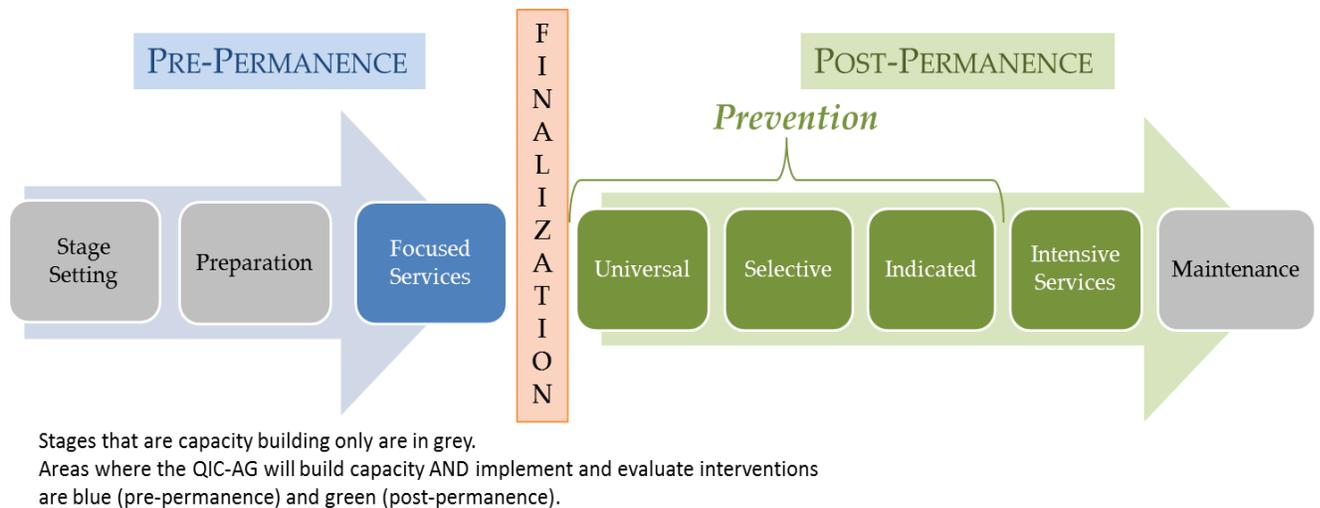


## CONTINUUM OF SERVICES



**FIGURE 1**

This document lays out the continuum of services that form the framework of the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). The continuum is a comprehensive array of pre- and post-permanency services provided from the point a child enters the public child welfare system, through finalization of an adoption or guardianship, and continuing throughout post-permanence after an adoption or guardianship is finalized.

The QIC-AG initiative makes a distinction between *capacity building areas* and *evaluable areas of intervention*. Recognizing that each stage builds on the successes of the previous stage, the QIC-AG will work with sites to build capacity in all areas. However, the main focus of the implementation and evaluation will be the specific intervention selected by the site in collaboration with the QIC-AG staff for Target Group 1 or 2.

**Capacity building** (*in grey in Fig. 1*). Capacity building elements occur in both pre- and post-permanency areas on the continuum. The QIC-AG will work with sites in the areas identified as capacity building (i.e., setting the stage, preparation, and maintenance), to provide an array of supports and services. Staff from the QIC-AG will provide assistance with identifying promising and evidence-informed practices in these areas. However, the capacity building areas will not be the focus of the implementation or the evaluation.

**Target Group 1:** Children with challenging mental health, emotional or behavioral issues who are waiting for an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home for whom the placement has not resulted in finalization for a significant period.

**Target Group 2:** Children and families who have a finalized adoption or guardianship. This group includes children who have obtained permanence through private guardianship and domestic private or international adoptions.

**Evaluable Interventions** (*in blue or green in Fig. 1*). The evaluable areas of intervention are service areas on the continuum that the partner sites will consider for the implementation and evaluation of an intervention. The QIC-AG staff will work closely with sites to select one evaluable intervention to implement. In addition, QIC-AG staff will work with sites to set up mechanisms for tracking outcomes of the intervention, identify comparison groups, and track the process of implementing the intervention. For instance, a site could select to implement a promising practice to further develop and test or a site could select an evidence-based intervention that could be replicated and adapted. (For additional information on intervention selection, please see the Children's Bureau's [\*Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare\*](#).) The evaluable intervention implemented at each site can be in the focused services area on the pre-permanency side of the continuum or in any of the prevention efforts or intensive services on the post-permanency side.

