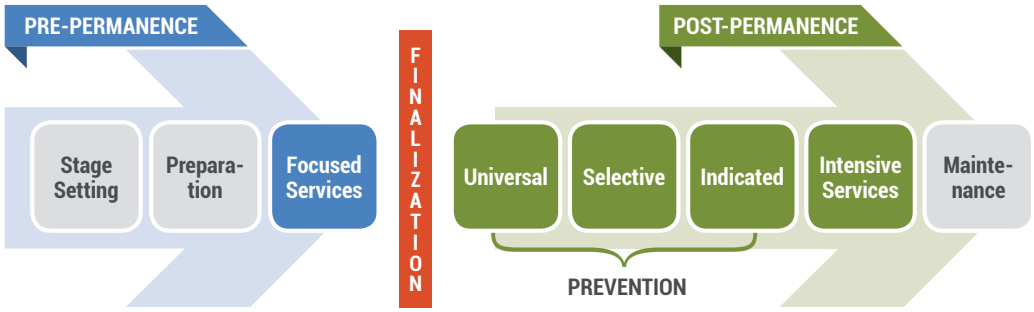
INTRODUCTION TO THE QIC-AG PERMANENCY CONTINUUM FRAMEWORK

INTRODUCTION

QUALITY IMPROVEMENT CENTER FOR ADOPTION & GUARDIANSHIP SUPPORT AND PRESERVATION

The QIC-AG has developed a Permanency Continuum Framework that is separated into eight intervals. This paper provides an overview of the continuum. There are a series of papers that describe the intervals along the continuum. Information on the other intervals can be found at www.qic-ag.org



OVERVIEW

CONTINUUM FRAMEWORK

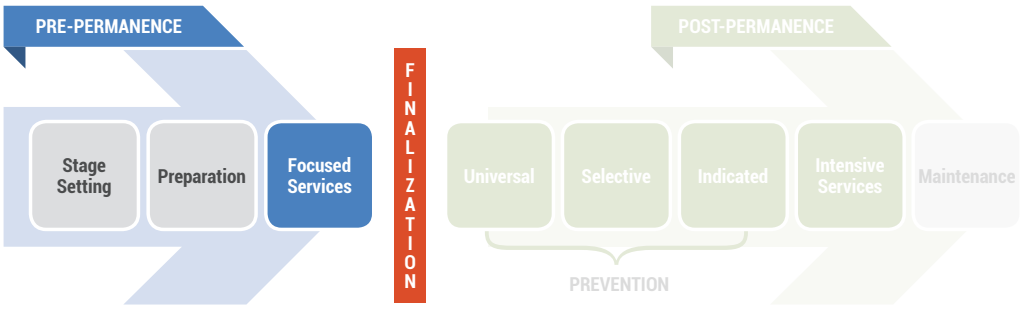
The ***QIC-AG Permanency Continuum Framework*** was developed by the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) to guide its work. The QIC-AG is working with eight sites across the nation to develop evidence-based models of support and services to address the pre- and post-permanency needs of children in foster care. The QIC-AG strives to improve the permanency outcomes of children in foster care for whom reunification is no longer a permanency goal. In addition to children adopted from foster care, the QIC-AG aims to improve post-permanency stability and support for children adopted through private domestic agencies or international agencies and children living with legal guardians.

The ***QIC-AG Permanency Continuum Framework*** is built on the premise that children in adoptive or guardianship families do better when their families are fully prepared and supported to address needs or issues as they arise. Helping families prepare for the transition to permanence should begin before finalization by using evidence-based supports and services that not only equip families to weather unexpected difficulties but also feel comfortable to seek assistance if the need arises. The framework emphasizes prevention and preparation because when services and supports are not offered until families are on the brink of disruption and dissolution, then those services are often provided too late and do not serve the best interests of children and families. To achieve optimal effectiveness, services and supports should be preventative in nature, and support efforts should focus on proactively identifying risk and protective factors and putting supports in place before difficulties burden the capacity of the family to address challenges.

