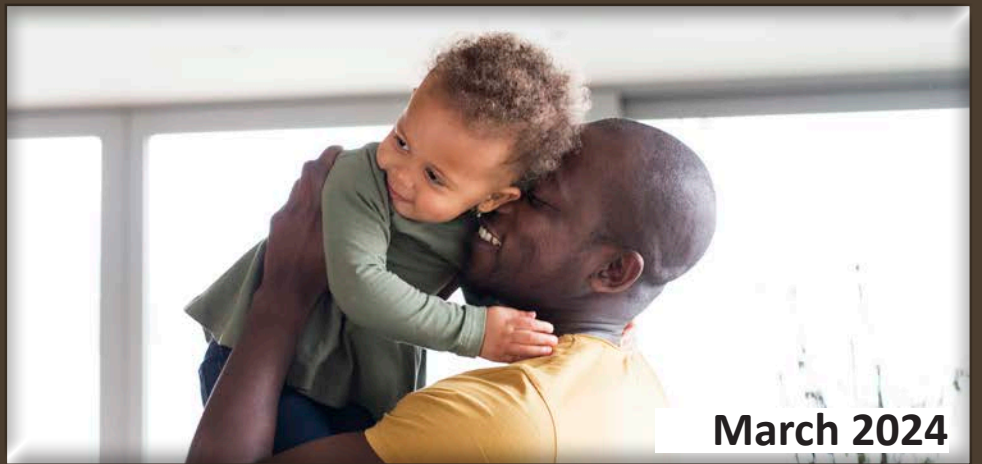


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Exploring the Role of Guardianship in Effective and Equitable Permanency

Policy Context and Lessons Learned

CHILDREN AND FAMILY RESEARCH CENTER
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Exploring the Role of Guardianship in Effective and Equitable Permanency

Policy Context and Lessons Learned

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Project Background and Purpose

This report describes the policy context and lessons learned from a multi-component study of guardianship as a permanency option for children and youth in foster care in Illinois. Guardianship is an infrequently used but promising alternative for finding permanent homes for these children and youth. This report discusses implications of the research for policy and practice as well as recommendations for improvement (in Chapter 5). It references findings from our four empirical research reports. In the study, we gathered data from permanency professionals and caregivers, using interviews and surveys with each group.

We sought in the study to understand the following:

1. How professionals have experienced different permanency options, with a particular focus on guardianship, and how they perceive these options.
2. How caregivers have experienced permanency planning and how they perceive different permanency options.
3. Professionals' and caregivers' perceptions of racial issues in permanency planning and outcomes.

Our aim is to inform efforts to use guardianship wisely to increase the number of children placed in loving, stable, permanent homes, especially Black children.

Funding

This research was partly supported by the Office of the Vice Chancellor for Diversity, Equity and Inclusion of the University of Illinois at Urbana Champaign (UIUC) as part of its Call to Action to Address Racism and Social Injustice Research Program. The program aims to “enhance exceptional cross-disciplinary research strengths and expand collaborations to build cultures of research and scholarship that address structures of racism and injustice.”¹ The Office of the Vice Chancellor for Diversity, Equity, and Inclusion at UIUC launched the program to address the root causes of racial disparities with generative ideas, imaginative strategies, and productive collaborations. The research was also supported as part of a DCFS contract with UIUC that funds the Office of Translational Research in the School of Social Work.

Collaboration with DCFS

An advisory team of administrators and analysts from DCFS guided and supported the implementation of this research. The advisory group included staff from the DCFS Division of Strategy and Performance Execution, the Office of Research and Child Well-being, the Office of Race Equity Practice, and the Permanency Division. The advisory team assisted the research team with research design and data collection, and reviewed and provided feedback on reports and presentations. This support

1. Office of the Vice Chancellor for Diversity, Equity & Inclusion. (2022). *Call to Action to Address Racism & Social Injustice Research Program: Request for Proposals 2022-2023*. University of Illinois at Urbana-Illinois.

included providing DCFS administrative data to facilitate recruitment for interviews and surveys, providing data to assist with determining the representativeness of the survey respondents, and promoting survey completion with permanency staff.

The Context for the Study

When children are removed from their homes because of neglect or maltreatment, the goal of DCFS is to return them to a loving, safe, stable, and permanent home as soon as possible. Ideally, children are reunified with their birth parents, but when this cannot be done safely, DCFS seeks to place children and adolescents in other permanent homes. Unfortunately, the most recent statistics show that 46.4% of children and youth who entered substitute care from DCFS in 2020 were not placed in a permanent home within three years.² Some never find permanent homes: in 2021, 676 Illinois youth aged out of substitute care without ever returning to a permanent home during their childhood.³ The difficulty of placing children in permanent homes is worse for Black children in substitute care. While a majority of White children entering substitute care with DCFS in 2020 reached a permanent home within three years (59.0%), less than half of Black children did (47.1%).⁴

Enhanced use of guardianship has the potential to increase the number of children reaching permanent homes and reduce racial disparity in permanency. With guardianship, a caregiver becomes the permanent caregiver of the child but does not adopt the child. Usually, the guardian receives a subsidy from DCFS to support the child's care, referred to as subsidized guardianship. In the majority of cases, the guardian is a relative of the child, such as their aunt/uncle, grandparent, or older sibling. Fictive kin (non-family members with a relationship to the child, such as a teacher, neighbor, etc.) may also take on this role and associated responsibilities. When guardianship is awarded, the guardian has already provided stable and loving foster care for the child. Guardianship in Black families is consistent with "the value placed on extended family and taking care of one's own."⁵ It draws on "deeply rooted traditions of kinship networks in African cultures and African American communities."⁵ With guardianship, birthparents' rights do not need to be terminated, so typically, one or both of the birthparents will retain some parental rights, including the right to visitation. Birthparents can also, at a later time, petition the court to regain custody of their children. Many kin caregivers are committed and able to provide children permanent homes, but they do not want to terminate the parental rights of the birthparent, who is often a close relative such as their son, daughter, or sibling.

Part of the context of this study is a longstanding debate about the value of adoption versus guardianship, which we describe in detail below. Some experts have claimed that adoption represents a greater commitment and is more stable,⁶ and a preference for adoption has been codified in Federal and Illinois law,⁷ as well as the guidelines of the National Council of Juvenile and Family Court Judges.⁸ But recent research finds no difference

2. Children and Family Research Center. (2023). [Permanence within 36 months \(by permanence type\)](#).

3. This is the most recent statistic from the federal Children's Bureau. Children's Bureau (2023). [Child welfare outcomes report data](#).

4. Children and Family Research Center (2023), *ibid*.

5. Cross, T. et al. (2004). How does subsidized guardianship respect culture? Perspectives on African American, Native American, and Latino experiences, in Bissell, M. & Miller, J. L. *Using subsidized guardianship to improve outcomes for children: Key questions to consider*. pp. 55-95. New York: Children's Defense Fund.

6. Murray, K. J., Bartlett, J. D., & Lent, M. C. (2021). [The Experience of Children and Families Involved with the Child Welfare System. In Handbook of Interpersonal Violence and Abuse Across the Lifespan: A project of the National Partnership to End Interpersonal Violence Across the Lifespan \(NPEIV\) 1441-1462](#).

Takas, M. (1993). Permanent care options involving kin in child welfare cases. *Current Issues in Pediatric Law, National Association of Counsel for Children*, 91–105.

7. Testa, M. (2022). [Disrupting the foster care to termination of parental rights pipeline: Making a case for kinship guardianship as the next best alternative for children who can't be reunified with their parents](#). *Family Integrity & Justice Quarterly*, 1(1), 74-82.

8. National Council of Juvenile and Family Court Judges (2000). *Adoption and Permanency Guidelines*. Reno, NV: Author.

in stability between adoption and guardianship.⁹ Moreover, some experts argue that the preference for adoption can obstruct stable guardianships with kin caregivers who can provide children permanent homes with their extended family.¹⁰

Description of the Overall Study

The study gathered data from professionals and caregivers using semi-structured interviews and surveys. This yielded four components of the study. We have produced a research report for each component of the study. These components are:

1. Interviews with 40 Illinois professionals working on permanency cases (including 13 permanency supervisors, 11 permanency caseworkers, six DCFS attorneys, five guardians ad litem, and five judges)
2. A survey of Illinois permanency caseworkers and supervisors, with 267 respondents (including 158 caseworkers, 68 supervisors, and 41 other staff; 52% DCFS staff and 48% private agency staff)
3. Interviews with 11 kin and fictive kin caregivers caring for Black children.
4. A survey of 137 caregivers caring for at least one Black child with an adoption or guardianship goal.

In addition, we have written two research briefs presenting key findings from professionals and caregivers, respectively. All products associated with this research project are available on our [guardianship webpage](#).

Defining Caregiver

This study aims to reflect the perspectives of caregivers in Illinois settings. In other settings and historically, caregivers are commonly referred to as foster parents. Caregivers are those people, who are not the biological parents of a child, but who provide the day-to-day care for a child who has been removed from their biological parents' custody for reasons such as abuse and neglect. This includes kin caregivers, fictive kin caregivers, and unrelated (aka traditional) caregivers. We intentionally elected to use the term caregiver instead of foster parent. In many cases, especially for guardianships, the family structure is retained. That is to say, with guardianships, the family relationships like mother, father, aunt, and uncle are retained. Alternatively, many of the caregivers in our study had adopted or intended to adopt the children in their care. In these cases, the title caregiver is more appropriate than foster parent, which is intended to be a temporary role. We also recognize that for some, there is, unfortunately, a stigma associated with the term foster parent. In contrast, the term caregiver evokes the vital role these individuals undertake to love, guide, and provide stability for children during a challenging period of their lives. We are grateful to the caregivers who set aside the time in their busy lives to participate in our study.

9. Rolock, N., & White, K. R. (2017). Continuity for children after guardianship versus adoption with kin: Approximating the right counterfactual. *Child Abuse & Neglect*, 72, 32-44.

10. Creamer, K. & Lee, A. (2022). [Reimagining permanency: The struggle for racial equity and lifelong connections](#). *Family Integrity & Justice Quarterly*, 1(1), 62-71.

Gupta-Kagan, J. (2015). The new permanency. *UC Davis Journal of Juvenile Law & Policy*, 19:1, 1-113.

Milner, J. & Kelly, D. (2022). [The need to replace harm with support starts with The Adoption and Safe Families Act](#). *Family Integrity & Justice Quarterly*, 1(1), 6-7.

Sankaran, V.S. (2022). [Ending the unnecessary pain inflicted by Federal child welfare policy](#). *Family Integrity & Justice Quarterly*, 1(1), 26-33.



Executive Summary

Chapter 1: Introduction and Policy Context

This report reviews the policy context for our research program and discusses the implications of our findings, drawing from the results from our four studies. With guardianship, a caregiver becomes the permanent caregiver of the child but does not adopt the child. Usually the guardian receives a subsidy from DCFS to support the child's care, which is referred to as subsidized guardianship. The guardian is most often kin, such as the child's aunt/uncle, grandparent, or older sibling, but sometimes fictive kin (nonfamily members with a close personal or emotional relationship with the child and child's family). When guardianship is awarded, the guardian has already been providing the child stable and loving foster care for some time. According to one review, guardianship draws on deeply rooted traditions of kinship networks in African cultures and African American communities.

With guardianship, birthparents' rights do not need to be terminated; typically one or both birthparents have the right of visitation with children. Birthparents can also later petition the court to regain custody of their children. Many kin caregivers are committed and able to provide children permanent homes, but they do not want to terminate the parental rights of the birthparent, who is often a close relative such as their son, daughter, or sibling. Kin caregivers may retain hope that the birthparents may be able to make changes in the future that enable them to provide a stable, safe and loving home for children and appreciate that guardianship enables courts to grant this if in the future it is in the best interest of the child. Some experts argue that privileging adoption over guardianship can, in some cases, interfere with existing lasting permanence in relative homes, harming the child.

The chief argument against guardianship as a permanency option is based on it not being as legally binding as adoption. This means that it is more difficult for an adoptive parent to terminate custody. Other concerns about guardianship include the reality of guardianship ending when a child turns 18; potential risk to the child and legal expense to the guardian if birthparents petition to regain custody; the potential for guardians and birthparents to collaborate to enable birthparents to assume a sort of shadow custody; and some caregivers' lack of understanding of guardianship.

Both the federal Adoption Assistance and Child Welfare Act of 1980 and the federal Adoption and Safe Families Act of 1997 enabled states to use federal funds to support adoptive parents of foster children, but not permanent guardians. The federal Children’s Bureau stated, “guardianship does not provide the same protections against later, unexpected changes in custody that adoption does and may be seen as less than a total commitment to permanency.” The Adoption and Permanency Guidelines of the National Council of Juvenile and Family Court Judges clearly states a preference for adoption over guardianship. Any analysis of adoption and guardianship needs to consider that sometimes guardianship is the only viable permanency option. In some cases, no one can be found who is willing to adopt a child or youth. Also, youth age 14 or older in Illinois have the right to veto both adoption and guardianship.

Substantial increases in kinship foster care in the 1980s created many situations in which kinship caregivers were committed to taking care of the children, but unwilling to adopt for reasons described above. This created new interest in guardianship, and led to the first state programs for subsidized guardianship in the 1980s. The Federal government issued temporary demonstration waivers in 1996 to seven states (including Illinois) to enable them to use federal Title IV-E funds to support guardianship. Federal legislation in 2004 and 2008 provided financial support, though it required that adoption was ruled out for families to be eligible for federal funds for subsidized guardianship. By 2009, 38 states (including Illinois) and the District of Columbia offered subsidized guardianship as a permanency option.

In 1996, a federal waiver enabled Illinois to expand subsidized guardianship as a permanency option, and 6,822 children were transferred to private guardianship over a five-year period. The program evaluation of the waiver showed that the number of children in long-term foster care was reduced without higher rates of subsequent indicated reports of abuse or neglect. Of those interviewed, the vast majority of children in guardian homes felt that their home was stable, and they were part of the family all or most of the time – results no different from adoptive homes. Those guardians interviewed understood that their commitment was permanent; even though some did not understand the difference between a guardian and an adoptive parent.

The Illinois’ Juvenile Court Act of 1987 stated that adoption needed to be “ruled out” in order for guardianship to be set as a permanency goal. The need to rule out adoption was sometimes used as justification for withholding information about guardianship if adoption had not been ruled out, or for removing a child from a relative placement to a non-relative pre-adoptive home. In a 2021 amendment to the Act, the text including “ruled out” was replaced by text stating that guardianship could be undertaken if adoption was “deemed inappropriate and not in the child’s best interests.” The Act also requires that “the court shall confirm that the Department [DCFS] has discussed adoption, if appropriate, and guardianship with the caregiver prior to changing a goal to guardianship.” According to a Deputy Director of DCFS, one aim was to ensure that caregivers are informed that both adoption and guardianship can be options, subject to the court’s decision. A second aim was to ensure that kin caregivers who would prefer guardianship are not pressured to adopt under the threat of moving the child from their stable placement to a pre-adoptive home with a stranger.

All of the permanency professionals we interviewed either were unaware of the then new amendment or lacked knowledge of its substance. Despite the amendment, many of these interviewees talked about the need for adoption to be “ruled out” to go forward with guardianship. When we conducted the survey of professionals a few months later, just over one-fifth indicated that they were not familiar with the amendment or only slightly familiar with it. On the other hand, just over half of respondents indicated they were moderately or extremely familiar with the amendment, though we have no way of assessing the accuracy of this self-report.

DCFS currently has a working group to support greater use of guardianship as a permanency option. DCFS staff were instrumental in advocating for the above-mentioned change in the Illinois Juvenile Court Act of 1987. DCFS recently updated the information pamphlet available to prospective caregivers explaining the choice for adoption and subsidized guardianship, and is undertaking a communication campaign

Using six years of data from Illinois DCFS’ Integrated Database, we found that the vast majority of children and youth in both adoptive and guardian were stable over those five- and ten-year time periods. The stability rates are somewhat lower for guardianship, but this is misleading, because the youth placed in guardian homes differ from those placed in adoptive homes, as do the characteristics of their cases. For example, youth in guardian homes are older, on average. Moreover, it is also problematic to compare guardianship and adoption

because many children who go to guardian homes have no prospects for being adopted, as mentioned above. Studies using an appropriate counterfactual for adoption and taking case differences between the two groups into account have found no differences in stability between adoption and guardianship in Illinois.

Chapter 2: The Choice between Adoption and Guardianship

Our data suggest that most professionals involved in permanency work in Illinois are flexible and tailor their permanency decision-making to the individual child and their specific needs. For both adoption and guardianship, most interviewees described different cases in which each was the best permanency choice. When asked in our interview study to compare adoption and guardianship on stability and child well-being, a number of interviewees saw no difference or said it depended on the case. In our survey of permanency professionals, we asked permanency caseworkers and supervisors to compare the value of adoption and guardianship on 34 different criteria. On 22 of these criteria, respondents selected the choice “it depends on the case” or “no difference” more often than choices favoring adoption or guardianship. On the five criteria relating to well-being of children under age 14, just as many respondents chose “it depends on the case” or “no difference” as indicated a preference for adoption.

One reason to move beyond the comparison of adoption and guardianship is the wide range of contextual factors that influence whether adoption or guardianship is chosen. The types of cases for which each are considered best, and the circumstances that lead to each, are often unique. It seems likely that, in many of these cases, only one of these options may be possible, or one of the two is so clearly in the child’s best interest that the other option can easily be dismissed.

Youth who are 14 years or older can veto adoption as well as guardianship, and professionals reported that older youth often rejected adoption out of loyalty and attachment to their birthparents. The fact that state subsidies for guardianship with unlicensed foster care providers are generally only available for youth age 12 and older could also influence the choice about guardianship. Many of the professionals in our interviews and survey felt that the child’s wishes and the negative effect on children of terminating parental rights were legitimate reasons to choose guardianship in many cases, even if children are younger than age 14. Our professional participants also reported circumstances in which adoption might be preferred in theory, but the state is either unwilling or unable to pursue termination of parental rights, despite being unable to reunify the child with their parents. In these cases, guardianship may become the only practical choice.

Professionals in our study indicated that adoption is preferable when birthparents are disconnected from their children, the child does not want an ongoing relationship with their parents, or the parents pose a clear risk of harm to the child. A number of the permanency professionals in both the interviews and survey in our study reported that they thought that adoption was more stable than guardianship, and cited this belief as a reason to favor adoption. Although we did not specifically ask about their knowledge of research on guardianship, it was striking that no participants shared any knowledge about the low rates of disruption for both adoption and guardianship for Illinois children. Education about the similarity in stability may help shift permanency professionals’ perception of adoption as a stable permanency option. There is no research that shows any benefit of removing a child from a loving kin home in order to place them in a pre-adoptive home. The characteristics of the child, the caregiver, the birthparents, the family and the situation are likely to be the main drivers of outcomes for the child, not the decision regarding adoption or guardianship in and of itself. If the permanent caregiver acts in the child’s best interest and the birthparent is able to have loving and safe visits with their child, visitation is likely whether there is an adoption or a guardianship.

Adoptions and guardianships can both be disrupted. Birthparents who are unable to regain custody of their children may never provide a safe permanent home for their child. However, terminating the parents’ rights has real costs for many children, including emotional trauma and the loss of a legal relationship, not just with their parents, but their siblings as well. Likewise, there are times when that ongoing relationship poses a very real harm to the child, and terminating the parents’ rights is in the best interest of the child. It would be unfortunate if the choice between adoption or guardianship is made out of fear that adults in the child’s life will not act in the child’s best interest, whether that is the adoptive parent or permanent guardian or the probate court that may have the power to reinstate a parent’s custody. It is far better to build the education, communication and supports needed for everyone to act in the child’s best interest in providing permanent care for the child.

