FOCUSED SERVICES

PRE-PERMANENCE

FINALIZATION

POST-PERMANENCE

Stage Setting | Prepara-tion | Focused Services

Universal | Selective | Indicated | Intensive Services | Mainte-nance

PREVENTION
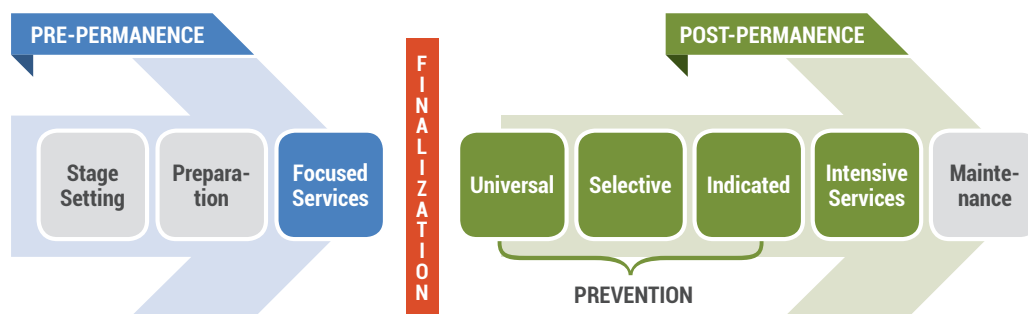
INTRODUCTION

FOCUSED SERVICES INTERVAL

> " *So much of the decision to make a life-long commitment to a child is based upon the capacity of the parent and the child to have a relationship; however, when a child has more challenging issues, it is critical that the appropriate mental health services, educational services, and supports for the family are in place and are guaranteed to continue long after finalization.* "

Adoptive Parent

Although many families are willing to adopt or assume guardianship of children who are involved in the child welfare system, it can be difficult to find permanent homes for children with challenging emotional, behavioral, or mental health issues. As a result, children with these challenges are at risk of aging out of the child welfare system without having experienced permanence. Focused services have a dual purpose. These services are intended to address the emotional, behavioral, and mental health needs of children and also prepare families so that they feel confident in their ability to meet the needs of the children both pre- and post-permanence. Interventions in this interval aim to maintain the stability of permanent resources once they are identified and ensure that children move to permanence with all parties prepared to face the challenges that might arise over time.
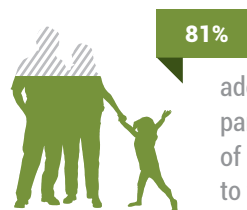
POPULATION

Services and supports in the focused interval are tailored to meet the needs of children who have challenging mental health, emotional, or behavioral issues. Typically, children targeted for focused services have exceeded the median length of time in care, and have encountered difficulties moving to permanence, which have not been resolved with traditional permanency planning and preparation. These children might be placed in congregate care settings or moving around in foster homes waiting for an adoptive or guardianship placement to be identified. Some children targeted for focused services might have been placed in an identified adoptive or guardianship home but the placement has not progressed to finalization for a significant period. Although these families may be willing to be a placement resource, they are hesitant to assume legal responsibility for a child with challenging mental health, emotional, or behavioral issues. Some children in this population, including children who have been adopted privately or internationally, might have experienced a disrupted or dissolved adoption or guardianship.

