



EMERGING RESEARCH AND PRACTICE NEEDS IN A POST-PERMANENCY WORLD

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Presentation Overview

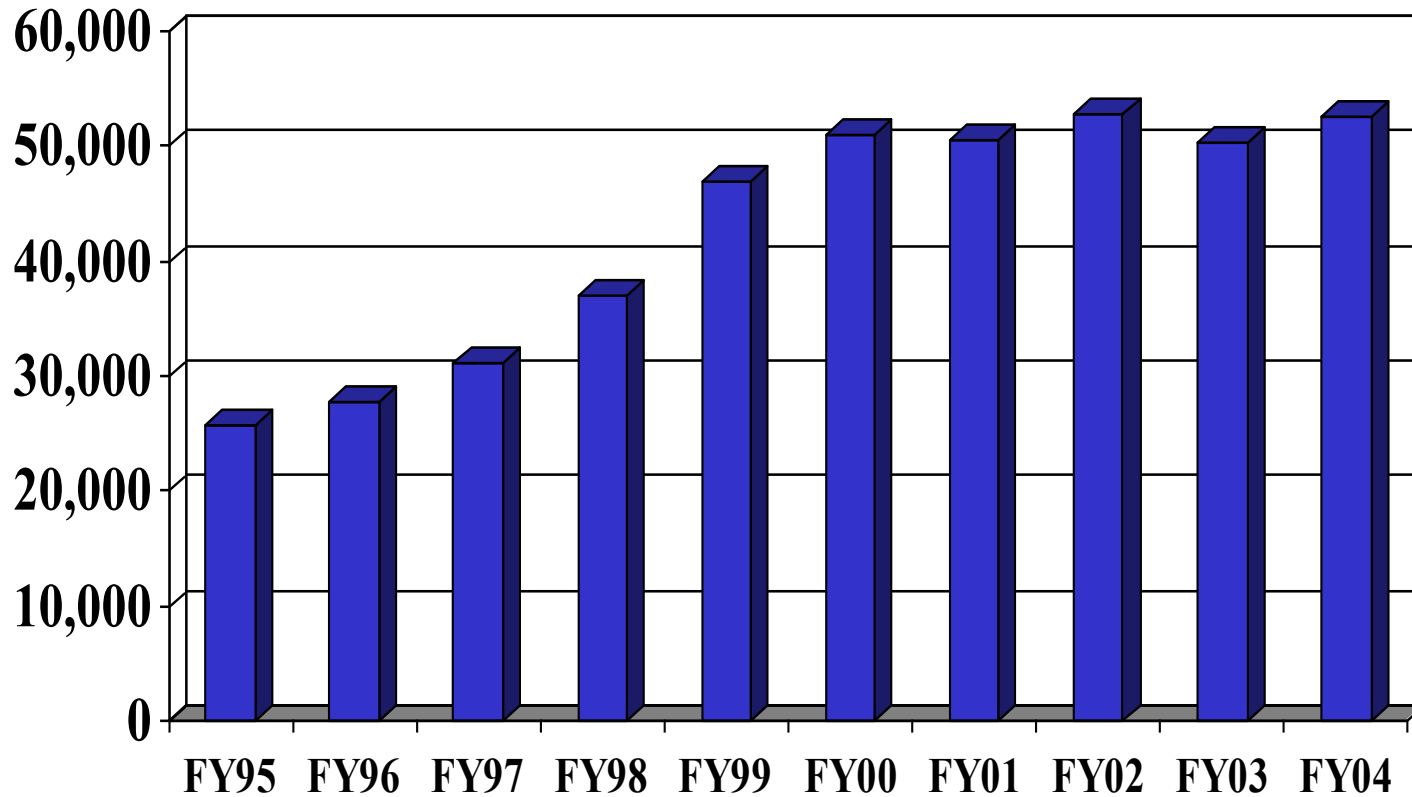
- Adoption and guardianships trends: Creation of a “post-permanency world”
- Current research: Overview and methods
- Findings from an Illinois survey of adoptive and SG families
- Findings from national survey of public child welfare administrators
- Implications for service provision
- Implications for federal child welfare financing



