THE YOUNG BLACK MALE IN FOSTER CARE:
THE ST. VINCENT'S HALL EXPERIENCE

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ABSTRACT

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The Young Black Male in Foster Care: The St. Vincent's Hall Experience

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The primary intent of this thesis is to examine foster care services. An attempt has been made to study, from a dual perspective, the relevance of discharge and the relevance of foster care services for Black children and the Black community.

Juvenile boys are increasingly exhibiting behavioral problems such that the family is having to look outside of the nuclear and extended units for supportive alternatives. While the intent of the thesis is to examine discharge and Black children in foster care, the major concern is the institutionalization of Black males and the impact this syndrome is having on the Black community.

After beginning with a brief history of foster care and a selected review of the literature, the thesis focuses on the central topic: the study of a sample discharge group from a foster care institutional residence program in New York City.
The main source of information was the agency's population information forms.

The separation experience was chosen as a focus of study for two reasons. First of all, the discharge experience can be a traumatic and confusing episode to adolescents who have developed a psychodynamic profile that makes them dependent on institutional living. Secondly, this examination will begin to draw attention to the effect the foster care experience has on their future development and the impact the system has on the Black community. It is therefore imperative to begin on examination of what happens to adolescent Black males when they leave foster placement.
# TABLE OF CONTENTS

INTRODUCTION ........................................... 3

Chapter

I. FOSTER CARE: AN OVERVIEW ......................... 8
   The Development of Child Welfare Services in the United States ........ 8
   A Description of Foster Care .......................... 10

II. LITERATURE REVIEW ................................. 19
   Introduction ...................................... 19
   The Discharge Phenomenon .......................... 21
   Black Children in Foster Care ...................... 32
   Conclusion ...................................... 36

III. ST. VINCENT'S HALL ............................... 39
   History ........................................... 39
   Organizational Components ......................... 40

IV. INSTITUTIONAL RESIDENCE PROGRAM ............... 45
   Basic Characteristics of the Population ............ 45
   Services ........................................... 50

V. STUDY OF FACTORS RELATED TO DISCHARGE ....... 61
   Total Group ....................................... 62
   Sample Study Group ................................ 64
   Case Illustrations .................................. 74
   Analysis of Discharge Data ......................... 86

CONCLUSION ............................................. 96

BIBLIOGRAPHY ........................................... 102
INTRODUCTION

The purpose of this study is to examine foster care services from the dual perspective of
(1) factors related to discharge, and
(2) the relevance of foster care services for Black children and the Black community.

In examining the foster care system, the issue of discharge is salient because it reflects the effectiveness of the entire foster care process. It addresses the questions: What happens to children as a result of their foster care experience? How were they affected by their foster care experience? It provides a point from which to examine the cause, process, and impact of foster care placement.

While the primary focuses of the study are discharge and Black children in foster care, the underlying concern is the institutionalization of Black males and the impact this development is having on the Black community. For a plethora of reasons, some of which will be examined in this study, foster care has become the "court of last resort" for poor families, particularly overburdened Black families—usually headed by a single mother—with teenage male children they cannot handle or provide for. Foster care then becomes, for many young Black males, the beginning of a life of institutions, including prisons and mental hospitals. This paper, therefore, is considered a start in looking at the problem of institutionalized Black males via the micro-system of foster care.
In this study, I will first review the historical foundation of foster care and how they are reflected in present practices. The second chapter will provide a selected review of the literature on foster care as it pertains to discharge and Black children. The third chapter will briefly describe the history and organization of St. Vincent's Hall, a multi-faceted foster care agency serving adolescent and young adult males in New York City.\(^1\) This will be followed by a description of the population and services of St. Vincent's Institutional Residence Program, the agency's organizational component with which the paper is particularly concerned.

The final chapter will present the results of a study of discharge at St. Vincent's Institutional Residence Program. It will present data on residents discharged during a 22-month period, case illustrations, and a discussion of the discharge phenomenon. Throughout, the paper will reflect how various aspects of foster care and discharge relate to Black children, particularly young Black males.

Some of the major questions to be raised are: Why are Black children entering foster care in such alarming numbers? How does foster care affect their personal development?

\(^1\)To simplify the writing process, I have referred to the foster care population under examination as "boys," "children," and "youth;" however, I do recognize that they are for the most part adolescents and young adults. Given the age range, it was difficult to find a suitable nomenclature.
Where do they go when they leave foster care? What is the impact of the institutionalization of Black males on the Black community? What changes must be made if foster care is to better serve Black children?

Two major trends are emerging designed to improve the efficacy of child welfare services generally and the foster care system specifically. With the development and implementation of legislation on the national and state levels, as well as local levels, the message to foster care and other child welfare as well as family service agencies is to reduce the numbers of children being placed in foster care and to return the child to the home as quickly as possible should placement be necessary. (Among the charges levelled at foster care is that it tends to "lock" children into the system for the financial advantage of the agency.)

In New York State, on July 11, 1979, Governor Hugh Carey signed into law the Child Welfare Reform act of 1979, which has been referred to as "landmark" legislation. The purpose of this Act, as summarized in the Governor's message, was to the following effect:

While the emphasis (of the Act) on preventive services will reduce the number of children who require placement out of the home, the legislation supports and directs efforts at assuring that all foster care placements made are necessary and appropriate and will assist in the development of standards which will provide guidance to local districts as well as providing criteria for evaluating their performance. (2)

In addition, the law

... codified existing state administrative guidelines for the development, implementation and review of goal oriented services planning for children being considered for or placed in foster care.....(3)

The current focus on preventive services and permanency is a result of growing public concern regarding the role and function of foster care. Preventive services are those given to the family to keep a child out of placement by community resources. Permanency relates to discharge out of foster care into a viable situation, whether with the family or to independent living.

Another charge levelled at foster care in New York City is that it is discriminatory against Black and Hispanic children. Setsuko M. Nishi, in a study sponsored by the Metropolitan Applied Research Center, Inc., examined the "religious matching" criterion as it affects minority children. Among her findings were:

The selection criteria used by private agencies are most restrictive for children with the greatest needs, i.e., Black and Hispanics.

The City's direct care facilities tend to be racially segregated. They are the repositories for the children rejected by private agencies, who tend to be Black and Hispanic.

Black children with the greatest needs are in the Protestant sectarian agencies, which have the most critical shortage of services.

Less money is spent per child on Black children than on other children.

\[\text{Ibid.}\]
Minority children stay in care longer because they are placed where there are fewer resources to return them to their families or to place them in an adoptive home.

Among her recommendations was the following:

The adequacy and appropriateness of services that are purchased with public money should be monitored to eliminate the unconscionable inequalities created by sectarian division and division by race that are inherent in the current system. (4)

Whereas all forms of foster care are being carefully scrutinized (i.e., foster boarding homes, agency group homes, and institutional residences), the institutional divisions are receiving the most attention and criticism. Most of the clients in institutional settings are Black adolescents. And most of these placements are for long-term care, which has been viewed as damaging, unstable, and counterproductive. As a result, these adolescents develop a psychodynamic profile that makes them dependent on institutional living, perpetuates a self-destructive syndrome, and renders them incapable of autonomous functioning.

It therefore becomes not only important, but imperative, to begin an examination of what happens to adolescent Black males when they leave foster placement, as well as their experiences while in placement. An awareness of this problem will, hopefully, cause the development of more adequate resources and responses to the special needs of Black men.

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CHAPTER I

FOSTER CARE: AN OVERVIEW

The Development of Child Welfare Services in the United States

The child welfare system in this country has progressed from the early voluntary efforts of individuals and communities to a vast array of services administered through public and private social agencies and staffed by professional social workers. According to Billingsley and Giovannoni:

. . . the philosophy . . . brought to America by the English colonists meshed with factors inherent in the colonization of a new land to shape the nature of child care in this country far beyond the colonial period. This constellation of factors has not only strongly influenced the development of child welfare in America, but even today has direct implication for the situation of Black child welfare. (1)

Billingsley and Giovannoni cite four factors that strongly influenced the evolution of child welfare services:

1. Since it was believed poor children came from inadequate families, it was felt best to take them out of their homes in order to instill values for industry and thrift and thus prevent another generation of indolents.

2. The desire for religious autonomy caused each religious sect and denomination to have an enormous stake in seeing that children not adequately cared for by their parents were placed under its control, thereby planting

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the sectarian roots of the child welfare system. Costin notes that child care programs established under religious auspices "combined religious duty and missionary zeal, lack of individualization of children, hard daily work for the children . . . and little chance of enduring individual relationships to particular adults."

3. Because the early settlers were predominantly English, the early philosophy of child welfare was deeply ethnocentric.

4. Ironically, the institution of slavery retarded early reforms in child welfare practices for white children. Slavery served as a social barometer: whatever abuses existed in the treatment of white children could be rationalized by the notion that they were still treated better than Black slaves. (2)

Indenture was one of the earliest forms of caring for destitute children—Black as well as white. This was a system in which one person bought or contracted the labor of another for a specified period of time. It served two basic purposes: to fix responsibility for the support and care of a dependent child upon some person or family, since it was considered important that every person be attached to a family and have legal settlement in some town or place; and to give training for work. Costin notes that "a period of history when there was much work to be done for survival and growth of the country required most persons to acquire some skills or occupation." (3)

Another form of care for dependent children was the almshouse, an institution that served indigent adults as well as children who had no parents or whose parents could not care

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2 Ibid., pp. 22-23

for them. Almshouses soon lost support, and efforts began to focus on taking care of children in special institutions.

During the early part of the nineteenth century, public and private agencies began to set up institutions for special classes of children (the blind, deaf, mentally deficient, and deliquent), including orphanages for dependent children. These institutions were seen as preferred alternatives to almshouses. However, many were grossly inadequate in their living conditions and care, and many children died. Nonetheless, according to Costin:

The trend toward orphanages grew, however, not only because of continuing dissatisfaction with the public almshouses, but also because of the emerging practice of awarding assistance from the public treasury in the form of subsidies to voluntary agencies.\(^{(4)}\)

Around the age of twelve, the children usually left the orphanages to become indentured servants.

A DESCRIPTION OF FOSTER CARE

Costin defines foster care as "full-time care, twenty-four hours a day, outside the child's own home. This care may be given within a foster family home, an agency group home, or an institution. In contrast to adoption, foster care implies a temporary arrangement—an expectation that the child will be enabled to return to his parents' home or be discharged from agency care when he reaches legal maturity." \(^{(5)}\)

The foster care movement was begun in New York City in

\(^{4}\)Ibid., p. 325.

\(^{5}\)Ibid., p. 321.
1853 by Charles Loring Brace. Because of his concern about "the increasing crime and poverty among the children of New York City," (6) Brace often took large groups of city children into rural areas where they were placed in the homes of farmers and tradesmen.

Originally, needy or homeless children were placed with families where they were expected to perform some type of labor. The placement was expected to continue until the child reached adulthood. This first form of foster care (called "free foster care" since the families did not receive a subsidy) was in actuality a form of indenture, except that it did not make use of a contract. It remained the major non-institutional form of placement until well into the first half of the twentieth century.

The foster boarding home—an arrangement in which foster parents are paid for the expense of caring for children—was established during the first half of the twentieth century. In the 1920's, foster boarding homes began to replace both orphanages and free foster homes as the preferred method of care for children who had no parents or who had to be removed from them. According to Billingsley and Giovannoni:

... the development of the foster-home form of care and its eventual replacement of institutional care in orphanages were eventually beneficial to Black children. The foster-care system, despite its exclusionary beginnings, has been more open to Black children than the institutional system of care.(7)

6 Ibid., p. 325.
Foster care institutional programs are an amalgam of the orphanage concept and the foster home concept and provide an alternative to foster boarding homes. These institutions have grown in favor for several reasons, of which two are predominant: (1) the shortage of good foster family homes for children and (2) the recognition that living in an institution is not necessarily harmful and indeed may be the best arrangement for some children.

Of particular interest in relation to Black children and child welfare services are the following facts presented by Costin pertaining to the characteristics of children in institutional care (including correctional facilities, institutions for the mentally retarded and emotional disturbed, as well as foster care facilities):

Nonwhite children are more likely to live in an institution if they need out of home care; although they make up 13 percent of the nation's children, they comprise 20 percent of the children living in institutions. Furthermore, nonwhite youth who live in an institution are apt to be in a correctional one; half of all nonwhite children in institutions are apt to be in a correctional one as compared with one-fourth of the white children. Institutions for the mentally handicapped have also experienced a rapid growth in their nonwhite population—three times the increase for white children. In mental hospitals, however, the percentage of white children has increased substantially more than for nonwhite children.\(^8\)

These figures are disturbing and point to the need for extensive research into the causes and ramifications. One social

fact is clear: the increasing institutionalization of Black children.

The third type of foster care setting--agency group homes--was developed as an alternative foster care arrangement for children whose characteristics made them unsuitable for either foster family homes or foster care institutions. This alternative was begun early in the twentieth century but did not become well established until the 1930's. It attempts to provide some of the experiences and encourage values found in a family setting. While agency group homes are used primarily for adolescents, they do have, according to Costin, "special usefulness for the needs of different kinds of children." 9

**Definitions of Foster Care Facilities** 10

**Foster Family Care**

Foster care provided in a resident owned, leased, or otherwise under the control of a single person or family who has been certified by an appropriate agency to provide such care for not more than six (6) children.

