

CHILDREN'S RIGHTS

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EXECUTIVE SUMMARY

New York City's child welfare system has long failed to meet even its own goals in ensuring that children in foster care have timely opportunities to grow up in permanent families – the families to whom they have been born or new adoptive families. The Administration for Children's Services (ACS) has made much progress in better ensuring the safety and well-being of children in its care, but the children served by ACS continue to remain in foster care for significantly longer periods of time than is the case nationally. Children in the City's foster care system in 2004 had been in care, on average, slightly more than four years (49.1 months), compared to the national mean of 31 months and the national median of 18 months.

In the late 1990s, a Special Child Welfare Advisory Panel was convened as a result of the class action lawsuit, *Marisol v. Giuliani*, filed by Children's Rights and Lawyers for Children. The Panel, in its comprehensive review of the progress being made by the New York City foster care system, concluded that although the child welfare system was improving in many areas, ACS needed to do much more in ensuring permanence for children. The Panel noted that, "on the front line, where parents encounter caseworkers and caseworkers encounter supervisors, not enough has changed with regard to permanency... [T]his is an area in which major efforts are most needed and are most likely to make real, compelling changes in the lives of the families and children in this system."

Undertaken by Children's Rights in January 2004, this study was designed to deepen the understanding of the extent to which permanency is being achieved in a timely way for the children and families served by New York City's foster care system. It was made possible through the generous support of the Robert Sterling Clark Foundation, the Jim Casey Youth Opportunities Initiative, and the Ira W. DeCamp Foundation. Importantly, the study utilized a participatory action design that involved parents, young adults formerly in foster care, and adoptive parents in all aspects of the design and implementation of the study. It was further enhanced by the guidance of a body of national and local child welfare experts. Recent data on permanence from ACS provided further evidence of the depth of the problem and the need to take action now. A comprehensive literature review also enriched the study and provided a strong research base for the study's focus on four key areas:

- The meaning and importance of "permanency"
- Permanency options and goals
- Planning for permanency
- Post-permanency outcomes

Review of the Statistical Data

This study examined data collected and synthesized by ACS, in an effort to achieve a clearer understanding of the extent to which children who enter foster care leave care for permanent families and the factors that support or hinder permanency.

These data show, first, that ACS has made improvements in achieving permanency for children and youth in its custody. For example:

- From 2000 to 2004, the percentage of adolescents in foster care who were adopted increased, most significantly for adolescents ages 12-13 (from 29.7% in 2000 to 42.9% from January to October 2004);
- From 1999 to 2004, larger percentages of children who were freed for adoption were adopted each year (from 51% in 1999 to 81% in 2004);
- From 1996 to 2004, the proportion of adolescents with a goal of independent living steadily decreased, most dramatically for adolescents ages 14-15 (from 17.6% in 1996 to 5.4% in 2004) and 16-17 (from 41.9% in 1996 to 26.1% in 2004).

However, the data also clearly demonstrate that children in New York City continue to remain in foster care for extended periods of time, well above the national average, irrespective of their permanency goals. For example:

- The average length of time for all children in foster care in 2004 was slightly over four years (49.1 months) (for the first four months of 2005, it was 49.6 months). This is well over the national average of 31 months in 2003 (the last year for which data is available);
- The median length of stay in foster care for children who return home to their families increased in 2004 to 7.6 months from a median in 2003 of 6.8 months and a median of 5.9 months in 2001. The ACS benchmark for reunification of children with their families is 5.5 months;
- The median length of time that children who are adopted spend in foster care has remained at five years since 2001;
- The median length of stay for youth who age out of care to independent living is seven years (according to ACS' preliminary analysis);
- ACS and the agencies with which it contracts have failed to meet adoption milestones – time periods in which the steps leading to adoption should be accomplished by the agencies responsible for children with adoption goals – that ACS has set for itself and the contract agencies. In fact, the performance of both the contract agencies and the ACS direct care programs worsened from 2000 to 2004, and agencies' timely performance on the milestones decreased between 2000 and 2004.

The ACS data also show the agency has made progress in practice areas that enhance children's chances of leaving foster care for permanent families and their opportunities to maintain family bonds:

- In 2004, sibling groups who entered foster care with no other siblings already in care were placed together 89.7% of the time;

- From 2000 to 2004, the percentage of children with a goal of reunification who had biweekly visits with their parents increased from 30% to 66%;
- From 2000 to 2004, for siblings in foster care who were not placed together, the percentage who had visits with one another increased dramatically, from 28% to 74%.

However, the data also show that only very limited progress has been made in a number of other practice areas that also enhance children's chances of growing up in permanent families and the maintenance of family bonds:

- Only about one-quarter of children are placed within their own community districts, close to their families and near their friends and schools when they enter foster care.
- Only about one-half of parents attend the Service Plan Reviews that are designed to engage parents in planning for their children in foster care.
- Many children and youth (about 10% of all children in foster care for the first time and close to one-quarter of all children in foster care for two or more times) are discharged to "other" destinations – arrangements other than reunification with their parents, placement with relatives or independent living. The outcomes for these children are not clear, particularly the extent to which any adult has assumed responsibility for their safety and well-being.
- Many children and youth return to foster care after "permanency" is achieved. One quarter of all children who exit foster care return to foster care at some point.

Results of Interviews with Parents, Young Adults Formerly in Foster Care, Adoptive Parents, and Child Welfare Professionals

A critical aspect of this study was interviews with parents, young adults formerly in foster care, and adoptive parents who had been or were at the time of the interviews involved with the City's foster care system. Through the use of semi-structured questions, researchers asked these individuals to discuss their own experiences in connection with their efforts to achieve permanency. These interviews yielded eleven key themes:

- **Understanding:** "Permanency" is not a well-understood concept among parents, young adults, and adoptive parents and may be a more meaningful term to professionals than to the individuals served by the child welfare system.
- **Respect:** Individuals served through the child welfare system want and believe that they are entitled to respect, but they report often that they are not treated respectfully.
- **Options:** Those served by the child welfare system want permanency options to be defined more broadly, not to be confined to legal options, and to be individualized.
- **Goals:** Parents and youth often are not clear about "permanency goal" options, how the goal is set, or the extent to which they have input into setting the goal.

- **Sibling Connections:** Sibling relationships and connections are at the heart of “permanency” for many youth.
- **Family Connections:** Parents and young adults believe that the failure to maintain connections between families and youth while they are in foster care undermines effective reunification efforts.
- **Social Workers:** Parents, young adults, and adoptive parents see caring, committed social workers as vital supports throughout the permanency planning process.
- **Services:** Parents and young adults state that services to youth and families while youth are in foster care are essential to effective permanency planning but are not provided consistently.
- **Resilience:** Parents, young adults, and adoptive parents often see their own strengths and resilience as key factors in successfully navigating the foster care system and achieving permanency.
- **Length of Time:** Parents, young adults, and adoptive parents generally perceive the permanency process as taking entirely too long.
- **Support:** Parents, young adults, and adoptive parents generally believe that post-permanency services and supports are essential.

Interviews were conducted with child welfare professionals who were asked to respond to the themes identified from the interviews with parents, young adults, and adoptive parents. The professionals validated the eleven themes as consistent with their own observations of the current issues that affect the quality of permanency planning and the achievement of permanency for children, youth, and families. The professionals added their perspectives on what is currently being done or should be done to address the identified themes.

ACS, after its review of the study findings, provided information on a number of its initiatives which are positively affecting permanency outcomes for children and youth currently in foster care. These initiatives – including its Families for Teens program, its adoption initiatives, and its programs to promote parent-child visiting and sibling visiting – indicate a strong commitment by ACS to permanency. It is not clear, however, to what extent the private child welfare agencies in the City have embraced these practices.

Recommendations¹

Recommendation #1:

The quality of front-line practice must be improved, with a focus on the private agency caseworkers who work with the great majority of children in the City’s foster care system. ACS must ensure that the private

¹ More detailed action steps to implement these recommendations appear in the “Discussion and Recommendations” section of this report.

child welfare agencies with which it contracts provide for reasonable caseload sizes, training, supervision, and supportive work environments that contribute to strong permanency casework practice.

Recommendation #2:

Time to permanence must be a high priority in order to significantly reduce the time that children remain in foster care. ACS's established time frames for reunification and for achieving milestones to adoption must be met, and time frames for meeting milestones for other permanency goals must be established and followed.

Recommendation #3:

The role of the courts in achieving permanency and in eliminating court practices that hinder the timely achievement of permanency must be addressed. To that end, Children's Rights has requested and ACS has agreed to provide, with appropriate confidentiality safeguards, access to children's records from which data will be compiled to document the role the Family Court plays in the timely achievement of permanence for children.

Recommendation #4:

ACS should develop and ensure the provision of post-permanency services to support children and their families and support youth who age out of foster care. For youth who are discharged from foster care to independent living, ACS should ensure that youth are connected with caring adults who have made a long-term commitment to them.

INTRODUCTION

This study was undertaken after ten years of concerted efforts on the part of the New York City advocacy community to improve the quality of foster care in New York City. In December 1995, Children's Rights and Lawyers for Children filed a lawsuit on behalf of children and youth in foster care against the New York State Office of Children and Family Services (OCFS) and ACS (then known as the Child Welfare Administration). The lawsuit alleged a number of serious problems with the child welfare system in New York City (the City), including problems related to the timely achievement of permanency for children and youth in foster care. In December 1998, the lawsuit was settled, and the City agreed to utilize the expertise of independent outside child welfare experts to guide it in undertaking the systemic reforms that were necessary. An expert advisory panel was convened and was granted complete access to all aspects of ACS's operations. The panel assessed the strengths and weaknesses of the City's child welfare system and made recommendations to improve the quality of child welfare services. The panel's work concluded with a final report in December 2000 which praised the City for its accomplishments in revamping the child welfare system but also noted that much work was needed to ensure that the system worked effectively on behalf of children and youth and their families (Special Child Welfare Advisory Panel, 2000).

This research is the fourth in a series of studies conducted with the aim of addressing some of the key issues set forth by the Panel.² In its final report in December 2000, the Panel stated that permanency was not being achieved in a timely way for a large number of children and youth in the City's foster care system, and it made a number of recommendations to improve permanency outcomes for children and youth. In its final report, the Panel (2000, p.38) commented as follows:

“We think it fair to conclude that on the front line, where parents encounter caseworkers and caseworkers encounter supervisors, not enough has changed with regard to permanency. Our conversations with parents, advocates, attorneys, caseworkers, and supervisors; our own observations of family case conferences and Service Plan Reviews; the data we have reviewed concerning services to parents, parent-child visits, and parent participation in service planning; the absence of effective legal representation for parents – all of these factors, taken together, have convinced us that this is an area in which major efforts are most needed and are most likely to make real, compelling changes in the lives of the families and children in this system.”

The Panel went on to highlight specific areas of concern. With regard to Service Plan Reviews (SPRs), the meetings held every six months with parents, kin, caseworkers, the child (when appropriate), and others, to assess the progress made toward achieving permanency, the Panel (2000, p.40) stated:

“[SPRs] too rarely start from the parents' strengths; too rarely ask what their goals are and what kind of help they think they need to achieve those goals; too often shy away from the difficult emotional content that must be addressed; and too often present parents with a predetermined set of services to be agreed to and complied with, rather than using the conference itself as an opportunity to craft an individual plan. In short, these are too rarely settings in which real decisions are made and parents have a voice in shaping those decisions, and too often places in which administrative requirements are complied with.”

² The previous studies were: Continuing Danger: A Report on Child Fatalities in New York City (2003), Time Running Out: Teens in Foster Care (2003), and Continuing Danger Revisited: Child Fatalities in New York City 2003-2004 (2004).

Engagement of parents was another area that the Panel (2000, p.41) highlighted as needing significant improvement:

“We saw practice that varied very widely, and that included programs and workers who do an extraordinary job of connecting with, encouraging, and advocating for their clients. But we came to believe this practice to be the exception, not the rule, and were more commonly struck by situations in which parents were provided with referrals to services and, if they did not quickly follow up, labeled ‘non-compliant’.”

In 2004, four years after the Panel’s final report, it was not clear that ACS had significantly improved the quality of permanency practice nor that it was achieving permanency outcomes for children in a more timely way. To obtain a fuller understanding of these issues, Children’s Rights initiated a study to carefully examine the experiences of youth and their families in planning for and achieving permanency through reunification, placement with extended family members, and adoption. These individuals’ perceptions were sought in order to identify two types of practices and policies: those that appear to be having a positive impact on permanency outcomes and the areas that continue to pose barriers to the successful and timely achievement of permanency for all children and youth in the City’s foster care system. The study collected and analyzed quantitative and qualitative data, with the goal of developing specific, practical recommendations to support positive permanency outcomes for children and families.

This report provides the results of the study, *Seeking Permanent Solutions*, and the recommendations that emerged from the findings. First, the current knowledge base in terms of the research literature is presented. This section of the report sets the context for understanding the findings of the study by drawing on child welfare literature and research. Then, the focus and methodology of the study are detailed. The next section of the report presents the key findings of the study, beginning with an assessment of current national and local quantitative data on permanency planning outcomes for children and youth in the foster care system. The next section of the report summarizes the findings from interviews with two groups: (1) consumers, who included young adults formerly in foster care, birth parents, and adoptive parents; and (2) child welfare professionals, who included judges, law guardians, social workers, adoption attorneys, representatives from private agencies and public-private initiatives, and representatives from community-based and other advocacy organizations in New York City. It also provides information gained from ACS representatives regarding current efforts to strengthen permanency planning practice and permanency outcomes for children in the City’s foster care system. The report then discusses these findings and makes recommendations designed to improve the experiences of and outcomes for youth in foster care in New York City and their families. The report concludes with observations about the important information and lessons learned from this study.

REVIEW OF THE RESEARCH LITERATURE

The following section provides a review of the research literature relevant to the four critical domains of this study: the meaning and importance of “permanency,” permanency options and goals, planning for and achieving permanency, and post-permanency issues.

The Meaning and Importance of “Permanency”

According to the National Council of Juvenile and Family Court Judges (1999), permanency stems from one guiding principle: all children have the right to a healthy and safe childhood in a nurturing, permanent family, or in the closest possible substitute to a family setting. From a legal perspective, “permanency” for children in foster care encompasses family-based living situations that are permanent: reunification with parents, permanent placement with relatives, or adoption (P.L.105-89, the Adoption and Safe Families Act of 1997). With the enactment of the Adoption and Safe Families Act (ASFA), long-term foster care is no longer legally recognized as a viable “permanency” option (Lutz, 2003), although ASFA included a permanency category for older children in care termed “another planned permanent living arrangement” (known often as APPLA) (McNaught & Onkeles, 2004).

The legal preference for family-based permanency arrangements is consistent with the literature that emphasizes the critical role of family in children’s lives. Families not only provide shelter and financial support for children but also impart social and psychological benefits, solid grounding, and a network of consistent relationships over time (Barth, 2002; Bass, Shields & Behrman, 2004; Harden, 2004; Hochman, 2004). The ABA Center on Children and the Law (Renne, 2003) and California Permanency for Youth Project (Louisell, 2004), for example, provide the following characteristics associated with permanency: a safe, nurturing and stable home environment; a set of relationships with consistent and supportive adults that is intended to last indefinitely; individuals to whom a child can return for support even as an adult; a commitment to continuity for the child; a sense of belonging; and a definitive legal and social status. The literature establishes that, absent a strong attachment to at least one caring adult, a child is at risk for lifelong difficulty interacting with others and is more likely to confront challenges in becoming and remaining independent, handling emotions, functioning intellectually, and coping with stress (Lee & Robbins, 1998; Masten & Coatsworth, 1998; Crockenberg & Leerkes, 1999; Children’s Permanency Cooperative, 2000; Lutz, 2003; Plunkett & Osmond, 2004).

Research strongly supports the benefits of permanency for children and youth in foster care, through reunification with their parents (Boisvert, Brimner, Campbell, Koenig, Rose & Stone-Smith, 2002; McNaught & Onkeles, 2004), permanent placement with kin (Geen, 2003a, 2003b, 2003c, 2004; McNaught & Onkeles, 2004), and adoption (Brodzinsky, Schechter & Marantz, 1992; Cahn & Johnson, 1993a; Barth, Courtney, Berrick & Albert, 1994; Barth, 2002; The Evan B. Donaldson Adoption Institute, 2004). Recent studies also suggest that the benefits of permanency extend beyond children’s legal relationships with adults. Shirk (2004), for example, highlighted that youth aging out of foster care needed solid permanent connections with adults who could act as a safety net and serve as confidantes, to ameliorate the effects of their earlier experiences of separation and loss. Although these adults could be children’s parents, legal guardians, or adoptive parents, research suggests that “permanency” can include less traditional, that is, non-legal, relationships as well (McNaught & Onkeles, 2004; Shirk, 2004). Studies make clear that permanent and stable connections play a critical role in assisting children and youth to form a definitive self-image, a necessary precursor to lifelong well-being (Crockenberg & Leerkes, 1999; Children’s Permanency Cooperative, 2000). Sanchez (2004), in her study of the perspectives of youth in foster care regarding permanency, learned

from participants that they had experienced feelings of isolation, loneliness, and pain associated with having to repeatedly break off relationships they had worked at cultivating and were often convinced that their problems were best resolved by running away. Three critical aspects of the meaning of permanency emerged from the study: relational (stable, unconditional emotional connections), legal (officially determined by the child welfare system), and physical (safe, stable living environments). The youth made clear that the most salient aspects of permanency were relational and emotional. In another study focused on permanency for youth, the researchers similarly concluded that “permanency” was multifaceted for youth, encompassing not only legal status but also placement stability, connections with family and important adults, preparedness for adulthood, and emotional health (Landsman, Malone, Tyler, Black and Groza, 1999). In a study that specifically focused on the adoption of youth in foster care, similar themes emerged: youth’s needs for love and emotional support as provided by their families, their need to know that their families would help them in hard times, and the sense of identity and pride that stemmed from having a family, a mother, a father, a grandmother for future children, a last name, and a home to call their own (Flynn, Welsh & Paget, 2004).

