



Family
TO
Family
TOOLS FOR
Rebuilding Foster Care

A Family for Every Child:
Strategies to Achieve Permanence for
Older Foster Children and Youth

BY THE NORTH AMERICAN COUNCIL
ON ADOPTABLE CHILDREN
FOR THE ANNIE E. CASEY FOUNDATION
FAMILY TO FAMILY INITIATIVE

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Many of the quotes in this paper came from the courageous young people who helped make the video entitled *We Interrupt: Waiting Teens Talk About Recruitment*, Minneapolis, Minnesota, a project of the Minnesota Adoption Resource Network.

This paper was written by Mary Ford, research associate for the North American Council on Adoptable Children, and Mary Boo, NACAC's assistant director; with help from NACAC's executive director Joe Kroll.

I N T R O D U C T I O N & S U M M A R Y

*“People say kids my age are hard to place
and that time is running out for me.
Please don’t give up on trying.
I’m already having trouble holding on to my hope.”*

– foster youth waiting for a family

Older foster children and youth have a pressing need for permanency. Almost half of the 538,801 children in out-of-home care at the end of the federal 2000 reporting period were ages 10 to 17 (Gibbs et al., 2004). As one youth explained, “Our time is almost up. We want a home, and people we can call parents.” Still, tens of thousands of foster youth emancipate from the system without connections each year. This crisis has provoked a groundswell of action by youth advocates, and a call from young people themselves to change the system.

It is not typical for youth to leave foster care and function effectively on their own. Older children need parents and the support of committed adults. Research shows that disadvantaged young people who are connected to adults do better: They relate to others with ease, take fewer risks, have better health, and overcome adversity more easily.

An emerging youth permanency philosophy is driving grassroots child welfare changes around the nation. Given the new focus on older child permanency in federal law,* it is time to stabilize the futures of foster youths and find permanent families and reliable adult connections for them as they leave the system.

A number of proactive public and private agencies have taken the lead to link older foster children and youth with families and caring adults. Other agencies and communities can now put these tested methods into practice and policy across the country to ensure that all young people have secure and stable futures.

At a recent conference a veteran child welfare leader said, “Over the years, when child welfare systems around the country have been given challenges, they’ve risen to the occasion and delivered” (Maza, 2004). This publication is one effort to help advocates rise to the occasion and successfully deliver older children and youth into permanent, loving families.

The Scope of This Publication

The best way to ensure that older children and youth remain in their community is to avoid placing them away from their homes in the first place. Many states, counties, and cities have made efforts to respond to child protection placement emergencies with alternative resources and have safely reduced the number of children placed away from their homes.

At the same time, thousands of children are already in the system, and advocates and child welfare professionals need strategies to help these children. Therefore, these

*Adoption Promotion Act of 2003 (HR3182) reauthorizes the adoption incentive program introduced in the Adoption and Safe Families Act of 1997, and focuses the child welfare community’s attention on placing for adoption children age nine and older.

*Let youth
assume
a major
role in
forming their
permanency
plan.*

recommended actions focus on older children who have been in out-of-home care for two years or more, are considered to be unlikely to be reunified with their birth parents, and have dim chances for joining any family. We chose to highlight strategies and creative approaches that are already working in the existing child welfare system to find families for older children and youth.

In our research for this publication, we identified successful programs, policies, and strategies that have been helping older children find permanent families. We then examined how lessons learned from each effective program or policy change could be distilled into a number of action steps that others might follow. Finally, we created a series of overall recommendations and spelled out how advocates can learn from others to create an integrated system of programs and policies that will help older children and youth find permanent families.

Summary

This tool is organized into four major sections:

- **Section I** presents the characteristics of older children and youth in care for two years or more.
- **Section II** details the problems that keep older foster children and youth from living permanently with families.
- **Section III** describes an emerging youth permanency philosophy.

□ **Section IV** makes recommendations, describes action steps for change, and suggests concrete ways to achieve permanence for youth in the following areas:

- Help lawmakers and policymakers understand the importance of permanence for older foster children and youth;
- Establish agency guidelines to help staff carry out permanency policy for youth, and train staff in the new policy;
- Help older children and youth consider permanence and adoption;
- Eliminate reliance on long-term foster care as a case plan;
- Let youth assume a major role in forming their permanency plan;
- Use performance-based contracting to achieve timely permanence for youth;
- Build partnerships between public and private agency adoption workers;
- Develop accountable youth-centered permanency planning practices and support families and youth after placement;
- Advocate for federal policy changes to allow for uniform subsidized guardianship policy and funding, and implement state or local subsidized guardianship programs;
- Use group care less and family-based care more for older children and youth;
- Recruit permanent families from the child's life and support the new families;
- Teach families that unconditional commitment is a prerequisite, and teach them to transition gradually to adoption; and
- Provide ongoing support to the permanent families.

Themes

Five themes appeared in our review of youth permanency efforts and became the basis for our recommendations:

- ❑ **Every child, including older children, should have a case plan and an action plan for permanence. The action plan should include persuading social workers, youth, and others that permanence provides benefits.**

Prioritizing permanency planning for older foster children and youth begins with accepting that young people need and deserve families. We must commit to cultivating a promise to youth permanency at every level of the child welfare system: among lawmakers, child welfare directors, managers, and workers, and among youth themselves. Effective public and private youth permanency initiatives develop a family-based care ethos and create policies that help staff attain the highest level of legal and emotional permanence possible for young people. Competent agencies work to eliminate the use of long-term foster care and cut back on the use of residential care.

- ❑ **Kinship families are an under-tapped resource to provide permanence for older children and youth.**

Youth were well served by agencies that used intensive birth family-finding efforts. These agencies, cognizant of the fact that many emancipated youth return home, undertook relative searches and turned up abundant resources, often among paternal relatives. For children who can't go home, momentum is growing for uniform subsidized guardianship policies and programs that help youth live permanently with relatives, foster parents, and other caring adults who receive financial assistance commensurate with adoption assistance. The best kinship programs support families before and after permanency with hard services such as

assistance finding adequate housing, plus counseling, advocacy, and peer support.

- ❑ **Older children and youth should be involved in their own permanency planning decisions.**

Youth must be viewed as central players in their own futures. Programs that include youth in permanency planning are more effective in finding enduring placement alternatives for young people and reap the benefits of their creative and energetic participation.

- ❑ **Children have a better chance of permanency when they live in families rather than group care facilities.**

Intensive family reunification efforts and post-placement support can stabilize older children and youth leaving long-term group care. Jurisdictions that reduce group care placements and increase family-based placements are becoming successful at achieving higher rates of youth permanency.

- ❑ **Effective recruitment techniques successfully find families for older foster children and youth, and these new families need support.**

Youth-specific targeted recruitment works well when outreach is culturally sensitive and personalized, when recruiters include young people who have found permanency and their parents, and when recruitment is followed by specialized training and support of prospective permanent parents. When we ask new parents to unconditionally commit to care for youth, we must commit to supporting them.

Every child, including older children, should have a case plan and an action plan for permanence.

SECTION I

Characteristics of Older Foster Children and Youth

*“Expect me to do or say some really crazy things,
just to see if you can handle it.
How do I feel safe until I know that there’s nothing I can do to
make you leave me? I will test you.
I am an expert at testing people.
I desperately want you to pass. But I expect you to fail.”*

– foster teen waiting for a family

Before examining barriers that prevent older foster children and youth from achieving permanence, we sought an understanding of the characteristics of older children in foster care who are at risk for impermanent outcomes. Below we examine the number of older children in out-of-home care, their length of stay, case goals, and special needs, and what happens when they leave the child welfare system.

Although little to no data has been collected specifically on children aged nine and older who have been in care for two years or more, we have examined data on all children in care as well as older youth in care. Using these sources, we put together a picture of older, long-term foster children who are in need of greater permanency planning efforts.

- ❑ **Most foster children are older and have been in care too long** – Of the 542,000 children in foster care on September 30, 2001, almost half were age 11 or older (U.S. Department of Health and Human Services, 2003a). By comparison, children ages 11 to 17 comprise only 39 percent of the U.S. child population (U.S. Census Bureau, 2000). More than half of foster children ages eight and older have spent two years or more in out-of-home care, and a quarter have been in care for more than five years.
- ❑ **Older children of color are over-represented in the U.S. foster care system** – Almost 60 percent of older children in foster care were children of color. Forty-one percent of children ages 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period were black, 41 percent were white, 14 percent were Hispanic, and 4 percent were from other ethnic backgrounds (Gibbs et al., 2004).
- ❑ **A surprising number of older foster children and youth reside in group care** – Although most foster children live in family settings, at the end of the AFCARS 2000 reporting period, 27 percent of children between the ages of 8 and 17 were in congregate care. Roughly 45 percent of this age group were in foster homes, and 22 percent were in the homes of relatives. The remaining children lived in other settings (Gibbs et al., 2004).
- ❑ **A large number of older foster children have plans that are impermanent** – Older children are less likely to have family-based permanency plans. About 20 percent of older foster children have a plan that may be impermanent; that is, a case goal of long-term foster care or emancipation (Gibbs et al., 2004). Older foster children are many times more likely to be assigned to long-term foster care than younger children (Schmidt-Tieszen & McDonald, 1998).

**Case Goals of Older Children in Out-of-Home Care,
by TPR Status and Age**

	No TPR				TPR			
	8 to 9 (%)	10 to 12 (%)	13 to 17 (%)	Total (%)	8 to 9 (%)	10 to 12 (%)	13 to 17 (%)	Total (%)
N	39,059	61,319	141,161	241,539	8,981	12,900	15,635	37,516
Adoption	20.5	16.2	4.8	10.2	78.7	75.2	46.2	63.9
Relative/guardianship	10.8	12.4	9	10.1	4.1	5.5	7.2	5.9
Long-term foster care	5.7	10.5	15.3	12.6	2.7	7.1	17.6	10.4
Emancipation	0.1	0.5	12.1	7.2	0.2	0.8	19.2	8.3
Reunification	46.7	44.3	41.2	42.9	6.2	5.7	5.6	5.8
No case goal established	16.3	16.2	17.6	17.1	8.1	5.8	4.3	5.7

Notes: 1. Includes only children aged 8 to 17 who were in out-of-home care at the end of the AFCARS 2000 reporting period (September 30, 2000) (Gibbs et al., 2004)
2. Excludes five states where TPR data are missing or incomplete.

❑ **Children who enter care at older ages are at increased risk for leaving care and not joining families** – While foster care entry is not this paper’s purview, several studies have found older age at foster care entry to be related to placement delays and reduced chances for adoption and permanency (Avery, 1999a; Barth et al., 1994). “When you look at the data 10 years later, of the kids who were between ages seven and ten at admission, eight percent are still in care. Further, compared to children below age nine at entry, children above age nine are more likely to leave care via a non-permanent exit such as transferring to juvenile justice, running away, or aging out of care,” reports Fred Wulczyn (2005). According to another study, each additional year of age at first placement was correlated with a 12 percent drop in the odds of

permanence (Kemp & Bodonyi, 2002). When older children enter foster care, they may be at growing risk for non-family outcomes.

❑ **Older foster children and youth have many special needs** – For many older foster children, cumulative experiences of exposure to drugs or alcohol prior to birth, subsequent child maltreatment, removal from home, and numerous foster care placements combine and bring on intense mental health crises or significant behavioral or learning problems. Approximately half of the youth who come into contact with the child welfare system need mental health services (Burns et al., 2004). One study found that 22 percent of older children and adolescents entering foster care evidenced

When older children enter foster care, they may be at growing risk for non-family outcomes.

Additional data also give hope that permanence is possible for older children and youth.

severe post-traumatic stress symptoms and 50 percent had academic problems (Perry et al., 2000). Research from New York State discovered that older children who experienced long delays in permanent placement were likely to have substantial disabilities, such as learning problems (Avery, 1999b).

- ❑ **Too many older foster children and youth leave foster care without family support** – Most older foster children and youth leave care and join families, but a small and notable group do not. Each year the number of foster children waiting to be adopted surpasses the number who are adopted. Nationally, the proportion of 9- to 17-year-olds in the pool of children waiting to be adopted has increased from 38 percent in 1998 to 47 percent in 2002 (Maza, 2003). According to other research, 20 percent of children admitted as 10-year-olds will leave placement for reasons other than reunification, adoption, or guardianship, though this rate may actually be higher because not all children in this age group have yet left care (Wulczyn et al., 2005). For entering 15-year-olds, less than one percent go on to be adopted (though more than half eventually return home) (Wulczyn et al., 2005). And distressingly, too many older foster children, often African American males, cycle from child protection to juvenile justice to adult corrections (Wiig et al., 2003).

In spite of these tremendous risks facing older foster children and youth, there is hope. According to data from the Multistate Foster Care Data Archive, children who entered care between 1991 and 1997 experienced statistically significant gains in the probability of adoption compared to children who entered care in 1990. Older children experienced adoption gains that were more modest than younger children, but still were statistically significant (Wulczyn et al., 2000). In particular, the rate of adoption among African American children from urban areas who had been placed with relatives increased significantly.

Additional data also give hope that permanence is possible for older children and youth. The Urban Institute (2003) found that older African American males – the children who await permanence the longest – tend to be closest in characteristics to the children adopted by relatives. Research from New York State discovered that more than half of older children who experienced long delays in permanent placement had strong ties to their kin (Avery, 1999b). Avery also found that the children who wait the longest are no different in characteristics than those children who do find a permanent family through adoption.

SECTION II

Problems that Prevent Older Foster Children and Youth from Achieving Permanence

An increasing number of foster children age nine and older age out to non-permanent outcomes every year. Tragically, the U.S. homeless population includes many foster care graduates. Although programs have been implemented to smooth foster youths' transition to maturity and independence, the most important link is often not in place – a permanent, legal relationship with an adult who makes a lifetime commitment to the older child.

Each year approximately 20,000 young people age out of foster care without permanent, legal family connections. Numerous studies of emancipated foster youths document that these young people have limited education and poor employment prospects. Many leave care and end up homeless, incarcerated, and physically and mentally ill. And many wish they had been adopted (Collins, 2001; McDonald et al., 1996; Courtney et al., 2004; Courtney et al., 2001).

Adolescents without supportive adult relationships are often anxious, isolated, and have trouble relating to others. But when disadvantaged young people experience a caring relationship with an adult they are more likely to do well in school and overcome adversity. Youths who are connected to families are not as inclined to take unsafe risks; they tend not to do drugs, get pregnant, feel seriously depressed, and be involved in delinquent activity, compared to young people who have no adult connections. Parents protect youth and give them the ability to bounce back from misfortune (Hair, Jager, & Garrett, 2002; Charles & Nelson, 2000; Blum & Rinehart, 1997; Resnick et al., 1997).

“The evidence is clear that young people who report feeling connected to at least one parent do better across every outcome studied.”

(U.S. DHHS, 2003b)

Significant Barriers Exist to Youth Permanence

Obstacles to older child permanency are multiple and range from individual attitudes to state or federal policy flaws to practice shortcomings.

❑ Biases against permanency for older foster children and youth exist in the child welfare system.

“The objection to permanency planning for adolescents stated by child welfare professionals on every level is rooted in the fear of retraumatizing vulnerable young adults who have been through enough” (Lewis & Heffernan, 2000). According to youth permanency expert Robert Lewis, child welfare professionals tend to favor promoting youth separation and individuation rather than reopening the discussion about family connections, or the lack of them.

While peer group relationships are significant, older children continue to need support and guidance from parents and adults.

Older foster children present a developmental paradox: They are in the process of maturing and individuating, but they still need families. They are transforming physically and emotionally, developing their own independent view of the world, and struggling with allegiances to friends and family. Older foster children grapple with the added developmental task of attempting to integrate past abuse, trauma, neglect, and multiple moves. Many foster youth cope with and adapt to maturation and trauma by pushing people away, striking out in anger, and protecting themselves by not caring. It can be easy to dismiss the benefits of families for such youth. Further, the child welfare system has not yet embraced the current adolescent developmental theory that youth attachment and individuation are interwoven processes. While peer group relationships are significant, older children continue to need support and guidance from parents and adults.

❑ **Social workers, agency directors, and others often assume older children are unadoptable.**

In a study of children waiting for adoption in New York State, 41 percent of the caseworkers believed that the children in their care were not adoptable, and the same percentage of workers also said that their agencies did not have faith in the adoptability of the longest waiting children. Many agencies keep lists of children they consider unadoptable. The 'unadoptability' myth is disproved by studies that show that older children with disabilities are successfully placed for adoption. Caseworker and agency dedication to the belief in the adoptability of every child must be central to further national adoption efforts that include youth (Avery, 1999a; Avery, 1999b).

❑ **Long-term foster care and emancipation are over-used permanency goals for many older children.**

In a study of older U.S. foster children at the end of the AFCARS 2000 reporting period, 37 percent of 13- to 17-year-olds whose parental rights had been terminated had long-term foster care or emancipation as their case goals, effectively consigning them to the status of legal orphans (Gibbs et al., 2004).

Long-term foster care (LTFC) placements have the potential to provide permanence, but they often do not. A significant number of these placements disrupt – especially for older children – and the impact of frequent moves affects a child's ability to function as an adult. Studies show that even when children grow up with stable, loving foster families, continued status as a foster child can adversely affect their sense of security and belonging (Triseliotis, 2002). Foster children are aware that, no matter how much their foster family cares for them, a change in employment status, a move, a death, or any number of other life disruptions could mean the end of their life with the family.

