

57. Example of Final Essay: “Not My Mother”

**Not My Mother:
A Look at Family-Centered Practices
in Rhode Island’s Child Welfare System**

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Kayla¹ comes kicking and screaming. She doesn't want to get in the car, doesn't want to be strapped in the car seat she's rapidly outgrowing, doesn't want to drive someplace far away with unfamiliar people and have to strain her neck to watch her mother disappear through the glass. She can't understand why we're making her go.

But every week, the routine continues. Like clockwork, Kayla is taken from this mother, the one who has cared for her for as long as she can remember, and brought to see her other mother – her “real” mother, whatever that might mean. She knows that the woman we take her to see is connected to her in some way, but whatever that way might be is entirely irrelevant to a three year old. What matters to Kayla is not who gave birth to her – that role, however meaningful, is time-limited. It is her foster mother, Susan, who has fed her, talked to her, comforted her, taught her how to blow kisses from the palm of her hand and jump on autumn leaves to hear that satisfying, brittle crunch. When she cries, which is rare for her, it is Susan she looks for.

Andrea was eighteen when she had Kayla, just aging out of the foster care system herself. She had been AWOL on and off, running away repeatedly from group homes, and had been homeless for several months. Some nights she crashed with friends, or friends of friends. Some nights she didn't sleep at all, just kept walking until daylight when she'd stretch out in a park. She met Chris, Kayla's father, one day while roaming around downtown, and moved in with him that same night. Two months later she was pregnant. He was seventeen, and living in his parents' basement.

A few months after they brought Kayla home from the hospital, they brought her back again.

¹ All names have been changed.

They reported that she was bleeding from the mouth, but didn't know why. The physician noticed a long, finger-shaped bruise below one of Kayla's eyes. She ordered full-skeletal x-rays and discovered two fractured ribs in the process of healing. It was at this point that DCYF stepped in.

Every Tuesday and Thursday I walk through the big double doors at the Rhode Island Department of Children, Youth and Families at 9 am, and more often than not I turn right back around again and head out with a social worker for visits. Sometimes the visits are routine and uneventful – a quick stop at a foster family's home to have someone sign some paperwork, a meeting with a group home supervisor to discuss a child. Other times I leave feeling overwhelmed, unable to process the encounters of the day, slow to find words for what I've seen. These are usually the days that I meet the children themselves, the days their stories become real, the days they stop being notes in a case file and turn into real faces with real pain, real voices with real things to say – or not say. These are the hardest days, but also the best. It is on these days that I feel I get the most honest picture of what is happening within “the system,” that I see, at the most basic level, whether or not things are working.

I've worked with five social workers and have encountered about 15-20 cases in all, some of which I followed throughout the semester, some of which I only came across once. Usually I am in and out of the office, and, incidentally, in and out of these children's lives. I can see how easy it would be to feel inconsequential in this job; progress comes in baby steps, or not at all. But sometimes the most important decisions, and the most far-reaching, are the ones that don't seem to be decisions at all, at least not in the current framework. At DCYF and at virtually every child

welfare agency in the nation, the primary goal is to keep families intact – to avoid removing a child, and to bring her back as soon as possible if she is removed. The “decision” seems not to be whether a child should be left in the home, but whether things are bad *enough* to necessitate taking her out; not whether a child should be reunited with her family, but whether her parents have really proven themselves to be *beyond* recourse. It is less a question of what ought to be done than what really can’t be avoided. Unless something extreme happens, the natural course of action – the default pathway – points toward family preservation.

The problem is, in many cases – and in most of the cases I’ve tracked – family preservation is not in the child’s best interest. Yet concern for the child’s well-being takes a back seat to keeping the family together.

Jackie is three years older than I am, and looks thirty-five. She has had four children and is addicted to methadone, having recently overcome a long battle with heroin. She tested positive for cocaine once during her most recent pregnancy, and though the baby tested negative at birth two months ago, Jackie’s case reopened to the Department. I say *re-* because Jackie has been in the system almost all her life, and has become somewhat notorious among DCYF social workers; she’s had so many of them, they sometimes reminisce about her on the elevator.

