

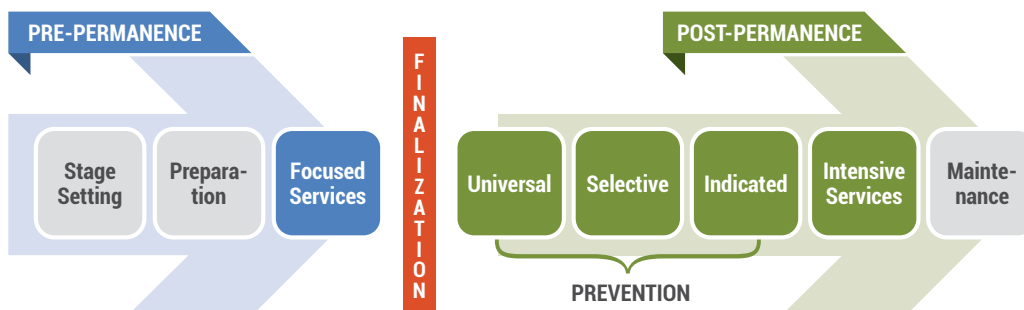
UNIVERSAL

POST-PERMANENCE INTERVAL

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 is one in a series of papers that describes the intervals along the continuum. Information on the other intervals can be found at www.qic-ag.org



INTRODUCTION

UNIVERSAL INTERVAL

“

'It takes a village to raise a child' brings a whole new meaning when working with families who are raising children who have been impacted by trauma. Families who have adopted or assumed guardianship need to be constantly reminded that there is an extra layer of support that they can access at any time. So often these families feel isolated and fear that no one will understand their struggles.

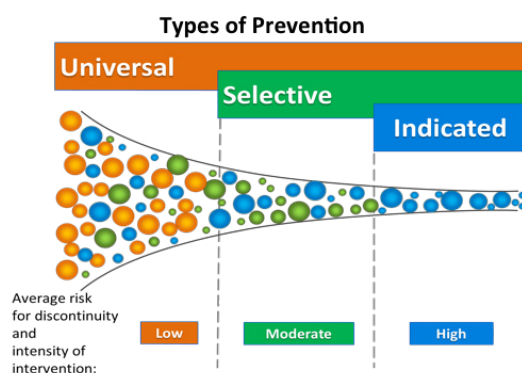
”

Post Adoptive Supervisor

The QIC-AG continuum framework contains aspects of the Institute of Medicine's (IOM) continuum of care model for mental health. The IOM model categorizes prevention into three separate intervals, each of which contain different levels of risk. Universal is the first of the three prevention intervals. The differences between these three intervals are based on the degree of average risk and the intensity of the intervention. As shown in the figure below, as we move from universal to selective, and selective to indicated, the population narrows. Also as the degree of risk for post-permanency discontinuity increases, the intensity of the intervention also increases. According to Springer and Phillips,

universal prevention efforts are strategies delivered to a broad population, without consideration of the extent of child-specific risk or individual variation in need. For the purpose of the QIC-AG, Universal prevention efforts targeted families after adoption or guardianship had been finalized. Universal strategies include outreach efforts and engagement strategies that are intended to: 1) keep families connected with available supports; 2) improve the family's awareness of the services and supports available for current and future needs, and; 3) educate families about issues before problems arise.

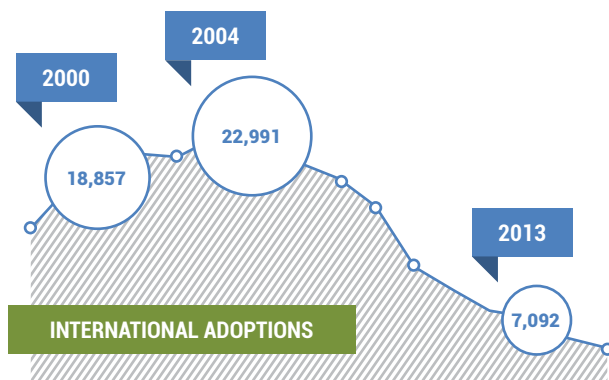
Universal intervention strategies are proactive and preventive in nature. These strategies include outreach efforts and ongoing systematic plans for engagement. All these strategies are intended to reduce adoption discontinuity by connecting families to services and by educating parents and guardians about potential permanency-related issues that might arise over time as their child develops. Universal interventions aim to reassure families that they are not alone in their adoption or guardianship journey and that they can continue to obtain support and services after legal permanence.