Chapter 3: Understanding the Circumstances in which Permanency Professionals Consider Guardianship

Preserving bonds with the birth family can be of substantial importance to the child or youth and disrupting them through a termination of parental rights may involve irrevocable loss for the child. The emotional valence of preserving their roles appears to be paramount for many families, making it likely that some families will experience emotional pain when other criteria take precedence in permanency decision-making.

Several professionals thought that guardianship could be appropriate in situations in which they anticipated that birthparents might be able to change and regain custody. Permanency professionals in our survey indicated strong support for guardianship in cases where “a birthparent is taking steps to overcome an alcohol or drug problem but needs more time.”

Some experts question whether the current time limits for reunification set by federal legislation provide adequate time for birthparents with substance abuse problems to make the changes needed. One can imagine the benefits to children if they are in a guardian home with solid caregiving and also enjoy a loving relationship with the birthparents, and then eventually, the whole family transitions to the birthparents’ resuming care. On the other hand, one can imagine the harm if children have been in a guardian home for several years and then are suddenly won back by birthparents in a way that lacks coordination, preparation, and the blessing and participation of the guardian. The possibility of both scenarios underlines the need for careful assessment in making the permanency decision and the need to provide post-permanency support for the family and child. If the caregiver is not prepared to adopt the child, it might be in the child’s best interest to choose guardianship rather than disrupt the child’s life and delay permanency in what might be a fruitless attempt at adoption. In the case of older caregivers, such as a great-grandmother in her late 80’s that we interviewed, it can be practical to choose guardianship to make it easier to plan for a future caregiver if the guardian were to die or become unable to care for the child.

In discussing child age as a factor in the permanency decision, professionals we interviewed focused on teenagers on one hand and two or three-year-old children on the other hand. This leaves open the question about the appropriate decision for the large number of children whose age is in between. It is not reasonable to make decisions based simply on knowing the child’s age. An assessment of the child’s level of understanding and attachment to the birthparents and kin caregiver is needed.

Chapter 4: Overcoming Barriers to Guardianship

Our research revealed a number of barriers to achieving permanency through guardianship, including:

- finding a kin caregiver who can provide a loving, safe home and make a permanent commitment,
- lack of awareness among both workers and families about guardianship as a permanency option,
- the amount of time achieving guardianship can take (especially for older children),
- licensing requirements,
- problems with agency-court coordination and other inter-organizational coordination,
- obtaining consent from birthparents for guardianship.

Some communities have developed Kinship Navigator programs to find and support kin caregivers, and effective kin navigation could help support increases in successful use of guardianship. Caseworkers in our study discussed difficulties with coordination between child welfare agencies and the courts hearing their cases. Research cites several factors that contribute to these difficulties, including differences in organizational culture, law school training that emphasizes following rules and deemphasizes context, lack of training for judges, the lower status of juvenile court professionals relative to other legal professionals, ambiguity in different professionals’ roles, caseworkers’ lack of experience and training in functioning in court, caseworkers’ experiences of feeling intimidated and blamed for their client’s problems, judges’ disrespect for caseworkers’ competence and the job stress of working in child protection. Efforts to overcome these difficulties include Enhanced Resource Guidelines for the courts from the National Council of Juvenile and Family Court Judges, cross-training initiatives, and courtroom simulation training.

Long timespans in care is a special problem for guardianship, because of the older age of youth in guardianships; research shows that achieving permanency often takes more time for older youth. Both

professionals and caregivers talked about how caseworker turnover, large caseloads, and limited resources to help families led to long delays in achieving permanency. Youth as young as 14 are sometimes considered not eligible for guardianship, based on the anticipated timeline of these cases. The Sangamon County Permanency Enhancement Project Model is a helpful precedent in dealing with timelines.

Training is needed to address the lack of professional awareness and knowledge about guardianship that was identified by study participants. The challenges of getting both parents to consent to guardianship speaks to the need to connect with both birthparents early in guardianship cases and support their involvement in decision-making.

Several professionals reported that licensing is an obstacle to subsidized guardianship, particularly for Black families. It is unclear why kin caregivers who do not need to be licensed during years of providing foster care need to be licensed when they become guardians. In a recent article, Testa argued that the restriction of federally funded subsidies to licensed caregivers “cuts off too many safe and stable kinship placements from receiving guardianship assistance because of the limited availability of bedroom space, the arrest histories of household members, and other standards that disproportionately disqualify low-income families from being licensed by the state.”

Our finding that participants felt that the appropriate permanency goal depended on the particular child’s best interests means that it is imperative to conduct a thorough and careful assessment in planning and implementing permanency. However, one participant reported that [with guardianship] “we don’t necessarily do the deep, deep dive into the situation [for guardianship] that you would do with an adoption.” Though this quote comes from only one individual, it is worth reflecting on its implications.

There is reason for concern that the passage of the 2021 amendment of the Juvenile Court Act of 1987 (discussed above) may not have the desired effect. As discussed above, many professionals we interviewed either were unaware of the amendment or lacked knowledge about it, and many still talked about the need to “rule out” adoption for guardianship to happen. In addition, the instruction the amendment provides may not clearly lead permanency professionals to take the intended actions. One juvenile court judge we interviewed discussed how the law appears to retain the sequence of actions giving adoption priority, even without the words “ruled out.”

The amendment language requires discussing adoption and guardianship before changing the goal to guardianship, but otherwise its meaning is ambiguous. Does a caseworker need to discuss guardianship prior to setting a goal of adoption? Should the caseworker discuss adoption and guardianship at the same time? The answers to these questions are unclear. Further, amendments to the law may be needed, and it seems likely that further education of permanency professionals about the amendment and its intended effects is needed.

When we shared preliminary research findings with approximately 40 Foster Parent Support Specialists, one specialist expressed that they were “reluctant” to suggest guardianship to caregivers due to potential legal costs. They are concerned that, should a birthparent petition the court to regain custody, caregivers are likely to need to hire a lawyer to represent them in court, at considerable cost.

Chapter 5: Caregivers’ Experience of the Permanency Process

Perhaps our most important finding was our impression that these caregivers loved their children deeply and were permanently committed to them, both in adoptive and guardian homes. We were impressed with how thoughtfully caregivers considered children’s needs in forming their opinions about permanency options. Those who chose adoption explained in detail how the birthparents’ behavior and relationship with the children could not support a guardianship that would benefit the child. Those who chose guardianship also carefully explained how the guardianship supports a current beneficial relationship with their birthparents, leaves the door open for future positive reunification, or respects older youths’ wishes. Our results suggest that both these groups of caregivers are providing the unwavering relationship that is necessary to support children and provide permanency.

For a majority of survey respondents, caregivers’ preferences for a permanency outcome matched the actual outcomes. However, in nearly a quarter of guardianships, the caregiver preferred adoption. And, in 11.9% of adoptions, caregivers would have preferred guardianship. We need to learn to what extent these mismatches

represent caregivers not being fully informed in the permanency planning process, permanency decisions that were contrary to the caregivers' preferences, or caregivers having a change of heart after the permanency plan was implemented.

A little more than a third of both adoptive parents and prospective adoptive parents also checked off "The child wanted the adoption" as a reason for adoption. Meaningful proportions of caregivers who had adopted or were planning to adopt chose the following factors for their decisions: a) the services and support the child would receive after the adoption, b) to make sure that the child would be eligible to inherit should something happen to me, c) to allow the child's name to be changed, and d) the child receiving support from their family after they turn 18. For caregivers who had become or were planning to become guardians, the most common reasons were: a) to support the child's relationship with their birthparents, b) to make it possible for the child to reunify with the birthparents in the future, c) the services and supports the child would receive with the caregiver as their guardian, d) to allow the birthparents to keep their identity as mom and dad, e) to allow for a good relationship between the caregiver and the birthparents, and f) the child receiving support from my family after they turn 18, and to support the child's relationship with their parents.

On the survey, most caregivers indicated they had a positive relationship with caseworkers, court appointed special advocates, judges hearing the case, and guardians ad litem. Most caregivers on the survey felt that they were provided enough information and had enough time to make a decision about permanency. For the majority of children in their care, caregivers either first discussed guardianship when the child was first placed in their home or after it was decided not to reunify the child with their birthparents.

However, 18.8% of survey respondents either did not trust agencies or only slightly trusted them, and caregivers felt that they did not receive information or received limited information about adoption for 22.7% of the children in their care. A number of caregivers in the survey felt that permanency was delayed for at least one child in their care because of changes in caseworkers and other professionals on the case (51.8%), a lack of timely information from the caseworker (27.9%) and/or a lack of needed information from the caseworker (24.6%). For over one-quarter (26.2%) of the children who had been adopted, caregivers indicated they either felt pressured to make a decision between adoption and guardianship quickly or would have liked more time to make a decision. The percentages feeling this way were smaller for children with guardians (7.1%) or children awaiting permanency (3.5%).

Almost four-fifths of caregivers reported at least one barrier delaying permanency. Over half (51.8%) reported changes in caseworkers and other professionals on the case as a barrier. Other common barriers were a lack of timely information from the caseworker (27.9%), lack of needed information from the caseworker (24.6%), lack of services for the child (23.8%), delays in processing approval from DCFS for an adoption (23.0%), delays in processing approval from DCFS for guardianship (18.0%), and lack of assessments for the child (13.9%). Excessive length of time to achieve permanency was a recurrent theme in the caregiver interviews.

It would be good to understand more about whether caseworker communication could be improved to reduce delays. Do caseworkers sometimes fail to get information to caregivers in time for them to do their part in moving the case toward permanency? Is there a communication gap with colleagues that delays necessary actions by allied professionals? Increased attention to expected timelines for communication and documentation may help mitigate delays in achieving permanency.

It is not surprising that lack of services and assessments was sometimes cited as barriers delaying permanency. Substantial proportions of Illinois children in substitute care have serious problems with behavioral health, physical health, and education, and many of these children do not receive the services they need. These problems can influence the child and family's readiness to move toward permanency. Given the licensing issues identified by professionals in interviews and surveys in other components of our study, it is somewhat surprising that licensing was mentioned as a barrier by only a small percentage of caregivers.

Chapter 6: Racial Equity and Permanency

Because Black children in foster care are less likely than other children to have timely placements in permanent homes, racial equity was another focus of our study. Nearly half of respondents to the professional survey felt that not enough services are available in communities or neighborhoods with large proportions of Black

families. About one-quarter felt that the resources provided were insufficient. About one-fifth felt that some professionals were less likely to respect the views of Black families about adoption and guardianship, and the same proportion felt that some professionals are biased against Black families who are seeking guardianship of a child.

In response to a question about whether they, their family, or the children's birthparents were treated unfairly due to race by anyone involved in their placement with DCFS, 8% of caregivers responded "yes." Black caregivers among this 8% shared the following experiences: having to fight to get a child relative placed with them, despite them being approved caregivers; experiencing discrimination from a caseworker; and being met with an "oh we've been here before attitude" that seemed based on race; observing that caregivers with White foster children were provided "better resources." These results are consistent with the findings of previous studies across the country.

On the survey of professionals, White caseworkers were:

- more than twice as likely as Black caseworkers to respond that there was no difference in permanency planning for Black families compared to White families
- almost four times as likely to perceive no differences in child welfare system supports for Black children and their families compared to White children and their families

Black caseworkers, on the other hand, were:

- almost five times more likely to agree that "Children are reunified more quickly in White families than in comparable Black families"
- more than three times more likely to agree that "The courts give Black birth families less time than White families before moving to terminate parental rights"
- almost three times as likely to agree that "Children are more likely to be reunified in White families than in comparable Black families"
- more than seven times as likely to agree that "Adoption is pushed more for Black than for White caregiving families", though both percentages were small
- almost five times more likely to agree that "Guardianship is pushed more for White than Black caregiving families", though both percentages were small

On the caregiver survey, Black caregivers had significantly lower mean ratings than White caregivers on:

- Judges' comfort in working with Black families
- Judges' effectiveness in working with Black families
- Judges' and caseworkers' respect for Black fathers
- How culturally appropriate caseworkers are with Black families

The substantial differences between White and Black caseworkers and caregivers in their perceptions is consistent with studies that show that Black people perceive more racism than White people. One possible explanation is that some caseworkers and supervisors in predominantly White geographic areas may have limited experience with Black clients. Black professionals' own experience of racism and investment in fellow Black people are likely to make them more aware of signs of racism, while White people may be motivated to use a higher threshold and be less sensitive to behaviors that Black people might experience as racist. Another factor may be differences in understanding historical and structural racism. Some studies have shown that increasing White people's understanding of the oppression that Black people have experienced in our nation's history and in white privilege in society may give White people a better appreciation of current racism, though some studies suggest this may have no effect or even increase denial.

Analysis of DCFS administrative data corroborates the statements "Children are more likely to be reunified in White families than in comparable Black families" and "Children are reunified more quickly in White families than in comparable Black families." Likewise, other research has shown that termination of parental rights in Illinois is more common for Black birth families than White. The fact that many respondents to the professional survey were not aware of these statistical differences suggests the need for greater education of permanency professionals on racial disparities on permanency outcomes. Another issue is that almost a third

of respondents to the survey of permanency caseworkers and supervisors reported that Black professionals are underrepresented in some professional roles dealing with child permanency.

In our interviews, professionals were mixed in their appraisal of the quality and impact of the training on racial bias they had received. Only a small proportion of survey respondents provided suggestions for additional training or support to address racial bias. Clearly, more learning regarding racial bias and its effect on permanency practice is needed, but current approaches to training may be insufficient. We cite a case study of two counties that successfully prioritized training related to racial equity. Two strategies that could be fully implemented to support permanency staff and others in engaging with families in culturally competent and culturally humble ways are reflective supervision (which is part of the DCFS Model of Supervisory Practice) and critical reflective practice in casework (which is part of the DCFS Core Practice Model).

To address the racial concerns identified in this study, Illinois could build on other work in the state to promote racial equity. This includes the DCFS Race Equity Blueprint, and the 2007 Regional Transformation Teams and Racial Equity Impact Assessment Tool developed as part of the Permanency Enhancement Symposiums. Illinois courts developed the Court Improvement Racial Justice Steering Committee to train judges. Recent efforts include a) DCFS' Child Welfare Advisory Committee (CWAC) on Racial Equity, which is developing an Anti-Racism and Equity Assessment and Race Equity Toolkit and the legislatively mandated multi-stakeholder Racial Disproportionality in Child Welfare Task Force.

Chapter 7: Recommendations for Policy and Practice

A summary list is below. More detailed information arguing for these recommendations and providing information on implementing them is in the chapter.

1. Conduct a process assessment of permanency practices related to adoption and guardianship.
2. Develop safeguards to reduce delays in progress toward permanency caused by caseworker turnover.
3. Improve communication with caregivers about permanency options for the child(ren) in their care
4. Increase the availability of services needed to prepare for different permanency options and support the transition
5. Provide thorough assessments of children and families in preparation for both adoption and guardianship
6. Address obstacles related to licensing status
7. Launch a statewide education campaign for permanency professionals, including caseworkers, DCFS Legal, and DCFS attorneys, on guardianship and subsidies
8. Communicate with judicial and legal permanency professionals about the changes to the Juvenile Court Act of 1987
9. Investigate the need for further amendment of provisions in the Juvenile Court Act of 1987 that prioritize adoption over guardianship
10. Develop knowledge-building methods for recognizing and celebrating guardianships with the general public
11. Develop cultural competency and cultural humility among permanency supervisors and caseworkers
12. Provide additional training to permanency professionals on racial inequities
13. Develop practices that honor the voice of Black professionals in child welfare
14. Honor and learn from Black families and caregivers' lived experience and expertise
15. Collaborate with the Child Welfare Advisory Committee on Racial Equity
16. Prioritize ongoing work with the Racial Disproportionality in Child Welfare Task Force.
17. Increase access to behavioral health services, substance abuse services, family support, and other services in underserved communities with large proportions of Black families
18. Increase efforts to hire more professionals in underrepresented groups in permanency work

Chapter 8: Recommendations for Future Research

Administrative data studies could a) examine the differences between guardianship cases and other cases on a range of different factors, such as geographic area; child, caregiver, and family characteristics; licensing status; and permanency outcomes; b) examine what factors increase and decrease the likelihood of achieving permanency for those with a guardianship goal and the length of time needed. Case record review studies

could code data in guardianship and comparison cases on such factors as birthparents' substance abuse and mental health problems, visitation and child contact with birthparents, quality of the relationship between the caregiver and birthparent and child and birthparent, caregiver licensing status, reasons for seeking guardianship, permanency outcomes, changes in custody, and child well-being outcomes. This research could further examine how variables such as the birthparent-caregiver relationship predict achieving permanency.

Follow-up studies could examine outcomes of guardianship once it is achieved. Studies could examine visits with birthparents, quality of children's relationship with guardians and birthparents, child well-being outcomes, children's future plans, case disruption and discontinuities and circumstances leading to them, birthparent petitions to regain custody and their outcome, and subsequent reports of abuse and neglect against guardians or birthparents.

Researchers could conduct an implementation study to examine how frequently and in what circumstances agencies implement permanency planning with fidelity to the principles underlying it. Studies could also examine how frequently and in what circumstances timely permanency is achieved. A survey of permanency professionals on their understanding of the Juvenile Court Act of 1987 could assess whether they now understand the 2021 amendment to the law and have changed practice accordingly.

Finally, this research explored the perspectives of permanency professionals and caregivers on permanency planning. Future research can explore the perspectives of birthparents and youth on the permanency planning they have experienced.





Chapter 1

Introduction and Policy Context

When children are removed from their homes because of maltreatment, the goal of the Illinois Department of Children and Family Services (DCFS) is to return them to a loving, safe, stable, and permanent home as soon as possible. Ideally, children are reunified with their birthparents, but when this cannot be done safely, DCFS seeks to place children and youth in other permanent homes. Unfortunately, the most recent statistics show that 46.4% of children and youth who entered substitute care from DCFS in 2020 were not placed in a permanent home within three years.¹¹ Some never find permanent homes: in 2021, 676 Illinois youth aged out of substitute care without ever returning to a permanent home during their childhood.¹² The difficulty of placing children in permanent homes is worse for Black children in substitute care. While a majority of White children entering substitute care with DCFS in 2020 reached a permanent home within three years (59.0%), less than half of Black children did (47.1%).¹³

This rate has consistently been higher for White children for a number of years. Adoption has traditionally been the preferred permanency option for children who cannot be reunified, but it can be difficult to achieve, and adoption rates after three years have been lower for Black than for White children. In 2020, 4.5% of Black children in substitute care in Illinois were adopted within three years versus 12.1% of White children.¹⁴

This report discusses one rarely used permanency option: guardianship. With guardianship, a caregiver becomes the permanent caregiver of the child but does not adopt the child. Usually the guardian receives a subsidy from DCFS to support the child's care. This is referred to as subsidized guardianship. In the majority of cases, the guardian is kin to the child, such as their aunt/uncle, grandparent, or older sibling. Fictive kin

11. Children and Family Research Center (2023). [Permanence within 36 months \(by permanence type\)](#).

12. This is the most recent statistic from the federal Children's Bureau. Children's Bureau (2023). [Child welfare outcomes report data](#).

13. Children and Family Research Center (2023), *ibid*.

14. Children and Family Research Center (2023), *ibid*. The three-year adoption rate in 2020 was 4.2% for Latinx children and 8.5% for children in the Other race-ethnicity group.