Jackie entered foster care when she was six months old, and was placed with her paternal grandmother. When she was six years old, her grandmother died and she was shuffled among various non-kin foster homes until age thirteen. At this point, an uncle stepped forward and offered to take her in, and she was placed in his care. A year later, she gave birth to her first

child, whom she immediately gave up for adoption. She remained with her uncle until she aged out of the system, despite suspicions at DCYF that he might have been sexually abusing her. “Nothing was ever filed because there was never any real evidence,” one of her social workers tells me with a shrug. “But sometimes... sometimes I think you can just tell.”

Before her case as a youth could close, she was again involved as a parent. Her second son, Andrew, was immediately placed in non-relative foster care after testing positive for cocaine at birth. He returned to Jackie within a year, after she had undergone substance abuse treatment and parenting classes. The following year, Jackie gave birth to a daughter, Chloe, who also tested positive for cocaine. Like her brother before her, she, too, was immediately placed in a non-relative foster home, where Andrew followed her soon after. At this point, Jackie was evicted from her apartment and dropped out of contact with DCYF. Just under a year later, she called her social worker. She and her boyfriend Mark, Chloe’s father, had just spent a long winter living in a van in an alleyway. Both were unemployed, addicted to heroin, and desperate to turn their lives around. They wanted the kids back.

Since the children had not quite been in care for a full year, a Termination of Parental Rights had not yet been filed. According to Rhode Island policy, a permanency hearing must be held within twelve months of a child’s entry into state care to address whether the child can be returned to her parents and, if this is not possible, whether the Department should move forward with a TPR.² Once these twelve months have elapsed, efforts are supposed to be made to move the child out of foster care and into a permanent home. However, in order for the Family Court to

² Termination of Parental Rights, Rhode Island Department of Children, Youth and Families, Policy: 1100.0020

consider a TPR, DCYF must prove that it has made “reasonable efforts”³ to reunify, including the provision of appropriate services to the birth parents. Since no one had known where to find Jackie and Mark, no services had been provided to them, so the case was stuck in limbo.

With the help of DCYF, Jackie and Mark entered a drug treatment program, took parenting classes, found housing and jobs. Eventually, both consistently tested negative for drugs and DCYF determined that they were stable enough for reunification. Just in time for Christmas last year, Andrew and Chloe were removed from their foster homes and returned to their mother (and, in Chloe’s case, her father as well). Jackie’s social worker triumphantly closed the case shortly thereafter, optimistic about the future.

Now, sitting in Jackie’s living room, I question whether reunification was the best decision. Her new baby is doing very well with her - she came home with Jackie immediately after birth, and they seem to be strongly attached to each other already. However, since the older children were both removed at birth, Jackie never had time to bond with them during their crucial early months. The children, now five and three, seem strangely detached from their mother and somehow out of place in their own home, lingering listlessly in doorways, cautiously approaching Jackie only when she beckons them. Indeed, she pays little attention to them during our visit. She sits hunched forward in a chair, her eyelids drooping, her hands twitching nervously.

I believe that Jackie cares very much about her children, and that she’s trying very hard to do what’s right by them. She alludes to her own childhood, her own displacements, and it’s clear

³ Termination of Parental Rights, Rhode Island Department of Children, Youth and Families, Policy: 1100.0020

that she doesn't want her kids growing up the way she did, bouncing among foster homes and never knowing their birth parents. However, I'm not so sure that bringing the kids back to Jackie was doing right by them. She can't quite seem to make herself feel like a mother to the older two, and admits to sometimes feeling unsure how to treat them, as if she doesn't know them at all, as if they're "strangers."

She has made tremendous progress with her substance abuse problem, and although the very reason her case is open now is the positive screening she had during pregnancy, there is a good chance that that test was erroneous. She had regular drug tests throughout her pregnancy – not at the behest of the Department, but by her own request, as her own method of keeping herself in check. She consistently tested negative; in fact, two days before the positive test, she tested negative, and two days after it, she tested negative again. At any rate, her commitment to rehabilitation is clear, and her commitment to being a mother seems clear, too – at least, her intentions do, whether or not they are carried through in action.