Families identified as potential adoptive or guardianship homes do not move to finalization for a variety of reasons. These reasons include uncertainties about the availability of services and supports, including confusion around services they perceive they may lose or actually do lose after finalization. This could include specific counseling services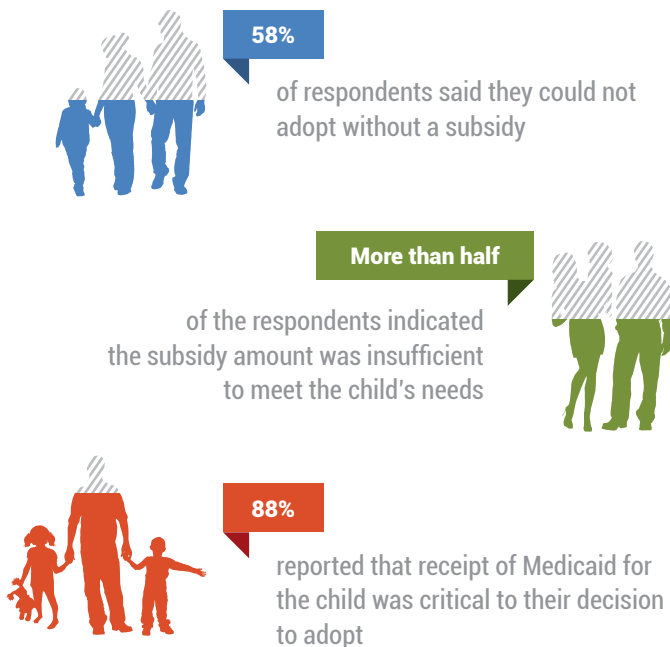, support and assistance from the case manager, or respite services. For some families, moving to finalization would mean either a loss or reduction in their monthly stipend, making it difficult to meet the children's special needs. Likewise, some families who recognize that the children have challenging issues that need long-term or specialized services might not feel comfortable losing the safety net of the services and supports currently in place. In addition to the subsidy and services, some families have concerns about the responsibility of assuming legal responsibility of children who have challenging mental health, emotional, or medical needs. Relatives might have concerns listed above but also have concerns about how moving to permanence might alter their family structure or affect their relationship with the child's biological parents.

To better understand the needs and concerns of prospective adoptive parents when considering adopting children from the foster care system, three organizations—Children's Rights, the National Foster Parent Association, and the North American Council on Adoption—collaborated in 2005 to conduct a survey of adoptive and prospective adoptive parents. The major findings of the survey included the following:

81% adoptive and prospective adoptive parents reported that the availability of adoption subsidies was important to their decision to adopt

58%

of respondents said they could not adopt without a subsidy

More than half

of the respondents indicated the subsidy amount was insufficient to meet the child's needs

88%

reported that receipt of Medicaid for the child was critical to their decision to adopt

In addition, almost half (47%) of the adoptive parents reported that the adoption subsidy they received after finalization was lower than the subsidy they received as foster parents.

47% ADOPTIVE PARENTS

REPORT LOWER ADOPTION THAN FOSTER SUBSIDY

In 2011, the U. S. Department of Health and Human Services, Administration for Children and Families published a report that synthesized findings from several demonstrations of subsidized guardianship waiver programs. This report also examined factors that influenced a child's exit to guardianship and the caregiver's decision to accept subsidized guardianship. According to the report, the caregiver's perceived or actual loss of subsidy and services impacted whether the offer of guardianship was accepted.

Important steps in ensuring child welfare systems can identify ways to alleviate the challenges hindering the move to permanence include understanding the concerns families have regarding finalization and ensuring supports and services are in place before finalization occurs. Adequate services and supports coupled with preparation tailored to the specific needs of the children and families can help achieve permanence for children with challenging emotional, behavioral, or mental health issues.

Another critical aspect of achieving permanence for this population of children is for systems to be aware of child- and family-level risk factors associated with elevated rates of disruption. According to the Children's Bureau, the term *disruption* refers to circumstances that occur when an adoption process is stopped after the child has been placed in the potential adoptive home but before the legal process of adoption is finalized. Generally, the primary risk factors associated with adoption disruption are categorized into three risk areas: (1) adoptive parents, (2) children, and (3) services. Although research varies regarding the impact of risk factors, some of the risk factors commonly associated with adoption disruption are summarized below. Notably, given that the majority of the research on disruption has focused on adoption, the risk factors outlined below are specific to adoption.

