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EMERGING CHALLENGES AFTER ADOPTION AND GUARDIANSHIP

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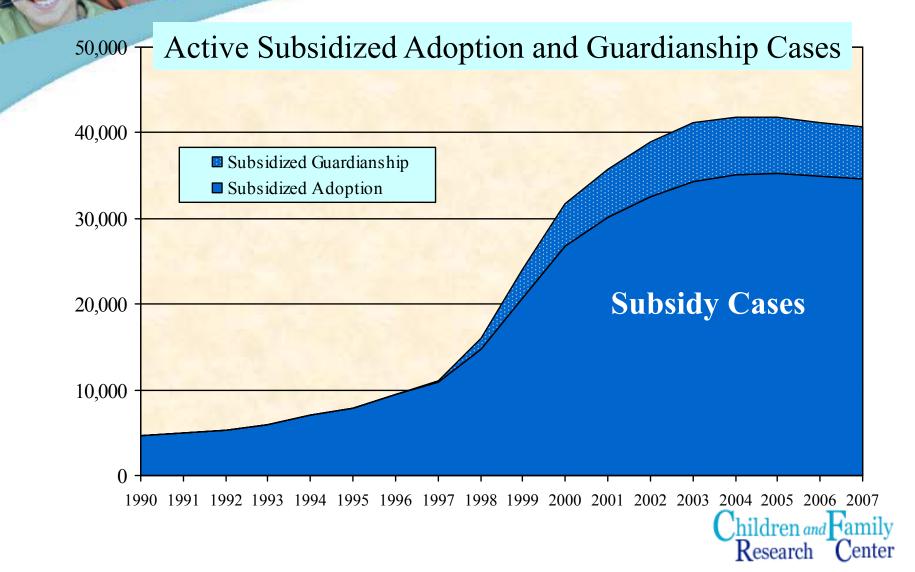
Presentation Overview

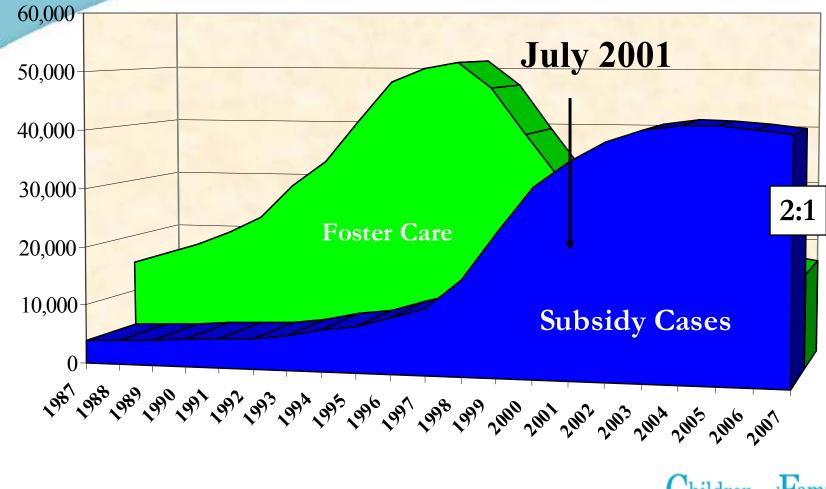
- Adoption and guardianships trends: Creation of a "post-permanency world"
- Findings from an Illinois survey of adoptive and SG caregivers
- Findings from national survey of public child welfare administrators
- Summary and implications



Numerous reforms at the federal and state level have led to an increase in the number of children achieving permanency from the child welfare system through adoption and guardianship.







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The Congressional Budget Office projects that the federally-funded foster care caseload will decline to 228,000 by 2008, while the adoption assistance caseload is projected to increase to 451,000.



The major successes that have been realized in achieving permanence for families bring new questions and challenges:

- Do children remain in the homes of AA/SG families, or do they rupture?
- What are the needs of these families?
- What is the most effective way to support these needs?
- How can such programs and services be financed?

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• What is the state/federal government's role in supporting these children and families? Children and Research

Do children remain in the homes of AA/SG families, or do they rupture?

Permanency Rupture: A permanency rupture occurs when a child for whom a permanent guardianship or an adoption has been finalized is no longer living in the home of the original guardian or adoptive parent. A rupture can be characterized as follows:



Permanency Rupture Defined

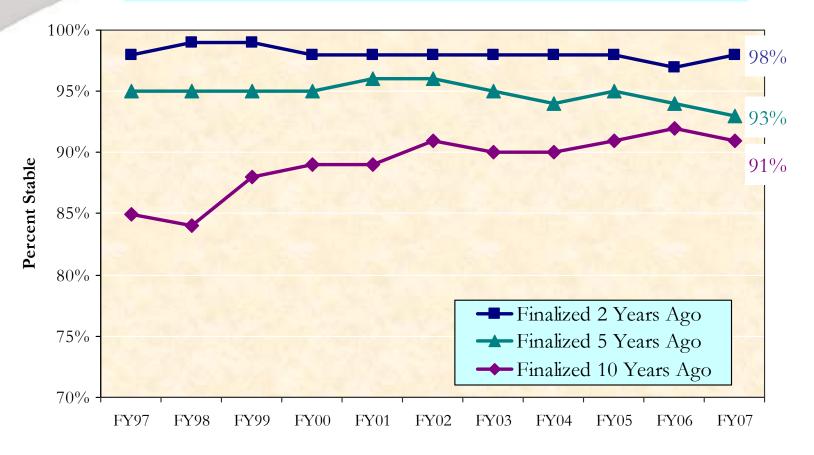
Displacement occurs when a child is <u>no longer in the physical care</u> of his/her guardian(s) or adoptive parent(s), but guardianship / parental rights remain intact.