(nonfamily members with a close relationship with the child or the child’s family, such as a teacher, neighbor, or a long-term foster parent) may also take on this role. At the time that guardianship is awarded, the guardian has already been providing stable and loving foster care for the child. As one review described it, guardianship in Black families is consistent with “the value placed on extended family and taking care of one’s own,” and “draws on deeply rooted traditions of kinship networks in African cultures and in African American communities”.¹⁵ With guardianship, birthparents’ rights do not need to be terminated, so typically one or both of the birthparents will retain some parental rights, including the right to visitation. Birthparents can also, at a later time, petition the court to regain custody of their children. Many kin caregivers are committed and able to provide children permanent homes, but they do not want to terminate the parental rights of the birthparent, who is often a close relative such as their son, daughter, or sibling. More effective use of guardianship may help increase the number of children and youth in substitute care who reach a permanent home. At present, guardianship is used as a permanency option for small percentages of youth in DCFS custody: The Children and Family Research Center’s Data Center¹⁶ shows that only 2.0% of children who entered DCFS substitute care in 2020 had exited DCFS to guardianship by 2023. Larger percentages were reunified (43.0%) or adopted (8.4%), but 46.4% remained in substitute care (see below for the corresponding percentages for White and Black children over an eight-year period). Of those who entered substitute care in 2020, 3442 remained in substitute care in 2023.

This report supplements four previous reports from our research program, Exploring the Role of Guardianship in Effective and Equitable Permanency. These reports present results from surveys and interviews with both caregivers and permanency professionals (see the preamble above for more description of the four studies). Caregivers and professionals involved with the Illinois Department of Children and Family Services (DCFS) participated in our studies. This report reviews the policy context for our research program and discusses the lessons learned from our findings, drawing from the results of all four studies.

Rationale for Guardianship as a Permanency Option

Proponents argue that subsidized guardianship provides a stable and secure permanency option that “build[s] on the inherent strengths of families”¹⁷. It is typically based on the long-term commitment of kin caregivers such as grandparents and aunts/uncles or fictive kin caregivers to provide a loving, stable, and permanent home to children whose parents cannot safely raise them. These families often have long-standing close ties and histories of supporting children within the extended family. In this circumstance, a kin caregiver adopting the child can strike family members as unnecessary given the history and function of extended family ties. In many families, it is a given that grandma, grandpa, aunt, or uncle will help care for the child. Many have already been providing this care informally prior to the involvement of the Illinois Department of Children and Family Services (DCFS). The family may experience adoption as an external imposition to reorder their relationship with the child and family. Grandmothers, grandfathers, aunts and uncles often recoil from being recast in the role of mom or dad, which adopting the child implies. Kin caregivers may reject the termination of parental rights that adoption requires, feeling that this legal disconnection from birthparents and siblings is an injury to the child and the family as well as the birthparent. They may also want birthparents to retain the rights that guardianship allows, such as rights to visitation and consent to adoption. They may retain hope that the birthparents may be able to make changes in the future that enable them to provide a stable, safe and loving home for children. Caregivers may appreciate that guardianship enables courts to grant this if in the future it is in the best interest of the child.

15. Cross, et al. (2004), *ibid.*

16. Children and Family Research Center (n.d.) [Children and Family Research Center Data Center](#).

17. Bissell, M. & Miller, J.L. Introduction. In Bissell, M. & Miller, J.L. (2004) [Using subsidized guardianship to improve outcomes for children: Key questions to consider](#). Children’s Defense Fund. p. 1.

See also Testa, M. F. (2005). The quality of permanence lasting or binding subsidized guardianship and kinship foster care as alternatives to adoption. *Virginia Journal of Social Policy & the Law*, 12(3), 499-534

Testa (2022), *ibid.*

While the value of guardianship is easily seen as honoring the child's connection to the birthparents and maintaining the extended family, additional factors support its use as a permanency option.¹⁸ When birthparents are incapable of caring for their child safely, but love them and contribute to their well-being, guardianship offers legal protection for their visitation and continued involvement. In these situations, guardianship can support the relationship between the child and their birthparents and avoid the trauma to the child and family associated with termination of parental rights. The guardian and birthparent may develop a co-parenting arrangement. In this way, guardianship provides an avenue for permanency and exit from DCFS care in cases where termination of parental rights is not warranted or necessary to protect the child. Pushing for termination of parental rights to allow for adoption may not be possible or may result in unnecessary harm to the child and their family. One added benefit of guardianship for some children who are attached to their birthparents is the opportunity to retain their original birth certificate and legal relationship to their birthparents and siblings.

In discussing guardianship as a policy option, Testa has made the distinction between lasting and binding permanence.¹⁹ Lasting permanence refers to permanence that results from the enduring relationships and emotional ties that connect caregivers to the child. Binding permanence refers to a legal responsibility of caregivers to care for the child. The argument for guardianship as a permanency option is based on the lasting relationship of the caregiver and child. The chief arguments against guardianship as a permanency option are based largely on the reality that guardianship is not as legally binding as adoption. This means that it is more difficult for an adoptive parent to terminate custody. Other concerns about guardianship have also been voiced by some of our research participants and colleagues learning about our findings. These include:

- the reality of guardianship ending when a child turns 18;
- the fact that the probate court case remains open and birthparents can petition to regain custody, with potential risk to the child and legal expense to the guardian;
- the potential for guardians and birthparents to abuse the system and collaborate to enable birthparents to assume a sort of shadow custody;
- some caregivers' lack of understanding of guardianship when permanency decisions are made.

In discussing the implementation of subsidized guardianship in Illinois, Cohen has mentioned court professionals who felt that the value of the binding permanence of adoption should lead in some cases to child removal from stable kin placements in favor of kin or non-kin homes that would commit to adoption.²⁰ We are not aware of data on how often this has happened. However, critics argue that privileging adoption over guardianship can, in some cases, interfere with existing lasting permanence in relative homes, harming the child.

The Policy of Preferring Adoption to Guardianship

Guardianship has been used as a permanency option in child welfare for decades,²¹ but both law and policy statements have typically favored adoption over guardianship when reunification is not possible. Both the federal Adoption Assistance and Child Welfare Act of 1980 and the federal Adoption and Safe Families Act of 1997 (ASFA) enabled states to use federal funds to support adoptive parents of foster children, but not when their caregivers are guardians.²² Federal legislation in 2004 and 2008 that provided financial support for subsidized guardianship restricted this to licensed relative guardians who had provided foster care to the child and required that adoption was ruled out before families were eligible for federal funds for subsidized guardianship. In a report to Congress, the federal Children's Bureau stated, "guardianship does not provide

18. Testa, M. F. & Miller, J. (2014). Evolution of private guardianship as a child welfare resource. In Mallon, G. P., & Hess, P. M. (Eds.). *Child welfare for the twenty-first century: A handbook of practices, policies, & programs*. (pp. 405-422). Columbia University Press.

19. Testa & Miller (2014), *ibid*.

20. See Cohen, L. (2004). Rule out. In Bissell, M. & Miller, J.L. [Using subsidized guardianship to improve outcomes for children: Key questions to consider](#). Children's Defense Fund. pp. 49-56.

21. Testa, M. F. (2004). When children cannot return home: Adoption and guardianship. *The Future of Children*, 115-129. Testa & Miller (2014), *ibid*.

22. Testa (2004, 2022), *ibid*.

the same protections against later, unexpected changes in custody that adoption does and may be seen as less than a total commitment to permanency.”²³

The Adoption and Permanency Guidelines of the National Council of Juvenile and Family Court Judges clearly states a preference for adoption over guardianship. The following passage makes this clear:

The first preferred option for permanency is reunification with the biological parents. The next preferred option is adoption by the relative or foster family with whom the child is living. The next preferred option is adoption by an appropriate family with whom the child has a positive existing relationship (but is not living with) – i.e., a relative, former foster parent or adopting family of a sibling. The next preferred option is recruitment of a new family who will adopt the child. Permanent guardianship or permanent custody is the final preferred option for permanency when adoption is not possible or exceptional circumstances exist, but only if the relationship meets the legally secure components described in the next section.²⁴

The NCJFCJ Guidelines also discuss criteria for determining whether an acceptable permanency plan could be established for guardianship. Key criteria include the establishment of a legally binding obligation for the caregiver to care for the child, the absence of an option for birthparents to petition the court to terminate the guardianship, and the option of changing custody of the child only if there is clear and convincing evidence that the custodian is unfit or has abused or neglected the child. Because Illinois law both allows birthparents to petition the court to try to regain custody, and does not present legal obstacles to guardians returning children to DCFS custody, guardianship in Illinois does not meet the NCJFCJ criteria for an acceptable permanency plan. Below we quote in its entirety the text from the Guidelines on the criteria for an acceptable permanency plan:

Permanency includes the following characteristics:

- A judicially created relationship that is intended to be permanent and self-sustaining; a relationship that will last through the child’s minority and continue with lifetime family relationships;
- A legal relationship that is binding on the adults awarded care, custody and control of the child;
- The parents in the permanent family have the right to protect, educate, have care and control of the child, have decision-making authority including medical care and discipline and have the power to represent the child in legal proceedings;
- The family is free from supervision by the child welfare agency and monitoring by the court;
- Biological parents cannot petition the court to terminate the relationship; and
- The court will only consider a change of custody if there is clear and convincing evidence that the custodian is unfit or has abused or neglected the child.²⁵

A focus on the comparison of adoption and guardianship could overlook an important factor. Any analysis of adoption and guardianship needs to consider that sometimes guardianship is the only viable permanency option. In some cases, no one can be found who is willing to adopt a child or youth. Also, youth age 14 or older in Illinois have the right to veto an adoption plan as well as a guardianship plan. Guardianship may be the only alternative to a youth remaining in and aging out of foster care. Comparing adoption and guardianship as if there is always a choice between the two is specious, because adoption is never an option in some guardianship cases. We will return to this point below when we discuss the stability of adoption and guardianship.

The Historical Context of Subsidized Guardianship

The historical context of guardianship and child welfare dates back to the 1950s.²⁶ Children’s services professionals determined that a significant number of children who were dependent, neglected, and receiving money from federal cash assistance programs had no one to protect them as natural parents do for their children. Some child welfare experts in the 1960s published work that promoted guardianship as

23. Children’s Bureau. (2000). [Report to the Congress on Kinship Foster Care](#). Washington, DC: Author. This was also quoted in Testa (2022), *ibid*.

24. National Council of Juvenile and Family Court Judges (2000), *ibid*, p. 14.

25. National Council of Juvenile and Family Court Judges (2000), *ibid*, pp. 14-15.

26. Testa & Miller (2014), *ibid*.

a permanency option. In the 1970s, the preferred permanency goal for children who could not be reunified shifted to adoption. This reflected a new, broader view of adoption that encompassed kin caregivers as potential adoptive parents.

In the 1980s, a shortage of non-family foster caregivers and growing attention to the value of maintaining ties to family and culture led to an increase in the proportion of children entering substitute care being placed with kin caregivers.²⁷ Substantial increases in kinship foster care in the 1980s created many situations in which kinship caregivers were committed to taking care of the children permanently, but unwilling to adopt for the reasons we described above. This led to a resurgence of interest in guardianship and the first state programs for subsidized guardianship were established in the 1980s.²⁸ Such organizations as the Child Welfare League of America, the American Bar Association, and the American Public Welfare Association endorsed subsidized guardianship as a permanency option in the 1990s.²⁹ Interested in testing guardianship as a permanency option, the Federal government issued temporary demonstration waivers in 1996 to seven states (including Illinois – see below) to enable them to use federal Title IV-E funds to support guardianship. The federal Adoption and Safe Families Act of 1997 first included guardianship as a permanency option.

Growing use of guardianship led to recognition of the need to obtain permanent Federal funding to support guardian homes. The 2004 Kinship Caregiver and Support Act and the 2008 Fostering Connections to Success and Increasing Adoptions Act allowed states to use Title IV-E funding to subsidize guardianship placements for children placed with relatives who had been their foster parents. They gave states the option to use Title IV-E funding to provide guardianship assistance to support permanency for children and youth...

- who have been in foster care with a licensed relative providing the care for at least six months
- for whom reunification with their parents and adoption are not appropriate permanency options

By 2009, 38 states (including Illinois) and the District of Columbia offered subsidized guardianship as a permanency option.

The Illinois Subsidized Guardianship Waiver

As mentioned, in 1996 the federal government granted Illinois a demonstration waiver to provide subsidized guardianship as an option for permanency under Title IV-E of federal law, with the stipulation that reunification, long-term foster care, and adoption needed to be ruled out before guardianship could be considered.³⁰ The project was offered both to caregivers who were related to the child and caregivers who were unrelated to the child. It provided a monetary subsidy comparable to what a licensed foster caregiver or adoptive parent would receive. Through this five-year statewide initiative, 6,822 children were transferred from DCFS to private guardianship from 1997 to 2002, 3,877 were returned home, and 14,468 were adopted.

The program evaluation of the waiver showed that the number of children in long-term foster care was reduced, and the withdrawal of involvement from DCFS through permanent placements did not result in higher rates of subsequent indicated reports of abuse or neglect.³¹ During the demonstration, stakeholder groups challenged the requirement that adoption be ruled out before guardianship could be considered. They believed that subsidized guardianship should be presented concurrently with the other options allowing the family to take the lead in deciding the best option for the child.

The evaluation also revealed that harm to children in guardian homes was rare.³² The vast majority of children in guardian homes interviewed in the Illinois waiver evaluation felt that their home was stable, and they were part of the family all or most of the time – results no different from children in adoptive homes. Guardians interviewed in the Illinois waiver study understood that their commitment was permanent; this was clear though some did not understand the difference between a guardian and an adoptive parent.

27. Testa (2004), *ibid*.

28. Bissell & Miller (2004), *ibid*; Testa & Miller (2014), *ibid*.

29. Testa & Miller (2014). *ibid*.

30. Testa, M.F. Cohen, L. & Smith, G. (2003). [*Illinois Subsidized Guardianship Waiver Demonstration Final Evaluation Report. Chicago: Illinois Department of Children and Family Services.*](#)

31. Testa, Cohen, & Smith (2003), *ibid*.

32. Testa, Cohen, & Smith (2003), *ibid*.

2021 Amendment of the Illinois Juvenile Court Act of 1987

The Illinois' Juvenile Court Act of 1987 lists seven permanency goals that juvenile court judges choose from at a permanency hearing. These include return home within five months, remain in short-term care with the continued goal to return home, substitute care pending termination of parental rights, adoption, guardianship, and substitute care pending independence.³³ Until 2021, the act stated that adoption needed to be “ruled out” in order for guardianship to be set as a permanency goal.³⁴ Although the original Illinois Juvenile Court Act of 1987 did not specify what “ruled out” meant, it was often interpreted as meaning that adoption is preferred. Cohen describes a practice in which Illinois caseworkers focused efforts on securing adoption in cases where reunification is not possible. These caseworkers would not inform caregivers that guardianship was an option until all possibility of adoption had been “ruled out,” leaving many families in the dark about this option for permanency. Caseworkers justified this in terms of implementing the guideline of “ruling out” adoption. This process of “ruling out” adoption was also sometimes used as justification to remove a child from a relative placement to a non-relative caregiver who would be willing to adopt the child.

A July 2021 amendment to the Juvenile Court Act of 1987 established updated conditions under which the court can decide on guardianship. The amended law states that subsidized guardianship can only be undertaken if adoption is “deemed inappropriate and not in the child’s best interests.” The text just quoted replaced previous text that indicated that adoption must be “ruled out.” The Act also requires that “the court shall confirm that the Department [DCFS] has discussed adoption, if appropriate, and guardianship with the caregiver prior to changing a goal to guardianship.” The statute still defines “subsidized guardianship” as “a private guardianship arrangement for children for whom the permanency goals of return home and adoption have been ruled out.” A Deputy Director of DCFS explained to us that the intent of the amendment was twofold.³⁵ One aim was to ensure that caregivers are informed that both adoption and guardianship can be options, subject to the court’s decision. A second aim was to ensure that kin and fictive kin caregivers who would prefer guardianship are not pressured to adopt under the threat of moving the child from their stable placement to a pre-adoptive home with a stranger.

In our interviews with permanency professionals, we asked about their knowledge about the changes to the Juvenile Court Act and their predictions of the effect of these changes. All of those interviewed either were unaware of the amendment or lacked knowledge of its substance. This is understandable, as the bill was new when we conducted our interviews. Despite the amendment, many of these interviewees talked about the need for adoption to be “ruled out” in order to go forward with guardianship. When we conducted the survey of professionals a few months later, just over one-fifth (21%) indicated that they were not familiar with the amendment or only slightly familiar with it. On the other hand, just over half (53%) of respondents to the professional survey indicated they were moderately or extremely familiar with the amendment, though we have no way of assessing the accuracy of this self-report.

Current DCFS Promotion of Guardianship as Permanency Option

DCFS currently has a working group to support greater use of guardianship as a permanency option. DCFS staff working on this initiative originated the idea for the current study in partnership with the Children and Family Research Center, which pursued and won the university grant to conduct the current study (see the preamble at the beginning of this report). DCFS staff were instrumental in advocating for the change in the Illinois Juvenile Court Act of 1987 that we described in the last section. DCFS recently updated the information pamphlet available to prospective caregivers explaining adoption and subsidized guardianship and the recommended criteria for choosing each.³⁶ DCFS has developed a logic model for increasing the use of guardianship as a permanency option.³⁷ Among the strategies laid out in the logic model for accomplishing this are the following:

33. See Illinois General Assembly (2022). [Illinois Compiled Statutes. COURTS \(705 ILCS 405/\) Juvenile Court Act of 1987.](#)

34. See Cohen (2004), Ibid.

35. Personal communication, Julie Barbosa, Chief Deputy Director, Strategy & Performance Execution, Illinois Department of Children and Family Services, October 21, 2021.

36. Illinois Department of Children and Family Services (n.d.) [Making the adoption/guardianship decision.](#)

37. Illinois Department of Children and Family Services (2023). *Subsidized guardianship logic model (statewide)*. Chicago, IL: Author.

- Increase training and communication on the benefits of guardianship as a permanency option
- Inform caregivers of financial and other benefits of guardianship
- Increase case review of youth in care with appropriate goals, using a permanency option tool.
- Develop and implement strategies with juvenile court officials to increase acceptance of guardianship as an appropriate permanency option
- Increase use of waivers for non-safety license requirements in relative homes

As of this writing (February 2024), a DCFS task group is undertaking a communications campaign to educate the field about subsidized guardianship.

Data on the Stability of Guardianship in Illinois

Stability is a central outcome connected to the very purpose of a permanent placement. Children should be stable within the placement and adoptive parents and guardians should nurture children for the entirety of their childhood. Occasionally, permanency in a guardian home means transition back to birthparents if that is in the best interest of the child. An uninterrupted stay is permanent. Sadly, however, sometimes adoptive parents and guardians are unable or unwilling to continue caring for a child and the child is returned to DCFS custody.³⁸ The likelihood of a placement remaining stable is an important criterion for deciding on a permanency option that is in the best interest of the child.

One theme that has pervaded policy development is the belief that adoption is more stable than guardianship, so it is worthwhile to examine statistical data on stability from the Children and Family Research Center’s Data Center. Using six years of data from Illinois DCFS’ Integrated Database of client data, we calculated the rates at which adoption and guardianship were still stable after two years, five years and ten years (see Table 1). Stability was defined as not re-entering substitute care through DCFS. Note that changes in guardianship outside of DCFS were not counted. If a birthparent regained custody from the guardian in court, for example, it was not counted as an unstable guardianship in the below statistics.

Table 1

Stability of Adoption and Guardianship Over Different Time Periods

	Adoption	Guardianship
Two years	99.1% ^a	97.3% ^b
Five years	97.8% ^c	94.5% ^d
Ten years	95.4% ^e	90.8% ^f

Note. ^a N=12,005, adoptions from 2015 to 2021, ^b N=2,876, guardianships from 2015 to 2021, ^c N= 11,722, adoptions from 2012 to 2018, ^d N=2,888, guardianships from 2012 to 2018, ^e N=10,531, adoptions from 2007 to 2013, ^f N=2,995, guardianships from 2007 to 2013.