Many agencies lack clear policies that detail when the use of LTFC as a case disposition is appropriate and when it is not. Even when good policies exist, guidelines and procedures for making decisions about a child's life may be overlooked. Too many children and youth are left to grow up in long-term foster care due to haphazard decision making. No one is working to find these children a truly permanent family.

❑ **Independent living is used as a permanency goal.**

Independent living planning and dual-track planning for permanence too rarely go hand-in-hand. A Casey Family Program study found that more than 50 percent of the young men who had a goal of independent living had no plan for where they would live after foster care (Avery et al., 2002). In some states, teens are encouraged to stay in the system and age out of foster care in order to receive certain independent living program benefits, such as education and employment stipends. These benefits are generally not available to them if they are adopted or under the legal care of a guardian. Officials from some states also note that changing an older child's case goal from adoption to emancipation when they reach a certain age, such as 16, opens the door for independent living services, but simultaneously closes the permanency planning door:

Independent living programs describe a set of services, not a plan for permanence. Independent living services should be routinely offered to older foster youth *along with* permanency planning services (Avery et al., 2002; Badeau et al., 2000).

❑ **There are not enough permanency options for older foster children.**

Older foster children and their relatives are often leery of adoption. Youth may say no to adoption because they are still connected to their birth parents and don't want to lose contact with siblings. Relatives may decline to adopt because they are not comfortable severing the parental rights of birth parents. Relatives, often grandparents, resist referring to themselves as parents when they already have a defined relationship with the child.

Members of Native American and African American cultures place a high value on extended family ties and look skeptically at termination of parental rights procedures and adoption. Policy makers and child welfare staff should discard the one-size-fits-all approach during which permanency plans are shelved when legitimate objections to TPR arise.

❑ **Older foster children are not asked to be a part of permanency planning decisions.**

Adolescents are not viewed as central players in their own futures. They are denied a major role in permanency planning and are often not consulted about whom they feel connected to. By not talking to youth we lose out on one of the best chances for identifying permanency resources. Ignoring youth also enables youth to sabotage plans that they had no part of.

Older children and youth are often not involved in permanency planning because agency leaders may doubt that they can function in families, and

By not talking to youth we lose out on one of the best chances for identifying permanency resources.

Youth permanency programs must support youth and their families before, during, and after placement.

because social workers may avoid reintroducing permanency planning due to previous unsuccessful attempts at home-finding. Youth permanency programs will succeed if they involve youth at every level (Cleary, 2002; Sanders, 2003).

❑ **Many older children end up in group care, and it is difficult to move children from group care to families.**

In a study of older children in out-of-home care at the end of the federal 2000 reporting period, 27 percent of children between the ages of 8 and 17 resided in congregate care. Thirty-eight percent of 13- to 17-year-olds lived in congregate care, surpassing the percentage of this age group living with foster families (Gibbs et al., 2004).

Group care is not the preferred method of care for the vast majority of children and youth in foster care (Barth, 2002). Children and youth who are placed with families and caring adults have the chance to form long-term affectionate relationships that are critical to normal social development (Quinton, 1987). There is even positive evidence for home and community-based care for youth with emotional or behavioral disorders (Chamberlain & Reid, 1998).

Placement in group care dramatically decreases a child's chances of adoption (Avery, 1998). Children – especially adolescents – who reside in group care are more likely than others to age out of care or run away from their placements (Wulczyn et al., 2000). One recent congregate care study found that young people in group care were often not safe, their families were uninvolved in treatment, and permanency planning was poor or non-existent (Freundlich, 2003).

❑ **Older children have more special needs and need more support to sustain their permanent placements.**

Compared to children adopted as infants, children placed in adoptive families after the age of 10 had the most problems and faced the greatest risk of adoption disruption and thus demonstrate a significant need for post-placement help (Casey Family Services, 2002). Unfortunately, that post-placement support is hard to find. Very few states offer comprehensive post-adoption services (Howard & Smith, 2002).

Youth permanency programs must support youth and their families before, during, and after placement. Adoption of older children would be a more attractive option for families if post-adoption services were automatically available (Barth, 1997).

The problems that prevent older foster children and youth from joining families are many, but an increasing number of youth advocates are devising programs and practices to overcome these barriers and meet the permanency needs of youth.

SECTION III

The Emerging Youth Permanency Philosophy

*“Children need permanent homes with
parents who will show them love.
And they need this no matter how old they are.
It’s never too late.”*

– Speak Out Team youth, Massachusetts Families for Kids

Youth permanency advocates are deeply concerned about young people aging out of foster care with no adult connections. As a result, a number of individuals and organizations have become vocal champions of an emerging youth permanency philosophy.

The philosophy is guided by several core beliefs:

- Youth permanency is possible.
- Prospective parents and caring adults must be unconditionally committed to the young person.
- Older children and youths have information about adult connections that can help them find a family.
- We must listen to the children and youth.

Championing Older Child Permanency

“A lot of my kids are hardcore older kids with baggie pants who’ve been in gangs, residential treatment, psychiatric hospitals, and countless foster homes. But if you don’t believe an older kid who’s been in jail can be adopted, I’ll show you an older kid who’s been in jail who’s been adopted. If you don’t believe an older kid with a history of 20 foster homes can be adopted, I’ll show you a kid who’s been in 20 foster homes who’s been adopted,” says Barry Chaffkin, former director of Harlem Dowling West Side Center for Children and Family Services.

Older child permanency advocates believe that foster youths deserve to have families – whether a new family or their reconstituted birth family. Their mission is to open the hearts and minds of young people to permanency, and then open the hearts and homes of prospective adopters and guardians. These champions believe that they must convince their colleagues to look beyond the crisis of today to the young person’s future need for security, and to demonstrate how well permanency works for older children.

Unconditional Commitment: The Love That Matters Most

“Older children and teenagers need unconditional commitment before anything else constructive can happen. Every person who comes forward to help a child must come to the work with an unconditionally committed permanency mind-set,” according to You Gotta Believe’s Pat O’Brien. Maris Blechner of Family Focus Adoption Services agrees: “There is no difference between a 10-year old’s need for a family and a 15-year-old’s need for a family. All children and youth need a family who will make an absolute and life-time commitment. But older kids of any age need to be given time to develop

Permanent, legal family connections must be the priority for older children in foster care.

sufficient trust to buy into a new family," says Blechner. According to these two youth permanency experts one of the chief keys to attaining unconditional commitment is training prospective parents that it matters more than anything else.

The String of Lost Connections

Programs that effectively advocate older child and youth permanency search carefully for family and fictive kin connections and use a personal touch in social work practice. Effective youth permanency agencies and workers believe that cases must be examined with care to discover past adult connections and extended family members. Case review is best done hand-in-hand with getting to know the youth.

Youths often have resourceful and creative ideas for whom they would like to live with. "Foster children and youths need to see that we are busy looking for their family," says Mary Stone Smith, vice-president for Western Washington Catholic Community Services. "As the years have gone by sometimes I think we've forgotten to go back through the file and look for relatives."

Foster Youth Speak Out

This may be the value that youth permanency advocates most cherish. "A big barrier is getting people to rethink the idea that youth can be involved in their own lives and decision-making," says Kim Stevens, former co-director, Massachusetts Families for Kids. Advocates invite older foster children and youth to convey real-life stories, set the pace, articulate their needs at case planning meetings, and make avenues for their input during court hearings. Young people are best able to reach, teach and engage other young people (Sanders, 2003) in speaking out to change the foster care system and promote family-based care for all children, including older children.

A Working Definition of Permanence for Older Foster Children and Youth

Permanent, legal family connections must be the priority for older children in foster care. We reject the notion that foster youth are too old to be adopted or achieve permanency. We applaud the many dedicated organizations and individuals who are working to make connections for older children and youth who may be exiting foster care. However, we believe that efforts to achieve legal permanence should be the first priority. We worry that youth connection programs may be implemented in place of programs that seek legal, permanent families for youth.

We embrace the idea that older children and youth may guide us to find the right family for them. Resources to be considered include birth and extended family, relatives, kin, siblings, former foster parents, new adoptive parents, and other important adults. We commit to encouraging the full discussion of all permanency options with youth, including reunification, adoption, and guardianship.

Permanence for foster children ages nine and older may falter if post-permanency supports are not in place. Therefore, our definition of permanence includes legal family relationships that, if necessary, are shored up by adoption assistance agreements or guardianship subsidies, plus access to mental health care and other services. The provision of mental health care should be based on the family's and youth's articulated needs, provided by professionals that understand child welfare issues and possess cultural understanding, and who are willing to advocate on behalf of youth and their families.

These tenets of a youth permanency philosophy guide the recommended policies and practices that follow. We provide detailed action steps and examples of how to move from philosophy to successful permanence for older children.

SECTION IV Recommendations

RECOMMENDATION I

Persuade social workers, youth, and others to embrace a philosophy of valuing permanent families for older children and youth, and provide every child with a case plan for permanence

Each year tens of thousands of U.S. foster children leave the child welfare system to fend for themselves. Youth advocates often cite as a barrier decision-maker and foster care staff reluctance to believe in permanency for older children and youth. Additionally, many foster youth may be convinced that they are not family material.

Creating permanency plans for older foster children and youth begins with accepting that young people need and deserve families. Effective youth permanency initiatives and programs develop a family-based care ethos and create policies that help staff attain the highest level of legal and emotional permanence possible for young people who can't go home.

Action Step A – Build agency and community commitment to permanence for older children and youth

In this action step we provide two points that counter the mindset that older foster children don't need families. Leaders must first believe that youth need permanency before laws can be changed and policies can be drafted. Next, guidelines must provide social workers with a roadmap to youth permanence.

Background

Massachusetts Families for Kids and the New York City Administration for Children's Services have undertaken efforts to convince lawmakers, child welfare professionals, and others of the critical need for permanence for young people. The Massachusetts Families for Kids Speak Out Team, a grassroots advocacy project composed of current and former foster youth, was credited by Representative John Rogers, Chair, Special Massachusetts Committee on Adoption, with contributing to change in the Massachusetts foster care system:

Speak Out Team
Massachusetts Families
for Kids
Roxbury, MA
Families for Teens
Initiative
New York City
Administration for
Children's Services

"When it was time to change the system for the sake of the children in it, we wanted to hear from those with the most at stake: the children themselves. They came to the State House and, testifying before the Special House Committee on Adoption, courageously shared their stories, made recommendations which were ultimately enacted, and in doing so, nobly and immensely advanced the cause to secure loving and permanent homes for the children of the Commonwealth's future."

New York City Administration for Children's Services, in partnership with private agencies and consultants, undertook youth permanency policy reforms to provide families for

When youth speak with lawmakers and policy staff, they give voice to the need for change in the child welfare system.

teens leaving foster care, and to reduce the reliance on independent living as a case goal. ACS and private, contracted agencies used strategies to persuade social workers and youth of the need to begin to think differently about youth permanency. ACS also cut back on placing youth in congregate care and moved youth from group care to families.

The ACS policy changes that began with embracing a philosophy of valuing permanence for older children have made a difference.

The number of young people assigned independent living goals has dropped from 1,584 in 2000 to 843 in 2003. In 2000 14 percent of discharged 14- to 15-year-olds were adopted; adoption rose to 21 percent for this group in 2003. Similarly, only 7 percent of 16- to 17-year-olds left foster care for adoptive families in 2000. By 2003, 13 percent of this older group were discharged to adoptive families (Lowe, 2004).

To build similar commitment, reform-minded agencies can undertake the following steps:

Help lawmakers and policymakers understand the importance of permanence for older foster children and youth by inviting foster youth to speak

When youth speak with lawmakers and policy staff, they give voice to the need for change in the child welfare system. These youth present the human face of child welfare, and effectively convey the impact of the system on their growing up experience. Massachusetts Families for Kids' Speak Out Team, started in 1997, is a part of a broader effort to secure permanent family connections for foster youth. The Youth Speak Out Team has spoken before the Massachusetts legislature, state and national child welfare organizations, and foster care and adoption audiences.

In 1998 the Speak Out Team helped defeat a drive to increase institutional foster care in the state of Massachusetts. At a special House committee hearing, youth explained why it's important to be placed with a family. When Massachusetts statute changes were later made in the wake of the Adoption and Safe Families Act, references to congregate care were dropped and family-based care was prioritized.

Since the Speak Out Team spoke before the Massachusetts special House committee, Massachusetts Families for Kids has also helped institute an adolescent permanency program within the Massachusetts Department of Social Services funded by both state and federal grant sources.

In addition to changing the minds of legislators, Speak Out Team members developed confidence, a strong sense of camaraderie, and began to consider themselves as knowledgeable in the field of child welfare change.

Establish agency guidelines and procedures to help staff carry out permanency policy for youth, including policies that prioritize youth participation, give several permanency options, and limit independent living as a case goal

After laws are in place, there is a critical need to translate these laws and directives into detailed policy that child welfare managers and social workers can put into practice. Youth permanency policies must specify the degree to which youth are involved, what types of permanent plans are possible, and what previously accepted practices are disallowed under the new guidelines.

New York City Administration for Children's Services' Families for Teens initiative represents an example of detailed youth permanency policy. New York City ACS issued

ASFA permanency guidelines in 1999 with updates in 2001 that required careful exploration of adoption for youth with independent living goals and those in residential care. The 2001 guidelines disallowed older age as a compelling reason to routinely assign older children a plan of independent living. In 2000 ACS began to train staff and contracted agency personnel about ASFA and the need for redoubled permanency efforts for children, especially older children. But as older children and youth continued to be over-represented in out-of-home care in New York City, it became clear that an even more definitive policy was necessary.

In June 2003, ACS Commissioner William Bell issued a memorandum to ACS staff and contracted foster and residential care agency staff mandating Family-Based Concurrent Planning for Youth in order to find permanent, adult connections for young people at risk of aging out of foster care. This memo became known as the Families for Teens guidelines.

The Families for Teens initiative:

- ❑ requires youth participation in all permanency planning and grants youth a more active role in self-determination;
- ❑ encourages youth to consider family reunification, adoption, and other permanency options;
- ❑ allows social workers to reassess whether a return to the birth family is possible, even if termination of parental rights has occurred;
- ❑ limits the use of independent living as a case goal;
- ❑ stipulates that independent living is a disfavored permanency goal and that it can only be assigned to youth age 15 and younger with senior management sign-off, and directs that the goal be paired with a concurrent family-based goal;

- ❑ instructs that independent living skills workshops must include permanency content;
- ❑ reduces reliance on group care by decreasing the number of congregate care beds available;
- ❑ prohibits adoption waivers that previously allowed youth to sign a statement saying that they did not want to be adopted;
- ❑ encourages open adoption arrangements that permit contact and communication with birth family members after adoption.

Families for Teens guidelines have had a significant impact on ACS child welfare practice, especially on reducing the use of residential treatment and group care, which will be discussed later in Recommendation Four. Teens coming into out-of-home care were placed in family foster homes as opposed to group homes by a ratio of two to one during one quarter of 2004 (Lowe, 2004).

Action Step B – Persuade social workers, youth, and others that permanency provides benefits; engage youth and their parents to deliver the message

Child welfare staff and youth must be invited to buy into the permanency philosophy. In many cases youth advocates and young people themselves may deliver the most compelling message about what happens to young adults when they are discharged to no one but themselves, and why they need permanent families. “Adoptive parents, guardians, and other permanent parents may be invited to tell what a difference they have made in the lives of young people: how the teen’s substance abuse stopped and their grades improved once they felt they had someone in their corner,” says Alexandra Lowe, Special Counsel to the New York City ACS Deputy Commissioner for foster care.

Child welfare staff and youth must be invited to buy into the permanency philosophy.

...child welfare staff need to be persuaded that family permanence is as important for young people as assuring their safety, education, and housing needs.

Create buy-in for youth permanency among child welfare managers and social workers

In some cases, child welfare staff need to be persuaded that family permanence is as important for young people as assuring their safety, education, and housing needs. The best persuaders are the youths themselves, along with testimonials from agencies that have succeeded in finding permanent homes for young people.

Train staff in the new policy and youth permanency techniques

ACS hired an expert to demonstrate youth engagement techniques and to help build staff commitment to the Families for Teens initiative. "One of the most successful buy-in strategies has been arranging for a small group of social workers to observe Bob Lewis as he facilitates a youth decision making meeting with a young person," says Susan Grundberg, ACS Acting Deputy Director, Division of Foster Care and Preventive Services.

To create buy-in for the Families for Teens initiative, starting in 2000 youth permanency advocate Lewis was hired as a consultant by NYC ACS to help public and private agency staff talk to young people about the full range of permanency options, including adoption. In live demonstrations before group home staff and others he talked to youth about the outcomes of aging out of care without adult connections. Lewis asked teens how they felt about having a family, instead of asking if they wanted to be adopted. He reassured them that they would have choices and power in the family recruitment and permanency planning process.

"After a Lewis workshop our staff discussed the need to reach back into the child's past," says a group home supervisor. "We went back through the young person's file and found a slip of paper with the phone number of the youth's older brother's girlfriend, who had expressed concern. We returned the phone call to the girlfriend years later. She went through foster and adoptive parent training and now has custody of the youth and his sibling."