## PRE-PERMANENCE

Stage  
Setting

### Capacity Building: Stage Setting

The mission of the QIC-AG is to develop a multi-faceted system of services and interventions that support the permanency and stability of children who move from the foster care system to a permanent placement through adoption or guardianship. Although reunification is the primary goal for children who enter foster care, it is critical to lay a foundation for concurrent planning that promotes adoption and guardianship in the event that reunification is not viable. Laying this concurrent foundation helps promote timely permanence and provides a backup plan (Plan B) in the event that reunification cannot be obtained. Our focus for this initiative will be on capacity building that lays the foundation for Plan B.

Critical time points occur in the life of a child when information is obtained, decisions are made, and actions take place that will have an impact on the trajectory and, ultimately, the permanency outcome for the child. These critical times begin the moment a child enters foster care. Laying a foundation for permanence requires the child welfare system to consider a long-term view of a child's life. This long-term perspective incorporates a holistic approach to practice, beginning with a comprehensive assessment of the child's strengths and needs. This initial stage is the time to create a culture that promotes communication and concurrent planning with foster parents,<sup>1</sup> birth parents, and the child's extended family members (e.g., siblings, grandparents, aunts, uncles); a culture that encourages all parties to be involved with critical conversations related to permanence. Likewise, it is imperative that efforts during this stage also establish a common understanding among all parties of the effects of trauma and its short- and long-term impacts on the emotional and behavioral development of the child. Setting the stage for permanence entails not only concurrent planning but also proactive preparation and training with all stakeholders to minimize both the number of placement transitions and the negative impact of those transitions on the child. Effectively managing transitions involves implementing specific preparations for children and foster parents; improving coordination between service providers responsible for supporting the children; and proactively developing transition plans.

**Population:** All children in foster care.

**Tenets:**

- Find and recruit relative placements, whenever possible
- Engage foster families in the permanency discussions and encourage information sharing among all parties
- Encourage connections between birth and foster families

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<sup>1</sup> The term foster parents includes licensed as well non-licensed foster parents, including relative placements

- Discuss permanence throughout the life of the case and keep parties informed of decisions related to permanence
- Recruit prospective placements from a needs-driven, child-focused approach
- Identify unique dynamics of kinship placements so that services match their needs
- Create realistic expectations of the children and assist foster families to manage their own expectations

**Capacity Building:** The stage setting process not only includes specific activities but also an overall approach to practice. This approach includes concurrent planning that lays a strong foundation for permanence. Stage setting activities could include conducting an intensive search for a relative placement, improving communication and coordination of services across all child welfare staff who touch the life of a child, ensuring disclosure of permanency plans to critical stakeholders, identifying and preparing foster parents (both relative and non-relative), and conducting trauma assessment and treatment.

## Capacity Building: Preparation

Once determined that reunification is no longer an option for a child and that guardianship or adoption is the best permanency option, specific activities should take place (a) to identify appropriate permanency resources, and (b) to prepare both the child and family for this transition. One component of preparing for adoption and guardianship includes the process of full disclosure; that is, ensuring that child welfare systems openly shares information about the child with the prospective adoptive parents or guardians. This information ranges from the child's history of trauma, pertinent issues regarding the child's birth family, the child's educational and medical records, and information about daily living obtained from previous placements. The prospective adoptive parents or guardians need to understand the potential impact a child's history may have on their family. Ensuring this understanding involves preparing adoptive parents or guardians for situations they might encounter in the future given the type or extent of trauma the child has experienced.

Another critical activity involves developmentally appropriate preparation of children for whom adoption or guardianship is a possibility. The preparation for adoption or guardianship can be accomplished by engaging children in discussions that focus on the permanency process and how their existing family relationships might be impacted. This preparation also includes helping children work through their mixed emotions regarding permanence.

For adoptive parents and guardians, permanency preparation entails helping the adoptive parents or guardians and— when developmentally appropriate, the child—to plan how they will navigate their involvement with the child's birth family post permanence. Family involvement includes siblings who are not living in the same home. The importance of sibling bonds makes it essential for prospective adoptive parents and guardians to plan for on-going involvement with siblings. The possibility for a child to connect with his or her birth family is relatively easy given the availability and heightened use of social media. The post-permanence involvement with the child's birth family is likely to be more complex when the prospective adoptive parents or guardians are related to the child. The familial dynamics of a relative placement can complicate the transition from foster care to adoption or guardianship. These dynamics include redefining roles, establishing a new hierarchy of parenting, and understanding and resolving anger and pain that may be part of a family's generational history. In addition, kin caregivers' social support systems available through friends and other family members are often strained because of these complex family dynamics.