POPULATION

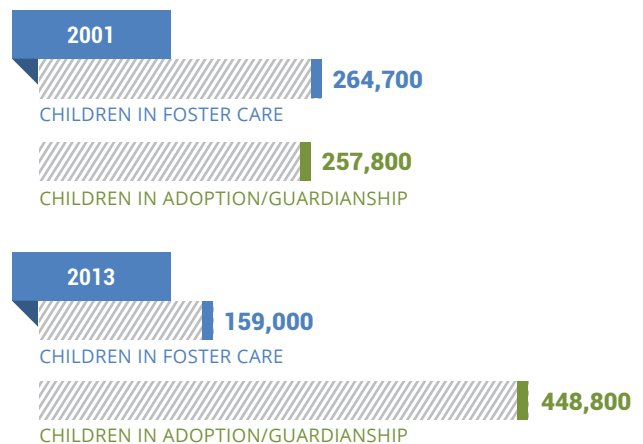
Universal prevention efforts are focused on the families of children who exited foster care through adoption or guardianship, and the families of children adopted through private domestic adoption agencies or adopted internationally. Although there is significant data on children that exited the foster care system through adoption or guardianship, there is no national data available that reports the number of adoptions that occur annually through private domestic adoption agencies. The U.S. State Department estimates approximately 7,000 children were adopted in the United States from other countries in 2013, which was a significant decrease from the approximately 20,000 international adoptions that occurred annually between 2000 and 2008.



Source: <https://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>

For children involved with the child welfare system, a dramatic change has occurred in the composition of the child population supported by federal funds.

Over the past decade, the number of children and youth in foster care has decreased dramatically, while the number of children outside the formal foster care system that are supported through federally funded adoption and guardianship subsidies has increased substantially. According to the



Committee on Ways and Means of the U.S. House of Representatives, national data for 2001 showed similar numbers of children were living in foster care (264,700) as were receiving adoption or guardianship subsidies (257,800). However, by 2013, there were 2.8 children receiving an adoption or guardianship subsidy for every child in foster care (159,000 children in IV-E subsidized foster care compared to 448,800 children living in IV-E subsidized adoptive or guardianship homes). Additional information on this

POPULATION

transformation is available in the document titled *Introduction to the Continuum Framework*.

Although there is the clear expectation that these families will be able to obtain the support and services they need to care for the children they have adopted or taken under their guardianship, the Children's Bureau estimates that between 2% and 10% of these children will experience either the termination of their adoption or other discontinuity in their care after the adoption is legally finalized. Little is known about the discontinuity rates for private domestic and international adoptions, but newspaper articles about the "re-homing" of children largely adopted through international channels have increased questions regarding the stability of such arrangements and prompted greater attention to adoptive families' need for support.

For generations, the conventional wisdom was that a court order concluded a child's quest for permanence and assured the well-being of the child. Most believed that once the child was adopted, there was no need for any further services and supports. In fact, any post-finalization contact by the child welfare system or a private adoption agency was often regarded as intrusive. In an effort to ensure privacy, the court typically sealed adoption records, and information related to the child's pre-adoptive identity was intentionally obscured.

Today's adoptive and guardianship families look different from what they looked like in the past, as do the children who are being adopted or taken into guardianship arrangements. For example, older children once deemed "unadoptable" because of their age are now routinely being adopted. In part, the changing face of adoptive and guardianship families has come about through changes in services and supports for these families. For instance, as of July 2019, federally supported guardianship

was available in 52 jurisdictions. This includes 38 states and 14 Tribal Nations. As compared with past decades, permanency planning with relatives is far more common. In addition, adoptive parents are encouraged to have open and ongoing contact with members of the child's biological family. Moreover, reflecting changes in society at large, it is not uncommon for parents and guardians to be unmarried, single, gay, or of a different ethnicity than the child. According to National Survey of Adoptive Parents, 21% of private domestic adoptions were transracial as were 28% of foster care adoptions and 84% of international adoptions.