Ask successful youth permanency agencies to give testimonials

"Another good buy-in strategy is to have other 'champion' youth agencies give testimonials before social work audiences regarding how they have achieved permanency and connected youths to committed adults," says Grundberg. (An example of a champion youth agency, Harlem Dowling West Side Center for Children and Family Services, appears on page 21.)

Witnessing effective youth permanency planning and hearing from successful youth placement agencies helps child welfare managers and social workers move beyond day-to-day crises and focus on youths' need for future family and adult connections.

Help older children and youths consider permanence and adoption

A new study sheds a clear light on why teens should be involved in permanency planning (Flynn et al., 2004). For one thing, when teens are given the chance to get to know adults who are interested in meeting them and providing permanency for them, teens may become more likely to think about adoption. A teen and an adult may consent to adoption after they have formed an attachment to one another. Mentoring programs offer this opportunity, as do panel discussions between adults who are considering older child adoption and young people who are considering permanence.

In addition, key preparation steps must be completed in order for youths to be prepared for permanency and adoption (Flynn et al., 2004). Older children and youth must understand their legal status, must receive an explanation of adoption and how the process works, and must be helped to explore their feelings about their birth families.

Adoption Option for Teens
Harlem Dowling West Side Center for Children and Family Services
New York, NY

Background

Based in Harlem, New York, Harlem Dowling West Side Center for Children and Family Services is contracted by New York City's Administration for

Children's Services to provide foster care, adoption, and independent living services. In 2003, the agency enhanced its focus on permanence for older children and launched the Adoption Option for Teens.

Under the new program Harlem Dowling youth:

- ❑ participate in case review meetings with a Harlem Dowling adolescent permanency specialist, their HD social worker, ACS case manager, the foster parent(s), and the birth parent(s), to discuss permanency options;
- ❑ attend presentations by parents who have adopted or are interested in adopting and panel discussions featuring young people who have been adopted;
- ❑ pair up with an adult mentor, if they choose to.

Out of more than 100 Harlem Dowling youth served since 2003, three adoptions have been completed; 10 youths are in pre-adoptive placements; and 30 youths are planning to return home. Of the remaining children, half desire adoption or an alternative permanent placement, and half are open to adoption but are also active in independent living programs.

Make panel presentations to youth on adoption and permanency

Harlem Dowling youth attend presentations by young people who have been adopted and parents who have adopted or are considering adopting or taking permanent custody of teens. Youth, naturally leery of adoption, talk with panel members and get real-life information, not just information given by social workers. Youth see what it is really like for other young people to have permanent families. After one parent presentation, a Harlem Dowling youth asked a panelist for a home-cooked meal. The panelist invited the teen girl to breakfast, a match ensued, and the placement is now permanent. When teens have chances to interact with other adopted youth and their parents, as well as prospective parents, the prospect of joining a new family can grow to seem more possible – even desirable.

“We tell Harlem Dowling youth that it is OK to still love and care about their birth families and to get adopted. Many kids today grow up in two families. We encourage our adoptive families to be open to birth family contact if it is in the best interests of the young person,”

says former Harlem Dowling foster care and adoption director Barry Chaffkin.

Offer youth a mentor

Many youth between the ages of 14 and 21 are ambivalent about joining families, but would welcome the presence of a supportive adult in their lives. Harlem Dowling, in partnership with Mentoring U.S.A., created an adoption mentoring program in which adult adoptees guide Harlem Dowling youth.

Older children and youth must understand their legal status, must receive an explanation of adoption and how the process works, and must be helped to explore their feelings about their birth families.

The primary issue in youth permanency planning is believing it is possible.

Although the primary role of the program is to provide mentoring, the mentors sometimes help the youth consider the value of adoption by relating their own experiences. "If young people think positively of their mentor, it impels the youth to think that adoption is not just for kids, but may work for older individuals such as themselves," says former Harlem Dowling foster care and adoption director Barry Chaffkin.

Conclusion

The primary issue in youth permanency planning is believing it is possible. Youth and their parents and youth permanency practitioners who are true believers deliver this message most compellingly. Yet the philosophy of youth permanency is incomplete without complementary policies, guidelines, and training. Again, it is effective if the youth themselves deliver some of the training messages.

RECOMMENDATION 2

Target attention and resources to achieving permanence for older children and youth

There are several common threads in the action steps below: Public and private child welfare agencies made a commitment to permanence for older foster children and youth and targeted time and resources to solve policy problems, empower youth, and revamp service delivery. The belief in the attainability of youth permanence permeates the featured programs.

Action Step A – Eliminate the use of long-term foster care as a case disposition

“Child welfare professionals and legal staff must recognize that referring to LTFC as a ‘case plan goal’ instead of what it is – a court-sanctioned, permanent legal status – blurs the real-life meaning of the term for a foster child. When we assign children and youth to LTFC we often relegate them to impermanence for the rest of their lives.”

– Pat Rideout of the Annie E. Casey Foundation Family to Family initiative

Agencies have an opportunity to prevent foster children from entering long-term foster care (LTFC) and to review their existing LTFC cases and develop new procedures that help limit – and eventually eliminate – the use of this option that does not meet the true definition of life-long, family-centered permanence. Of course, simply changing a case plan goal will not achieve permanence for any child. To truly eliminate the use of long-term foster care as a permanency disposition, first staff must embrace a philosophy of permanence, and then work to reduce the number of children and youth admitted to this type of living arrangement. Thirdly, staff must look at the children and youth already with a goal of LTFC and critically analyze each case to determine if this disposition is the right one. Lastly, agencies must continue their efforts and eliminate the use of LTFC. After changing children and youth’s case plan from long-term foster care, agencies can use the various strategies for finding permanent families described elsewhere in this publication.

*Of course,
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The Use of Long-Term Foster Care as a Permanency Goal

When older children cannot return to their birth parents, agencies have a responsibility to seek a placement that is safe, secure, and legally permanent. LTFC is less stable than adoption or guardianship, and does not convey the lifelong relationship that these other permanency options do. Therefore, agencies should implement policies and practices that limit, and eventually eliminate, the use of LTFC.

We recommend the use of LTFC only in cases in which the child or youth has serious physical, emotional, or mental disabilities AND it is unlikely that adequate services could be guaranteed in a subsidized adoption or guardianship placement. Of course, policy changes that provide adoptive and guardianship families with equal levels of support and services would eliminate the need for this loophole.

At a minimum, agencies should identify clear and convincing criteria such as that listed on page 25 that must be met in order for the use of LTFC as a child’s or youth’s case disposition.

Cuyahoga County
Long-Term
Foster Care
Taskforce
Cleveland, OH

Background

In 1993 Cuyahoga County (Cleveland) Department of Children and Family Services embarked on a mission

to align child welfare practice with the best child welfare values with the help of the **Family to Family** initiative sponsored by the Annie E. Casey Foundation. In Cuyahoga County, **Family to Family** work and long-term foster care reform were interwoven.

Family to Family's goals include reducing the number of children entering foster care, promoting the use of culturally sensitive, neighborhood-based foster homes only for children who really need to be placed away from their families, and reducing foster care stays. One of the hallmarks of **Family to Family** practice is a process known as Team Decision-Making (TDM) that convenes a meeting anytime a child faces removal from home, a potential disruption after being placed, or is about to be reunified with family. TDM meetings include the birth family, the foster parent, the youth, social workers, a neighborhood or community advocate for the birth parent, and others. Team Decision-Making was extended to long-term foster care cases at the behest of the newly created Cuyahoga County DCFS LTFC Taskforce. "LTFC reform took place in the values-rich context of **Family to Family**. Guiding principles were listed on sheets on the walls all around us," says Pat Rideout, then a deputy director at Cuyahoga County DCFS. "The messages inspired us to not just make case plans, but to make family plans; to make reforms at the philosophy, practice, and legal levels; and to involve birth families, foster families, and youths together."

Cuyahoga County DCFS began a systematic review of its LTFC population in the mid-1990s. As a result of this review and subse-

quent policy and practice changes, DCFS saw a threefold decrease in the number of children with a disposition of LTFC between 1995 and 2000. Many of these were older children and youth. In 1995, 26 percent of Cuyahoga's children were in LTFC, compared to only 8 percent in 2000 (Cuyahoga County Children and Family Services, 2004).

Create a groundswell of support for the reduction of LTFC by creating a task force and educating workers, court personnel, and others

A LTFC task force – consisting of county staff, guardians ad litem, court personnel, parents, youth, and other community members – can commit to providing a legal family for every child, and identify causes of long-term foster care in its jurisdiction. In addition, this group can brainstorm ways to reduce and eliminate the use of this disposition, and create and monitor an action plan for change. Through education and information sharing, its work can serve as an impetus for a philosophy change that spreads throughout an agency.

Cuyahoga County's LTFC Taskforce began meeting in March 1996 and examined the county's use of LTFC and why it was overused. Through surveys and interviews with Cuyahoga DCFS social workers and agency attorneys, the taskforce discovered, for example, that LTFC petitions were often filed at the last minute and without forethought. In these situations, court dates sometimes crept up on social work staff who, with the help of DCFS attorneys, filed impromptu oral motions for LTFC to buy more time. Unfortunately, in many cases the youth's LTFC disposition was never changed, relegating many young people to a life in foster care limbo. The Cuyahoga County LTFC Taskforce refocused attention on Ohio's statute and asked social workers, judges, and agency attorneys to follow the law. The law allowed LTFC to be used only for children who:

Create a groundswell of support for the reduction of LTFC by creating a task force and educating workers, court personnel, and others.

- ❑ have many special needs that keep the child from living in a family;
- ❑ have parents who have significant physical, mental, or psychological problems that keep them from parenting;
- ❑ cannot be adopted because adoption is not in their best interest;
- ❑ retain a significant relationship with their parents or relatives;
- ❑ are age 16 or older and are unwilling to accept an alternative permanent plan after they have received information about different plans.

Through staff re-training and subsequent discussions with Team Decision-Making staff, Cuyahoga County staff learned about the criteria for the use of LTFC, became familiar with the new DCFS permanency philosophy, and made a commitment to follow the law.

Make changes in the process for petitioning the court to make long-term foster care the child's permanent disposition

By tapping into the existing Team Decision-Making process, Cuyahoga DCFS implemented a procedure for carefully screening all efforts to place a child or youth in LTFC status. No petition seeking LTFC could be filed without the approval of the TDM team. This step resulted in the dramatic reduction of entries into the LTFC population.

At the court level, juvenile court and DCFS legal staff agreed that the court would no longer accept informal, oral motions to place a child in the legal status of LTFC. Instead, such a designation required a written motion based on the report from the TDM group that indicated the team's consensus on the requested LTFC disposition and included the legal reasons for why that permanent disposition was selected for the youth. This process ensured that decisions to use LTFC were thoughtful, planned, and widely agreed upon.

Review the cases and re-examine the situations of all children and youth who are currently in long-term foster care

By systematically reviewing each child's case, workers can determine if children are truly eligible for LTFC, or if the case plan was selected out of expedience or due to circumstances that have changed. In the course of a case review, workers may find that birth families have improved and are able to safely parent again. In other cases, foster parents can be encouraged to adopt with the necessary adoption assistance.

In 1997, Cuyahoga's LTFC Taskforce specifically targeted children of certain ages (zero to five, 6 to 9, 14 and older) with different strategies. For younger children, the completion of paperwork or a simple legal step helped provide permanency for many youngsters who had erroneously been placed in LTFC.

With the oldest group, special TDM meetings were scheduled for every case. A panel of the youth's worker, guardian ad litem, and representatives from the LTFC committee met to review each child's history and discuss permanency options. Staff trained by the LTFC task force participated in these special TDM meetings and asked targeted questions about the use of LTFC. The reviews showed that some older children with LTFC as a goal did not meet the legal requirement for this case plan, and needed LTFC task force members to advocate for their right to a legally permanent family. In some cases, the panels were able to contract for supportive services to reassess or reduce risks in the birth family and plan for the youth to return home. Between 1994 and 1997, 464 children and youth formerly relegated to LTFC were reunified with birth parents. Relatives assumed legal custody of 290 children and youth, and 182 mostly older children in LTFC were adopted.

In the course of a case review, workers may find that birth families have improved and are able to safely parent again.

When youth are included in case planning, they are far more invested in the outcome.

The reduction of the use of LTFC goes hand in hand with other philosophy changes at agencies. In Cuyahoga County, the LTFC Taskforce sought to eliminate the causes of the LTFC and support alternatives. LTFC Task Force members supported the use of open adoption for children with connections to their birth families. Task force members also advocated for the transfer of legal custody to relatives, and educated foster parents about adoption, including informing them about adoption assistance and the acceptability of not changing the youth's name, if any of the parties objected.

**Action Step B –
Let youth assume a major role in creating their permanency plan**

“I know that I know more about my life than you do. I know that I’m old enough to have an idea of what I want and what I need. And I’m old enough to help you find me a family.”

– foster teen waiting for a family

Youth can and should have a significant role in their futures – from helping shape opinions as described in Recommendation One to being a part of the permanency planning team as described below and in future sections of this publication. There are clear benefits to involving youth in permanency decisions. When youth are included in case planning, they are far more invested in the outcome. When young people are engaged as permanency helpers and guides, we harness their positive energy and lessen the resistance that is a natural part of their developmental stage. The program featured below empowers youth to create their permanency plan, and charges their permanency decision-making team with helping the youth follow through on the goals.

Although one program is highlighted in this action step, the notion of giving youth a role in their futures is interwoven throughout this publication. In Recommendation One, New York City youth talk to audiences about their desire for permanent families. Later in this section, we describe how Adopt Cuyahoga’s Kids staff enable youth to play a critical role in determining their future with families. Recommendation Four depicts how New York City Administration for Children’s Services encourages youth who are leaving group care to take part in planning for their permanency futures. In Recommendation Five, social workers depend on older children and youth to identify permanency resources and help with recruitment. In all of these programs, efforts to involve and empower youth are central to the program’s success.

Lifelong Family Connections Massachusetts Families for Kids Roxbury, MA

Run statewide, Massachusetts Families for Kids’ Lifelong Family Connections (LFC) project strives to

establish enduring family ties for Massachusetts youth ages 14 to 18 who are in foster or residential care – regardless of their service plan goals. The goal is to make certain teens do not age out of care without the ongoing support of family.

Youth involved in the Lifelong Family Connections program have commented on its importance to them:

“This is the first time anyone ever asked me what I want.”

“I finally feel like someone cares about what happens to me.”

Since 2003, four LFC youths have returned to their birth parents, one guardianship is pending, one adoption is pending, six have identified adult connections, seven are in the recruitment process, and one youth got married.

The program engages adults who will play a central role in the youth's life after foster care and pairs team meetings with other youth permanency efforts. The teens play the main role in directing their futures.

Staff work with teens to help them understand the importance of permanence, and encourage them to explore their network of adult connections, past and present, relative and non-relative. Based on identified connections, teens choose people for their Family Consultation Team – a group that works with the teen to investigate placement options and write a Youth-Specific Permanency Plan. The team then monitors progress and offers support as the teens move ahead with the plan.

For teens whose connections yield little hope of permanence, workers help youth to identify potential connections related to their strengths, interests, talents, and career goals.

Teens and identified permanency resources participate in training and advocacy in-services. In training, youth and caregiving parents explore complex feelings about creating new families and maintaining contact with old families, and examine the potential for healing and growth.

Teens also receive support and mentoring from members of the Massachusetts FFK Speak Out Team – a group of young people ages 12 to 35 who have been in foster care or are adopted, and who raise awareness about foster care and adoption through public speaking, as described in Recommendation One.

Action Step C – Transform an independent living program into an adolescent permanency program

Structural barriers exist in many foster care or adoption programs that contribute to difficulties achieving permanence for older children and youth. For example, many agencies have specialized independent living units focused on helping smooth teens' transitions out of foster care, rather than working to achieve permanence for these teens. As part of its Adoption Option for Teens program, Harlem Dowling made a structural change to target youth permanence.

"Independent living should be called interdependent living," explains Harlem Dowling adolescent permanency specialist Doris Laurenceau. "No one can say that they are completely independent from all people. I would never preach permanency without independent living skills. But you need the parents to carry out the furniture and pay the first month deposit in addition to the ability to balance your own checkbook."

The Harlem Dowling Adoption Option permanency specialist sits in on all ACS six-month case reviews for youth and explains adoption and other permanency options. She also asks a series of questions: Are we doing everything we can to get this young person home? Does the birth parent need extra help to reintegrate the youth back into the home? Does the youth know what permanency means? Has adoption been discussed with the foster parent? How can we make this a permanent situation?

Before Harlem Dowling's Adoption Option for Teens program began Ms. Laurenceau met foster youth who were freed for adoption and interested in adoption but were being neglected by the system. Some youth didn't fully understand what adoption meant. Now every youth, foster family, and birth family that Harlem Dowling works with possesses a full understanding of all permanency options and is capable of making decisions about permanency.

Transform an Independent Living Program into an Adolescent Permanency Program.

Action Step D – Create public-private partnerships that target permanence for older children and youth

Use performance- based contracting.

Public-private child welfare partnerships have long been a staple of social services. Public agencies frequently purchase services such as treatment foster care, adoption services, and home-based family preservation from providers in the community. Usually public-private child welfare partnerships do not constitute the complete privatization of social services in which market competition is sought and contracts are awarded to the lowest bidder. Rather, purchase of service contracting is the most common form of public-private child welfare partnering, and is midway on the continuum between public and private agency responsibility (Kammerman & Kahn, 1998; Kettl, 1995).