**Population.** Children waiting for adoptive or guardianship placements, and children already living in identified adoptive or guardianship homes and moving toward finalization.

### Tenets:

- Provide prospective adoptive parents and guardians with critical information about the child, ensuring the information is provided in an accessible manner so that prospective

parents or guardians can comprehend and anticipate the potential short- and long-term impacts on their families

- Help prospective adoptive parents and guardians establish agreements regarding post-permanence contact and involvement with the child's birth family
- Increase and enhance the existing support systems of adoptive parents and guardians
- Identify and address potentially high-risk behaviors observed in the child
- Address developmental trauma, separation loss, and family integration issues with children
- Promote involvement of children with permanency planning, if developmentally appropriate
- Assist kin caregivers in addressing the family dynamics associated with the transition to permanence

**Capacity Building.** Capacity building entails programs that prepare children and the adoptive parents or guardians for the transition to permanence. Children not only need to understand the plan for their future but will also need assistance with integrating this plan with their past. Comprehensive full disclosure involves informing adoptive parents or guardians of the child's history and the specific needs of the child. In addition, disclosure involves helping adoptive parents or guardians think about the short- and long-term implications of the permanent placement, and potential ways they could prepare to meet future needs. These activities not only help prepare children and prospective adoptive parents or guardians for the transition but also help them plan for involvement with birth families post permanence.

## Focused Services

Although many families are willing to adopt or assume guardianship of children in the child welfare system, it can be difficult to find permanent homes for children with challenging emotional, behavioral, or mental health issues. These challenges can prevent the identification of a potential permanent placement and, even after prospective adoptive parents or guardians have been identified, these issues can hinder movement toward permanence. To overcome these obstacles, focused services are designed to meet the emotional, behavioral, and mental health needs of children whose needs are hindering the attainment of permanence. Focused services are also intended to help prepare families so that they have the capacity to meet the needs of these children and become permanent resources.

**Population:** Children with challenging mental health, emotional or behavioral issues who are who are waiting for an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home for whom the placement has not resulted in finalization for at least 18 months. It is possible that some children in this population have experienced a disrupted or dissolved adoption or guardianship, including children who have been adopted privately or internationally.

### Tenets:

- Equip prospective adoptive parents and guardians with the array of supports and resources needed to effectively manage the specific needs of their child
- Assess and implement interventions that help families manage their children’s mental health, emotional or behavioral issues
- Tailor recruitment and matching services to the individual needs of the child
- Develop detailed plans outlining the specific services and supports the child and the family will receive post permanency

**Interventions.** Interventions utilized to prepare prospective adoptive parents or guardians, or to support existing prospective adoptive parents or guardians who are not moving to permanence due to challenging issues with the children in their care. These interventions will range from intensive recruitment interventions that develop and prepare families for children with more challenging behaviors to interventions that help families effectively manage the behaviors. Interventions could also include trauma assessment and treatment, parenting stress assessment and treatment, or intensive parental supports.

**Outputs and Outcomes.** (see text box for description and definitions). Outputs can include the number of parenting classes taught or the number of sessions

### **Outputs vs. Outcomes**

**Outputs** are the things a program does, that is, the activities a program carries out. **Outcomes** are the consequences that result from the program’s outputs.

For example, one part of an academic improvement program might include providing lunch to students, which would be a program output; students’ improved school performance because of better nutrition would be a program outcome.