**Group Home**

Foster care provided in a family-type home for the care and maintenance of not less than seven (7) nor more than twelve (12) children who are at least 5 years of age, operated by an authorized agency, in quarters or premises owned, leased, or otherwise under the control of such agency.

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9 Ibid., p. 351.

Institution

Foster care provided in a facility established for the 24-hour care and maintenance of at least 26 children, operated by a child care agency.

Citing a study by Herstein that compares the characteristics of foster family homes, institutional foster care, and group homes, Costin states:

Foster homes rely upon the family model, utilizing already existing relationships and established rules, expectations, and prescriptions for living which have been worked out, often unconsciously, by family members; communication within the family is highly informal. The institution relies upon the artificial group model; the child care staff are salaried employees without previous relationships to each other, and they work designated hours and alternate their responsibilities with relief staff; communication among staff members tend to be planned and formal. Even though group homes may emphasize family features in certain living situations, Herstein classified them as modeled primarily on the image of the artificial group. (11)

(Emphasis mine.)

Placement Guidelines

When a child is referred for placement in foster care, the primary goal is to make a correct decision as to what form of care is the best alternative for the child to improve his or her opportunities for physical, intellectual, social, and emotional growth. Although there is little empirical data to support decisions in selecting foster care facilities, certain guidelines generally pertain in choosing between foster home, an institution, or a group home.

The following table, based on material presented by Costin, describes criteria to be used in determining the most appropriate type of placement for a child in foster care. Costin notes, however, that despite these guidelines,

... decisions as to the choice of foster care facility are often determined by practical realities, e.g., what is available, expressed preferences by the child's own parents, cost factors, court preferences, or placement patterns in particular agencies ... Even when the decision is to use a foster home over an institution, the selection of a particular foster home with any degree of reliable prediction of outcome is highly complex. (12)

From their inception, child welfare services historically have attempted to deal with changing social and economic conditions in the United States and the effect these conditions have had on children and families. The progression from indenture, to almshouses, to orphanages, to foster care (in its various forms), reflects an attempt to help poor children become non-poors and enter the mainstream of American Society—to become independent, productive citizens.

Unfortunately, these services have consistently lagged far behind the needs. This is because they have been developed only after the need has become a crisis.

In their origins, child welfare services were conceived to take care of white children whose parents were unable to provide for them; their poverty was perceived as a temporary condition. Superficially, these services are an expression of the country's philosophical commitment to care for those 12 Ibid., p. 334.
### Placement Criteria

<table>
<thead>
<tr>
<th>Foster Family Home</th>
<th>Institutional Setting</th>
<th>Group Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred for pre-school age and young children, except those with severe problems requiring intensive special services.</td>
<td>Young children who act out aggressively in ways that are dangerous to themselves or others; display behavior that a family or community will seldom tolerate. Also indicated when there is a lack of community resources, e.g., educational, medical, psychiatric.</td>
<td>Younger children with serious emotional disturbances requiring a combination of special treatment resources and informal home and neighborhood experiences.</td>
</tr>
<tr>
<td>Adolescents who have not reached a level of personality development which causes rebellion against parental relationships; have special needs which are likely to respond to family influences; as a transition or interim step between the institution or group home and independent living or a return to the biological family.</td>
<td>Adolescents who cannot adjust to family living or are trying to free themselves of close family ties; who will respond positively to peer influences and group experiences. Also indicated for adolescents whose parents refuse to accept family foster homes because they are threatened by seeing other adults (&quot;parents&quot;) succeed where they have failed.</td>
<td>Adolescents with serious unresolved conflicts in relation to parents that make it difficult for them to accept the traditional foster setting; yet they need an opportunity for more informal living and casual community experiences than available institutions permit.</td>
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<tr>
<td>Groups of siblings. (It is hard, however, to recruit foster parents who will accept several children at once.)</td>
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<td></td>
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</tbody>
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13 Ibid., pp. 333-334; 350-351.
Placement Criteria (Cont...)

<table>
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<tr>
<th>Foster Family Home</th>
<th>Institutional Setting</th>
<th>Group Home</th>
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</thead>
<tbody>
<tr>
<td>Emotionally disturbed children who require close relationships in conjunction with a lengthy period of therapy.</td>
<td></td>
<td>Adolescents who need a transitional experience between group living and discharge into their homes or on their own.</td>
</tr>
<tr>
<td>Physically handicapped children who require highly individualized care and meaningful relationships.</td>
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least able to care for themselves, i.e., poor and dependent children. In effect, they reflect a continuing Puritan ethic which holds that poverty is a reflection of personal inadequacy. And because child welfare services were never conceived to provide care for Black children who suffer from the twin afflictions of poverty and racism, they continue to reflect the systemic racism that permeates all of the country's institutions.
CHAPTER II

LITERATURE REVIEW*

Introduction

This literature review will focus on some of the major issues of foster care as they relate to the discharge phenomenon and the particular problems of Black youth in the foster care system. Although research reports and public awareness are being intensified such that new information is being generated to account for the system, the body of literature is not as diverse or substantive as in other areas of social service. The foster care system has been in operation since approximately 1853, but hard core study and analysis of the system is only recently beginning to appear. Material on institutional foster care, which is of central concern to this thesis, is particularly scarce.

A review of the literature relative to children in foster care revealed a change in the focus of scientific studies. A detailed investigation of the *Social Sciences Index* of the last five years gave insight into the changing direction of research. Previous studies tended to be descriptive and to concentrate on the reasons for foster care, those children who

*The books referred to in this chapter are listed at the end of the chapter.*
are most likely to experience long-term placement, and changes that need to be effectuated to improve the system.

In recent literature the emphasis has begun to shift from descriptive statements to scientific longitudinal studies and to become more critical of the system, concluding that widespread changes are needed in order to better serve the intended population. In addition, more attention is being directed at preventive services; and reports are being made of how public awareness of the system is generating legislative and social policy to reduce time spent in foster care.

Recent literature on the foster care system has been intended to help workers better understand the system, the clients coming into placement, and alternatives that need to be introduced and expanded in order to reduce the number of children within the system. The reports also reveal how the system functions and the results that are being achieved.

The primary focus of the literature has been on the following areas: pathologies and demographic characteristics of children in foster care; the need for improved services; selection of foster parents; theories and practice of foster care casework; advocacy of rights for children; the "how to" of foster care; and descriptions of how services and agencies operate.

Under the topic of "Institutional Care," the areas of concentration included descriptions of various settings, effects of placement, the need for various alternatives, and the business management policies of the institutions.

Discharge of children from foster care, which is a focus
of this thesis, was not indicated as a separate topic. However, the issue of discharge has begun to appear more frequently in research journals. Some of the titles that illustrate concerns related to discharge are: "Parental Visiting of Children in Foster Care: Key to Discharge;" "Some Observations on Weekend Foster Home Visitations as a Step out of the Institution;" "Status Changes of Children in Foster Care;" and "Discharge Planning in Foster Care Cases Where the Father is the Significant Parent." Despite the growing recognition of the importance of discharge factors as an indication of foster care effectiveness, the issue is more likely to be a part of other studies rather than a specific area of critical focus.

Like discharge, the specific problems of Black and other minority children in foster care have received scant attention in the literature. Much of the material does include references to how the system affects and treats minority children, and the issue of racist institutional policies is referred to often; however, this area has not been defined by writers and researchers as a specific area of focus.

The Discharge Phenomenon

Shapiro describes the historical transition in foster care philosophy and policy thusly:

In the nineteenth century foster care agencies regarded a child's placement away from home as permanent, but during the last half century, with the development of social work as a profession, agencies providing placement have come to set a high value on the reunion of children with their families and profess to support the
natural family unit. Whether such agencies actually work toward the reunification of families is a much discussed question in the child welfare field. (10:1)

The length of time a child spends away from home is considered by most writers as the most critical factor in assessing the effectiveness of the foster care system. It is also the issue for which the system has received the most criticism.

Maas and Engler, who are in the forefront of those studying children in placement, have observed that the length of time it takes to discharge children from care is the major outcome variable. Of course, the length of time in placement is not the sole indicator of an agency's accountability or efficiency in serving the child and family. However, the amount of time it takes to achieve a positive discharge has been gaining increasing support as the primary indicator of foster care effectiveness. This position is underscored by Fanshel when he points out:

The ability to restore children to their families of origin in a society that places the highest premium upon family intactness and upon the rearing of children by their own kin is considered by many persons close to the field to be an important measurement of the efficacy of the foster care system. (3:66)

Fanshel cautions, however, that in the study of discharge, expediency is not the sole indicator: "Some families may be so eroded by social and personal pathology as to constitute highly doubtful resources for their children." (3:66) Despite this warning, however, Fanshel and Shinn reinforce the importance of early discharge to family by stating:

The failure to restore children to their homes contradicts the concept of foster care as a temporary arrange-
ment for children. The failure to remedy conditions which have prompted the need for such care is regarded as a serious shortcoming by many child care experts. Indeed the system of foster care has been severely criticized in New York City as one that tends to lock children into care. (4:113)

Based on their studies of discharge, Maas and Engler have pinpointed some factors that identify children who are likely to grow up in foster care, such as amount of family contact and the family's planning or lack of it for the child's future. (3:356)

Jenkins and Norman found other variables related to discharge and the length of time spent in foster care:

The amount of time children remained in care varied considerably for the different categories of reasons for placement. But there were other important factors, such as changes in the mother's condition, newly volunteered support from family or friends, and help from community and social agencies. The determination of the mother to have her child home was also a key ingredient in the discharge process. (6:29)

Researchers have also identified certain factors that affect the success of discharge and whether permanency is likely to be achieved. As Fanshel and Shinn indicated in their study:

Many questions accompany the termination of placement: Was the child's departure a well-prepared event or did it take place precipitously, with the likelihood that the child would eventually return to care? Did the event stem from action on the part of the parent, child, or the agency? Did the agency support the discharge as being in the best interest of the child?... An important aspect of the discharge phenomenon is the nature of the living arrangements to which the child is being returned; i.e., intact family, extended family, financial stability. (4:145;148)

An examination of the discharge phenomenon provides a basis for assessing the quality of services and the effective-
ness of the system. It highlights factors relative to those in care who will have the most difficulty achieving permanence and helps to identify types of children and problems on which aftercare services should concentrate in order to reduce recidivism or re-entry rates.

The factors most often considered in relation to the discharge phenomenon are:

- reason for placement
- demographic characteristics, i.e., ethnicity, sex, age of entry, birth status, and mode of entry
- discharge status, e.g., to family, to self, to other institution, adoption, etc.
- number of placements
- frequency of parental contact
- effectiveness of planning to achieve permanency
- recidivism or re-entry into foster care.

Some of these factors will be considered below. Ethnicity will be considered separately.

**Recidivism or Re-entry into Foster Care**

Recidivism is gaining increasing support as an area of study relative to discharge. Block advocates the need to identify reasons why some children who are returned home eventually must return to foster care. He notes that "Despite all the mandated safeguards, however, recidivism still occurs. Many children who leave the foster care system return to it, or to the criminal justice or mental health systems." (2:598)

In his review of the literature on foster care, Block cites the Fanshel and Shinn study which found that 10% of the children in their sample returned to care: "Predominant reasons
for the return to care included unwillingness of parents
to care for the child and child behavior problems."(2:598)
The first stage of Block's study focused on the relationship
between the attributes of the child and family and recidivism;
the second stage, which is very much needed, will determine
which aspects of the placement experience are associated with recidivism.

Jenkins and Norman found that a high percentage of those
who returned came back with the same reason as the original
placement. The primary reasons were physical illness of
guardian, neglect, and abuse.

Block found that a factor highly correlated to recidi­
vism is age. He advocated that services be prioritized for
children discharged between the ages of 13 and 15, noting
that this is the group of children with the highest recidi­
vism rate, regardless of other characteristics of the child
and family. Other factors that Block found related to reci­
divism were: family structure, whether there were other sib­
lings in care, and reason for placement. The other factor
that emerged as critical to recidivism is the family's ability
to care for the child after discharge.