Critical to the success of public-private contracting is monitoring, measuring performance, and linking accomplishments with payment (Kammerman & Kahn, 1998). The Michigan Department of Human Services is one example of a public agency that compensates private, contracted agencies for their timely success in placing foster children for adoption.

There is also evidence to support the accomplishments of public agencies that work with private agencies and establish collaborative relationships that go beyond mere purchase of service contracting and engage in true teamwork (AECF, 2002). Adopt Cuyahoga's Kids – an initiative led by the Adoption Network of Cleveland to find permanency for older foster children – includes time for teamwork and mechanisms that link progress and payment.

Use performance-based contracting

Performance-based contracting and incentive programs have been found to be effective for achieving permanence for children who have been in care for a long time (Barth, 1997). Through such contracts, public agencies maintain responsibility for achieving permanence for children, but partner with private agencies who have a financial incentive to find permanent families quickly for children

who are harder to place.

Michigan Dep't.
of Human
Services Adoption
Contract
Management
Program
Lansing, MI

Background

The state of Michigan, which has a 29-year history of contracting with private agencies for special needs

adoption services, began performance-based contracting in 1992. Michigan has demonstrated an ability to achieve permanence for more older children than many other states. For example, the Multistate Foster Care Data Archive showed that 15 percent of nine-year-olds who entered care in Michigan from 1988 to 1995 eventually left care for adoption, compared to about 7 percent of nine-year-olds from other Archive states (Wulczyn et al., 2000). During 2002, public and private agencies in Michigan finalized 2,833 adoptions, with 91 percent of children placed with a relative or foster parent. Of these adoptions, 54 percent of children were six or older (Michigan Family Independence Agency, 2002). For 2001 adoptions, public agencies placed 59 percent of children in adoptive families within six months of TPR and private agencies placed 67 percent of children within the six-month timeframe (Michigan Family Independence Agency, 2001).

There are several elements of the Michigan program that highlight critical steps in how to structure performance-based contracting:

Develop a true public-private partnership through the contract

Like other public-private partnerships, performance-based contracting should be a collaboration between the public child welfare agency and experienced, committed private foster care and adoption agencies. Responsibility and oversight – as well as some child placement services – should remain the purview of the public agency, while the private agencies are encouraged and rewarded for finding and supporting families for children.

In Michigan, the state Department of Human Services (DHS) provides foster care and adoption services itself and contracts with about 50 private child-placing agencies. The Michigan Adoption Contract Management Program reimburses private agencies based on a combination of factors including the timeliness of the adoption and/or the extraordinary family recruitment efforts required. The Adoption Contract Management Program is complemented by a state law that requires public agencies to offer licensed non-profit private agencies the first chance to provide foster care services for new foster children when the public agency's foster care caseload exceeds 20 cases per worker. The vast majority of the private agencies provide both foster care and adoption services, ensuring continuity of care for children and high rates of foster care and kinship conversions to permanence.

For each child they agree to serve, private contracted agencies must:

- ❑ cooperate with the local DHS office to meet permanency planning timeframes;
- ❑ complete the child's adoption assessment including chronology of events leading to TPR; social, family, medical psychological, religious, and educational history; special needs; determination of best interests related to placement with siblings and relatives;

- ❑ provide adoptive family recruitment services;
- ❑ cooperate with private or DHS agencies if these other entities identify an adoptive family.

Create a well-designed payment system

Contracts should be designed to:

- ❑ reward timely permanence and concurrent planning by paying higher fees for permanency achieved soon after termination of a child's parental rights; fee structures based on fast timelines encourage agencies to prepare families for both foster care and adoption so that children can live with – and find permanence with – one well-prepared family after TPR;
- ❑ encourage cooperation and collaboration among agencies by including payments to both the child's agency and the family's agency if a family is found by an agency that does not have custody and responsibility for the child;
- ❑ recognize and reward more difficult placements by compensating agencies for successful family recruitment efforts for children who have been state wards for a longer period of time and by including higher payments for children who are more difficult to place (such as youth in residential placements).

Michigan's contracts provide incentives for both the agency that has custody of the child, as well as other agencies that may find a family for the child. The fee structure compensates agencies with the highest payments for fast placements and for placements of children who are placed with a permanent family after a longer stay in residential treatment. Agencies who find a

Develop a true public-private partnership through the contract.

family for a child (whether or not they have custody of the child) receive payments based on the following basic rate structure:

Time from TPR to Permanent Placement	Rate Name	Amount
5 months	premium	\$8,660
6–7 months	enhanced	\$6,520
7 months or longer	standard	\$3,860

If an agency that does not have custody of a child finds a family for that child, the child's agency receives pre-placement fees (\$2,600 for placements that happen within four months of TPR or \$1,300 for slower placements) to encourage cooperation with the family's agency.

For children who have been photolisted on the Michigan Adoption Resource Exchange (MARE) because they have been permanent wards for longer than three months, a different set of incentive fees reflect the fact that these children may be harder to place. These rates reward agencies for finding new families (not any relatives or existing foster families) using child-specific recruitment efforts. For agencies that do not have custody of the child, the fee is \$9,325. An agency that has custody of a child can receive a \$7,000 MARE rate only after the child has been photolisted on MARE for six consecutive months with no viable inquiries AND after the agency conducts and documents extraordinary recruitment efforts specific to this particular child. Agencies will not receive the higher rate for recruitment that should have been done earlier in the child's placement.

Finally, agencies can receive a payment of \$10,000 for a child who is placed for adoption directly from a longer stay in residential treatment.

In 2001, private, contracted agencies were most frequently reimbursed at the standard or premium rate. The most infrequently used rate was the \$10,000 residential rate. The MARE incentive rates are used rarely.

Typically, payments are made in two stages – 60 percent upon placement and 40 percent at finalization. If a placement disrupts, agencies receive a per diem for each day the child was with the family from legal placement to the day before the placement was legally set aside.

Include accountability measures that gauge performance

As with all public-private contracts or partnerships, the ultimate responsibility lies with the public agency, and the contract system should include avenues for evaluation and review by the public agency. Such monitoring may require investigation of an agency's actions and judgment calls about which rates should really apply. Performance measurement is one of the keys to ensuring program accountability. Public-private contracts should specify what goals are to be met within certain timeframes, and preferably link the fulfillment of goals with compensation. The Michigan DHS established performance outcomes for contracted private agencies and DHS offices to achieve:

Performance measurement is one of the keys to ensuring program accountability.

- ❑ 40 percent of children who are placed in an adoptive home shall be placed within six months of wardship;
- ❑ 70 percent of children who are placed in an adoptive home shall be placed within 12 months of wardship.

Private, contracted agencies exceeded these goals in 2001, as noted above.

DHS requires contracted agencies to maintain and submit detailed paperwork that documents timeframes such as the date of the court-ordered termination of parental rights and the order to place the child, and the date the adoption petition was filed, to assure accountability and to document the appropriate rate reimbursement for the agency.

It is worth noting that when performance-based contracting initiatives overlap, confusion can result. In 1997 the Michigan Family Independence Agency (now known as DHS) launched a performance-based, foster care contracting pilot with private nonprofit agencies in Wayne County that eventually became a countywide experiment in 2002. The Wayne County Foster Care Pilot contained some elements of managed care cost-containment strategies plus performance-related bonuses that were linked to timely achievement of permanent placements of children. The state hoped that the initiative would move children through the foster care system more quickly from point of entry to exit.

In contrast, the Adoption Contract Management program focuses on moving the child from termination of parental rights to permanent placement with a family in a timely fashion. The two performance-based initiatives existed side-by-side in Wayne County, causing quandaries. First results from a study of the Wayne County Foster Care Pilot initiative indicated that pilot agencies were no more effective than non-pilot agencies in placing

children with parents, relatives, a guardian, or in independent living within shortened timeframes (Meezan, 2003). However, child advocates in Wayne County and Michigan generally continue to view the Adoption Contract Management program as successful and effective. Public agencies should carefully consider the timing of performance-based initiatives and look for unintended consequences when more than one new program is undertaken.

Establish a public-private collaborative initiative

Often in public-private child welfare arrangements public agencies contract out services that require special expertise. But some initiatives harness the skills of both public and private agency workers to accomplish program goals. New youth permanency initiatives are tailoring permanency planning techniques specifically for use with young people, providing extra support to new families and youths, and completing initial pre-placement work within abbreviated timelines.

Adopt Cuyahoga's Kids Adoption Network of Cleveland, OH

Background

Adopt Cuyahoga's Kids originated in January 2004 when Cuyahoga County

Department of Children and Family Services and 13 Cleveland-area adoption agencies joined together to find families for 656 Cuyahoga County wards who were between the ages of 10 and 17. At that time, 59 percent of waiting Cuyahoga County children were between 13 to 18 years old; more than three-quarters were African American, and more than half had been in the permanent custody of the county for longer than two years. The local United Way and foundations provided start-up funds. Cuyahoga County

The Adoption Contract Management program focuses on moving the child from termination of parental rights to permanent placement with a family in a timely fashion.

Build a formal partnership between public and private agency workers.

and state lawmakers earmarked millions of dollars for the Adopt Cuyahoga's Kids effort, and corporations contributed to the cause, as well.

The goals of the initiative are to reduce the backlog of children waiting for adoption, improve and speed the adoption process, and support older children and their new families. In its first year of operation, 2004, Adopt Cuyahoga's Kids had placed more than 132 older children and youth for adoption, and 40 of these placements were finalized.

"Adoption. I don't know. It's kinda creepy,"

said 15-year-old Tathia.

A few months later Tathia wanted to know if the social worker had found her a family yet. Now in the early stages of the adoption process, Tathia is excited about moving in with her new family.

Asking the right questions and listening to foster youth gives them hope for a family and permission to consider adoption, according to Adopt Cuyahoga's Kids staff.

Build a formal partnership between public and private agency workers

Seven Cuyahoga County adoption workers teamed up with 38 social workers from private Cleveland adoption agencies to enhance matching between public agency waiting children and private agency prospective adoptive families. Cuyahoga County staff made room and time available for private agency staff to come to Cuyahoga offices and review client files. "The goal was to use public and private agency staff who were already in place doing adoptions," says Tracy Brichacek, Cuyahoga County child-centered recruitment supervisor:

"Adopt Cuyahoga's Kids social workers meet for training, brainstorming, and case sharing once a month for three hours," says Adopt Cuyahoga's Kids program director Tami Lorkovich. "We assign seats and problem-solve difficult case issues, and share kids and families. Social workers collaborate and set the agenda."

Use permanency planning techniques designed for older children and youth

The way in which social workers talk to and engage young people can promote or sabotage their interest in permanent families. For one thing, "adoption" is a negatively charged word for many youth that evokes images of forcibly severing all ties with past families. "I am finding," said one Adopt Cuyahoga's Kids worker, "that I must change my approach and talk to youth about their future, and what family means to them, rather than talking about adoption."

To jump start recruitment efforts, and get youth engaged, Adopt Cuyahoga's Kids staff visit each waiting youth four times in the first two months. During the visits, staff gather information about the youth's birth family, medical and social history, and the adult connections in his or her life.

As in other youth-centered programs, information gathering leads to family team meetings (with the youth, foster family, and birth family), direct inquiries to potential connections for the young person, and continuing discussions to help youth express and process their feelings about the chain of events. For older teens who are returning to their birth families, the project is also working to recruit "permanency champions"—adult mentors to support teens during their transition back home, or into adoptive families, or to live on their own.

Complete initial assessment of waiting children within set timeframes and make payment contingent upon the quality of the work

Successful public-private partnerships are those that flexibly link compensation to the timely completion of program goals. Adopt Cuyahoga's Kids requires that agencies finish the initial child and youth assessment within 60 days of the referral. Staff assess the profile for accuracy, thoroughness, and the degree to which the assessment distinctly describes the child and his or her strengths. Once the profile is accepted, the agency can receive payment for the first phase of work. Adopt Cuyahoga's Kids staff report that the speed and thoroughness of the initial assessment often leads to earlier permanency for many children.

The success of Adopt Cuyahoga's Kids shows that enhancing public-private partnerships and creating a sense of urgency around youth permanency can help more older children get adopted. The Adopt Cuyahoga's Kids initiative also stands out for its built-in accountability and evaluation standards.

Conclusion

This recommendation contains a wide range of suggestions for achieving permanence for older children and youth. We suggest that:

- ❑ Long-term foster care be limited and eventually eliminated;
- ❑ Youth be highly involved;
- ❑ Independent living programs merge with permanency planning programs;
- ❑ Public-private partnerships develop permanency incentive programs and true collaborations between public and private agency adoption workers.

Successful public-private partnerships are those that flexibly link compensation to the timely completion of program goals.

Seek and support kinship families who are willing to provide permanence

*“I know you said they did a kinship search on me.
How far did they go?
Can I see who you contacted and who you couldn’t find?
You don’t need to be afraid of letting me keep some of my past.”*

– foster teen waiting for a family

Relatives are one of the most important sources of permanence for older foster children and youth. We know that many emancipated foster youths return to birth parents and relatives. Increasingly, foster care systems are attempting to formalize procedures for engaging extended family members as permanency resources, and even rebuilding ties with birth parents from whom older children have been long separated.

Research demonstrates that adoption disruptions are two and a half times less likely among kin than among parents who are unrelated to the child (Testa, 2004). Other studies note that children who are placed with kin are more emotionally healthy than children placed with non-relatives (National Commission on Family Foster Care, 1991), and that they feel loved and happy (Wilson & Conroy, 1999).

Permanent, legal kinship care is an underused resource for many older waiting children. An analysis of 2002 AFCARS data showed that 19,250 children were in long-term care with relatives and a court had determined that they could not return safely home and that adoption was not an option (Children and Family Research Center, 2004). Experiences in Illinois, California, and elsewhere in the country demonstrate that, when the right systems are in place, children such as these (as well as others who are not yet in care with relatives) can find a permanent family with kin.

In addition, some agencies are renewing contact with birth parents from whom foster children have been separated for some time, and meticulously searching for relatives who would be willing to give youth a place to call home. In the action steps below, we recommend that child welfare leaders advocate for and implement subsidized guardianship, and we advise that agencies vigorously search for birth parents and extended family members who are willing and able to assume permanent custody of foster youth.

Action Step A – Implement subsidized guardianship

Many kinship caregivers are asked, or expected, to take permanent legal custody of children with little to no support. Kinship caregivers who are willing to take permanent legal and physical custody of foster children deserve the same level of supportive services available to non-kin who adopt children from foster care. Providing subsidized guardianship as an option removes a barrier to permanence and has been shown to increase permanency for older children.

Implementation of this action step would best be achieved by the creation of a federal subsidized guardianship program that mirrors the federal adoption assistance program. In the meantime, however, state subsidized guardianship programs can be created to achieve permanence at the state level. Regardless of the level of policy implementation, practice will also need to change to encourage kin to make decisions about subsidized guardianship and to clearly identify children for whom guardianship is a viable option.

Relatives are one of the most important sources of permanence for older foster children and youth.

Kinship Guardian Assistance Payment Program (Kin-GAP) California
 Illinois Department of Children and Family Services
 Subsidized Guardianship Waiver Demonstration Project

Background

Subsidized guardianship, an alternative to adoption recognized by the Adoption and Safe Families Act, provides permanence for certain children who are leaving the state child welfare system to live with

a legally appointed guardian. Older foster children, who often have ties to their birth families and object to termination of parental rights and adoption, are likely to find subsidized guardianship to be an acceptable option.

Relative caregivers may be opposed to severing parental ties for cultural or other reasons and may find subsidized guardianship to be a good middle ground that grants legal custody and provides financial support. Many states also allow foster parents and other caregivers who have had a long-standing relationship with the foster child to enter into a subsidized guardianship agreement. Interestingly, some states have found that adoptions by relatives increase when subsidized guardianship becomes available as a permanency option, because relatives are being fully informed about both choices (National Conference of State Legislatures, 2000).

Older foster children, who often have ties to their birth families and object to termination of parental rights and adoption, are likely to find subsidized guardianship to be an acceptable option.

Adoption and Guardianship: A Comparison*

	Adoption	Guardianship
Length	Lifelong, permanent	Lasts until the child is 18, or until a court determines that a transfer of custody is warranted
Legal Rights	Adoption is a permanent, lifelong legal relationship that allows adoptive parents to make all decisions concerning the child.	Guardians gain legal responsibility and the right to care for and maintain custody of the child, including the right to make decisions about school and medical treatment.
Visitation/ Birth Parents' Rights	Visitation agreements are often part of adoption plans, but are not legally enforceable.	Birth parents – whose rights are not terminated – retain visitation rights and the right to consent to the child's adoption, if it occurs.
Inheritance	Same legal rights to inheritance as birth children	No inheritance rights, unless the child has been included in the guardian's will
Federal/State Assistance	Families who adopt children with special needs may be eligible to receive a federal and/or a state subsidy until the child is 18 (or, in some states, until age 21 under certain conditions). Most states allow parents to negotiate for adoption assistance rates that are about the same as foster care rates. About 10 states set adoption assistance rates that are less than foster care rates (Wiedemeier Bower & Laws, 2002).	In many states guardians can receive subsidies for children who meet specific eligibility requirements, and in some states the guardianship subsidy may continue to age 19 or 21 under special circumstances. About 20 states report that the subsidized guardianship rates equal the foster care or the adoption assistance rate, but some states impose a means test on the family, or reduce the payment if the child receives other benefits (CDF & Cornerstone Consulting, 2003).