The meaning and importance of permanency also can be highlighted through an examination of the impact on youth when “permanency” is not achieved, and the negative outcomes for youth who must exit care to live on their own (Loman & Siegal, 2000; Chipungu & Bent-Goodley, 2004). Research has well documented that youth who age out of foster care often lack the physical, financial, and emotional support necessary for successful transitions to adulthood (Courtney et al, 2001; Kerman, Wildfire, & Barth, 2002; Courtney, Terao & Bost, 2004; Hochman, Hochman & Miller, 2004; Massinga & Pecora, 2004). Compared to youth who leave foster care to the care of family, these youth are at greater risk of failing to complete high school (Mech, 1994; Burley & Halpern, 2001; Hair, Jager, & Garrett, 2002), unemployment and underemployment (McMillen & Tucker, 1999; Dworsky & Courtney, 2000; National Foster Care Awareness Project, 2000; Courtney et al, 2001; Youth Advocacy Center, 2001; Goerge, 2002), homelessness and unstable housing (Guinn, 2000; Courtney et al, 2001; Texas Foster Care Transitions Project, 2001), and engaging in risky behaviors (Courtney et al, 2001; Nevada KIDS COUNT, 2001). Many young adults who age out of foster care have spent long periods of time in care, carry significant emotional pain and suffering, and lack the coping skills and personal resources to help them deal with these issues (Landsman et al, 1999; Hair et al, 2002; Shirk, 2004). The literature consistently emphasizes that these young adults need, but all too often lack, solid relationships with adults whom they can rely upon and trust (Shirk, 2004; Frey, 2004). Without these critical connections, the challenges for these youth are exacerbated, given their inexperience in planning for the future or managing day-to-day needs, such as job-seeking or financial issues (Freundlich, 2003; Krebs & Pitcoff, 2004).

The impact of failing to achieve permanency has been examined primarily in relation to children and youth, but this issue also affects parents and other family members of children in foster care who strive for permanent reconnections with their children. The literature, however, has rarely examined the meaning of permanency, or lack thereof, for parents. Little is understood about the experiences of parents and other relatives who seek the return of their children from foster care or how permanency is associated with these adults’ sense of identity, security, value, worth, and belonging. A few British studies have examined the impact on parents of involuntary termination of parental rights and have found that these parents experience long-term emotional and psychological distress (Mason & Selman, 1997; Hughes & Logan, 1993), as well as physical health problems related to the trauma and loss of their children (Charlton, Crank, Kansara, & Oliver, 1998). Other than these studies, however, there is little in the research literature that provides

insight into the meaning of permanency for parents. Similarly, research has not sufficiently explored the views of adoptive parents regarding permanency. In one recent study that examined this issue, however, adoptive parents stated that permanency primarily signified functioning as and feeling like a family, with all of its “ups and downs” (Flynn et al, 2004).

Permanency Options and Goals

According to the ABA Center on Children and the Law (Fiermonte & Renne, 2002), “deciding which [permanency] option is best requires ensuring the placement is the most long-term and secure” (p. 3). Three options have traditionally been associated with permanency for children and youth in foster care: reunification with parents, permanent placement with relatives/legal guardianship, and adoption. The following discussion identifies some of the current themes in the research literature regarding each of these recognized permanency goals, and then provides a review of the recent research literature on non-legal permanency efforts on behalf of youth aging out of foster care.

Reunification

Family reunification is the planned process of reconnecting children in foster care with their families utilizing a variety of services and supports to optimize reconnection and affirm the child’s membership in the family (Warsh, Pine, & Maluccio, 1996). Reunification is, generally, the preferred permanency outcome for children in foster care and is, in fact, the most common outcome for children in care (Maluccio, 2000; U.S. Department of Health and Human Services [USDHHS], 2005). Since the enactment of P.L. 96-272 (the Adoption Assistance and Child Welfare Act of 1980), federal law has required that “reasonable efforts” be made to reunite a child with his or her birth family. With the enactment of ASFA, however, certain exceptions to the “reasonable efforts” requirement were recognized,³ and significantly more emphasis was placed on the timely permanence for children in foster care and on adoption as an appropriate option for this achievement. The decreased emphasis on reunification has resulted in a slight decline in the rates of reunification, although more than half of the children who leave foster care each year return to their parents (US DHHS, 2005; Wulczyn, 2005).

Permanent Relative Placement, Guardianship, and Subsidized Guardianship

When reunification is not a viable permanency option for children in foster care, the next goal that is generally considered is permanent placement with relatives or, in some cases, with significant non-related individuals already known to the child. The full-time and permanent care of a child by relatives or other individuals with whom that child shares a bond often is referred to as kinship care, although the term “kinship care” also is used to refer to temporary arrangements for the care of children by relatives either made privately by families or by public child welfare agencies when children must enter foster care (Child Welfare League of America, 2004). Permanent kinship care arrangements are seen as desirable permanency options for children because they provide a buffer against the trauma of family separation, allowing for the retention of family ties, preservation of cultural traditions, and promotion of a child’s sense of family and self (Berrick, Barth & Needell, 1994; Berrick, 2000; Billing, Ehrle, & Kortenkamp, 2002; Testa, Salyers, Shaver & Miller, 2004).

³ ASFA recognized certain circumstances under which reasonable efforts to reunify are not required, including when the parent has subjected the child to aggravated circumstances such as abandonment, abuse, or torture; has murdered or committed voluntary manslaughter of another of his/her children; has aided, attempted, planned, or arranged murder or voluntary manslaughter of another of his/her children; has committed felonious assault resulting in serious bodily harm to any of his/her children; and has had his/her parental rights to a sibling of the child involuntarily terminated (Section 471(a)(15) of the Social Security Act (42 U.S.C. 671(a)(15)). In addition, many states have identified other circumstances under which the “reasonable efforts” requirement may be waived by a court: when the parent has not complied with the reunification plan; the parent is incarcerated for a long period of time, considering the child’s age and the availability of other relatives to care for the child; the parent suffers from chronic, severe mental illness such that she or he will be unlikely to resume caring for the child; and when the parent is a chronic substance abuser who does not accept treatment (National Adoption Information Clearinghouse, 2004b).

Placements with kin can be legally formalized as guardianships, which give relative caregivers the ability to make legal decisions regarding the child's health, welfare, and future (National Abandoned Infants Assistance Resource Center, 2003). Guardianship transfers legal rights and responsibility for a child from the state to a private caregiver, allowing guardians to give consent in matters such as education, marriage, and health (National Abandoned Infants Assistance Resource Center, 2004). Unlike adoption, a guardianship does not involve the termination of parental rights, and, consequently, the child's birth parents retain legal rights and responsibilities, which vary across states but commonly include the right to safe visitation, the right to consent to adoption, and the responsibility to pay child support (Bissell & Miller, 2004). The research literature supports guardianship as offering a degree of legal certainty, stability for children, and opportunities for continuing connections with birth parents and siblings (Testa, 2004). This permanency option has been viewed as an important alternative when reunification and adoption are not appropriate goals for the child or family (Cornerstone Consulting Group, 2001). Kin caregivers may prefer guardianship because they feel adoption conflicts with their cultural norms and traditions (Cornerstone Consulting Group, 2001; Bissell, 2004; Children's Defense Fund, 2004); because they believe that termination of parental rights proceedings may disrupt relationships with birth parents and extended family (Testa, 1999; Children's Defense Fund, 2004); or because they view the adoption process as unduly lengthy and complicated (Geen, 2003).

Adoption

Increasingly the subject of scholarly attention, adoption has come to be recognized as a permanency outcome of significant benefit to children in foster care (Barth, 2000; Johnson, 2002; Lindsey & Schwartz, 2004). Since the enactment of ASFA in 1997, adoption has been more frequently identified as a permanency goal for children in foster care, and more children are exiting care to adoption (Flango & Flango, 1995; National Adoption Information Clearinghouse, 2004a; US DHHS, 2000, 2005; New York City Administration for Children's Services ACS, 2005d). Research studies have noted that adoption provides children with stability, continuity, and long-term family connections; assists children in developing a positive self-image; and provides family support and connections upon which children can rely into adulthood (Brodzinsky et al, 1992; Cahn & Johnson, 1993a; Barth et al, 1994; Barth, 2002; Plunkett & Osmond, 2004; The Evan B. Donaldson Adoption Institute, 2004). Plunkett and Osmond (2004), for example, found that children growing up in adoptive families fared better than children who remained in foster care, particularly on measures related to education, employment, social status, emotional health and subsequent marital status.

Permanency for Youth Aging Out of Foster Care

ASFA recognizes APPLA as a permanency option for older youth who do not have a plan of reunification, adoption, guardianship, or relative placement. ASFA allows use of this option only if the child welfare agency provides compelling documentation regarding the reasons for choosing this "least desirable" plan and provides services and efforts to create a smooth transition to adulthood and self-sufficiency post discharge (Hardin, 2002; McNaught & Onkeles, 2004). Nonetheless, concerns have been raised that many youth with APPLA plans are being assigned this goal without a compelling reason to do so and that services for these youth are not being appropriately provided (Renne, 2003; Casey Family Services & Children's Defense Fund, 2005).

Recognizing that many youth age out of foster care with limited or no permanent connections (Winkle, Ansell, & Newman, 2004), the research literature has, to a growing extent, focused on the value of personal connections and support networks for youth who leave foster care at the age of 18 or older, including extended family members, neighbors, family friends, agency staff, teachers, mentors, or other responsible adults (Biehal & Wade, 1996; Tierney & Grossman, 2000; Bell, 2003; Frey, 2004; Metzger, 2004; Shirk, 2004). The importance of teaching youth independent living skills and “self-advocacy” to develop long-term plans and set goals for themselves, to develop college portfolios with applications and calendar deadlines, and to link with mentors who themselves were in foster care and have become successful, independent adults is well-documented (Inglehart, 1994; McMillen & Tucker, 1999; Nollan, 2000; Ansell, 2001; Casey Family Services, 2003b; Krebs & Pitcoff, 2004). The New York City ACS (Bell, 2003), for example, has developed policy that requires agency approval of any independent living goal and mandated family-based concurrent planning to assure that youth who exit foster care have lasting family connections.

Planning for and Achieving Permanency

According to Anderson (1997), multiple permanency planning definitions categorize these efforts as a process, as a philosophy, as a collection of services and programs, and as a strategy. In that same vein, Maluccio and Fein (1983) comprehensively define permanency planning as “the systematic process of carrying out, within a brief time-limited period, a set of goal directed activities to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships” (p. 197). Successful permanency planning programming encompasses a number of different activities: early intervention and long-term planning before a child enters foster care; activities that are family-focused, culturally competent, continuous and expeditious; the identification and prioritizing of options for moving the child out of foster care; delineation of a time-limited service plan to achieve an appropriate goal; use of legal and judicial processes; use of periodic case reviews to assure that cases are moving forward according to the plan; the provision of comprehensive services to the child’s biological family to optimize the interaction of children and parents with their environments and a focus on child welfare at various levels, including policy, law, institutions, agencies, and direct social work practice (Maluccio & Fein, 1983; National Resource Center for Foster Care and Permanency Planning & The Casey Center for Effective Child Welfare Practice, 2004). The implementation and success of permanency planning appears related to a range of factors, with specific differences existing among permanency goals, systemic policy and practice issues, and the role or influence of the courts.

Reunification Planning

Planning for reunification involves an understanding and resolution of the conditions and circumstances leading to the placement of the child in foster care, demonstration of and support for the parent(s)-child bond or relationship, and a detailed set of steps that will be taken to ensure a positive transition for the child back to the family home (Hardin, 2002). The research literature links successful reunification outcomes with systemic practices that center on maintaining and enhancing family relationships, including placing children who must enter foster care with kin when possible; maintaining children in their own neighborhood, communities, and schools; scheduling regular visits between children and parents; involving the family in planning conferences and decision-making regarding the status of and plans for the child; blending or coordinating service delivery; and ensuring that parents have capable legal representation (McAlpine, Marshall & Doran, 2001; Annie E. Casey

Foundation, 2002; Maluccio, 2002; Ainsworth & Maluccio, 1998; Maluccio & Fein, 2002; Sonenstein, Malm & Billing, 2002; Dougherty, 2004; Family Strengthening Policy Center, 2004). In addition, the need to tailor reunification efforts to each family's unique strengths as well as to the child's age and the family's cultural background has been emphasized (Lutz, 2003; Family Strengthening Policy Center, 2004; Wulczyn, 2004).

The research literature has focused on the importance of intensive reunification services for children and families while children are in foster care, emphasizing that these services should be comprehensive, culturally and developmentally sensitive, and evidence-based (Schene, 1996; Maluccio & Whittaker, 1997; Hohman & Butt, 2001; Marsenich, 2002; Family Strengthening Policy Center, 2004; Wulczyn, 2004). These services may include 24-hour staff on call, services in the home to promote hands-on learning experiences for parents, use of "resource parents," and limits placed on reunification caseworkers' caseloads (Dougherty, 2004).

Recent evaluations of state practices have indicated that intensive reunification services are not consistently provided to families when their children are in foster care. In the federal Child and Family Services Reviews, a federally mandated review of the performance of each state's child welfare agency, it was found that service availability and parents' access to services were "common challenges" for one-half of the states reviewed between 2002 and 2004 (US DHHS, 2004a). The New York City child welfare system also has been found deficient in this regard, and recommendations have been made that work with families be intensified and services, along with employment assistance and housing support, be provided on a more comprehensive basis (Annie E. Casey Foundation, 2000, cited in Epstein, 2003).

Certain groups of children appear to be at particular disadvantage with regard to permanency (Farmer, 1996). Reunification has been shown to be less likely to occur when children are infants (Frame, 2002; Smith, 2003; Wulczyn, 2004), African American (Kapp, McDonald & Diamond, 2001; Smith, 2003; Wulczyn, 2004), or have developmental or behavioral challenges (Landsverk, Davis, Granger, Newton & Johnson, 1996; Barbell & Freundlich, 2001; Boisvert et al., 2002). Research indicates that children of color stay in foster care longer, do not receive as many services as white children, and are less likely to have regularly scheduled parental contact, all of which are complicating factors negatively associated with the timely and successful achievement of permanency (Barbell & Freundlich, 2001). In addition, the longer a child spends in care, the less likely it is that he or she will achieve permanency through reunification, with the probability of exiting to reunification dropping precipitously each year the child is in foster care (Wulczyn, 2004).

On the other hand, certain characteristics of children have also been associated with successful reunification outcomes, including age, sibling status, and race/ethnicity. Younger children over the age of one and under the age of 11, white and Hispanic children, and children living outside of urban areas are significantly more likely to be reunified with their families (United States Department of Health and Human Services, 2001a). The success of permanency planning for reunification also appears related to children's experiences while in foster care. Children who are in foster care for the first time and children who have had a single placement while in care are most likely to be reunified with their families (United States Department of Health and Human Services, 2001a). Siblings placed together in care experience fewer emotional and behavioral problems, fewer placements, and shorter stays in care (Ainsworth & Maluccio, 2002; Groza, Maschmeier, Jamison, & Piccola, 2003; Webster, Shlonsky, Shaw & Brookhart, 2004).

Family characteristics also have been found to affect the probability of successful reunification. Parents' job skills, substance abuse problems, and access to services and supports, for example, have been found to significantly affect prospects for reunification (US DHHS, 2001a). Likewise, the nature and strength of the bonds that are maintained between families and children while children are in foster care has been found to affect permanency planning, as successful reunification has been associated with children's frequent and regular contact with parents, extended family, and other significant adults (Davis, Landsverk, Newton & Ganger, 1996; Hess, 2003; Dougherty, 2004; Wulczyn, 2004).

Kinship Planning for Permanent Placement with Kin

Research and policy highlight the benefits of placing children with kin or other related caregivers (Scannapieco, Hegar & McAlpine, 1997; New York City Council on Adoptable Children, 2004; Testa et al, 2004). Research analyses indicate that older children, children without disabilities, children of color, children court-ordered into placement, and children whose reason for placement was parental substance abuse are more likely to be placed in kinship foster care (Beeman, Kim, & Bullerdick, 2000). In recognition of the financial needs of kin who assume permanent responsibility for their relative children, support has grown for subsidized guardianships (Testa, 1999; Cornerstone Consulting Group, 2001; National Abandoned Infants Assistance Resource Center, 2003). In subsidized guardianship arrangements, caregivers receive monthly subsidies to assist them in caring for children (Children's Defense Fund, 2004). These programs are funded, depending on the state, through the Temporary Assistance for Needy Families Program (TANF), Title IV-E of the Social Security Act (through a federal waiver), or state funds (Christian & Eikman, 2004; Ehrle & Geen, 2004). As of November 2004, thirty-five states and the District of Columbia offered subsidized guardianship programs, although the programs varied significantly in the number of families served, the subsidy level, and eligibility criteria (Bissell & Miller, 2004).