Demographic Characteristics
Based on their findings, Maas and Enger identified the
following characteristics of the child who is most likely to
remain in foster care for a long period: below average intel­
ligence, non-white status, Catholic religion, irremediable
physical disability. Because a long-term child was more often
non-white, the authors noted this as "another example of the effects of racism in our society." (8:325)

Prevention

Increasing attention is being given to the need for preventive services to help stabilize and maintain families and thereby reduce the number of children placed in foster care. According to Gaylin et al, foster care placement could be avoided in many cases if the state were willing to invest the funds in preventive maintenance services for poor families in trouble that it now invests in foster care institutions. They report that a study done by the New York State Board of Social Welfare and the New School of Social Research, entitled "Foster Care Needs and Alternatives to Placement: A Projection for 1975-1985," concluded:

Many children placed outside their homes could have stayed home, or could have returned home at an earlier time with a better likelihood of remaining there, if appropriate supportive services had been available. (5:162-163)

However, according to the authors:

The right to services—such as homemakers, tutors, psychological services, etc. (which affluent families in trouble can purchase)—provided directly to the family in its home, as an alternative to the removal of the child into state custody, does not exist. As a result, too many children are removed and inappropriately placed in foster care. (5:161) (Emphasis mine)

Many authors point out that effects of providing services directly to families would not only be more humane but would also be less costly financially. Nationally it costs an average of more than $20,000 a year to support a child and at least $10,000 per year in less restrictive settings such as foster care institutions. Despite the widespread belief in the cost-
effectiveness of direct services to families, current welfare policy and practices support the removal of children from their homes rather than the direct provision of services to families. According to John McKnight:

The children were legally separated from their families because the parents were judged to be unable to provide adequate care for the children. Therefore, the children were placed in professional service institutions. . . . Quite correctly, officials who were involved in removing the children from their homes agreed that a common reason for removal was the economic poverty of the family. Obviously, they had no resources to deal with poverty. But there were many resources for professionalized institutional service. . . . The service system met the economic need by institutionalizing an individualized definition of the problem (i.e., the child). The negative side effect was that the poverty of the families was intensified by the resources consumed by the "caring" professional services. In counterproductive terms, the servicing system "produced" broken families. (9:79-80)

The point that McKnight is attempting to underscore is: "The business of modern society is service. Social service in modern society is business." (9:69) This charge is made repeatedly in the literature on foster care; i.e., that it is not in the self-interest of service providers to reduce the demand for their service, i.e., to reduce the number of children in foster care by reducing the number of children coming into the system or by reducing the amount of time for those who are placed.

In their discussion of the multitude of problems facing foster care, Gaylin et al., advocate "the principle of least harm" when designing programs and determining alternatives for children. This principle means "choosing the least detrimental available alternative for safeguarding the child's
growth and development." (5:146) The authors strongly believe that the least detrimental alternative for most children is to remain in their homes, but that this alternative is not supported by the philosophy, policy, or practice of public social service. As a result, inappropriate placement in foster care becomes the norm for too many children.

The Negative Effects of Foster Care

Maas and Engler concluded that the foster care system has generally negative effects on children in care:

Children who move through a series of families and are reared without close and continuing ties to a responsible adult have more than the usual problems in discovering who they are. (8:356)

Research indicates that children placed in long-term foster care are more likely than their peers to have a negative self-image, inadequate coping skills, poor socialization, defective problem-solving skills, and poor interpersonal skills. The longer a child remains in placement, the less likely he or she is to return to the natural family or be adopted, and the more serious these problems are likely to become.

Gaylin et al., substantiate other findings that after a child comes into long-term foster care, he or she rarely returns to the biological family. In relation to long-term foster care, the authors point out the following:

- Patterns of public funding, and complicated federal and state statutes, often force parents to give the state custody of their children in order to receive services needed for them.
29

- After the first year of placement the chances of return home drop sharply.
- 20% of the children in foster care have been in care for at least 10 years.
- The average duration of foster care in New York City is over five years.
- Of children in foster care for more than a year, 80% of the changes in their placement are from one foster placement to another.
- One-half of the potential adoption caseload is not freed for adoption.
- More than 40% of children in foster care are inappropriately placed. (5:162-164)

Knitzer et al., substantiate other research findings that many children in placement are unnecessarily isolated from their own families and that inadequate attempts are made to place them in adoptive families. In those cases where the out-of-home placement is necessary, the key issue is to find the most appropriate placement for the particular child. The authors report:

A 1975 New York City study which reviewed case records of 1,250 children in out-of-home care concluded that a staggering 55.3% of the children were inappropriately placed at the time of their initial placement, and that 42.8% of the current placements were inappropriate. The study also found that the older the child, the more likely an inappropriate placement. (7:38-39)

Of critical concern to the authors was the quality of care the child receives:

Behind these percentages are children: children who must repeatedly cope with new authority figures, new expectations, often new schools, and above all, new stresses. . . . It is not enough to know where a child is placed. It is also necessary to know something about the quality of care the child is receiving—how the daily schedule goes; what kind of discipline is permitted; what attention is paid to the child's
health and education; who speaks for the child; and how many times the child has had to readjust to new surroundings. (7:41, 40)

The authors note that "Minority children are especially vulnerable to inappropriate placements and inadequate care." (7:49) In addition, minority children remain in care longer and are treated differently when adoption becomes an alternative. The authors point out:

Such discrepancies were generally defended on grounds that minority children are allegedly "harder to place and have more emotional and behavioral difficulties" than non-minority children. However, in a special study of case records conducted at the request of the New York Civil Liberties Union, there was no evidence that Black Protestant children were described in case records as having significantly more problems in terms of health, school performance, relationships with others, or intelligence. (7:50)

Based on these facts, Gaylin et al., conclude:

The cumulative effect of . . . public services is to condemn many foster children, and especially black foster children, to an endless limbo that reduces their chances for a normal childhood and sentences them to instability until they are at last released by the passage of time, old enough finally to be discharged, but in all likelihood emotionally damaged beyond repair. (5:162) (Emphasis mine)

Reasons for Placement: Court Intervention

In New York City, children come into foster care primarily through the Bureau of Child Welfare and the Family Court. At one point the court got involved only when parents were charged with abuse or neglect; their children were then removed from the home and put in placement. Now, however, a parent can go to the court and ask for help in controlling his or her child. Both types of children often
find their way into foster care institutional services. In New York State, such children are called PINS (Persons in Need of Supervision). In other states, they are called CHINS (Children in Need of Supervision).

Gaylin et al., indicate that nationally there are over 600,000 PINS arrests annually, with about one-third of them serving time in "severe detention." They also point out that more than one-half of the 65,000-70,000 juveniles behind bars at any one time are PINS, and that they have not committed an act that would constitute a crime if done by an adult. (Foster care is a "less restrictive" placement for PINS.) These children are primarily truants, runaways, disobedient, stayed out too late, negative peer groups, intoxication, etc. They also show two basic characteristics: they are overwhelmingly poor and non-white. The authors state:

That the PINS statute lends itself to particularly harsh enforcement against racial minorities and the poor, while immunizing middle-class children who engage in identical behavior, has been the subject of much comment. . . . Middle-class children who "refuse to obey," who "associate with undesirable companions," who "run away from home," do not normally find their way to Family Court as PINS. They are sent to boarding school or military academies, to private psychologists and group therapy." (5:150-151)

Foster care, then, can be considered the boarding school, military academy, and therapist for poor and nonwhite children.

According to Gaylin et al., the evidence is that early court intervention does not save children but enhances their deterioration. Studies reported by the authors show that
youth who come under court jurisdiction commit more rather than fewer crimes later on; and that the more punitive the treatment a youngster receives, the more likely he is to commit more serious crimes with greater rapidity. The authors conclude:

Among the sadly predictable findings: blacks are treated more harshly than whites, are more likely to be formally arrested, less likely to have their cases informally settled, and more likely to receive a court penalty such as probation or incarceration. After examining all the variables that might legitimately account for this racial disparity, . . . the different treatment was based primarily on race, not on other factors such as recidivism or the seriousness of the crime.

. . . If children receive punitive treatment by the courts not according to the seriousness of their offense but rather according to race; and if children who receive punitive treatment are more likely to commit crimes later on, then what are we doing? The answer is inescapable: we are destroying those whom we would help, and we are creating criminals for the future. (5:153-154)

BLACK CHILDREN IN FOSTER CARE

Even though the literature on foster care does identify certain factors related to ethnicity, it does not focus on or address concrete solutions for the special needs of the Black child in foster care. Articles and books on the foster care system treat the problems of Black children in the same manner as they treat the issue of discharge, i.e., as a small piece of large studies and descriptive statements rather than as a specific issue or area of concern, although this situation is beginning change in relation to discharge.

Billingsley and Giovannoni have provided the most comprehensive statement on Black children in the foster care
system. Their book, *Children of the Storm*, gives a valuable historical account of discrimination against Black children within the entire child welfare system. After concluding that child welfare services in this country are failing Black children, the authors point out:

Our thesis is that the failure is a manifest result of racism; that racism has pervaded the development of the system of services; and that racism persists in its present operation. (1:3)

In examining how racism manifests itself, the authors cite four salient factors: (1) the types of services developed are not relevant to the special needs of Black children and their families; (2) Black children are not equitably treated in the system; (3) attempts to address the needs of Black children have been incomplete and abortive; and (4) the system is by and large operated and controlled by people who are unaware of and insensitive to the special needs of Black children. The authors conclude:

If a system of child welfare services is to serve Black children adequately, it must abandon the residual approach in which child welfare programs are designed and operated primarily to rescue unfortunate children whose parents have failed them and who have thus fallen through the cracks of an otherwise well-functioning social order. The programs must be based instead on the fact that the present social order is not functioning properly. (1:5)

Throughout their book, the authors illustrate that the focus of child welfare services has been almost exclusively toward substitute parental care, with minimally developed services to enhance and facilitate children living and remaining with their own families. Billingsley and Giovannoni
indicate that this philosophy is not so much an attack on Black children as an affront to poor children and families who may not be able to purchase supplemental services that would enhance their children's welfare (which is indirectly a special assault on Black children).

The authors describe attempts by Blacks to develop services for Black children, such as private charities, orphanages, day care centers, etc. They point out:

Until the 1950's, this movement was not only the major source of services for Black children, but in many cases, it was the only source of services. . . . In those cruel and fateful years just after emancipation, when Black people were largely deserted by the wider society, it was both necessary and possible for them to draw on the inner resources of their communities and their relationships. . . . One of the important functions of Black agencies, then as now, is to amass and utilize the strength within the Black community in order to move beyond the historic reliance on the white community, which has so often proved to be unreliable. (1:59)

Despite the absence of studies focussed specifically on the Black child in foster care, evidence culled from various studies points to the following facts, which have been cited previously:

- Minority children remain in foster care longer.
- Minority children are treated differently when adoption becomes an alternative.
- Black children are least likely to return to an intact family situation where their parents are living together.
- Black children are more likely to be inappropriately placed than white children.
- Black children are particularly likely to receive inadequate care.
As Billingsley and Giovannoni carefully document, a close examination of Black children in foster care exposes not only the inequities within the foster care system, but also the disastrous impact of racism and poverty on the Black family and the Black community. Because many poor Black families find it impossible to secure necessary supports, large numbers of Black children are being raised in a system that diminishes self-esteem, a sense of autonomy, and the ability to cope effectively in society—a fact that will have destructive effects on the Black community for generations to come. It is a system that fosters dependency and creates an institutionalized personality unable to live independently in the real world. It is a system that perpetuates itself with high rates of recidivism and that prepares children most adequately for other forms of institutionalization such as mental hospitals and prisons.

In a more positive vein, the authors do point out that changes that have occurred in the system should not be negated, since substantial inroads have been made in the basic racism in child welfare. Nonetheless, the authors skeptically note:

... even (these changes) had not gone nearly far enough. More radical changes must be made if Black children are ever to be adequately served. The problem of racism does not lie with any individual agency; rather, it goes beyond the single agency to the racist system of child welfare in which it is embedded. (1:218)

In conclusion, Billingsley and Giovannoni recommend the creation of a "Black System" of child welfare:
Clearly, the public agencies cannot have the flexibility and particularistic character needed to create new ways of serving Black children. There is, therefore, a crying need for specifically Black-conceived, -designed, -managed, and -staffed agencies to serve in a specific way the needs of Black children in the context of Black families and the Black community. (This system) might indeed take in a few white children who lived in the community and could benefit from its service. It might indeed employ some white staff with special skills and commitment. It might even have some white board members. The important thing about these Black agencies—the thing which makes them Black—is that the community would conceive them, design them, and make the important policy decisions about their structure, functions, staff, and services to children. . . . It would be in an excellent position to innovate in meeting the needs of Black children. (1:228-229)

CONCLUSION

The review of the literature related to the discharge phenomenon and Black children in foster care revealed important facts about problems and inequities within the system. It also clearly indicated the need for more rigorous studies focused specifically on the issues of discharge and the special needs of Black children.

Foster care placement will continue to be a need for incapacitated and dysfunctional families; but it should be an alternative used only when a family cannot, with adequate support services in the home, properly meet a child's needs.

As Jenkins and Norman found:

The review of the changes in family circumstances . . . tends to support the need for foster care as an institution that can take total responsibility for children during a period of parental incapacity and severe family crisis. It is, however, a partial service, not effective in preventing further placement or resolving the problems that
brought children into care. All the evidence points to the need for an integrated family and child welfare system. (6:42)

Such a system would focus on improved preventive services to keep children out of foster care unless absolutely necessary; relevant services and supports to help children develop or maintain a reasonable level of self-esteem and coping skills and to help families resolve the problems that led to placement; and expanded aftercare and follow-up services to reduce recidivism. The system would also become more sensitized to the special needs of Black children and families, who in many urban settings make up the majority of children in foster care. The increasing numbers of Black children going into foster care is merely one of the multiple insidious effects of racism and poverty on the Black family and the Black community—resulting in unemployment, under-employment, inadequate education, poor health services, family breakup, and reliance on public services.
References


CHAPTER III

ST. VINCENT'S HALL

The following will present a brief history of St. Vincent's Hall and a description of its organizational components.

