



FOR IMMEDIATE RELEASE

**Egyptian Human Rights Authority
Report of Findings
HRA Case #18-110-9022
Lutheran Social Services of Illinois
July 16, 2021**

The Egyptian Regional Human Rights Authority (HRA) has completed its investigation of a complaint at Lutheran Social Services of Illinois (LSSI), a nonprofit social service organization. LSSI is the largest statewide social service provider, serving almost 50,000 people across Illinois. The organization provides critical programs for the state's most vulnerable residents including foster care, mental health services, alcohol and drug treatment, home care for seniors, affordable senior housing, residential programs for people with developmental disabilities, and programs that help formerly incarcerated individuals integrate back into society.

The specific department within LSSI being investigated is the Foster Care Division. According to LSSI's official website (<https://www.lssi.org>), LSSI provides placement and casework services for children who have been removed from their families because of abuse and/or neglect. The goal of LSSI's foster care services is to return the child back to his or her family. Services include training and licensing for foster families. Foster parents, working with LSSI, support the child's connection to his or her family by providing transportation to or hosting sibling visits, and visiting with parents when the child welfare team mutually agrees. Children who cannot be safely reunited with their families may become available for adoption. LSSI is the largest statewide provider of foster care services in Illinois. Approximately 10 percent of Illinois children under the guardianship of the Illinois Department of Children and Family Services (DCFS) are served by LSSI.

The allegation being investigated is: *A child with a disability is receiving inadequate treatment planning.*

If found substantiated, the allegation represents violations of the Foster Parent Law (20 ILCS 520/1-20), the Children and Family Services Act (20 ILCS 505/7), the Public Health and Welfare US Code (42 USC 675(5)) Foster Family Home Care Regulations (89 Ill. Adm. Code 301.90 & 315.130) and the Abused and Neglected Child Reporting Act (325 ILCS 5/8.2).

Methodology

To pursue the investigation, the HRA conducted a site visit to LSSI and interviewed the LSSI Foster Care Supervisor, Child Welfare Specialist (caseworker) and Program Director. LSSI policies were reviewed, along with the child's records.

Findings

The complaint states that a child in DCFS (Department of Children and Family Services) custody, received inadequate treatment planning while placed in LSSI foster care. The caseworker is reportedly not fulfilling the required 3 monthly visits to track the child's progress. The lack of planning for family visitation is disruptive and has forced the child to miss school and doctor's appointments when advance notice was not given to the foster family as per the complaint.

According to the Illinois DCFS website, every year, thousands of foster families across Illinois provide a temporary safe haven for children who have been placed in DCFS care by local courts. DCFS strives to reunite children with their birth families, and nearly half of all foster children are reunified with their families within 12 months. When reunification simply is not possible, as determined by the courts, many foster families choose to adopt the children they have cared for. Where it is in a child's best interest, DCFS and the courts may place a foster child in the home of a willing and able relative.

According to the Illinois DCFS website, the department makes every effort, under court supervision, to reunite children with their families whenever possible and as quickly as possible. DCFS and nonprofit agency staff engage parents to assist them in making the positive changes necessary to remediate the safety issues that cause their children to be removed from the home in the first place. A concurrent plan is developed with all children placed in substitute care settings to ensure a permanent life plan is ready for them if reunification becomes impossible, ideally with a loving family through adoption.

An overall record review by the HRA indicated that this child was removed from his parents care at birth and placed in a traditional licensed foster home. He remained in this home for 6 months and was then placed with a second traditional licensed foster home for 4 months. In August of 2015 he was placed in relative placement with his great grandmother until he was removed from her care in August of 2017 while an investigation was conducted. While he was in her care, both parents' rights were terminated on October 7, 2016, and the child's court ordered Service Plan Placement Goal was changed to adoption. He was placed in a third traditional licensed foster home where he remained, along with his younger brother for 2 months, until he was placed in a fictive kin placement in October of 2017, when it was decided that he would be better served in a home where he would be the only child. The fictive kin is a relative to the most recent traditional licensed foster home provider. The child and fictive kin had built a relationship while he was in the home of the provider, thus the new foster care provider was labeled fictive kin. According to DCFS, "Fictive Kin" is defined as an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child. The fictive kin started the process of adopting the child, however, when the investigation of the great grandmother was completed, the child was reunited with his brother and great grandmother in her home on August 24, 2018. The State of Illinois is still guardian of the child and the great grandmother is now pursuing adopting the child.