In addition, the research literature documents a number of challenges associated with planning for and providing relative care of children in foster care. It suggests that kin not only have service and support needs similar to those of non-relative adoptive parents but also confront challenges specific to their status as relative caregivers, including social and community prejudice or stigma towards relatives who care for their extended family's children, beliefs that relatives should not be reimbursed for caregiving, limited financial resources, difficulties relating to the child welfare system, and complexities associated with managing relationships with the children's parents (Berrick et al, 1994; Miller, 2004). There has been little research regarding the experiences and needs of relatives who become guardians or the non-legal permanent caregivers for children. It is clear that relatives who foster children are significantly more likely than non-related foster parents to be poor, older, and single; to have health problems; and to lack health insurance (Berrick et al, 1994; Ehrle & Geen, 2004; National Abandoned Infants Assistance Resource Center, 2004). Among kinship foster caregivers, these caregiver characteristics and conditions have been found to place significant stress on relatives and to highlight the need for a range of kinship supports and services (Ehrle & Geen, 2004). Nonetheless, research indicates that relative caregivers receive fewer services and supports than unrelated foster families and adoptive families (Child Welfare League of America, 2004), even when relative caregivers are eligible for the services provided to foster parents (Geen, 2003a, 2003b, 2003c, 2004).

Adoption Planning

Permanency planning for adoption requires a significant level of coordination, preparation, and ongoing support (Kramer & Houston, 1999), and may be impacted by transracial placement issues (McRoy & Grape, 1999), interjurisdictional placement barriers (Pietrowiak & St. Pierre, 2004), issues regarding openness and connections to birth families (Silverstein & Roszia, 1999), and lagging adoptive parent recruitment (Sullivan & Freundlich, 1999; Urban Institute Child Welfare Research Program, 2004).

The mandate in ASFA that proceedings to terminate parental rights be initiated when a child has been in foster care for 15 of the most recent 22 months has limited parents' opportunities for reunification, particularly when they require substance abuse treatment services or are incarcerated (Azzi-Lessing & Olsen, 1996; McAlpine et al, 2001; DiNovo, 2003; Maluccio & Ainsworth, 2003; Ross, Khashu, & Wamsley, 2004), and has led to growing numbers of children whose parents' rights had been terminated but who are waiting to be adopted (Casey Family Services, 2001; Smith, 2003; US DHHS, 2005). This challenge has led to increased efforts to recruit a larger pool of adoptive families (Kellam, 2002; Cowan, 2004), and has signaled the need for research and a fuller understanding of the interrelated processes of permanency planning, termination of parental rights, and adoption (Smith, 2003; Lindsey & Schwartz, 2004; Urban Institute Child Welfare Research Program, 2004).

Children who enter foster care as infants and children with fewer placements are more likely to exit to adoption (Smith, 2003). Although there have been improvements in the recruitment of adoptive families for children with special needs, barriers to the adoption of certain groups of waiting children continue to exist: children with disabilities, older children, sibling groups, children of color, children placed in kinship care, and children who have had multiple placements while in foster care (Barth, 1997; Schmidt-Tieszen & McDonald, 1998; Avery, 1999; Rosenau, 2000; Kapp, McDonald & Diamond, 2001; Hanley, 2002; Wulczyn 2004). These groups of children have been found less likely to be placed with adoptive families and more likely to remain in foster care for extended periods of time (Smith, 2003; Cowan, 2004).

Research has identified certain trends regarding the adoptive families of children in foster care. (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 2000). In FY 2003, foster parent adoptions accounted for 62 percent of the total adoptions finalized from the child welfare system, while relative adoption accounted for 23 percent, and non-related adoptions accounted for 15 percent (US DHHS, 2005). Public agency adoptions tend to involve parents with lower incomes, lower education levels, higher ages, and more children in the home (Pecora et al, 2000; Urban Institute, 2003). In addition, public agencies have recognized the potential of unconventional family structures, including single individuals and gays and lesbians, as resources for waiting children in foster care (Pecora et al, 2000).

Permanency Planning for Youth Aging Out of Foster Care

According to the National Resource Center for Youth Development (Charles & Nelson, 2000), permanency planning for adolescents must incorporate maintaining family connections and sibling relationships, supporting continuity and cultural identity, providing opportunities for skills training and youth-driven goal-setting, and expanding the definition of family. Overall, the research suggests that insufficient attention is given to permanency planning for teens, and hence, they are less likely to achieve reunification or adop-

tion success as a result of their age or presenting challenges and choices (Landsman et al, 1999; Charles & Nelson, 2000). In addition, the nature of youth's placements has been found to affect permanency. Youth who live in group homes and institutional care settings are more likely to age out of foster care, never having achieved permanency (Wertheimer, 2002). In addition, multiple placements have been found to seriously compromise youth's mental health status, creating or exacerbating special needs which in turn may present challenges to successfully achieving reunification, placement with relatives, or adoption (Barbell & Freundlich, 2001). Without permanency achievement, older children and youth are more likely to age out or be reported as absent without leave (AWOL) (Wald & Martinez, 2003; Cowan, 2004; Wulczyn, 2004).

Policy and Practice Issues

The extent to which permanency is successfully achieved is associated with the effectiveness of policy and practice. ASFA created a policy and practice environment in which it is expected that permanency will be achieved expeditiously (Charles & Nelson, 2000; Adler, 2001; Hardin, 2002). Research indicates that since ASFA's enactment, practice related to permanency goal-setting and planning has changed. In one study of post-ASFA practice, 28% of public child welfare agencies reported that they had decreased the number of families receiving reunification services, more than half (54%) of the agencies reported increasing the emphasis on older child adoptions, and three quarters (74%) of the agencies reported an increased focus on adoption among kinship foster families (US DHHS, 2001c).

ASFA encourages states to utilize concurrent planning to expedite permanency for children in foster care. As generally implemented, concurrent planning involves the simultaneous consideration of reunification ("Plan A") and a "Plan B", such as placement with relatives or adoption, with the awareness of all participants that both outcomes are possible (National Clearinghouse on Child Abuse and Neglect Information, 2003). Concurrent planning has been utilized to clearly communicate to families the time limits on permanency planning, and the consequences should families not progress towards reunification (US DHHS, 2001a). Concerns have been raised, however, regarding how concurrent planning has been implemented and the potential impact on families who may perceive the process as threatening, particularly when adoption is the alternative plan (US DHHS, 2001a).

A synthesis of the results of the Child and Family Service Reviews (CFSRs) released by the US DHHS (2004a) identified several issues bearing on the quality of permanency planning and the services that states provided. In at least one-third of the 35 states, goals of adoption or guardianship were often not fully considered before long-term foster care became the permanency goal for children; concurrent planning was not consistently implemented; reunification remained the permanency goal for too long a time; and there were long delays in beginning the procedure of termination of parental rights without explanations for the delays in the case files. Several common challenges were identified: lack of efforts to ensure that connections to extended family were maintained (54% of the States), lack of consistency in efforts to ensure sibling visits (51% of the States), failure to complete adoption paperwork and home studies in a timely manner (49% of the States), and "extremely lengthy" appellate processes following termination of parental rights (34% of the States) (Urban Institute Child Welfare Research Program, 2004; US DHHS, 2004a).

A practice issue not addressed in ASFA is the involvement of youth, parents, and extended family in the permanency planning process. The research literature suggests that the involvement of youth in decisions about their own permanency plans heightens the likelihood that they will follow through with their plans and goals because they are fulfilling their own visions of what their lives should be like (Casey Family Programs, 2003; McCarthy, Marshall, Collins, Arganza, Deserly & Milton, 2003). Case planning that builds on a youth's strengths and accomplishments as opposed to their problems and challenges is seen as a powerful way of involving youth in the planning process and motivating them to become fully engaged in implementing the permanency plan (Casey Family Programs, 2003; Freundlich, 2003). Studies suggest, however, that youth often are not involved in the permanency planning process and even when youth are involved, their voices are not necessarily heard (Freundlich, 2003). For example, although Service Plan Reviews in New York City are intended to enhance communication and shared decision-making among children, families, and agencies (New York City ACS, 2003), the New York State CFSR Program Improvement Plan noted a baseline of 38% of children being present at these reviews (New York State Office of Children and Family Services, 2004).

Similar concerns have been raised about the extent to which practice has encouraged the involvement of parents and extended family members, as well as foster parents, in the permanency planning process (Barbell & Freundlich, 2001; Sonenstein et al, 2002; McCarthy et al, 2003). In its August 2003 report for example, the New York City Child Welfare Advisory Panel raised concerns regarding the ongoing lack of parental attendance at the SPRs and offered recommendations to increase the active participation of parents in SPRs, emphasizing the importance of shared decision-making, case coordination, and family engagement progress indicators to improve frontline practice (New York City ACS, 2003).

The Role of the Courts

The courts play a significant role in determining the permanency outcomes for children and youth in foster care (National Council of Juvenile and Family Court Judges, 1999). The nature and quality of a family's legal representation, the length of the legal process, the quality of judicial decision-making, and the quality of the court's staff, training, and technology affect permanency outcomes for children and youth (Cahn & Johnson, 1993b; Allen & Bissell, 2004). Recently, a survey of 2,241 juvenile and family court judges revealed three major obstacles to achieving permanency for children and families: overloaded court dockets, lack of available services for families, and poorly prepared caseworkers (Children and Family Research Center, 2004). Specifically, among judges whose dockets were composed primarily of abuse and neglect cases, about two-thirds believed that overcrowded dockets delayed permanency (Children and Family Research Center, 2004). The Washington State Institute for Public Policy (Miller, 2004) similarly found that overcrowded dockets were associated with longer duration of dependency cases. That study found that each court continuance increased the duration of a dependency case by an average of 31.8 days, and the duration of cases involving termination of parental rights by an average of 26 days (Miller, 2004).

The Pew Commission on Children in Foster Care (2004) specifically addressed the need to improve court procedures and expedite permanency for children and youth in foster care in its report, *Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care*. Among its recommendations were the development and enforcement of standardized court procedures, more meaningful participation of youth, parents, foster parents, and adoptive parents in court proceedings, and greater agency cooperation

to achieve timely permanency for youth in care. In this vein, a “permanency bill” was recently enacted by New York State Legislature, to streamline the dependency court process through such measures as requiring judges to schedule a court date within 6 to 12 months of each child’s entry into foster care and requiring courts to maintain cases on their calendars until they are resolved (Kaufman, 2004).

Other court-related practices have been highlighted in the literature as promoting the more expeditious achievement of permanency. The role of Court Appointed Special Advocates (CASAs), as trained community volunteers who speak for children in court, has been emphasized as an approach that maintains the court’s focus on the needs of the child and the determination of the best permanency option (Lutz, 2003; Court Appointed Special Advocates, 2004). One evaluation of this intervention found that children assigned to CASAs had fewer placements in care, shorter stays in care, and higher rates of permanent placements with parents, extended family, or adoptive families (Leung, 1996). In addition, mediation has been highlighted as a mechanism for expediting permanency (Price, 1999). Because mediation is voluntary and conducted by an independent third party, it is seen as promoting decision-making on the part of parents that is in the child’s best interest (Price, 1999). Mediation has been shown to minimize emotional pain for parents, adoptive parents, and children and to reduce the costs associated with lengthy court proceedings (Price, 1999).

Post-Permanency Issues

Post-permanency support needs and service delivery are intricately linked to the stability of different permanency arrangements. Children’s rates of re-entry to foster care after being reunified with their parents have been found to range from 10% to 33% (Fein & Staff, 1993; Thomlison, 1997; Terling, 1999; Frame, Berrick, & Brodowski, 2000). Disruption rates in adoption have been found to range between 10% to 25% for children with physical, mental health, and developmental difficulties (Festinger, 1990; Berry, 1997; Goerge, Howard, Yu, & Radomsky, 1997). The limited research on adoption dissolution (which occurs after adoptions have been finalized), suggests extremely low rates, 6.6% in an Illinois study (Goerge et al, 1997) and 3.3% in a New York City study (Festinger, 2001). The limited research on kinship care as a permanency alternative has found that subsidized guardianships tend to be as stable as adoptions, with disruption rates in the range of 10% to 16% (Barth, Gibbs, & Siebenaler, 2001; Cornerstone Consulting Group, 2001). One study, however, found that disruptions of adoptions and guardianships occurred at different times, with disruptions of guardianships occurring more quickly after placement than adoptions (Barth et al, 2001). The research literature indicates that a number of factors are associated with post-permanency success. Several studies have found that children with special needs, specifically behavioral challenges, emotional problems, and developmental/physical disabilities, are at greater risk for adoption disruption and account for a disproportionate number of adoptions that are disrupted (Barth & Berry, 1988; McDonald, Propp, & Murphy, 2001; McGlone, Santos, Kazama, Fong & Mueller, 2002). Similarly, children’s emotional and behavioral problems have been associated with the disruption of placements with relatives and have been found to increase the likelihood of re-entry to foster care for children reunified with their parents (Thomlison, 1997; Terling-Watt, 2001). Re-entry from reunification also has been found to be more likely for older children, African-American children, and children who had a previous experience of re-entry to foster care (Jones, 1998; Thomlison, 1997; US DHHS, 2001a, 2004a).

Difficulties for children and families following children's discharge from foster care also have been associated with the instability of children's placements while they are in care (Goerge & Wulczyn, 1990; Webster, Barth, & Needell, 2000) and the length of time that children remain in foster care (Pinderhughes, 1998; Wells & Guo, 1999). These factors have been found to impact the psychological well-being of children and their ability to adapt to family life after foster care placement (Sharma, McGue & Benson, 1996). Research further suggests that placement with siblings affects post-permanency success. Groza, Maschmeier, Jamison and Piccola (2003) and Leathers (2005), for example, found that siblings placed together had fewer behavioral and emotional problems and experienced fewer disruptions than did children separated from their brothers and/or sisters.

The research literature also has identified characteristics of families that impact the success of permanency. Certain parent and family challenges have been found to work against the attainment of stable reunification: inadequate housing, economic problems, poor parenting skills, maternal criminal activity, domestic violence history, and substance abuse (Fein & Staff, 1993; Jones, 1998). The research literature suggests that permanent kinship placements disrupt as a result of caregivers' declining health and the stressors associated with birth parents' involvement (Terling-Watt, 2001). Family characteristics associated with disruption in adoption include higher education of parents, higher expectations from parents, and the provision of inaccurate or insufficient pre-placement information about children (Pecora et al, 2000; US DHHS, 2001b). Successful adoptive placements, on the other hand, have been associated with parents' longer marriages, self-employed husbands, lack of infertility problems, and adoption by foster parents (Westhues & Cohen, 1990; Barth & Berry, 1991). In the area of adolescent adoption, the adoptive parent's commitment to the youth and parent-child compatibility in personal attributes have been found to be particularly important to adoption success (Flynn et al, 2004).

The research literature increasingly has focused on the importance of post-permanency services and supports for children and families once permanency has been achieved through reunification, placement with relatives, and adoption (Pecora et al, 2000; Casey Family Services, 2001; Christian, 2002; Casey Family Services, 2003a). Far more attention, however, has been given to post-adoption services and supports than the post-reunification needs of children and families or the needs of kin who have assumed permanent responsibility for their relatives' children (Freundlich & Wright, 2003).

Much of this literature has highlighted post-adoption supports and services in the form of information, clinical services, basic needs assistance, and support networks (Barth & Berry, 1991; Barth et al, 2001; McGlone et al, 2002). Studies have emphasized the role of adoptive parent support groups and adoptive parent training (Marcenko & Smith, 1991; Avery, 2004) and a range of other services (medical and dental care, recreational opportunities, counseling, and special education, employment, financial, and housing supports) that all families may need at one time or another (Fein & Maluccio, 1992; Adams, Howard, & Kelly, 1995; Festinger, 2002).

The absence of post-reunification services is of concern given research that indicates that reunified families experience considerable stress while rebuilding relationships after separation, and that the continued presence of some of the conditions that led to the initial removal of children from the family may exacerbate the stress they experience during this transition (Festinger, 1996; Taussig, Clyman & Landsverk, 2001). The research literature suggests that although families' needs for services post-reunification may vary, families often need clinical or therapeutic services, substance abuse counseling, crisis intervention, income support, job training, access to insurance, housing assistance, day care, support groups, and other services to have successful post-permanency experiences (Dougherty, 2004; Wulczyn 2004). As the federal Child and Family Services Reviews recently indicated, however, these types of reunification support services are not consistently provided. Insufficient and/or inadequate post-reunification services was noted to be one of the "common challenges" confronting the 35 states reviewed during 2002 to 2004 (US DHHS, 2004a). More than one-third of the states (37%) were found to offer insufficient aftercare services for families after reunification (US DHHS, 2004a).

THE STUDY'S FOCUS AND METHODOLOGY

This study, *Seeking Permanent Solutions*, examined the permanency planning process for children and youth in the New York City foster care system and the permanency outcomes that are achieved and maintained for these children and youth. Using a participatory action design with both quantitative and qualitative research components, data were gathered and analyzed. Based on the study findings, specific, practical recommendations were developed to ensure that children and youth in foster care in New York City leave care in a timely and well-planned manner, through reunification with their parents or kin or through adoption.