ADOPTIVE PARENTS

» Lower ratings of motivation to adopt
» Unrealistic parental expectations
» Lack of flexibility
» Inability or reduced willingness to cope with children's problems, demands, and behaviors
» A lot of preferences related to the characteristics of children they want to adopt

CHILDREN'S HISTORY AND PRESENTING PROBLEM

» Age of child: older age (i.e., older age is a risk factor at several points, including at entry to the child welfare system and at placement
» Placement history: child has had multiple placement moves, placed in residential facilities, extended period in foster care before moving toward adoption, and previous adoptive placements that were disrupted or dissolved.
» Extensive numbers and severity of emotional, cognitive, or physical problems at time of adoptive placement.
» Strong attachment to biological mother

SERVICE FACTORS

» Lack of continuity in adoption preparations, such as when workers preparing the child are not the same workers preparing the prospective adoptive/guardianship family.
» Providing families with incomplete or insufficient information before placement regarding the child's needs.
» Lack of preparation and supports, leaving families feeling they are unequipped to meet the needs of the child.

Research on the benefits and risks of kin adopting or becoming legal guardians is just beginning to emerge. A preponderance of research has shown that, as compared with children in traditional foster care placements, children placed with kin experience greater placement stability and accrue benefits associated with maintaining a familial relationship. In addition, research findings suggest that children fare better when they exit the child welfare system through adoption or guardianship with families the child knew before finalization (e.g., foster parents or relatives) rather than new families. However, research also suggests that without financial assistance, taking on the role of adoptive parent or guardian can be difficult for kin who are older, particularly elderly kin with limited incomes. These kinship caregivers can experience additional stressors, including having to draw on their retirement funds to meet the needs of the children in their home; facing challenges with transportation; and experiencing acute and/or chronic health conditions, which impede their ability to be actively involved with the children. The combination of these stressors and the responsibilities associated with the daily care of children can take a toll on the physical and mental health of older kinship caregivers.

These risk factors reflect the complex nature of child and family interactions as well as unique elements present in every case. Given that children who embody some of the risk factors mentioned above are the target population of the services and supports in the focused interval, it is critical for child welfare workers to be aware all the risk factors so that they can intervene to mitigate as many potential risk factors as possible.

FOCUSED INTERVENTIONS

PRACTICE PRINCIPLES

Interventions in the focused interval are associated with three primary practice principles:

1. Interventions should not only prepare families to manage the special needs of the child but also help families develop their capacity to care for a child with challenging emotional, behavioral, or mental health issues.

   Although intensive recruitment interventions are critical for this population, to be truly effective, recruitment must be coupled with interventions that prepare families for parenting a child with challenging behaviors. Families need to be aware of the scope of the child's needs, be fully cognizant of the family's role in helping the child heal and cope with past trauma, and be prepared to effectively manage the child's mental, health, emotional, and behavior issues.

2. Tailor recruitment and matching services to the individual needs of children.

   Recruitment of potential families for this population of children has been shown to be more successful when focused on the pool of people the child already knows such as relatives, foster parents, and other familiar adults who are or have been involved in the life of the child. Even though family dynamics can complicate the transition from foster care to adoption or guardianship for some families, the literature on disruption and discontinuity indicates children who are placed with a relative (i.e., relative placements) experience substantially fewer placement disruptions than children who are placed with people they did not know before the placement.

3. Develop detailed plans outlining the specific services and supports the children and families will receive post permanence.

   Children and families who are targeted for focused interventions are likely to need supports and services at different points throughout their journey. As such, interventions should not only provide services and supports needed in the short-term but also include components that prepare parents to address potential post-permanency concerns. In addition, these interventions should aim to make families aware of the services and supports available to them and how they can access these resources when needed.