The ***QIC-AG Permanency Continuum Framework*** is separated into eight intervals. Three intervals are on the pre-permanence side, and include *stage setting, preparation,* and *focused services*. The other five intervals are on the post-permanence side. Three of these intervals address prevention efforts, with each interval focusing on a different level of risk: *universal prevention, selective prevention,* and *indicated prevention*. The final two intervals address *intensive services* and *maintenance*, respectively. In practice, the intervals overlap; however, for the purposes of this discussion, the intervals are described as discrete units.

Taken together, the eight intervals serve as an organizing principle that guides the work of helping children in the transition from foster care to adoption or guardianship, and then helping families maintain stability and well-being after adoption or guardianship has been achieved. An overarching assumption is that the supports and services provided along the continuum are (1) trauma-informed; (2) recognize the unique circumstances of children who have been adopted or are living with guardians, and (3) acknowledge the unique, complex dynamics of changing family roles and relationships, especially when relatives adopt.

CONTINUUM AT A GLANCE



STAGE SETTING

For most children who enter foster care, reunification with their family of origin is the primary goal. However, reunification is not always possible, and therefore, it is critical to lay a foundation for concurrent planning that promotes adoption and guardianship. Laying this foundation helps promote timely permanence and provides a backup plan if reunification is not a viable option. The *stage setting* interval focuses on the critical period after a child has entered the child welfare system when information is obtained, decisions are made, and actions take place that will affect the trajectory and, ultimately, the permanency outcome for the child.

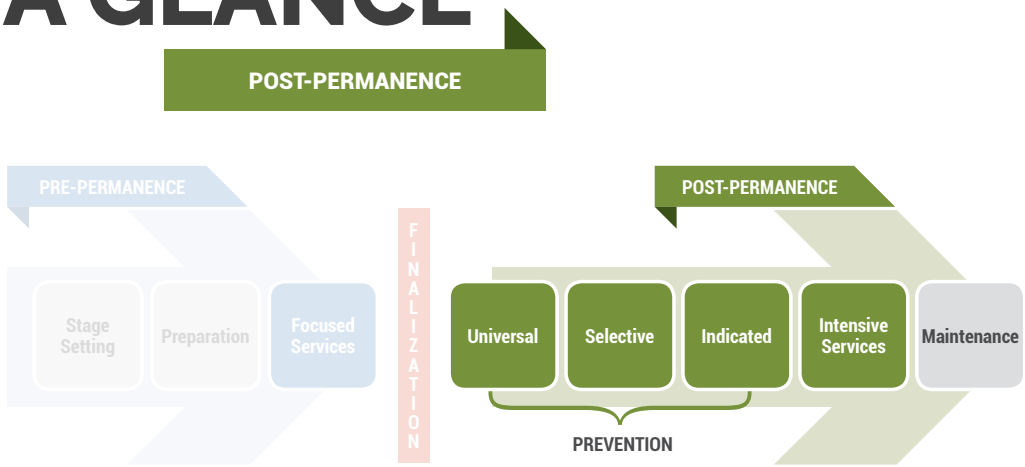
PREPARATION

Once it is determined that reunification is not an option, specific activities must take place to identify appropriate permanency resources and to prepare the children and the families for adoption or guardianship. This interval focuses on the activities that help to identify the resources that will help prepare children and families to make a successful transition from foster care to adoption or guardianship.

FOCUSED SERVICES

Finding permanent homes for children with emotional, behavioral, or mental health issues can be challenging. These challenges can impede the conversion of current placements into permanent homes and hinder progress toward permanence even when prospective adoptive parents or guardians have been identified. This interval encompasses interventions that not only address the emotional, behavioral, and mental health needs of children but also interventions that help prepare families for challenges that might arise after they become permanent families for these children through adoption or guardianship.