Jackie's social worker tells me in the car afterwards that this is going to be an open-and-shut case. The children are all clean and neatly dressed, well-fed with no signs of abuse. There is no reason for removal.

I agree with both of these statements. From what I could tell, all three children seemed healthy and safe. And I certainly don't think that removing the kids now would be beneficial to them – Chloe has already gone through separation from a foster home once, and Andrew twice. But according to the notes in their files, both were well-bonded to their foster parents, and both were

described as happy, secure, and on-schedule developmentally. They were in the same placement together for almost two years during the time that Jackie and Mark were first homeless and later in substance abuse treatment. Their foster parents would have adopted them.

Now, instead, they are both having behavioral problems in school, and have shown developmental delays. They are safe from physical harm in Jackie's home, yes, but is this good enough? They are with their "real" mother, yes, but what does that even mean? Neither of the children remembered Jackie when they were reunified, and both suffered from nightmares, bedwetting and other signs of separation anxiety. Jackie seems to want them because they are hers, but her relationship with them appears indifferent at best. They seem to be ignored more than anything else, and they have learned to adapt: their little bodies walk about self-consciously, straining to be invisible. I picture them growing up like that, ghosts in their own home, and I can't help but feel that they would have been better off being adopted.

According to the Rhode Island Child and Family Services Review released in July 2004, DCYF fails to meet a number of federal standards regarding permanency and stability for children in foster care. Among the problems described, are a failure to achieve children's permanency in a timely manner⁴, a failure to provide adequate consideration and services to meet the mental health needs of children⁵, and a significant lack of post-reunification supports.⁶

Jackie's case exemplifies all of these problems. Andrew and Chloe languished in foster care for two years before finding permanency, and were essentially put on hold while their parents

⁴ Final Report: Rhode Island Child and Family Services Review, July 21, 2004,3

⁵ Final Report, 8

battled their drug-addictions. It is admirable that Jackie and Mark have been able to make the amount of progress that they have, but that progress didn't come quickly, and in the meantime their children were growing up fast and forming new attachments. It is unfair to make children a sort of reward for their parents' recovery; the children's best interests must be central to decisions regarding their placement, and even the passage of one year can dramatically change what is best for a child. In their 2004 study on permanency planning for children in foster care, Yvon Gauthier, Gilles Fortin, and Gloria Jéliu came to much the same conclusion:

[T]he best interest of the child is to stay with the foster parents once they have become the "psychological parents." We have come to realize that the biological mothers have lost the opportunity to become the child's actual parent during crucial early years in which the "child's time" to develop attachment is so short and specific. It is difficult for us to accept that the child becomes the "prize" of his mother's rehabilitation... We believe it is essential for these mothers to give permission to their child to stay and be happy with the foster family and not feel guilty about it.⁷

Andrew and Chloe's mental health needs were not addressed – they had formed meaningful bonds to their foster parents, and could have been adopted by them. Instead, they were exposed to the trauma of separation from the only parents they had ever known. This could cause lasting psychological damage, a cost far too dear to pay merely for the sake of preserving biological ties. And because they are in their birth home, DCYF does not offer them the same services, such as

⁶ Final Report, 6

⁷ Gauthier, Yvon; Fortin, Gilles; Jéliu, Gloria. Clinical Application of Attachment Theory in Permanency Planning for Children in Foster Care: The Importance of Continuity of Care, *Infant Mental Health Journal*, Vol. 25, No. 4, 2004, 393.

counseling and educational advocacy, as it does to children in foster or adoptive homes, so they do not have the same resources for progress as they would have otherwise had. As a result, Andrew and Chloe may never resolve or mitigate their mental and emotional turmoil, and may encounter more and more difficulty in school.

When she was twelve, Crystal's mother began prostituting her out to drug dealers as payment. She dropped out of school just before the end of eighth grade, and tried several times to run away, unsuccessfully. Her mother abused her physically, and the men that came in and out of the house continued to abuse her sexually. Finally, when she was seventeen, she ran away for good, going off to live with her boyfriend in a different city.