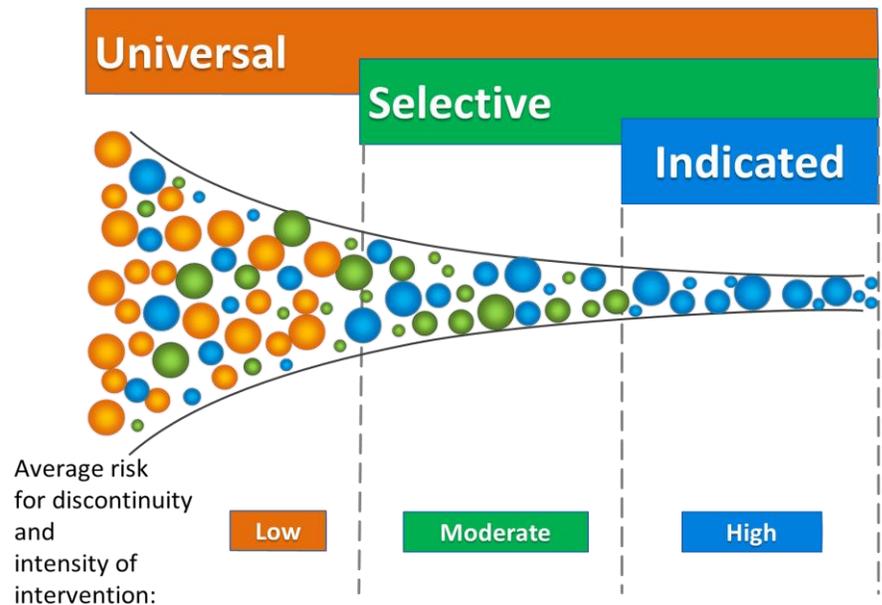
Outcomes answer the question, “What, if anything, would be different after the target population has received the program’s outputs compared to if they never received the outputs?” Outcomes are not what a program does, but what happens to the population because of what a program does.

attended. Outcomes can include improved quality of child-caregiver interactions; improved child behavioral health; decreased level of parenting stress and burden; reduced rates of placement disruptions; increased number of children with challenging emotional, behavioral, or mental health issues who achieve permanence; reduced time in foster care; decreased number of placements while a child is in foster care; or reduced number or severity of a child's trauma-related symptoms.

## POST PERMANENCE

### Types of Prevention

**Note.** The first three stages in the post-permanency continuum focus on prevention.<sup>2</sup> The three levels of prevention interventions are based on the average risk for discontinuity and the intensity of the intervention. As shown in Figure 2, each intervention level focuses on a different population size, with the scope becoming more narrow as we move from universal to selective to indicated interventions. In addition, as the degree of risk for post-permanency discontinuity increases, the intensity of the intervention also increases.



**Figure 2.**

#### Universal

### Universal Prevention

The work of supporting adoptive and guardianship families is not finished when the legal arrangement is finalized. At this point, families are just beginning the post-permanence journey of raising their child and can benefit from ongoing outreach, including explanations of the various services and supports available. Universal prevention includes strategies that are delivered to a broad population, without consideration of degree of child-specific risk or individual variation in need (Springer & Phillips, 2006). Post-permanence universal prevention includes the child welfare system's ongoing outreach efforts and engagement strategies that are intended to keep families connected to available supports, to improve their level of awareness regarding the services and supports available for current as well as future needs, and to educate families about issues prior to problems arising. Key to effective prevention strategies is maintaining connections between families and service providers. In part, these connections can be encouraged by providing opportunities for support and education that appeal to the general population of adoptive parents and guardians. These opportunities include interventions focused on proactive outreach that provides educational information to strengthen relationships between adoptive and guardianship families and service providers, support systems, and the child welfare system.

<sup>2</sup> The post-permanency continuum is based on: Springer, F., & Phillips, J. L. (2006). *The IOM model: A tool for prevention planning and implementation* (Prevention Tactics 8:13). Folsom, CA: Community Prevention Institute.

**Population:** All children and families in adoptive or guardianship homes, including new cases (i.e., finalization has recently occurred) and families in which finalization has previously occurred.

**Tenets:**

- Proactive in nature
- Maintain ongoing connections with all families post adoption or guardianship
- Reinforce availability of support services for existing or emerging issues
- Provide ongoing access to educational opportunities and information related to opportunities for adoption or guardianship

**Interventions:** Universal prevention interventions include such things as maintaining regular, periodic outreach to families (children, adoptive parents or guardians) after finalization. This outreach could take any number of possible forms, such as an annual survey, semi-annual newsletters, informational updates sent out at specific developmental milestones, and post-permanency resource manuals. These outreach efforts might include an assessment of the child's strengths and needs, including an assessment completed by the adoptive parents or guardians of how the child is doing, if the child is integrated into the adoptive or guardianship family, any behavioral issues, and a re-assessment of the level of caregiver commitment. These efforts might also include general education about issues of importance to the population of adoptive and guardianship families.

