INTRODUCTION

One of the most important challenges facing the child welfare system in the 21st century is addressing the needs of families formed through adoption or guardianship. Between 2000 and 2015, the U.S. foster care caseload decreased while the number of children in adoptive homes doubled. Currently in the United States, for every 1 child in federally assisted foster care, there are 2.8 children living in federally assisted adoptive and guardianship homes.

The dramatic growth in adoptive and guardianship homes has given the child welfare field a heightened awareness of the complex needs these families can encounter years after permanence has been achieved. Many of these challenges stem from the maltreatment the children endured before being placed in their adoptive or guardianship home. Children who have experienced trauma can demonstrate typical challenging child behaviors, but often at a frequency, intensity, and duration that can stress families beyond their capacity to cope. Such difficulties do not disappear spontaneously once an adoption or guardianship is finalized. For some families, life post-permanence can be wrought with challenges that impact their family functioning and overall well-being.

QIC-AG

To assist families facing post-permanency challenges and to provide supports to preserve adoptive and guardianship families, the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is developing and evaluating models of support and intervention to achieve long-term, stable permanency in adoptive and guardianship homes. Working in partnership with eight sites, the QIC-AG is identifying and testing specific evidence-based models of support and intervention designed to achieve long-term, stable permanence for children waiting for adoptive and guardianship homes as well as for children and families whose adoption or guardianship has been finalized. After rigorous evaluation, effective models of support and intervention can be replicated or adapted by child welfare systems across the country.

LONG TERM OUTCOMES

The long-term outcomes of these efforts are expected to yield improvements in three key areas:

» increased post-permanency stability
» improved behavioral health among children
» improved child and family well-being

SHORT TERM OUTCOMES

Potential short-term outcomes are expected to vary by site, but could include increased level of caregiver commitment, reduced levels of family stress, improved familial relationships, reduced child behavioral issues or improved educational outcomes.

PERMANENCY CONTINUUM FRAMEWORK

The QIC-AG is committed to learning what services and supports—when provided at the right time and level for a family’s level of need—will promote family preservation and avoid discontinuity. To guide this work, the QIC-AG developed a Permanency Continuum Framework. The framework is built on the premise that children in adoptive or guardianship families fare better when their families are fully prepared and supported to address issues as they arise, before any issue escalates into a crisis. The Continuum Framework is arranged as eight intervals, beginning with pre-permanence (stage setting, preparation, and focused services), continuing to post-permanence (universal, selective, and indicated services), and ending with the final two intervals that focus on addressing intensive services and maintenance of permanence, respectively.
UNIVERSAL SERVICES:
Vermont
Post-permanence universal prevention includes the child welfare system's ongoing outreach efforts and engagement strategies that are designed to keep families connected with available supports, to improve the family's awareness of the services and supports available for current and future needs, and to educate families about issues before problems arise.

FOCUSED SERVICES
Texas and the Winnebago Tribe of Nebraska
It can be difficult to find permanent homes for children who are experiencing challenging emotional, behavioral, or mental health issues. Focused services include the services and interventions intended to address these children's emotional, behavioral, and mental health needs as well as services to prepare adoptive or guardianship families so they are confident in their ability to meet the needs of the children both pre- and post-permanence.

SELECTIVE SERVICES:
Illinois and New Jersey
Decades of child welfare research have given us significant insight into the characteristics of children and families who are more likely to face high risk for discontinuity. Selective interventions are prevention efforts designed for the at-risk sector of the post-permanency population.

INDICATED SERVICES:
Catawba County, North Carolina and Wisconsin
Indicated services focus on early detection of factors linked with a high potential for disruption. These indicator factors are identified and addressed by using targeted screening and assessment; implementing resource coordination to meet multiple, complex needs; and providing timely and effective responses to calls for assistance.

INTENSIVE SERVICES:
Tennessee
Intensive services include interventions designed for both intact families and families who have experienced discontinuity. These strategies aim to respond to a crisis, diminish the impact of the crisis, and stabilize and then strengthen families who have experienced a crisis.

MORE INFORMATION
For more information about the QIC-AG visit www.qic-ag.org and
- search our Intervention and Program Catalog
- download information about the Permanency Continuum Framework
- explore details about the eight Partner Sites

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