EXAMPLES OF INTERVENTIONS

The section below presents summaries of three interventions, considered to be promising practices, that are designed to recruit, prepare, and support families interested in providing permanent homes for older children and children with challenges related to mental health, emotional, and behavioral issues. Each of these interventions not only recognizes the importance of supporting families before and immediately after children are placed in the home but also emphasizes the need to continue providing adoptive and guardianship families with services, training, and support after finalization. Additional information about the interventions is provided in the QIC-AG Intervention and Program Catalog (see http://qic-ag.org).

YOU GOTTA BELIEVE

The You Gotta Believe intervention is based on a model demonstration project funded by the Children's Bureau from 2004 to 2008. The project goals were (a) to find permanent adoptive parents for teens living in congregate care settings who were freed for adoption or (b) to find committed permanent families for children who were in danger of discharge from foster care without a permanent arrangement. The program teaches prospective parents why children who have experienced various forms of trauma (e.g., physical abuse, abandonment, rejection, victimization, sexual abuse, and neglect) sometimes (or perhaps often) exhibit survival behaviors, which parents and other adults find difficult to manage. This program also teaches prospective parents why their commitment is the only way that

youth will ultimately heal from the trauma. You Gotta Believe consists of three key components: intensive recruitment, preparation, and support.

» ***Intensive recruitment.*** Efforts in the recruitment component are tailored to the network of people whom the youth know well or those with whom the youth have some type of relationship, such as relatives, former foster parents, professionals, employers, or their friends' parents.

» ***Preparation***. As part of the preparation component, individuals recruited as potential parents participate in a 10-week learning experience. This learning experience is designed to help people who already love and care for a child with special needs to develop the skills and tools needed to sustain their commitment to the child and make the crucial decision of agreeing to be a parent that lasts for a lifetime.

» ***Support.*** This program component uses experienced adoptive parents or former foster youth as shadow workers. After the child has moved into the home, a shadow worker is assigned to the family to provide emotional support to supplement the support provided by the foster care worker of record.

PATHWAYS TO ADOPTION: PARENT TRAINING (JUST IN TIME TRAINING)

The State of Utah's Pathways to Adoption training is an early intervention, multi-purpose training series that incorporates opportunities for adoptive parents to build relationships with post-adoption services staff and other adoptive families. In Utah, families wishing to adopt special needs children must be licensed, which requires completing a pre-licensing and pre-placement, parenting-training program. The Pathways to Adoption program

requires licensed families to attend a series of psychoeducational classes shortly after their adopted child has moved into their home. Overall, this program aims to provide parents the information they need as they need it – or "just in time"— when they can immediately apply what they have learned to parenting their newly adopted, special needs child. Class sessions are designed to reinforce previous lessons as well as provide in-depth exploration of concepts learned in the pre-placement training.

The Pathways to Adoption program has four primary goals:

» Increase the knowledge and skills of adoptive parents by increasing their knowledge of trauma and its effects, and helping parents develop the understanding and skills needed to effectively manage their child's survival behaviors "in the moment" when parents are dealing with the behaviors.
» Provide adoptive parents with an opportunity to develop a positive relationship with their post-adoption workers and leaders of local peer-support groups, so new adoptive parents can be encouraged to "call early and call often" when they need help.
» Encourage adoptive parents to rely on other adoptive parents as a support network and to share respite care.
» Help adoptive parents become familiar with resources available in their community, including support groups, respite care, mental health facilities, and educational workshops.