**Outputs and Outcomes:** A key consideration for prevention work is the selection of outcomes that are both realistic and are capable of being evaluated to determine the effectiveness of the effort. Too often prevention efforts are assigned outcomes that are more appropriate to a later stage in the process. Measures of successful universal prevention include outputs such as the percentage of the population contacted and the response rates associated with outreach efforts. Ultimately, it is hoped that these prevention efforts result in improved outcomes, including stronger permanency commitments, increased post-permanency stability, and improved child and family well-being.

## Selective Prevention

Often a child has an increased likelihood of developing social, emotional, or mental health issues because of traumatic experiences in their history. Selective prevention efforts target sub-groups that have been identified based on an elevated level of risk for post-permanency discontinuity (Springer & Phillips, 2006). Decades of child welfare research have given us significant insight into the characteristics of children and families who are likely to face higher risk for discontinuity. Selective interventions are designed exclusively for the at-risk sector of the post-permanency population. It is important to note that while this level of prevention targets risk factors, it does not necessarily mean that a child or family has demonstrated problematic behavior. Interventions provide increased support to families who have known risk factors that increase their *potential* for poor outcomes; these prevention efforts focus on improving the risk profile by increasing specific knowledge, attitudes, and skills. The goal is to reduce risk for dissolution, increase resiliency, and promote stability.

**Population:** At the point when an adoption or guardianship placement is finalized, the child or the family might exhibit one or more factors known to be associated with post-permanency discontinuity. These factors include children who are older at the time of permanence, especially adolescents; children who have experienced multiple moves prior to permanence; children who are “stepping down” from a residential or group home setting to become part of a nuclear family, and older adoptive parents or guardians.

### Tenets:

- Provide selective outreach efforts based on information (risk factors associated with discontinuity) known at time of the adoption or guardianship finalization
- Provide increased supports to groups that have been identified as having risk factors
- Use data to target families at risk for poor outcomes

**Interventions:** Selective prevention interventions targets outreach to families with risk factors for discontinuity. The outreach can use numerous methods (e.g., calls, newsletters, mailings, support groups, training opportunities, mentoring or coaching) but the key is targeting the outreach efforts to the selected groups identified as having the potential risk factors. These outreach efforts might include stepping up the intensity of periodic assessment of strengths, needs, and services (e.g., annual check-ins) by focusing on specific risk factors such as the quality of family interactions, how well the child has become integrated in the family, and the level of caregiver commitment. Outreach efforts might also assess the status of a child’s emotional, behavioral, mental health issues, and include programs that address externalizing and internalizing behaviors that are predictive of future discontinuity.

**Outputs and Outcomes:** Potential outputs depend on the specific intervention, but examples include quantifying the efforts as measured by the percentage of families contacted, response rates associated with an outreach effort, numbers of participants engaged in behavioral health or parenting related interventions, increased levels of satisfaction with the adoption or guardianship, and engagement in targeted interventions.

Ultimately, it is hoped that these prevention efforts result in improved outcomes such as strong permanency commitments, increased post-permanency stability, and improved child and family well-being.

## Indicated Prevention

While many children and families will be in a subgroup identified for selective prevention efforts, only a small percentage will exhibit behaviors that place them in the indicated prevention category. Indicated prevention populations are identified based on individual risk factors or onset of behaviors that put families at high risk for post-permanency discontinuity (Springer & Phillips, 2006). This level of prevention involves outreach efforts tailored to families' needs by specifically targeting the characteristics or behaviors that put them at high risk for post-permanency discontinuity. Service providers may first become aware of this level of risk when an adoptive parent or guardian reaches out to a child welfare agency asking for assistance, or when a response to survey indicates that a child has elevated behavioral issues or that an adoptive parent or legal guardian has weakened permanency commitments. Some at-risk families might be identified through outreach efforts, while others might contact the child welfare system directly to seek services or support. Unlike at-risk families in the selective prevention category, the target population for indicated interventions is currently experiencing issues or demonstrating behaviors that put them at high risk for post-permanency discontinuity. Indicated interventions focus on early detection using targeted screening and assessment; resource coordination to meet multiple, complex needs; and timely and effective responses to calls for assistance. The overall aim of indicated prevention interventions is reduce the risk for post-permanency discontinuity and promote stability by simultaneously meeting the objectives of stabilizing behaviors, maintaining and strengthening familial relationships, and increasing a family's ability to respond to a future crisis.

**Population:** Children and families in adoptive or guardianship placements that have been finalized but have an indicated risk of post-permanency instability or discontinuity.