HISTORY

A private foster care agency under the aegis of the Roman Catholic Diocese of Brooklyn, New York, St. Vincent's Hall, Inc., began its operation in 1869 as an institutional residence serving homeless male children in Brooklyn. It has since grown from a single-dimension institution to a multi-service social work agency for young males throughout New York City. Through its three foster care components (institutional residence, group homes, and foster homes) and its Guidance Institute, it provides custodial, casework, psychological, and educational services to approximately 750 boys and their families. The agency's Guidance Institute also provides out-patient services to community residents. The agency maintains a staff of approximately 300.

Throughout its history, St. Vincent's Hall's services and programs have evolved in an attempt to meet the changing needs of dependent children and adolescents, including mentally retarded and emotionally disturbed youth in need of foster care.
The agency has developed specific programs for hard-to-place children who could not be placed in regular foster care facilities; specialized homes for adolescents who no longer are able to benefit from typical programs but still need supportive care; and retarded children and adults discharged from Willowbrook State Hospital.

ORGANIZATIONAL COMPONENTS

This section will describe the major organizational components of St. Vincent's Hall: Institutional Residence Program, Foster Home Program, Group Home Program, and Guidance Institute. It should be noted that many long-term foster care placements eventually spend some period in at least two, and sometimes three, of the three foster care components, depending on specific individual needs during various periods of personal development.

Institutional Residence Program

The institutional residence, located in downtown Brooklyn, New York, has a capacity for 160 children; the present population is approximately 125. This lower number is due to two factors: (1) the State's mandate to discharge clients when they reach 18 and (2) a recent directive from the State Department of Social Services to reduce the population of the residence. The residence provides both temporary and long-term care, depending on the needs of the individual child and the reason for placement.

The institutional staff is divided into three categories:
Intake, Social Services, and Child Care Workers. The focus and primary objective of the Intake Unit are:

••• (1) to formulate services that will adequately meet the needs of the community's children coming into placement, and assist them in making the transition from their own homes as painless and humane as possible. . . (2) to offer immediate services to the boy, facilitate adjustment and to start developing meaningful relationships.\(^1\)

The Social Services Unit offers a range of programs aimed at socialization and achieving permanent status for the client outside the agency. (These services will be described in detail in a later section.)

The Child Care staff (which is divided into three units, each headed by a trained social worker) is responsible for the day-to-day planning and functioning of resident. (Child care services will be described in a later section.)

**Foster Home Program**

The foster boarding home program operates more than 200 certified homes, presently serving approximately 600 children. Children are placed either with unrelated families or with relatives other than their natural parents. Relatives who can provide a stable environment for the children, and who are willing to do so, can be licensed as a "kinship" foster home and thereby become eligible for financial reimbursement as well as other medical and social services available to foster families. In the vast majority of cases however, relatives are unable to

assume care and children must be placed in the homes of strangers.

The primary responsibility of the foster home program is "affecting placement as quickly as the situation indicates and at the same time insure that the placement is sound and appropriate." (2) According to the agency's five-year report:

For every child entering Foster Home Care, a plan is developed within the first 30 to 60 days of placement. This plan is either returning a child to his natural family, if feasible, or evaluating the feasibility of Adoption, or a Foster Home placement which will provide as much permanency as possible in the child's life. (3)

Indications are that it is becoming increasingly difficult to find good foster parents, particularly those who have the motivations and skills required to respond to the types of problems increasingly exhibited by children needing placement. The agency's report continues:

A capacity to place the child in need of placement... is... difficult to deliver consistently since the children in need of care increasingly are older in age, and have more apparent physical, behavioral, intellectual and emotional problems. (4)

In addition:

Placement of these children requires careful planning to insure that medical, psychiatric, casework and educational services are available in the community of our Foster Parents. The most fundamental need however, is for well motivated and skillful Foster Parents who can care for the child's individual needs. (5)

2Ibid., p. 8  3Ibid., p. 8  4Ibid., p. 8  5Ibid., p. 8
St. Vincent's began this service as an alternative to institutional placement for long-term residents. The agency presently operates three group homes, with populations ranging from nine to thirteen children, for a total of thirty. The homes are located in the Borough of Queens, in Bayside, Jamaica, and Richmond Hill.

Residents in the group homes range in age from 11 to 21. Many of the older ones are in higher education programs, vocational training, or job placements prior to transition back in the community and independent living.

In group homes, the boys are provided with a small, structured setting that attempts to provide a homelike environment with mother and father figures as supervisors. Residents are encouraged to attend local schools and participate in community activities.

Group homes are viewed by most of the residents as preferential to the institutional residence, and are often considered a "reward" for good behavior in the institution.

According to the agency's report:

For a boy to live in this type of structured setting, we feel that he must be sufficiently adjusted to participate in the community, and he must be willing and able to continue in school with minimal problems. (6)

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6Ibid., p. 10
The Guidance Institute is a licensed psychiatric clinic that provides diagnostic and clinical services to clients in all the agency's programs, as well as their families and children and families in the community. Its community outreach is viewed as a preventive service to help maintain and stabilize children and families and thereby reduce the number of children requiring out-of-home placement. In conjunction with the clinic, the Institute operates a school for learning disabled and emotionally handicapped children with programs designed to enable pupils to re-enter public schools.
CHAPTER IV

INSTITUTIONAL RESIDENCE PROGRAM

This chapter will provide a description of the population and services of the Institutional Residence Program at St. Vincent's Hall.

BASIC CHARACTERISTICS OF THE POPULATION

In order to obtain data on the population in the Institutional Residence Program of St. Vincent's Hall, an examination was conducted of the admissions to the Intake Unit from January 1980 to October 1981. During this period, 221 boys were processed through Intake. Except for the clinical diagnosis obtained from the boy's record, the data to be described below was obtained from the agency's Population Information Forms and covers: ¹

- Age
- Ethnicity
- Sources of Referral
- Reasons for Referral
- Clinical Diagnosis

Age

The age range of the present population of St. Vincent's Institutional Residence Program is between 13 and 21. The average age of institutional residents is 16 years.

¹Information related to discharge will be covered in a later chapter.
The following data pertains to those boys admitted to the Residence Intake Unit between January 1980 and October 1981.

Table 1.

<table>
<thead>
<tr>
<th>Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age at admission to Intake</td>
<td>14.5</td>
</tr>
<tr>
<td>Average age of those transferred from intake to long-term care</td>
<td>14.9</td>
</tr>
<tr>
<td>Average age of those discharged from intake (not transferred to long-term care)</td>
<td>15.1</td>
</tr>
</tbody>
</table>

Ethnicity

Of the 221 males who entered the Intake Unit, the overwhelming majority were Black, followed by Hispanic.

Table 2.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>168</td>
<td>(76)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>46</td>
<td>(20)</td>
</tr>
<tr>
<td>White</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Bi-racial</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Indian (Hindu)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>221</strong></td>
<td></td>
</tr>
</tbody>
</table>

Sources of Referral

Referrals were from two major sources: (1) Family Court and (2) Bureau of Child Welfare, Special Services for Children. Referrals can be either mandated or voluntary
(at the request of the parent/surrogate) and are generally of two types: long-term or emergency.

Reasons for Referral

Boys placed in the institutional program are from an urban environment and are placed at St. Vincent's because of some type of breakdown in the family system or the child's behavior. There are two types of categories for referral: "Family" and "Child."

**Family Reasons**

- Parent/Surrogate Dead
- Parent/Surrogate Mentally Defective
- Parent/Surrogate Physically Ill
- Parent/Surrogate Alcoholic
- Parent/Surrogate Drug Addicted
- Parent/Surrogate Arrested/Detained
- Parent/Surrogate in Prison
- Parent/Surrogate Otherwise Confined
- Parent/Legal Guardian Surrendered Child
- Parent/Surrogate Abandoned Child
- Abused Child

- Neglected Child
- Hospitalization
- Parental Request
- Parent/Surrogate Unable to Cope
- Parent/Surrogate Has Inadequate Housing
- Parent/Surrogate Has Inadequate Finances
- Parent/Surrogate Mentally Ill
- Family Emergency
- Parental Conflict
- Sibling Conflict
- Parent-Child Conflict
- Other

**Child Reasons**

- Foundling
- School Behavior
- Home Behavior
- Community Behavior
- Physical Problem
- Mental Problem
- Unmarried Pregnancy
- Runaway
- Other

As is evident from the above listing, there are many social and psychological, as well as medical, factors that precipitate placement of children in foster care.

For the group of adolescent boys referred to St. Vincent's...
Hall during the 22-month period, "Parent/Surrogate Unable to Cope" was the most frequent reason for referral, and accounted for 75% of the family reasons for placement. Among the child reasons for placements, the child's "school behavior," "home behavior," and "community behavior" were about equal; however "home behavior" ranked the highest.

Many of the referral reasons overlap. For example, "Parent/Surrogate Unable to Cope" may include problems related to housing, finances, drug addiction, physical illness as well as various reasons listed under "Child Reasons."

In addition, a specific referral may list more than one reason. For example, one referral might cite the following reasons: "Parent/Surrogate Unable to Cope," "Parent/Surrogate Physically Ill," and child's "Home Behavior."

In examining "reasons for referral," it is important to look at with whom the child last lived.

Table 3.

<table>
<thead>
<tr>
<th>With Mother</th>
<th>133</th>
<th>(60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Father</td>
<td>22</td>
<td>(10)</td>
</tr>
<tr>
<td>With Other Relative</td>
<td>19</td>
<td>(9)</td>
</tr>
<tr>
<td>With Both Parents</td>
<td>42</td>
<td>(19)</td>
</tr>
<tr>
<td>Transferred from other Institution</td>
<td>5</td>
<td>(22)</td>
</tr>
<tr>
<td>Total</td>
<td>221</td>
<td></td>
</tr>
</tbody>
</table>
This data clearly reflects, and is consistent with, other studies that report on the high proportion of children in foster care who are from single-parent homes headed by the mother.

Clinical Diagnoses

In the absence of scientific studies, the impression of providers and researchers in foster care is that the children now entering the system are exhibiting more psychological and behavioral problems than their forerunners. For example, the five-year report of the agency states:

... children in need of care increasingly are older in age, and have more apparent physical, behavioral, intellectual and emotional problems ...

... The intake picture is becoming increasingly difficult ... While we remain selective, we should build present services and provide a rapid and adequate service to the difficult kinds of children now entering our agency [sic]. (2)

According to Knitzer et al., adolescents, particularly, are entering foster care with more problems than ever before. They point out that while this is hard to document, it is widely believed:

[It is] therefore an extremely significant psychological reality that shapes the expectations of those who work with the children. It may merely be a reflection of a widespread sense of staff helplessness and inadequacy. It may be that the child welfare systems are increasingly receiving

children previously cared for by the mental health and juvenile justice systems. Others have suggested it may reflect the failure of socialization vehicles: the family, the schools, and the like. But clearly, the child care systems are not generally structured to respond adequately to the phenomenon.(3)

While it would have proved very worthwhile, it was not possible to do a retrospective study of clinical diagnoses of children entering St. Vincent's Hall. However, the most frequently used clinical diagnoses during the study period are:

- adjustment reaction to adolescence
- latent schizophrenia
- chronic organic brain syndrome
- mixed character disorder
- anti-social personality

Of these the clinical diagnosis that occurred most often was some variation of "adjustment reaction to adolescence."

SERVICES

The services of St. Vincent's Hall residence program are directed at restoring a boy with his family. In the event this objective becomes impractical, casework efforts are aimed at preparing long-term residents for autonomy and self-sufficiency. (Technically long-term care is defined as placement for three months or more).

The services provided can be classified in two major categories: custodial care and socialization. Socialization services include providing opportunities for continuing education, vocational training, job information and referral, clinical needs, legal services, medical services, spiritual growth, and recreational and cultural programs. Custodial care refers primarily to food, clothing, and shelter.

In a cooperative effort, the social service and child care departments support each other in caring for the child. The social workers are responsible for the development and implementation of a treatment plan to meet the boys' socialization needs. Social workers are also the primary contact with the family to develop a plan to help remedy the problems that were the cause of placement. The child care staff, on the other hand, has primary responsibility for custodial care and meeting the day-to-day needs of residents.

Positive and open staff communication between the social service and child care staffs concerning a boy's behavior and progress is a prerequisite for ensuring accountability and coordination of efforts for the benefit of clients. The more cooperatively and consistently services and plans are structured and delivered, the greater the possibility of achieving positive results.

**Social Casework Services**

Casework is the methodology employed in developing and implementing a service plan for the child. The nucleus of the casework process is the client with a problem, the
setting, and a professional representative supporting the client to cope more effectively with his or her problems. According to Perlman:

The process, named "social casework" to denote its center of attention and its individualized aspect, is a progressive transaction between the professional helper (the caseworker) and the client. It consists of a series of problem-solving operations carried on within a meaningful relationship. The end of this process is contained in its means: to so influence the client-person that he develops effectiveness in coping with his problem and/or to so influence the problem as to resolve it or vitiate its effects.(1)

The casework process in the institutional program is designed to help residents and their families eliminate the problems (reasons) that precipitated placement and to help residents become more autonomous individuals.