Focus of the Study

The study focused on four domains: the meaning of “permanency,” permanency goal-setting, planning for permanency, and achieving permanency and post-permanency. These four domains were developed through focus groups with young adults who had recently exited foster care, parents whose children were placed in foster care, and adoptive parents who adopted from the foster care system. The areas of inquiry within each domain, as described below, also were developed through focus groups with these individuals:

- 1) *The meaning of “permanency”*: The extent to which children, parents, and adoptive parents are familiar with, understand, and use the term “permanency,” and what the term “permanency” represents to individuals involved with the child welfare system (and when appropriate, what the term represented in the past).
- 2) *Permanency goal-setting*: Individuals’ experiences with the process of setting official permanency goals, including the involvement of children and families in the process, how well they know and understand the procedures, and the extent to which they are aware of the range of possible outcomes.
- 3) *Planning for permanency*: The supports and obstacles to planning and achieving permanency, including formal aspects of the planning process such as Service Plan Reviews (SPRs), family visits, and court hearings, supportive services (such as educational services and counseling), training, legal support, and personal support networks.
- 4) *Achieving permanency and post-permanency*: How, when, and why planned permanency goals are achieved or are not achieved and children and families’ experiences post-permanency, including families’ needs for services and support and their relationships with child welfare professionals and others following reunification, adoption or “aging out.”

The study also explored respondents’ views regarding what was working well in the permanency planning process, whether there were aspects that should be changed in order to ensure that children and youth achieve permanency, and if so, the specific changes that are needed.

Methodology: The PAD Approach to the Study Design and Implementation

Seeking Permanent Solutions was based on a participatory action design (PAD). The study involved young adults formerly in foster care, parents of children currently in foster care or parents who have been reunified with their children, and adoptive parents in crafting the design and implementation of the study and engaged them as advisors in the analysis of data and development of recommendations. PAD is a recognized

qualitative research approach that was initiated through research in developing countries and has only recently begun to be implemented in research with underserved populations in this country. As an approach still in infancy in the United States, it represents a cutting-edge strategy consistent with the growing recognition in the field of social services that meaningful participant involvement is critical to the design, implementation, and evaluation of services (Coughlan & Collins, 2001). When service recipients contribute to these aspects of the study, the results are more likely to be sensitive, inclusive, and representative of their experiences, and to produce recommendations that can be successfully implemented (Allen-Meares, Hudgins, Engberg & Lessnau, 2005).

A recognized benefit of PAD is its respectful and humanistic approach to studying human services. Individuals are regarded not as objects of study or mere information providers but as partners with insights and ideas to share (Allen-Meares, Hudgins, Engberg & Lessnau, 2005). In the field of child welfare, the commitment to participant involvement generally has been more theoretical than operational and the concept of partnership with youth and families has not been well integrated into the development, implementation, or evaluation of child welfare services. PAD provides an opportunity for research to model a true commitment to participant involvement, and for this reason, a PAD was chosen for this study. Seeking Permanent Solutions used PAD to fully involve recipients of permanency services in defining the key issues that need to be addressed in connection with permanency, exploring those issues, and addressing what is working well and not working well in achieving permanency for all children and youth in the New York City foster care system.

In particular, young adults and family members contributed in the following ways:

- 1) Guiding the formulation of the key domains for the study through sharing their own experiences and views.
- 2) Assisting in the development of the key questions for inquiry.
- 3) Participating in meetings for the study, ensuring that the researchers implemented the study in ways that were relevant and responsive to the needs of children, youth, and families served by the child welfare system.
- 4) Reviewing, providing feedback, and approving the interview protocols.
- 5) Completing interviewer training and conducting research interviews.
- 6) Working with the researchers in analyzing the findings of the study and developing the recommendations.
- 7) Participating in the release of the study to the public and to key organizations in New York City.

Research Design

The research was conducted in four phases: (1) collaborative development of the four domains guiding the data collection and analysis; (2) selection of an interview sample and conducting of interviews; (3) identification of patterns and issues within and across respondent groups through content analyses; and (4) verification, corroboration, and sharing of the study's findings.

Phase I: Domain Development: Exploratory Discussion Groups

Consistent with a PAD design, separate exploratory discussion groups were held with young adults, birth family members, and adoptive parents to learn directly from these individuals the issues on which the study should focus. To ensure an appropriate study design, identical eligibility criteria were used for exploratory discussion group participants and for interview respondents (described below). In each group, participants discussed their own experiences with permanency and permanency planning and came to consensus on the overarching areas on which the group believed that research should focus.

To form the two young adult exploratory discussion groups, the researchers worked closely with a local youth advocacy organization that identified and invited young adults who met the participant criteria. The two groups were co-facilitated by a young adult formerly in foster care who also served as an advisory board member for the study, a staff member of the youth advocacy organization, and a member of the research team. Each group lasted approximately an hour. A total of five young adults attended the groups: three males and two females ranging in age from 21 to 24. Four self-identified as African American and one as multiracial African American and Asian American. All participants had aged out of foster care. Four reported having permanency goals of independent living while in foster care, and one reported a permanency goal of reunification which was not achieved.

To form the birth parent groups, two sources were used. A member of the research team attended a weekly parents' support meeting at a local parents' advocacy organization, made a short presentation about the study, and invited parents to participate in the study. Parents who wished to participate acknowledged their interest and were later called to confirm their participation. Four parents participated in this exploratory discussion group. All were women in their 30s and 40s. Two were Latino, and two were African American. One had a child currently in care, two had been reunified with their children placed in foster care, and one had adopted two grandchildren (her daughter's children) from a kinship care arrangement. A second group was formed by a local parents' advocacy organization serving birth fathers. The organization invited parents to participate in the group. This group consisted of three parents: a middle-aged African American man, a 28-year-old Latino man, and a Latino man in his late twenties or early thirties. Two had children currently in care, and one had been reunified with his child. Both discussion groups with birth family members lasted approximately an hour and a half, and were co-facilitated by a research consultant and a member of the research team.

Adoptive parents were identified through outreach to a number of local organizations that provided lists of names of individuals who were contacted by a member of the research team. One discussion group was held with adoptive parents. The group was co-facilitated by a research consultant and a member of the research team. Two adoptive parents participated. One was male and one female. One was age 30 to 40

and the other age 40 to 50. One was African American, and the other Caucasian. Both had adopted children from the New York City foster care system. Because of a range of scheduling conflicts, a second discussion group could not be arranged. Instead, the exploratory discussion group data were supplemented by two one-on-one interviews with adoptive parents, each lasting an hour. The interviews, conducted by a member of the research team, were held at an adoption agency. Both respondents were middle-aged women. One was African American and the other Latino. Both had adopted children with special needs from the New York City foster care system.

Participants in all exploratory discussion groups provided written informed consent prior to participation. Each participant received a \$14 cash stipend. Each group was conducted using a protocol designed to elicit from participants the key issues that should be explored in a study focused on permanency for children and families involved with the New York City foster care system. The exploratory discussion groups and the interviews with adoptive parents were audio taped and the content transcribed. The research team analyzed the transcribed content, searching for common themes and issues as well as specific aspects of those themes and issues that were identified by young adults, parents, and adoptive parents. This analysis provided the foundation for the development of interview protocols.

Following the exploratory discussion groups and exploratory interviews, the study invited two young adults, one birth family member, and one adoptive parent to participate as study advisors on an ongoing basis. These individuals provided guidance on all aspects of the study's design and implementation and assisted the researchers in analyzing the findings and developing the recommendations. They reviewed interview protocols, attended and contributed to meetings of the study's Advisory Board, and participated in the release of the study.

Phase II: Sampling and Data Collection

After the analysis of the results of the exploratory groups and exploratory interviews, the study domains and interview protocols were developed, and data collection began. The study involved: (1) a quantitative analysis of current data regarding the permanency planning process, the achievement of permanency and the stability of permanency arrangements for children and youth in the New York City foster care system; and (2) qualitative research involving interviews with young adults who had exited the New York City foster care system in the past five years, family members who either had a child in care at the time of the interview or had been reunified with their child within the past five years, and adoptive parents who had adopted a child from the New York City foster care system in the past five years.

Analysis of Current Data. Quantitative data on permanency issues was collected from the Administration for Children's Services (ACS), the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), and other sources. These data were reviewed to determine the strengths and weaknesses in the current approach to achieving and maintaining permanency for children and youth in the City's foster care system. Data were assessed related to various aspects of the permanency planning process (including the level of family involvement, placement with siblings, data on Service Plan Reviews, and judicial hearings), the permanency goals that were utilized for different age groups of children and youth, the extent to which permanency goals were achieved, and the stability of permanency arrangements (including data on re-entry rates to foster care, disruptions of relative and adoptive placements, and adoption dissolutions).

Interviews with Young Adults, Parents, and Adoptive Parents. Consistent with a PAD approach, the main sources of study data were individuals who had recent experiences with permanency and permanency planning, including young adults formerly in foster care, birth parents/relatives, and adoptive parents. All respondents participated in one-on-one interviews lasting between 30 minutes and one hour. The interviews were conducted utilizing an interview protocol approved by the study's Institutional Review Board. The protocol used a semi-structured format organized around the study's four domains and incorporating a series of open-ended questions designed to explore the respondent's experiences with permanency and permanency planning. All interview protocols were translated into Spanish. Interviewers provided respondents with written descriptions of the consent procedures and explained them orally. Written informed consent or assent was obtained from all respondents. For respondents under age 18, written parental informed consent was also obtained. The interviews were conversational in tone while adhering to a consistent format. All questions in the protocols were asked of every respondent. Each question was followed by a series of probes that the interviewer could choose to use if necessary to guide the respondent or to omit if the information was irrelevant or already known. All questions were open-ended to allow the respondent to decide what information he or she believed to be pertinent. Respondents were instructed that they could choose not to answer any question for any reason, and that they were free to end the interview at any time. All interviews were audiotaped after receiving respondents' written permission to do so.

Respondents were located through a snowball sampling technique with multiple starting points. A random sample was not sought given the qualitative nature of the research and the study's focus on exploring experiences in-depth, examining the ways that families and youth responded to child welfare involvement in their lives, and giving voice to individuals with direct experience in planning and achieving (or attempting to achieve) permanency. The variety of starting points for drawing the sample ensured that a range of experiences and viewpoints were included in the study. The respondents came from the five New York City boroughs and had had contact with many different private child welfare agencies in the City.

1. Young Adults. A total of 30 young adults ages 16-23 were interviewed⁴. All had spent at least one year in foster care and exited within the five year period prior to the study to reunification, permanent placement with relatives, adoption, or independent living. Eleven were male and 19 were female. Seventeen of the individuals identified themselves as Black/African American, three as Hispanic, one as Jamaican, one as Haitian, and one as Surinamese. Seven identified themselves as being of more than one race or ethnicity, most often African American/Hispanic/Caribbean or African American/Hispanic.

The young adults were located through four methods: (1) organizations engaged in providing youth services were asked to supply names and contact numbers; (2) presentations were made to youth and fliers were posted on bulletin boards at youth-serving organizations to elicit volunteers; (3) parents who were interviewed for the study were asked whether their children would be interested in participating in the youth interviews; and (4) young adults who were interviewed for the study were asked to suggest other eligible young people who might be interested in participating in the study. Once the young adults were identified, they were contacted by phone, briefly told about the study, and invited to participate. The interviews occurred at the offices of Children's Rights (n=25) or at the offices of a youth service organization with which the respondent was familiar (n=5). Youth were paid a \$25 stipend for their participation.

⁴ Originally, the study design specified that individuals over 18 would be interviewed. Three parents who were interviewed, however, volunteered their under-18 children for interviews. The inclusion of these children was deemed acceptable by the research team. All respondents under age 18 had written parental consent to participate and gave their assent to participate in the interview.

2. Birth Parents/Relatives. A total of 20 birth parents and relatives were interviewed. Each had a child who was in foster care for at least one year in the five years preceding the interview. Nine parents had children in care at the time of the interview, nine had children returned to them after care, and two had children in care at the time of the interview as well as children who had returned to them after being in foster care. Of the twenty birth parents, eighteen were mothers and two were fathers. Fourteen parents self-identified as Black/African American, two as Puerto Rican, two as “other,” one as white, and one as multiracial. Their ages ranged from 21 to 60.

All parents who met the criteria were located by enlisting the help of organizations engaged in serving families to compile names and contact numbers. Once the parents were identified, they were contacted by phone, briefly told about the study, and invited to participate. The interviews occurred at the offices of Children’s Rights (n=8), at the offices of family-serving organizations (n=9), in private homes or work offices (n=1), at public locations of the respondent’s choosing (n=1), and by phone (n=1). Parents were paid a \$25 stipend for their participation. One interview of a birth parent was conducted by a birth relative specially trained for this study.

3. Adoptive Parents. A total of 21 interviews were conducted with adoptive parents. All the adoptive parents either had finalized adoptions within the five years preceding the interview or had a foster child whose adoption was underway but not yet finalized. Many had adopted sibling groups or multiple unrelated children. Among the 21 parents, 31 adoptions were finalized in the five years preceding the interviews, and ten additional adoptions were pending. All parents who met the criteria were located by enlisting the help of individuals and organizations engaged in serving families to compile names and contact numbers. Once adoptive parents were identified, they were contacted by phone, briefly told about the study, and invited to participate. The interviews occurred at the offices of Children’s Rights (n=11), at the offices of family-serving organizations (n=8), and in private homes (n=2). One interview was conducted by telephone at the respondent’s request. One interview was conducted in Spanish by a research team member. Adoptive parents were paid a \$25 stipend for their participation.

Phase III: Transcription and Analysis of Data from Interviews with Young Adults, Parents, and Adoptive Parents

The audiotapes of the 71 interviews were transcribed by two experienced transcriptionists who were specifically hired for the study. The tapes were transcribed using a two-reviewer sequential method, so that each transcriptionist reviewed and/or transcribed every interview. The first reviewer completed the first stage of the review by preparing a transcript of all interview content from the audiotape. The second reviewer completed the second stage by conducting a thorough review of the tape and the transcript for verification and refining purposes. This two-stage process, developed by Children’s Rights in consultation with a leading qualitative researcher (c.f., Freundlich, 2003), enhanced transcript accuracy and reliability.

Data reduction and analysis were completed using N6 qualitative data analysis software. Research staff members each reviewed three to five transcripts from each respondent group (young adults, birth parents, and adoptive parents), compiling lists of analytic codes specific to each group's responses. These code lists were combined and expanded to create an initial coding scheme for each group. Each transcript was then coded using N6. As the transcripts were coded, the material was analyzed and new themes came to light, more codes were added. After all transcripts were coded, the data linked to each code were cleaned, organized, and highlighted so that patterns in responses could be seen clearly. The Principal Investigator reviewed and synthesized the highlighted data for each domain across the respondent groups, producing a rough narrative of the major patterns in the data, illustrated by verbatim quotes. The research staff who had conducted the interviews and reduced and coded the data then reviewed this narrative for thoroughness and accuracy. Based on this iterative process, a summary of the findings for each respondent group was developed, detailing the key themes and issues for each substantive domain.

Phase IV: Data Validation and Expansion

Using the summaries of findings as a guide, the research team developed a list of 11 preliminary cross-cutting themes. The final phase of the research involved both validation of and elaboration on the preliminary themes illuminated by the study. This process involved four steps: (1) review of the preliminary findings by the study's Advisory Board; (2) feedback groups with young adults, birth parents, and adoptive parents who had participated in the interviews in which they offered an assessment of the preliminary theme and assistance in developing the themes into the final research findings; (3) interviews with a diverse group of child welfare professionals who were asked to review, critique, and offer suggestions about the preliminary themes based on their own observations and experiences with permanency and permanency planning in the New York City foster care system; and (4) provision of the study's findings and analysis to the Administration for Children's Services (ACS) for the agency's review and response.

Advisory Board Review. The study's Advisory Board (described more fully later) met as a group in October 2004 to review the findings of the interviews with young adults, parents, and adoptive parents. They provided expert opinion regarding the critical issues and themes that had arisen from the interviews.

Feedback Groups. Young adults, birth parents, and adoptive parents who participated in interviews were invited to review the preliminary findings to ensure that the study was properly capturing their experiences and opinions and to further develop the preliminary themes that had been identified. They met in groups to discuss the major themes, focusing on whether they believed the themes accurately represented their experiences, which themes they found most significant, and whether there were issues that were not addressed. Respondents had been asked at the time of their personal interviews whether they would be interested in participating in a later feedback group. Of the pool of respondents who expressed interest, some respondents were eliminated based on practical reasons (e.g., they were unable to travel to a focus group) and the remainder were called and invited to attend a feedback session. Each feedback group was held at the offices of Children's Rights and lasted approximately an hour. Five parents attended the birth parent group, and four adoptive parents attended the adoptive parent group. These groups were facilitated by a research consultant and a research staff member. Two young adult groups were held, with a total of four young adults attending. One group was facilitated by a research consultant, a young adult Advisory

Board member and a research staff member; the second was co-facilitated by a research staff member and research intern.

Interviews and Discussion Groups with Child Welfare Professionals. The study identified child welfare professionals with demonstrated expertise on permanency issues and asked them to respond to the identified themes. The professionals who were interviewed included directors of child welfare agencies and programs, community activists, judges, social workers, law guardians and private attorneys. Although the preliminary themes identified from the interviews with young adults, parents, and adoptive parents served as a basis for these interviews, the child welfare professionals provided more than validation. By drawing on their own observations and experiences, they provided many new and enlightening perspectives on the issues.

Thirty-eight professionals contributed to the study, either through taking part in a discussion group (n=20) or through a personal interview (n=18). The 20 discussion group participants were volunteers who were invited to participate either by the Council of Family and Child Caring Agencies (COFCCA) or Child Welfare League of America (CWLA). Each of these organizations convened a discussion group of their members to discuss the preliminary findings. CWLA invited a select group of members in order to create a diverse group. Ten to fifteen members from both small and large agencies were sent invitations to share their reactions to preliminary narratives that were prepared from the consumer responses. COFCCA sent e-mails to its group care provider members and publicized the discussion group in their weekly update e-mail. The preliminary narratives were also sent to attendees prior to the convening of the group. Each of the COFCCA and CWLA groups had 10 agency representatives in attendance. In both groups, participants were executive directors, upper level managers, and policy staff. The groups were facilitated by two research staff members. The groups were facilitated using a protocol that focused on the 11 preliminary themes.