But many who are victimized as children end up victimized as adults, and Crystal was no exception. Her relationship with Eddie was explosive from the beginning, and Crystal kept showing up at the emergency room after particularly bad bouts of violence. She and Eddie had three children together: Emily, Eddie Jr., and Mandy. Though their case was unknown to DCYF at the time, Crystal later reported that Eddie's temper boiled over onto the children as well, and she couldn't protect them from his beatings.

When Crystal was twenty-two, Eddie left her and the kids. For the next year, she took care of them on her own, living off of welfare benefits. Then she met Dario, and they were married soon after. With Dario she had three children: Dario Jr., Sylvia, and Nathan. Dario proved to be no better than Eddie in terms of his habits of domestic violence, and DCYF began intervening. All six children have been in and out of foster homes at some point, and Sylvia and Nathan have

spent almost their entire lives in care. Both Crystal and Dario struggle with substance abuse problems, sometimes accepting the treatment DCYF offers, sometimes not.

Just after Crystal found out she was pregnant with her seventh child last year, she and Dario got into an argument. He didn't hurt her because of the baby, but he threatened her and scared her enough for her to get a restraining order brought against him. The youngest three children were placed in foster care. Crystal took the older kids with her to Sojourner House, a battered women's shelter that provides counseling and prenatal care and helps victims of domestic violence transition to independence.

Now, with the help of Sojourner House, Crystal is living in a subsidized apartment with Emily, Eddie Jr., Mandy and her new baby Caleb. She is still unemployed and is struggling with her substance abuse treatment program. Emily and Eddie Jr. both have serious behavioral problems in school and Mandy has been diagnosed with a number of developmental delays and psychological disorders. Crystal is taking parenting classes, but is having difficulty disciplining the kids, providing them with adequate nutrition, and getting them to and from school. She continues to see Dario on and off, despite the restraining order.

The other three children are still living in the same foster home that they have been in for about eight months. Their foster parents would like to adopt them, but Crystal adamantly opposes this, insisting that she can handle all seven children by herself. Since Crystal was never directly involved in any abuse or neglect charges, and since she has so far followed the treatment program set out for her, DCYF cannot act to terminate her parental rights.

Dario Jr., Sylvia and Nathan may very well be returned to live with their mother, though this is probably not in their best interest. A recent study by Heather Taussig, Robert Clyman and John Landsverk found that youth who return to live with their biological families after placement in foster care have more behavioral and emotional health problems than youth who do not. The study followed children for six years beginning at the time they entered foster care, and compared the children who were reunified with their parents against those who were not. Controlling for initial behavioral functioning, reunified youth were more likely to engage in self destructive or suicidal behaviors as well as substance use. They were also more likely to have engaged in delinquent or violent behavior, including being arrested, dropping out of school, and receiving lower grades. Finally, reunified youth had more current problems in internalizing behaviors, total behavior problems, and total competence.⁸

The research suggests that the factors leading to the youths' initial removal – namely, inadequate parenting – were still present when the youth returned home. Although it was Dario who physically abused the children, Crystal is suffering with a number of problems that seem to be impairing her parenting. If she is struggling to care for four children now, seven children seem like a sure recipe for trouble. And because DCYF does not provide adequate follow-up services to families with children who return home, the problems that are happening now could easily escalate. Moreover, Crystal admits that she has maintained contact with Dario, putting the children at risk for further abuse.

⁸ Taussig, Heather N.; Clyman, Robert B.; Landsverk, John. "Children Who Return From Foster Care: A 6-Year Prospective Study of Behavioral Health Outcomes in Adolescence," *Pediatrics*, Vol. 108, No.1, July 2001, 111-112.

While decisions to reunify children are based on the assumption that the problems that caused the initial removal have been solved, studies have found high rates of recurrent abuse and neglect among those returning home after placement.⁹ In fact, roughly one-third of all children reunited with their parents later reenter foster care, usually because of repeated abuse or neglect, or because their parents have not fulfilled the minimum requirements imposed as a condition of the child's return home.¹⁰ In Rhode Island, 58% of cases involve recurrent maltreatment within a 6-month period. Of the children leaving foster care, 19% re-enter within 12 months.¹¹ If Dario Jr., Sylvia and Nathan return to Crystal, they may slip back into the same on-again off-again pattern of foster care placements as before.