For purposes of this investigation, we will focus on the Illinois Department of Children and Family Services Family Service Plan (FSP) dated 5/10/2018. The FSP states the goal was changed to adoption on 10/7/2016 and both parents' legal rights were terminated on that same date. For the Concurrent Plan, it states, "If the adoption falls through with the current placement,

the child will be placed into a different home and the goal will remain adoption and an adoption placement will be established.” It lists his living arrangement as home of fictive kin and his permanency goal of adoption with a planned achievement date of 9/28/2018. The Evaluation Narrative reads as such: “The adoption has not been completed. [Child] was moved from relative placement in August of 2017 due to the caregiver being barred from adopting due to background history. He is currently in a fictive kin foster home. The child will have to be in the same home for 6 months before the adoption can be approved. The previous relative caregiver, (great grandmother), is working to get (child) and his sibling back into her home. Child will be placed in the current caregiver’s home for 6 months on 5/1/18. The subsidy paperwork is completed but will be updated of what happened in the last 6 months and be sent to the adoption attorney on 5/1/2018.”

According to the records, the child had 12 visits to the great grandmother’s home from April 6, 2018-August 20, 2018. Some visits were supervised by the caseworker while other times the caseworker dropped in unannounced to check on the child. There were 2 additional overnight visits, and the caseworker dropped in on those visits as well. The caseworker continued to drop in on the child after he was placed in great grandmother’s custody.

The HRA requested policy relating to visitation and service planning and no information was provided by LSSI. The Associate Executive Director stated that she is not aware of any LSSI policies that address those issues and stated that LSSI follows DCFS guidelines on each of those situations. The HRA also saw no documentation in the records received stating that the planning of the staff visits were disruptive to the family.

The HRA reviewed the case worker’s contact notes, case entry notes, case-aide visitation notes and DCFS visiting records and there was no mention of the case worker visiting with the child in the caregiver’s home. The caregiver stated that the caseworker would pick the child up from the home for visits but didn’t always enter the house. The caregivers would take the child to the car and put him in the car seat. When the case manager did come into the home, it is alleged that she never discussed the child and only looked in the child’s room. During the site visit, the caseworker was asked about the home visits and she was very vague in her answers and stated that there were 3 monthly visits to the home and they sometimes occurred in the yard. She looked to the others in the room to answer the questions posed. LSSI staff, during the site visit, made the assumption that the foster family was upset with the process as they wanted to adopt the child and that their complaints about the case worker were not valid. The HRA questioned the case worker on whether the child had developmental disabilities or delays and she said he did not. While reviewing the records, the HRA found multiple doctors and educational reports that suggest that the child has mild-moderate deficits in several areas.

Mandates/ Regulations

According to the Foster Family Home Care regulations (89 II Admin Code 301.90):

“5) When the Department determines that a child requires specialized foster care services, the Department shall provide the following minimum services: ... C) Monitor the child's health,

safety and wellbeing and the child's and caregiver's compliance with the service plan. The child's caseworker shall: i) visit the child at least 3 times per month. At least one visit per month must take place in the caregiver's home; ii) arrange for all recommended support services, mental health and/or medical treatment for the child, contact each service provider monthly, and obtain written client progress reports from each service provider on a quarterly basis; iii) participate in the quarterly Child and Family Team Meetings; iv) participate in the semiannual Administrative Case Reviews; and v) request a CAYIT if the child's needs cannot be met in his or her current placement setting, even with additional services or supports. The CAYIT team shall develop recommendations regarding services, interventions and placement settings best able to meet the child's needs.”

According to Foster Parent Law (20 ILCS 520/1-20):

“Sec. 1-5. Legislative findings. Family foster care is an essential service for children and their families who have been separated due to the tragedy of child abuse, neglect, or dependency. When children have been separated from their families, it is the responsibility of the child welfare team to respond to the needs of the children and their families by means including (i) providing protection and nurture to children in a safe, healthy environment; (ii) meeting the developmental and emotional needs of the children, including maintaining and promoting a child's emotional attachment to his or her own family; (iii) protecting and promoting the child's cultural identity and heritage; and (iv) working toward permanency for children by connecting them to safe, nurturing relationships intended to last a lifetime, preferably with their own family. Foster parents are an essential part of and fulfill an integral role on the child welfare team along with children in care who are old enough to participate in planning and services, parents of children in care, caseworkers, and other professionals serving the child and family. By providing care for children and supporting the attachment of children to their families in a manner sensitive to each child's and family's unique needs, the foster parent serves the child, the family, and the community.

