ACHIEVING PERMANENCY FOR CHILDREN IN CARE: BARRIERS AND FUTURE DIRECTIONS

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Permanency

■ “A legal, permanent family living arrangement”
  - U.S. Department of Health and Human Services, 2005

■ [Permanency is] a sense of peace where you know someone cares about you and loves you unconditionally and will stand by you...
  - Male youth in foster care
Numbers at a Glance – FY 2015

- **Number in foster care** on September 30 of the FY - 427,910
  - **Number waiting to be adopted** on September 30 of the FY - 111,820
  - **Number waiting to be adopted whose parental rights (for all living parents) were terminated** during FY - 62,378
  - **Number adopted** with public child welfare agency involvement during FY - 53,549
Why Permanency Matters for Youth In Care

- Relationship with caregiver serves as the foundation for all other attachments.
- Absence of a committed and loving caregiver can undermine a child’s self-worth and ability to trust others.
- Children desire and need a certain amount of predictability in their lives.
- Provides children with the support that they will need as they age and encounter new situations.
- Families are generally more capable of making timelier and more fully informed decisions for a child than child welfare agency professionals or the courts.
Factors that Influence Permanency
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- A number of studies have examined factors that influence permanency
- Factors tend to be grouped by system-level, case-level, and individual child and family factors
System-Level Factors

■ Identified Barriers

- Recruitment and retention of a sufficient number of foster, adoptive, and kinship homes to meet the needs of children in care
- Provision of adequate training and preparation for these homes
- Limited child welfare staff dedicated to address and mitigate challenges experienced by foster, adoptive, and kinship families
- Frequent caseworker and supervisor turnover
- High caseloads in the child welfare system and the court system
- Insufficient resources in the child welfare system and the court system
System-Level Factors

- Impact of Barriers:
  - Decreased quality of care
  - Decrease the likelihood of timely permanency decisions and placements
  - Reduced responsiveness of agency staff
  - Increased number of placements children experience when the placement fails
  - Unwillingness of prospective adoptive families to move forward with the adoption process
Case-Level Factors

- Identified Barriers
  - History of prior family involvement with child protective services
  - Number of placements
  - Type of initial placement that a child experiences
  - Reason for removal (i.e., the type of child maltreatment reported in the case file)

- Impact of Barriers
  - Decreased placement stability
  - Decreased likelihood of permanency
Child and Family-Level Factors

- Identified Barriers
  - *Child’s demographic characteristics* – gender, race/ethnicity, age
  - *Child has a mental or physical disability*
  - *Child has mental health issues*
  - *Parent has substance abuse*
  - *Parent has mental health issues*

- Impact of Barriers
  - *Decreased likelihood of permanency or a particular permanency outcome* (e.g., reunification)
Promoting Permanency
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- Efforts made at the federal, state, and local levels
  - Legislative response
  - Initiatives and practice models
Legislative Response and Innovative Programs and Efforts
Federal Legislative Response

- Adoption Assistance and Child Welfare Act of 1980
- Adoption and Safe Families Act of 1997
- Fostering Connections to Success and Increasing Adoptions Act of 2008
AdoptUSKids

- Project of the U.S. Children’s Bureau
- Initiated in 2002 through Congressional mandate
- Activities include:
  - National photolisting service
  - National adoption ad campaign – partnership with the Ad Council
  - Capacity-building technical assistance and coaching for state and county child welfare systems
  - Development of recruitment and retention tools for state and county child welfare systems
Child Protective Services Reintegration Program

- Partnership between Travis County and Texas Child Protective Services
- Designed to promote permanency for children with complex mental health needs who are in therapeutic foster care and who have an approved family or kinship caregiver willing to care for the child.
- Intensive wraparound service model with caseloads of no more than 10–12 children
- Flexible funding pool
- Activities include:
  - Provision of traditional and non-traditional services
  - Intensive pre- and post-placement support to the child and family
  - Services for 6-9 months after CPS involvement
- Deemed a “promising practice model” by the California Evidence-Based Clearinghouse
Permanency Innovations Initiative

- Launched in 2010
- A 5-year, $100 million dollar multi-site demonstration project
- Developed to address permanency outcomes for child populations at-risk of long-term foster care
  - Children of color, older children, children with emotional disorders
- Six grantees were awarded funding
Child Family Programs

■ A multi-state foster care program
■ Operated by the Casey Foundation
■ Activities include:
  – Direct clinical case management services to children and their families
    ■ Emphasis on services for older youth
  – Support for program and policy changes that will move children to permanence
Solution-Based Casework

- Case management practice model based on family life cycle theory, cognitive behavioral theory, and solution-focused family therapy
- Take a partnership approach between the family, caseworker, and service providers
- Model has been shown to have a positive impact on helping child welfare systems exceed federal permanency goals
- Deemed a “promising practice model” by the California Evidence-Based Clearinghouse
- Currently being used in several states
Gaps in Knowledge, Gaps in Care
Gaps in Knowledge, Gaps in Care

- Additional research needed on:
  - Successful strategies to recruit and retain foster and adoptive families
  - The role of case-level factors in permanency outcomes
  - Programs and practice models that are most effective with different types of cases and populations
- Increased need for culturally responsive practice models
Future Directions
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- Mitigation and eventual elimination of barriers to permanency identified today
- Increased efforts must also be made to address the social conditions associated with maltreatment
  - Evidence-based substance abuse and mental health treatment services
- Increased investment by communities, states, and the federal government in child welfare systems
  - Early prevention and intervention programs for families
  - Financial investment and commitment to programs that address children and families’ needs
- Increased recruitment and retention of foster, adoptive, and kinship families
Questions?

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References

References