Eighteen additional child welfare professionals participated in personal interviews. Research staff selected these individuals based on expert consensus that these individuals were leaders in the field with demonstrated expertise and innovative ideas for addressing permanency issues. The research team compiled an initial list of professionals to be interviewed and members of the study's Advisory Board contributed additional names. The identified professionals were called and asked to participate. In a few cases, the targeted individual suggested other members of his or her agency or organization whose perspective could also be helpful in addition to himself or herself. Individuals from the same organization were interviewed in pairs (such that a total of 15 interviews was conducted with the 18 individuals). Professionals were asked to respond to the eleven preliminary themes identified by the analysis, select the themes they believed were most significant, discuss the extent to which the themes resonated with their own observations, and share ideas about how the identified issues were being addressed with current programs and practices or could be approached.

The discussion groups and the interviews with child welfare professionals were tape recorded after obtaining participants' written consent. One of the study's two transcriptionists transcribed all material from the tapes, and a research staff member conducted the second-stage transcription review, verifying the accuracy of transcripts and editing when necessary. The Principal Investigator conducted the content analysis of the two feedback group transcripts. A research staff member conducted the content analysis of the personal interviews, using N6 qualitative data analysis software. This research staff member then prepared the narrative which was reviewed by the Principal Investigator and other research staff for thoroughness and accuracy.

Review and Information Provision by ACS. From the outset of the study, ACS was asked to work collaboratively with the researchers in the design and implementation of this study. ACS declined to participate in the implementation of the study, but the agency agreed to provide its views and perspectives in relation to the study's findings and analysis. The information provided by ACS after its review of the study is included in the discussion of study findings.

Other Methodological Considerations

Recruitment, Training, and Support of the Interviewers

All but two of the interviews were conducted by senior research staff who were trained extensively by Dr. Deborah Padgett, Ph.D., M.P.H., Professor of Social Work, New York University, who served as an advisor on this study. Training sessions covered qualitative research techniques, confidentiality, interviewing skills, and effective and appropriate utilization of the protocols to ensure validity and consistency. Both research staff members had prior experience conducting semi-structured interviews with young adults who had exited foster care. They participated in ongoing debriefings with the Principal Investigator throughout the interview phase to ensure inter-researcher reliability and to address ethical and other issues that arose during the interviews. An additional interview was conducted by a junior research staff member in Spanish.

As part of the PAD design, young adults and parents were also trained and prepared as interviewers. Two young adult advisory board members attended a training session and later conducted mock interviews with research staff. They were extensively trained on qualitative interviewing skills, confidentiality, and effective and appropriate use of the protocols to ensure validity and consistency. Young adults were scheduled to conduct three interviews, but disappointingly, in each case, the respondent failed to appear. Nine birth parents were trained to conduct interviews. Two of these parents were invited to conduct interviews for the study. One parent successfully conducted an interview (completing the total of 71 consumer interviews), and in the other case, the respondent failed to appear for the interview.

Protection of Study Participants

The study's methodology was overseen by a National Advisory Board of leading child welfare experts that was convened at the outset of the study to guide all aspects of the design and implementation. The members of the Board, individually listed in the Acknowledgement Section of this report, included researchers, policy makers, practitioners, public and private child welfare agency executives, as well as young adults who formerly were in foster care, a birth parent, and an adoptive parent. Three members of the Advisory Board – Dr. Rosemary Avery, Dr. Gary Mallon and Dr. Anthony Maluccio – served as the study's Institutional Review Board (IRB), reviewing and approving the study's protocols and processes and ensuring that ethical standards for the protection of human subjects were met in all aspects of the study. All data (audiotapes, transcripts, and interviewer notes) were identified only by code numbers. The list of interviewees' names associated with the codes was kept in a locked cabinet, accessible only to the Principal Investigator and two senior research staff. Interview tapes were also maintained in a locked cabinet. At the conclusion of the project, all tapes and interview materials were destroyed. Data analysis was conducted using only code numbers for respondent identification.

Addressing Potential Bias

A number of steps were taken to minimize potential bias in this study. The selection of a PAD design was a critical step. Although researcher bias can never be removed completely, one benefit of a PAD design is a reduction in some sources of bias. In all studies, the particular questions asked, the way in which they are asked, and importantly, the questions that are not asked will affect the information that is collected. The engagement of young adults, parents, and adoptive parents in developing the study domains and the interview questions minimized this bias to some extent.

Second, upon completion of the preliminary analysis of findings from the interviews with young adults, parents, and adoptive parents and the identification of preliminary themes, a system of checks and balances was implemented to further minimize the influence of the research team's views on data interpretation. There were a number of iterations of the findings narratives and the preliminary themes, as the research team continuously scrutinized and revised them. The "validation" phase of the study was designed to solicit input from a wide range of viewpoints. Respondents had the opportunity to review and assess the findings and themes as did child welfare professionals. The authenticity of the statements thus was enhanced and the credibility of the study strengthened. The input of young adults, parents, and adoptive parents and a large and diverse group of child welfare professionals helped ensure that the key findings were "triangulated" or corroborated through multiple reference points.

Third, nationally-recognized research expertise was available from the members of the Advisory Board as well as research consultants. The protocols for the exploratory discussion groups, study design, sampling, data collection and data analysis followed established guidelines for decision-making within the flexible approach of qualitative methods. Finally, the project team kept a detailed study journal, documenting all key study decisions so that an "audit trail" could be developed for external review of the study's methods, if necessary.

Strengths and Limitations of the Study

This study benefited from the use of several strategies for rigor which enhanced its credibility. No study (qualitative or quantitative) is entirely free of bias, and the researchers acknowledge that the findings and recommendations might be unintentionally influenced by the interests of those involved. In addition, any research naturally includes intentional influence, and the recommendations portion of this report, in particular, reflects the professional orientations and philosophies of the researchers and the members of the study's Advisory Board.

The researchers acknowledge that potential limitations to the study include the reliance upon young adults who were discharged from foster care (rather than youth currently in foster care), the relatively small samples of interviewees and lack of follow-up interviews with these respondents, and the limitations on the generalizability of the findings because of the non-randomized nature of the sampling technique.

The decision to interview young adults who were discharged from care and who no longer were involved with the permanency planning process carried with it both benefits and limitations. As benefits, youth no

longer in care brought maturity and perspective on their foster care experiences, and could share their thoughts on their experiences post-permanency. As has been found in other studies that have interviewed youth about their experiences in foster care (see Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Taussig, 2002), these young adults were able to present a more nuanced view of the positives and negatives of their foster care and permanency planning experiences, having had the benefit of time, experience in the “real world,” and greater maturity.

Nonetheless, the ideal sample to be interviewed would have included youth currently in foster care because their experiences would reflect the current system instead of a possibly different system in the past and would better capture the current permanency planning process. Many of the young adults in the sample were officially discharged from foster care to “independent living” rather than to live with a permanent family, and their views and experiences were critical to a well-rounded study of permanency. The ideal sample, however, would have included a greater number of individuals who had been successfully reunified with their families or adopted. The research team made concerted efforts to recruit such a sample through requests to a number of private child welfare agencies prior to initiating the data collection process. These agencies, however, declined to participate in recruiting participants with these permanency outcomes.

The sample included parents who had successfully reunified with their children and adoptive parents. These individuals were able to share a range of perspectives related to successful permanency outcomes that the young adults, as a group, could not. Nonetheless, the ideal sample would have involved (1) youth and their birth parents and (2) youth and their adoptive parents so that perspectives could be readily compared.

Decisions about the scope of study recruitment efforts, sample size and one-time-only interviews were driven by constraints of time and staff resources as well as a desire to minimize the burden on interviewees (and, as such, are common in qualitative evaluation). Nevertheless, careful purposive sampling strategies were used to enhance both the quantity and quality of information received. Future qualitative studies involving ethnographic research and in-depth interviews with diverse populations of youths, parents, and adoptive parents would provide an “ideal” scenario for learning about the complexities of permanency.

The reliance on secondary quantitative data, drawn from the federal AFCARS data set and ACS aggregate data, also presented limitations. As a result of resource constraints, this study did not include the collection and analysis of primary data and instead utilized existing data to identify and assess trends related to permanency at the national and local levels. Both the national and local data sets have significant limitations in terms of the scope of the data collected, thereby limiting the extent to which this study was able to integrate quantitative data with qualitative data. Future studies involving primary quantitative data collection would provide opportunities to further enrich the understanding of a broad range of issues bearing on permanency for children and youth in foster care.

The researchers address the issue of generalizability by first noting that a deep, local understanding is a strength of qualitative methods, as opposed to the broad generalizability expected of quantitative findings. Nonetheless, it is recognized that the findings of this study reflect the experiences of the individuals who were interviewed and cannot be viewed as broadly representative of all youth and families served by the New York City foster care system. That said, it is doubtful that any single study could adequately capture

the broad array of experiences of children, youth, and families served by an extremely large urban child welfare system. The qualitative approach used in this study is consistent with “knowledge-generating” (generalizable) qualitative evaluations which have gained favor in recent years (Patton, 2002, p. 220). This study’s validation procedures, which drew on the perspectives of both consumers and child welfare professionals, confirm the utility and relevance of the findings.

In conclusion, the study’s methods constituted an empirical approach that penetrated beneath and beyond the statistics, assumptions, and received wisdom about permanency and planning for permanency in New York City. The qualitative approach used in this study involved the systematic collection and analysis of data rather than relying on anecdote and common sense. Although in some cases it confirmed previous understanding of these issues, in other cases, it brought unexpected light to the realities of young adults’ and families’ experiences.

FINDINGS

This section of the report presents the key findings of the study, beginning with an assessment of national and New York City data regarding permanency outcomes for children and youth. It then presents the findings from interviews with parents, young adults formerly in foster care, and adoptive parents. Next, the findings from interviews with child welfare professionals are presented, interviews that were structured around the professionals' perspectives on the major themes identified from the consumer interviews. Finally, information obtained from ACS following its review of the study findings is presented.

NATIONAL AND NEW YORK CITY QUANTITATIVE DATA

In this section of the report, national and New York City data are presented regarding permanency outcomes for children and youth in foster care, length of time in care, and practices associated with the timely and successful achievement of permanency.

National Data on Permanency⁵

Nationally, the number of children in foster care has declined over the past five years, decreasing from 567,000 children in 1999 to 523,000 in 2003. The national foster care population is comprised of a large percentage of older children. The mean age of all children in foster care is 10.2 years and the median age is 10.9 years. One-half of the children in foster care are 11 years or older; one-fifth (21%), 6 to 10 years of age; and 30%, age 5 and younger.

As of September 30, 2003, children in foster care had been in care for a mean of 31 months and a median of 18 months. The average length of time that children spend in foster care prior to leaving care has not changed significantly over the past six years, and, in fact, has increased over time. Children who left foster care in 1998 had spent a mean of 20 months and a median of 9 months in foster care; children who left foster care in 2003 had spent a mean of 21.7 months and a median of 11.9 months in foster care.

As shown in Table 1, the largest percentage of children in foster care have a permanency goal of reunification with their parents or principal caregivers, and of the children exiting care, the largest percentage (more than half) leave foster care to return to their parents. One-fifth of children had a goal of adoption in 2003 and slightly less than one-fifth exited care to adoptive families. Eight percent of the children in foster care had a goal of living with a relative or guardianship, and 15% of the children who exited foster care in 2003 left foster care for relative care through placement or guardianship. Of concern is the 10% of children who exited foster care in 2003 to live on their own (through emancipation) or through running away.

Table 1. Permanency Goals and Permanency Destinations: 2003

Permanency Goal	Percentage of Children in Foster Care with Goal (n = 523,000)	Percentage of Children who Exited Foster Care to Goal (n = 281,000)
Reunification with parent or principal caretakers	48%	55%
Live with other relative	5%	11%
Adoption	20%	18%
Long-term foster care	8%	N/A
Emancipation	6%	8%
Guardianship	3%	4%
Case plan goal not yet established	10%	N/A
Runaway	N/A	2%

Nationally, the number of children with a goal of adoption increased significantly after the enactment of the Adoption and Safe Families Act of 1997 (ASFA). The number of children considered to be “waiting” for adoption – that is, either having a goal of adoption and/or having been freed for adoption through the termination of at least one parent’s rights – grew from 110,000 in 1998 to 119,000 children in 2003. The number of finalized adoptions of children in foster care also greatly increased following the enactment of ASFA, rising from approximately 29,800 in 1998 to 50,000 in 2003. Consistently, federal data show that children in foster care are more likely to be adopted by a foster parent (62% in 2003) than by a relative (23%) or unrelated adult (15%).

Nationally, children for whom adoption is the permanency goal, however, continue to remain in foster care for extended periods of time despite the emphasis in ASFA on the timely achievement of permanency. The average time that children with a goal of adoption are in foster care has, in fact, increased over time. In 1998, waiting children had been in foster care for a mean of 38 months and a median of 30 months. Waiting children in 2003 had been in care for a mean of 43.9 months and a median of 33.7 months. Even after the rights of all living parents have been terminated, children continue to wait to be adopted. As of September 30, 2003, waiting children for whom the rights of all living parents had been terminated had been waiting for adoptive families more than two years (26 months) since the termination of parental rights.

New York City Data⁶

New York City has experienced a decline in the number of children in foster care. In 2000, 34,354 children were in the City’s foster care system; as of October 2004, the number had declined to 19,779. One half of the children in foster care are age 10 or older. The great majority of the children in foster care

⁶ Cited data are drawn from the following sources: City of New York, 2004; New York City Administration for Children’s Services, 2005; New York City Administration for Children’s Services, 2005a; New York City Administration for Children’s Services, 2005b; and personal communications with Erik Nicklas, Assistant Commissioner, Office of Research and Evaluation (February 10, 2005) and other ACS representatives. Years cited are for city fiscal years.

(95% in December 2004) are served through contracts with private child welfare agencies, and the remaining children were served through ACS direct care services. Slightly more than half of the children in foster care as of October 2004 were placed with foster families (57%), one-quarter (25%) were placed with kin, and 19% were placed in congregate care settings. In 2004, 7,246 children entered foster care, with the majority (92%) entering care through court orders and the remaining children entering care through voluntary placements agreements. In 2004, 6,201 children exited foster care.

Permanency Goals and Destinations

ACS data provide the permanency goals for two groups of children in care: children who were in care for the first time (“First Spell”) and children who have been in foster care for two or more times (“Second or Greater Spell”). Table 2 shows the percentage of all children in foster care who entered care in 1999, 2001, and 2003 who had three key permanency goals (reunification, adoption, and independent living) at the end of the year following the year of foster care entry. These data indicate a small decline in the percentage of “first spell” children who have a goal of reunification, a small increase in the percentage of both groups of children with a goal of adoption, and a decline in the percentage of both groups of children with a goal of independent living.

Table 2: Permanency Goals for First and Second or Greater Spell Children

Permanency Goal	First Spell Children			Second or Greater Spell Children		
	Entered care in 1999 — Goal as of Dec. 2000	Entered care in 2001 — Goal as of Dec. 2002	Entered care in 2003 — Goals as of Dec. 2004	Entered care in 1999 — Goal as of Dec. 2000	Entered care in 2001 — Goal as of Dec. 2002	Entered care in 2003 — Goal as of Dec. 2004
Reunification	74.6%	70.0%	70.9%	74.4%	73.1%	74.9%
Adoption	19.0%	21.5%	20.4%	12.9%	13.6%	13.2%
Independent Living	3.4%	5.0%	2.6%	7.9%	9.2%	6.1%

Somewhat different patterns emerge when the permanency goals for different age groups of adolescents in foster care are examined. As Table 3 demonstrates, adolescents are less likely to have a goal of reunification than the overall population of children in foster care. Between 1996 and 2004, however, a growing proportion of older adolescents (though not adolescents ages 12-13) had goals of reunification, and increasing percentages of adolescents in all age groups had adoption as a goal. During this time period, a lower proportion of adolescents had goals of independent living, with the most dramatic reductions occurring for adolescents ages 14-15 and 16-17.

Table 3. Permanency Goals for Adolescents in Foster Care

Age Group	Permanency Goal	1996	2000	2004
12-13	Reunification	46.3%	49.3%	47.8%
	Adoption	46.2%	44.6%	47.9%
	Independent Living	2.8%	2.8%	0.9%
14-15	Reunification	43.3%	50.1%	51.0%
	Adoption	29.1%	24.4%	31.2%
	Independent Living	17.6%	16.8%	5.4%
16-17	Reunification	34.1%	40.3%	42.4%
	Adoption	13.4%	9.5%	17.2%
	Independent Living	41.9%	40.3%	26.1%
18 and older	Reunification	13.5%	15.0%	21.2%
	Adoption	6.1%	3.9%	7.0%
	Independent Living	74.9%	75.5%	67.1%

Table 4 shows the actual permanency destinations for both “first spell” and “second or greater spell” children as they exited care at three points in time. Little change in permanency destinations over the three year period is evident, with the exception of a small decline in discharges to independent living for both groups of children. The high percentage of “other” destinations for “Second or Greater Spell” children (close to one-quarter of exits in 2004) is of note.

