Achieving Permanence and Stability

Pioneering Possibilities Amidst Daunting Challenges

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State Improvement in Foster Care Placement Stability

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We know…

♦ To evolve into a psychologically healthy human being, a child must have a relationship with at least one adult who is nurturing, protective, and fosters trust and security.

♦ Optimal child development occurs when the spectrum of needs are *consistently* met over an extended period.

♦ When healthy attachment occurs, it forms the basis for all other long-term relationships between the child and other persons. [1]

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Having this connection with an adult who is devoted to and loves a child unconditionally, is key to helping a child overcome the stress and trauma of abuse and neglect.
Yet...

- The reality is that children in foster care, who have been victims of abuse and neglect move—a lot.
- When this day-to-day consistency is lost, the emotional consequences of multiple placements or disruptions is harmful and further impacts the child’s ability to trust and love.
- Repeated moves compound the adverse consequences that stress and inadequate parenting have on the child's development and ability to cope.
More than ever before in the history of child welfare practice—the emphasis is on maintaining or creating permanent relationships and connections between children and caring adults.

The results of the CFSRs—specifically around the permanency outcomes—are validating how much work we have to do in this area.
Child and Family Service Reviews

♦ Of the CFSRs completed the data tells us that we have a long way to go as a system in being in substantial compliance with the two permanence outcomes:
  • Children have permanency and stability in their living arrangements.
  • The continuity of family relationships and connections is preserved for children.
How This is Measured

- Incidence of foster care re-entries
- Stability of foster care placement
- Length of time to achieve reunification
- Length of time to achieve adoption
Common concerns in 2002 States regarding permanency goals

- The goal of LTFC is often established without thorough consideration of adoption or guardianship (11 States)
- Appropriate concurrent planning efforts were not being implemented on a consistent basis (11 States)
The goal of reunification was maintained for too long before reconsidering/reviewing the goal (10 States)

Agency did not routinely file for TPR in a timely manner and reasons for not filing were often not documented in the case files (6 States)
NRCFCPP Survey

Questions Posed

- Can you identify specific barriers that interfere with placement stability?
- Is there a population of target group where placement stability is harder to achieve?
- What strategies or innovations has your state developed to improve placement stability?

33 Respondents
Barriers Identified

♦ Lack of sound assessment tools and processes and no uniform approach to child and family assessment.
♦ Inconsistent practice of rigorous search for relative caregivers early in the process.
♦ General lack of resource families.
  • Selecting homes based on availability not skill level of resource family.
  • Insufficient caregiver training and skill level in caring for older children with behavioral health needs—this results in families taking children for whom they are ill equipped to care for.
  • Caregivers with unrealistic expectations about the children placed in their homes.
Barriers Identified

- Infrequent contact between caregivers and case managers—resulting in caregivers leaving the system due to lack of support.
- Lack of understanding *across the system* about the importance of permanent relationships in the life of a child.
- Inadequate support services to caregivers.
- Lack of medical insurance when the child returns home to support ongoing mental health services for the child and family.
- Difficulty coordinating educational services with the rest of the service system, sometimes it is the educational needs of the child that force a move.
Target Population Where Stability and Permanency is Harder to Achieve

♦ Children age 10 and over who have emotional and behavioral health needs.
♦ All teens/teen parents.
♦ Sibling groups.
♦ Juvenile Sex Offenders.
♦ Children who are dually diagnosed mentally retarded and emotionally disturbed.
♦ Children who have been “kicked out” of programs
Ramsey County

♦ Found that a major impact on retention – which impacts recruitment-- was the lack of involvement by the resource families in the team and problems in the relationship between the agency and the resource families.

♦ Lack of inclusion of the birth family in the planning process— which impacts reunification.
Triangle of Support -- Advocates for Best Interest of Child
Ramsey County

- As part of the Casey Breakthrough Series they identified these issues as a part of their Plan-Do-Study-Act initiatives.
- Started small in several pilot sites around the county.
- Tested the model for 6 months.
- Facilitated a conversation between resource families and the agency regarding need for improved relationships—and the need for resource families perspectives to be respected.
- Staff who tried it loved it—while it was more work it meant that:
  - Resource families and birth families met early in the case planning process—making it easier for ongoing conversation and for the resource family to mentor the birth family.
  - Differing perspectives were identified early and the case planning process was more thoughtful and ultimately more successful.
  - Resource families satisfaction has grown—and the tension between birth families and resource families is decreasing.

- As of October 15, 2003 all cases where a child is placed must have a 7 day team meeting—and resource families, birth families and the social worker at a minimum must attend.
Georgia

First Placement Best Placement: Through Better Assessment
Georgia

♦ When children enter foster care, both the child and family receive a comprehensive assessment, including medical, psychological and educational evaluations.

♦ Standards for the assessments were developed with the help of the private sector in a inclusive planning process.

♦ Assessment drives placement.
Georgia

- The *adolescent component* of the First Placement, Best Placement assessment is focused on successfully guiding young people (ages 14 to 21) from foster care to self-sufficiency.
  - Youth involvement in planning for aging out of the system.
Specialized homes are being recruited to meet the needs of children who have special emotional, medical or behavioral health problems identified during the assessment.

Private providers and public agency workers receive the same technical information on all tools, standards, and policies of the First Placement, Best Placement program.
Vermont

Shine the Spotlight on the Issue
Vermont

♦ Self Assessment prior to the CFSR.
  - Define Problem
  - Begin Work and analysis.
  - Communicate Findings to the following key individuals:
    - Sr. Leaders
    - Social Work Supervisors
    - VFAFSA
    - State Agency Partners
    - Community Based Partners
Vermont

- CFSR Complete
  - Determine What It Means
  - Determine What is Actually Doable that will result in system improvements.
Vermont

- Focused on 6-11 year old placement stability:
  - Attempted to learn why these children move?
  - Had to resolve MIS Coding Problems
  - Placement Stability Analysis
Vermont

- Reorganized Staff
  - PIP Points
  - Quarterly Reports
- Reorganized Specialized FC Staff
- Increased Capacity for Community Based Foster Care Support contracts
- Adopted SDM—role out in two phases
  - Out of home placement tools
  - Caregiver Responsibility Tool--Contract
Do Something Different Today!!

♦ Make permanence a high priority!
♦ Provide data to staff regularly to let them know the results of their efforts—celebrate improvements in permanency outcomes.
♦ Search for relatives—as if they were your own...and then support them in the task of caring for their kin. Honestly evaluate how the role of paraprofessionals can assist this process!
♦ Find one way to improve the communication and relationships between foster families and social workers.
♦ Change the conversation about the role of the resource family--ensure that all resource families understand their role in birth family support and mentoring, visitation and reunification.
Do Something Different Today!

♦ Change the focus of the assessment—safety and risk are just the first steps—what do children and families really need to stay together safely. Train staff on how to conduct good family centered assessments that inform foster care placement.

♦ Provide respite—just do it!

♦ Modify contract language, and train community based providers on the importance of permanence—they must be part of the solution.
Upcoming NRCFCPP Webcasts:

Using the Breakthrough Series to Provide Technical Assistance to States
January 29, 2004

Worker/Parent and Worker/Child Visiting to Facilitate Permanency
April 21, 2004

Fatherhood
June 16, 2004