CONTINUUM AT A GLANCE



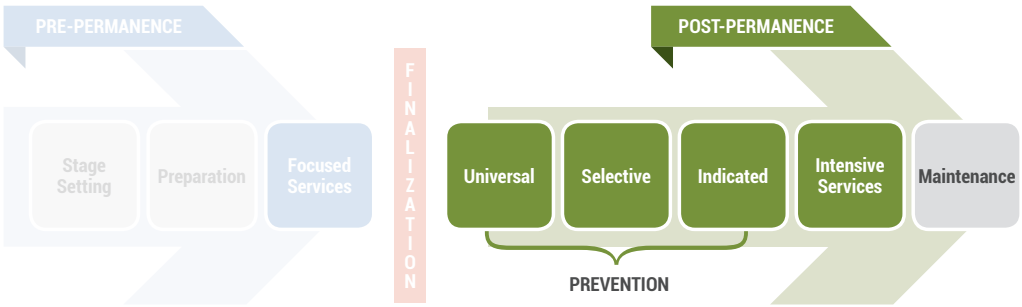
The Institute of Medicine (IOM) prevention model for behavioral health conditions categorizes prevention by different levels of risk. The QIC-AG has adapted the IOM Model for use with the post-permanency population.

UNIVERSAL

The first of the three intervals in the *QIC-AG Continuum Framework* that focus on prevention is the universal prevention interval. According to Springer and Phillips, universal prevention efforts are delivered to an entire population, and universal services and supports are available to all families. Given their broad approach, universal interventions are not tailored to account for individual risks or needs. Universal services and supports include ongoing outreach efforts and engagement strategies intended to keep families connected to current services, and to enhance their awareness of the availability of services and supports for future needs. In addition, universal prevention includes educating families about potential issues before problems arise.

SELECTIVE

Selective prevention is the second of the three intervals in the continuum which focus on prevention to ensure post-permanency stability. Springer and Phillips describe selective prevention efforts as those targeting sub-groups identified as having elevated levels of risk. Selective supports and services target children who, at the time of adoption or guardianship, exhibited characteristics or behaviors that put them at increased risk for post-permanency discontinuity. It is important to note that selective prevention targets identified risk factors, but the presence of these risk factors does not necessarily mean the child or family has demonstrated problematic behavior, only that they are at higher than average risk for discontinuity. The determination of a child's or family's level of risk is based on characteristics known at the time of finalization, such as children with a history of multiple moves while in foster care, or youth who were in their teenaged years when they exited foster care through adoption or guardianship.



INDICATED

The third of the prevention intervals in the post-permanency continuum is indicated prevention efforts. According to Springer and Phillips, indicated services and supports target families who have been identified because they are exhibiting behaviors known to heighten risk. These families have an indicated need for services or support, but are not at imminent risk of post-permanency discontinuity. Some families with an indicated need might begin seeking help as family problems and challenges escalate and become increasingly evident. Other families might be identified through an agency's outreach efforts. Unlike at-risk families in the selective prevention interval, families with an indicated need for prevention efforts are currently experiencing issues or demonstrating behaviors that increase risk of post-permanency discontinuity.