Table 4. Permanency Destinations for All Children Exiting Foster Care

Permanency Destination	First Spell Children			Second or Greater Spell Children		
	Placed in 1999 Discharged by June 2000	Placed in 2001 Discharged by June 2002	Placed in 2003 Discharged by June 2004	Placed in 1999 Discharged by June 2000	Placed in 2001 Discharged by June 2002	Placed in 2003 Discharged by June 2004
Reunification	89.1%	90.1%	88.8%	74.3%	80.5%	74.5%
Adoption	.2%	.1%	.2%	.5%	0%	.3%
Independent Living	1.0%	.8%	.6%	3.0%	1.9%	2.2%
Other	9.7%	9.0%	10.4%	22.2%	17.6%	23.0%

Somewhat different patterns emerge when the discharge destinations of adolescents are examined. As Table 5 demonstrates, growing percentages of adolescents left foster care to adoptive families over the period 2000-2004. The percentage of youth leaving care through running away (AWOL) declined for all groups other than youth ages 12-13 (for whom the percentage, nevertheless, remains low).

Table 5. Permanency Destinations for Adolescents Exiting Foster Care

Age Group	Permanency Destination	Year of Exit		
		2000	2002	2004 Jan. to Oct. only
12-13	Reunification	66.0%	62.9%	52.6%
	Adoption	29.7%	32.0%	42.9%
	Aged Out	0%	0.2%	0%
	AWOL	2.0%	2.7%	2.8%
	Other	2.3%	2.6%	1.7%
14-15	Reunification	66.4%	66.0%	66.0%
	Adoption	14.3%	19.6%	18.7%
	Aged Out	0.1%	0.4%	0%
	AWOL	7.7%	6.2%	4.9%
	Other	11.6%	7.8%	10.4%
16-17	Reunification	67.0%	69.0%	71.6%
	Adoption	6.8%	11.1%	11.8%
	Aged Out	2.2%	1.2%	2.0%
	AWOL	8.1%	5.8%	4.1%
	Other	15.9%	12.9%	10.4%
18 and older	Reunification	17.7%	17.3%	17.5%
	Adoption	2.5%	3.1%	3.2%
	Aged Out	61.5%	61.2%	63.2%
	AWOL	7.9%	5.9%	5.9%
	Other	10.4%	12.7%	10.2%

Also of interest in relation to permanency for adolescents are the outcomes for youth who previously resided in congregate care settings that were closed as part of the ACS initiative to reduce the number of congregate care beds used as placements for children and youth in foster care. ACS reports that reunification outcomes for two cohorts of these youth have been followed. One cohort is a group of 159 youth who exited several group homes and agency-operated boarding homes as a result of the congregate care bed reduction initiative, and the other is a cohort of 57 young women who previously resided at Wayside, a group facility that closed its doors. Of the 159 youth in the first cohort, 12% were reunified with their family; of the 57 young women in the second cohort, 18% were immediately reunified or discharged to a family and one year later, 26% had been reunified or discharged to a family.

As Table 6 indicates, there has been very little change over time in the percentage of youth who exit from congregate care to reunification or adoption. There has been a decline in the percentage of youth who exit to AWOL status. Although other data show a decreased use of independent living as a permanency goal, as of 2004, there was no significant change in the percentage of youth who leave congregate care through aging out.

Table 6. Permanency Destinations of Youth Exiting Care from Congregate Care Settings

Permanency Destination	1999	2001	2004
Reunification	58.6%	61.5%	60.5%
Adoption	0.2%	0.1%	0.4%
Aged Out	16.2%	16.4%	17.8%
AWOL	11.8%	9.6%	7.4%
Other	13.3%	12.4%	14.0%

Length of Time in Care

ACS data also show that children remain in the City’s foster care system for extended periods of time. The average length of time for all children in foster care in 2004 was reported at slightly over four years (49.1 months). Data for the first four months of 2005 indicate that the average length of stay for all children in care was 49.6 months. This is far greater than the average length of time in foster care for children nationally.

Table 7 provides data on length of stay for different cohorts of children. These data reflect length of stay for all children who entered foster care in each of three years: 1999, 2001, and 2003. Data show that the percentage of children who were discharged from foster care within three time periods following entry into care. For children in their first foster care spells, more than one-half of children in each cohort were still in foster care 12 months after entering foster care. For children in their second and greater spell, about 60% of children in each cohort were still in foster care 12 months after entry into care.

Table 7. Discharges from Foster Care by Length of Time in Care

Time Period for Discharge From Entry	First Spell Children			Second or Greater Spell Children		
	Entered care in 1999 – Discharged as of Dec. 2000	Entered care in 2001 – Discharged as of Dec. 2002	Entered care in 2003 – Discharged as of Dec. 2004	Entered care in 1999 – Discharged as of Dec. 2000	Entered care in 2001 – Discharged as of Dec. 2002	Entered care in 2003 – Discharged as of Dec. 2004
Within 3 months	27.4%	25.8%	24.1%	22.6%	21.6%	21.8%
4 to 6 months	6.1%	7.1%	8.5%	7.2%	7.6%	7.8%
7 to 12 months	10.9%	11.0%	11.2%	12.6%	9.4%	10.0%

Reunification and Placement with Relatives

ACS reports 5.5 months as the benchmark time frame for return of children to a parent following the child's first entry into care. Data indicate that ACS approached this benchmark in 2001, with a median length of stay of 5.9 months for children who entered foster care that year and were reunified with their families. The median length of stay for these children, however, has increased since that time. ACS reports that for 2004, the length of stay in care for children who entered care for the first time and were returned to a parent was 7.6 months, an increase from the 2003 median of 6.8 months. ACS further reports an annual target rate of 45% for the return of children within 12 months of their entry to foster care. In 2003 and 2004, ACS reports that it exceeded this target percentage.

ACS data regarding outcomes for children with goals of reunification are extremely limited. Although data are available on length of time in care for children discharged to reunification, data are not reported on the length of time in care for children currently in foster care with a goal of reunification nor are data reported on the achievement of milestones to permanency for children whose goals begin as reunification and later are changed to permanent placement with relatives, adoption, or another permanency option. The lack of data in this regard is in sharp contrast to the extensive data reported on outcomes for children whose permanency goals are adoption.

Adoption

Over the last five years, there has also been a decline in the number of children in ACS custody with goals of adoption (a decrease of 28%) and in the number of children adopted from the City's foster care system (a decrease of 13%). Table 8 provides the number of children with goals of adoption and with finalized adoptions for a five year period and the year-to-date numbers for 2005. The final column indicates that there has been an increase in the percentage of children with goals of adoption who are adopted each year.

Table 8. Number of Children with a Goal of Adoption and Number of Children Adopted

Year	Number of Children with a Goal for Adoption	Number of Children Adopted	Percent of Children with a Goal of Adoption Who Were Adopted
2000	12,136	3,148	26%
2001	11,670	2,715	23%
2002	10,717	2,695	25%
2003	9,924	2,793	28%
2004	8,740	2,735	31%
2005 to Date	8,179	252	not applicable

The total number of finalized adoptions for 2004 (as shown in Table 8) was 2,735, which fell short of ACS' target of 2,900 adoptions for 2004. ACS attributes the decline in the number of adoptions between 2003 and 2004 to decreases in the foster care population, which decreased by 35% over the past five years, and, consequently, decreases in the number of children eligible for adoption.

ACS data also provide the percentages of children who are adopted by age group. As Table 9 indicates, the percentage of all adoptions that are of adolescents ages 12 through 17 has grown slightly over the past five years.

Table 9. Percentage of Adoptions by Age at Adoption

Age Group	1999	2001	2004
Under 6	27.1%	32.3%	29.5%
6-11	48.6%	44.8%	43.3%
12-13	11.3%	11.7%	13.1%
14-15	7.3%	7.2%	8.1%
16-17	3.8%	2.9%	4.6%
Over 17	1.9%	1.2%	1.5%

ACS also reports that the percentage of youth ages 12 and older exiting foster care to adoption increased by nearly one-third between 2000 to October 2004, with the largest percentage increase occurring for children in the age groups of 12-13 and 16-17. As previously shown in Table 5, in 2004, 42.9% of all adolescents ages 12-13 exiting care were adopted (up from 29.7% in 2000) and 11.8% of all adolescents ages 16-17 were adopted (up from 6.8% in 2000).

As the population of children in foster care and the number of children with goals of adoption has declined, the number of children freed for adoption also has declined, as shown in Table 10. However, increasingly larger percentages of children who are freed for adoption are being adopted each year.

Table 10. Children Freed for Adoption and Adopted

Year	Number of Children Freed	Number of Children Adopted	Percent of Freed Children Adopted
1999	7515	3815	51%
2000	4814	3019	63%
2001	4263	2794	66%
2002	4162	2773	67%
2003	4122	3121	76%
2004	3037	2416	80%

The proportion of children discharged to adoption differs for children in their first foster care spells and children in their second or greater spells. As Table 11 shows, the proportion of children discharged to adoption in each of six admission cohorts is much greater for children in their first foster care spells (for whom the percentage has slowly but steadily increased over time) than children in their second or greater spells in foster care (for whom the percentage has remained low and which significantly declined between 2000 and 2001).

Table 11. Percent of Admissions Cohort Discharged to Adoption

Year of Admission to Foster Care	Percent Discharged to Adoption Three Years After Admission Year	
	First Spell Children	Second and Greater Spell Children
1996	5.7%	2.2%
1997	4.7%	2.3%
1998	5.3%	1.6%
1999	4.6%	2.6%
2000	5.2%	3.0%
2001	5.9%	1.8%

An important factor in assessing the use of adoption as a permanency option for children is the length of time that children remain in care prior to adoption. The percentages of children for whom adoption milestones have been met within the time frames specified by ACS remain quite low. Table 12 provides the percentages of children who achieved adoption milestones within the ACS-established time frames for two groups of children: children served directly by ACS (“Direct”) and children served by private child welfare agencies under contract with ACS (“Contract”).

Table 12. Adoption Milestones: Comparison of Data for 2000 and 2004

Adoption Milestone	ACS Established Time Frame	Percent of Children Achieving Milestone — Direct		Percent of Children Achieving Milestone — Contract	
		2000	2004	2000	2004
Adoption goal established	Under 18 months from entry to care	7.3%	6.0%	23%	19.8%
Freed for adoption	Under 12 months from adoption goal	10.0%	9.0%	19.9%	13.3%
Adoption finalized	Under 27 months from adoption goal	21.3%	18.9%	37.4%	31.8%

As these data show, contract agencies have performed substantially better than ACS in achieving adoption milestones within the established time frames. The contract agencies, however, also perform at low levels on all three milestones. The best performance on an adoption milestone for both ACS and the contract agencies has been finalization of adoption within the established time frame. ACS, however, met this benchmark in 2004 in less than one-fifth of the cases and the contract agencies did so in less than one-third of the cases.

ACS data, as presented in Table 13, show the percentage of first spell children who were discharged to adoption within certain time frames. These data indicate that the largest proportion of children who were discharged to adoption at each time period were in care for 31 months or longer: between 66% and 75% of all adoptions involved a length of stay of 31 months or more.

Table 13. Discharges to Adoption From Time of Entry as a Percentage of Total Adoptions

Time Frame for Discharge to Adoption	1997 Entry - Status as of December 2000	1998 Entry - Status as of December 2001	1999 Entry - Status as of December 2002	2000 Entry - Status as of December 2003	2001 Entry - Status as of December 2004
Within 24 months	11.5%	13.1%	12.1%	11.1%	9.3%
25-30 months	20.2%	18.1%	19.9%	13.8%	24.4%
31-36 months	33.4%	27.0%	31.4%	24.5%	28.1%
More than 36 months	34.9%	41.8%	36.6%	50.6%	38.2%

Table 14 provides data on the length of stay for children in their first spells from the time that they were freed for adoption and were adopted. The data make clear that the vast majority of all adoptions involve a length of stay of more than 2 years after children are freed for adoption.

Table 14. Time Frames: Being Freed for Adoption to Adoption as a Percent of All Adoptions for Children

Time Frames	1997 Entry - Status as of December 2000	1998 Entry - Status as of December 2001	1999 Entry - Status as of December 2002	2000 Entry - Status as of December 2003	2001 Entry - Status as of December 2004
Within 12 months of being freed	0%	.4%	.2%	.6%	.2%
13-24 months of being freed	10.2%	12.4%	10.3%	9.4%	8.1%
More than 24 months after being freed	84.8%	80.5%	83.3%	86.0%	87.0%

One factor associated with the length of time that children with goals of adoption remain in care is the time from the filing the petition to terminate parental rights to the granting of the petition and freeing the child for adoption. These steps in the adoption process are largely within the control of the family courts, although there are no data to reflect what role, if any, is played by ACS legal counsel. Data indicate that increasing percentages of children wait more than 24 months from the time of filing the petition to terminate parental rights to the court freeing the child for adoption. In 2001, 14.9% of the children with pending petitions waited more than 24 months to be freed for adoption; in 2003, 23.6% of children waited more than 24 months. As shown in Table 15, older children are more likely to wait more than 24 months than are children between the ages of 1 and 5 years.

Table 15. Time from Filing the Petition to Terminate Parental Rights to Freeing Children for Adoption

TPR Year—Percentage Waiting More than Two Years			
Age Group	2001	2002	2003
1-5 years	9.2%	12.2%	13.5%
6-11 years	19.4%	25.2%	31.9%
12-13 years	18.4%	22.6%	29.5%
14-15 years	21.4%	21.5%	32.4%
16-17 years	10.6%	23.0%	20.3%
More than 17 years	0%	41.7%	50.0%

Finally, data show the median length of time that children remain in foster care before adoptions are finalized. As Table 16 indicates, the median length of time in care has steadily remained at over five years.

Table 16. Median Length of Stay to Adoption

Year of Adoption Finalization	Months to Adoption
2000	60.2
2001	58.3
2002	62.2
2003	64.3
2004	61.5

Discharge to Independent Living

Independent living continues to be a permanency goal for some children in the New York City foster care system. Table 17 provides the percentage of children in their first spells and in their second or greater spells with goals of independent living for each of five years. Children in their “Second or Greater” spells were far more likely to have independent living as a goal than were “First Spell” children.

Table 17. Goal of Independent Living for Children Entering Care

Year of Entry and Date of Goal	Percent of First Spell Children with Independent Living Goal	Percent of Second or Greater Spell Children with Independent Living Goal
Entered care in 1999; goal as of Dec. 2000	3.4%	7.9%
Entered care in 2000; goal as of Dec. 2001	4.8%	8.6%
Entered care in 2001; goal as of Dec. 2002	5.0%	9.2%
Entered care in 2002; goal as of Dec. 2003	4.3%	6.9%
Entered care in 2003; goal as of Dec. 2004	2.8%	5.8%

As Table 18 shows, relatively low percentages of youth who exited care 2000 to 2004 were discharged to independent living within the calendar year following their entry to care, particularly youth in their first spells. The percentage of youth discharged to independent living for both groups within the following calendar year showed a decline for youth entering care in 2003 and 2004. ACS data also indicate decreasing use of independent living as a permanency goal for all adolescent age groups, as shown earlier in Table 3.

Table 18. Percent of Discharges to Independent Living

Entry/Exit Periods	First Spell Children	Second or Greater Spell Children
Entered care in 1999; goal as of Dec. 2000	1.0%	5.7%
Entered care in 2000; goal as of Dec. 2001	1.0%	5.6%
Entered care in 2001; goal as of Dec. 2002	1.0%	5.2%
Entered care in 2002; goal as of Dec. 2003	.8%	5.1%
Entered care in 2003; goal as of Dec. 2004	.8%	4.7%

When all discharges to independent living are combined over the five year period (2000-2004), a total of 4,498 youth left care to live on their own. In 2000 to 2003, more than 900 youth exited foster care to independent living each year. ACS reports that the number of such discharges declined to 744 youth in 2004.

ACS data are preliminary regarding the median length of stay for youth who exit foster care to independent living. Based on admissions cohort data, however, the median length of stay is estimated at approximately seven years.

Permanency-Related Outcomes

ACS also provides data on a number of indicators that relate to the timely and successful achievement of permanency for children in the City's foster care system. These data indicate that the performance of the City's foster care system on some indicators has greatly improved. Its performance on other indicators associated with the timely achievement of permanency, particularly reunification, however, falls below ACS' own established standards.

Placement of children within their own community districts

- Placement of children near their families has been found to be associated with higher reunification rates (Dougherty, 2004). ACS set as a goal that 75% of children who enter care will be placed within their own community districts, but reported in early 2005 that it revised that goal to 23% for 2004. In 2004, the Citywide within-community district placement rate was 17.8% of the 5,568 children who entered care that year, which falls short even of the City's significantly reduced goal of 23% for 2004. Slightly more than one-half (54.8%) of children, however, were placed in the children's own boroughs of residence, a small increase from 2003 (53.3%). In 2004, 16.2% of the children who entered care were placed outside of New York City. Placements outside of the City were significantly more likely when congregate care was used as the placement option.

Placement of siblings together

- A critical aspect of permanency for children in foster care is the preservation of their relationships with their siblings through placement of siblings together (Ellison, 1999; Shlonsky, Webster, & Needell, 2003). In 2004, 1,430 sibling groups entered the City's foster care system. The extent to which they were placed with their siblings varied, depending on the status of the sibling groups. For sibling groups who entered foster care with no other siblings already in foster care, the great majority (89.7%) were placed together. For sibling groups who entered foster care and already had a sibling(s) in care, however, all siblings were placed together in only 13.1% of the cases. For children who entered foster care alone and already had a sibling(s) in care, all siblings were placed together in slightly more than one-quarter (27.5%) of the cases.