*Adapted from *Making the Adoption/Guardianship Decision*, Illinois Department of Children and Family Services

It is best if all children, including older children, have a permanent plan that assures the highest level of legal permanence and stability.

Programs in Illinois and California provide us with examples of how well this form of permanency works for older foster children. As of July 2002, Illinois' Subsidized Guardianship Waiver Demonstration project, begun in 1997, enabled more than 7,335 children to achieve permanence (IL DCFS, 2002). Adding a subsidized guardianship option boosted permanency rates for all children, including older children, particularly for children in kinship care. In the areas in which the program was tested, the subsidized guardianship option raised permanency rates by 10 to 12 percentage points for children aged 9 to 14 (Testa, 2002; Testa, 2003). According to the Illinois Department of Children and Family Services and the University of Illinois at Urbana-Champaign, subsidized guardianship also saved \$25 million in ongoing foster care costs over a three-year period (Business Publishers, Inc., 2002).

Adoption or Subsidized Guardianship?

There is some debate in child welfare circles about whether subsidized guardianship is as truly permanent as adoption. It is best if all children, including older children, have a permanent plan that assures the highest level of legal permanence and stability. As the chart on page 35 shows, adoption offers the highest degree of permanence, while subsidized guardianship offers the next best level.

Both offer more security and stability than long-term foster care. Subsidized guardianship provides a high degree of stability, primarily because so many guardians are kin (Testa, 2004). According to Illinois research, only 2 percent of the total number of subsidized guardianships awarded starting in 1997 ended in dissolutions requiring the state to resume custody of the child (Testa, 2004).

According to researcher Mark Testa, some subsidized guardianships would have resulted in adoption if no other option had been available. "So the question before us," says Testa, "is whether the boost in overall permanence is worth the estimated loss in adoptions. So far our research suggests no differences in the safety, stability, and well-being of children who were taken in guardianship versus adoption. So at this point, I would answer 'yes,' the permanency boost was worth it," (Testa, 2003).

California's state-funded Kin Guardianship Assistance Payment program (Kin-GAP), begun in 2000, is equally effective. Kin-GAP provides a subsidy equaling the basic foster care rate to eligible relatives to take legal custody of a long-term foster child. As of February 2002, 8,231 children had exited the foster care system to Kin-GAP-funded placements (Needell et al., 2003; Shlonsky, 2004). During the first 21 months of Kin-GAP's operation, the number of children

in long-term kinship foster care in California declined 43 percent (Children and Family Research Center, 2004).

Kin-GAP made it possible for more relatives to take permanent custody of their kin. Clearly, placing children with their relatives resulted in higher overall permanency rates:

□ Children who entered California's child welfare system in 1998 between the ages of 6 and 10 and exited four and a half years later were three and a half

times more likely to achieve permanent guardianship or adoption with kin than non-kin placements,*

- ❑ Children who entered the system in 1998 between the ages of 11 and 15 and exited four and a half years later were eight times more likely to achieve permanent guardianship or adoption with kin than non-kin placements (Needell, B., et al., 2003, Shlonsky, 2004). *

Advocate for federal policy changes

There is currently no federal policy on subsidized guardianship. More than 30 states operate subsidized guardianship programs with often limited funding from a variety of sources – Temporary Assistance for Needy Families (TANF) monies, state and local funds, and Title XX Federal Block Grant funds. Seventeen of these states, however, are currently not funding the programs to the basic foster care rate or are not funding them at all (Children and Family Research Center, 2004).

Through waivers, federal IV-E foster care funds have been granted for a time-limited period to seven states (such as Illinois) to offer subsidized guardianship programs. Programs using federal funding through waivers have typically been more effective at moving children into permanence with kin than those that were fully state funded (Children and Family Research Center, 2004).

Illinois' and California's programs demonstrate that more older children could achieve permanence through subsidized guardianship if policies and funding were more uniformly available. Federal funding of subsidized guardianship, like federal funding of adoption assistance, would allow states to publicize and encourage this form of permanence while saving money in the long run.

*Most if not all the children in this age group and time period that exited to "other guardianship" are really Kin-GAP children (Barbara Needell, personal communication, January 24, 2004).

The following elements – derived from the recent Pew Commission on Children in Foster Care report as well as California's and Illinois' programs – should be included in a federal subsidized guardianship program:

- ❑ Make guardianship assistance (like adoption assistance) a IV-E reimbursable expense, reimbursed at the same percentage as foster care and adoption assistance.
- ❑ Set specific eligibility criteria:
 - The state has responsibility for placement and care of a child, or of children who has been removed from his or her home;
 - The child has been under the state's care for a given period of time (with the specific period of time to be determined by each state);
 - A court has determined that neither reunification nor adoption are feasible for the child; and
 - A strong attachment exists between the child and a potential guardian who is committed to caring for the child permanently.
- ❑ Set subsidy levels equal to what families receive in foster care.
- ❑ Include guidelines that ensure that guardianship is used only after a court has reasonably ruled out reunification and adoption.
- ❑ Ensure the child's safety by keeping federal guardianship requirements (such as requirements for licensing or background checks) the same as federal requirements related to foster and adoption. (Children and Family Research Center, 2004; Pew Commission Report, 2004)

Illinois' and California's programs demonstrate that more older children could achieve permanence through subsidized guardianship if policies and funding were more uniformly available.

Implement state or local subsidized guardianship programs

Until a federal subsidized guardianship program becomes a reality, advocates can focus their attention on creating or enhancing subsidized guardianship programs in their state or county.

Make policy changes to allow subsidized guardianship

First and foremost, states must identify – and protect – a funding stream for the guardianship program. As noted earlier, programs that rely exclusively on state dollars are often underfunded and make less progress toward achieving permanence for foster children (Children and Family Research Center, 2004). Next, we suggest that key issues be considered when states create or improve subsidized guardianship policy, relying in part on recommendations from the Children’s Defense Fund and Cornerstone Consulting (2003):

1. Provide a strong statutory framework for subsidized guardianship.
 - ❑ Establish subsidized guardianship as one of a series of permanency options, and require that family reunification and adoption be ruled out before subsidized guardianship is considered.
 - ❑ Require a court finding that subsidized guardianship is in the best interest of the child.
 - Determine when guardianships may be modified (upon change in birth parents’ or guardians’ circumstances, death of guardian, movement to adoption by the guardian, etc.).
2. Create eligibility standards for subsidized guardianship.

Determine eligibility factors for children

- Consider requiring that eligible children must be in state custody or adjudicated as dependent.
- Decide if subsidized guardianship will target levels of assistance to children who are hard to place or have special needs.
- Determine whether there will be exceptions to eligibility requirements.

First and foremost, states must identify – and protect – a funding stream for the guardianship program.

Illinois offers us an example of subsidized guardianship eligibility standards for children (IL DCFS, 2003). In Illinois, subsidized guardianship may be used only for a child who has been in the state’s custody for at least one year. The eligibility rules differ depending on if the potential caregiver is kin or not:

For children who reside with relatives, subsidized guardianship is an option after the child has lived with them for one year:

A child may be considered for subsidized guardianship when living in a non-relative home if he or she is 12 years of age or older and has lived with the caregiver for at least one year; or is a member of a sibling group for whom guardianship is being considered; or lives with a caregiver who has previously taken subsidized guardianship of another child born of the same mother or father; or does not meet the above three criteria, but guardianship might be in the child’s best interest.

Determine eligibility factors for guardians

- Require that prospective guardians be able to provide a safe home for the child.
- Require that the prospective guardian show a willingness to make a long-term commitment to the child. Consider the length of time the adult has cared for the child as one factor that indicates commitment.
- Decide if non-kin may be guardians.

3. Clarify birth parents' rights and responsibilities. Some state statutes require that court orders specify visitation agreements between the child and birth parents, siblings, and/or relatives, and specify what benefits the child may receive from birth parents, such as inheritance or eligibility for insurance coverage.

4. Specify the guardian's rights and responsibilities. States may clarify in statute what day-to-day decisions the guardian may make in caring for the child, such as the ability to make education and medical treatment decisions.

5. Foster youth's preferences should be considered when making decisions about guardianship. It is particularly important to bear in mind the needs of older foster children when making decisions about whether non-kin guardians may receive subsidies. Older children and youth often have a long history of living with a certain foster parent, and would greatly benefit from eligibility guidelines that rule in non-kin, long-term foster parents or important adults.

Subsidized guardianship experts also recommend that written agreements be drawn up that verify, for example, that all the parties

have received notification of rights and responsibilities, the services that will be provided, and the amount of the monthly subsidy. Public agencies and courts should be directed to coordinate services and support payments so that the guardian can provide a safe and permanent home for the young person. The agency should also strive to provide a monthly subsidy that is equal to the foster care payment and adoption assistance.

Provide social workers and families with clear guidance on subsidized guardianship and permanence

Once a subsidized guardianship program is in place, practice issues become paramount. Workers must fully understand the policy and have the information and tools to make the options clear for youth and potential guardians.

"When we first implemented subsidized guardianship in Illinois in 1997 we embarked on two years of training. We trained thousands of child welfare social workers on permanency, adoption, and guardianship," says Leslie Cohen, research associate at the University of Illinois, School of Social Work in Urbana-Champaign. In addition, Illinois developed guidelines and tools that helped workers and caregivers make permanency decisions.

In Illinois, case workers first rule out reunification, and then explore the dual permanency options of adoption and guardianship. The Illinois *Caseworker Permanency Planning Checklist* guides workers through a process of ruling out reunification and then exploring adoption and subsidized guardianship with the caregiver.

Social workers should hold a face-to-face meeting with caregivers to discuss permanency options. The worker should complete the checklist and can use the handbook entitled *Making the Adoption/Guardianship*

Consider the length of time the adult has cared for the child as one factor that indicates commitment.

One of every four children awaiting permanence in this country lives in relative foster care.

Decision. “When families came to court they had trouble grasping all the details of subsidized guardianship. We recognized that we needed to create a handbook that helped caregiving families make the decision to adopt or assume private guardianship with a subsidy,” says Cohen. The handbook helps families choose to become a foster child’s permanent family, either through adoption or subsidized guardianship. It answers questions about adoption and guardianship (including legal rights, subsidies, supports, etc.), and helps caregivers weigh the differences between adoption and guardianship. Caregivers can take a questionnaire at the end of the booklet that helps determine whether they are willing to pursue permanence for this child through adoption or guardianship. Based on the answers to the questions, the caregiver and the worker may pursue a more in-depth discussion about adoption or subsidized guardianship, with input from the worker’s supervisor.

If a caregiver is willing to pursue a permanent placement for a child, workers should then determine whether to choose adoption or subsidized guardianship. The Illinois checklist includes the following criteria that can be used to rule out relative or non-relative adoption:

- The child is age 14 or older and does not want to be adopted.
- There are no grounds for termination of parental rights, and the parent refuses to consent to the adoption or surrender rights.
- The caregiver is uncomfortable altering family relationships.
- Non-relative caregiver adoption may also be ruled out if the child was listed on the Adoption Center of Illinois Adoption Listing for at least 12 months during active recruitment efforts that resulted in no home being found.

A worker should confirm if the case is eligible for subsidized guardianship, based on the state’s eligibility criteria, and discuss subsidized guardianship payments and services with the prospective guardian, preferably prior to permanency discussions.

As states implement subsidized guardianship options for families, it is critically important to review their long-term foster care placements with kin. One of every four children awaiting permanence in this country lives in relative foster care (Children and Family Research Center, 2004). Illinois’ and California’s experiences suggest states can achieve permanence for many of these children – and save money by reducing monitoring and oversight costs – by reviewing these cases and exploring the subsidized guardianship option.

Action Step B – Use intensive efforts to find birth and extended family members

Research shows that relatives are increasingly providing legally permanent homes for foster children, including older foster children, especially African American children in urban areas. The two programs highlighted below achieved permanence for children, while providing ample, personalized support for relatives who assumed the permanent care of older foster children and youth who often have many special needs.

Increase kinship adoptions

Kin will often consider adoption if social workers talk with them about the value of this form of legal permanence, and if kin can depend on support throughout the adoption process and beyond. Many kin will consider adoption even if they have not had a recent relationship with the young person because of their strong desire to keep the child and her siblings in the family and out of the child welfare system.

An older child's chance for permanence is greatly improved if child welfare staff learn about the value of kin adoption, search diligently for relatives, remove barriers to adoption, and advocate on behalf of relatives who are adopting.

MI-Family Project
Spaulding for
Children
Southfield, MI

Background

In 2000, Spaulding for Children launched the MI-Family Project, a three-year kin adoption

and permanency program for legally free foster children and youth living in kinship families or non-relative placements with no plans for adoption. Most of the children served were African American and age 10 or older, and had averaged three years in foster care. A partnership led by Spaulding for Children, along with Lutheran Adoption Services, the State of Michigan Family Independence Agency and other agencies serving Wayne County, MI-Family was funded by an Adoption Opportunities grant from the U.S. Department of Health and Human Services.

Three years after the grant began, MI-Family had completed 196 kin adoptions and filed four petitions for guardianship on behalf of kin.

Train social workers about the value of kinship adoptions

Social workers sometimes have reservations about placing children with family members because they may believe that "the apple doesn't fall far from the tree." They may also be reluctant to place children with relatives who live in the neighborhoods from which children were removed. At the same time, research shows that kin caregivers receive fewer services and less support from social workers who may not fully understand the family's needs. As a result, a first step to increasing permanence with kin is training social workers about the value of kinship adoptions.

MI-Family staff used some of the research cited at the beginning of this section and other information to train 150 public and private agency workers. Relatives who had adopted kin from the child welfare system also served as trainers. Through this training, social workers developed new belief systems about the worth of kin adoption, dedicated themselves to finding kin and placing older foster children with relatives, and encouraged adoption (Michigan State University School of Social Work, 2003).

Complete a thorough search for relatives, including paternal relatives

After years in foster care, the trail to find children's relatives often goes cold. In many cases, public child welfare agencies never search for children's paternal relatives. MI-Family employed a search specialist to conduct thorough relative searches, including seeking relatives of each child's birth father. More than half of the MI-Family placements in the first year were with paternal aunts and grandmothers.

The MI-Family search specialist started by searching the MI.gov/DOC website to determine whether the child's father was in a Michigan prison. Birth fathers and mothers were very willing to help social workers find relatives, according to MI-Family staff. Then the specialist searched for relatives by using Switchboard.com, BiggFoot.com, Yahoo.com, Classmates.com, Lycos.com, and Peoplesearch.com.

However, the search specialist stated that nothing was as reliable as searching old files, writing down addresses, sending mail to old residences, and going to the area where the family once lived and asking former neighbors if they remembered the family and knew where they currently lived. In one instance, a U.S. mail carrier volunteered to deliver a

Relatives who had adopted kin from the child welfare system also served as trainers.

wrongly addressed letter to the house where the relatives actually lived, a few streets over. Later, the children ended up being adopted by these relatives.

Provide kinship families with advocacy services that diminish barriers to adoption

Undertaking the adoption process requires the completion of many steps. Potential adoptive parents must attend orientation and weeks of training, complete long application forms, provide references, submit to background checks, and be approved. These multiple steps can be barriers for relatives who are unfamiliar with the foster care system.

MI-family hired kin adopters to serve as parent advocates to help new families. Parent advocates helped relatives complete paperwork, obtain required documents, and enroll in training. More importantly, parent advocates helped relatives find housing to accommodate a growing family. They also assisted relative caregivers to buy furniture, enroll children in school, and attend medical appointments. Parent advocates also held support groups.

“For relatives who adopt lots of children, Spaulding also has a special fund that helps families buy clothing, beds, pay some of the rent, and pay for court filing fees,” explains Addie Williams, Spaulding’s Executive Director.

Provide kinship families with advocacy services that diminish barriers to adoption.

“Inherently, kinship adoptions take longer and are more complicated than the typical foster care adoption. Without specialized services to assist these relatives, many choose not to adopt or create any form of permanency for the children in their care. These observations were a premise for the development of the MI-Family Project.”

– MI-Family Project Final Evaluation, Michigan State University School of Social Work

Address the permanency and mental health needs of youngsters simultaneously

To meet the permanency needs of older children and youth, agencies need to develop programs that search for family members while at the same time addressing older foster children’s mental health needs. Such a dual-pronged approach requires flexible funding and collaboration between public child welfare departments and community agencies with mental health and permanency planning expertise. The best place to look for potential permanent connections is with those people who care most: parents, extended family members and other caring adults from the child’s past.

Background

FAST (Family Assessment and Stabilization Team)
Catholic Community Services of Western Washington

The Family Assessment and Stabilization Team (FAST), composed of therapists and other professional staff, treatment

foster homes, and a psychiatrist, serves 6- to 17-year-old children who are in immediate need of mental health treatment and family reunification efforts. About half of the children and youth served by FAST qualify for immediate psychiatric hospitalization. Often these children have lost a place to

live with their birth, foster, or adoptive parents due to their wildly varying behavior. About half are in the custody of the Washington Department of Children and Family Services, and the other half enter into the care of FAST because of their mental health concerns and precarious family situations. FAST completes services with approximately 250 families per year.