INTENSIVE SERVICES

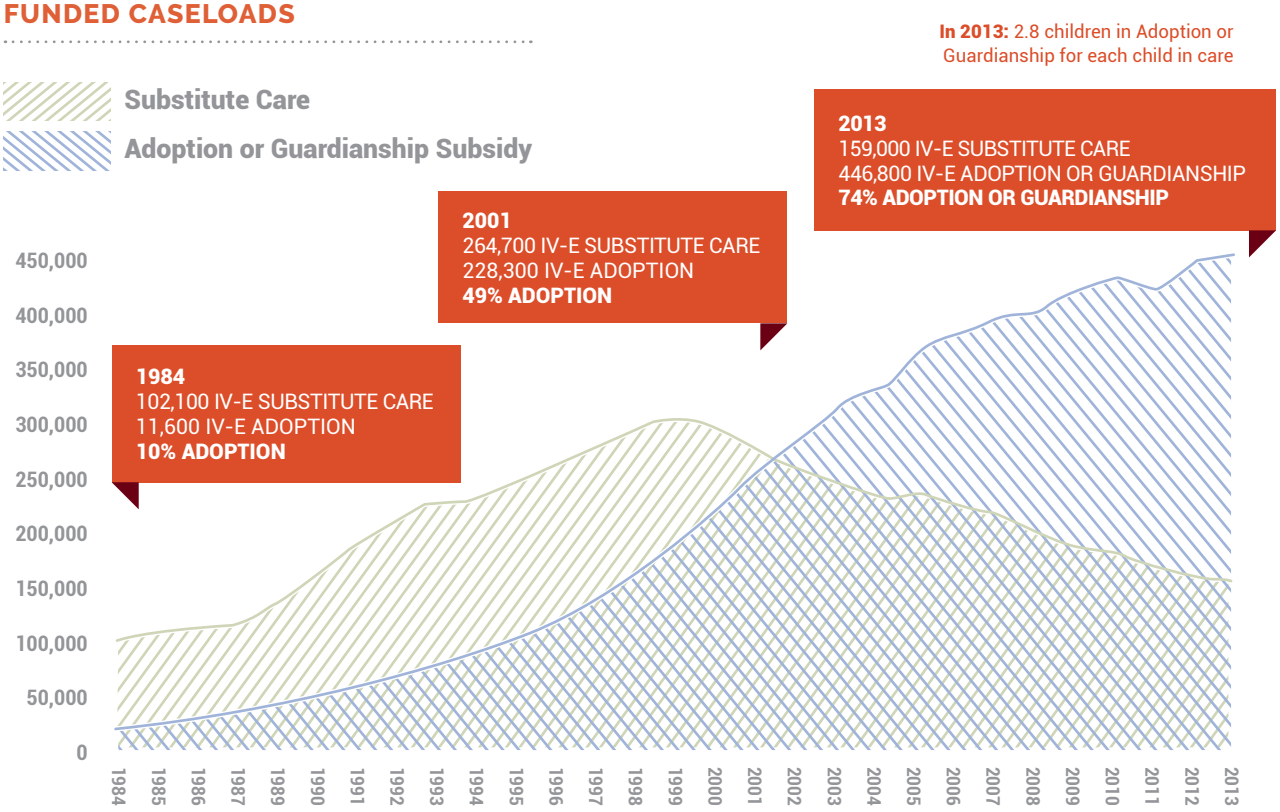
The intensive services interval focuses on providing immediate services and supports for adoptive and guardianship families experiencing a crisis or those at imminent risk for a crisis. Intensive services are provided as a response to a crisis situation and are intended to diminish the impact of the crisis by stabilizing and strengthening the family structure. Interventions used in intensive services are tailored to the needs of families in crisis and are designed for both families that are intact and families that have experienced discontinuity.

MAINTENANCE

When children and families have invested time and energy to address critical issues, it is important that the system actively supports their efforts by working with families to ensure the improvements are maintained. This is particularly relevant for children and families who have received indicated or intensive services because they may need continued system supports to ensure their progress is sustained. Maintenance efforts aim to improve family stability and increase well-being for those who either experienced discontinuity or were at serious risk for experiencing discontinuity. Examples of maintenance efforts include ongoing monitoring and services to help families understand the factors that contribute to discontinuity so that crises and discontinuity can be prevented.

CHILD WELFARE IN THE 21ST CENTURY

NATIONAL AVERAGE MONTHLY IV-E FUNDED CASELOADS



Source: Committee on Ways and Means of the U.S. House of Representatives, 2014

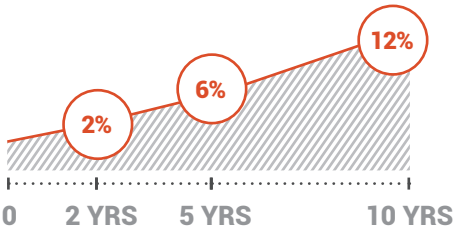
For children involved with the child welfare system, there has been a dramatic change in the composition of children supported by federal funds. Over the past decade, the number of children and youth in foster care has decreased significantly while the number of children supported outside the formal foster care system through federally funded adoption and guardianship subsidies has increased substantially. This change is depicted in the figure above.

In 1984 there were 102,100 children in IV-E substitute care and 11,600 children receiving IV-E adoption subsidies. By 2001, nearly equal numbers of children were in IV-E subsidized substitute care and IV-E adoptive homes. The most recent data show that for every child in IV-E subsidized substitute care, 2.8 children are living in IV-E subsidized adoptive or guardianship homes (greenbook.waysandmeans.house.gov).