- **Dissolution** occurs when guardianship is vacated or adoptive parent(s)' rights are terminated *for a reason other than 'death or incapacitation' of guardian or adoptive parent*.
- **Death/incapacitation** occurs when a caregiver or adoptive parent can no longer exercise guardianship of a child <u>because the guardian dies or is</u> <u>incapacitated</u> and there is no other guardian or parent.

Ruptures can also be distinguished from:

Disruption occurs when a child is removed from a prospective guardian's or adoptive parent's home *prior to finalization*.

How many did *not* experience a permanency rupture at 2, 5 & 10 years after finalization?





A Call for Action in Illinois

In March 2005, the Illinois House of Representatives passed a resolution that called for an in-depth study of post-adoption services and subsidies, specifically including:

- Survey of adoptive parents to determine their postpermanency service needs
- Comparative analysis of post-permanency services and subsidies available in Illinois and other states



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Caregiver Survey



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Caregiver Survey: Sample

The population of children eligible for selection into the study included those who:

- Were adopted or taken into subsidized guardianship between July 1, 1997 and June 30, 2002;
- Had an open adoption or guardianship subsidy case as of June 30, 2005; and
- Were between the ages of 6 and 17 as of June 30, 2006.



Caregiver Survey: Sample

•18,708 adopted children and 2,951 children in subsidized guardianship were eligible for inclusion in the study.

•Two separate random samples of approximately 250 were selected for the study, one from Cook County and one from non-Cook counties.

•Despite the fact that 74% of the subsidy population is from Cook, equal representation was given.

•One child was randomly selected into the sample from each household.

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Caregiver Survey: Sample

The final sample consisted of 498 families (caregiver-child pairs). Of this sample, 350 caregivers were interviewed (70% completion rate):

- 87% adoptive parents
- 13% subsidized guardianship caregivers



Most families in the survey had post-finalization service needs:

- Dental care/orthodontia
- Day care
- Counseling
- Camp
- Psychological evaluation



84% of families said that were able to meet their service needs on their own (although some reported difficulties in the process of obtaining services).



16% had unmet service needs. The services families needed and most frequently couldn't access are:

- Drug/alcohol treatment
- Educational advocacy
- Respite care
- Preservation services
- Day care
- Dental Care/Orthodontia

Families with unmet service needs often expressed a profound feeling of frustration that impacted their family functioning.

Children with the following were more likely to have unmet service needs:

- A diagnosed mental health problem
- A score in the clinical range on the Behavior Problem Index



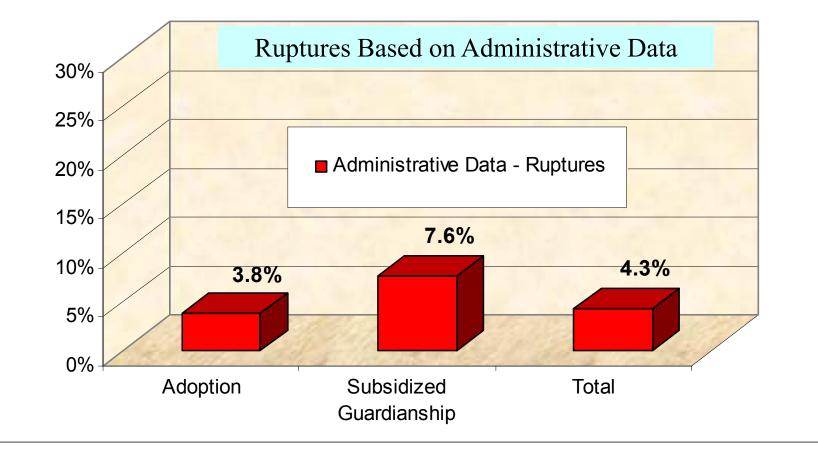
Families had difficulty accessing services due to a lack of:

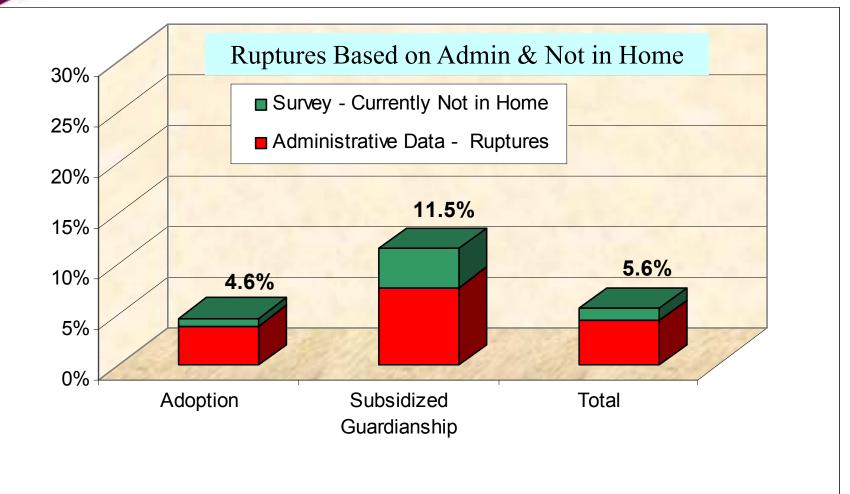
- Services in their subsidy agreement
- Knowledge of available services
- Available & responsive post-adoption workers
- Comprehensive & accessible Medicaid service coverage

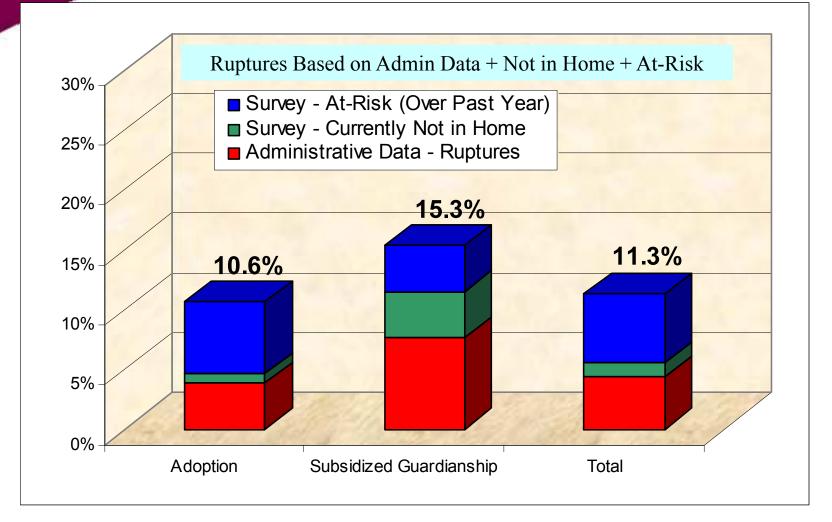


In an effort to better understand the rupture rate in Illinois, and to take into account those ruptures that would not necessarily be captured in the DCFS administrative data, caregivers were asked:

- If the child is currently living outside the home
- If the child had experienced the following within the previous 12 months: a placement in foster care or residential setting, an inpatient hospitalization, or a runaway episode ("at-risk for rupture").







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National Survey



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National Survey: Methods

A survey was sent to child welfare administrators in all 50 states and the District of Columbia. Responses to the survey were obtained from 49 states plus DC; one state could not participate due to litigation.



- Two-thirds of the states indicated that they had post-adoption services that differ from services provided to at-risk children.
- The comprehensiveness of post-adoption services varies greatly.



70% or more of states offer the following :

- Child and family counseling
- Psychological evaluations or ongoing psychiatric care
- Respite services
- Occupational, speech or physical therapy
- Durable medical equipment
- Support groups for parents or children
- Preservation services
- Substance abuse treatment
- Post-Adoption training/education
- Dental care (routine and orthodontia)
- Residential treatment

However, many states do not have the resources to meet the current level of identified need.

50 % or less offer the following:

- Day care/after school programming
- Search services to find birth relatives
- Tutoring
- Mentors
- Camp
- Educational advocacy



Lack of availability is due to:

- Limited financial resources
- Limited mental health practitioners trained in adoption issues
- Waiting periods for services
- Limited Medicaid funding
- No consistent funding stream for postpermanency services

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Summary and Conclusions



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Summary of Findings

These families are much like "traditional" families in that most require few services

•Most families that need services are able to obtain them -84% had no unmet service needs.

•A small but significant portion of the families reported unmet service needs (16%).

Conclusions

The successful movement to bring permanence to the lives of foster children through adoption and guardianship is one of the great success stories in recent child welfare history.

To preserve this success, we believe that state and federal governments must increase their commitment to support these families postfinalization. This increased support should occur through changes in programming and financing.



Conclusions

- **Program**: Illinois has embarked upon a program that changes post-adoption and guardianship service delivery to include outreach to families so that unmet needs can be identified and addressed before the family is in crisis.
- **Finance**: Federal child welfare finance reform needs to allow states to use the savings that have occurred from moving children out of foster care to provide additional funding to post-adoption and guardianship services.



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Supporting Adoptions and Guardianship in Illinois

Conditions of Children in or at Risk of Foster Care in Illinois

Available at: http://cfrcwww.social.uiuc.ed



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