As Table 1 illustrates, a large percentage of both adoptions and guardianship were stable, even over a ten-year period. The stability rates are somewhat lower for guardianship at each time period, with the difference between adoption and guardianship increasing somewhat as the time interval increases.

However, statistical differences between adoption and guardianship are misleading, because the children and youth placed in guardian homes differ from those placed in adoptive homes as do the characteristics of their cases. Rolock and White (2017) conducted a sophisticated statistical comparison of adoption and guardianship in Illinois.³⁹ They found that youth placed in guardian homes were almost two years older, on average, than children in adoptive homes, were more likely to be in placement with siblings, and were slightly more likely to be Black.

There are several reasons why youth in guardian homes are older than youth in adoptive homes. As we will see below, many professionals envision permanent guardianship as an option mostly for older youth. Also, the

38. Rolock, N. (2015). Post-permanency continuity: What happens after adoption and guardianship from foster care? *Journal of Public Child Welfare*, 9(2), 153-173.

39. Rolock & White (2017), *ibid.*

fact that youth aged 14 and older in foster care are entitled to veto adoption in itself shifts the age distribution of guardianship toward older youth. These youth can also veto a guardianship, but may be less likely to do so because guardianship does not involve terminating their parents' rights. Older youth in a substitute care placement are more likely to assert their wishes and influence decision-making, and they are also more likely to have emotional and behavioral problems that might lead to a disruption of a guardianship. The differences in age between youth in guardian and adoptive homes could explain much of the difference in stability between these two permanency options.

Moreover, it is also problematic to compare guardianship and adoption because many children who go to guardian homes have no prospects for being adopted,⁴⁰ because no adoptive parent is available, the youth refuses adoption, or other reasons. If these children had not been placed in guardian homes, they would not be adopted, so it is not sensible to compare them to children in adoptive homes as if this were truly an alternative for these children.

Studies that have taken the case differences between the two groups into account have found no differences in stability between adoption and guardianship in Illinois. Matching cases to make the groups comparable, Testa (2010) found equally high stability rates for guardianship and adoption.⁴¹ Using the same matching method, Rolock and White (2017) compared groups on discontinuities in Illinois, which included returning to DCFS substitute care but also included the end of subsidies because of the death of the guardian or adoptive parent, return to biological parents, or a switch to a new guardian.⁴² Rolock and White argued that the most appropriate comparison to make was guardianship versus adoption + long-term foster care, because the alternative to guardianship in many cases was only long-term foster care, not adoption. This made the combined adoption + long-term foster care group the best comparison group. Though the discontinuity rate was slightly higher for guardianship in a straight comparison with adoption (11% for guardianship vs. 6% for adoption), the discontinuity rate was the same when guardianship was compared to the adoption + long-term foster care group (11% for guardianship vs. 11% for the combined adoption/long-term foster care group).

Racial Disparities in Permanency Outcomes in Illinois

As we discussed in the Project Background and Purpose section at the beginning of this report, there is a significant racial disparity in permanency outcomes in Illinois. The need to address this racial disparity is one motivation for our research program, because more frequent and effective use of guardianship could potentially help reduce this disparity. Below we present statistics on racial disparity for different permanency outcomes in Illinois. These statistics were retrieved from the Children and Family Research Center's interactive Data Center.⁴³ We also cite relevant results from other regions and from the country as a whole. This will help readers increase their understanding of the problem, and will also provide perspective on the results from our survey on caseworkers' and casework supervisors' perceptions of racial disparity in permanency outcomes, which we discuss in Chapter 5. We focus on Black and White children, because the number of children in other racial-ethnic groups in substitute care through DCFS is comparatively small.

Figure 1 shows a small but consistent advantage over an seven-year period in the percentage of White children who were reunified in Illinois. A caveat is that we do not know whether the populations of Black and White children in DCFS differ on other characteristics related to reunification, such as child age. Studies in other U.S. states are mixed on whether reunification rate differs by child race,⁴⁴ while a national study found no significant

40. Rolock & White (2017), *ibid.*

41. Testa, M. F. (2010). Evaluation of child welfare interventions. In M. F. Testa, & J. Poertner (Eds.), *Fostering accountability: Using evidence to guide and improve child welfare policy* (pp. 195–230). New York: Oxford.

42. Rolock & White (2017), *ibid.*

43. Children and Family Research Center (n.d.). [Data Center](#).

44. See, e.g., Akin, B. A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. *Children and Youth Services Review*, 33(6), 999-1011.

Connell, C. M., Katz, K. H., Saunders, L., & Tebes, J. K. (2006). Leaving foster care—The influence of child and case characteristics on foster care exit rates. *Children and Youth Services Review*, 28(7), 780-798.

Miller, M. (2008). *Racial disproportionality in Washington State's child welfare system*. Olympia: Washington State Institute for Public Policy.

difference in reunification rates between Black and White children across states.⁴⁵ A 2007 Oklahoma study found that the time to reunification was significantly greater for Black children.⁴⁶

Figure 2 shows that White children in Illinois were consistently more likely than Black children to be adopted from DCFS over a seven-year period. A 2008 national analysis of child welfare data that controlled for child age similarly showed that children in several racial-ethnic groups (White, Asian, Hawaiian, Pacific Islander) were significantly more likely to be adopted from child welfare than Black children, and several older studies cited in the 2008 article also show higher adoption rates for White children.⁴⁷ Figure 3 shows that rates of exiting DCFS foster care to guardianship within 36 months of placement were low. The percentage who did was consistently slightly higher for White children than Black children.

Children who do not exit foster care for a permanent placement remain in foster care, so a corollary to Black children having lower rates of reunification, adoption and guardianship is longer stays in foster care. As Figure 4 shows, the median length of stay for Black children in Illinois in substitute care was consistently 4 to 12 months longer than for White children. To the extent that children still in foster care have a goal of reunification, this is relevant to judging Black children's time to reunification. We conducted an additional analysis of Black and White children who had been reunified within three years, and found little difference by race in whether children were reunified in the first year, second year, or third year. What we do not know is how many Black children with a goal of reunification are still waiting to reunify after more than three years in foster care. That is beyond our capacity to analyze now, but should be addressed in future research.

There are also racial disparities in the termination of parental rights (TPR). In addition to being a wrenching event for many children and parents,⁴⁸ termination of parental rights has a major impact on permanency outcomes, because it indicates the end of efforts to reunify children in substitute care with the home they were removed from.⁴⁹ It also paves the way for adoption, which is only possible after termination of parental rights. Permanent guardianship does not require termination of parental rights. The federal Adoption and Safe Families Act requires states to terminate parental rights if children have been in foster care for 15 out of the most recent 22 months, unless the child is being cared for by a relative, the state documents a compelling reason that filing for TPR is not in the child's best interest, or the state has not provided the services families were supposed to receive.⁵⁰ TPR is supposed to enable adoption, but many children remain in foster care with an adoption goal but no adoption, and some children age out of foster care with their parents' rights having been terminated without ever having been adopted.

Wildeman and colleagues found that 2.8% of Black youth in Illinois experienced the termination of the parental rights of both parents from 2000 to 2016, compared to 0.5% of White youth.⁵¹ The disparity was not restricted to Illinois: nationally, 1.7% of Black youth experienced TPR of both parents, compared to 0.7% of White youth. The fact that TPR is required after 15 months while adoption may be delayed or never happen at all after TPR helps explain the seemingly paradoxical finding that Black children are more likely than White children to have their parents' rights terminated but less likely to be adopted.

Osterling, K. L., Lee, P. A., & Hines, A. H. (2012). The influence of family reunification services on racial/ethnic disparities in permanency outcomes for children in the child welfare system. *Journal of Public Child Welfare*, 6(3), 330-354.

45. LaBrenz, C. A., Findley, E., Graaf, G., Baiden, P., Kim, J., Choi, M. J., & Chakravarty, S. (2021). Racial/ethnic disproportionality in reunification across US child welfare systems. *Child Abuse & Neglect*, 114. <https://doi.org/10.1016/j.chabu.2020.104894>

46. McDonald, T. P., Poertner, J., & Jennings, M. A. (2007). Permanency for children in foster care: A competing risks analysis. *Journal of Social Service Research*, 33(4), 45-56.

47. Snowden, J., Leon, S., & Sieracki, J. (2008). Predictors of children in foster care being adopted: A classification tree analysis. *Children and Youth Services Review*, 30(11), 1318-1327.

48. Creamer & Lee (2022), *ibid.*

49. Wildeman, C., Edwards, F. R., & Wakefield, S. (2020). The cumulative prevalence of termination of parental rights for US children, 2000–2016. *Child Maltreatment*, 25(1), 32-42.

50. Golden, O., & Macomber, J. (2009). Framework paper: The Adoption and Safe Families Act (ASFA). In The Urban Institute (Ed.). *Intentions and Results A Look Back at the Adoption and Safe Families Act*. Washington, DC: The Urban Institute.

51. Wildeman et al. (2020), *ibid.*

Figure 1

Rates of reunification of Illinois children within 36 months, comparison of Black and White children

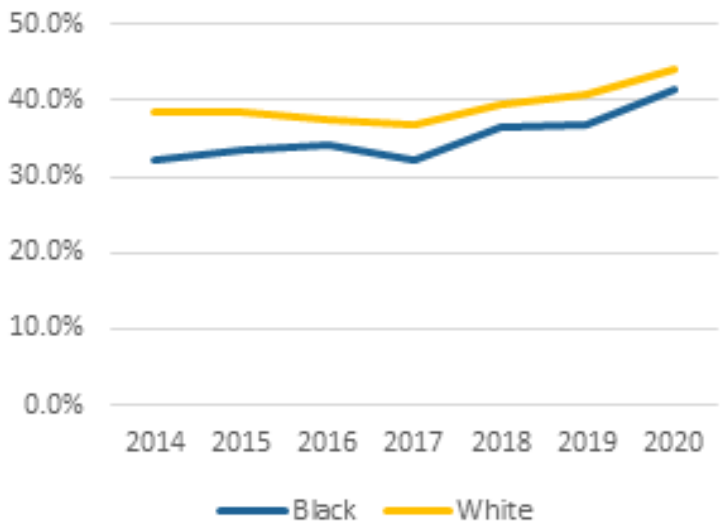


Figure 2

Rates of Adoption within 36 Months of Placement, Illinois Children in DCFS Substitute Care by Race

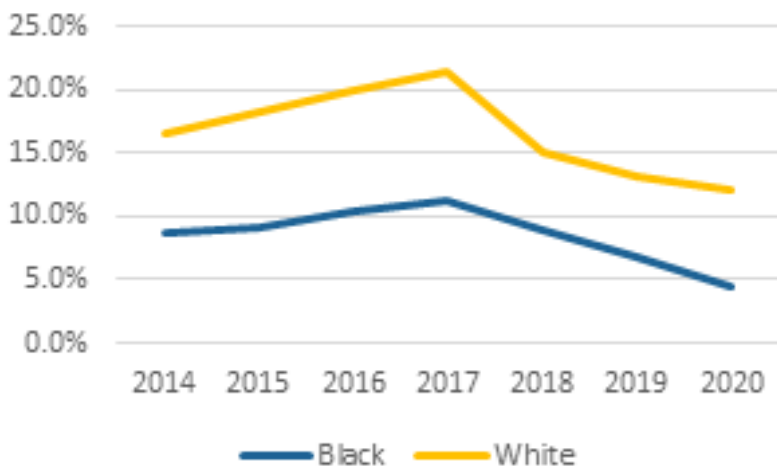


Figure 3

Rates of Guardianship within 36 Months of Placement, Illinois Children in DCFS Substitute Care by Race

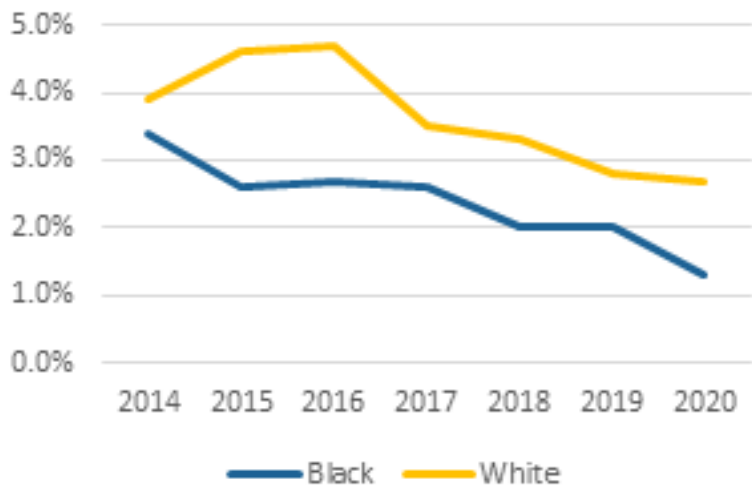
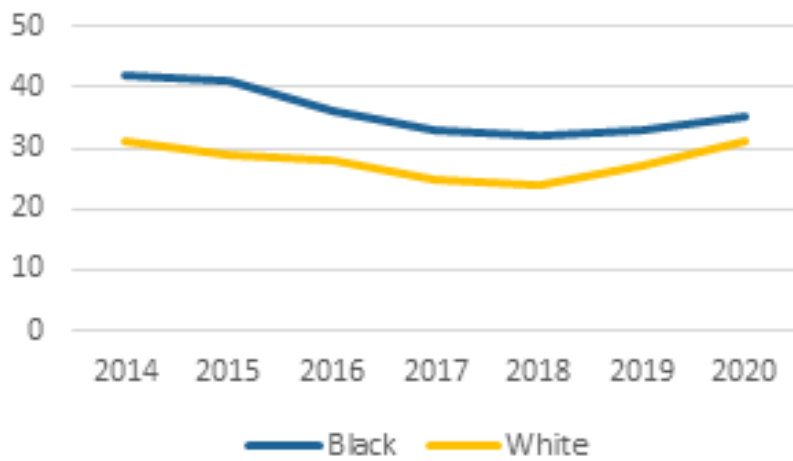


Figure 4

Median Length of Stay (in Months) of Illinois Children in Substitute Care, by Race





Chapter 2

The Choice between Adoption and Guardianship

Part of the context of this study is a long-standing national debate about the value of adoption versus guardianship. A previous analysis of permanency planning in Illinois talked about “adoption hawks”, who interpreted the adoption rule-out strictly and gave less credence to family members’ concerns about terminating parental rights, with “guardianship doves”, who placed more weight on these concerns and were more flexible about the adoption rule-out.⁵² Some experts have claimed that adoption is more stable or permanent than guardianship,⁵³ and a preference for adoption has been codified in both Federal and Illinois law,⁵⁴ as well as the guidelines of the National Council of Juvenile and Family Court Judges.⁵⁵ In contrast, other experts argue that the preference for adoption can obstruct stable guardianships with kin caregivers who can provide children with permanent homes with their extended family.⁵⁶ Many kin caregivers are committed

52. Testa and Cook, cited in Cohen, L. (2004), *ibid*.

53. Bartholet, E. (1999). *Nobody’s children: Abuse and neglect, foster drift, and the adoption alternative*. Boston: Beacon Press.

Takas, M. & Hegar, R.L. (1999). The case for kinship adoption laws. In *Kinship foster care: Policy, practice and research*. R.L. Hegar and M. Scannapieco (Eds.), eds. New York: Oxford University Press, 1999, pp. 54–67.

Murray, K. J., Bartlett, J. D., & Lent, M. C. (2021). The experience of children and families involved with the child welfare system. *Handbook of Interpersonal Violence and Abuse Across the Lifespan: A project of the National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV)*, 1441-1462.

Bissell, M. & Kirana, K. (2004). How Permanent Is It? In M. Bissell, M. & J.L. Miller, J.L. [Using subsidized guardianship to improve outcomes for children: Key questions to consider](#). Children’s Defense Fund. pp. 13-18.

54. Testa (2022), *ibid*.

55. National Council of Juvenile and Family Court Judges (2000). [Adoption and Permanency Guidelines](#). Reno, NV.

56. Creamer, K. & Lee, A. (2022). [Reimagining permanency: The struggle for racial equity and lifelong connections](#). *Family Integrity & Justice Quarterly*, 1(1), 62-71.

and able to provide children permanent homes, but they do not want to terminate the parental rights of the birthparent, who is typically their child or sibling.

Our study suggests that investing in a debate about the value of adoption versus guardianship may distract us from what is really important -- promoting permanency for children in care and addressing racial disparities in permanency.⁵⁷ Certainly, most of the permanency professionals participating in our study were not invested in the debate on the value of adoption versus guardianship. Our data suggest that most professionals involved in permanency work in Illinois are flexible and tailor their permanency planning to the individual child and their specific needs. Most cannot be divided into camps of adoption hawks and guardianship doves, because they are looking first and foremost to see what is best for each child, and recognize that there are pros and cons of both permanency options. For both adoption and guardianship, most interviewees described different cases in which each was the best permanency choice. When asked in our interview study to compare adoption and guardianship on stability and child well-being, a number of interviewees saw no difference or said it depended on the case.

On the other hand, some interviewees expressed a prevailing belief that adoption is more permanent and stable. In our survey of permanency professionals, we asked permanency caseworkers and supervisors to compare the value of adoption and guardianship on 34 different criteria. On 22 of these criteria, respondents selected the choice "it depends on the case" or "no difference" more often than choices favoring adoption or guardianship. On the five criteria relating to well-being of children under age 14, just as many respondents chose "it depends on the case" or "no difference" as indicated a preference for adoption, and guardianship was less preferred.

One reason to move beyond the comparison of adoption and guardianship is the wide range of contextual factors that influence whether adoption or guardianship is chosen. One could have an overall preference for adoption or guardianship, everything else being equal, but everything else may seldom be equal. The types of cases for which each are considered best, and the circumstances that lead to each, are often unique. It seems likely that, in many of these cases, only one of these options may be possible, or one of the two is so clearly in the child's best interest that the other option can easily be dismissed. The importance of these contextual factors led many professionals in our study to abstain from choosing between adoption and guardianship in response to our questions and instead report that the choice depended on the child's needs.

Age is an important factor in which cases are considered suitable for guardianship. Youth who are 14 years or older can veto adoption and guardianship. Professionals reported that older youth often rejected adoption out of loyalty and attachment to their birthparents. The fact that there are no state subsidies for guardianships with unlicensed relative guardians or licensed non-relative guardians of children under 12 could also influence the choice about guardianship. Although a youth must be 14 to have veto power over adoption, youth younger than age 14 may also reject adoption emotionally. Most children love their birthparents despite their failures, want to protect them, and maintain a relationship with them, even if they do not want to live with them. Children may react negatively to termination of their parental rights, particularly when the birthparents have a positive, nurturing relationship with their children despite the decision that the birthparents cannot safely have custody of their children. Many of the professionals in our interviews and survey felt that the child's wishes and the negative effect on children of terminating parental rights were legitimate reasons to choose guardianship in many cases. Many felt that this should be influential even if children are younger than age 14.

Our professional participants also reported circumstances in which adoption might be preferred in theory, but the state is either unwilling or unable to pursue termination of parental rights, despite choosing not to reunify the child with their parents. In these cases, our survey results suggest that birthparents may agree to guardianship, or guardianship may become the only practical choice to achieve permanency. Substitute caregivers, agencies, and/or the courts may prefer to choose guardianship rather than holding out for an adoption that might take years to accomplish, if it can be achieved at all. At the same time, professionals in our study also indicated that adoption is preferable when birthparents are disconnected from their children, the

Gupta-Kagan (2015), *ibid.*

Milner, J. & Kelly, D. (2022). [The need to replace harm with support starts with The Adoption and Safe Families Act](#). *Family Integrity & Justice Quarterly*, 1(1), 6-7.

