system need. Further, when child welfare workers refer parents to community services to meet case plan goals, the services should be relevant to parents of children with disabilities. For example, traditional parenting classes may not be appropriate, as they may not address some of the additional needs or stressors related to caring for a child with a need for full-time assistance. Similarly, when referring a child to out-of-home placement for therapeutic or residential services, it is important to find out if the community resource will sufficiently accommodate a child with disabilities.

Child welfare workers need to also be aware of advocacy and support organizations for people with disabilities, particularly organizations that are run by and for people with disabilities and their families. Organizations such as Centers for Independent Living (CILs), parent advocacy groups, and self-advocacy groups can provide people with disabilities involved in the child welfare system with advocacy, peer support, and training which may be essential for dealing with the child welfare system. These organizations exist on local, state, and national levels. In addition, there are growing avenues of peer support over the Internet for parents with disabilities, parents of children with disabilities, and children with disabilities.

*Understand the history and culture of people with disabilities.*

Finally, child welfare workers need to be aware of the history and culture of any historically oppressed group with whom they work, including people with disabilities. Knowledge of the history of discrimination and oppression of people with disabilities as well as the growing consumer empowerment and self-advocacy movements will help child protection workers provide more appropriate services.

Unfortunately, there is still a widespread perception that disability is a “problem” that people have, with an emphasis on the individual limitations of people with disabilities (Gilson, Depoy, & MacDuffie, 2002). This prevalent focus on the diagnostic or pathological approach, commonly known as the “medical model” of understanding disability, does not promote the strengths of individuals with disabilities. Child welfare workers need to have a firm grasp of a more strengths-based model of disability, the “social model of disability,” which is a common philosophy of people with disabilities. The social model of disability views disability more as a “social construction” of society, and thus focuses on the continuum of abilities and the

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skills needed to engage in client collaboration (Gilson et al., 2002; Oliver, 1983). This model can help workers provide appropriate, accessible services, as well as help clients better understand their current situation.

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References


Resources


Disability and Business Technical Assistance Center: ADA Information Line Provides general information on ADA and technical assistance in providing accommodations. http://www.adata.org/centers.htm

Disability History and Rights Information on disability history and rights from the Smithsonian Institution. http://americanhistory.si.edu/disabilityrights/welcome.html

PACER Center (Parent Advocacy Coalition for Educational Rights) A national center focusing on issues related to children with disabilities. www.pacer.org

Through the Looking Glass A national center providing information, training, and referrals regarding parenting with a disability. http://lookingglass.org/index.php

in foster care are significantly more likely to be charged with a delinquency offense than children who have never entered foster care (Ryan & Testa, 2004; Jonson-Reid & Barth, 2003; English et al., 2001); Youth whose parents are present at delinquency proceedings are more likely to receive dispositions involving community treatment alternatives as opposed to detention (Conger & Ross, 2001; Davies & Davidson, 2001); and there is a lack of mutual understanding and cooperation among the child welfare and juvenile justice systems (CWLA, 2002).

This study provides an in-depth account of the experiences of these youth; the views of
foster parents concerning their role when youth in their care are arrested; the perspectives of juvenile court judges regarding these youth; and the perceptions of child welfare agencies concerning their roles when children in foster care face delinquency charges. In addition, this research identifies nine innovative programs that have been developed to address the issues affecting children and youth in the overlap of the child welfare and juvenile justice systems, and provides an overview of the results of legal research regarding the extent to which state laws (in 16 states) require notification to foster parents, child welfare caseworkers, intake facility workers, or other adults when a youth in foster care is to appear before the juvenile court. Finally, the study provides recommendations regarding improvements in both child welfare and juvenile justice practice and policy, with the goal of improving the response of both systems to youth in foster care who commit delinquent acts. The study identified four key findings and provided targeted recommendations.

**Key Findings**

The four key findings were developed from interviews and focus groups.

**Youth in foster care face a strong likelihood of appearing before the juvenile court.** As one judge proclaimed, “In my experience, foster care is one of those preparatory steps before the kids commit a crime.” A youth’s involvement in the child welfare system may contribute to delinquent behavior. According to a judge, “If you get in foster care, the risk factors go up, and you’ll probably see the kid in the delinquency system.” As one young adult noted, “If kids lived with their family, maybe they’d try not to get in trouble . . . You figure you got nothing to lose because you are not with your real family.” In addition, a number of youth reported selling drugs and associating with gangs after observing their peers in group homes involved in these activities. According to one young adult, “I learned in a group home how to be in prison–how to beat the rap. Group home is where you learn the tricks of the trade, to master them. It’s the West Point of crime, it’s like pre-prison camp.” Finally, it was found that group homes and foster parents often call the police for otherwise “normal” adolescent behaviors that generally would be handled within the family: fighting, minor thefts, and unruly behavior. As one young adult asserted, “The staff are quick to call the cops to get you off their hands.”