PERMANENCY SPECIALTY CHILDREN'S MENTAL HEALTH CLINIC: THE KINSHIP CENTER

The Permanency Specialty Children's Mental Health Clinic was created and implemented by the Kinship Center in the cities of Monterey and San Luis Opisbo in Southern California. The Kinship Center (http://www.kinshipcenter.org) provides mental health services through an innovative delivery system that is woven into its various programs, including foster care and adoption programs. In addition, the Center has integrated a support program for relative caregivers into service provided in its permanency-focused children's clinics. The clinics provide permanency-focused family-based therapy, which families can begin to access after children are placed with them and can continue to receive after finalization. The program targets children who have severe mental health, emotional, and behavioral issues. The underlying therapeutic principle holds that the family, not the therapist, is the most important healing agent. Instead of talk therapy, which can be less helpful for traumatized children until they gain familiarity with their body-based feelings of fear, anger, and immobilization, the clinic uses sensory therapy and non-traditional forms of therapy that enable the families and children to continue the work of family therapy in their routine settings. Examples of the non-traditional forms of therapy used in the clinics include drumming (African and Japanese), cooking, eye movement desensitization and reprocessing (EMDR), occupational therapy, horticultural therapy, yoga, surf camps, Theraplay®, and sand trays. In addition, the clinics have on-site psychologists who do assessments and psychiatrists who do medication management when necessary.

OUTPUTS AND OUTCOMES

The specific outputs and short-term outcomes of focused interventions will vary based on the intervention selected to implement and evaluate. However, in general, services and supports offered at the focused interval aim to address one or more of the following short-term measures of successful efforts:

» improved quality of child–caregiver interactions;
» increased proportion of children with challenging emotional, behavioral, or mental health issues, who are placed in homes intended to be permanent;
» improved child behavioral health; and
» reduced levels of parenting stress and burden.

Longer-term outcomes of interventions in the focused interval that can be tracked and used to evaluate program effectiveness include results showing fewer children whose adoptive or guardianship placement is disrupted before finalization, decreased periods in foster care, and increased rates of achieving legal permanence for children who receive services associated with the focused interval.

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

CITATIONS

This paper is based on the citations listed below:

Albert, V. N., & King, W. C. (2008). Survival analyses of the dynamics of sibling experiences in foster care. *Families in Society, 89*(4), 533–541. doi:10.1606/1044-3894.3819

Avery, R. J. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Children and Youth Services Review, 32,* 399-408. doi:10.1016/j.childyouth.2009.10.011

Berry, M., & Barth, R. P. (1990). A study of disrupted adoptive placements of adolescents. *Child Welfare, 69*(3), 209–225.

Blair, K., & Taylor, D. (2006). Examining the lives and needs of child-only recipient kinship caregivers: Heroes stepping up to help children. *Journal of Family Social Work, 10*, 1–24. doi:10.1300/J039v10n01_01

Crumbley, J., & Little, R. L. (1997). *Relatives raising children: An overview of kinship care.* Washington, DC: CWLA Press.

Children's Bureau. (2011). *Synthesis of findings: Subsidized guardianship child welfare demonstration.* Washington, DC: U. S. Department of Health and Human Services, Administration for Children and Families. Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/subsidized_0.pdf

Children's Rights. (2006). *Ending the foster care life sentence: The critical need for adoption subsidies.* Retrieved from http://www.childrensrights.org/newsroom/publications/?pyear=2006

Child Welfare Information Gateway. (2013). *Sibling issues in foster care adoption* Bulletins for Professionals Series. Retrieved from https://www.childwelfare.gov/pubs/siblingissues/

Courtney, M., Skyles, A., Miranda, G., Zinn, A., Howard, E., & Goerge, R. (2005). *Youth who run away from substitute care*. Chicago, IL: Chapin Hall Center for Children. Retrieved from https://www.chapinhall.org/sites/default/files/old_reports/174.pdf

Cuddeback, G. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Child and Youth Services Review, 26*(7), 623–639. doi:10.1016/j.childyouth.2004.01.014

Festinger, T. (2005). Adoption disruption: Rates, correlates, and service needs. In G. P. Mallon, & P. McCart Hess (Eds.), *Child welfare for the twenty-first century: A handbook of practices, policies, and programs* (pp. 452–468). New York, NY: Columbia University Press. Retrieved from http://www.jstor.org/stable/10.7312/mall13072.35

Fuller, T., Bruhn, C., Cohen, L., Lis, M., Rolock, N., & Sheridan, K. (2006). *Supporting adoptions and guardianship in Illinois: An analysis of subsidies, services and spending*. University of Illinois at Urbana-Champaign, School of Social Work.