Sankaran (2022), *ibid.*

child does not want an ongoing relationship with their parents, or the parents pose a clear risk of harm to the child.

Another reason that the debate between adoption and guardianship may receive more attention than it deserves is that research suggests little difference in outcomes between the two. As we discussed in Chapter 1, the evaluation of Illinois' subsidized guardianship waiver revealed that harm to children was rare in both adoptive and guardian homes. Some professionals in our study thought that children in guardianship homes would be less safe because of their contact with birthparents, but the evaluation of the Illinois' subsidized guardianship waiver revealed that harm to children in guardian homes was rare.⁵⁸ Some professionals in our study thought that children in adoptive homes would have a greater psychological sense of permanence, but the vast majority of children in guardian homes interviewed in the Illinois waiver evaluation felt that their home was stable and they were part of the family all or most of the time – results no different from children in adoptive homes. Guardians interviewed in the Illinois waiver study understood that their commitment was permanent.

A number of the permanency professionals in both the interviews and survey in our study reported that they thought that adoption was more stable than guardianship, and cited this belief as a reason to favor adoption. However, the research cited above demonstrates no evidence of a difference in stability between adoption and guardianship, once one controls for the older age of youth in guardianship cases, and takes into account the fact that adoption is not a choice in many guardianship cases.⁵⁹ Although we did not specifically ask about their knowledge of research on guardianship, it was striking that no participants shared any knowledge about the low rates of disruption for both adoption and guardianship for Illinois children. Education about the similarity in outcomes may help shift permanency professionals' perception of adoption as a more stable permanency option and help professional feel more confident in advocating for guardianship in cases where they can preserve family relationships and avoid the trauma associated with termination of parental rights. Certainly, existing research does not show any benefit of removing a child from a loving kin home in order to place them in a pre-adoptive home, for the purpose of achieving adoption rather than guardianship.

The characteristics of the child, the caregiver, the birthparents, the family and the situation are likely to be the main drivers of outcomes for the child, not the decision regarding adoption or guardianship in and of itself. If the permanent caregiver acts in the child's best interest and the birthparent is able to have loving and safe visits with their child, visitation is likely to take place whether there is an adoption or a guardianship. Bissell and Kirana elaborate on this:⁶⁰

Proponents of subsidized guardianship point out that too much attention to the legal differences between adoption and legal guardianship obscures the flexibility both arrangements give caregivers in the real world. Once a legal relationship is established, whether through adoption or guardianship, the child's caregiver has a tremendous amount of discretion in determining the birth parents' ongoing involvement in a child's life. In practice, an adoptive parent, for example, could allow a child to visit with a birth parent just as a guardian could successfully thwart a child's regular visitation with a birth parent. Especially in those states that have passed open adoption laws, the distinction between adoption and legal guardianship may depend more on family dynamics and the discretion of the kinship caregiver than on the legal label given to the family arrangement (p. 15).

Neither adoption nor guardianship provide a guarantee of permanency for the child. Adoptions and guardianships can both be disrupted. However, terminating the parents' rights is not without very real costs for many children, including a loss of legal relationship, not just with their parents, but their siblings as well. Likewise, there are times when that their relationship with their birthparents poses a very real risk to the child, and terminating the parents' rights is in the best interest of the child regardless of the caregiver being a relative or not.

58. Testa, Cohen, & Smith (2003), *ibid*.

59. Rolock & White (2017), *ibid*

60. Bissell & Kirana (2004), *ibid*.

Adoptive parents, like any other parent, can in some cases relinquish custody to the state. In fact, parents sometimes choose this option as a means of providing the child with access to services otherwise unavailable to them.⁶¹ Both adoptive parents and guardians can fail to commit to the long-term care and support of a child, refusing to support that child once they turn 18 and refusing to pay for college or other costs. It would be unfortunate if the choice between adoption or guardianship is made out of fear that adults in the child's life will not act in the child's best interest, whether that is the adoptive parent or permanent guardian or the probate court that may have the power to reinstate a parent's custody. It is far better to build the education, communication and supports needed for everyone to act in the child's best interest in providing permanent care for the child. Adults can act in the best interest of the child whether there has been an adoption or a guardianship.

61. Cross, T. P., Wang, S., Tran, S. & Chiu, Y. (2024). *Adolescents who enter child welfare custody concurrently with a psychiatric hospitalization: Empirical results related to custody relinquishment*. Article submitted for publication. University of Illinois at Urbana-Champaign





Chapter 3

Understanding the Circumstances in which Permanency Professionals Consider Guardianship

We gained considerable knowledge through our research about the circumstances in which professionals pursue guardianship as a permanency option. Many of the opinions shared by the professionals that we interviewed mirrored those of other child welfare professionals, lawyers, advocates, and researchers from around the country who have promoted guardianship as an alternative that is less disruptive of relationships in kin caregiver families.⁶² These publications testify about the steadfast commitment of family members to the integrity of the family and the emotional pain that termination of parental rights can cause. Their commitment includes honoring the value of maintaining their family roles as grandmother, grandfather, aunt, uncle, big sister, or big brother. Advocate Autumn Adams is a Native American advocate whose grandmother took care of her when her mother struggled with addiction, and who later became guardian for her siblings.⁶³ Her feelings about adoption versus guardianship are clear from the following passage:

Asking her [Adams' grandmother] to go and file to take that right away from my mother goes against what we believe within our culture. That's reflected now in my choice after I received guardianship of the kids—I could have taken it further and had my mom's parental rights terminated and adopted them. I was encouraged to do that, but I didn't want to dishonor the fact that though my mother may not be the ideal mother by anyone's standards, or my own, she is still the one who brought me and my siblings into this world and biologically she is our mom.

62. See, e.g., Gupta-Kagan (2015), *ibid.*

Milner, J. & Kelly, D. (2022). [The need to replace harm with support starts with The Adoption and Safe Families Act](#). *Family Integrity & Justice Quarterly*, 1(1), 6-7.

Sankaran (2022), *ibid.*

Testa (2022), *ibid.*

63. Adams, A. (2022). [My perspective: A conversation with Autumn Adams](#). *Family Integrity & Justice Quarterly*, 1(1), 10-13.

Family roles are powerful, and anything that alters them will inevitably stir powerful emotions. Actions taken to place children permanently with new legal guardians will be particularly stressful in families who have already experienced child maltreatment and removal. Preserving those family bonds can be of substantial importance to the child or youth and disrupting them through a termination of parental rights involves irrevocable loss for the child. Thus, preserving family roles to serve the best interest of the child can be a powerful argument for choosing guardianship. There are multiple criteria for making a permanency plan, but the emotional valence of preserving their roles appears to be paramount for many families, making it likely that some families will experience emotional pain when other criteria take precedence in permanency decision-making.

Several professionals thought that guardianship could be appropriate in situations in which they anticipated that birthparents might be able to change and regain custody. One question is how often this rationale leads to guardianship when birthparents have substance use issues, which is reported as the reason for removal in large proportions of child placement cases.⁶⁴ Lloyd and colleagues' study in an unnamed Midwestern state found that children who were removed because of parental drug use were significantly less likely to enter guardianships than other children in foster care.⁶⁵ Professionals may be more likely to reject guardianship when birthparents have substance use problems because they anticipate lingering safety and child well-being issues, even though a guardian is the permanent caregiver. People with substance use problems are also subject to considerable stigma,⁶⁶ which may also affect decision-making about guardianship. In contrast, permanency professionals in our survey indicated strong support for guardianship in cases where "a birthparent is taking steps to overcome an alcohol or drug problem but needs more time."

To consider this finding, we need to remember that time is already allocated for birthparents to change and regain custody in most cases in which children are placed in substitute care. Reunification is the preferred goal in the vast majority of cases,⁶⁷ and the initial step in permanency planning is typically to require birthparents to participate in services to change their behavior and become capable of providing a loving and safe home for their children. To avoid undue delays in achieving permanency, it is considered best practice to do concurrent planning, in which those involved simultaneously prepare for the possibility of both reunification and permanency with another caregiver through adoption or guardianship.⁶⁸ The federal Adoption and Safe Families Act (ASFA) sets a time limit on reunification efforts.⁶⁹ It directs child welfare services to initiate termination proceedings if a child has been in substitute care for 15 of the prior 22 months. ASFA time limits aim to counter the risk that children will languish in foster care, and this concern no doubt motivated one of our interviewees, who was wary about agreeing to guardianship in the hopes that birthparents would change. Green and colleagues' research suggests that birthmothers whose substance abuse led to child removal started treatment sooner and stayed in treatment longer after ASFA was passed.⁷⁰ But, some experts raise questions about whether the current time limit provides adequate time for birthparents with substance abuse problems to make the changes needed to regain custody of their children.⁷¹

64. Child Welfare Information Gateway. (2014). Parental substance use and the child welfare system. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

65. Lloyd, M. H., Akin, B. A., & Brook, J. (2017). Parental drug use and permanency for young children in foster care: A competing risks analysis of reunification, guardianship, and adoption. *Children and Youth Services Review*, 77(C), 177-187.

66. Luoma, J. B., Twohig, M. P., Waltz, T., Hayes, S. C., Roget, N., Padilla, M., & Fisher, G. (2007). An investigation of stigma in individuals receiving treatment for substance abuse. *Addictive behaviors*, 32(7), 1331-1346.

67. Child Welfare Information Gateway. (2017). *Supporting successful reunifications*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

68. Child Welfare Information Gateway. (2018). *Concurrent planning for timely permanence*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

69. See, e.g., Green, B. L., Rockhill, A., & Furrer, C. (2006). Understanding patterns of substance abuse treatment for women involved with child welfare: The influence of the Adoption and Safe Families Act (ASFA). *The American Journal of Drug and Alcohol Abuse*, 32(2), 149-176. Note that child welfare is a state function, and the federal government does not have the authority to set such standards. However, ASFA ties federal funding to states for child welfare to maintenance of ASFA standards, and most state comply.

70. Green et al. (2006), *ibid*.

71. Brook, J. (2022) [Reframing recovery: The limitations of an ASFA driven approach to substance use](#). *Family Integrity & Justice Quarterly*, 1(1), 45-53.

Given this context, one can understand why some professionals see guardianship as an opportunity to give birthparents more time to change and regain custody. However, it is also understandable why others are wary of giving birthparents more time to change, feeling that it might delay providing a truly permanent home. Those in favor of using guardianship to give birthparents more time see the benefit to children and birthparents alike of reunification, even if much delayed. One can imagine the benefits to the children if they are in a guardian home with solid caregiving and also enjoy a loving relationship with the birthparents, and then eventually, the whole family transitions to the birthparents' resuming care. The children could understand, along with the guardian and birthparent, that this represents a repairing of a relationship and a continuation of the extended family's love and care for them. Professionals opposed to using guardianship to give birthparents more time see the possibility of children living with uncertainty and potentially having their lives upended once again after a permanent home has been established. One can imagine the harm if children have been in a guardian home for several years and then are suddenly won back by birthparents in a way that lacks coordination, preparation, and the blessing and participation of the guardian. The possibility of both scenarios underlines the need for careful assessment in making the permanency decision and the need to provide post-permanency support for the family and child.

As mentioned above, many participants cited child age as a factor in permanency decision-making, in part because of the belief that children's age is likely to influence the emotional effect of the permanency decision. Interestingly, when our participants discussed child age they tended to focus on noticeably older and younger children: teenagers on one hand and two or three-year-old children on the other hand. Focusing on these ages helps make the point about child age, but it leaves open the question about decision-making for the large number of children whose age is in between. Child age is used as a proxy for children's developmental level and life experience. But children of the same age vary in these, and the decision about the impact of the permanency decision and the child's voice in this decision should be made based on an assessment of the child. It should be noted that the rule enabling youth aged 14 or older to veto either adoption or guardianship, and people's understanding of the effects of age, are not necessarily consistent with knowledge about child development. Children develop an attachment to their birthparent in the first year of life,⁷² so many are likely to experience separation from birthparents as distressing even at a young age. And many children younger than age 14 will be able to develop informed opinions about their placement and what type of permanency they need. Thus it is not reasonable to make decisions based simply on knowing the child's age. An assessment of the child's level of understanding and attachment to the birthparents and kin caregiver is needed.

Some participants also cited their perception of guardianship's lower stability as a reason it is not indicated for younger children. However, as we discuss above, the data suggest little difference in the stability of adoption and guardianship. Paradoxically, to the extent guardianship is more likely to disrupt, it is related to children in guardian homes tending to be older and thus at greater risk for behavior problems. This undercuts the conclusion that younger children in guardian homes would be likely to experience greater instability.

Sometimes, a committed caregiver may be reluctant to adopt, and guardianship is the best alternative. Adoption requires a caregiver who is prepared to adopt. If the caregiver is not prepared, it might be in the child's best interest to choose guardianship rather than disrupt the child's life and delay permanency in what might be a fruitless attempt at adoption.

We interviewed a great-grandmother in her late 80s who became a guardian of her great grandchild. In this case, one of the child's teachers made a commitment to the court to become the child's guardian if the great grandmother were to pass away. While the great grandmother rejected adoption and chose guardianship because her hope was that the mother, her granddaughter, would someday be reunified with the child, we believe that it was also practical to choose guardianship in this case because that made it easier to plan for a future caregiver if the guardian were to die or become unable to care for the child. If one were committed to

Young N.K. & Gardner, S.L. (2002). *Navigating the pathways: lessons and promising practices in linking alcohol and drug services with child welfare*, 2002. SAMHSA Publication No. SMA-02-3 639. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

72. See., e.g., Cassidy, J. & Shaver, P.R., (Eds). (2016). *Handbook of attachment : theory, research, and clinical applications*. New York, NY : The Guilford Press.



adoption and had the resources to hire a lawyer to put a legally defensible succession plan in place, this could certainly be addressed. But many caregivers lack these resources, and the practical value of guardianship for planning for succession of caregivers may be a strong consideration. Clearly, one can imagine many circumstances in which one might prefer adoption but compromising and choosing guardianship might be the practical decision that is in the child's best interest.



Chapter 4

Overcoming Barriers to Guardianship

Attention to philosophical opposition to guardianship could distract us from dealing with the practical obstacles to achieving permanency through guardianship that professionals described. Our research revealed a number of challenges to achieving permanency through guardianship, including:

- finding a kin caregiver who can provide a loving, safe home and make a permanent commitment,
- lack of awareness among both workers and families about guardianship as a permanency option,
- the amount of time achieving guardianship can take (especially for older children),
- licensing requirements,
- problems with agency-court coordination and other inter-organizational coordination, and
- obtaining consent from birthparents for guardianship.

Several of these challenges interfere with achieving permanency in general and are not specific to guardianship. Finding kin who can be capable, loving, and permanent caregivers can be difficult in some cases. Some communities have developed Kinship Navigator programs to find and support kin caregivers.⁷³ It is beyond our scope to examine kin navigation in depth in this report. Nevertheless, it is worth stating that effective kin navigation could help support increases in successful use of guardianship.

Caseworkers in our study discussed difficulties with coordination between child welfare agencies and the courts hearing their cases. Other research suggests that these are common.⁷⁴ The literature cites several

73. Children's Bureau (n.d.). [Kinship Navigator Programs](#). Washington, DC: Author.

Littlewood, K., Cooper, L., Yelick, A., & Pandey, A. (2021). [The children's home network kinship navigator program improves family protective factors](#). *Children and Youth Services Review*, 126.

74. Burry, C. L., Shdaimah, C. S., Richardson, L., & Rice, K. (2011). Child welfare in the court: A collaboration between social work and law faculty to prepare social work students for work with the courts. *Journal of Public Child Welfare*, 5(4), 426-444.

factors that contribute to these difficulties, including differences in organizational culture, law school training that emphasizes following rules and deemphasizes context, lack of training for judges, the lower status of juvenile court professionals relative to other legal professionals, ambiguity in different professionals' roles, caseworkers' lack of experience and training in functioning in court, caseworkers' experiences of feeling intimidated and blamed for their client's problems, judges' disrespect for caseworkers' competence, and the job stress of working in child protection.⁷⁵ Efforts to overcome these difficulties include Enhanced Resource Guidelines for the courts from the National Council of Juvenile and Family Court Judges,⁷⁶ cross-training initiatives,⁷⁷ and courtroom simulation training.⁷⁸

Long timespans in care are a problem that affects all permanency planning.⁷⁹ One reason this may be especially problematic for guardianship is the older average age of youth in guardianships compared to other permanency options; research has found that achieving permanency takes more time on average for older youth.⁸⁰ Both professionals and caregivers highlighted the impact of multiple factors that increase the amount of time to finalize either adoption or guardianship: caseworker turnover, large caseloads, and limited resources for helping families. Some of our participants highlighted one unfortunate consequence of these long timespans: youth as young as 14 are sometimes considered not eligible for guardianship or adoption based on the anticipated timeline of these cases. There is precedent within DCFS for working on timelines. The Sangamon County Action Team associated with the Permanency Enhancement Project Model (see below) provided training on timelines and helped county professionals agree on mutual timelines.⁸¹

Several challenges mentioned by our participants are specific to guardianship. Lack of awareness and knowledge about guardianship as a permanency option speaks to a deficit in training of workers on this permanency option. This is one of several findings in our study that suggest that enhanced training is needed. The challenges of getting both parents to consent to guardianship speaks to the need to connect with both birthparents early in guardianship cases and support their involvement in decision-making.

The finding that several professionals reported that licensing is an obstacle to subsidized guardianship, particularly for Black families, suggests that policy regarding licensing and licensing requirements deserves further examination. As we consider it, there appears to be a logical inconsistency. Imagine a child living in an unlicensed kin caregiving home who is younger than age 12, supported by funds from DCFS, and the state has custody. Imagine further that the case then moves forward with a permanency plan of subsidized guardianship for that child, and then, suddenly, the caregiver must become licensed in order to receive a subsidy. Why would it now be necessary for the caregiver to be licensed when it previously was acceptable for the caregiver not to be licensed? One could argue that agency oversight while the child is in department custody in some way compensates for the caregiver not being licensed, but that strikes us as a thin rationale for requiring licensure in a kin home. In a recent article, Testa argued that the restriction of federally-funded assistance to licensed caregivers "cuts off too many safe and stable kinship placements from receiving guardianship assistance because of the limited availability of bedroom space, the arrest histories of household members, and other standards that disproportionately disqualify low-income families from being licensed by the state."⁸² This licensing requirement also delays permanency in that it resets the clock, requiring the child be in the now licensed home for a minimum of six months without consideration for how long the child may have already

75. Burry, et al., (2011), *ibid*; Carnochan, S., Taylor, S., Abramson-Madden, A., Han, M., Rashid, S., Maney, J., ... & Austin, M. J. (2006). Child welfare and the courts: An exploratory study of the relationship between two complex systems. *Journal of Public Child Welfare*, 1(1), 117-136.

76. Gueller, M., Wachter, A., & Tanner, C. H. (2020). The enhanced resource guidelines: A blueprint for improving court practice in child welfare cases. *Family Court Review*, 58(4), 882-896.

77. Carnochan, et al., (2006), *ibid*. Strand, V.C. (2006). Interdisciplinary training for effective implementation of services in response to a social policy change. *Journal of Human Behavior in the Social Environment*, 13(4), 37-53.

78. Burry, et al., (2011), *ibid*.

79. See Madden, E.E. & Aguiniga, D.M. (2017). [Achieving permanency for children in care: Barriers and future directions.](#)

80. Aguiniga, D. M., Madden, E. E., & Hawley, A. (2015). Exploratory analysis of child protection mediation permanency placement outcomes. *Children and Youth Services Review*, 50, 20-27.

81. Miller, O., & Esenstad, A. (2015). [Strategies to reduce racially disparate outcomes in child welfare.](#) Alliance for Racial Equity in Child Welfare, Center for the Study of Social Policy.