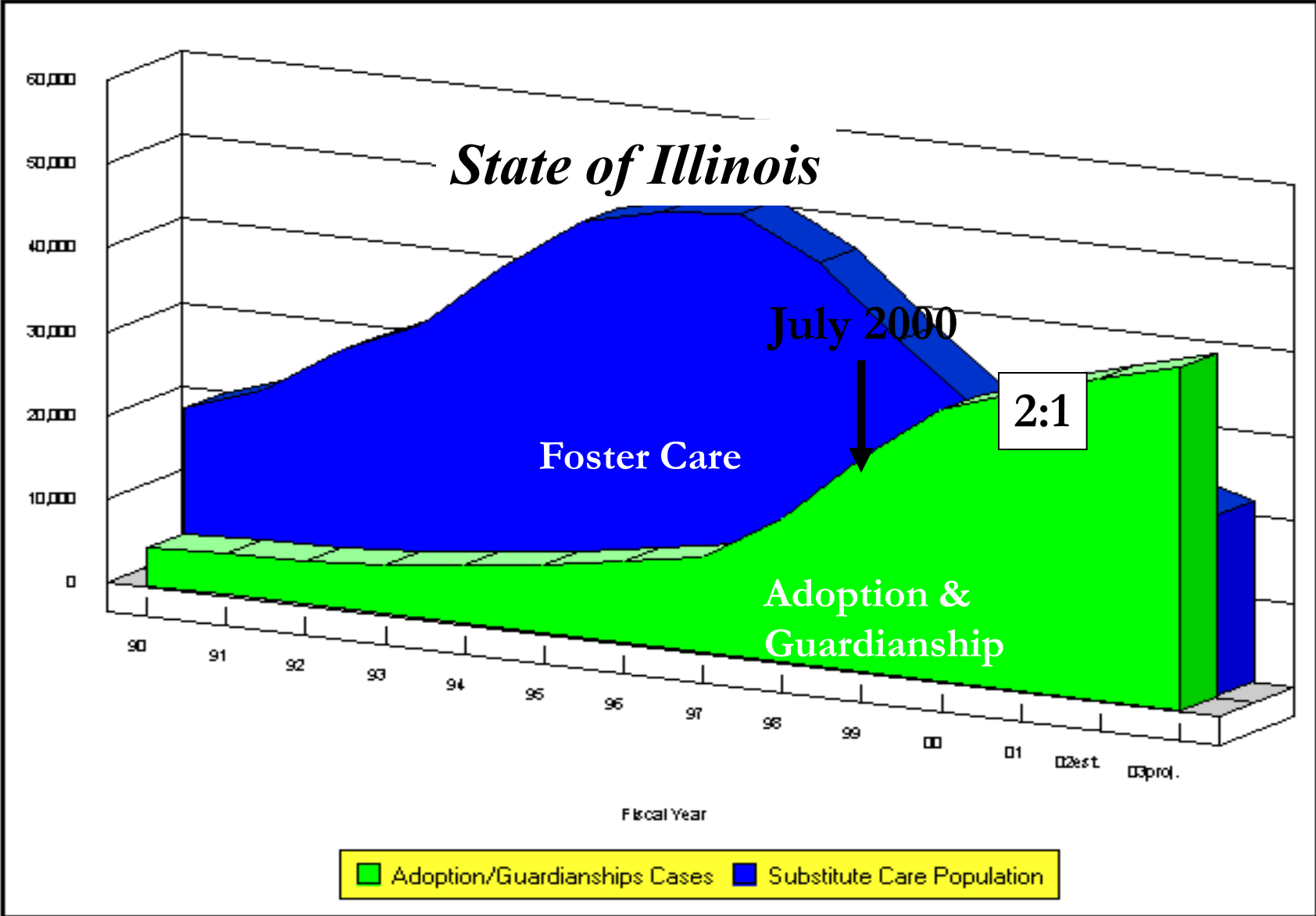
Adoption and Guardianship Trends

- 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.
- According to AFCARS data, the number of children adopted from public child welfare has increased from 27,761 in FY96 to 52,468 in FY04

Adoptions of Children with Public Child Welfare Agency Involvement



*Source: Adoption and Foster Care Reporting System (AFCARS)





Adoption and Guardianship Trends

The Congressional Budget Office projects that this shift will occur nation-wide: 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.