**Youth in foster care often appear in court without family or child welfare representatives.** Most young adults reported that although they appeared in court with a legal aid attorney, they were not accompanied by caseworkers, foster parents, or family members, and most believed that this lack of adult support reinforced judges’ negative assumptions about them. Judges stated that they do perceive these youth as less stable if they appear in court without a family member or involved adult, and, as a result, they are less likely to consider alternatives to detention. As one judge explained, “You’re trying to look for some sort of stability. And there’s an unfair perception that if a kid isn’t in the home, he or she has less stability and is more prone to have problems, even if it’s a relative foster care placement. And so, if the kid was with mom and dad, even if mom and dad weren’t the best place for this child to be, it would probably be looked upon better than if the
kid was in foster care. It is probably true that a judge may think, ‘This kid isn’t at home, he’s gonna be a problem.’” In addition, most youth expressed disappointment or anger that the adults in their lives did not appear in court with them. According to one young adult, “Most staff members say ‘I can’t make that court date, but I’ll be there next time,’ and then they don’t come next time . . . Stop getting my hopes up and say you’re going to come.”

Youth would benefit significantly from improved coordination between systems. Although child welfare agencies retain responsibility for detained youth despite not having physical custody, the caseworker’s commitment may ebb once the youth is charged with a delinquency offense. As one child welfare administrator revealed, “When a kid goes into juvenile justice, the caseworker might keep the case open, but for the most part, the attitude is, ‘No longer on my caseload, I am done with this one.’” There is often a lack of role clarification between systems, such that caseworkers and probation officers are unclear about each other’s duties and responsibilities to these youth. One young adult expressed an example of the effects of such confusion: “The group home wouldn’t help me get [to my community service]. I would have to go AWOL to get [there]. And my parole officer wasn’t receptive to the fact that I was reliant on my group home to get me to community service.”

Attorneys representing youth often lack a firm understanding of the youths’ experiences with the child welfare system and the effects of dual system involvement. As one judge noted, “Lawyers who are representing these kids need to have a knowledge base in both fields. Even if they are excellent trial lawyers on the criminal side, they cannot really do justice by their clients unless they have some knowledge about the other side.” In addition, young adults frequently perceived their attorneys as disinterested, stating that “lawyers just want to plead you guilty” and “they don’t care if you are innocent.”

**Recommendations**

The following recommendations are based on the findings of the study:

- Police departments and delinquency court officials should develop a system to identify detained youth who are in the custody of the child welfare system;
- Foster parents and group home staff should receive training and support so they can intervene effectively with youth and avoid police involvement unless absolutely necessary;
- Notice of delinquency proceedings should automatically extend to the adults who are legally responsible for the youth;
- The delinquency court should ensure that other adults who are familiar with the youth are invited to court and should solicit information from them;
- A corps of attorneys who have a knowledge base in both child welfare law and juvenile delinquency law should be available to this group of youth;
- Child welfare and juvenile justice systems should increase communication and collaboration across the two systems, taking advantage of current federal funding opportunities; and
- Agencies should conduct interdisciplinary training to ensure a unified, coherent response to youth who are involved in both systems.
These recommendations are intended to ensure better communication, advocacy, and outcomes for youth in foster care who become involved with the juvenile justice system.

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References


Resource


ONE TEEN AT A TIME MEDIA CAMPAIGN

The National Association of Social Workers (NASW)/Partnerships in Program Planning Project for Adolescent Health (PIPPAH) is currently launching the “One Teen at a Time Campaign.” This Web-based public education campaign includes resources and tools to assist professionals, parents and teens in achieving healthy and positive outcomes. The goal of the campaign is to promote positive youth development by focusing on social and emotional skills, as well as offering information about diversity and tolerance. The campaign includes information and resources on adolescent health; practical tools for professionals, families and teens, as well as downloadable posters, bookmarks and stickers. The Web site for the campaign is: http://www.socialworkers.org/practice/oneTeen/

More information on the PIPPAH project is available at: https://www.socialworkers.org/pippah/home.asp?hp=yes

If you have any questions regarding the campaign please contact Laurie Emmer at lemer@naswdc.org
STAND UP FOR OTHERS

Everyone can be a positive source of change. Wear and share a “Stand Up for Others” wristband to show your commitment to helping others. Wristbands are available at www.socialworkers.org or call 800-759-6614.

CHILD WELFARE STANDARDS

The newly revised NASW Standards for Social Work Practice in Child Welfare are posted on NASW’s Web site through May 31, 2005. Members are invited to review the standards and submit comments before the final version is presented to the NASW’s Board of Directors. NASW and SPS members may review the draft at: http://www.socialworkers.org/practice/standards/0305Review/default.asp