At entry, less than 10 percent of DCFS-referred children and youth have a place to live and only half are enrolled in school. At the end of FAST services, 88 percent of DCFS-referred children are united or reunited with family or relatives, and almost all are enrolled in school (Stuart Foundation, 2002).

FAST saves the county and the state money. The approximate cost for a FAST intervention is \$4,600 per month for a period of two or three months. In contrast, psychiatric hospitalization costs four times that. "Children get an immediate response from FAST, absent administrative barriers," says Doug Crandall, Pierce County Mental Health Children's Services manager. "The sooner the response, the easier it is to facilitate a community-based solution. This translates directly into cost savings through hospital and long-term placement diversion."

Combine child welfare and mental health dollars

National child welfare leaders have called for greater links between child welfare and child mental health services. Giving state and counties permission to experiment with combining funding for children's mental health and permanency planning offers promising results. When public officials grant permission to combine mental health and child welfare dollars, public and private agencies can work together to form a safety net for youth in crisis, and cut down on the use of expensive institutional care.

FAST's existence and success depend on flexible funding arranged by the Pierce County Regional Mental Health Support Network and the Washington Division of Children and Family Services, Region V. To keep young people in community-based care and provide them with rapid stabilization and permanency planning, the FAST contract combines Medicaid mental health dollars, state mental health funds, and child welfare dollars. Many of the services provided by FAST are eligible for federal IV-E reimbursement. "We asked the Division of Children and Family Services to give their money to the Pierce County Regional Mental Health Network so that we could have greater flexibility and promote true systems collaboration beyond simply blending funds," says Mary Stone Smith Vice-President, CCSWW. Regional DCFS administrator Chris Robinson observes, "Pierce County decided that the money would follow the child no matter their child welfare or mental health needs."

Recognize the mental health needs of youngsters and provide stabilization

Foster children's mental health needs are frequently not met by the child welfare system. Acutely distressed youth turn up in the lobbies of public human service agencies and at hospital emergency rooms, desperately needing psychiatric help. Jurisdictions that provide swift mental health and child welfare interventions and alternatives to psychiatric hospitalization can stabilize youth. Effective programs respond within the hour and use crisis intervention strategies, provide hard services such as food and housing, search rapidly for the youth's family, and involve other caring adults as quickly as possible.

Jurisdictions that provide swift mental health and child welfare interventions and alternatives to psychiatric hospitalization can stabilize youth.

Even after two decades of separation, youth have been reconnected to lost family members in this way.

Within one hour, a FAST member responds to the crisis call from DCFS or health professionals. The FAST member goes to the youth, contacts social workers and probation officers, and provides food, housing, transportation, medical, and mental health services as necessary. Most importantly, the FAST member quickly involves caring adults, such as parents and relatives, even if they live across the country. If the child's mental health emergency is dire, the FAST psychiatric medical director may go and assess the youth's condition. If needed, the FAST worker can bring the youth to a FAST treatment foster home while family and relative connections are made. FAST foster homes are well trained, well paid, and highly supported by a team of triage mental health professionals.

FAST members believe that youth's mental health and behavior struggles are often related to their feelings of loneliness and intense uncertainty. FAST staff also believe that every child has family waiting to be found, and that restoration of the family relationship will help to improve the youth's mental health. FAST recently intervened with a nine-year-old boy who had been diagnosed with schizophrenia by three psychiatrists and was on his way to institutionalization. FAST staff did a relative search and found an aunt in Chicago who burst into tears when she was told of her nephew's needs: "I've wanted to take care of him since he was three years old!" When the aunt arrived in Washington State, her nephew clung to her and wouldn't

let go. The interstate compact process took nine months, during which time the aunt and her nephew were housed in a FAST apartment and were provided with mental health services. After two months in his aunt's care, the boy's diagnosis was changed to ADHD, and medication was adjusted accordingly. Months later his aunt reported that he was still hyperactive but doing well. The symptoms that led to his schizophrenia diagnosis had disappeared (Smith, 2004).

"We treat every child's placement emergency as if it were a medical emergency,"

– Mary Stone Smith, Vice-President, CCSWW

Search for family and relatives quickly and effectively

Programs that combine mental health care, family and relative searches, and permanency planning must forge cooperative relationships between intervention staff and public agency staff, and streamline access to case records and birth family information. "We created regular DCFS office hours for FAST staff so that there is communication between FAST and DCFS social workers, and immediate access to information about the youth and their birth families. It is a requirement that workers call FAST staff back within one or two days," says Chris Robinson.

If a youth in the custody of DCFS comes into FAST's care after hours or on weekends, FAST staff may begin looking for birth parents by searching the Internet, for example. On Monday morning after contact with DCFS staff has been made, FAST takes the lead and proceeds with contacting parents and relatives and maintains communication with DCFS staff.

FAST staff find a birth parent, even if termination of parental rights has occurred, and ask for their help. "We always go back to birth parents, even if a termination of parental rights has occurred, or the parent is in jail," Smith explains. "Drawing the family tree is the one thing the birth parent feels he or she can do for their child." If a birth parent has died, FAST staff search the Internet for the obituary or order a copy of the death certificate. Staff then contact the surviving mother or father and ask for help contacting the rest of the family. Even after two decades of separation, youth have been reconnected to lost family members in this way (Smith, 2004).

FAST staff look at the child's oldest child welfare file first. "Sometimes the phone numbers are still good," says Smith. "When we contact one family member, we receive leads to other relatives. Sometimes families have annual family reunions where 150 people show up." On average FAST staff find 50 relatives, and about 10 may become viable placement options (Louisell, 2004).

"I'm going to break every window! I'm going to do everything I need to get kicked out of foster care until someone lets me see my brother and sister and tells me how my mom is doing!"

— youth served by FAST

Conclusion

This recommendation focuses on the advantages of kin permanency for older foster children. We advocate for a federal subsidized guardianship program that provides monthly assistance for relatives, foster parents, and other important adults who assume custody of older foster children, and recommend that states implement quality state subsidized guardianship programs until a federal program becomes a reality. Finally, we discuss the critical importance of youth permanency programs that pay attention to young people's need for family connections and mental health care.

Youth's mental health and behavior struggles are often related to their feelings of loneliness and intense uncertainty.

Move children and youth from long-term group care to families

Many agencies are beginning to look at moving foster children and youth from group care to families in order to adhere to federal guidelines.

***“Maybe you think I’m not ready,
or that my acting up means that I don’t want a family.
It doesn’t. It means that I’m scared.”***

– foster youth waiting for a family

Today, more than 80,000 foster children aged eight and older live in congregate care (Gibbs et al., 2004). Tragically, very few children leave group care for adoption, and group care residents, who are often adolescents, are more likely than others to age out or run away (Wulczyn et al., 2000).

To address these odds, certain jurisdictions have focused on moving youth from group to family-based care, and a few residential programs have made strides in helping young people find permanent families, including reunification with their birth families.

Although this publication focuses on children who have been in care longer than two years, the best way to help children achieve permanence from group care is to take steps before a child enters a facility. Public child welfare agencies should make sure that:

- Children are placed in facilities closer to home;
- Residential treatment is family-centered;
- Discharge planning begins on the day the youth enters group care;
- The child’s stay in residential care is short-term, not long-term.*

A number of residential programs employ such strategies and have achieved higher rates of permanent family placement, greater stability over time and significant cost savings (Landsman et al., 2001; Louisell, 2004).

For older children and youth who have been in care some time, the following action steps are most likely to help them achieve permanence—either with their birth family or with another permanent family.

Action Step A — Reduce the total capacity of congregate care bed space

Federal child welfare laws, including the Adoption and Safe Families Act of 1997 and the Adoption Assistance and Child Welfare Act of 1980 require that children and youth be placed in the least restrictive, most stable and family-like setting possible. As a result of the federal government’s Child and Family Service Reviews of state child welfare programs, many agencies are beginning to look at moving foster children and youth from group care to families in order to adhere to guidelines.

*We should note that residential care has a role in child welfare services for a distinct category of older children. Residential treatment or group care of foster children is best used sparingly for children with serious problems, preferably for time-limited periods. New approaches to successful group care promote its use as a respite option, and stress the need to plan satisfactory supports for the youth’s return to the community after leaving group care. Family-centered residential treatment proponents highlight parental involvement as critical to the success of young people who exit group care (Whittaker, 2000), as we see in the programs described in this section.

Reducing the use of group care for foster children requires that parameters be created to determine how such reductions will take place. Below, we describe a structured process for how to scale back on congregate care bed use. Later we delineate how to reconnect youth who have been in group care with families.

Congregate Care Bed Reduction project is to reduce the number of older children who age out of care with no adult connections. In spring 2003, the Congregate Care Bed Reduction project was launched in part due to looming city budget cuts. A report detailing the abysmal and startlingly dangerous conditions in some local group homes further strengthened ACS's intent to reduce reliance on congregate care (Freundlich, 2003).

ACS's goal was to reduce the number of beds in private, contracted agencies by 600 over a two-year period. ACS, in partnership with the Casey Strategic Consulting Group, created rating scales and decision-making criteria for closing low-performing facilities,

Families for Teens Congregate Care Bed Reduction Initiative
New York City Administration for Children's Services

Background

Like the New York City Administration for Children's Services' (ACS) Families for Teens policy described in Recommendation One, the goal of ACS's

Reducing the Use of Congregate Care for Youth Group Home Performance Measurement Tool*

Criteria	Measure	Weight
Facility Score	Physical condition of building, cleanliness, safety, attractiveness, etc. Case record review: amount of caseworker contact; completeness of service plan; level of family involvement, etc. Staff score: qualifications of staff, subjective rating of facility by facility staff members	30%
Facility discharge and re-entry rates	Credit given for number of youths: ■ discharged to reunification ■ moved to lower levels of care Points taken away for number of youths: ■ moved to different facility, same level of care ■ re-entering care after discharge	25%
Facility AWOL rates	The number of AWOL days as a percent of total care days	11%
Rank order facilities by quality	The probability that an agency would be chosen as first choice to care for youth	17%
Youth movement history weighting	Bonus points assigned to facilities that cared for youth with a history of many foster care moves	17%

Reducing the use of group care for foster children requires that parameters be created to determine how such reductions will take place.

*Adapted from NYC Administration for Children's Services Criteria for Congregate Bed Reduction

and set a schedule for closing group homes and residential care centers. By the beginning of 2005, more than 535 beds* had been eliminated (Casey Strategic Consulting Group, 2005).

Measure the performance of group care facilities

The performance of group care facilities may be measured by collecting information on the physical condition of the building and examining case records, youth safety, discharge and re-entry rates, and other indications of group home quality. Facility comparisons should be based on an analysis of group homes that served similar populations over the same period of time.

The Casey Strategic Consulting Group devised a forced-choice exercise that resulted in a ranking of group homes based on perceived quality. The exercise was completed by more than 100 public agency group care placement staff who answered questions about random pairs of facilities. Agency staff answered questions such as, “Which agency is easier to use?” “Which agency does a better job getting youth back home?” “Which agency does a better job evaluating children?” The end score reflected respondents’ judgment about group homes’ quality and responsiveness.

Notify group homes of intent to de-commission services

The next step is to notify targeted group homes of the public agency’s intent to stop referring foster youth to the facility and to move current residents. Lowest performing congregate care facilities should be closed first. ACS foster care officials held meetings with group home and residential care directors and presented the evaluation methods used to arrive at closure decisions.

*Of these 535 decommissioned beds, most were occupied, but some were empty (Susan Grundberg, New York City Administration for Children’s Services, personal communications, 2/23/05).

In some cases, more effective congregate care facilities negotiated to continue to serve youth with upgraded family-centered and permanency-oriented programming. But in most cases ACS officials and congregate care directors proceeded to set the facility closure date. ACS youth permanency team members then followed up with congregate care facility staff and took a census of residents, double-checked residents’ legal status, reviewed and updated youth file information, and established interview dates with young people to begin the search for family and adult connections.

Obviously, reducing the number of congregate care beds is just one step on the road to permanence. By moving children into families, however, agencies are increasing their chances for adoption since so many children are adopted by their foster families. In addition, as congregate care facilities close, staff can seek permanent families as the alternative to life in a facility. In Action Step C below, we will describe how ACS conducted permanency planning for youth leaving group care.

Action Step B – Reconnect children in group care with birth families by providing intensive family reunification services

Intensive family reunification services are time-limited, home-based services that may be used for children who have been in foster care or congregate care for extended periods. Family reunification strategies often follow the Homebuilders Intensive Family Preservation model. The Homebuilders model stresses the significance of the birth and extended family in the child’s life, and the need to solve problems where they are most likely to occur – in the home. The model makes social workers with very small caseloads available to the family 24 hours

Obviously, reducing the number of congregate care beds is just one step on the road to permanence.

a day seven days a week. Homebuilders services combine therapeutic and problem-solving interventions along with help to meet basic family needs, such as providing food, clothing, and shelter (National Family Preservation Network, 2004a; Institute for Family Development, 2004).

Intensive Family Reunification (IFR) Child and Adolescent Placement Project Marion County Juvenile Court, Indianapolis, IN

Background

Marion County, Indiana, applies concerted efforts to move older children and youth back to their families after children have been in group care

for extended periods. The Intensive Family Reunification (IFR) program was created in 1994 to curtail rising institutional child care costs and remove barriers to family reunification for children aged 11 to 18 in group care. The centerpiece of the program is the provision of intensive family reunification services including post-placement support. Since its inception, these efforts have helped 250 high-needs youth go home and have enabled three-quarters of them to remain with their birth families three years after completing the program (Louisell, 2004). The Intensive Family Reunification project in Indiana has been successful in returning high-needs youth to their families, despite youths' multiple challenges including delinquency, mental health troubles, and long periods of institutionalization.

The Intensive Family Reunification program, based in Marion County Superior Court in Indianapolis, uses a three-stage model over a 15-month period to reunite institutionalized children age 10 and older with birth and extended family. Children and youth served are from child welfare and juvenile justice departments. Youth residential treatment facilities that enter into contracts with the Marion County Superior Court and the Marion County Office of Family and Children

must include the family in the residential treatment process. The treatment facilities' therapists must make home visits, develop a family reunification plan within the first 30 days of the youth entering care (Louisell, 2004), and work in tandem with community-based reunification efforts. These reunification services are provided through separate contracts with community social services agencies that have expertise in family preservation, mental health care, residential treatment, or adoption. All have therapists who are expert providers in the Homebuilders model of intensive family reunification services.

A formerly institutionalized 19-year-old woman who received IFR services at age 17 recently spoke at a Marion County Superior Court event. She described five years of almost continuous psychiatric hospitalization throughout her teens, and the oppressive and detrimental effects of institutionalization. Today, after receiving IFR services, the young woman has been reunited with her mother, attends college, and successfully manages her mental illness.

Complete preparation tasks and assessment

Before the youth returns home the reunification therapist should explore whether there are impediments to reunification such as parental ambivalence about the child rejoining the family. If ambivalence is low or moderate, reunification plans may move forward with assurances to the parent that help will always be available during the first month, and accessible as needed throughout the first year. If an ambivalent parent misses visitation and court appointments, reunification plans should be reassessed, and alternative family placement options should be explored. IFS staff give the North Carolina Family Assessment Scale-Reunification (NCFAS-R) to all families at the beginning to measure the family's functioning. The NCFAS-R reliably measures housing and financial stability, parenting ability, family

Today, after receiving IFR services, the young woman has been reunited with her mother, attends college, and successfully manages her mental illness.

relationships, safety, and child well-being, and helps social workers anticipate challenges and plan interventions (National Family Preservation Network, 2004b).

IFR project staff note that education transitions must be ironed out during the preparation and assessment phase. Almost all youth in residential treatment go to school in-house, and transitioning to schools in the community requires the creation of individualized education plans. Mary Beth Lippold, Intensive Family Reunification program director, says that many youth now transition to community schools prior to leaving the institution so that education problems may be dealt with early on.

Provide in-home services

When the youth rejoins his family, intensive services are provided in the home. Services include parent training, family communication building, behavior management, safety planning, and relapse prevention (National Family Preservation Network, 2004a). The therapist and case aide, who spend 20 hours a week or more with the family for approximately one month, anticipate and deal with crises, and connect the youth with community mental health providers to arrange therapy and manage medication. IFR-contracted agency therapists and case aides have helped families tap into IFR agency reunification funds to help pay for day care, build walls in bedrooms, and pay utility bills, congruent with the Homebuilders model that links therapeutic and concrete assistance. The Intensive Family Reunification project provides up to one year of post-placement support services, which will be described in Recommendation Six.

When the youth rejoins his family, intensive services are provided in the home.

Action Step C – Do permanency planning to help youth leave group care

It is rare for permanency planning to be integrated into the group care of older children and youth. A few programs, however, integrate permanency planning into the services offered to children in group care. A notable program in Iowa, for example, unites family-centered treatment, permanency planning, and residential care and helps older school age children return home or get adopted (Landsman et al., 2001). As described below, New York City is partnering its efforts to reduce the use of group care with efforts to find permanent families for the children leaving institutions. In many cases, an important first step toward permanence is moving a child or youth to live with a foster family, since foster parents are the most likely adoptive family resource for a foster child.