Adoption and Guardianship Trends



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

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



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:

- Examination of recent trends in the achievement of permanency among children in substitute care in Illinois
- Comparative analysis of post-permanency services and subsidies available in Illinois and other states
- Survey of adoptive parents to determine their post-permanency service needs

The Illinois Post-Permanency Studies



The Children and Family Research Center at the University of Illinois began work on three studies:

1. A statewide telephone survey of a randomly selected sample of adoptive and guardianship parents regarding post-permanency service needs
2. A national survey of child welfare administrators regarding post-adoption spending, services, and subsidies
3. An administrative data analysis of permanency trends in Illinois



Caregiver Survey: Sample Selection

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.
- To ensure adequate representation of children throughout the state, the population was divided into two groups (Cook and non-Cook) and two separate samples of approximately 250 were selected for the study.
- If more than one eligible child was living with a given caretaker, one child was randomly selected into the sample from that household.

Caregiver Survey: Sample

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

- 304 adoptive parents (87%)
- 45 subsidized guardianship caregivers (13%)

Caregiver Survey: Sample

The caregivers:

- Ranged in age from 29 to 82, with a mean age of 54 years
- Were 93% female
- 43% were married, 25% were divorced or separated, 14% were widowed, and 18% were single
- 27% had not graduated from high school, 26% had a high school diploma or equivalent, 33% had an associate's or vocational degree, and 14% had a bachelor's degree or higher
- 47% were employed; 53% were unemployed or retired
- 25% described their health as excellent, 52% as good, 21% as fair, and 2% as poor

Caregiver Survey: Sample



The children:

- Ranged in age from 6 to 16, with a mean age of 12 years; 76% were 10 years or younger
- 53% were male and 47% were female
- 22% had one or more physical health problems
- 30% had a diagnosed mental health disorder
- 31% were receiving special education services
- The average total score on the Behavior Problem Index was 11 (of a possible total score of 28), compared to a national average score of 6.4

Caregiver Survey: Sample



The households:

- Total number of adults living in the household ranged from 1 to 4, with an average of 2
- Total number of adopted or guardianship children in the home ranged from 1 to 10, with a median of 2
- Total number of children living in the home ranged from 1 to 12, with a median of 3
- Family income ranged considerably:
 - 30% reported \$20,000 or less
 - 38% reported \$21,000 - \$40,000
 - 18% reported \$41,000 - \$60,000
 - 15% reported \$61,000 or more



Caregiver Survey: Service Needs

The total number of service needs per family ranged from 0 to 13 (out of a possible total of 19):

- 15% reported no service needs
- 22% reported one service need
- 13% reported two service needs
- 13% reported three service needs
- 25% reported 4 to 6 service needs
- 12% reported 7 to 13 service needs

Caregiver Survey: Survey Needs



The five most frequently needed services:

- Dental care (39%)
- Day care (37%)
- Counseling (35%)
- Camp (35%)
- Psychological evaluation (26%)

Caregiver Survey: Service Needs



Factors significantly related to the total number of service needs:

- Children with physical health problems needed more services than those without (4.5 vs. 2.7, $p < .001$)
- Children with diagnosed mental health problems needed more services than those without (5.3 vs. 2.2, $p < .001$)
- Children receiving special education services needed more services than those not receiving them (4.9 vs. 2.4, $p < .001$)
- Children with higher total BPI scores had higher service needs ($r = .50$, $p < .001$)



Caregiver Survey: Service Needs

The majority of services were rated as either very helpful or somewhat helpful. The services that were rates as very helpful by 70% or more of the families included: specialized medical care, (96%), respite (89%), day care (87%), dental care (86%), educational advocacy (84%), orthodontia (80%), speech therapy (80%), and camp (78%)

Caregiver Survey: Unmet Service Needs



The percentage of families that reported that they needed a service but did not receive it (unmet need):

- 81% reported no unmet service needs
- 17% reported 1 to 3 unmet service need
- 2% reported 4 or 5 unmet service needs



Caregiver Survey: Unmet Needs

The five greatest unmet needs were:

- Drug/alcohol treatment (100%, 5/5)
- Educational advocacy (52%, 24/46)
- Respite care (50%, 18/36)
- Preservation services (42%, 5/12)
- Day care (41%, 52/128)



Caregiver Survey: Unmet Needs

Two characteristics distinguished families with no unmet service needs from families with at least one unmet need:

- Children with a diagnosed mental health problem were more likely to have unmet service needs ($p < .01$)
- Children who scored in the clinical range of the Behavior Problem Index were more likely to have unmet service needs ($p < .001$)

National Survey: Methods



- A nine page survey was developed and 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 ongoing litigation.