Gibbs, D., Kasten, J., Bir, A., Duncan, D., & Hoover, S. (2006). Between two systems: Children I TANF-child-only cases with relative caregivers. *Child and Youth Service Review, 28*, 435–446. doi:10.1016/j.childyouth.2005.05.004

Gibbs, D., Kasten, J. Bir, A., Hoover, S.. Duncan, D., & Mitchell, J. B. (2004). *Children in Temporary Assistance for Needy Families (TANF) child-only cases with relative caregivers. Final report.* Research Triangle Park, NC: RTI International. Retrieved from https://aspe.hhs.gov/sites/default/files/pdf/73446/report.pdf

Heffernan, M. (2014, January). *Just in Time Training: Rethinking adoptive parent education and support in Utah. Consultants' Corner Newsletter,* (3), 1-2, National Resource Center for Adoption. Retrieved from http://spaulding.org/academy/nrca-archive/news-letterpublications/

Heger, R. L., & Rosenthal, J. A. (2011). Foster child placed with or separated from siblings: Outcomes based on a national sample. *Children and Youth Services Review, 33*(7), 1245–1253. doi:10.1016/j.childyouth.2011.02.020

Liao, M., & White, K. R. (2014). Post-permanency service needs, service utilization, and placement discontinuity for kinship versus non-kinship families. *Children and Youth Services Review, 44,* 370-378. doi:10.1016/j.childyouth.2014.07.007

McCarthy, J., & McCullough C. (2003). *Promising approaches for behavioral health services to children and adolescents and their families in managed care system . A view from the child welfare system.* Health Care Reform Tracking Project. Retrieved from http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/promising_approaches/toc_02.html

McRoy, R. G. (1999). *Special needs adoptions: Practice issues.* New York, NY: Garland.

Merrit, D., & Festinger, T. (2013). Post-adoption service need and access: Differences between international, kinship and non-kinship foster care. *Children and Youth Services Review, 35,* 1913–1922. doi:10.1016/j.childyouth.2013.09.013

Perry, B., Pollard, R., Blakley, T., Baker, W. & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and use dependent development of the brain: How states become traits. *Infant Mental Health Journal, 16*(4), 271-91.

Ornelas, L. A., Silverstein, D. N., & Tan, S. (2007). Effectively addressing mental health issues in permanency-focused child welfare practice. *Child Welfare, 86*(5), 93–112.

Selwyn, J., & Quinton, D. (2004). Stability, permanence, outcomes, and support: Foster care and adoption compared. *Adoption & Fostering 28*(4), 6-15. doi:10.1177/030857590402800403

Smith, S. L., Howard, J. A., & Monroe, A. D. (2000). Issues underlying behavior problems in at-risk adopted children. *Children and Youth Services Review, 22*(7), 539–562. doi:10.1016/S0190-7409(00)00102-X

Tarren-Sweeney, M., & Hazell, P. (2005). The mental health and socialization of siblings in care. *Children and Youth Services Review, 27*(7), 821–843. doi:10.1016/j.childyouth.2004.12.014

Testa, M. F., Snyder, S. M., & Wu, Q., Rolock, N., & Liao, M. (2015). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry, 85*(2), 107–118. doi:10.1037/ort0000019

Webster, D., Shlonsky, A., Shaw, T., & Brookhart, M. A. (2005). The ties that bind II: Reunification of siblings in out-of-home care. Using a statistical technique for examining non-independent observations. C*hildren and Youth* Service Review, 27(7), 765–782. doi:10.1016/j.childyouth.2004.12.016

Westhues, A., & Cohen, J. S. (1990). Preventing disruption of special needs adoptions. *Child Welfare, 69*(2), 141–155.