82. Testa (2022), *ibid*.

been living in that home. Milner and Kelly similarly argue that licensing requirements unfairly disadvantage low-income families.⁸³ These are the families in which children can benefit most from the subsidy. Testa recommended that subsidized guardianship should be available to kin who have provided a safe and stable home for children for six months or longer, whether or not the kin caregiver is licensed.

The Importance of Careful Assessment in Both Adoption and Guardianship Cases

Our finding that many professionals reported that the appropriate permanency goal varied and depended on the best interests of the child in each case means that it is imperative to conduct a thorough and careful assessment in planning and implementing permanency. We were concerned when we heard one permanency professional's contrasting description of the assessment of prospective adoptive parents and prospective guardians. In their interview, this participant reported that "more in-depth discussions take place with the adoptive parents" and "I think they go through a more extensive background vetting." The participant attributed this to the perception that adoption was permanent while "guardianships...by their nature, are temporary," and they reported that "we don't necessarily do the deep, deep dive into the situation that you would do with an adoption." This is the report from one individual, and we would need more data on the differences between the assessment of prospective adoptive parents and guardians before drawing any conclusions about current practices. Nevertheless, it is worth reflecting on the implications of this potential difference.

The intention in choosing guardianship is that a child will remain in the care of their guardian for the remainder of their childhood, minimally until age 18. That makes it a permanency option. It seems contradictory to describe guardianships as temporary, as some of our professional participants did, when guardianship is designated as a permanency option. If guardianships are temporary, it is contrary to the intention that they will be permanent. Note that it is reasonable to construe a planned and appropriate transition from a guardian home to a birthparent home that arises from the commitment of the entire extended family as an extension of the permanency, not a disruption. Children deserve a careful assessment of any prospective placement regardless of what category it is in. Less thorough assessments in prospective guardianship cases could lead to warning signs being overlooked, and it could lead to greater instability or disruptions of the placement.

Responding to Changes in the Juvenile Court Act of 1987

As noted in the first chapter, the July 2021 amendment of the Juvenile Court Act of 1987 requires that adoption must be "deemed inappropriate and not in the child's best interests" before the court can choose guardianship. The previous language in that section of the bill was "ruled out." We reported above how a Deputy Director of DCFS explained to us that the amendment aimed to ensure that caregivers are informed that both adoption and guardianship can be options, subject to the court's decision, and that kin caregivers who would prefer guardianship are not pressured to adopt under the threat of moving the child from their stable placement to a pre-adoptive home with a stranger.

There is reason for concern that the passage of the legislation may not be having the desired effect. The first barrier is lack of knowledge. All of the professionals we interviewed in late 2021 and early 2022 either were unaware of the amendment or lacked knowledge of its substance, and many still talked about the need to "rule out" adoption for guardianship to happen. This is understandable, as the bill was new when we conducted our interviews. When we conducted the professional survey in the spring of 2022, 21% indicated that they were not familiar with the amendment or only slightly familiar with it. Moreover, we have reason to be cautious about other survey respondents' reports that they were familiar with it, given how little knowledge our interviewees had just a few months earlier. As of this writing (February 2024), professional knowledge about the amendment may have increased. As we discuss in our research recommendations below, this is worth assessing.

The other potential barrier is the ambiguity of the language in the amendment. The instruction the amendment provides may not clearly lead permanency professionals to take the intended actions. One juvenile court judge we interviewed discussed how the law appears to retain the sequence of actions giving adoption priority, even without the words "ruled out." The law states that setting a guardianship goal is

83. Milner, J. & Kelly, D. (2022). [The need to replace harm with support starts with The Adoption and Safe Families Act](#). *Family Integrity & Justice Quarterly*, 1(1), 6-7.

contingent on adoption being “deemed inappropriate and not in the child’s best interests.” It is difficult to see how, functionally, being “deemed inappropriate” is different from being “ruled out.” Could permanency professionals still try to remove children from stable kin homes seeking guardianship because the professional deemed adoption appropriate?

The Act also requires that “the court shall confirm that the Department has discussed adoption, if appropriate, and guardianship with the caregiver prior to changing a goal to guardianship,” This language requires discussing adoption and guardianship before changing the goal to guardianship, but otherwise its meaning is ambiguous. Does a caseworker need to discuss guardianship prior to setting a goal of adoption? Should the caseworker discuss adoption and guardianship at the same time? The answers to these questions are unclear. The statute continues to define “subsidized guardianship” as “a private guardianship arrangement for children for whom the permanency goals of return home and adoption have been ruled out.” Further, amendments to the law may be needed, and it seems likely that further education of permanency professionals about the amendment and its intended effects is needed for it to have a substantial impact on practice.

Fiduciary Risk to Guardians

When we shared preliminary research findings with approximately 40 Foster Parent Support Specialists, one specialist expressed that they were “reluctant” to suggest guardianship to caregivers due to potential legal costs. Specifically, they were concerned that once a juvenile abuse and neglect case is finalized and DCFS is no longer guardian, a parent who is not yet fit can petition the probate court for guardianship. In response, the caregiver would likely need to hire a lawyer to establish evidence that the parent is unfit and advocate in court for guardianship to be retained. After the specialist shared this concern in our meeting, there was audible assent indicating support from several other specialists in the room. Another specialist then shared an example of a case in which a grandparent with guardianship had accrued about \$4,000 in legal fees related to a probate case in a successful but costly response to a parent’s petition for guardianship. The birthparent was considered not to have made progress toward providing a safe permanency option for their child. Another member of the group mentioned a program that provides support for legal representation of guardians in Cook County, but was not aware of any similar protections outside of Cook. While it is unclear how often these situations occur, the potential appears to pose a barrier to some professionals supporting guardianship as a permanency option, especially for families with limited funds.





Chapter 5

Caregivers' Experience of the Permanency Process

Caregivers' perspectives on the permanency process are very important. They deserve a voice in any process seeking to inform the development of policy and practice. Caregivers' self-reports provide greater insight about their experience and those of the children in their care, than professionals' reports about caregivers can. This chapter reflects on the implications of the information we gained from interviews with caregivers and a survey of caregivers, except that their responses relating to race are dealt with in the next chapter.

Caregivers' Commitment to the Child

Perhaps the most important finding from the interviews and survey was the impression we gained about how much these caregivers loved their children and how committed they were to their children's development and well-being. This came across most clearly in the caregiver interviews, both from the words they said and the warmth in their voice and expression when they said it. When we asked caregivers in the interviews to discuss their reasoning for choosing adoption or guardianship for their foster children, we were impressed with how thoughtfully they considered children's needs. Those who chose adoption provided detailed explanations about how they wanted to provide a permanent home for children and how the birthparents' behavior and relationship with the children could not support a guardianship that would benefit the child. Those who chose guardianship also emphasized their permanent commitment. They also carefully explained their ideas about how the guardianship would benefit their children, either because it supports a current beneficial relationship with their birthparents, leaves the door open for future positive reunification, or respects older youths' wishes.

We have in-depth accounts of the permanency process from the eleven caregivers who were interviewed. We recognize that, valuable as these stories are, they may not be representative of the experiences of caregivers statewide. Nevertheless, to the extent we can draw conclusions, these results suggest that these caregivers are providing that unwavering relationship that is necessary to support children and provide permanency. This provides a solid foundation for efforts to enhance the permanency process.

Caregivers' Permanency Goals for their Children

In the survey, we asked caregivers to identify their preferred permanency goal for each of the children in their care. We labeled this as a preferred goal because this is what the caregiver would prefer for the child's permanency goal, which may be different from the permanency goal recommended by the child welfare agency and/or set by the courts. We then compared the preferred permanency goal to the actual outcome for all those children who had achieved permanency. In a majority of cases (79.1% of adoptions and 69.7% of guardianships), the caregivers' preferences matched the actual outcomes, but there were mismatches as well. In nearly a quarter of guardianships (24.1%), the caregiver would have preferred adoption, while caregivers would have preferred guardianships in 11.9% of adoptions.

The mismatches are common enough that they deserve further exploration. What are the circumstances that led to these mismatches? Consider those who adopted children but would have preferred guardianship. Did any express a wish for guardianship initially but were told that the child might be removed from the kin home in favor of a pre-adoptive placement with strangers because of the preference for adoption? Did any agree to adoption despite their wishes out of fear that the child or children would be taken from their homes in favor of placement in pre-adoptive homes? Were some not informed about guardianship as a permanency option because workers did not mention guardianship out of an attempt to rule out adoption before considering guardianship? Cohen's review of the history of the adoption rule out in Illinois suggests that these scenarios are possible.⁸⁴ Do these mismatches ever represent a change of heart: caregivers who initially preferred and followed through on adoption, but now wish that a guardianship had been arranged instead, or vice versa? Perhaps some learned about guardianship as an option only after adoption had been completed. Similarly, we need to learn more about the circumstances that might explain why some permanent guardians wished they had adopted. Perhaps some of these caregivers are actually referring to temporary guardianships rather than the guardianships that are a permanency option, and they look forward to adopting in the future. In our interviews with caregivers, we noted a great deal of confusion about the term guardianship. Several thought the child had been placed by DCFS into their guardianship and were unaware of the option of permanent guardianship as an exit from foster care. Perhaps these caregivers hoped for an adoption, but circumstances prevented it, such as difficulty terminating parenting rights or adolescents vetoing adoption. It would be worthwhile for DCFS to explore how often these scenarios occur. Where mismatches stem from a failure to provide caregivers adequate information and/or support their consideration of all options, DCFS should advise its caseworkers and private agency partners of alternative ways to handle permanency planning.

Reasons for Caregivers' Permanency Choices

Above, we discussed how caregivers were motivated to provide permanent, loving homes to the children in their care. Here, we discuss other reasons that caregivers felt that their permanency choices were in the child's best interest. We begin with adoption. A little more than a third of both adoptive parents and prospective adoptive parents also checked off the option "The child wanted the adoption." Meaningful proportions of caregivers who had adopted or were planning to adopt chose the following factors: a) the services and support the child would receive after the adoption, b) to make sure that the child would be eligible to inherit should something happen to me, c) to allow the child's name to be changed, and d) the child receiving support from their family after they turn 18.

Caregivers who had become or were planning to become guardians selected a range of reasons why they felt this was in the best interest of the child. The most common reasons were: a) to support the child's relationship with their birthparents, b) to make it possible for the child to reunify with the birthparents in the future, c) the services and supports the child would receive with the caregiver as their guardian, d) to allow the birthparents to keep their identity as mom and dad, e) to allow for a good relationship between the caregiver and the birthparents, f) the child receiving support from my family after they turn 18, and g) to support the child's relationship with their parents. Caregivers in the interviews who had chosen guardianship talked about their concern about the impact of adoption on familial relationships, their desire to allow for the possibility that the birthparent might become able to reunify with their children, and the children's preference for guardianship over adoption.

84. Cohen (2004), *ibid.*

These results were consistent with our findings from the survey and interviews we did with permanency professionals⁸⁵ and with published work on the benefits of guardianship,⁸⁶ suggesting that many professionals have a good understanding of the reasoning behind caregivers' preferences around permanency. Their reasoning responded to children's need for permanence and support and assistance with their development and well-being. Those caregivers who saw the potential for guardianship to respond to children's needs identified advantages for the child's relationship with their birthparents and for the well-being of the family as a whole.

Caregivers' Relationship with Professionals

We asked caregivers several questions about their relationship with permanency professionals. Most caregivers had a positive relationship with professionals. On average, they gave positive trust scores to the agency that placed the child in their home, and to court-appointed special advocates, judges hearing the case, caseworkers, and guardians ad litem. On average, they also felt that each of the following words presented to them described their caseworkers: respectful, culturally appropriate, timely, responsive, prepared, and knowledgeable.

On the survey, caregivers reported that they were provided either enough information or a lot of information about adoption for over three-quarters (77.3%) of the children in their care. When guardianship was discussed, caregivers were provided either enough information or a lot of information about guardianship for 82.6% of the children in their care. For the majority of children in their care, caregivers either first discussed guardianship when the child was first placed in their home (31.9%) or after it was decided not to reunify the child with their birthparents (39.1%). And for most of their children, the caregivers felt they had enough time or more than enough time to make a decision about permanency.

Overall, caregivers reported relatively few problems with the relationships between the children in their care and the child welfare professionals serving them. However, depending on the specific staff member, caregivers indicated that, for between 3.7% and 18.8% of the children in their care, levels of trust in the professionals in their children's case ranged from do not trust them at all to slightly trust them. While there is room for improvement across the professional types, it is most notable for contracted agencies, where 10.7% of the caregivers' responded that they do not trust them and another 8.1% indicated that they slightly trust them.

For over one-fifth (22.7%) of the children in their care, caregivers felt that they did not receive information or received limited information about adoption. For children for whom guardianship was discussed, 12.5% indicated they were provided limited information and 4.9% indicated they were not provided information. In our eleven interviews with kin/fictive kin caregivers, three caregivers reported that their caseworkers had not told them about the option of permanent guardianship.

Substantial proportions of caregivers in the survey felt that permanency was delayed for at least one child in their care because of changes in caseworkers and other professionals on the case (51.8%), a lack of timely information from the caseworker (27.9%) and/or a lack of needed information from the caseworker (24.6%). The situation described as a problem in Illinois by Cohen in 2004,⁸⁷ in which caregivers learned about guardianship as an option only after adoption was ruled out was reported by caregivers for 2.9% of the children in their care. For over one-quarter (26.2%) of the children who had been adopted, caregivers indicated they either felt pressured to make a decision between adoption and guardianship quickly or would have liked more time to make a decision. The percentages feeling this way were smaller for children with guardians (7.1%) or children awaiting permanency (3.5%).

85. Cross, T. P., Landa, C., Fox, H. L., LaSota, R., Thebaud, M., Hines, D., Parsons, T., Song, E., Hampton-Campbell, S., Kwon, S., & Steiner, M. J. (2023). [*Exploring the role of guardianship in effective and equitable permanency: Key findings from permanency professionals. Research brief.*](#) Urbana, IL; School of Social Work, University of Illinois at Urbana-Champaign.

Cross, T. P., Landa, C., Fox, H. L., LaSota, R., Thebaud, M., Hines, D., Parsons, T., Song, E., Hampton-Campbell, S., Kwon, S., & Steiner, M. J. (2023). [*Exploring the role of guardianship in effective and equitable permanency: Report on the Professional Interview Study.*](#) Urbana, IL: School of Social Work, University of Illinois at Urbana-Champaign.

86. Bissell, M. & J.L. Miller, J.L. (2004). [*Using subsidized guardianship to improve outcomes for children: Key questions to consider.*](#) Children's Defense Fund. pp. 13-18.

87. Cohen (2004), *ibid.*

The positive news is that caregivers perceived that most children experienced a trusting relationship with the permanency professionals in their case. Caregivers also felt that, for most of the children in their care, communication was adequate. These positives no doubt support stable and nurturing permanent placements, and they are strengths to build on to improve permanency outcomes. On the other hand, the quality of relationships and communication is arguably less than is needed for an effective system to produce good outcomes. The percentages of caregivers who felt the children in their cases did not trust the professionals on their case, and for whom caregivers reported inadequate communication, were large enough that it is difficult to consider the system supporting permanency in Illinois as fully trustworthy. Inadequate communication was also a common theme in the caregiver interviews.

Caregivers' Perspective on Barriers to Permanency

In the survey, we asked caregivers if they had experienced any barriers that delayed permanency for the child(ren) in their care. They were provided a list of nine barriers and asked to select all that apply. They also had the option to specify a barrier not included in the list or to indicate that they did not experience barriers that delayed permanency for a child in their care. Almost four-fifths of caregivers reported at least one barrier delaying permanency, with about one-fifth of caregivers (21%) indicating that they did not experience barriers that delayed permanency. Those caregivers who noted barriers experienced an average of 2.7 barriers. The most common barrier was changes in caseworkers and other professionals on the case, experienced by 51.8% of caregivers. The second and third most common barriers were discussed above: a lack of timely information from the caseworker (27.9%) and a lack of needed information from the caseworker (24.6%). Other barriers were lack of services for the child (23.8%), delays in processing approval from DCFS for an adoption (23.0%), delays in processing approval from DCFS for guardianship (18.0%), lack of assessments for the child (13.9%), issues with licensing (10.7%), inexperienced/ineffective casework (6.6%), court/legal delays (5.7%), and delays in setting up payments (4.9%). The long length of time that it took to achieve permanency was a recurrent theme in the caregiver interviews.

These results make it clear that the process of planning and determining permanency does not go entirely smoothly for most caregivers. It is not surprising that changes in caseworkers and other professionals was by far the most common barrier, given that turnover is a substantial challenge throughout the child welfare system,⁸⁸ affecting functioning in each of its domains. Given that the Federal General Accounting Office in 2003 estimated an annual turnover rate of 30% to 40% in child welfare,⁸⁹ and achieving a permanent placement can take up to three years or more, turnover in permanency caseworkers is likely. The time needed for new caseworkers to onboard and learn the specifics of the case can be substantial.

It would be good to understand more about how caseworker communication could be improved to avoid delays in permanency. Do caseworkers sometimes fail to get information to caregivers in time for them to do their part in moving the case toward permanency? Is there a communication gap with colleagues that delays necessary actions by allied professionals? Increased attention to expected timelines for communication and documentation may help mitigate delays in achieving permanency. It is not surprising that lack of services and assessments was sometimes cited as barriers delaying permanency. Substantial proportions of Illinois children in substitute care have serious problems with behavioral health, physical health, and education, and many of these children do not receive the services they need.⁹⁰ These problems can influence the child and family's readiness to move toward permanency. Given the licensing issues identified by professionals in interviews and surveys in other components of our study, it is somewhat surprising that licensing was mentioned as a barrier by only a small percentage of caregivers.⁹¹

88. Madden, E. M., Scannapieco, M., & Painter, K. (2014). An examination of retention and length of employment among public child welfare workers. *Children and Youth Services Review*, 41, 37–44.

89. U.S. Government Accountability Office (GAO). (2003). *Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff*. Washington, DC: GAO.

90. Cross, T.P., Tran, S., Hernandez, A. & Rhodes, E. (2019). *The 2017 Illinois Child Well-Being Study. Final Report*. Children and Family Research Center, University of Illinois at Urbana-Champaign.

91. Cross, T. P., Landa, C., Fox, H. L., LaSota, R., Thebaud, M., Hines, D., Parsons, T., Song, E., Hampton-Campbell, S., Kwon, S., & Steiner, M. J. (2023). *Exploring the role of guardianship in effective and equitable permanency: Key findings from permanency professionals. Research brief*. Urbana, IL; School of Social Work, University of Illinois at Urbana-Champaign.

In summary, we saw substantial evidence of caregivers' commitment to children's permanency and well-being. Usually, their permanency goals for their children matched the case outcome or planned case outcome, but there were mismatches that raised questions about the system's responsiveness to them and need to be explored. Caregivers had a range of different reasons for their permanency choice, based on their understanding of the best interests of the child, and their wish to support both the child and the family. Most caregivers felt that the children in their care had positive relationships and adequate communication with professionals, but some did not, and there were worrisome gaps in trust and communication. Most concerning is that some caregivers we interviewed who were candidates for guardianship had never been informed about it. Clearly, caregivers' love and commitment are enormous resources for children and youth in foster care. More work is needed to improve caregivers' experience of the permanency process, enhance their voice in the systems, and provide them and their families with the supports they need.