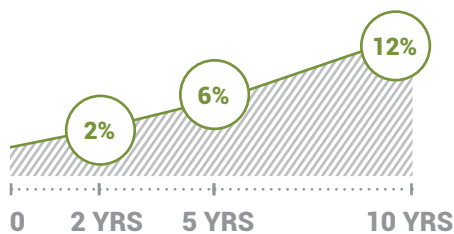


Within the current context, legal permanence is only the first step toward building a system with the capacity to promote the well-being of children and their families. Adoption and guardianship form new families that are intended to be permanent; however, these newly formed families might occasionally need support, or even more intensive services at times, to remain together. Universal strategies can help families navigate the complexities of redefining relationships, nurturing resilience, and addressing the myriad issues that might arise before and after legal permanence has been finalized. Universal strategies provide early and ongoing links to services that keep children, youth, parents, and guardians connected to support systems, and keep families informed of services that can be accessed if and when the need arises.



POST-PERMANENCY NEEDS

It is important to note that most adoptive and guardianship families report their children are doing well. Most families are able to meet the needs of their children on their own, and the majority of caregivers report overall satisfaction with the adoption or guardianship. However, adoptive parents and guardians may need ongoing support to address the normal developmental and transitional issues associated with the movement to permanence. These issues include challenges such as preparing to address changes in familial roles, a new sense of identity, and the ongoing impact that being involved with the child welfare system can have on family dynamics.



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

According to research from Illinois, some families have needs that arise before permanency and continue to require assistance in the period immediately after finalization: a cumulative 2% of children experience discontinuity two years

post-finalization. In contrast, some families might not need assistance until years after the permanency arrangement has been finalized. A cumulative 6% of children experience discontinuity at five years, and 12% at 10 years post-permanency. In many cases, the discontinuity at 10 years coincides with the child's entering adolescence. Over 20 years of follow-up data shows, regardless of the child's age at the time of finalization, discontinuity is most likely to occur when the child enters her or his teenage years. Given the time that might pass between finalization of the adoption or guardianship and when the risk of discontinuity heightens, it is important to ensure that universal interventions emphasize the availability of ongoing supports and services throughout post-permanency. Further, it is crucial that prevention efforts anticipate the struggles families might experience during the teenage years which make it even more important to commence universal interventions before children reach this developmental phase.

Barriers to Reaching Families Post-Permanence. While the intention is to make universal interventions available and accessible for all adoptive and guardianship families, these target families are not always easily identified and connections are not easily maintained once adoptions or guardianships are finalized. Several issues can affect connections to families who have adopted or

assumed guardianship through the child welfare system. Many child welfare systems do not have a systematic method for maintaining connections to families after the permanency arrangement has been finalized. Historically, child welfare systems have maintained current mailing addresses for families post-permanence because subsidy checks were mailed to the caregivers' permanent address. Although most adoptive parents or legal guardians receive a subsidy post-finalization, these payments are increasingly made electronically as a direct deposit to a bank, bypassing the mail system and the address of the family's residence. Therefore, contact information that is current at finalization is often not updated and maintained over time. Moreover, in cases where the family does not receive a subsidy, the state is left without an address at the time of finalization.

Some systems maintain ongoing contact with families post permanency only if families contact the state, that is "reach out" on their own seeking services or assistance. However, for families whose experience with the child welfare system was not a positive one, reaching out for assistance and rekindling a relationship might not be an appealing option. In some cases, the fear of getting re-entangled in the child welfare net can also keep families from seeking assistance.

Another barrier to reaching these families has been the implicit message that once adoptions or guardianships are finalized, parents and guardians should not need further support and services. Consequently, needing help was perceived as failure. This misperception can be exacerbated by systems that do not have a well-known point of entry for finding services, or when that point of entry is the abuse/neglect call-in line. Universal interventions should strive to send families a clear message that

there is no shame in needing assistance, and that seeking help is actually a parenting strength.

Few details are available regarding the tracking of families who have adopted a child through a private domestic adoption agency or through a private international agency. Currently, post-finalization contact for international adoptions varies by country of origin, and no central repository exists for collecting this information.