One day, almost two years ago, Ana and Ramon's mother dropped them off at their grandmother's house and said she'd be back soon. She took a plane to Las Vegas and has been there ever since, returning once just long enough to collect some things and stop by briefly to see the kids. Just long enough to tell the children stories of the opulent city she'd run away to, and promise to return for them soon so that they could begin their new life together.

A year passed, and it became clear to Elena, the grandmother, that the children's mother wasn't coming back. She called DCYF to report the situation and to try to get some kind of legal status over the children. Their father, Saul, had just been released from the ACI where he'd served a sentence for drug-related charges. He knew the children were with his mother but he avoided contact with them and showed no interest in obtaining custody of them. When he did see them, it

⁹ Taussig et al., 113

¹⁰ Bartholet, Elizabeth, *Nobody's Children: Abuse and Neglect, Foster Drift, and the Adoption Alternative*, Beacon Press, Boston, 1999, 83.

¹¹ Final Report, 14

was because he needed a place to spend the night, or because he wanted to borrow money from Elena.

Now, another year has gone by, and Ana and Ramon, ages seven and five, have been living with Elena for nearly twice the time normally allotted before DCYF is required to either reunify a family or terminate parental rights. However, DCYF measures children's time spent in placement from the point when the state becomes involved, even if the child has actually been in care much longer. Since then, the children have had ongoing counseling at Children's Friend and Services, and while they have struggled to overcome the trauma of losing their mother twice - first when she left them initially, again when she made them believe she was coming for them - they have adjusted well to their new home, and are very attached to Elena, according to their psychological evaluations. Although DCYF offered substance abuse treatment, counseling and parenting classes to Saul, he consistently refused the services and avoided contact with the Department. He has no address and no telephone, so messages to him are relayed through Elena, who sees him only intermittently. Earlier this month, Laura, the social worker on the case, began to talk to Elena about finding permanency for the children. She told her that since it was now almost a year since the case opened, the Department was preparing to file a TPR.

When Elena told this to Saul the next time she saw him, he was furious. He said he wouldn't sign away his rights to his children, and suddenly, for the first time, he told Elena that he wanted his children to live with him. She told him to call the Department, and he came in the following week for a meeting.

In a small office so cramped that it's hard to cross your legs without ending up in someone else's lap, Saul makes his case, which is basically this: I'm their father, the kids should be with me.

Laura nods: Of course. She asks how often he sees Ana and Ramon. Saul is unfazed: every week, he says, every week. When Laura points out that that Elena claims he comes by only every four or five weeks at best, Saul is quick to qualify himself: I come when I can, whenever I have the time.

“Do you spend time with the children when you go to Elena's house?”

“Oh yeah, yeah. They like me. They think I'm funny. They get all excited when they see me.”

“Do you think they understand why they're living with Elena, and not you?”

Saul shrugs.

“Where are you living right now? Do you have a home for them?”

At this, Saul looks down at his fingernails. “Right now I'm kind of... between apartments.”

“Where do you sleep?”

Another shrug. “Around.”

“Where would you live if you had the children?”

“Oh, I’d get a place. I could find a place for us.”

“Well, we would probably be able to help you a little bit with that, but you’d have to be able to show that you can do it, that you can raise these kids.”

“Oh, I can do it. I’m their father. I can handle it.”

The rest of the conversation follows the same general pattern. Saul is evidently quite taken with the idea of stepping up to the plate, taking charge, being the hero. And indeed, it’s a noble choice – countless other fathers shirk responsibility for their children and would jump at the chance to have their legal obligations wiped out. Laura seems quite pleased and eager to begin planning reunification, busily calling in referrals for services and setting up appointments for Saul. But I am both impressed and unconvinced. The children have been with Elena for two years – they know her and trust her and seem to be quite bonded to her. Saul is a transitory figure in their life, someone they never knew during their earlier years, when he was in prison and who now shows up inconsistently, spending little time with them and never until now expressing interest in becoming a full-time parent. Ana and Ramon may be happy when they see him, but who wouldn’t be happy to see someone who’s become a fantasy – the mythical “father” that they can pin all their expectations and idolatry on? Interacting briefly with children that aren’t yours to care for is very different than raising them round the clock.