### Tenets:

- Prevent issues from escalating and becoming a crisis
- Reduce tensions and promote stability
- This level of risk requires more from service providers than a referral to services
- Develop and implement interventions targeted at addressing characteristics associated with an elevated risk of post-permanency discontinuity
- Stabilize the behavior and relationships, and then assess further

**Interventions:** Indicated prevention interventions are designed for use with at-risk families identified through outreach or those who have reached out to the child welfare system for assistance. These interventions provide assistance in numerous areas, but are not crisis interventions. Indicated interventions can include things such as tele-therapy, screening and assessment, resource coordination, or assistance with navigating available services to ensure the child's and family's needs are fully met. However, indicated prevention interventions can also include programs that target specific areas known to cause stress on families post permanence. This type of tailored intervention could include an educational liaison program or a social skills training program for the youth. All of the

interventions are intended to reduce the risk for discontinuity, increase resiliency, and promote stability.

**Outputs and Outcomes:** Potential outputs include measures of successful outreach (measured as the percentage of families contacted and the response rates associated with the outreach); engagement in interventions; development of a protocol for immediate response to crisis; and efforts toward maintaining and strengthening of familial relationships. Ultimately, it is hoped that these prevention efforts result in improved outcomes such as strengthened permanency commitments, increased post-permanency stability, and improved child and family well-being.

## Intensive Services

At some time in their journey, some adoptive and guardianship families will encounter situations or behaviors that require immediate service provision. Regardless of whether these families have participated in prevention interventions, a family in a crisis will require intensive support and services targeted to both children and their families to diminish the crisis and restore stability. Intensive services include interventions designed for both families who are intact and families who have experienced discontinuity. These strategies aim to respond to a crisis, diminish the impact of a crisis, and stabilize and strengthen families who have experienced a crisis.

**Population:** Children and families who are experiencing a crisis that threatens the stability of their placement AND children and families who have, or are at risk for, experiencing discontinuity.

**Tenets:**

- Manage complicated crisis events
- Provide immediate response to families in crisis
- Provide more time-intensive family involvement
- These efforts aim to decrease discomfort, stabilize behaviors, maintain and strengthen familial relationships, and increase families' abilities to respond to a crisis in the future

**Interventions:** Intensive interventions will be intensive, high-frequency programs that can provide the family with immediate supports and services. These types of interventions may include placement stabilization programs or intensive in-home therapeutic services for children residing with their adoptive parents or guardians. Interventions might also include programs that provide supports and services to children outside of the home such as respite programs, psychiatric day treatment programs, and services aimed at helping children re-integrate into their homes. These interventions aim to reduce the risk for discontinuity, increase resiliency, and promote stability.

**Outputs and Outcomes:** Outputs may include the number of participants served in crisis interventions, and the number of families involved in intensive services. Potential outcomes include improved child behavioral health; strengthened permanency commitments; increased post-permanency stability; improved levels of child and family well-being; reduced amount of time a child spends outside the home; decreased number of crisis calls; increased support reported by the adoptive parents, guardians, and the child.

## Capacity Building: Maintenance

When children and families have invested time and energy to address critical issues, it is important that the system supports and works with these families to ensure their progress is sustained. Maintenance efforts for these children and their families aim to achieve the long-term goals of improved stability and increased well-being for those who experienced discontinuity or were at serious risk for experiencing discontinuity. These efforts—also thought of as *after-care services*—are designed to ensure that connections are maintained with families after they have completed indicated or intensive services. Maintenance efforts may include ongoing monitoring of the family to ensure they receive the support needed to maintain the positive outcomes they achieved through indicated or intensive services. In addition, maintenance services may also focus on understanding why discontinuity occurs so that it can be prevented in the future.

**Population:** Children and families who received indicated or intensive services. This includes children and families who have experienced discontinuity

**Tenets:**

- Focused on follow-up care
- Designed to increase resiliency and prevent relapse
- Maintain ongoing connections to supports and services

**Capacity Building:** Strategies are used to prevent recurrence or escalation of crisis and to strengthen gains in family stability achieved through participation in indicated or intensive services. Programs can include specialized training programs designed to enhance skills taught in the indicated or intensive programs, regular check-ins to ensure stability is maintained, and booster sessions that provide the children and/or families with supports and services aligned with the higher-end services they have received. Strategies also include the development of maintenance and preservation plans to ensure the gains made during the indicated or intensive services are sustained.



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