In some cases, the fear of getting re-entangled in the child welfare net can also keep families from seeking assistance.





UNIVERSAL INTERVENTIONS

PRACTICE PRINCIPLES

Universal interventions are intended to make families formed by adoption or guardianship aware of the array of supportive services available to them both *now* and *in the future*. These interventions are a “light touch” that convey to the family, “we are here for you anytime you need us.” While the scope of universal services is varied, interventions in this category should include the following practice principles:

- » Embody a proactive approach;
- » Offer services that are adoption- and guardianship-competent;
- » Incorporate a trauma-informed perspective;
- » Maintain ongoing connections with all families who have adopted a child or assumed guardianship of a child;
- » Seek to build resilience rather than respond to crisis;
- » Normalize the expectation that adoptive and guardianship families can benefit from receiving periodic supportive interventions throughout the life of the child;
- » Provide outreach to families and ensure support services are easily identifiable and easily accessible to families, without referrals or wait-times;

- » Foster connections among adoptive and guardianship families by using in-person or virtual contact such as phone, mail, or e-mail contact;
- » Operate from a strength-based, culturally respectful, and legal-permanence competent perspective;
- » Reinforce the availability of support services for existing or emerging issues; and
- » Provide ongoing access to educational opportunities, services, and resources to strengthen family relationships and well-being of all members.

QIC-AG INTERVENTIONS

The QIC-AG implemented one intervention at the Universal Interval: The Vermont Permanency Survey.

THE VERMONT PERMANENCY SURVEY

The Vermont QIC-AG project developed the Vermont Permanency Survey to learn about the experiences of families both pre- and post-permanence. Vermont conducted an in-depth analysis of adoptive and guardianship families in their state so that they could identify and understand the strengths of families who reported they were doing well and spot signals of those who might be at risk of discontinuity. The Vermont team also wanted to under-

stand the landscape of the services available and how well families could connect to them.

The Vermont Permanency Survey consisted of validated measures and questions identified by the Vermont site team that fell into the following categories:

- » Family well-being: to better understand the factors that can impact the family's safety, permanence, and stability.
- » Child well-being: to identify and understand the strengths and challenges of children and youth who are adopted or being cared for through guardianship.
- » Caregiver well-being: to identify and understand the strengths and experiences of caregivers who have adopted or assumed guardianship of a child.
- » Community services: to identify and rate the level of helpfulness of the preparation services families used prior to adoption or guardianship and family support services available after achieving permanence.

Data from the survey was analyzed by district and the project results are being distributed across the Vermont system of care through district meetings.

EXAMPLES OF OTHER INTERVENTIONS

Universal interventions might include outreach through personal calls; "warm-lines;" friendly visits; media messages, and online resources. These interventions might also include routine "check-ins" to assess emerging needs, the parent/guardian's confidence in managing those needs, and the parent/guardian's continued level of commitment to parenting. The following are some examples of

evidence-informed and promising practices that exemplify the tenants of universal intervention.

1. Post-Permanency Outreach



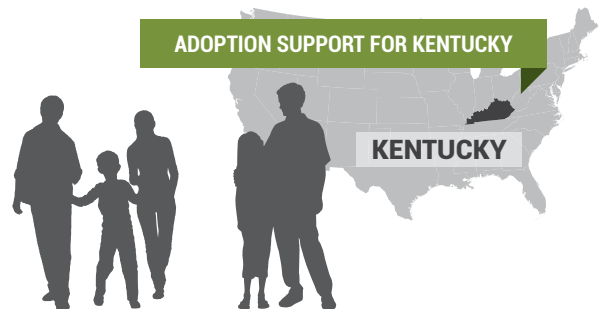
In **Illinois**, a survey of adoptive parents and legal guardians was conducted post finalization to better understand the parent/guardian's needs and the impact of the adoption or guardianship on their family. These survey responses were later linked to administrative data to examine if a connection existed between the parent/guardian's responses and post-permanency discontinuity. The research found the parents' and guardians' survey responses were predictive of which families would experience discontinuity. In other words, by simply asking questions about the impact of the adoption or guardianship, researchers could identify the families most at-risk for experiencing difficulties post-permanency and then target those families for additional outreach, support, and services.