Stability of placements

- The stability of children's placements while they are in foster care is related to the successful achievement of permanency (Chipungu & Bent-Goodley, 2004; Allen & Bissell, 2004). ACS includes within its "Placement Principles" the tenet that all children deserve stable placements. ACS data provide placement information on children who have been in foster care at least one day and have had at least one transfer to another placement in the given month or year. Data show that one-quarter (25.2%) of children in care at least one day in 2004 had at least one transfer. More than half of these transfers were the child's third or greater transfer during the child's current spell in foster care.

Placement with kin

- Permanency is promoted for many children through their placements with kin who either support the achievement of reunification or become permanent resources for children (Geen, 2004; Geen, 2003a). Since 2000, there has been a decline in the number of children in the City's foster care system placed with kin. The percentage of children in foster care who were placed with kin, however, has remained at about one-fifth since 2001. Table 19 shows the percentage of the total population of children in foster care placed with kin over a five-year period.

Table 19. Percent of Children Entering Foster Care Placed with Kin

Year of Entry	Percent Placed with Kin
2000	16%
2001	19.9%
2002	22.5%
2003	19.2%
2004	19.4%

Data on transfers to and from kinship placements indicate that transfers of children to kin are balanced by transfers of children out of kinship care placements. In 2004, the percent of transfers that involved children's moves to kinship homes (9%) was only slightly greater than the percent of transfers that involved a move from kinship homes (8.4%). The data were similar in 2003 (10.9% of the transfers were to kin and 9.4% of the transfers were out of kinship homes).

Involvement of families in planning for their children in foster care

- The involvement of families in planning for their children in foster care has been identified as a key factor in achieving permanency for children in a timely way (Maluccio & Fine, 2002; Pecora & Maluccio, 2000). ACS reports on family involvement in relation to two types of meetings that are designed to engage families in the decision-making process for their children: the 72-Hour Child Safety Conference (held within five days of the child's entry to care) and Service Plan Reviews (SPRs) (held every six months throughout the child's stay in care). In 2004, a large percentage of parents (70.7%) attended the 72-Hour Safety conference (an increase of a few percentage points over reported percentages for 2003). Parents' attendance rate at the SPRs, however, was only 49%. ACS has estimated that in 2005 the parental participation rate will be 60%.

Children's visits with parents

- The timely and successful achievement of permanency has been associated with regular and frequent visits between children and their parents (Haight, Mangelsdorf, Black, Szewczyk, Schoppe, Giorgio, Madrigal, & Tata, 2002; Hess, 2003; Wright, 2001). ACS data on the percent of children with reunification goals who had biweekly visits with their parents reflect substantial improvement between 2000, when these visits were occurring in only about 30% of cases, and 2004, when 66% of these cases had biweekly visits and 50% had weekly visits.

Sibling visits

- Youth in foster care report that visits and other connections with their siblings are essential to their sense of well-being and belonging (California Youth Connection, 2003). ACS data reflect significant advances in ensuring that siblings not placed together in foster care visit with one another. The level of sibling visit compliance system-wide dramatically increased from 28% in 2000 to 74% in 2004. In November 2004, the percent reached 81% and in December 2004, 79%.

Post-Permanency Outcomes

The primary measure of post-permanency outcomes used by ACS is children's re-entry to foster care. ACS benchmarked the City-wide re-entry rate at 8%, to be achieved by July 2002, and at 5%, to be achieved by 2003. As shown in Table 20, re-entry rates for children discharged to reunification one year prior to the reporting date and who reentered care any time during that one-year period far exceeded the 5% benchmark for children who exited care in 2002 and 2003 and then re-entered care within one year. Re-entry rates were highest for children who had been in foster care two or more times.

Table 20. Re-entry from Reunification

	Reunification in 2002	Reunification in 2003
Re-entry from reunification after <u>first spell</u>	7.8%	8.0%
Re-entry from reunification after <u>second or greater spell</u>	11.7%	12.3%

The preliminary estimates for 2004 indicate an overall re-entry rate from reunification of 8.6%, which also exceeds the ACS established benchmark.

As Table 21 shows, rates of re-entry from reunification within one year are markedly higher when children are discharged more quickly from foster care, that is, within 90 days of placement. Almost one quarter of children in their second or greater spells return to foster care after being discharged within 90 days of placement.

Table 21. Re-entry from Reunification Within One Year Based on Length of Stay

	First Spell Children – Year of Reunification		Second or Greater Spell Children – Year of Reunification	
	2002	2003	2002	2003
Discharged within 90 days of placement and re-entered within one year	13.3%	15.2%	22.1%	22.6%
Discharged after 90 days of placement and re-entered within one year	5.6%	5.5%	8.3%	7.5%

As shown in Table 22, the percentage of children in foster care who had previously been in care has remained at about one-quarter over the last four reporting years, with the majority of these re-entries from reunification discharges.

Table 22. Re-entry from Reunification and Any Prior Foster Care Placement

	Year of Reunification or Other Placement			
	2001	2002	2003	2004
Percent of children admitted who were re-entering care	23%	24.1%	25.5%	25.4%
Percent of children who were re-entries from reunification	20.8%	22.0%	22.5%	21.9%
Percent of children who were re-entries within one year of a reunification discharge	8.3%	8.0%	7.2%	7.8%

FINDINGS FROM INTERVIEWS

In the following section, the major findings from interviews are presented. First, the findings from interviews with consumers – parents, young adults formerly in foster care, and adoptive parents – are discussed. Next, the findings from interviews with child welfare professionals, structured around the key themes identified from the consumer interviews, are discussed. Finally, information obtained from ACS after its review of the study findings is presented.

Interviews with Parents

Twenty birth parents were interviewed individually. All parents either had children who had been in foster care for at least one year within the last five years or had children in foster care at the time of the interview. Nine of the parents had children who had been in foster care, and nine had children currently in foster care. Two of the birth parents reported that they both had children in foster care at the time of the interview and had children who formerly were in foster care. Of the twenty birth parents, eighteen were female and two were male. Fourteen parents self-identified as African American, two as Puerto Rican, two as “other,” one as white, and one as multiracial. Their ages ranged from twenty-one to sixty years. More than half of parents reported being employed.

Of the total of eleven parents who reported that they *had children who had been in foster care but were no longer in care*, most had more than one child formerly in foster care. Parents indicated that their children entered foster care for a variety of reasons. Five parents stated that they had had drug- or alcohol-related problems; two stated that their children entered care because the parent was arrested or incarcerated; three stated that the reason for foster care entry was abuse; and three stated that their children had been determined to have been neglected. In some cases, parents reported more than one of these factors. The parents reported that their children had been in foster care from a minimum of three months to a maximum of almost six years. None of the children had been in foster care more than once. While in care, a majority of the children lived with foster families or with relatives. Three parents reported that children were placed in a group home or residential treatment center. Ten of the parents reported that their children who had been in foster care were living with them at the time of the interview. Three parents also had other children who had not entered foster care.

Of the total of eleven parents who *had children in foster care at the time of the interview*, one parent had five children in foster care, and the remaining parents had one to three children in care. The ages of the children ranged from 8 months to 18 years. A little more than half of the children were 9 years old and younger, and the remaining were between the ages of 10 and 18. The parents in this group described as the reasons that their children entered care: the parent having been reported as failing to protect one of the children in the home from sexual abuse; parental incarceration; parental drug use and/or involvement; parental mental illness; parent in a violent relationship; neglect; accidentally dropping the child on the floor and breaking the child’s leg; their child being given the wrong medication; corporal punishment; the parent having been wrongly accused of weapons possession; and the parent having been wrongly reported of having a “cluttered house.”

Most of these parents' children had been in care for more than one year. One parent reported that one of her children had been in care for 10 months, three parents reported that their children had been in care for 4 to 6 years, and two parents reported that their children had been in care for 8 to 9 years. A majority of the children were living with foster parents or relatives. Two parents reported that their children were living in a group home. Some of the parents had children in addition to their children in foster care. Most parents reported that their children's other parent was not involved in working with them and the child welfare agency.

THE MEANING OF PERMANENCY

Parents discussed what the term "permanency" meant to them and the extent to which caseworkers had talked with them about permanency.

Understanding Permanency

Two of the eleven parents whose children were no longer in foster care at the time of the interview stated that they equated "permanency with getting their children back (saying "her permanent home was with me" and "they're coming home"). The majority of these parents, however, said that their perceptions of "permanency," at least initially, were that their children were not returning to them and "permanency" meant that their children were to remain in foster care or were to be adopted. One parent said that the word "permanency" was "scary" and he/she was "worried" when permanency was discussed. Other parents commented:

"It didn't mean that I was getting my children back and I wanted to know why."

"[Permanency meant] that they're being cared for permanent; I'll never get them back."

"They were staying in foster care...I automatically kind of got upset when they said permanency... I met with the director [and] they started talking about permanency planning...and I'm like 'wait, permanency planning? Wait. No. My children are coming home.' And they was like, 'that's what permanency [is]' and that's when they explained what permanency is."

Parents whose children were in foster care at the time of the interview likewise had a variety of reactions to the term "permanency." One was not certain what the term meant but focused on his/her goal: "I don't know...honestly, I don't understand the meaning of the term...I want the kids to come back home."

Others were clear that "permanency" meant return of the children:

"'Permanency' doesn't mean much to me as far as where she's going to go because I know she's coming home."

“That depends on what they’re using it for. If they’re talking about the children coming home, I’m thinking permanency.”

“It means bringing the kids back [home].”

Two parents focused on the long-term nature of permanency, saying that it meant “to be set in...put[ting] something solid in there so it can stay” and “a place for [children] for good.” Two other parents, however, thought that “permanency” referred to a temporary arrangement in foster care until the parent could stabilize his/her situation.

Discussion of Permanency with Caseworkers

Parents reported a variety of experiences regarding how “permanency” was or was not explained to them. Parents whose children were no longer in foster care described a broad range of experiences. Two parents said that nothing was said about permanency:

“They never told me anything about permanency...They told me this was just temporary until I got myself together.”

“They don’t talk with me about nothing.”

One parent explained that he/she came to understand the issue of permanency on his/her own:

“No one explained to me exactly what it meant...I had to do a lot of homework...I went to the library, where they have the family court law books, the ACS books, the thick blue books, and I made all my references from there.”

Other parents whose children were no longer in foster care reported that caseworkers did not use the word “permanency,” but the concept was communicated to them using other terms, such as “goal” and “plan.”

Most of these parents indicated that they understood what achieving “permanency” ultimately involved, though they reported that this issue was handled with them in different ways. Parents, for example, stated:

“I think they did say that if I didn’t do what I needed to do, they (my children) would be permanently placed outside the home. But then they gave me another scenario of the things I needed to do and then they would come back home. So it was like, ‘If you do this, then your kids come home; if not, they will be placed, probably permanently.’ They just said that they’d probably be placed with a family member.”

“No one actually sat down and explained what they meant...The first time they said it, I was still kind of angry about the whole situation. Then, afterwards, when they threatened me, like after 12 months, then it was like, ‘do it or else.’ That’s how it felt. No one ever came to me like, ‘listen, let me explain this to you.’ They never did that. It was like, ‘do it or you ain’t getting your kids back. You ain’t going to see them.”

Another parent stated that her initial caseworker did not talk with the parent about permanency. The parent stated that the caseworker “just wanted to make sure I was going to services that they provided.” The parent’s last caseworker, however, was direct with her. “I put my trust in [her], basically. She was like, ‘Ms. C, I’m going to help you get your kids home. This is all you have to do...The permanency goal is to have the children be sent home, but you have to give me something to go on.’”

Two of the parents in this group discussed permanency by referencing the legal requirements regarding permanency under the Adoption and Safe Families Act:

“They tried telling me I had 15 months.”

“[The caseworker] kept reminding me of the ASFA law...She helped me get my kids back.”

Parents whose children were in foster care at the time of the interview also were asked about their discussions with caseworkers about permanency for their children. Only one parent in this group of parents said that the issue had not been raised. Three parents reported that caseworkers discussed permanency with them. One said that the caseworker did not discuss this issue but the parent brought up the subject: “It’s like an open question. But I think that when a [parent] is involved and really cares about a child, they’ll bring it up themselves.” Three parents associated discussions of permanency with legal mandates or court proceedings:

“So they’re talking about permanency now cause it’s like 15 to 22 months they have and that time is approaching.”

“It’s like after you go to court, you have a meeting saying what the kids are going to do for the next six months . . . that’s the only time I ever hear it come up.”

“We have a [Service Plan Review] meeting like every six months or something [to discuss permanency plans], usually when we go to court.”

SETTING THE PERMANENCY GOAL

When parents of children who were no longer in foster care were asked whether different permanency options had been discussed with them, five parents stated that reunification was the only plan for their children throughout their children’s stays in foster care. In one of these cases, the parent reported that the agency had lost the paperwork on his/her case, the caseworker was on vacation, and at the court hearing, the parent made the case for the children to be returned home and the judge agreed: “I look at it like I beat them at their own game.” Six parents reported that other permanency alternatives had been discussed for their children: in four situations, adoption was discussed, and in two situations, other relatives were considered as resources for the children.

Eight of the parents said that their children wanted to come home throughout their stays in foster care. In each of these cases, the children were not placed with relatives. Two parents of these children said:

“[My daughter] really wouldn’t understand [that she couldn’t come home] right now. My oldest son, he understood. ‘Okay, Mommy. I’ll deal with it.’”

“My children wanted to come home. They didn’t understand about permanency and things like that.”

Some parents described their individual situations involving their children’s responses to foster care. In one case, the child was confused as she had become attached to her relative caregiver, but also wanted to return home; in another case, the children AWOLed; and in another case, the parent reported that her child said that he did not want to return home. One parent reported that his/her child, who had been returned to the parent, was fearful that he will again be removed from the home.

All of the parents whose children were in foster care at the time of the interview stated that reunification was the goal they were working to achieve. Eight parents also said that their children wanted to return home. One parent was not certain of her child’s feelings, saying, “I would think that she wants to come home with me. She hasn’t lived with me since she was one month old.”

Six parents indicated that there was some possibility that the ultimate plan for their children would not be reunification. These parents, for example, said:

“They actually told me that the possibility of me getting my kids is not a sure thing. Sometimes, they can be a little rude.”

“The backup plan is the foster mother to adopt her. But that backup plan is not going to be a backup because I am not going to let it happen and I already know that, and neither is her father.”

“It could be termination...but, it’s not right, right now, it’s just in-between.”

Two parents were uncertain of the permanency goal, stating that according to the supervisor at the private child welfare agency, the goal was reunification with a trial discharge home, but according to ACS, the goal was adoption.

PLANNING FOR PERMANENCY

Parents also described their specific experiences with the permanency planning process. Parents with children in foster care at the time of the interview reported their perceptions of the current status of the planning process. Both groups of parents reported on their level of involvement in the planning process, described the factors that supported and that hindered their efforts to reunify with their children, and related their experiences in visiting their children.

Current Status of the Planning Process

With regard to the permanency planning process overall, most parents with children in foster care at the time of the interview stated that the process was going well or that they were generally satisfied with the process:

“I’m talking with a lot of people and they’re giving me a foundation to help me plan better.”

“I understand my rights but I just want to be able to exercise them.”

“Well so far, I really have, basically, not too many complaints about it.”

Some parents, however, expressed very negative views about the process:

“I don’t understand my rights.”

“They have made me feel like I have no rights.”

“Anything dealing with ACS and foster care is frightening. You never know what they’re going to say to you or what words that they would use because they have your child for their benefit, not for yours.”

Participation in the Planning Process

When asked the extent to which they had participated in determining the children’s final permanency goal, many parents were not able to describe any planning activities in which they had engaged. Some parents of children who were no longer in foster care stated that they had become involved in planning for their children in different ways: by attending case meetings, through self-assertiveness (“I always just expressed myself. That was the only thing that helped me – me expressing myself.”), by contacting the parent’s City Council Member regarding the child’s foster care placement, and by disagreeing with the service plan that stated that the parent needed to attend a drug rehabilitation program.

Similarly, a few parents of children in foster care at the time of the interview reported that they had played a role in the planning process. One parent said, “I’m a very persistent person...You have to deal with me... there’s no talking with me behind the door. You have to [speak to me]...face to face.” One parent said that she had not participated in the process because of “health issues.” Two parents said that they participated, but they did not believe that their voices were heard. One said that she had attended court hearings, but did not believe that the judge listened to her, and another said, “I’m able to participate but to me, I don’t really feel like they’re listening. ”

Supports for Parents: People

When asked about the most helpful people to them in their efforts to regain custody of their children, parents whose children were no longer in foster care most often mentioned family and their caseworkers. About their families, two parents said, for example:

“My hugest support was my family. My in-laws. My parents. My siblings. My grandparents.”

“[My aunt] always helped me stay positive and to address my anger.”

Parents made many positive statements about their caseworkers and expressed an interesting array of perspectives about what made their caseworkers most helpful to them:

“I would call [my caseworker] every week just to talk with him sometimes. Just about anything, just to relieve my mind that things were okay...Calling them all the time, [I got] a good rapport with them. Because when they first came and took my kids, [things] were very ugly and nasty...but I didn't want them to have that opinion of me stuck in their heads.”

“[My ACS caseworker was] a lovely, lovely lady. I loved this lady to death because she used to come to court with me every court date...[She told me the] things that I really needed to do which are important. You know, just guiding me on the right things to do.” This parent also described the helpfulness of a second caseworker and concluded, “I didn't know these people and these people just seemed like they wanted me to get my kids back and that made me even want to, just do it even more.”

“[My caseworker] was tough love. She was like, she would get mad at me when I wasn't doing what I had to do...She's be like, ‘well then, we'll see what you do. Go prove it to me.’ That's how she's be, with that attitude. And that would piss me off. So, it work[ed].”