Casework is administered and reported according to recently implemented New York State procedures. As required by the Child Welfare Reform Act of 1979, the implementation of the State Uniform Case Record (CR) began for New York City children in April 1981. The UCR is the systematic framework for improving case management. The establishment of this monitoring system is seen as a first effort to logically challenge an agency's plan for a child in care.

Once a child is referred and placed with an agency, the first step in the goal-oriented case management process is the intake process, which provides a thorough assessment of the family and child's situation. In the New York State

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Department of Social Services manual, it points out:

This results in the identification of each family member's problems and assets and culminates in the selecting of the appropriate services to facilitate the resolution of the problems. (2)

After the assessment is completed a service plan is developed, identifying client goals and the establishment of a course of action to be taken by the child, the family, and the service provider. At this point, the preferred permanency goal, or discharge objective, is established. Specific client-centered goals are then developed for the child and family toward attaining the permanency goal. (These casework goals are predicated in large part on the "reasons for referral" and the "clinical diagnosis" of the child.) The active involvement of the clients (residents and their families) is the primary condition for the attainment of the goals. However, various descriptions of clients, based on current and past studies, point out that in most instances superficial involvement is the norm.

New York State mandates require that social workers have a face-to-face meeting at least once a month with a child in placement. More frequent contacts are required if a child has severe acting-out problems. At St. Vincent's, most clients are seen weekly, if not daily, by their caseworkers.

Appointments with family members should occur monthly, with at least one home visit every six months. However maintaining this regularity is usually difficult and often

---

impossible, primarily because of the inability of unwillingness of parents to become involved.

When a child is placed with a foster care agency, the parent agrees in writing to cooperate with the agency toward planning for the future of the child and signs voluntary papers stating:

I understand that I and the agency with which my child is placed are expected to work cooperatively toward planning for the future of my child. I understand that it is both my right and responsibility to plan with the agency towards my child's return home, or to actively participate in making alternate plans so that he or she can have the benefit of another home. (3)

Parents agree to maintain contact with the child; keep the agency informed about plans for the child's future care; and keep the agency informed regarding their own personal living arrangements and circumstances.

Technically, if a parent fails to cooperate with the agency and fails to visit a child for six successive months, without good reason, or appears not to be resourceful, viable, or interested in the child, legal proceedings can be undertaken to free children for adoption. Such proceedings rarely occur.

The casework and child care staff are required to have face-to-face contacts at least bi-monthly to ensure that all staff members are aware of the child's behavior and functioning. However, face-to-face meetings generally occur daily on a relatively informal basis.

3 From the "Voluntary Placement Agreement by Parent or Guardian" prepared by the City of New York Department of Social Services, Special Services for Children, Rev. 9/1/78.
The social work staff of eight (including a director and two supervisors) consists of four white males, two white females, one Puerto Rican male, and one Black male. Caseworkers maintain a caseload of approximately 25 residents plus one or two aftercare cases.

Child Care Services

The child care staff is made up largely of non-credentialed workers who provide the daily supervision and custodial care for which parents generally are responsible. According to Costin:

These responsibilities include giving physical care through provision of food, seeing that the child gets enough rest, and caring for his minor illnesses; aiding him to develop habits which will enable him to meet social expectations; looking after his clothing; teaching the appropriate use of money; helping with school homework; setting values during the process of daily experiences; providing discipline; and aiding the child and his parents to meet comfortably together during their visits in the institution. (4)

A primary responsibility of the child care worker is to provide a role model for young men, many of whom come from mother-headed families. Because of their daily contact with the residents, they, better than any other staff, are in a position to help the residents develop values and attitudes which will foster growth and autonomy.

The child care staff totals about 25 members divided between three units, each headed by a professional social worker who is responsible for planning for children and

4Costin, p. 349
supervision of unit staff, which ranges from one to three per unit. Two units are for long-term care and one is for temporary care. Most of the child care workers are Black and Hispanic males, with a few whites employed from time to time. The only female in the child care staff is the director in the temporary unit, a Black woman who has been with the agency for about eight years.

The social work and the child care staff share the responsibility for providing individual and group therapy, job referrals, educational counseling, and crisis intervention. A recent focus of the agency is groups to provide family planning information to help strengthen heterosexual development. These groups are led by social workers and child care workers. Both departments are supportive in motivating the boys to visit their families, keep scheduled psychiatric and psychological appointments, and participate in recreational/cultural programs.

Behavior Modification System

The degree to which a boy utilizes services, participates in the program, and demonstrates that the socialization process is being effectuated is monitored by the "Learn to Earn for Success" program. This is a behavior modification system designed to help residents learn and accept responsible behavior. According to the agency's five year report:

The Program entails six levels or ratings of achievement. In order to merit a Level, a boy must demonstrate some accomplishment in Our Home, in Program, and in the Community. The requirements are real and
have been designed to reflect society's demands on an individual if he is going to mature as a productive citizen.

Two benefits are applicable to every level:

1) the boy's weekly allowance, and
2) his free time for his personal pleasures

Both are in accordance with their age and maturity in meeting their responsibilities.

From this program a child will hopefully learn what are society's realistic demands and they will gain staff support and our recognition of their achievements. While the program is conducted diligently, the boys will come to know "how" to succeed, will want to succeed, and will develop themselves into virtuous and capable adults. (5)

The program has limitations due to several factors, including the fact that the boys soon learn to manipulate the program to their advantage and workers do not always seem well informed as to the underlying purpose and operation of the program. In the last few years, behavior modification systems have come under a great deal of scrutiny. Critics charge that while they may be useful in controlling behavior within the treatment setting, they do not result in the internalization of values and behavior and have little effectiveness in determining behavior on the outside.

Case Planning & Implementation

Interdisciplinary treatment planning conferences for each client are held at least every three months to monitor his progress and functioning. Conference participants

include social work staff, child care and recreation staff, and clinicians from the Guidance Institute. These conferences, which are led by the unit directors, provide a forum to periodically assess a client, exchange information, determine if his needs are being met, and develop alternative plans if they are not. At the conferences, clinicians from the Guidance Institute provide an evaluative service to help staff better understand a child's underlying dynamics and recommend treatment. While a boy is in treatment he is clinically evaluated at least every eighteen months.

It is at these conferences that clinicians from the Guidance Institute have the most valued input into the resident's treatment plan. Aside from the routine evaluations, the clinical department has little interaction with the boys. (There are no Black Americans on this staff.) However, if a boy exhibits an ongoing volatile pattern of behavior, or has explosive episodes, he is referred to the clinic for diagnosis and therapy where warranted. Interestingly, very seldom is a depressed, lethargic boy referred to the clinic for evaluation. 6

Conclusion

The services of the Institutional Residence Program of St. Vincent's Hall have evolved in an attempt to meet the

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6 Many residents have developed a pattern which they call "breaking," meaning that they must become physically assaultive either to property, staff, or another resident in order to obtain something they think they are netitled to, e.g., clothing reimbursements, money from the agency for items that have been stolen from them, tokens and lunch money to go to a training program, etc.
changing needs of residents. As noted throughout this study, it is generally agreed that the children being served by foster care today have more serious psychological and social needs than in the past. This fact is reflected in the types of services now provided, with their heavy emphasis on social work and clinical services, and in the problems that are encountered in trying to meet the developmental needs of minority adolescent males, most of whom have backgrounds of chronic emotional deprivation and inadequate socialization.

Casework services are the major tool used toward resolution of placement problems and to help the boy as he attempts to understand and pursue the best personal route to have as near a normal growing experience as possible toward autonomy.

A major problem is that most of the boys become actively involved in casework services primarily when they have a crisis or a specific problem that can only be resolved through some form of casework intervention. Consequently, much of the casework time is given to crisis intervention, i.e., the resolution of problems in school, with the criminal justice system, and within the institutional setting.

If casework is to be effective, however, caseworkers must take advantage of every opportunity and contact with clients to help them utilize their own personal resources to achieve goals that have been worked out for and with them. In the final analysis, casework effectiveness is determined not only by the boy's willingness to accept services, but by the ability of staff to encourage, motivate, and support the attainment of goals, the completion of life-tasks, and
the inculcation of values.

The level of participation by the family and child is a direct indicator of their ability and willingness to commit themselves and utilize self-help efforts to achieve permanency, as well as the caseworker's ability to provide motivation. Casework has been described as "helping people to help themselves." It is therefore not "doing for" but helping clients do for themselves that is the hallmark of effective casework. Casework must be a learning experience--for both worker and client.
CHAPTER V

STUDY OF FACTORS RELATED TO DISCHARGE

This Chapter will focus on selected factors related to discharge for residents of St. Vincent's Hall Institutional Residence Program. Factors to be considered are:

- Ethnicity
- Reasons for Placement and Type of Placement
- Clinical Diagnosis
- Length of Placement
- Discharge Status

This study covers a 22-month period from January 1980 to October 1981 (the same period used for data to describe the agency's population). During this period a total of 134 boys were discharged from the institutional program. Of this total, 43 were selected for the study sample group. Data on ethnicity and discharge status will be presented for the total group of 134; for the sample group of 43, data on all five factors listed above will be discussed.

All data used in the study was obtained from the agency's Population Information Forms, except for the clinical diagnoses. That information was obtained from the boys' record.
TOTAL GROUP

Ethnicity

Of the 134 boys separated from St. Vincent's during the study period, the vast majority were Black, followed by Hispanic.

Table 1.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>96</td>
<td>72%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>32</td>
<td>24%</td>
</tr>
<tr>
<td>White</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>134</strong></td>
<td></td>
</tr>
</tbody>
</table>

Discharge Status

The boys' discharges statuses were varied but dominated by two groups: to self (44) and to mother (37). In addition to those discharged to mother, 10 were discharged to fathers; 7, to relatives; and 4, to intact families.

Of those discharged to self, 36 were discharged with no apparent means of support other than friends or family, who were only minimally supportive. Six (6) of this group remained at the agency after discharge. These were boys who had reached the age of 21, the maximum age at which
discharge is mandated by New York State. ¹ Eight (8) who left to live on their own went either into a job corps center, military service, or college.

A total of 8 (6%) returned to care within the study period. This means that a total of 14 (10.4%) of those discharged (including the 6 who remained at the residence) continued to require agency support. ² Of the 8 recidivists, 5 had been discharged to mother, one, to self; one, to father; and one to stepfather.

Five of the boys separated from the agency left as a result of being incarcerated. An additional 5 were placed in residential treatment centers for observation and clinical services beyond the agency's scope. ³ A total of 22 boys were transferred to less restrictive settings: 18 to group homes; 3 to foster homes; and 1 to another foster care agency that seemed better suited to meet his needs.

¹ These youth were allowed to continue to live on the premises, although the institution no longer receives reimbursement for them.

² Research studies indicate that the average recidivist rate in New York City foster care is 10%.

³ A boy may be involved in numerous crimes and remain at the agency until found guilty and convicted, after which agency policy forbids re-admittance. Reports indicate that approximately 20% of adolescent males discharged from foster care are either incarcerated or placed in a mental institution within five years.
The number of discharged clients who received after-care services is not known.

**SAMPLE STUDY GROUP**

Extensive data was obtained on 43 boys discharged during the study period and covers: ethnicity, reasons for placement and type of referral, clinical diagnosis, length of placement, and discharge status.

**Ethnicity**

The ethnic breakdown for the study group was roughly the same as for the total discharge group during the 22-month period and reflects the ethnic breakdown of children in foster care in New York City.

### Table 2.

<table>
<thead>
<tr>
<th>Discharge Status</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>to self</td>
<td>44</td>
<td>33%</td>
</tr>
<tr>
<td>to mother</td>
<td>37</td>
<td>28%</td>
</tr>
<tr>
<td>to father</td>
<td>10</td>
<td>7%</td>
</tr>
<tr>
<td>to intact family</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>to relatives</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>incarceration</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>residential treatment center</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>foster care group home</td>
<td>18</td>
<td>13%</td>
</tr>
<tr>
<td>foster care family</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>another foster care agency</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>134</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>30</td>
<td>70%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10</td>
<td>23%</td>
</tr>
<tr>
<td>White</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td></td>
</tr>
</tbody>
</table>
Reasons for Placement & Type of Placement

Reasons for placement are divided into two categories: "Family" and "Child." The two major family reasons for placement were "parent/surrogate unable to cope" and "parent-child conflict." The major child reason was "home behavior." "School behavior" and "community behavior" were also significant.

Table 4.*

<table>
<thead>
<tr>
<th>Reason for Placement</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent-Child conflict</td>
<td>15</td>
<td>35%</td>
</tr>
<tr>
<td>Parent/Surrogate Unable to Cope</td>
<td>10</td>
<td>23%</td>
</tr>
<tr>
<td>Abused Child</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Neglected Child</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Parent/Surrogate Dead</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Parental Request</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Parental Conflict</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sibling Conflict</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Parent/Legal Guardian Surrendered Child</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Parent/Surrogate Abandoned Child</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hospitalization</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Behavior</td>
<td>13</td>
<td>30%</td>
</tr>
<tr>
<td>School Behavior</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Community Behavior</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Runaway</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

* Because some cases list more than one reason for placement, the total number of reasons cited for Family and Child equal 58 rather than 43.
These figures are consistent with those found in other studies, which estimate that between 70% and 80% of placements are for family reasons. 4

The major types of placement at St. Vincent's Hall are (1) voluntary, (2) court mandated, and (3) PINS—Persons in Need of Supervision (which is also a form of court referral);

Voluntary Placement: An agreement usually initiated by the parent or legal guardian with the City of New York through Special Services for Children to have the child placed until a specific date or until specific conditions are met. May be for family or child reasons.