Background

As described in Action Step A, the Congregate Care Bed Reduction project (CCBR), a part of the New York City Administration for Children's Services

Families for Teens Congregate Care Bed Reduction Initiative
New York City Administration for Children's Services

Families for Teens initiative, reduced the number of youth in group care facilities and moved young people to families. CCBR staff sought to shorten stays in group care, place children over 14 closer to their home in more family-like settings, and reunify young people with their families. CCBR staff succeeded in moving more than 50 percent of tracked youth from group care to families. The project placed 116 young people into family-based care, with 30 returning home and 86 moving to foster or kinship families (New York City Administration for Children's Services, 2004). Most of the remaining youth moved to lower levels of group care. The

Congregate Care Bed Reduction project is in the early stages of adding more intensive adoption planning for youth in group care.

Susan Grundberg, ACS interim deputy commissioner, Division of Foster Care and Preventive Services, and manager of the Congregate Care Bed Reduction project, notes that of 16 girls leaving two recently closed group homes, all but two readily identified permanency resources. With the help of ACS social workers, the girls named relatives, former caregivers, and other adults who could become certified foster care providers and provide the girls with a place to call home.

Form a child welfare team to help youth move from group care

Public agency leaders who want to move large numbers of youth from group care to families should form a strategic team to help with the process. The team should be comprised of child-placing workers and supervisors, liaisons to group homes, guardians ad litem, youth advocates, and lead staff who are experts in community services, adoption, and permanency.

Public agency social workers and child legal advocates often have contentious relationships. The inclusion of guardians ad litem as team members provides the opportunity for social work staff and child legal advocates to work toward the same end – youth permanency. In New York City representatives from law guardian offices participate in youth interviews at group homes and function as advisors in the Congregate Care Bed Reduction project.

Interview youth about whom they would like to be connected to

ACS social work teams interview every young person in closing residential care centers and explain why the facility is closing. Team members engage the young person in discussions about permanency, describe procedures that must be followed, and give the youth choices. Team members ask the teen for permission to contact important adults in the teens' life. Who does the youth trust? Who visits the youth? Who is listed in the youth's cell phone directory? These questions help identify possible permanency resources. The team also explores the youth's opposition to adoption, if any, and provides chances for the young person to meet youth who were adopted and parents who have adopted or taken permanent custody of teens, as described in Recommendation One. During these sessions, ACS social workers have found that many teens had unrealistic expectations about life after foster care (such as the difficulty they would have finding housing).

Identify and interview permanency resources

After interviewing the youth, the ACS social work team contacts the youth's parents and other important adults. Parents are asked:

- What can we do to help your child return home?
- How can we reach your child's relatives?
- Who do you turn to when you need help or advice?
- Who would you want to care for your child if something happened to you?
- Is there anyone at your place of worship that you would want to care for your child?

After these interviews, team members carry out tasks related to placement.

Public agency leaders who want to move large numbers of youth from group care to families should form a strategic team to help with the process.

A designated team member should be named to complete permanency follow-up tasks.

Form a plan to move youth from group home to family-based care

A designated team member should be named to complete permanency follow-up tasks. The team member should have expertise in service planning, adoption, and permanency. For example, this team member can help the potential permanent family connect with an agency and complete the homestudy and training process. If needed, the youth must be referred to a child-specific recruitment agency so that a new adoptive family may be found. Community support services and financial aid, such as SSI, TANF, or adoption assistance must be arranged for the youth.

Conclusion

In this recommendation, the highlighted programs took steps to move children and youth from group care to family-based care, particularly permanent family care. The efforts in New York City and Marion County clearly demonstrate that permanence is possible for even older youth who reside in institutions. Youth permanency experts note that once a youth moves from group care to families and receive support, their psychiatric symptoms greatly diminish.

Use effective recruitment techniques for older foster children and youth

“If you give a kid a life they won’t live the life that’s in the music videos.”

– Tobie, adoptive mother of a teen

The most successful recruitment approaches for older foster children are child-specific and targeted strategies, rather than general recruitment. Child-specific recruiters build a plan based on the child’s background and input and concentrate on the child’s relative and fictive kin connections. Targeted recruitment focuses on the specific kinds of children and teens in the community who need homes, as well as the pool of available families. In contrast, general recruitment efforts reach for a mass audience through media and public events (Goodman, 1999).

To attract and retain families for older foster children who are primarily children of color, agencies must target minority communities and seek less traditional families such as single adults, working parents, families who already have children, and relatives (Hamm, 1997; Hairston & Williams, 1989). Further, agencies that succeed in finding adoptive homes for older, special needs children recognize that lots of personal contact between resource families, agency staff, and experienced adoptive parents positively influence adoption decisions (Avery, 1994).

Action Step A – Use child-specific recruitment techniques that seek permanent families from a child’s life

A growing trend in the older child permanency movement, child-specific recruitment asks youth to identify possible resources, and creates an individualized plan by carefully reviewing the child’s case record and finding people the young person knows. Earlier, we discussed the child-specific recruitment efforts of Adopt Cuyahoga’s Kids, MI-Family, and the FAST program. Below, we detail how a New York City agency and a Colorado pilot project succeeded in finding homes for older children using comprehensive child-specific recruitment strategies. The agencies profiled below leave no stone unturned in their search for potential permanent connections for older children and youth.

The most successful recruitment approaches for older foster children are child-specific and targeted strategies, rather than general recruitment.

Background

You Gotta Believe!
Older Child Adoption
& Permanency
Movement
Brooklyn, NY
Adolescent
Connections
Project Uplift Pilot, CO

You Gotta Believe (YGB) founder Pat O’Brien observes that once a recruiter believes that there are families out there for older children, most of the recruitment is done. YGB recruits, trains, and supervises adoptive families for foster children 10 and older who have a goal of adoption or independent living. In addition, YGB prepares and supervises families who will commit to assuming permanent care of youths, who have not been freed for adoption, or refuse adoption.

Since 2001, New York City-based You Gotta Believe has placed 80 youth with permanent families. Of these families, 50 percent adopted the youth and 50 percent made a commitment to stay connected to the young person permanently. YGB effectively uses relationship-building recruitment strategies that are effective in communities of color.

More often than not, a family can be found right in the life cycle of the young person.

In 2002 the Project Uplift Adolescent Connection pilot project sought to connect 56 foster children and youth with previously involved adults to establish permanency or secure supportive, long-term relationships for children. Many of the youth had mental health problems, troubles with the law, and a history of dozens of foster care placements. Despite this, the pilot project connected children ages 7 to 18 with adults using child specific-recruitment techniques. In 14 cases permanency was established through family reunification or adoption. In the majority of cases, connections were established with siblings, former foster parents, parents of friends, and others, in which adults declared their intent to maintain contact, such as phone calling, writing letters, or visiting.

Work closely with youth to help them identify the people already in their life

More often than not, a family can be found right in the life cycle of the young person. Involving youth in the process of finding their forever family helps to give them a sense of ownership in this process, and youth are able to team up with their recruiter. All children in foster care have attachments. Recruiters are responsible for identifying and reaching out to those attachments in a child's life and exploring with these persons the possibility of learning what it might be like to parent the child on a long-term, permanent basis. YGB has found that about half of the people youth identified are willing to learn more about permanency and adoption.

Social workers who converse frequently with youth while reviewing case files will find a greater number of family members and adult connections. Repeated discussions and growing trust between the youth and his social worker will reveal many potential connections. For example, conversations

between the social worker and one youth revealed that the young person had failed to consider his mother's best friend who took care of him when he was young as a possible placement resource.

While working to identify their existing attachments, professionals can guide the youth through a series of questions and stories to identify potential families. Consider the following list:

- volunteers at the facility where the child lives
- facility staff
- school teachers and aides
- child's guardian ad litem or CASA worker
- former foster parents and foster parents' friends or relatives
- parents of the child's friends.

Some jurisdictions prohibit a professional who has worked or is working with a child from adopting that child. Barriers such as these should be carefully eliminated. If a present or former staff person is interested in adopting, first she should go through training and certification at a different agency, and then she should approach the child's agency and express interest. Following training and certification she can also tell the young person that she is serious about providing permanency, and find out how the youth feels about that.

Be open to cross-jurisdictional placements

Youth feel more comfortable and less fearful of being placed with relatives even if relatives live far away across state lines. Additionally, family members usually know about the youth's past, have adjusted their expectations accordingly, and are likely to become strong advocates for permanency. Agencies should remain open to placing children across state lines, particularly with relatives.

Adolescent Connections staff found family members in other states to be highly motivated to assume care of their young relatives. Family members reached out to their state's administrator on Interstate Compact on the Placement of Children (ICPC) and received help. Family members asked ICPC administrators to be in close contact with appropriate officials in the child's home state, requested ICPC clarification of the home-study process, insisted that placement timeframes be promptly met, and asked that the child's special needs be attended to in the new state. Because of family member advocacy across state lines the ICPC process ran more smoothly for Adolescent Connections children.

“75% of the problem is adult attitudes regarding older youth and permanency.”

– Cheryl Jacobson, Director, Project Uplift Adolescent Connections program

Action Step B – Use multi-faceted, personal recruitment techniques combined with targeted recruitment

Recruitment strategies that allow chances for adults in the community to get to know foster youth and individuals involved in adoption help to improve permanency for young people and increase agency effectiveness (Flynn, Welch, & Paget, 2004). You Gotta Believe's targeted recruitment approach

is personal, interactive, culturally sensitive, and public relations-oriented, and it is just one critical piece of an overall youth permanency mission.

Background

You Gotta Believe targets the diverse New York City neighborhoods from which foster children come, and the communities where previous adoptive

parents have been found. Individuals from these neighborhoods are most receptive to person-to-person contact, but also may be reached through engaging television programming. Interested adults are invited to meet young people at youth presentations and other venues.

Hire a small army of recruiters to target recruitment in certain areas

Rather than vesting targeted recruitment responsibilities in one or two people, developing a small troupe of recruiters has the advantages of diversifying the workforce and reaching more potential permanent families in more neighborhoods at different times. You Gotta Believe's recruitment army of 12 includes experienced adoptive parents, former foster children who have attained permanence, and young people adopted as teens. They work 10 hours a week, mostly during evenings. Recruiters distribute literature, answer questions, and invite interested individuals to youth permanency orientation meetings.

To recruit parents in targeted neighborhoods, recruiters:

- ❑ attend church services at churches connected with YGB;
- ❑ go to tenant and homeowner association meetings; and
- ❑ bag groceries at local markets.

Agencies intent on connecting with the community develop unconventional ways of reaching out and spreading the word about youth permanency. You Gotta Believe's Coney Island store-front office provides copying, faxing, and notary public services to neighbors in exchange for a brief, informal promotional chat on the need for older child permanency. Interested neighbors are then invited to lively orientation meetings where they can get more information.

Agencies intent on connecting with the community develop unconventional ways of reaching out and spreading the word about youth permanency.

You Gotta Believe!
Older Child Adoption & Permanency Movement
Brooklyn, NY

Adults who adopt teens report that in many cases first impressions paved the way for the adoption commitment.

Use cable TV to announce that youth permanency is necessary and possible

TV advertisements for special needs adoptive families usually fall into the general recruitment category. But TV recruiting can also promote the positive aspects of older child adoption, and be an invitation to become more personally involved with older children who need help. You Gotta Believe produces a weekly cable television show called “Adopting Teens and T’weens” that reaches more than 400,000 households in Brooklyn and 100,000 in Nassau and Suffolk Counties on Long Island. The show features older foster children speaking about permanency, and adoptive parents of teens talking about the rewards of making space in their life for an interesting young person.

The television show fulfills recruitment and empowerment purposes. The show is shot before a live audience of potential adoptive parents and others, and serves as a chance for adults to hear youth speak candidly. One adoptive parent of an older child says on the show, “I was beyond changing diapers. I went to the show with an open mind about adopting a young person who was more independent.” Youth report that speaking on the show makes them feel as though they are being treated as experts and affirms that people are listening to them.

Use panel presentations

As described in Recommendation One, panel presentations by adopted youths before audiences of prospective parents spark emotional connections between speakers and listeners. Adults who adopt teens report that in many cases first impressions paved the way for the adoption commitment later on (Flynn, 2004). Permanency panel presentations by foster youths also vests young people with authority and spotlights their hopes and dreams. “We tell young people that they are teachers and that audience members need to learn from them,” says Pat O’Brien.

Twelve of YGB’s most recent permanent placements have been a result of cable television and panel presentations.

Conclusion

The best recruitment strategies for older foster children and youth are labor intensive, rely on the strength of personal relationships, and empower young people throughout. In the long run, these concerted recruitment strategies will save money and connect young people to forever families and caring adults. However, recruitment is not enough. Families that permanently care for older children and youth need specialized preparation and support to succeed, as we suggest in the next recommendation.

R E C O M M E N D A T I O N 6

Train and support families that adopt or assume permanent custody of older children and youth

Adoptions and permanent placements of older children are more likely to remain intact if prospective parents receive training and information (Barth & Berry, 1988). Additionally, research documents that there is a strong relationship between providing adoptive families with support services, such as mental health care, and positive outcomes, such as better health, well-being, and increased family stability (Casey Family Services, 2002; Grove, 1996; Smith and Howard, 1994). For a number of successful youth permanency programs, post-placement support is a seamless continuation of agency services that include recruitment, retention through the process of adoption or guardianship, and ongoing support to the entire family.

Agencies like those profiled earlier that lead the youth permanency movement prepare families to make an unconditional commitment to young people who need homes, teach families to move gradually toward adoption based on the youth's needs and sense of time, and support families and youth after adoption and permanency.

Action Step A – Teach families that unconditional commitment is a prerequisite

In a recent study of successful adolescent adoption, parents and adoptees noted that a commitment “to make the adoption work no matter what” was central to adoption success (Flynn et al., 2004). Below, You Gotta Believe exemplifies how a commitment philosophy may

You Gotta Believe!
Older Child Adoption
& Permanency
Movement
Brooklyn, NY

be integrated into the training of prospective permanency and adoptive parents.

Every person who steps forward to provide a home for a youth must be trained to be unconditionally committed to permanency. Early in training You Gotta Believe director Pat O'Brien rhetorically asks prospective parents six questions:

Who wants to:

- hurt hurt children?
- abandon abandoned children?
- reject rejected children?
- traumatize traumatized children?
- abuse abused children?
- neglect neglected children?

Group discussion reveals that no prospective foster or adoptive parent intends to inflict trauma on a foster youth. But the trainer may use these questions to hear stories from prospective parents, and to change attitudes. Some families report that they are told by social workers, “Try out this teen placement. If it doesn't work, we can move him somewhere else.” Because the child welfare system has not fully embraced youth permanency, prospective parents receive messages that youth impermanence may be acceptable. Trainers need to debunk these messages. Trainers must teach parents that unconditional commitment is

Every person who steps forward to provide a home for a youth must be trained to be unconditionally committed to permanency.

*High quality
adoptive
parent
training
programs
focus on
the needs of
the child.*

necessary before anything constructive can follow for the youth, and that there is nothing the young person can do to stop being someone's adopted child (O'Brien, 2003).

“We teach parents to treat every child as if that will be the child who will bring them their last glass of water.”

– Pat O'Brien, Director, You Gotta Believe

Action Step B – Help prospective families to transition gradually to adoption

Research suggests that parents and older children and adolescents require an adequate visitation schedule prior to becoming a new family (Flynn et al., 2004). Pre-placement visits may also serve a secondary purpose of helping potential adoptive parents learn about the youth's past history – one of the keys to preventing adoption disruption. Agencies that create a gradual transition process for the young person smooth the adjustment period and decrease the chance for placement problems later on.

Background

Empowered
Transitions
Family Focus
Adoption
Services
Glen Oaks, NY

Since 1988, Family Focus has placed 140 children, averaging age eight or older, in permanent homes by training families to move slowly to adoption. The program boasts a low adoption

disruption rate of 3 percent due in large part to their step-by-step process to permanency (Louisell, 2004).

Train families to respect the young person's need for safety and true choice

High quality adoptive parent training programs focus on the needs of the child. Effective youth adoption agencies further stress the young person's need for a voice and a choice. During training, Empowered Transitions staff predict to families that during the visitation process they may feel what the youngster feels – strong negative feelings, including alienation and loss. Staff help the family reframe negative feelings as a form of child-parent communication. Foster children facing the prospect of family life may put distance between themselves and caring adults and resort to behaviors that have helped them survive.

For these reasons, families are informed that youth need to be allowed to set the pace of family contact. During training, prospective adoptive families learn and understand that:

- Youth have an equal voice in setting the visitation schedule.
- Youth cannot be rushed.
- No date is set for the adoptive placement until both the adult(s) and youth are ready.
- The youth or the family may stop visits if necessary.
- A youth may need to visit approximately one month for every year of his age.
- Youth need time to buy into a new family.

Because youth are put in the driver's seat, probably for one of the first times in their lives, and because potential parents have less control than they might have expected, both parties need special attention from social workers assigned to meet their needs during the visitation process.

Appoint advocates for the family and for the older child

Older foster children who consider joining a new family struggle with feelings of loyalty to their birth family, the hurts of past losses, and rekindled feelings of hope for a new family. Prospective adoptive families may wonder how long the transition process will take. Both parties need social work help to deal with their feelings and get answers to questions.

One of the keys to Empowered Transitions' success is the use of separate workers for the youth and for the prospective family. The child advocate and parent advocate mediate between the two parties and resolve differing needs and viewpoints. The advocates emphasize that the child empowerment approach is worth it because it builds a trust savings account that will pay off later in reduced stress and increased family harmony.