2. Resource, Referral, and Support



In **Wisconsin**, the Home to Stay program is an initiative of the Coalition for Children, Youth & Families in collaboration with Jockey Being Family. The program was created to support families in the post-permanency period who have adopted through the foster care system. Home to Stay connects families with a post-adoption specialist who visits their home after adoption finalization, bringing personalized backpacks for all of the children in the home and special gifts for the parents. Each backpack features the child's initials and is filled with a handmade blanket, books, games, and music – all personalized to the children's interests. Parents receive a Jockey Being Family tote bag with information and resources to assist the family as they adjust to adoption as a family. The Home to Stay newsletter, *Partners*, is published three times a year and provides adoptive families with information on how to access the full continuum of services and supports offered through the Post-Adoption Resource Centers of Wisconsin.

(njarch.org). Adoptive and guardianship families in New Jersey are informed of this program through various methods, including letters sent by the state child welfare agency, resource listings, and notifications of the program during full disclosure and direct outreach provided by NJARCH.



In **Kentucky**, the Adoption Support for Kentucky (A.S.K.) program strives to prevent placement disruptions by providing peer-led support and training for adoptive parents or guardians. The program uses peer-support groups to offer a combination of education and pre- and post-adoption support services to foster and adoptive parents. The support groups are held throughout the state and are led by adoptive parent liaisons. All parent liaisons are adoptive parents themselves who are familiar with the challenges and needs of the families they serve. In addition to support groups, the parent liaisons provide information and support by phone, e-mail and during one-on-one meetings. Specific components of A.S.K. include training, peer connection, group and individual support from an experienced adoptive family, advocacy assistance, linkages to resources and referrals, and free on-site child care for families.



The **New Jersey** Adoption Resource Clearing House (NJARCH) offers an array of links to adoption-related research and resources for parents and professionals. NJARCH provides adoption advocacy, support, education, information, and resources through a website, phone, e-mail warm line, and online chat rooms. In addition, NJARCH provides support group advocacy, buddy mentoring, and training workshops for adoption support groups and conferences

Each region of Kentucky has at least two ongoing parent support groups. The groups run continuously throughout the year and are open to any adoptive

parent residing in Kentucky. Awareness of the A.S.K. program is routinely reinforced by being highlighted in a newsletter that goes out to all foster parents, mentioned at various recruitment and matching events, presented at conferences, and included in referrals for families who are seeking assistance. The adoptive parent support groups fill a particularly important role in the rural areas of the state that have few community supports.

Evaluations of the A.S.K. program have shown that participants reported high levels of satisfaction, and many believed the program had stabilized their families and prevented an adoption disruption. Participants reported feeling comfortable with disclosing the difficulties they were experiencing when such disclosures were made to others who have experienced similar situations. Additional information about this program can be found in the QIC-AG Intervention and Program Catalog (available at <http://qic-ag.org>)

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 distal outcomes that are more appropriate to a later stage in the process. More proximal measures of successful universal prevention efforts might include the percentage of the population contacted and the response rates associated with outreach efforts. Ultimately, the underlying hope is that these prevention efforts will translate into improved outcomes, including stronger permanency commitments, increased post-permanency stability, and improved child and family well-being.

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



Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant # 90CO1122-01-00. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit Spaulding for Children.



CITATIONS

This paper is based on the citations listed below:

Barth, R. P., & Berry, M. (1988). *Adoption and disruption: Rates, risks and responses*. New York, NY: Aldine de Gruyter.

Barth, R. P., Gibbs, D. A., & Siebenaler, K. (2001). *Literature review: Assessing the field of post-adoption service: Family needs, program models and evaluation issues*. Research Triangle Park, NC: Research Triangle Institute.

Child Welfare Information Gateway. (2012). *Adoption disruption and dissolution*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/s_disrup.pdf

Cimmarusti, R. (1999). Caregiver burden in kinship foster care. In J. P. Gleeson & C. Finney Hairston (Eds.), *Kinship care: Improving practice through research* (pp. 257–278). Washington, DC: CWLA Press.

Committee on Ways and Means of the U.S. House of Representatives. (2014). *2014 Green book: Background material and data on the programs within the jurisdiction of the Committee on Ways and Means*. Retrieved from <http://greenbook.waysandmeans.house.gov>

Festinger, T. (2002). After adoption: Dissolution or permanence? *Child Welfare*, 81, 515-533.