In order to successfully fulfill their role on the professional child welfare team, foster parents must be committed to the goal of the child welfare program and must provide care to children and promote the best interests of the children and families served. In order to achieve this goal, foster parents must understand and be sensitive to issues of culture, ethnicity, religion, and children's connectedness with their families and must maintain a level of care, conduct, and demeanor that is consistent with the high professional ethics demanded of all other members of the child welfare team. Sec. 1-20. Foster parent responsibilities. A foster parent's responsibilities include, but are not limited to, the following: ... (3) The responsibility to advocate for children in the foster parent’s care.... (17) The responsibility to provide care and services that are respectful of and responsive to the child's cultural needs and are supportive of the relationship between the child and his or her own family; the responsibility to recognize the increased importance of maintaining a child's cultural identity when the race or culture of the foster family differs from that of the foster child; and the responsibility to take action to address these issues.”

Conclusion

According to the complaint, a child placed in DCFS custody, with a case managed by LSSI, did not receive adequate treatment planning while in foster care. DCFS's version of a treatment plan is called a Service Plan. A Service Plan is a written plan on a form prescribed by the Department toward the permanency goal for the child required by The Public Health and Welfare US Code (42 USC 675(5)), Abused and Neglected Child Reporting Act (325 ILCS 5/8.2) and Foster Family Home Care Regulations (89 Ill. Adm. Code 301.90 & 315.130). The Service Plan dated 5/10/2018 states that there were "No specific court orders affecting how services are to be delivered." The goal was changed to adoption on 10/7/16 and both the fictive kin foster parents and the great grandmother were interested in adopting the child. However, both had open investigations for abuse/neglect and the child had not been in the fictive kin's placement for more than 6 months, as required for the adoption process to be started. For the Concurrent Plan, it states, "If the adoption falls through with the current placement, the child will be placed into a different home and the goal will remain adoption and an adoption placement will be established." The investigation against the great grandmother concluded with no findings and the child and sibling were placed back into her care.

The goal of DCFS is family preservation and reunification. The foster family's role in this process is to support the attachment of children to their families in a manner sensitive to each child's and family's unique needs, the foster parent serves the child, the family, and the community. The goal of family reunification was met in this case as the child has been reunited with his brother and great grandmother. The great grandmother will need to refile the paperwork to adopt the child after he is back in her home for 6 months. Therefore, the goal of adoption had not yet been met, although DCFS records show that they are assisting the great grandmother with this process.

And finally, the complaint alleged that the lack of planning for family visitation is disruptive and has forced the child to miss school and doctor's appointments when advance notice was not given to the foster family. After reviewing the records, the HRA cannot conclude that a lack of planning by LSS caused disruption to the child due to the lack of evidence.

The complaint alleges that the caseworker did not fulfill the required 3 monthly visits to track the child's progress. According to Foster Family Home Care regulations (89 Ill. Adm. Code 301.90), a child receiving foster care services shall be visited by the caseworker at least 3 times per month and at least one visit per month must take place in the caregiver's home. The case worker appears to have been diligent in ensuring the child, his brother and great grandmother maintained a connection while the investigation was ongoing. However, there is no documentation to support that the caseworker visited the child once a month in the caregiver's home as outlined in Foster Home Care regulations (89 Ill. Admin Code 301.90). According to the notes, there was no mention of the caseworker visiting the home. Therefore, the HRA **substantiates** that the caseworker did not fulfill this part of the terms of the Foster Family Home Care Regulations.

Recommendations

The HRA recommends that LSSI ensure that case workers are providing their 3 monthly visits, including 1 in the caregiver's home as per **89 II Admin Code 301.90** and provide the HRA with documentation that this is occurring.

Suggestions

The HRA **strongly suggests** that LSSI develop policies that address visitation and service plan implementation.

The HRA also **suggests** that LSSI complete a thorough review of all agency policies and procedures, review and update policies on an annual basis and develop policies that help employees as well as LSSI management ensure the agency and its employees are up-to-date and compliant with the rules, regulations and laws that govern LSSI.

The HRA **suggests** that whenever possible, reasonable notice should be given to foster families when a child needs to leave the home for visits or appointments.

The HRA noticed inconsistencies when interviewing the caseworker. The caseworker denied that the child had developmental disabilities or delays while multiple doctors and educational reports suggest that the child has mild-moderate deficits in several areas. The HRA **suggests** that case managers thoroughly review the records of the foster children they serve and address their needs accordingly.