In surveys and in discussions with adoptive parents and legal guardians, most state that the post-permanence services and supports they currently receive are important to sustaining their ability to meet the needs of their children. In addition, most adoptive parents and legal guardians indicate overall satisfaction with the adoption or guardianship. Many adoptive parents and guardians need ongoing support to address their children's normal developmental issues as well as transitional issues associated with the movement to permanence, including preparing to address changes in family roles, a new sense of identity, and the ongoing impact of being involved with the child welfare system. However, a subset of families report the existing services and supports are not enough, and they need additional supports and services to be put in place in order to meet the needs of their children.

The Children's Bureau estimates 2%–10% of children in adoptive and guardianship permanent placements will experience either the termination of their adoption or other discontinuity in their care after the adoption is legally finalized. Although the percentage of adoptions that subsequently suffer discontinuity might appear small, this percentage represents an increasing number of children and families.

Research from Illinois has shown families experience post-permanency needs at different times after finalization, ranging from the immediate period after finalization to a few years after finalization. Some families might not need assistance until a decade or more after the permanency arrangement was finalized. Cumulatively, 2% of Illinois children experience discontinuity two years after finalization, 6% at five years, and 12% experience discontinuity at ten years. In many cases, the increase in the cumulative risk of post-permanency discontinuity at ten years coincides with the child's entering adolescence. More than twenty years of follow-up data have shown that, regardless of the child's age at the time of finalization, discontinuity is most likely to occur when the child enters her or his teenaged years. Given the time that might pass between finalization of an adoption or a guardianship and when the risk of discontinuity heightens, it is important to ensure that universal interventions emphasize the ongoing availability of supports and services for families at any time when the need arises. Further, it is important to anticipate the challenges families might experience during their child's teenaged years, and to ensure prevention efforts begin before the adolescent developmental stage.



% of children who experienced discontinuity based on number of years from the time permanency was achieved

Less is known about the discontinuity rates for adoptions made through private domestic agencies or international adoptions. However, newspaper articles and media stories exposing the "re-homing" of children, primarily adopted through international channels, have brought increased attention to the stability of such arrangements as well as adoptive families' need for support.

While much about adoption disruption and dissolution remains unknown, studies have identified many factors that contribute to the likelihood of post-

permanency discontinuity. Conditions with the potential to influence the stability and permanency of a placement can either be a *protective factor* (i.e., support the permanency) or a *risk factor* (i.e., pose a negative danger) to placement continuity. These factors can offset each other, creating conditions for a stable placement. However, if the balance shifts toward increasing risk without opposing conditions to support the family, the likelihood of discontinuity is elevated.

EXAMPLES OF RISK FACTORS

- **caregiver's unrealistic expectations of the child**
- **poor family functioning**
- **child exhibits externalizing behaviors (e.g., sexual or physical aggression, drug use) and/or internalizing behaviors (e.g., anxiety, depression)**
- **child experienced multiple moves while in foster care**

EXAMPLES OF PROTECTIVE FACTORS

- **caregiver with a stable marriage**
- **caregiver with strong level of commitment**
- **biological relationship between child and caregiver**
- **placement with siblings**
- **availability of formal supportive services**

Child welfare interventions that do not target adoptive and guardianship homes until families are on the brink of disruption and dissolution do an ineffective job of serving the best interests and well-being of children and families. Even though most adoptive parents and permanent guardians are able to manage on their own, it is in everyone's best interest to obtain evidence-supported services and supports at the earliest sign of difficulty. The best way to ensure that families will have these services and supports when needed is to ensure that services and supports are preventative in nature; are focused on identifying risk and protective factors, especially early on in the adoption or guardianship transition; and are put in place before the point when difficulties exceed the capacity of the family to effectively address challenges. If these goals are met, then the services and supports can help children in foster care achieve legal permanence, prevent post-permanency discontinuity, and improve child and family well-being.

For more information visit the QIC-AG website at ***www.qic-ag.org***

CITATIONS

This paper is based on the citations listed below:

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