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*. School of Social Work, University of Illinois at Urbana-Champaign.

Grotevant, H. D., Rueter, M., von Korff, L., & Gonzalez, C. (2011). Post-adoption contact, adoption communicative openness, and satisfaction with contact as predictors of externalizing behavior in adolescence and emerging adulthood. *Journal of Child Psychology and Psychiatry*, 52, 529–536. doi:10.1111/j.1469-7610.2010.02330.x

Groza, V., & Ryan, S. D. (2002). Pre-adoption stress and its association with child behavior in domestic special needs and international adoptions. *Psychoneuroendocrinology*, 27(1-2), 181–197. doi:10.1016/S0306-4530(01)00044-0

Herman, E. (2012). *Adoption history project*. Retrieved from the University of Oregon Department of History website at: <http://pages.uoregon.edu/adoption/>

Lowe, N., Murch, M., Borkowski, M., Weaver, A., Beckford, V., & Thomas, C. (1999). *Supporting adoption: Reframing the approach*. London, England: British Agency for Adoption and Fostering.

CITATIONS

- Malm, K., Vandivere, S., & McKlindon, A. (2011). *Children adopted from foster care: Adoption agreements, adoption subsidies and other post-adoption supports* [ASPE Research Brief]. Washington, DC: U.S. Department of Health and Human Services.
- McRoy, R., Grotevant, H. D., Ayers-Lopez, S., & Henney, S. M. (2007). Open adoption: Longitudinal outcomes for the adoption triad. In R. Javier (Ed.), *Handbook of adoption: Implications for researchers, practitioners, and families* (pp. 175–189). Thousand Oaks, CA: Sage.
- McDonald, T. P., Propp, J. R., & Murphy, K. C. (2001). The postadoption experience: Child, parent, and family predictors of family adjustment to adoption. *Child Welfare*, 80, 71–94.
- Rolock, N. (2015). Post-permanency continuity: What happens after adoption and guardianship from foster care?, *Journal of Public Child Welfare*, 9, 153–173. doi:10.1080/15548732.2015.1021986
- Rosenthal, J. A., & Groze, V. (1990). Special-needs adoption: A study of intact families. *Social Service Review*, 64, 475–505. doi:10.1086/603782
- Siegel, D. H., & Smith, S. L. (2012). *Openness in adoption: From secrecy and stigma to knowledge and connections*. Retrieved from the Donaldson Adoption Institute website at: http://adoptioninstitute.org/old/publications/2012_03_OpennessInAdoption.pdf
- Simmel, C. (2007). Adopted foster youths' psychosocial functioning: A longitudinal perspective. *Child Family Social Work*, 12, 336–348. doi:10.1111/j.1365-2206.2006.00481.x
- Springer, F., & Phillips, J. L. (2006). *The IOM model: A tool for prevention planning and implementation* [Prevention Tactics series, Vol. 8 (13)]. Folsom, CA: Community Prevention Institute. Retrieved from <http://www.cars-rp.org/wp-content/uploads/2014/06/Prevention-Tactics-Vol08-No13-2006.pdf>
- U.S. Department of State. (2014). *Adoptions by country* [Interactive database]. Retrieved from <http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>
- Testa, M. F., Snyder, S., Wu, Q., Rolock, N., & Liao, M. (2014). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry*, 85, 107–118. doi:10.1037/ort0000019
- Twohey, M. (2013, September 9). *Americans use the Internet to abandon children adopted from overseas* [Reuters Investigates Series: The child exchange]. Thompson Reuters. Retrieved from <http://www.reuters.com/investigates/adoption/#article>
- Walsh, F. (Ed.). (2012). *Normal family process: Growing diversity and complexity* (4th ed.). New York, NY: Guilford Press.
- Zosky, D. L., Howard, J. A., Smith, S. L., Howard, A. M., & Shelvin, K. H. (2005). Investing in adoptive families: What adoptive families tell us regarding the benefits of adoption preservation services. *Adoption Quarterly*, 8(3), 1–23. doi:10.1300/J145v08n03_01