This is not to say that Saul couldn't do it; he may very well be serious about fatherhood, serious about substance abuse treatment, serious about parenting classes. He may be dedicated and committed and ready to parent these children six months down the line, when the case comes up in court. But whether or not he is, moving the children to live with him involves one more traumatic separation, and this one isn't necessary. They aren't at risk or in danger with Elena; they are doing well in school, they're progressing developmentally, they haven't had any major behavioral or emotional problems. To take them now, from this stable environment, and move them in with someone they hardly know jeopardizes not only their mental and emotional well-being, but also presents the possibility of yet another removal, if Saul later shows himself "unfit" to parent.

This case echoes the others: children need stability, continuity and permanency. They need a parent not in name, but in earnest. They need someone who can nurture them, who can provide them not only with physical health and safety, but also psychological well-being. Genetics should not be the qualification to trump all others.

These cases are just a cross section of the narrow scope that I encountered, yet the families they describe suffer from problems that are typical of many – if not most – in the system. Nearly all of the families are among the poorest of the poor; nearly all have struggled with substance abuse problems. Nearly all have been involved with DCYF more than once; indeed, most of the mothers and fathers with children in placement were themselves in placement at one point. The abused become the abusers, the victims the victimizers, following suit in a cycle of violence. The state is failing as a parent.

Many of the problems are deep-rooted. Poverty itself does not give rise to abuse and neglect, but poverty combined with other social forces may. Residential segregation and social isolation, unemployment, substance abuse, domestic violence, poor educational opportunities – these issues have broad ramifications for our nation’s children. Changes must be made on a structural level towards greater equality, so that being born poor is not an automatic ticket into the child welfare system.

But in the meantime, children’s lives and futures are at risk. We need to do all we can to prevent the cycle from continuing, to prevent DCYF children like Andrew, Chloe, Emily, Eddie Jr., Mandy, Dario Jr., Sylvia, Nathan, Ana and Ramon from becoming DCYF parents. We need to make decisions that are in their best interest – with not only their immediate physical health and safety in mind, but also their long-term mental and emotional well-being. Often times, their best interest may be staying with their family, and in such cases great efforts should be made to keep or return them there, and to provide extensive services to facilitate positive change. But when a family’s problems are chronic and pervasive, or when children have already been moved from the home and have become attached to new caregivers, forcing a broken family back together may not be the right thing – there may not be much of a family left to fix. It is in cases like these, cases like the ones described here, that children are better off outside their birth home. They are better off outside the cycle.

After doctors discovered her fractured ribs, Kayla was placed in non-relative foster care and her parents were indicted for abuse and neglect. She was returned home a month later, after Andrea and Chris finished the parenting classes DCYF referred them to, began to search for employment

and registered with Project Family. This program offers intensive case management services to young mothers and sends a registered nurse each week to the home to examine and weigh the baby and to teach proper feeding and care techniques. However, several months later Andrea and Chris had stopped cooperating with the program and continued to be unemployed. Kayla was again removed from their care and placed in a new foster home – Susan’s home.

She has remained with Susan since then, though Andrea and Chris were awarded 4 hours of visiting time per week, divided into two 2-hour blocks. Andrea usually shows up to one of the visits, or goes to both but leaves early each time. Chris almost never comes. The two of them have broken up recently, dissipating whatever desire Chris might have had to reunify with Kayla. “If I can’t have Andrea, I don’t want Kayla,” he says during one visit without Andrea. “I only wanted her because I thought she would keep me and Andrea together.” But when asked if he wants to give up his rights to Kayla, he demurs.

Andrea, too, is disinterested. She’s dating someone new, and cancels visit after visit so that she can see him instead. During the visits she does attend, she has trouble focusing on Kayla and spends more time talking to her social worker than playing with her child, despite the social worker’s best efforts to help them bond. Andrea makes vague comments about wanting to take Kayla home with her and move in with her boyfriend and his son, but when asked why she hasn’t followed through with the services that can help make reunification happen, she doesn’t have an answer. Instead she says things like, “Kayla doesn’t like me anyway.”

The goal in the case, however, continues to be reunification.

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