Use a 12-step process to transition to adoption

Visits help the youth and the prospective parents grow accustomed to one another. The first six steps in the Empowered Transitions process allow the youth to see if she feels safe and comfortable with the new family. The youth:

- Meets her transition worker;
- Meets the prospective parents at a fast food restaurant for one hour;
- Goes for three hours with the prospective family;
- Visits the prospective family at their house for a day;
- Tries an overnight visit;
- Tries an overnight weekend visit.

When the child begins to consider adoption, steps 7 through 12 commence. The youth:

- Begins regular visiting every other weekend;
- Informs her worker that she has decided to be adopted;
- Asks each prospective parent if they want to adopt her;
- Visits every weekend;
- Participates in an adoption ceremony where the parties sign an adoption covenant;
- Moves in with new family.

The beginning of the end of the transition period is signaled when the family and child both state that they are ready to become a permanent family.

Action Step C – Support families during and after the permanency process

Leading researchers advise that adoptive families should receive information about the likely challenges they may face before and after finalization (National Conference of State Legislatures, 2002). Permanence may be best assured by agencies that offer uninterrupted support starting with pre-placement preparation and extending to post-placement services. It is recommended that post-adoption and post-permanency services include such services as subsidies, parent and child advocacy, information and referral, peer support groups, mental health services, and respite care, among other assistance. The youth permanency programs below exemplify how support is integrated at all levels of care of the young person and the family.

Permanence may be best assured by agencies that offer uninterrupted support starting with pre-placement preparation and extending to post-placement services.

Peer support helps adoptive families stay together.

Support families during all phases of the permanency process

Prospective adoptive families often must endure long waits, a lack of information, and difficulties connecting with busy social workers. Such obstacles may cause families to drop out. For those who make it through

Adopt Cuyahoga's Kids
Adoption Network of Cleveland, OH
You Gotta Believe! Older Child Adoption & Permanency Movement
Brooklyn, NY
MI-Family Project Spaulding for Children
Southfield, MI
Intensive Family Reunification (IFR) Child and Adolescent Placement Project
Marion County Juvenile Court
Indianapolis, IN

preparation, placement, and past adoption finalization, the road can get rough as families deal with an adopted child's special needs and search for services. Peer support helps adoptive families stay together. When support is provided by parents who have fostered or adopted, prospective adopters and adoptive parents may be more frank about their feelings.

Adopt Cuyahoga's Kids (described more fully in Recommendation Two) established its Adoption Navigator program with these facts in mind. Adoption Navigators are mostly adoptive parents who are paid to train, counsel, facilitate family/social worker communication, and run parent support groups before and after permanency. Adoption Navigators assist prospective parents from

the point of inquiry about adoption and beyond to post-permanency. With more than 1,500 contacts in the first nine months of the project, the Adoption Navigators have helped calm fears, speed the adoption process, and stabilize many new families.

Effective youth permanency agencies do not demand unconditional commitment from foster and adoptive parents without promising post-adoption support in return. In order to assure that older child adoptions and permanent placements remain intact, You Gotta Believe (described in Recommendation Five) provides post-placement services as well as pre-placement support. YGB social workers visit new families early after the placement and immediately return phone calls for help. Additionally, YGB offers post-permanency support groups, buddy family matches, and respite care services (O'Brien, 2003).

Provide post-adoption support for relatives

Too often, relative caregivers are asked to raise older foster children and youth without supportive services. These families need therapeutic and supportive services to meet their children's special needs and help them transition to the new family relationship, as well as financial support such as adoption or guardianship assistance funds. Agencies who recruit relatives to provide permanence for older children and youth should also provide ongoing support to the new families.

As noted in Recommendation Three, the MI-Family Project, led by Spaulding for Children in Michigan, finalized 196 adoptions and four guardianships with kin over a recent three-year period. MI-Family staff procured high levels of assistance for these families, of whom 64 percent were low income. Social workers helped families obtain adoption medical subsidies that supplemented monthly adoption assistance payments and helped families obtain necessary services such as special education and mental health therapy and medications for children.

MI-Family relative caregivers received crisis intervention and home-based services through Spaulding's Adoption Support and Preservation Unit if needed. In one case, grandparents desired help understanding a grandchild's behavior problems and wanted to learn effective discipline techniques. In this situation, as in most others, the provision of social casework and therapy was supplemented by tangible assistance, such as buying needed clothing for the grandchild.

The Intensive Family Reunification project of the Marion County Juvenile Court in Indianapolis (featured in Recommendation Four) created a "step-down" phase after intensive home-based family reunification services. During the step-down phase, trained therapists and after-care workers handle family crises or issues that arise as home-based services diminish. IFR staff monitor family functioning and youth safety. Even after the youth's case is closed, the Marion County Superior Court allows IFR step-down support services to continue as needed for 12 months, and permits providers to bill and be paid for services.

Conclusion

Roughly 53,000 U.S. children were adopted from foster care in federal fiscal year 2002 (U.S. Department of Health and Human Services, 2004). Since 1995, the majority of states have doubled the number of foster children adopted. Children and youth adopted from the public child welfare system typically come with a range of special needs, including older age, in many cases. There is a critical need for placement support and post-permanency services that sustain permanent placements before, during, and after adoption. The above examples show how to support adoption and other permanent placements of older children and youth by integrating supportive services into permanency planning efforts.

Effective youth permanency agencies do not demand unconditional commitment from foster and adoptive parents without promising post-adoption support in return.

C O N C L U S I O N

There is an urgent need for permanency for older foster children and youth. Each year, 20,000 youth age out of foster care with no one to care for them. Advocates, agency staff, and youth are beginning to convince lawmakers and officials that young people need and want permanent families.

As this publication demonstrates, public and private child welfare agencies across the country are forging new methods of securing homes for older foster children and youth by reconnecting them with their birth families, placing them permanently with foster parents and relatives who become their legal guardians, or helping youth to get adopted. The best of these programs also integrate training and supportive services during the permanency process and after placement. Other agencies can follow these leads and build their own successes for older children and youth.

Unfortunately, there is more work to be done. Changes in several areas can help increase older children's chances of achieving permanence and success as adults:

- ❑ **Older foster children and youth deserve legally permanent families** – The programs and policies highlighted in this publication seek the highest form of legal permanence for older children and youth. Across the country today, many programs are devoted to increasing connections for youth who are about to leave foster care to live on their own. While increasing connections for youth is laudable, we strongly believe that the primary focus must remain on finding legally permanent families.
- ❑ **Open adoption and increased birth family connections are important for older foster children and youth** – Many older children in foster care know their birth families well, and this often is cited as a barrier to adoption. Guardianship is one way to maintain birth family connections without terminating parental rights. Another solution is to consider open adoption for older children and youth. Rather than refusing to terminate parental rights because of a strong connection between a child and his birth family, agencies can embrace open relationships with birth family members that honor the youth's history and existing connections, but also connect her to a legal, stable family.
- ❑ **Older foster children and youth need to be connected to their siblings** – At a recent youth speak-out event, in response to the question, "What helped you form your identity during many years in foster care?" Five youth panel members replied in unison: "Staying in contact with our siblings."* Clearly, creative approaches must be undertaken to enlist older siblings to care for or assume custody of younger foster siblings, aided by adequate resources, and siblings should be placed together, barring exceptional circumstances.
- ❑ **Older foster children and youth need access to effective, ongoing post-permanency services** – In this publication, we identified programs that provide support to families after placement to help new parents raise children with often significant special needs. This is just a beginning, however. Nationally, our focus is

*OurVoices Matter. (2004). OurVoices Matter panel presentation. Anoka County Human Services, Minnesota, October 21, 2004.

too often on recruitment and placement, and not on the ongoing services that families need to meet their children's special needs. Policies and programs must be implemented nationally so that all children adopted from foster care – not just those served by a model program – have access to necessary supportive services, including mental health services, support groups, training, and respite care.

In Maine, for example, adoptive parents are empowered to decide how much and what kind of help they need, and can receive assistance from clinicians who understand adoption (Lahti & Shandorf, 2004). Through Maine's Adoption Guides program, families have access to case managers, in-home support, therapeutic services, parent and youth support groups, and limited financial help for activities that support children's well-being. These services increased family members' attachment to and trust of one another; improved children's behaviors, and decreased costs for children's physical and behavioral health care (Lahti, 2005). No family should be denied such services that will help keep their newly formed family together.

❑ **Efforts to find and support permanent families must be carefully evaluated –**

As advocates and agencies move forward to reform child welfare programs and policies, they must also be mindful of the need to evaluate each new program or services for its success in achieving permanence for older children and youth. Child welfare agencies must be able to provide reliable responses to questions posed by policymakers and the public regarding youth permanency and other child welfare issues. Evaluation systems must be designed to track outcomes for children and youth and to identify which programs are truly making a difference. Then, advocates and permanency agencies can work together to share successes and challenges, so that future policy and practice reforms can be guided by the lessons of the past.

Christen, a 15-year-old foster care youth, recently offered a heartfelt and inspiring call to action: "We don't have as much time left to grow up. We need families to support us and help us with whatever decisions we make." Christen is right – we don't have much time. Child advocates must join together now to take the actions outlined in this publication to ensure that all older foster children and youth find a permanent, loving family.

Evaluation systems must be designed to track outcomes for children and youth and to identify which programs are truly making a difference.

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A P P E N D I X

Agency Resource List

Contact Information	Found within Text
<p>Adolescent Connections Pilot Project Uplift Colorado Department of Human Services</p> <p>For further information, contact: Cheryl Jacobson jcheryljoy@aol.com 303-519-0989</p>	<p>Recommendation #5: Use Effective recruitment techniques for older foster children and youth</p> <p><i>Action Step A: Use child-specific recruitment techniques for older foster children and youth</i></p>
<p>Adopt Cuyahoga's Kids Adoption Network of Cleveland 1667 E. 40th Street Cleveland, OH 44103 www.AdoptionNetwork.org</p> <p>Tami Lorkovich, Program Director tami@adoptionnetwork.org 216-881-7510</p>	<p>Recommendation #2: Target attention and resources to achieving permanence for older children and youth</p> <p><i>Action Step B: Let youth assume a major role in creating their permanency plan</i></p> <p><i>Action Step D: Create public-private partnerships that target permanence for older children and youth</i></p> <p>Recommendation #5: Use effective recruitment techniques for older foster children and youth</p> <p><i>Action Step A: Use child-specific recruitment techniques that seek permanent families from a child's life</i></p> <p>Recommendation #6: Train and support families that adopt or assume permanent custody of older children and youth</p> <p><i>Action Step C: Support families during and after the permanency process</i></p>
<p>Cuyahoga County Long-Term Foster Care Taskforce Department of Children and Family Services, Cleveland, OH</p> <p>For further information, contact: Pat Rideout Senior Consultant for Family to Family Operations The Annie E. Casey Foundation 216-283-2211 patrideout@hotmail.com</p>	<p>Recommendation #2: Target attention and resources to achieving permanence for older children and youth</p> <p><i>Action Step A: Eliminate the use of long-term foster care as a case disposition</i></p>
<p>Empowered Transitions Family Focus Adoption Services 69-28 266 St. Glen Oaks, NY 11004 www.familyfocusadoption.org</p> <p>Maris Blechner, Director ffasmarisb@nyc.rr.com 718-224-1919</p>	<p>Recommendation #6: Train and support families that adopt or assume permanent custody of older children and youth</p> <p><i>Action Step B: Help prospective families to transition gradually to adoption</i></p>

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Contact Information**Found within Text**

FAST (Family Assessment and Stabilization Team)
Catholic Community Services of Western
Washington
5410 No. 44th Street
Tacoma, WA 98407
www.ccsww.org/preservation/services.php
Mary Stone Smith, Vice-President
MarySS@ccsww.org
253-761-3860

Recommendation #3: Seek and support kinship families who are willing to provide performance
Action Step B: Use intensive efforts to find the birth and extended family members

The Adoption Option for Teens Program
Harlem Dowling West Side Center For Children
and Family Services
2090 Adam Clayton Powell, Jr. Blvd.
New York, NY 10027
www.harlemdowling.org
212-749-3656

Recommendation #1: social workers, youth, and others to embrace a philosophy of valuing permanent families for older children and youth, and provide every child with a case plan for permanence
Action Step B: Persuade social workers, youth, and others that permanency provides benefits; engage youth and their parents to deliver the message

Intensive Family Reunification (IFR)
Superior Court Juvenile Division
2451 No. Keystone Ave.
Indianapolis, IN 46218
Brant L. Ping,
Project Counsel for CAPP
bping@indygov.org
317-924-7506

Recommendation #4: Move children from long-term group care to families
Action Step B: Reconnect children in group care with birth families by providing intensive family reunification services
Action Step C: Do permanency planning to help youth leave group care

Kinship Guardianship Assistance Payment Program
(Kin-GAP)
California Department of Social Services
744 P Street MS-14-66
Sacramento, CA 95826
Lou Del Gaudio, Manager,
Kin-Care Policy Unit
Lou.DelGaudio@dss.ca.gov
916-657-1858

Recommendation #3: Seek and support kinship families who are willing to provide performance
Action Step A: Implement subsidized guardianship

Lifelong Family Connections for Adolescents
Massachusetts Families for Kids
Children's Services of Roxbury
520 Dudley Street
Roxbury, MA 02119
www.csrox.org/lfc
Edwin Gonzales, Program Director
egonzalez@csrox.org
617-445-6265

Recommendation #2: Target attention and resources to achieving permanence for older children and youth
Action Step B: Let youth assume a major role in creating their permanency plan

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Contact Information**Found within Text**

Speak Out Team
Massachusetts Families for Kids
Children's Services of Roxbury
520 Dudley Street
Roxbury, MA 02119
www.speakoutteam.org

Amine Mousad
amousad@csrox.org
617-445-6265

Recommendation #1: Persuade social workers, youth, and others to embrace a philosophy of valuing permanent families for older children and youth, and provide every child with a case plan for permanence

Action Step A: Build agency and community commitment to permanence for older children and youth

MI-Family Project
Spaulding for Children
16250 Northland Dr., Suite 120
Southfield, MI 48075
www.spaulding.org

Addie Williams, President
addiewilliams@msn.com
248-443-0300

Recommendation #3: Seek and support kinship families who are willing to provide performance

Action Step B: Use intensive efforts to find the birth and extended family members

Adoption Contract Management Program
Michigan Department of Human Services
Adoption Services
Children's Services Program Office
235 S. Grand Ave., Suite 412
P.O. Box 30037
Lansing, MI 48909
www.michigan.gov/fia/0,1607,7-124-5452_7116-23480--,00.html

Shelia Marie Marquardt, Administrator
MarquardtS@michigan.gov
517-373-8191

Recommendation #2: Target attention and resources to achieving permanence for older children and youth

Action Step D: Create public-private partnerships that target permanence for older children and youth

Families for Teens Initiative
New York City Administration for Children's Services
150 William Street, 18th Floor
New York, NY 10038
www.nyc.gov/html/acs/html/whatwedo/asfa.html

Alexandra Lowe, Special Counsel
Alexandra.Lowe@dfa.state.ny.us
212-341-0959

Recommendation #1: Persuade social workers, youth, and others to embrace a philosophy of valuing permanent families for older children and youth, and provide every child with a case plan for permanence

Action Step A: Build agency and community commitment to permanence

Congregate Care Bed Reduction Initiative
New York City Administration for Children's Services
Families for Teens Initiative
150 William Street, 4th Floor
New York, NY 10038
www.nyc.gov/html/acs/html/whatwedo/asfa.html

Susan Grundberg,
Assistant Commissioner for Child Welfare Programs
Susan.Grundberg@dfa.state.ny.us
212-676-9494

Recommendation #4: Move children from long-term group care to families

Action Step A: Reduce total capacity of congregate care bed space and move children to families

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Contact Information**Found within Text**

Subsidized Guardianship Waiver Demonstration
Project

Illinois Department of Children and Family
Services

Children and Family Research Center

School of Social Work

University of Illinois

Urbana-Champaign

2 North LaSalle St., Suite 1700

Chicago, IL 60602

<http://cfrcwww.social.uiuc.edu>

Mark Testa, Director

Leslie Cohen, Researcher

lcohen@uiuc.edu

312-641-2505

Recommendation #3: Seek and support kinship families who
are willing to provide performance

Action Step A: Implement subsidized guardianship

You Gotta Believe!

Older Child Adoption

and Permanency Movement, Inc.

1728 Mermaid Avenue

Brooklyn, NY 11224

www.yougottabelieve.org

Pat O'Brien

ygbpat@msn.com

1-800-601-1779

Recommendation #5: Use effective recruitment techniques
for older foster children and youth

*Action Step A: Use child-specific recruitment techniques that
seek permanent families from a child's life*

*Action Step B: Use multi-faceted, personal recruitment
techniques combined with targeted recruitment*

Recommendation #6: Train and support families that adopt
or assume permanent custody of older children and youth

*Action Step A: Teach families that unconditional commitment
is a prerequisite*

*Action Step C: Support families during and after the perma-
nency process*

Additional free copies of this report are available from:

The Annie E. Casey Foundation

701 St. Paul Street

Baltimore, MD 21202

410.547.6600

410.547.6624 fax

www.aecf.org

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