Court Mandated: Placement determined by the Family Court, usually due to abandonment, neglect, or abuse. Majority of these placements are initiated by the Police Department.

PINS: A PINS child is defined by the New York Family Court as a child before his or her 16th birthday who is found to be an habitual truant, incorrigible, or out of lawful control.

<table>
<thead>
<tr>
<th>Type of Placement</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary</td>
<td>27</td>
<td>63%</td>
</tr>
<tr>
<td>Court Mandated</td>
<td>6</td>
<td>14%</td>
</tr>
<tr>
<td>PINS</td>
<td>10</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>43</td>
<td></td>
</tr>
</tbody>
</table>

4 The placement reasons listed under family and child are vague, ambiguous, and overlapping. For example, it is difficult to ascertain how the child's "home behavior" differs from "parent-child conflict," or "sibling conflict," or "parental request," or "parent/surrogate unable to cope." This ambiguity is reflected in research reports, some of which cite "child" reasons as the major cause of placement, and others citing "family reasons. It is a matter of definition and description which seems to reflect as well as cause a lack of clarity.
According to various studies, the average length of time spent in foster care in New York City is 5.5 years. The average length of placement for residents of St. Vincent's Hall discharged during the study period was 3.9 years. A total 13 (30%) spent over 5 years in care. The longest period spent under the agency's care was 14 years. This client was placed at age 5 and discharged at age 19 to himself. During placement he had spent a number of years in a foster home and was transferred to the institution at the age of 10.

The shortest length of placement was 7 months, for a boy who was discharged at 13 to his mother. It was a voluntary referral because of "parent/surrogate unable to cope with school and home behavior."

The average age at placement was 13.8; the age range was from 5 to 18 years. The three boys who were age 10 or less at the time of placement may not have initially been placed in the institutional program. Most likely they were first placed in a foster home, and either because they were not adopted or because they became difficult for the foster parents to manage, they were placed in the institution.

The average age at discharge was 17.8; the age range was from 13 to 21.
Table 6.

<table>
<thead>
<tr>
<th>AGE</th>
<th>At Placement</th>
<th></th>
<th>At Discharge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>10 years</td>
<td>1</td>
<td>2.3%</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>11 years</td>
<td>1</td>
<td>2.3%</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>12 years</td>
<td>5</td>
<td>11.6%</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>13 years</td>
<td>6</td>
<td>13.9%</td>
<td>1</td>
<td>2.3%</td>
</tr>
<tr>
<td>14 years</td>
<td>8</td>
<td>18.6%</td>
<td>3</td>
<td>6.9%</td>
</tr>
<tr>
<td>15 years</td>
<td>9</td>
<td>20.9%</td>
<td>3</td>
<td>6.9%</td>
</tr>
<tr>
<td>16 years</td>
<td>6</td>
<td>13.9%</td>
<td>5</td>
<td>11.6%</td>
</tr>
<tr>
<td>17 years</td>
<td>3</td>
<td>6.9%</td>
<td>9</td>
<td>20.9%</td>
</tr>
<tr>
<td>18 years</td>
<td>1</td>
<td>2.3%</td>
<td>5</td>
<td>11.6%</td>
</tr>
<tr>
<td>19 years</td>
<td>---</td>
<td>---</td>
<td>5</td>
<td>11.6%</td>
</tr>
<tr>
<td>20 years</td>
<td>---</td>
<td>---</td>
<td>6</td>
<td>13.9%</td>
</tr>
<tr>
<td>21 years</td>
<td>---</td>
<td>---</td>
<td>6</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

* Three children were under 10 years at placement: ages 5, 8, & 9.

Table 7.

<table>
<thead>
<tr>
<th>Length of Placement</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under one year</td>
<td>2</td>
<td>4.6%</td>
</tr>
<tr>
<td>12 to 23 mos.</td>
<td>12</td>
<td>27.9%</td>
</tr>
<tr>
<td>24 to 35 mos.</td>
<td>6</td>
<td>13.9%</td>
</tr>
<tr>
<td>36 to 47 mos.</td>
<td>7</td>
<td>16.2%</td>
</tr>
<tr>
<td>48 to 59 mos.</td>
<td>3</td>
<td>6.9%</td>
</tr>
<tr>
<td>60 to 72 mos.</td>
<td>4</td>
<td>9.3%</td>
</tr>
<tr>
<td>over 6 years</td>
<td>9</td>
<td>20.9%</td>
</tr>
</tbody>
</table>
Children between 12 and 15 comprised 65% of the admissions; from 16 through 18, 23%. According to a study of foster care needs conducted in 1975, the number of children between 12 and 18 years requiring foster placement was expected to rise to a peak of 14,520 by 1980, constituting 52% of the foster care population. According to this same study, "the increase in the numbers of adolescents has been a shock to a system that was designed to deal with younger and relatively untroubled children."5 The number of adolescents coming into the child welfare system in New York City increased from 8,300 in 1970 to 12,000 in 1974 to 15,000 in 1977. Clearly, the numbers of adolescents needing foster care are increasing at a much faster rate than had been anticipated. Not only is the population entering foster care older, it is also more troubled.6

Discharge Status

Within the study sample group, the majority of the residents were discharged either to their own care (20) or to their mothers (13). Of the 20 boys discharged to self, 2 went into job corps programs and one into the military. Two boys were discharged to their fathers. No boy from the study group went to an intact family.


Relatives were not a significant discharge resource for the study group. Only 4 boys had extended family resources to be discharged to. These boys went to either their grandmother (2) or aunts (2). In no instance was there an adult male member of an extended family, e.g., uncle, involved in planning for a boy's discharge. Female resources dominate as the resource for discharge if a boy does not go on his own.

Three of the boys were transferred into a group home. One boy was separated due to incarceration. No boy in the sample group was transferred to a foster family, placed at another agency, or adopted.

Of the 43 boys, 4 continued to live in the agency after being officially discharged (9%) and 3 were eventually readmitted (7.5%). All those who remained in the agency were 21 years and had been discharged to self. The recidivists re-entered the institution because the family could not tolerate the boy's behavior and chose to replace him. This group will probably eventually be discharged on their own; their ages were 14, 17, and 19.

At the time of admission to the agency, a determination is made as to the preferred discharge status. This objective is based on reasons for placement and the parent's willingness to cooperate and be involved in casework.

Eighteen (18) of the clients were originally programmed for discharge to parents (42%); 22 to their own responsibility (51%) and 3 to relatives (7%). This data corresponds to the final discharge statuses. Even though there is a similarity
between discharge objectives and discharge statuses for the cases under study, records do not indicate how the original objectives were decided upon. During the child's placement period, the discharge objective may be changed due to an assortment of reasons. In most cases, if a child is placed for reasons other than neglect, abandonment, or abuse, the objective is to discharge to parent. However, if a child remains in care for a long period, and the parents prove uncooperative or disinterested, an original objective of discharge to family will probably be changed to discharge to self.

Table 8.

<table>
<thead>
<tr>
<th>Discharge Status</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Self</td>
<td>20</td>
<td>47%</td>
</tr>
<tr>
<td>To Mother</td>
<td>13</td>
<td>30%</td>
</tr>
<tr>
<td>To Father</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>To Relatives</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>To Foster Group Home</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Incarcerated</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

Clinical Diagnosis

Placement reasons indicate interpersonal and behavioral problems and/or some type of breakdown in the family system, environmental problems, or personal problems of parents. Clinical diagnoses, on the other hand, center on a psychological assessment of the child. The predominant diagnoses for the study sample group were:

- adjustment reactions to adolescence
- anti-social/undersocialized personality disorders
o latent schizophrenia
o chronic brain syndromes (psychotic or non-psychotic)
o mental retardation syndromes.

Table 9.

<table>
<thead>
<tr>
<th>Clinical Diagnosis</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment reaction to adolescence</td>
<td>21</td>
<td>48.8%</td>
</tr>
<tr>
<td>Anti-social/undersocialized personality disorder</td>
<td>11</td>
<td>25.5%</td>
</tr>
<tr>
<td>Latent schizophrenia</td>
<td>10</td>
<td>23.3%</td>
</tr>
<tr>
<td>Chronic brain syndrome</td>
<td>11</td>
<td>25.5%</td>
</tr>
<tr>
<td>Mental retardation syndrome</td>
<td>11</td>
<td>25.5%</td>
</tr>
<tr>
<td>(64)*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Several children have more than one clinical diagnosis.

As the data show, various forms of "adjustment reaction to adolescence" is the most common clinical diagnosis, particularly for younger boys. However, most of them are also given a second clinical diagnosis indicating more serious disturbance. This clinical picture raises the question of appropriateness of placement. As cited earlier, research studies indicate that Black children are more likely than white to be inappropriately placed, and that white children are more likely to be placed in residential treatment centers than are Black children. It is reasonable to infer, therefore, that many of the Black children in our study would be better served in a residential treatment facility. However, these facilities, which are privately operated, are able to select the children
they accept for care, and many of them show a strong reluctance to accept Black children. A study conducted by the Office of Children's Services, Judicial Conference of New York, concluded:

Discrimination against the "acting-out adolescent" (in New York this category refers primarily to the Black and Hispanic child) is pervasive throughout the child care, education, health, and mental health system. (7)

A study of the PINS child indicated that placement in residential treatment centers was recommended for 116 children. Such placement was secured for 28: 63% of the white children, 10% of the Black, and 9% of the Puerto Rican children for whom it was recommended. Fifty-one percent of Black children and 42% of Puerto Rican were placed in a less desirable placement. Evidence from this same study also indicated that foster care children tend to do less well in care than residential treatment center.

*****

The following case illustrations will focus on factors related to discharge. While no case is typical, and every case is unique, the four cases selected are in many ways representative of the discharge phenomenon for children at SVH. Some of the factors that will be highlighted are recidivism, institutional dependency, aftercare, family involvement, and the effect of recently enacted New York State guidelines for foster care.

**Case 1: David**

**Date of Admission:** May 29, 1974  
**Date of Discharge:** August 15, 1981  
**Age at Admission:** 10  
**Age at Discharge:** 17  
**Reason for Placement:** Parent/Surrogate Unable to Cope  
**Type of Referral:** Emergency/Voluntary, Bureau of Child Welfare.  
**Clinical Diagnosis:** Chronic organic brain syndrome/specific learning disability.  
**Discharge Objective:** To Self  
**Discharge Status:** To Mother  
**Ethnicity:** Black

Prior to placement, David had been residing with his parental grandmother for several months because of physical abuse by his mother, who had at one point hit him in the head with a metal pipe. David had run away from home several times to escape his mother's abuse. His grandmother contacted the Bureau of Child Welfare because of her fear that his mother might inflict additional physical harm and because David was not attending school. She also stated that he was generally too active for her to control. St. Vincent's is considered David's first formal placement; however, after running away from home and being picked up by a policeman, he had lived in a temporary facility for about four months.

Throughout the period of placement, caseworkers undertook efforts to encourage David to visit his mother and to involve the mother in agency services. The mother, as well as the grandmother (who had no further involvement after placement), refused to participate in casework services, and David
resisted taking advantage of the agency's overnight visitation program, even though he would occasionally go home to visit his two brothers and two sisters. His first overnight stay occurred in March 1981, after almost seven years at the institution. Although throughout placement David continually expressed his desire to be discharged to independent living, his caseworkers focused on the feasibility of his returning home to his mother and on resolving the differences with her that had precipitated placement.

In February 1981, a short time before his separation from the agency, David began to express an interest in reuniting with his family. He stated his belief that past differences with his mother could be worked out. Intensive casework continued to focus on assisting and encouraging the family to plan effectively for a healthy transition back into the home. After a series of conferences with David and his mother, plans were finalized to reunite David with his mother. It was felt that through close aftercare casework, the level of risk for him at home would be minimal.

The discharge transition period, which began May 15, 1981, progressed smoothly. The family did not request special services to deal with crises relative to his return. After a 90-day trial discharge period, David was placed on final discharge status.

In October, about a month after final discharge, David began to contact his caseworker concerning what he felt to be problems that were beginning to surface in the family. He
cited interpersonal problems with his siblings and the lack of support from his mother.

Casework efforts attempted to clarify with the mother the nature of the problems. She would not admit to the validity of David's claims, but implied that David caused many problems in the family, that he refused to do anything for himself, and that after his summer job ended he spent all of his time in the home. The mother stated that if he wanted to return to placement she would not object.