Chapter 6

Racial Equity and Permanency

The effort to find permanent homes for children in substitute care occurs within a context of substantial racial disparities.⁹² Compared to White families, Black families are more likely to be reported for maltreatment and become involved in the child welfare system. Compared to White children, Black children are more likely to be placed in and remain in substitute care. One of the reasons the current research is important is that Black children in foster care are less likely than other children to reach permanent homes, and DCFS involvement in Black families' lives is more likely to persist. Pervasive racism fueled by both overt and implicit bias continues to be an ugly reality in our society. Given the realities and the harm that Black children and families experience, it is important that a study of permanency options examine the role of race in planning and implementing permanency options. Improving permanency planning and implementation also necessarily requires becoming aware of and addressing racial inequities. Understanding racial inequity was also the mission of the initiative that funded this research, the Call to Action to Address Racism & Social Injustice Research Program.

Each component of our overall study gathered data on perceptions of racial equity in permanency work in DCFS. Professionals in our professional interview and survey studies were asked about their perceptions of racial equity from their professional experience, and caregivers of Black children that we interviewed and surveyed were asked about their perceptions of racial equity in their interactions with child welfare agencies. Below, we summarize some of the results from these questions, examine how these findings relate to other research knowledge about racial equity, and discuss some ideas that might help undo racial inequities in permanency work in the child welfare system in Illinois. More detailed results are available in the individual reports from each component of the project.

92. See, e.g., Fuller, T., Wakita, S., Adams, K.A., Nieto, M., Shipe, S.L., Wang, S. & Chiu, Y. (2022). [Racial Disproportionality in the Illinois Child Welfare System: FY2022 Report in Response to HB2914](#). Children and Family Research Center, University of Illinois at Urbana-Champaign.

Dettlaff, A. J., & Boyd, R. (2020). Racial disproportionality and disparities in the child welfare system: Why do they exist, and what can be done to address them? *The Annals of the American Academy of Political and Social Science*, 692(1), 253-274.

Challenges for Black Families in Permanency Cases

A number of both Black and White professionals across the survey sample identified challenges for Black families involved in permanency cases. Nearly half of respondents felt that not enough services are available in communities or neighborhoods with large proportions of Black families. On questions about Black caregiving families and Black birthparents, about one-quarter of the respondents felt that the resources provided were insufficient. About one-fifth felt that some professionals were less likely to respect the views of Black families about adoption and guardianship and the same proportion felt that some professionals are biased against Black families who are seeking guardianship of a child.

Results from the survey and interview studies of caregivers of Black children also speak to racial concerns related to permanency. In response to a question about whether they, their family, or the children's birthparents were treated unfairly due to race by anyone involved in their placement with DCFS, 8% responded "yes." Black caregivers among this 8% shared the following experiences: having to fight to get a child relative placed with them, despite them being approved caregivers; experiencing discrimination from a caseworker; and being met with an "oh we've been here before attitude" that seemed based on race; observing that caregivers with White foster children were provided "better resources."

Our results are consistent with the findings of previous studies across the country. A 2003 study interviewed administrators, supervisors, and caseworkers in nine child welfare agencies across eight U.S. States (including Illinois).⁹³ Participants felt that poor communities in which many Black clients live lacked resources and were geographically disconnected from other communities that might provide more support and services. The child welfare professionals in this study thought that their colleagues lacked experience with other cultures and brought biases to their work. They identified a need to increase workers' cultural competence, the diversity of the workforce, and resources to support families providing permanency. Qualitative studies of the stakeholders in the Oregon and Texas child welfare systems⁹⁴ found similar evidence of racial bias in child welfare and deficits in services for Black families involved with child welfare, as did a private, unreleased report on the child welfare system in New York City.⁹⁵

Differences in Black and White Permanency Staff Perceptions

While some professionals did not perceive racial issues in permanency, others felt that Black families in child welfare were seen and treated differently than White families. Perhaps the most striking findings on race from our research are the differences between Black and White professionals in their perceptions of racial issues in permanency work. This occurred in both the interviews with professionals and the professional survey. The difference was clearest in the survey results, in which we found substantial differences between the responses from Black and White caseworkers. White caseworkers were:

- more than twice as likely as Black caseworkers to respond that there was no difference in permanency planning for Black families compared to White families (55.6% vs. 22.9%)
- almost four times as likely to perceive no differences in child welfare system supports for Black children and their families compared to White children and their families (49.6% to 14.3%)

Black caseworkers, on the other hand, were:

- almost five times more likely to agree that "Children are reunified more quickly in White families than in comparable Black families" (48.6% vs. 17.6%)
- more than three times more likely to agree that "The courts give Black birth families less time than

93. Chibnall, S., Dutch, N.M., Jones-Harden, B., Brown, A., Gourdine, R., Smith, J., Boone, A. & Snyder, S. (2003). [*Children of color in the child welfare system: Perspectives from the child welfare community*](#). Washington, D.C., Children's Bureau, Administration of Children and Families.

94. Dettlaff, A. J., & Rycraft, J. R. (2010). Factors contributing to disproportionality in the child welfare system: Views from the legal community. *Social Work, 55*(3), 213-224.

Miller, K. M., Cahn, K., Anderson-Nathe, B., Cause, A. G., & Bender, R. (2013). Individual and systemic/structural bias in child welfare decision making: Implications for children and families of color. *Children and Youth Services Review, 35*(9), 1634-1642.

95. Newman, A. (June 20, 2023). [*Is N.Y.'s Child Welfare System Racist? Some of Its Own Workers Say Yes*](#). New York Times.

- White families before moving to terminate parental rights” (31.4% vs. 8.5%)
- almost three times as likely to agree that “Children are more likely to be reunified in White families than in comparable Black families” (49.7% vs. 18.0%)
- more than seven times as likely to agree that “Adoption is pushed more for Black than for White caregiving families” (though both percentages were small, 14.3% versus 2.6%)
- almost five times more likely to agree that “Guardianship is pushed more for White than Black caregiving families” (again, the percentages were small, 11.4% vs. 2.0%)

Comparisons between Black and White caregivers show similar differences in perception of racial issues related to permanency. Black caregivers had significantly lower mean ratings than White caregivers on:

- Judges’ comfort in working with Black families (White caregivers $M = 4.43$, Black caregivers $M = 3.70$)
- Judges’ effectiveness in working with Black families (White caregivers $M = 4.27$, Black caregivers $M = 3.48$)
- Judges’ and caseworkers’ respect for Black fathers (judges: White caregivers $M = 4.07$, Black caregivers $M = 3.52$; caseworkers: White caregivers $M = 4.28$, Black caregivers $M = 3.75$).
- How culturally appropriate caseworkers were with Black families (White caregivers $M = 4.25$, Black caregivers $M = 3.83$)

These results suggest inequities for Black families in permanency and thus deserve meaningful exploration.

Perhaps the first aspect of these findings to address is the substantial difference between White and Black caseworkers and caregivers in their perceptions. This is consistent with a number of studies that show that Black people perceive more racism than White people.⁹⁶ One possible explanation for this is that some caseworkers and supervisors in predominantly White geographic areas may have limited experience with Black clients. Black professionals’ own experience of racism and investment in fellow Black people are likely to make them more aware of subtle signs of racism, while White people may be motivated to use a higher threshold and be less sensitive to behaviors that Black people might experience as racist.⁹⁷ Another factor may be differences in understanding historical racism,⁹⁸ and in understanding structural racism stemming from policy and social factors that perpetuate racial inequality.⁹⁹ Some studies have shown that increasing White people’s understanding of the oppression that Black people have experienced in our nation’s history and of white privilege in society may give White people a better appreciation of current racism, though some studies suggest this may have no effect or even increase denial.¹⁰⁰

Several of the differences in responses of Black and White caseworkers on their perceived differences by race can be checked against the empirical results on racial disparities that we presented in Chapter 1. These results corroborate the statements “Children are more likely to be reunified in White families than in comparable Black families” and “Children are reunified more quickly in White families than in comparable Black families.” Likewise, other research has shown that termination of parental rights in Illinois is more common for Black birth families than White,¹⁰¹ which is consistent with the survey statement, “The courts give Black birth families less time than White families before moving to terminate parental rights.”

Though only a small percentage of survey respondents agreed that “Adoption is pushed more for Black than for White caregiving families” and “Guardianship is pushed more for White than Black caregiving families,” Black professionals were more likely to endorse this statement than White professionals. These statements are more difficult to compare with empirical data, because it is difficult to define and measure being “pushed.”

96. Carter, E. R., & Murphy, M. C. (2015). Group-based differences in perceptions of racism: What counts, to whom, and why? *Social and Personality Psychology Compass*, 9(6), 269-280.

97. Carter & Murphy (2015), *ibid*.

98. Nelson, J. C. Adams, G., & Salter, P. S. (2012). The Marley hypothesis: Denial of racism reflects ignorance of history. *Psychological Science*, 24(2), 213–218.

99. Carter & Murphy (2015), *ibid*.

100. Zell, E., & Lesick, T. L. (2022). Ignorance of history and political differences in perception of racism in the United States. *Social Psychological and Personality Science*, 13(6), 1022-1031.

101. Wildeman, et al. (2020), *ibid*.

However, given that we saw in Chapter 1 that both adoption and guardianship from DCFS are more common for White children than Black children, it is plausible that White and Black families are treated differently regarding these permanency options. The fact that many respondents were not aware of the statistical differences we discussed in Chapter 1 suggests the need for greater education of permanency professionals on racial disparities in permanency outcomes.

Professionals' Training and Supervision related to Racial Bias

In both the interviews and the survey, we learned that most professionals had had training on racial bias, usually through their agency. Many also valued support from their colleagues in their agency or outside of their agency to deal with racial bias. Interviews suggested that participants were mixed in their appraisal of the quality and impact of the training on racial bias they had received. Only a small proportion of survey respondents provided suggestions for additional training or support to address racial bias. Clearly, more learning regarding racial bias and its effect on permanency practice is needed, but current approaches to training may be insufficient. A case study of two counties that had significantly decreased the proportion of Black children in substitute care has helpful information on training.¹⁰² Both counties made training related to racial equity a priority – study participants endorsed three specific trainings as most helpful – and one county established ongoing learning groups to build on the training and develop action plans to improve racial equity.

Careful examination of practices and policies contributing to these inequities needs to be systemically conducted with careful attention to making lasting system-level change. In that effort, building cultural competence throughout the child welfare system is a key strategy.

The National Association of Social Workers (2015)¹⁰³ provided the following definition of cultural competence:

Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each (Fong, 2004; Fong & Furuto, 2001; Lum, 2011). “Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system or agency or amongst professionals and enable the system, agency, or those professions to work effectively in cross-cultural situations” (National Center for Cultural Competence, n.d., p. 1).

Cultural humility complements and extends cultural competence. Ortega and Faller¹⁰⁴ provide the following definition of cultural humility,

A cultural humility approach advocates for incorporating multicultural and intersectional understanding and analyses to improve practice, since together these concepts draw attention to the diversity of the whole person, to power differences in relationships (especially between workers and families), to different past and present life experiences including microaggressions, and to potential resources or gaps (Brown, 2009; Furlong & Wight, 2011; Gallegos et al., 2008; Kossak, 2005; Lee, 2010).

Two strategies that could be fully implemented to support permanency staff and others in engaging with families in culturally competent and culturally humble ways are reflective supervision (which is part of the DCFS Model of Supervisory Practice) and critical reflective practice in casework (which is part of the DCFS Core Practice Model).

102. Pryce, J., Lee, W., Crowe, E., Park, D., McCarthy, M., & Owens, G. (2019). A case study in public child welfare: County-level practices that address racial disparity in foster care placement. *Journal of Public Child Welfare*, 13(1), 35-59.

103. National Association of Social Workers. (2015). [Standards and indicators for cultural competence](#).

104. Ortega, R. M., & Faller, K. C. (2011). Training child welfare workers from an intersectional cultural humility perspectives: A paradigm shift. *Child Welfare*, 90, 27-49.

As described by Lingras (2022)¹⁰⁵:

Reflective supervision/consultation (RSC) is conceptualized as supervision that expands on clinical content (learning of new information) and administrative (documentation, policies, procedures) supervision, and allows the supervisor and supervisee to step back from the work to reflect on their own experience both with and of the child and/or family. (p. 640)

Diversity-Informed Reflective Supervision expands upon reflective supervisor practice to anchor work with families while understanding the impact of race, culture, and social inequities. As described by Wilson and Barron (2022)¹⁰⁶, Diversity-Informed Reflective Supervision involves the creation of:

intentional space to examine the impact of race, culture, and social inequities can act as a charging station to fuel providers as they strive to engage in relationship-based work with caregivers and families. (p. 16)

Underrepresentation of Black Permanency Workers

Almost a third of respondents to the survey of permanency caseworker and supervisors reported that Black professionals are underrepresented in some professional roles dealing with child permanency. Research on the demographics of the child welfare workforce is sparse, and we know of no study of this in Illinois. A 2008 study of a nationally representative sample of children involved in child protection investigations found that 19.5% of caseworkers were Black,¹⁰⁷ but did not report results for Illinois. Though the percentages do not necessarily match, it is nevertheless informative to look at the percentage of Black children among those who became involved with child welfare that year: nationally, it was 21.9%, and in Illinois, it was 33.4%. However, the percentage of caseworkers who were Black in the 2008 study applies to all types of caseworkers—we do not have statistics specifically for permanency workers. The CFRC Data Center shows that 32.4% of children who were initially placed in substitute care through DCFS in 2022 were Black. A percentage this high points to the importance of attention to developing and maintaining a diverse workforce with substantial representation of Black professionals.

DCFS' Work on Racial Equity

To address the racial concerns identified in this study, Illinois could draw from its previous work to promote racial equity and build on its current efforts. In a 2015 study of state initiatives, a team from the Alliance for Racial Equity in Child Welfare profiled the progress that DCFS had made towards improving equity.¹⁰⁸ Starting in 2007, DCFS created the Office of Racial Equity Practice; this office recently wrote a DCFS Race Equity Blueprint to guide efforts within the department.¹⁰⁹ As part of its Permanency Enhancement Project Model, DCFS also convened regional Permanency Enhancement Symposiums in 2007 to identify and share information on the scope of racial disparities.¹¹⁰ Attendees then developed county action teams to analyze data and develop action plans at the county level. DCFS also developed Regional Transformation Teams for Central, Cook, and Southern regions, which receive intensive anti-racism training. This led to workgroups tasked with implementing improvements in 12 different areas of training and practice. The initiative also developed the Racial Equity Impact Assessment tool. A Court Improvement Racial Justice Steering Committee, composed of nine judges, worked to provide racial equity training within the judges' required educational conference. In addition, it began to work with community stakeholders allied with DCFS to improve racial equity.

105. Lingras, K. A. (2021). Mind the gap(s): Reflective supervision/consultation as a mechanism for addressing implicit bias and reducing our knowledge gaps. *Infant Mental Health*, 43, 638-652.

106. Wilson, K. & Barron, C. C. (2022). [Honoring race and diversity in reflective supervision](#). Washington, DC: Zero to Three.

107. Barth, R. P., Lloyd, E. C., Christ, S. L., Chapman, M. V., & Dickinson, N. S. (2008). Child welfare worker characteristics and job satisfaction: A national study. *Social Work*, 53(3), 199-209.

108. Miller, O., & Esenstad, A. (2015), *ibid*.

109. Illinois Department of Children and Family Services (2022). [Child Welfare Advisory Committee on Racial Equity meeting minutes, 7/27/22](#).

110. See also Illinois Department of Children and Family Services (2014) [A strategic plan for promoting racial equity in the child welfare system](#).

Although it is beyond our scope to review all of DCFS' efforts on racial equity, we can nevertheless point to recent efforts as well. DCFS chairs a Child Welfare Advisory Committee (CWAC) on Racial Equity that addresses racial disparities and disproportionality.¹¹¹ This committee is currently developing an Anti-Racism and Equity Assessment and Race Equity Toolkit for use in practice and is seeking to collaborate with DCFS' Permanency Enhancement Project. Legislation also created the multi-stakeholder Racial Disproportionality in Child Welfare Task Force, which began meeting in the autumn of 2022.¹¹²



111. Illinois Department of Children and Family Services (2022). Child Welfare Advisory Committee on Racial Equity meeting minutes, 7/27/22. Ibid.
112. Illinois Department of Children and Family Services (2022). Racial Disproportionality in Child Welfare Task Force Meeting Minutes, September 21, 2022.



Chapter 7

Recommendations for Policy and Practice

Our research suggests that guardianship is a viable option for providing permanent homes for many Illinois youth in substitute care through DCFS. It examines many of the challenges to deal with for guardianship to reach its full potential. Our research also helps illuminate racial concerns related to permanency that also need to be addressed, which may help correct persisting racial disparities in permanency in Illinois.

The knowledge and insight we have gained from caregivers and professionals suggest many recommendations for improving the permanency process and its outcomes, with a special focus on enhancing the use of guardianship. Below, we discuss recommendations in three broad categories: 1) reducing barriers to permanency, 2) providing education about guardianship and publicly celebrating successful guardianships, and 3) improving racial equity in the permanency process for Black children and families.

In various ways, the work of professionals in the Illinois child welfare system and partner organizations have established a foundation for many of these recommended practices. We invite DCFS to consider this list of recommendations as a starting point in planning to reduce barriers to guardianship and to increase its use when it is in the best interest of the child. We also recommend a fundamental shift to considering adoption and guardianship as equally viable options for permanency, with the choice guided entirely by the needs of the child and family. We realize that a shift to putting guardianship and adoption on an equal footing is a long-term endeavor that necessitates the support of stakeholders and might require further changes to state law, revision of guidelines for judges, and at least a waiver from the U.S. government. We recommend engaging all relevant stakeholder groups in conversations and decision-making regarding changes to policy and practice.

Our recommendations stem from our study findings. They help promote “kin-first” and family-centered culture across the state’s child welfare system. Building agency support for kin caregivers to assume guardianship

for children is one of many strategies for developing a kin-first agency culture.¹¹³ It is helpful to learn from other jurisdictions' strategies and reflect on Illinois' historical work. Toward this end, Casey Family Programs completed a national analysis of guardianship assistance policy and implementation, which summarizes strategies learned across states.¹¹⁴ To better engage kin in guardianship placements requires clear and consistent leadership as well as implementation support and resources to promote policies and practices supportive of guardians and children in guardianship placements. The strategies presented below offer some direction for moving forward in strengthening a kin-first approach to supporting child safety, permanency, and well-being. It will be important to engage many stakeholders in the review, discussion, and decision-making in implementing a systematic array of strategies.

Reduce Barriers to Permanency

A number of barriers impede the implementation of guardianship. On the survey of caregivers, over half of caregivers checked off turnover in caseworkers and other professionals as a barrier to guardianship. Lack of support for families was an issue: many of the caregivers we interviewed expressed not feeling supported during the permanency planning process. Inordinate time delays stand in the way of achieving permanency, robbing children and youth of time in a permanent family. Families' inability to meet licensing requirements for guardianship subsidies thwarts some potential guardianships, particularly for Black families, who are more likely to have family members with a criminal history, challenges to meeting the housing requirements, and live in multigenerational homes. Difficulties with licensing contribute to delays in obtaining guardianship because of the time it takes for many caregivers to qualify for licensing. Currently, subsidies cannot be awarded after a guardianship is established.

One key finding in this area is significant gaps in communication with caregivers. The chief gap for caregivers we interviewed was that some did not know guardianship was a permanency option for their child or children, even though they were candidates for it. Even those who knew the range of permanency options did not always know that subsidies could be available with guardianship. The survey results also indicate problems with communication. A large proportion (46.9%) of current foster caregivers awaiting permanency for their children had not received information about guardianship. A substantial proportion (39.1%) of caregivers only learned about guardianship after it was decided not to reunify the child with their birthparents. Almost a third (30.3%) of caregivers who completed the survey reported not receiving enough information about guardianship.