National Survey: Results

- 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 that do exist varies greatly
- Few states have a multifaceted program of services specific to this population

National Survey: Results



The five most commonly provided services:

- Child and family counseling (98%)
- Psychological evaluations (94%)
- Ongoing psychiatric care (92%)
- Respite services (88%)
- Occupational therapy (88%)



National Survey: Results

- Many states indicated that they provided certain services, but listed qualifying statements (age, location, cap, duration)
- States indicated that many of these services were covered through the Medicaid

National Survey: Results

The majority of states indicated a need for additional post-adoptive services. The most common service needs include:

- Adoption-competent therapists
- Respite care
- Accessibility and availability of services across state
- Designated staff or identified unit to promote adoption stability
- Additional mental health services

National Survey: Results



Most common barriers to providing post-adoption services:

- Lack of financial resources
- Lack of mental health practitioners trained in adoption issues
- Waiting periods for services
- Funding issues related to Medicaid

National Survey: Results



States were asked to indicate the amount of money spent on post-adoption services (excluding monthly subsidy payments):

- Approximately half of the states provided an answer to this question
- Most states added notes and disclaimers that made comparisons difficult
- Many states were unable to determine the amount spent on post-adoption services since they did not have a program exclusive to this population.



Summary of Findings

Examination of the services that post-adoption and guardianship families need reveals that they are much like “traditional” families in that most require few services, and the most commonly needed services are “routine” services such as day care and dental care.

About one-third of the sample (37%) reported having 4 or more services needs. Children with physical, mental health, or behavioral problems were more likely to need services than those without these problems.

Summary of Findings



Most families that need services are able to obtain them – 81% of the families in the sample had no unmet service needs.

Families reported that they often got the services on their own without assistance from the state agency.

Children with mental health or behavioral problems were especially likely to have unmet service needs, as well as children who scored in the clinical range of the Behavior Problem Index.

Summary of Findings

- A small but significant portion of the families reported unmet service needs (19%). Families with unmet service needs often expressed a profound feeling of frustration that impacted their family functioning.
- A surprising number of families were unaware of the post-permanency services available, or how to go about obtaining such services.
- The most common reason given for families being unable to obtain services was that a provision for the needed services was not made in the subsidy agreement.



Service Implications

- Meeting the service delivery challenges of the “post-permanency world” calls for innovative partnerships among federal and state governments with local service providers and child welfare researchers.
- Families dealing with mental and behavioral health problems may need access to a wider array of post-permanency services, as well as additional assistance in overcoming the obstacles associated with service delivery.



Service Implications

Families with the unmet needs reported conditions that required intensive service provision. States need to have consistent, reliable funding available to be able to plan and develop comprehensive post-permanency programs.

Current difficulties:

- There is not a dedicated funding stream for this population.
- States use a variety of funding streams to provide these services.
- Funding available must be dived up among numerous worthy programming.



Development of a Post-Permanency Program Model

Collaboration between child welfare agency, community agency, and university. Plan to get funding from state as well as private foundations.



Development of a Post-Permanency Program Model

Fundamental components of the program model:

- Target families and conduct outreach soon after finalization.
- Community-wide prevention efforts to support, educate, and make families aware of services.
- Flexibility in program to provide a more intensive, treatment level services when needed.
- Evaluation to determine effectiveness of program.

Two-Pronged Programming Approach



Prevention Oriented

- Educational materials
- Educational support groups
- Educational advocacy
- Mutual self help groups
- Links to community providers

Treatment Oriented

- Immediate action
- Thorough assessment
- Advocacy re amending subsidy for services
- Therapeutic services
- Individual treatment plan
- Mentoring

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 post-finalization.

Conclusions

This increased support should occur through:

1. Federal child welfare finance reform that allows states to use the savings that have occurred from moving children out of foster to provide additional funding to post-adoption and guardianship services
2. Changes in post-adoption service delivery to include prompt outreach to all families so that services can be implemented before unmet needs reach critical levels, as well as comprehensive treatment programs that can be immediately accessed if problems are identified.