Because of mounting difficulties in the family, largely between David and his mother, David was on the verge of leaving home with no place to stay and no means to take care of himself. He requested that the agency readmit him. The mother had agreed to sign voluntary admission papers, but at the appropriate time refused to do so. Therefore, the caseworker requested emergency authorization to replace him with the agency as a new case since his final discharge had been approved. He was readmitted on October 16, 1981.

Although David was a recidivist, his discharge can be considered a limited success. The family did make an attempt to reunite, but the problems that had initially caused the separation had not been effectively resolved. In addition, the time that David had spent out of the home had created additional obstacles to a harmonious adjustment and re-entry. David could not fit into the family routine or relate to the other members. Furthermore, he had become dependent on the agency to take care of many needs, both material and physical,
which his mother was unable or unwilling to fulfill and which he could not take care of as an autonomous person. In many ways, David can be said to typify an "institutional" child—\( \text{one who is unwilling and unable to function outside the institution.} \)

David's case reflects that of many children his age who have been institutionalized for an extended period and then leave the foster care agency but are soon in need of return because of lack of support systems, lack of coping skills, lack of interpersonal skills, lack of education, no work experience, and no community services.

\textbf{Case 2: John}

Date of Admission: May 15, 1974
Date of Discharge: September 25, 1981
Age at Admission: 11
Age at Discharge: 18
Reason for Placement: Neglected Child
Type of Referral: Court-Neglect Petition
Clinical Diagnosis: Over-anxious reaction to adolescence with depressed, anti-social features
Discharge Objective: To Family
Discharge Status: To Family
Ethnicity: Black

John was remanded to the Commissioner of Social Services, along with two of his brothers, through the Family Court on a neglect petition. It was alleged that his mother, who was suspected of drug abuse, did not adequately care for her children. This was John's first formal placement.

During placement, John always maintained contact with his mother, but her transient life style prohibited an early reunion with her. His mother was overwhelmed with personal
problems and was supporting four children, in addition to John, through Aid to Dependent Children. Although she did not participate frequently in agency services, she did involve herself when her personal life permitted.

John's case was among the initial ones reviewed by a newly created New York State Department of Social Services Institutional Review Project. The purpose of the review project is to monitor foster care in order to move long-term placements out of foster care institutional programs.

In May 1981, correspondence was received by St. Vincent's Hall to report in six months on plans to transfer John to a less restrictive setting, such as a foster home, a group home, or to discharge him.

On June 26, 1981, John left the agency without notice. He had begun to express his intentions to leave soon after he was informed of the review team's directive to the agency. After his departure, John was placed on suspended payment—which means that a child is outside the agency and the agency is not being reimbursed for his care. Subsequently he contacted the agency and provided information as to his whereabouts. He was living with his mother, and stated that they had talked things over and they had agreed to his returning home.

A family conference was arranged to discuss discharge procedures and aftercare services. As noted, John's mother had not been a frequent participant in services and he had seldom visited her for overnight stays because of her housing...
instability and lifestyle; but they had maintained on­going contact with each other throughout his placement.

On July 25, 1981, John was placed on trial discharge to his mother. During the trial period he maintained sporadic contact with his caseworker. During these contacts, he did not discuss issues in the household relative to his return home. However, as the school term grew closer, John increased his contact with the agency in order to be referred to an educational/vocational program. While a resident at St. Vincent's, he had been enrolled in but had failed to complete a special high school program for handicapped children conducted by the New York City Board of Education. After his discharge, he was accepted into the Summit Youth Program, a high school equivalency preparation program with a work-study component, through agency efforts.

John's discharge has been successful. After discharge, neither John nor his mother expressed any serious adjustment factors or negative home or community behavior, and they did not request any special aftercare crisis intervention or support services. Present indicators point to a healthy and permanent return home and reunion with a natural parent. He has visited the agency since his discharge and states that he feels satisfied with his progress.

John's case illustrates one of the issues raised in the literature review, i.e., that one of the most critical factors related to successful discharge is the mother's desire to have the child return home. Despite her many problems, John's
mother had always maintained a level of interest in him and was closely involved in the discharge planning.

**Case 3: Glenn**

<table>
<thead>
<tr>
<th>Date of Admission:</th>
<th>February 14, 1978</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Discharge:</td>
<td>September 1, 1981</td>
</tr>
<tr>
<td>Age at Admission:</td>
<td>16</td>
</tr>
<tr>
<td>Age at Discharge:</td>
<td>19</td>
</tr>
<tr>
<td>Reason for Placement:</td>
<td>Parent/Surrogate Unable to Cope</td>
</tr>
<tr>
<td>Type of Referral:</td>
<td>Voluntary, Bureau of Child Welfare</td>
</tr>
<tr>
<td>Clinical Diagnosis:</td>
<td>Over-anxious reaction to adolescence; latent schizophrenia</td>
</tr>
<tr>
<td>Discharge Objective:</td>
<td>To Relative</td>
</tr>
<tr>
<td>Discharge Status:</td>
<td>To Self</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Black</td>
</tr>
</tbody>
</table>

Glenn was admitted to St. Vincent's Hall along with his brother, who was a year older, after his aunt had taken them to the Brooklyn office of the Bureau of Child Welfare indicating that she was no longer able to care for them. Their parents were separated and their natural mother, who lived out of state, was an invalid. Their father resided in the city, but his second wife had openly expressed that she did not want the boys to live with them. The boys had lived with their aunt about nine months. Although she cared about Glenn and his brother, as a separated woman, raising two children alone, without outside financial support, she felt unable to meet their needs.

Glenn's brother left the agency in September 1980. Glenn was not a discipline problem, but he preferred to spend most of his time in the community working and visiting with his brother. He displayed a great deal of independence and initiative.
In February 1981, prior to an annual report on Glenn that was due to the Bureau of Child Welfare's Special Services for children. St. Vincent's was requested by the New York State Institutional Review Project to report on steps to be taken to discharge or transfer Glenn to another setting. Even though Glenn had not been in the agency a long time by comparison with other residents, he was of the age (over 18) at which state law mandated separation from the agency, and he was not in a special program that would qualify him to remain with the agency. He had not completed high school nor obtained an equivalency diploma.

Although Glenn did not express any anger or hostility about the decision to plan for his discharge, he was confused as to why he would have to leave the agency on such short notice (six months). He had worked and saved some money, but it was not nearly enough to begin independent living.

He was placed on trial discharge from the agency on June 1, 1981, three months after he had been informed of discharge plans. Upon leaving the agency, he shared an apartment with his brother. During the trial discharge, he did not contact the caseworker to request services, nor did he respond to attempts to get him to contact the agency. Prior to his trial discharge he had implied that in his strivings to attain autonomous functioning, he did not desire to be involved in aftercare support services.

Like many other clients in foster care, Glenn did not fully participate in services while in foster care placement.
However, unlike many clients, he displayed a great deal of initiative and autonomy. Because of his relative autonomy, and his unexpressed anger about having to leave the agency unexpectedly, he was passively hostile and ambivalent about participating in aftercare services to help structure and support a plan to attain independent living. His discharge story may turn out to be successful, but his future functioning at this point is uncertain, primarily due to his lack of education and skills. Glenn's discharge, like John's is a result of recent New York State foster care guidelines.

**Case 4: Julio**

<table>
<thead>
<tr>
<th>Date of Admission:</th>
<th>July 8, 1976</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Discharge:</td>
<td>December 8, 1981</td>
</tr>
<tr>
<td>Age at Admission:</td>
<td>12</td>
</tr>
<tr>
<td>Age at Discharge:</td>
<td>17</td>
</tr>
<tr>
<td>Reason for Placement:</td>
<td>Mother ill; Father unable to cope</td>
</tr>
<tr>
<td>Type of Referral:</td>
<td>Temporary-Voluntary, Bureau of Child Welfare</td>
</tr>
<tr>
<td>Clinical Diagnosis:</td>
<td>Borderline Personality Disorder (Primary)</td>
</tr>
<tr>
<td>Discharge Objective:</td>
<td>To Family</td>
</tr>
<tr>
<td>Discharge Status:</td>
<td>To Family</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Hispanic</td>
</tr>
</tbody>
</table>

Julio was referred to the agency through the Bureau of Child Welfare because his mother had been hospitalized due to an attempted suicide and the family was no longer able to care for him. Although the family was intact, Julio's father felt he could not adequately handle the responsibilities of two children (Julio had a sister at home).

Although Julio's placement was originally designated "temporary," which usually means from three to six months, he
ended up remaining in the institution for over five years. This was due to several factors: (1) the mother's recuperation took longer than had been expected; (2) after she had recovered physically, she felt her homelife was too unstable for Julio to return and that many family problems existed; (3) Julio did not express any desire to return home.

At an annual Family Court hearing in July 1981, the judge ordered that Julio remain in foster care but that casework planning should begin to work toward a feasible discharge for him back to his family. He would soon be 18, and the mother appeared to have recovered from her illness. Both Julio and his mother were present at the hearing when the judge made the recommendation.

In subsequent interviews with the mother, she stated that she wanted Julio to return home; her only concern was that he finish his educational program so that he would have a chance to obtain a good job. She also stated that she wanted him to return home so that he could be supportive to her needs. She was beginning to feel fear in the neighborhood and felt that Julio could protect her. She also felt he could be of help to her around the house in her weakened condition.

During his stay in placement, Julio was enrolled in schools that were considered to have high academic standards, including one private school, but he continually acted out through truancy and generally disruptive behavior. While he had good academic potential and continually expressed a desire for an education, he seemed unable to focus his energy and follow
through on his stated intentions.

Eventually Julio began to express to his caseworker his intentions to leave the agency. While a plan was being formulated to return him to his family, he began to exhibit a pattern of avoidance in problem-solving and following through on his treatment plan. For example, he would fail to follow through on appointments for admission to educational or vocational training programs. He would then provide a number of excuses for his lapses. In September 1981, before an appropriate plan could be developed to return him to his family, Julio ran away from the agency to stay with his family. His rationale was that if he left the agency he might be motivated to take more responsibility for his life.

Julio was provided with aftercare services to help him enroll in the Summit Program. The family did not request casework services to solve any incidents related to his return home.

Despite Julio's having left the agency before he was scheduled, his separation was not marred by lack of a support system. Although many of the marital problems between his parents had not been resolved, he did return to an intact home. However, there are reservations about his ability to follow through on his expressed goals and to find a sense of direction in his life. Throughout his period of placement he demonstrated excellent potential while at the same time showing grandiosity in his thinking and an inability to demonstrate
sustained effort. Since discharge, he has dropped out of the training program in which he was enrolled.

Julio is an example of a child who got locked into the foster care due to a combination of reasons: (1) his mother's unwillingness to have him return home; (2) continuing problems in the family; and (3) the satisfaction he derived from being able to manipulate the system which resulted in his own unwillingness to return home. It was only when he began to feel that he could no longer manipulate the system that he began to express an interest in returning home.
ANALYSIS & DISCUSSION OF DISCHARGE DATA

This study of discharge phenomena provides some insights into the nature and effects of foster care. The study did not attempt to ascertain the agency's accountability in meeting the needs of clients and achieving its discharge objective. Rather, the intention was to examine the characteristics of a specific discharge population.

Ethnicity

Data both nationwide and for New York City show that Black children are entering various child welfare institutions, including foster care, in increasing numbers. (Black children represent at least 59% of the foster care population in New York City.\(^8\)) In addition, Black children remain in foster care longer than other children. (The proportion of Black children leaving care in New York City within a five-year period was much less than that of other children: 38% of Blacks, 64% of Puerto Ricans; and 77% of whites.\(^9\))

According to most studies, these facts are symptomatic of the effects of poverty and racism. For example, 54% of all children in foster care are from families headed by a female receiving Aid to Dependent Children (AFDC); 25% of

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\(^8\)Office of the City Council President, Beyond the Breaking Point: Problems and Service Needs of Families in Crisis, New York City, October 1981, p. 25.

\(^9\)Romm and Schack, op. cit.
all families investigated by New York City's Special Services for Children have children in foster care.\textsuperscript{10}

Data from St. Vincent's population corresponds with the above and indicates that children are entering the institution at a higher rate than they are being discharged: During the study period, 72\% of those discharged were Black; however, Blacks represented 76\% of admissions for the same period.

\textbf{Reasons for Placement & Types of Placement}

The majority of the boys were placed because of two essential reasons: their acting-out behavior and their parent/surrogate's inability to handle this behavior. It would seem that the precipitating causes are often not so much parental inadequacy as the lack of adequate financial resources and social services, as well as a lack of awareness of services that might be available.

In many cases, if effective and well-coordinated preventive services had been available, out-of-home placement might not have resulted. Research shows, for example, that families placing children in foster care have been "at risk" for at least five years prior to placement, and often longer.\textsuperscript{11}

During this period, many of them have had contact with a variety of social agencies. The fact of placement represents therefore, at least in part, a failure on the part of service providers to detect families and children at risk and to provide the neces-

\textsuperscript{10}George Strauss, op. cit.

\textsuperscript{11}Office of the City Council President, op. cit., p. 31.
sary services.