Below are our recommendations for reducing barriers to permanency based on our findings:

1. Conduct a process assessment of permanency practices related to adoption and guardianship.
 - a. Identify areas of inefficiency that can be streamlined, clarified, or otherwise improved to reduce unnecessary delays in permanency.
 - b. Assess quality and timeline for communicating about adoption and guardianship with different parties, including caregivers, parents, children, and court partners.
 - c. Assess the impacts of licensing and other barriers in the process and identify strategies for reducing their impact.
2. Develop safeguards to reduce delays in progress toward permanency caused by caseworker turnover.
 - a. Identify processes that can be improved to reduce the impact of caseworker turnover on progress toward permanency for children with adoption and guardianship goals, including documentation and transferability of cases and onboarding practices for new caseworkers.
 - b. Implement monitoring activities to flag cases that fail to meet key milestones towards permanency in a timely manner following a goal of adoption or guardianship being set. Use this monitoring to address individual case delays and identify what additional support is necessary to provide timely permanency.

113. See: Casey Family Programs. (2019). [Why should child protection agencies adopt a kin-first approach? \[Issue Brief\]](#). Bloom Works. (2023). [Washington State DCYF Kin-First Culture Research and Recommendations](#).

114. Casey Family Programs (2018). [Guardianship assistance policy and implementation: A national analysis of federal and state policies and programs](#).

- c. Implement recommendations of the Child Welfare Workforce Task Force¹¹⁵, tailoring them specifically to the retention of permanency caseworkers and casework supervisors.
3. Improve communication with caregivers about permanency options for the child(ren) in their care.
 - a. Monitor agencies and hold them accountable for timely communication on both adoption and guardianship simultaneously.
 - b. Use multiple media, including social media platforms, to increase communication about adoption and guardianship with caregivers.
 - c. Inform families more effectively about resources for them when they experience problems with their agency, including the options of contacting supervisors and DCFS' Advocacy Office for Children and Families.
4. Increase the availability of services needed to prepare for different permanency options and support the transition.
 - a. Establish a kinship navigator program to support kin caregivers and their families through the permanency planning process and facilitate fully informed decisions about guardianship and adoption. Areas in which additional help is needed include: 1) advocating to receive appropriate subsidies, 2) identifying and accessing services and support in responding to children's experiences of trauma and other mental health, physical health, developmental, and educational needs, 3) maintaining a healthy relationship between the child, their siblings, and birthparents, and 4) facilitating caregiver-to-caregiver support in both the form of connecting caregivers facing similar challenges and facilitating support groups for caregivers.
 - b. Build processes to support concurrent planning in cases where the child is placed with relatives or fictive kin and where subsidized guardianship is the best secondary permanency option after reunification.
 - c. Improve access to behavioral health and other services to support children and youth in homes preparing for and providing permanency.
 - d. Increase funding for the DCFS post-guardianship support for guardianship subsidies. This includes identifying financial resources to cover permanency-related legal costs, statewide, for guardians post-guardianship and the costs of caring for and meeting each child's needs.
5. Provide thorough assessments of children and families in preparation for both adoption and guardianship.
 - a. Invest in conducting thorough assessments of children and families in preparation for adoption and guardianship. Create resources and processes to guide caseworkers through this assessment process. Design these resources with the goal of reducing the influences of biases (implicit or otherwise) that contribute to racial inequities in permanency options.
 - b. Base permanency recommendations on a thorough assessment of the child's developmental capacity, emotional state, the benefits and risks associated with the placement, and the child and family's preferences, rather than a given age threshold.
6. Address obstacles related to licensing status.
 - a. Consider making guardianship subsidies available to kin who have provided a safe and stable home for children for six months or longer, regardless of licensing status.
 - b. Advocate for re-examining federal standards on licensing that affect the availability of federal subsidies for permanent guardianship.
 - c. Evaluate the waiver process to overcome obstacles related to licensing, including racial equity in the waiver process.
 - d. Actively encourage caregivers to engage in the licensing process early to reduce delays related to licensing.

115. Lee, L., Tran, S., Braun, M. T., LaSota, R., & Fuller, T. L. (2020). [Child Welfare Task Force: Literature review, employer survey, and recommendations](#). Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Provide Education about Guardianship and Publicly Celebrate Successful Guardianships

We learned from our interviews and surveys that professionals often needed to be better informed about guardianship as a permanency option and the specifics of implementing it. Several had little experience with it because it was rarely used in their service area. Most professionals lacked knowledge about the stability of guardianship, often believing it less stable than the data suggest. Some ascribed other adverse outcomes to guardianship, even though empirical data on the outcome of guardianship are lacking. They were often unclear about licensing requirements. Many professionals we interviewed were unfamiliar with 2021 changes to the Juvenile Court Act designed to improve the process for communicating about and implementing guardianship. However, many of the professional survey respondents reported that they were informed about it. Knowledge gaps are not their fault – professional experience and education have not often provided adequate information. The public is largely ignorant about guardianship as a permanency option. Here are our recommendations for providing education about guardianship and public celebration of guardianships, based on our findings:

1. Launch a statewide education campaign for permanency professionals on guardianship covering the following topics.
 - a. Provide an overview of the advantages and disadvantages of guardianship, including state and national evidence of the stability of guardianship and the value of maintaining the child’s relationship with their siblings and extended family when safe to do so.
 - b. Promote family forward concurrent planning processes when guardianship is the secondary goal after reunification. Promote concurrent planning strategies that support healthy caregiver birthparent relationships and ongoing healthy relationships for the child with their family.
 - c. Train professionals in the functional processes related to the goal of guardianship, including the different types of subsidies (state versus national), licensing requirements and process for obtaining subsidies, licensing waivers, completing the required forms for DCFS legal review, and the DCFS legal review process.
 - d. Provide guidance to permanency professionals on strategies for advocating for guardianship within their court reports and other communications with the court. Include information about the changes to the Juvenile Court Act of 1987. and their implications for permanency planning and decision-making.
 - e. Communicate about supports that are available for caregivers during the permanency process and post-guardianship.
2. Communicate with judicial and legal permanency professionals about the changes to the Juvenile Court Act of 1987.
 - a. Sponsor forums with judges and attorneys to learn about their interpretation of the law and discuss its implementation.
 - b. Distribute copies of the amended act to DCFS Legal, the Guardian’s office, and other relevant DCFS offices.
 - c. Distribute copies of the amended act to contract agencies, along with guidance on interpreting and applying the new language in the law.
3. Develop knowledge-building methods for recognizing and celebrating guardianships with the general public.
 - a. Join other states in recognizing guardianships by issuing a resolution declaring September National Kinship Care Month.
 - b. Sponsor an event during National Kinship Care Month, in which families share their positive outcomes with guardianship.
 - c. Reach out to media to encourage coverage during National Kinship Care Month.
 - d. Ensure that the lived experiences of Black caregivers and families are represented when planning events to celebrate guardianships.

Improve Racial Equity in the Permanency Process for Black Children and Families

Disproportionate percentages of Black children in Illinois are placed in substitute care and stay there once placed,¹¹⁶ mirroring trends across the United States.¹¹⁷ A number of participants in our study, particularly Black participants, reported that they had observed or experienced racial bias in their work. This is not surprising, given structural racism, the pervasiveness of racial bias in society,¹¹⁸ the disproportionate number of Black children in substitute care, and the large number of Black families providing kinship and traditional foster care to children. Issues raised by participants include lack of access to culturally sensitive services for Black families and children and underrepresentation of Black and Latinx people among permanency professionals. Key to our recommendations is the promotion of cultural competence and cultural humility among permanency professionals.

Below are recommendations to improve racial equity in permanency based on our findings.

1. Develop cultural competency and cultural humility among permanency supervisors and caseworkers.
 - a. Train supervisors to utilize Diversity-Informed Reflective Supervision Techniques and train caseworkers in Critical Reflective Practice.¹¹⁹
 - b. Promote Diversity-Informed Reflective Supervision and Practice as strategies for promoting value-driven decision-making that reduces the impact of implicit biases while addressing knowledge gaps.¹²⁰
 - c. Train supervisors on utilizing Diversity-Informed Reflective Supervision to promote a healthy work environment that promotes cultural competence among colleagues and does not tokenize permanency professionals of color.¹²¹
2. Provide additional training to permanency professionals on racial inequities.
 - a. Provide permanency professionals with information on racial disproportionality and other racial inequities in the child welfare system.
 - b. Train child welfare agencies to develop agency norms encouraging employees to control bias and appreciate diverse perspectives, including those of the Black children and families they serve.
 - c. Provide professional development for caseworkers and supervisors on the historical and ongoing racial context of modern child welfare.
3. Develop practices that honor the voice of Black professionals in child welfare.
 - a. Create and support opportunities for Black professionals to develop professional networks.
 - b. Create and support training opportunities that feature the insights and experience of Black professionals.
 - c. Ensure that Black professionals are supported to participate meaningfully in DCFS policy development and program management.
 - d. Provide supervisors with training on responding to observations or concerns raised by Black caseworkers about racial inequities or biases they observe in their work, both when these inequities impact them directly and when they impact the families and children they serve.

116. Fuller, T., Wakita, S., Adams, K.A., Nieto, M., Shipe, S.L., Wang, S. & Chiu, Y. (2022). [*Racial Disproportionality in the Illinois Child Welfare System: FY2022 Report in Response to HB2914*](#). Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

117. Dettlaff & Boyd (2020), *ibid*.

118. See, e.g., Ratliff, K. A., Lofaro, N., Howell, J. L., Conway, M. A., Lai, C. K., O'Shea, B., ... & Zitelny, H. (2020). [*Documenting bias from 2007–2015: Pervasiveness and correlates of implicit attitudes and stereotypes II*](#). University of Florida: Unpublished manuscript.

119. Wilson, K. & Barron, C. C. (2022). [*Honoring race and diversity in reflective supervision*](#). Washington, DC: Zero to Three.

120. Godoy, S., Kainz, K., Brevard, K., & Keyes, O. (2022). A conceptual model to guide collaborative, reflective practice and values-driven child welfare decision-making. *Children and Youth Services Review*, 43, 1-10.

Lingras, K. A. (2021). Mind the gap(s): Reflective supervision/consultation as a mechanism for addressing implicit bias and reducing our knowledge gaps. *Infant Mental Health*, 43, 638-652.

121. Godoy et al. (2022), *ibid*; Lingras et al. (2021), *ibid*.

4. Honor and learn from Black families and caregivers' lived experience and expertise.
 - a. Create safe opportunities to learn from the lived experiences of Black families and caregivers. Integrate what is learned into training, policy and practice discussion, and programmatic design and implementation.
 - b. Ensure that Black families and caregivers are supported to meaningfully participate in the design of policies, practices, and programs that will serve their community.
 - c. Facilitate safe opportunities for Black caregivers to share their expertise and support with their peers.

5. Collaborate with the Child Welfare Advisory Committee on Racial Equity
 - a. Develop a partnership between the Child Welfare Advisory Committee on Racial Equity and the DCFS Permanency Enhancement Project to promote changes to policies and practices to reduce racial inequities in permanency.
 - b. Include content on permanency in the Anti-Racism and Equity Assessment and Race Equity Toolkit.¹²²

6. Prioritize ongoing work with the Racial Disproportionality in Child Welfare Task Force. Consider forming a workgroup with the task of drafting an action plan, translating any recommendations put forth by this task force relative to permanency planning into actionable responsive changes in policy and practice.

7. Increase access to behavioral health services, substance abuse services, family support, and other services in underserved communities with large proportions of Black families.
 - a. Conduct needs assessments to identify communities underserved by essential services and identify new partnerships, services, and alternatives (such as virtual offerings) to serve children and families in communities where access to critical services is inadequate.¹²³
 - b. Explore regional and subregional differences in barriers related to racial inequities and promote regional and subregional efforts to address these barriers.
 - c. Engage Black leaders (i.e., leaders from faith-based organizations, community-service agencies, and local activist groups serving kin caregivers) and other members of underserved communities to develop strategies for helping children and families in the community access critical services and support.¹²⁴
 - d. Train caseworkers to identify, discuss, and document the challenges families in underserved communities face accessing services as part of their Child and Family Team Meetings.

8. Increase efforts to hire more professionals in underrepresented groups in permanency work.
 - a. Implement recommendations of the Racial Equity Sub-Committee of the Child Welfare Workforce Task Force,¹²⁵ including:
 - i. increase hiring in selected regions of candidates from underrepresented groups by both DCFS and private agencies.
 - ii. implement DCFS and private agency annual reviews to assess diversity-hiring practices.
 - iii. Create racially and ethnically diverse panels for interviewing candidates.
 - iv. Increase recruiting in minority communities.
 - v. Elevate the importance of diversity and inclusion in every region
 - vi. Develop culturally competent job descriptions.
 - vii. Develop Diversity, Inclusion and Equity Plans to increase the diversity of hiring at private child welfare agencies.
 - b. Conduct analyses of diversity among the professions and volunteers involved in permanency, including guardians ad litem, court-appointed special advocates, and judges.

122. Illinois Department of Children and Family Services (2022). [Child Welfare Advisory Committee on Racial Equity meeting minutes, 7/27/22.](#)

123. Generations United (2020). *ibid*

124. Generations United (2020). *ibid*

125. See Lee et al. (2020), *ibid*.

- i. Examine retention from a racial lens in an effort to understand the unique challenges and needs of new Black professionals and what may be critical points of retention for this population. Implement targeted retention efforts for Black professionals.
- ii. Collaborate with professional schools (social work, law) to recruit new Black professionals for permanency work, including such techniques as preservice training, realistic job previews, internships, and field placements.





Chapter 8

Recommendations for Future Research

Our research examines the subjective impressions of professionals and caregivers. These impressions are important because they affect children’s lives, but they are not a measure of objective reality. In most ways, we do not truly know the outcomes of adoption and subsidized guardianship. We do not know, for example, how often birthparents petition the court to regain custody once a child is in a guardianship, how often that petition is successful or unsuccessful, and how often the result of that petition is clearly in the best interest of the child. More research of all kinds is needed. We recommend that these studies focus on kinship and fictive kin cases, because these are the cases that are most likely to lead to a decision between adoption and guardianship and are the most relevant for issues of racial disparity in permanency outcomes. Below we suggest future studies.

Administrative Data Studies

Only a handful of research studies have utilized child welfare administrative data to examine guardianship as a permanency option.¹²⁶ The CFRC’s Data Center provides data on guardianship but is limited in the narrow range of research on guardianship it can support. Our research illuminates beliefs about the differences among guardianship, adoption, and long-term foster care that have not been examined empirically. Understanding thoroughly how the characteristics of guardianship, adoption, and long-term foster home cases differ could help us comprehend differences in how adoption and guardianship are implemented and what outcomes they have. Administrative data studies could examine the differences between guardianship cases and other cases on the following factors:

126. Examples include Testa, M. F., Snyder, S. M., Wu, Q., Rolock, N., & Liao, M. (2015). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry*, 85(2), 107. Rolock, N., & White, K. R. (2016). Post-permanency discontinuity: A longitudinal examination of outcomes for foster youth after adoption or guardianship. *Children and Youth Services Review*, 70, 419-427.

- Geographic area
- Child characteristics - sex, age, race-ethnicity, number of siblings in the home
- Caregiver characteristics – relationship to child, age, race
- Birthparent characteristics – age
- Family characteristics – family composition, race-ethnicity
- Caregiver licensing status
- The use of subsidies
- Permanency outcomes

Researchers could use methods such as latent class analysis to develop a multi-variable profile to characterize cases with the goals and outcomes of adoption, guardianship, and long-term foster care.¹²⁷ Survival analysis (also known as event history analysis) could be used to examine what variables increase and decrease the likelihood of achieving permanency for those with a guardianship goal, and the time span needed to do this.¹²⁸

Case Record Review Studies

As our research reveals, practitioners have beliefs about what happens in guardianship cases: the circumstances in which it is undertaken and the benefits and risks that follow from it. But these beliefs have never been examined with empirical data. Researchers could conduct studies in which they code data from case records, supplemented by data from DCFS' administrative data system. This research could examine the following characteristics, and also compare the results to adoption and long-term foster care cases.

- Birthparents' substance abuse and mental health problems
- Visitation and child contact with birthparents – characteristics (e.g., degree of supervision, frequency and quality), appropriateness
- Type and quality of relationship between the caregiver and birthparent and child and birthparent
- Caregiver licensing status
- Reasons for seeking guardianship (e.g., caregiver and child reluctance to terminate parental rights, inability to terminate parental rights, birthparents have a loving relationship with the child but are incapable of providing parental care, birthparents are following the service plan but need more time)
- Permanency outcomes
- Subsidy
- Changes in custody
- Child well-being outcomes as measured by data from the Child and Adolescent Needs and Strengths (CANS) and other measures (e.g., educational, occupational, health, behavioral health)

This research could further examine how variables such as the birthparent-caregiver relationship predict achieving permanency.

Follow-up Studies

We could learn a great deal from follow-up studies with caregivers who became subsidized guardians of children who had been DCFS wards. Researchers could conduct telephone interviews with caregivers at intervals following the establishment of permanency. Data from the interviews could be combined with data from DCFS's SACWIS system, which could provide background data on the child, family and circumstances of the placement as well as re-entry into DCFS. Comparison data could be collected on adoption and long-term foster care cases. Both quantitative and qualitative data could be collected. Data could be collected from youth and birthparents as well as caregivers. Among the variables follow-up studies could address are the following:

- Caregivers, children's, and parents' preferences for different permanency outcomes
- Frequency, quality, and nature of visits with birthparents (e.g., use of supervision, overnight visits);
- Quality of children's relationship with guardians and birthparents;
- Joys and challenges experienced by children, caregivers, and birthparents;

127. For an example of latent class analysis with a foster care population, see Havlicek, J. (2014). Maltreatment histories of foster youth exiting out-of-home care through emancipation: A latent class analysis. *Child Maltreatment, 19*(3-4), 199-208.

128. For a relevant example, see Fuller, T. & Nieto, M. (2014). Child welfare services and risk of child maltreatment rereports: Do services ameliorate initial risk? *Children and Youth Services Review, 47*, 46-54.

- Child well-being outcomes (e.g., educational, occupational, health, behavioral health);
- Future plans once the child turns 18 (including the child’s anticipated relationship with the family once they become a young adult);
- The goals and wishes of caregivers, birthparents, and youth¹²⁹
- Case disruption and discontinuities and circumstances leading to them;
- Birthparent petitions to regain custody and their outcome; and
- Subsequent reports of abuse and neglect against guardians or birthparents.

Follow-up studies could also ask caregivers, youth, and birthparents to reflect on and assess the permanency process and permanency outcome.

Implementation and Outcome Studies of Permanency Work

Our participants highlighted difficulties in implementing permanency planning and decision-making, but, research on this is limited. Researchers could conduct an implementation study to examine how frequently and in what circumstances agencies implement permanency planning with fidelity to the principles underlying it. Studies could also examine how frequently and in what circumstances timely permanency is achieved. A survey of permanency professionals on their understanding of the Juvenile Court Act of 1987 could assess whether they now understand the 2021 amendment to the law and have changed practice accordingly.

129. See Rolock & White (2017), *ibid.*



About this Report

This report was produced as a collaboration between the Children and Family Research Center (CFRC) and the Translational Research team. The Translational Research team consists of University of Illinois researchers who provide research and analytical support to the Illinois Department of Children and Family Services (DCFS). They are affiliated with the DCFS Office of Research and Child Well-being at the Illinois DCFS. CFRC is an independent research organization created jointly by the University of Illinois at Urbana-Champaign and Illinois DCFS to provide independent evaluation of outcomes for children who are the responsibility of the Illinois DCFS. This report is available on the CFRC guardianship webpage: <https://www.cfrc.illinois.edu/guardianship.php>. Questions about this report should be directed to Dr. Theodore P. Cross at (781) 640-4532 or tpcross@illinois.edu.

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