What it represents more than anything, however, is a lack of social supports for poor families. A recent New York City report concluded, for example, that the recent shift in emphasis in New York State and New York City from long-term foster care to permanency and prevention has come at a time that make implementation most difficult:

Unfortunately this reorientation is occurring at the same time that federal and local service reductions are aggravating the problems of an already vulnerable population. Short-term savings will come back to haunt us as long-term foster care. The Federal government, for example, is cutting one quarter of Title XX funds which provide the few child care slots or homemakers for families in crisis. Food stamps are being reduced, contributing to the malnutrition of the children. Teenage pregnancy prevention programs are being cut, which may increase the current level of 14,000 teenagers who gave birth in 1980. Jobs for young people are being reduced, even though the unemployment rate for blacks between the ages of 16 to 19 reached 60 percent in New York City this year. (12)

Because of this lack of social supports, combined with other effects of poverty, parents are increasingly finding it necessary to voluntarily place their children when crises occur or long-standing stresses become overwhelming. Others are having their children mandatorily taken from the home because of abuse, neglect, and abandonment. Still others are going to court and placing their children under PINS jurisdiction, feeling that court involvement is their only way to control acting-out children. As previously noted, the end result of this initial court involvement is incarceration.

12 Ibid., p. 7.
Length of Placement

The length of placement, as it relates to the study of discharge phenomena, points out that children in care who are not returned home within a year tend to spend their entire teenage years in placement.

Length of placement is being viewed as an accountability mechanism in assessing an agency's effectiveness in terms of achieving permanency. However, the concern with achieving this goal does not always take into account the problems that brought some clients into care. Shorter placements and return home can only become a positive occurrence if families can receive the type of financial support that agencies receive to maintain a child in care. Cost factors have continually been presented showing the expense of maintaining a child in an institution. A recent report by the Office of the City Council President of New York stated, for example, that programs that spend the most money, up to the state's maximum allowable expenses, receive the highest rate. . . . The reimbursement system not only provides an incentive to spend, but also an incentive to keep children in care.... Indeed, as expenditures increase, performance decrease.13

Permanency goals (i.e., shorter placements) can only become a meaningful reality if families are provided the

Financial and social supports that will allow them to keep a child home once he or she has been discharged.

**Clinical Diagnosis**

Data from the study indicate that children entering foster care have a high rate of pathology. This is consistent with impressions presented in the literature. However, it is also worth considering whether these diagnoses represent an ethnocentric bias as well as a tendency to label within the clinical profession. If these diagnoses are correct, it would seem that many of the clients in the agency are inappropriately placed and would be better served in an environment with a heavier therapeutic emphasis.

**Discharge Status**

An examination of discharge status shows that the majority of the boys (61%) were discharged either to themselves or to their mothers. Research indicates that nationally, 26% of foster care children are discharged to self, compared with 33% in the St. Vincent's study. This difference can be attributed to the fact that St. Vincent's population is at the upper scale of the foster care population.

The discharge experience can be filled with trauma and ambivalence. Adolescents who have been in placement for a long period must now begin to take care of needs that have for so long been taken care of by the institution. While they were in the institution, they could be certain of a place
to stay, regular meals, clothes, spending money. Some youth face the separation without having attained adequate education or job skills. Many have not internalized adequate socialization skills. Others will return to living situations where they are not wanted or that are not in their best interests.

In the discussion on discharge status, four issues will be explored:

1. The family's capacity to re-integrate the returning member.
2. The discharged boy's capacity to function independently in the community.
3. Aftercare services.
4. Recidivism.

The Family's Capacity to Re-integrate the Returning Member

It can be predicted that many of the boys discharged to their families will soon leave these households. This is particularly true when the reason for placement was child centered. Block has indicated: "If the child was placed in foster care for a child reason, then his code of behavior was and still may not be accepted by other family members." Many of the causes that necessitated placement will still exist, and as they begin to resurface, family members begin to pressure the boy to assume responsibility.

for his own needs or move out.

Often there has been a void of contact between the boy and family during placement. Even at discharge, some parents do not care to involve themselves in the planning because the child has been in placement so long that he seems a stranger. And in many cases, all the memories of the past are bad ones.

Families that children are returned to often have multiple problems and limited coping energy to devote to facilitating the return of the child. Since "unusual and inadequate" conditions precipitated placement, it stands to reason that when a boy is discharged all of these conditions have not been resolved. To believe that the family system will have been adequately restored is totally unrealistic, given the nature of the problems confronting families living in poverty and the nature and availability of the services that have been designed to serve them.

The Discharge Boy's Capacity to Function Independently in the Community

The goal of casework services with adolescents is to help them function adequately and autonomously in family, community, and school. This goal becomes particularly crucial for residents who are discharged to self. While mandates related to earliest possible discharge can be administratively achieved in most cases, providing adequate socialization is a more difficult matter.
Many boys, as they reach the time of discharge, begin to feel the pressure of having to prepare for an independent life. With the realization that their skills are inadequate to compete in the job market, they may either attempt to remain in the agency for a longer period or leave prematurely. Often it is only at discharge that residents begin to take themselves and their future seriously and try to avail themselves of educational and vocational training opportunities.

There are conditions inherent in the foster care experience that hamper a boy's achievement of socialization skills. Placement requires a period of adjustment and can be particularly difficult for boys with social, psychological and educational difficulties that make their personal growth and development more problematic than for those of their peers who have a stable life. So for many residents, the typical problems of adolescence are compounded by separation from family, adjustment to an institutional setting, serious developmental problems, and an environment that fosters dependency.

Aftercare Services

What happens to boys who spend much of their teens in placement and are separated is drawing greater attention from social service providers, and new mandates are aimed at ensuring that foster care agencies have some impact on their lives after discharge.
Most boys and their families do not seek aftercare services. Usually, their desire to obtain aftercare services is a reflection of how involved the family was in casework services during placement. Parents normally do not seek aftercare support unless a crisis occurs and they begin to contemplate replacement.

Since families do not turn to aftercare services for continued support, it is the responsibility of the agency to actively reach out to them. New York State guidelines require that agencies maintain contact with the child and his family, provide counseling, and arrange for special services for six months after discharge. However, because of the pressures on social service staff (and a prevailing attitude that limits the concept of foster care to the placement experience), this is seldom done. The importance of aftercare has been underscored by Block, who states:

The families to which they are discharged must be strengthened to the point where they can accept the return of the child and cope with the difficulties the child may present. The individual functioning of each of the parents as well as the functioning of the family as a unit must be raised to an adequate level to assure permanency for the child. Intensive family services must be provided as soon as possible after the child is placed in foster care, and should continue for an appropriate length of time after the discharge occurs. (14)

Recidivism

If the boys are not accepted by their families or are not able to function independently—and if aftercare services are not offered or utilized—recidivism can be expected for at least 10% of the foster care population.
six percent (6%) of the study group returned to St. Vincent's after separation; and 4% though discharged, never left the institution. This latter group, all of whom were 21 years old, had not reached a level of socialization, particularly in reference to job skills, and did not have a support system that could sustain them in the community.

Incarceration

Four percent (4%) of those who were discharged were incarcerated on felony convictions. Agency policy does not permit persons convicted of a felony to return to the agency during probation or upon release from incarceration.

Effect of New York State Mandates on Discharge Planning

These mandates, as codified in the New York State Department of Social Services Case Reporting Standards, require not only that a discharge objective be clearly stated, but that specific objectives and goals for the child and family, to be met within a specific time frame and designed to achieve permanency goals, must also be clearly articulated. According to Block:

... the foster care provider is faced with an ambiguous task. If the child is kept in care, the agency may be thought to provide inadequate service. Yet, if the child is returned home, there is a fear that it may prove premature, and the child will suffer emotional harm and eventually return to foster care. (16)

16 Ibid., pp. 597-598.
CONCLUSION

The fact that Black male adolescents are increasingly exhibiting behavior and problems that cause the family to seek help outside of the family unit is well documented. Also, the fact that young Black males, once placed in an institutional setting are at risk of further institutionalization is supported by research. The steady rise of institutionalized Black males and the related problems this suggests has alarming implications not only for the child welfare and criminal justice system, but for the future of the Black community. This institutionalization syndrome is symptomatic of the steady deterioration of poor Black families and the devastating impact of inequality within our social structure. It is also a challenge to Blacks to begin developing alternatives to a system that has not favorably serviced the needs of Black children, historically and currently.

The purpose of this study has been to study the foster care system as a microcosm of the larger child welfare system and how this system impacts on young Black males. The study has been conducted from the perspective of the discharge phenomenon in foster care, which has become an issue of increasing concern for social service providers and legislators. For about the last twenty years, officials and professionals have been concerned with the fact that children tend to get locked into foster care placement and spend much of their teen years in settings outside the family. As a result
of this concern, there has been greater concentration on developing ways and means of reducing the amount of time that children spend in placement and assuring permanency once the child is discharged. This study has focused, therefore, in a preliminary manner, on some of the factors associated with discharge and how these factors may affect the adolescent's later development.

Discharge from foster care has been noted as a traumatic and confusing episode in the child's life. The problems that young Black males will encounter because of their peculiar relationship to and position in the social structure demands greater attention.

When considering a topic for research, it became clear to the author that only sparse attention had been given to an examination of discharge, which, as previously stated, has only recently become an area of concern for the child welfare system. In addition, very little attention had been given to the broad question of Black children in the child welfare system or in foster care. Although many studies included data on discharge or on the Black child, rarely were these areas a topic of primary focus. This study, therefore, is conceived as a first step in a continuing study of the institutionalization of Black males, using the foster care experience as studied from the perspective of discharge as a point of departure.

The study has attempted to progressively lead to an examination of the discharge phenomenon. Beginning with a
brief history of foster care and a selected review of the
literature, an effort was made to pinpoint those issues
that were germane to discharge and Black children in foster
care. At this point, the paper focuses on the core of the
paper: the study of a sample discharge group from a
foster care institutional residence program in New York
City. Through an examination of factors relative to discharge,
an effort was made to highlight factors that impacted not
only on the discharge phenomenon, but on the placement
experience.

The original study designed by the author was intended
to be a profile of an institutional foster care setting
for adolescent males. However, while exploring this material,
pressing issues relevant to Black adolescent males and
the Black community began to emerge. As a result, the focus
of the study was altered while the study was in progress.
As a result of this and other factors, there are a number
of limitations in the present study. Among these are:
1. The small number of children in the study population.
2. The imcomplete description of the treatment experience.
3. Lack of follow-up on discharged residents to ascertain
their post-discharge experiences.

A major handicap was the lack of previous studies related
specifically to the discharge phenomenon or the Black child
in foster care. However, this factor was an important moti-
vation in conducting the present study. Since both of these
issues are getting more attention within the child welfare
system (as well as the Black community), it is hoped that the present study will provide some important insights.

Some of the key findings of the study include the following:

1. Black children are entering foster care at a faster rate than they are being discharged.

2. Black children are more often than other children placed in inappropriate settings.

3. A Black child, once placed in foster care, is more likely than other children to remain for a long period of time.

4. The recidivist rate for foster care is increasing.

5. After discharge from foster care, children are likely to be placed in other institutions, such as mental hospitals and prisons.

6. Many poor Black women who are single heads of households are utilizing foster care as a way of controlling adolescent males they are unable to manage.

7. The kind of behavior that would lead to a middle-class white child's placement in a private school or treatment with a therapist, results in institutionalization for poor Black adolescents.

8. Adolescent children discharged to parents or relatives soon leave these settings.

9. The most dynamic and depressing finding is that a dependency syndrome is instilled in young Black males who have been in institutional foster care, creating individuals who are unable to take responsibility for their own lives.

Recommendations

Several areas for future research were revealed by the study which would be of benefit in strengthening foster care, with particular reference to the adolescent Black male.
1. A study of services provided to adolescent males in institutional foster care settings.

2. An examination of the impact of New York State mandates related to permanence and early discharge on the recidivist rate in foster care institutions.

3. A follow-up study on the post-discharge experiences of adolescent males discharged from foster care institutions.

4. The impact of new case management requirements on the accountability and efficacy of services in foster care institutions.

In addition to the above areas of research, a further recommendation is to strengthen aftercare services provided by foster care agencies and other community resources. Many adolescent Black males who leave foster care will return home to families who are unable to provide for their needs. Their re-entry into the family unit will, in many instances, exacerbate already existing stresses on the families. And given their poor socialization skills, most will be unable to function autonomously. (These facts are, of course, compounded by the present economic condition in this country and the high unemployment rate among Black adolescent males.) These families need not only concrete services but also counselling to help them re-integrate as a family system. The adolescents will need periodic or trained support from the foster care professional. An irony of foster care is that it is perceived, as a result of its historical evolution, as a placement facility rather than a treatment facility. This is particularly troublesome given the fact that studies and professional impressions support that children now
entering foster care are presenting more pathology than their predecessors.

Upon discharge from foster care, the adolescent male must begin to confront the challenge of adult responsibilities. Very little in their foster care experience prepares them for this challenge. Young men alienated from their families, placed in institutions that are not prepared to serve their needs, unable to function independently upon discharge, lacking an internalized value system, and unable to obtain employment represent a danger to themselves and a cause of deep concern for social service providers and the Black community.

What is clearly emerging is a cycle of dependency and institutionalization among young Black males that can be eradicated only by the expansion of services and resources designed to strengthen the Black family and improve the child welfare system.