“It made the process move along more faster because I had a worker that I felt was wanting to help me.”

“[My caseworkers] were very culturally in tune so they were like, ‘we know how the system makes things look worse than they are.’”

Several parents also identified other parents whose children had been placed in foster care as key supports:

“[From participating in groups of other parents], I found out myself that I just needed to change a whole lot of things.”

“Then after my children was given back to me I still attended these groups and they're really helpful. I really like it.”

Parents also identified the Child Welfare Organizing Project as a support because it provided them with information on the rights of parents. One parent, for example, said, “I understood that I could say, ‘No,’ ‘Why?’...‘Get out of here,’ or ‘Give me a parent advocate’ or...‘Wait a minute, let’s see.’”

One parent also mentioned the judge on his/her case as an important support (“The judge was in my favor from jump street...the judge was impressed. Not too many people come from jail and turn their life around.”); two parents mentioned their lawyers (“She’s there for me”; and “I had a really good lawyer... He advocated for me well in court.”); and one parent mentioned the child’s foster parents. This parent described his/her children’s foster parents as “supportive,” “not judging,” and helping in “any way that they could help me,” including inviting the parent to spend Christmas with the children. “I’ve been in their house plenty of times. I’ve sat and ate dinner with them. I go on trips with them.”

Three parents whose children were no longer in foster care stated that they had only themselves to rely upon:

“I basically helped myself and that’s something that parents need to know, that you have to help yourself first. They... try to make you feel a certain way when you start doing things for yourself, like, ‘No, you shouldn’t be doing that.’...Or, they take credit for the things you do...So, it’s always good to have a paper trail and make sure you have all your papers and keep all your appointments.”

“I helped myself get them back home. I don’t think nobody else helped me.”

“You’re going to have to be self-reliant, self-resourceful and try to get as much done as you can and not wait on someone to do it for you or try to help.”

Parents of children in foster care at the time of the interview were asked about the people who been most helpful to them as they worked to reunify with their children. These parents identified several resources. Three said that their caseworkers were most helpful. One parent, for example, said, “[My caseworker] lets me know what I need to do, what needs to be done, what I’m doing. She keeps me up to date...Even when I was not myself, she was trying to help me.” Other resources mentioned by parents were: the parent advocate, the people at the Child Welfare Organizing Project, the judge, community services agencies, the children’s foster parents, parent support groups (“Being there to speak out, express yourself about your feelings, what is going on with your kid, what you didn’t like...how I would like things to change”), and God (“The only person I’m connected to [is] the Lord.”)

Supports for Parents: Services

Eight of the parents whose children were no longer in foster care indicated that they had participated in a variety of services and programs to regain custody of their children. Most often, they mentioned parenting classes. Other services that parents identified were: anger management, individual therapy for the parent, family therapy, drug treatment, and urine testing. One parent stated that he/she was never offered preventive services. Another parent described the considerable challenges associated with travel to and scheduling of various services.

Parents of children who had been in foster care differed in their assessments of the quality of the services they received. Several parents commented on the quality of parenting classes. One parent, for example, said that parenting classes, as well as anger management training, were “helpful” but “not all of them... Towards the end of the sessions...I found a lot of useful information in the anger management sessions.” Another parent stated that parenting classes would be more helpful if they were individualized to the needs of the parent: “They just need to tailor it to the individual instead of having one basic big thing.” Another parent stated, “The parenting classes didn’t help at all. Because it wasn’t geared to anything I needed...I was dealing with teenagers and I think that they need to have parenting classes geared toward the parent’s need.”

With regard to counseling, one parent commented that he/she believed that therapists should be “more geared to my culture” and should understand the background of parents more fully. “Because there [are] things that I would say to the therapist and she would look at me bewildered because she doesn’t know what I’m [talking about], she doesn’t come from the South Bronx.” Another parent stated, “You have to find the right therapist. [My therapist] was very understanding and she listened very well to me and she didn’t judge me. She never had a judging look or anything. She was cool.”

Parents of children in foster care at the time of the interview were asked about the services they were receiving. Three parents reported receiving services that were helpful to them, specifically, counseling and assistance with housing. Five parents stated that they were not receiving services or were receiving services but needed more support. Three of these parents made statements such as “I’m doing everything myself.” Two parents questioned the relevance of the services that they were receiving:

“They throw [parenting and anger management] classes at you and you want to get in there and get out...You want to get this done and over with because you want your children back...Anger management only made me question if I was an angry person, come to find out that I’m not.”

“I don’t see how the services have really helped any.”

Supports for Parents: Parents’ Own Strengths

Parents of children who were no longer in foster care often referenced their own resourcefulness and efforts as essential to the permanency planning process. Some described their efforts to regain custody of their children:

“Once I started cooperating with them, they were honest with me...If you are honest with what they want you to do and applying to what they want you to do, it’s very simple and easy to get your children back...I heard all these bad stories – once your kids go, you never get them back and there’s no use. But then I realized, there’s hope...Sometimes, it can be stressful, it’s not like every day is easy.”

“Basically, I felt that they stopped me from being a parent, and I couldn’t let them win. So, these are things I came up with,” mentioning her choice of a therapist and her involvement in decisions regarding the medications her son would take.

Several parents commented on the ease of the planning process because of their own attitudes and self-awareness:

“Very simple and very easy...Once I started cooperating with them, they were honest with me.”

“I think that the whole agency, ACS...and even the attorneys...I think everybody was on the same page realizing that [the abuse] was an isolated incident...I feel like the main reason that my case was expedited so quickly was because I wasn't resistant.”

Other parents stated that the successful resolution of their situations was related to their understanding of their own rights as parents with children in the foster care system. One parent, however, said he/she understood his/her rights but “when I try to get my rights, I have no way of getting them.”

Barriers to Permanency

Parents whose children were no longer in foster care identified a number of barriers to reunification. Most often mentioned was the slowness of the reunification process. Two parents, for example, said:

“They have a supervisor, or the commissioner, mayor, governor, [or] whoever should be checking in and wondering why kids are in care so long. It don't take no eight years for a mother and son to get back together.”

“Why is it taking so long? That was the court system...I'd get a court date today, they would adjourn it, I wouldn't get another court date until four or five months later...the lapses were so humongous.”

Some parents, however, said that they needed the longer time period to deal with their problems. One parent, for example, said, “It just took me longer because I didn't think I had a problem with the pills.”

Parents also frequently stated that needed services were not provided. Three parents stated that they would have wanted to receive preventive services. One parent, for example, said, “like from the first beginning, even before they removed my children, they could have offered me some better services...I would have [done] whatever they wanted me to do as long as my kids was home. They don't realize that it's not easy to do these things if your children are not there.” Two parents stated that they did not receive any services after their children foster care: “We didn't get any services. Nothing,” and “They didn't help me when they went into foster care. They didn't help me once they gave them back.” Others reported not receiving some of the services that they needed the most. These services included educational and mental health services for their children. One parent reported calling her agency about educational services for her child and receiving a call two weeks later in which she was told that the agency did not provide those services.

Parents whose children were no longer in foster care identified a number of other factors that were barriers in regaining custody of their children. Some of the barriers they identified related to their personal experiences with the foster care system:

- Not fully understanding the foster care system.
- Cultural differences that result in families being considered to be abusive.
- Overemphasis on parents and insufficient attention to children's needs. One parent said, "My confusion was that everyone was saying things like, 'Well, we are going to help you... [But I wanted them to] help my son...My son is failing in school...And when I realized that that wasn't on their priority list, their priority was watching me, anger-managing me, and parenting me and teaching me whatever they felt was necessary."
- Unhelpful caseworkers. Some parents reported negative experiences with their caseworkers. Parents, for example, said:

"One of the ACS workers...had a funny way about him, very sarcastic, not patient...And, that I didn't like. It made me mad enough to break something, but I held my composure."

"It's a barrier to the parents when you have, I'm not going to say 'unexperienced,' [I would say] 'under-experienced' workers that are still in the process of learning the things that they're supposed to already know as far as the cases. And they give them the cases and they just tell them to do the best that they can, but we're the ones who get the short end of the stick..."

"They are not dedicated to their jobs."

Other barriers that parents identified related to the way the foster care system operated:

- Not meeting the children's foster parents. One parent reported never meeting any of the five foster families who cared for his/her child while the child was in care.
- Too many placements for children in care. One parent, for example, said:

"They didn't even protect my kids while they were in care. They moved them to four different homes, four different schools, when they could have been somewhere stable. Because they wanted to teach me a lesson, they hurt my kids in the process."

- Children's acting out behaviors once they entered foster care and failure to provide children with needed counseling.

- Charging parents for services. In one case, the parent reported a dispute between ACS and the private agency as to who would pay for the child's therapy which resulted in the parent being told to pay for the service: "The judge ordered them to pay for it. They still didn't pay for it for a whole year." In another case, the parent reported that he/she had to pay for anger management classes and was never reimbursed by her agency.
- The "catch 22" between systems. "Once the children get taken away, and if you're on public assistance, they automatically cut you off...I have to keep the apartment because if I don't keep the apartment, I won't ever get the kids back!"

Parents of children who were in foster care at the time of the interview were asked if there were obstacles to their efforts toward reunification. Parents stated that a number of factors were hindering the return of their children. Most often mentioned was their belief that the agencies with which they were working did not truly want to reunify them with their children:

"They're not more or less trying to really help because to me,...it's a money situation and it's politics and it's also sheltering and harboring with control relations...And they're trying to keep your child apart from you because they feel that they know best, and that's not true."

"They [are] working against me because if I say something, then it might encourage them not to give the kids back to me."

These parents also identified problems with foster parents, although the nature of these problems varied. Two parents stated that the foster parents were mistreating their children and their agency failed to take steps to protect their children:

"Every time I see the children, they got some kind of bruises, marks. [The agency] is hiding things...more than telling me what is going on with my children."

"When I speak [about these issues], it's like [the agency] finds an excuse for what the foster mother has done."

One parent expressed dissatisfaction with the foster parent's attitude: "I don't know this lady and frankly, I don't like her. Because she is very rude. She has to realize, this is not your child. That's my child."

Three parents expressed dissatisfaction with their caseworkers, stating:

"If I call and I try to speak with her and ask what is going on, what's my plan, she says she will get back to me. She never gets back to me."

"They treat you like you are beneath them in some way...because your child is in foster care."

“[My caseworker] hates me, I think. They (caseworkers) are rude and crude and inconsiderate.”

Other obstacles to reunification that these parents identified were: difficulty finding adequate housing, loss of the parent advocate (“My parent advocate...quit. When I got there and asked for her, they said she doesn’t work here anymore. So I never had a parent advocate anymore.”), and the parent’s own mother (“My mother really is against me getting my children back.”) One parent believed that there were incorrect assumptions about him/her because the parent had been in foster care as a child:

“And then also they looked at me funny because I was in foster care. Because I was in foster care has nothing to do with the reason why she’s in foster care. And it hurts.”

One parent described having made her own decisions that she was not ready for the return of her children: “I wanted to be happy within myself. So when I have these kids back, I can be the best mom that I was supposed to be from the beginning.”

When asked if additional services or supports would be helpful to them in reunifying with their children, one parent said that preventive services “would have helped from the beginning but now with permanency planning and them coming [home], ...there are the same things that need to be in place.” Among the services that parents identified as needing to be “in place” were: therapy, babysitting, financial help, educational services, and emotional support. One parent recommended that services be located in one place, and another parent stated that plans need to be individualized for each parent, commenting that “everyone’s case is different.”

Visiting with Children

Parents whose children were no longer in foster care reported a range of visitation arrangements while their children were in foster care. Two parents said that they were not able to see their children initially. One was pleased with visits when they eventually began. Another parent, however, felt that the loss of contact affected her relationship with her child: “When we finally did get to visit one another, it was like I’m scared, he’s scared because I don’t know what they told him...We started getting together and bonding but the bond is still not like how it really should be. This is the child that went in the system from birth.”

Other parents reported a range of visiting schedules: every week, once every other week for an hour and eventually two hours every week, every week or every other week depending on train schedules, whenever the parent wanted, and seven days a week. In one case, the child was placed across the street from the parent and “I would see her out in that street and we’d play or talk or whatever.” In another case, the children were placed with their grandmother, and the parent continued to take the children to school and to the doctor. One parent reported that she had visited with her child but then visits were stopped because “what they were saying was...he didn’t want to see me.”

Parents often focused on the importance of visits with their children:

“I went to all the visits. Whenever there was a visit, I went.”

“When it was time for me to bring my children home, I had day visits, [the foster parents] didn’t ask me to have my children home by 4 o’clock or 5 o’clock. There were some times I brought my children home rather late and they never jumped the gun like ‘Oh, my God! It’s 10PM. She’s not here. Let’s call the police.’ It was, ‘Look, we know you’re going to bring your children back because we know you want your children home.’...And that helped.”

“Because my son, he wanted to come home so bad and every time I’d go to see him, when I’d leave, I’m crying and I’m hurt, my heart is broken.”

One parent described his/her struggle with his/her own feelings about the problems that led to foster care and how these feelings played out in the visits with his/her child:

“I would feel so guilty that I used to go to [the group facility and] I would have all these big bags of toys and clothes and everything. And I was thinking, maybe if I buy my son all these things, maybe he’ll love me, maybe he’ll forgive me, maybe he won’t be so angry.”

Parents whose children were in foster care at the time of the interview also discussed their experiences in visiting with their children. Four parents stated that visits with their children were going well. Among their comments were:

“I visit her every Thursday. I have two hours with her. They’re about to change it to four-hour visits.”

“I pick my children up on Fridays, and they’re with me on Fridays, Saturdays, and Sundays now, thank God...They are going excellent, excellent...It is an emotional togetherness now that is reoccurring.”

Parents also expressed the hope that visits would be expanded, gratitude for the visits they had, and concerns that their children were not visiting with one another. In two cases, parents believed that foster parents were not supporting contacts with their children. One parent said that foster parents did not always cooperate with the visiting plan: “When I go to visits, the children aren’t showing up.” Another parent reported that the foster parent for her child did not want the parent calling her house to speak with her child. The parent said that phone calls were discontinued after he/she called and discovered that the foster parent was away from the home and her son-in-law was babysitting and after the child told the parent that the foster parent’s daughter had hit her.

Finally, one parent described an incident during a visit in which her daughter may have swallowed a small shoe bell. The parent asked the agency nurse to listen to her daughter’s breathing to see if she had indeed swallowed the bell. The parent stated that the agency reported this incident to the judge and her visits were suspended. The parent expressed dismay at this decision, saying, “They said my judgment was cloudy. I’m making errors. Normal things that children go through, mothers go through in their homes.”

Expectations Regarding Achieving Permanency

Parents of children who were in foster care at the time of the interview reported that their children had been in care for varying lengths of time, ranging from nine months to nine years. When asked if they believed that they had enough time to resolve the problems that led to their children's entry to foster care, parents had different perspectives. Some parents believed that they were not being given enough time:

"I don't think no one gets enough time."

"There's never enough time. You have to change your whole way of thinking basically and go with the flow... You don't know how to feel no more. You don't know who to trust."

Other parents, however, thought that they were being given sufficient time:

"Yeah, [I have been given enough time], you know why I do? Because for the first time,... I knew I was done with bullshit."

"Yes, they're giving me enough time to get an apartment."

"[My child has been in care for 6 years.] They wanted to make sure my health was correct, which was a good thing because you don't want the kids to come back home and then I go back in the hospital... it shows the quality of you. The endurance of how you was able to stand all these long years."

Many parents believed that their children would eventually be returned to them:

"It's going to be all right, only because we have good people behind us."

"Well, they say it's a great possibility."

"I think that [in another six or seven months], I will be well established."

"[My children] will be [coming home], but I have to get an apartment."

One parent believed that one child would return soon but that his/her other child, who was younger, would not return for some time, saying in relation to the younger child, "I think that they are going to drag it."

POST PERMANENCY

Parents of children no longer in foster care were asked about their lives since their children left care. Many reported that all was going well:

“Everything just started getting better (after I got married)...My kids are home and they’re happy. [But] in the beginning, it was kind of hard...because I had to deal with my son’s attitude... [and his] getting into fights at school...We started going back to counseling.”

“So good. I’m so happy...I just look at her everyday and I still can’t believe it.”

“[My daughter] is doing great...She forgives me...She’s becoming a nurse. I’m really proud of her.”

One parent proudly stated that his/her daughter had just graduated, and that he/she was working and going to school to become an auto mechanic. “I mean I got some goals I got to achieve. I’m just taking time to get there. I’m staying out of trouble and staying in my little girl’s life. So, right now, that’s the most important thing to me, to be there with family.”

Some parents, though happy with their lives since their children were returned to them, nonetheless reported a level of stress in their lives:

“So once they come [home], it’s like...‘awww’, so you have to [do a lot], it’s hard. It’s not that it’s not joyous, but it’s hard. You’re dealing with different children when they come home...It takes a while to establish...ground rules.”

“Way better, way, way better. But it’s still scary because they [ACS] got away with it one time. I always worry.”

With regard to services after their children’s return to them, several parents stated that they had experienced problems:

“They didn’t tell me they were going to give me my daughter, [and they knew] that I needed housing. They gave me my daughter and told me to go to the...shelter.”

“The Medicaid coverage was done very poorly and I didn’t have medical coverage for [my daughter] and she was taking medication so when the medication ran out I had to go to the agency for them to do whatever they had to do and for me to get another set of pills.”

“It’s funny, I kind of feel again like I’m stuck at ground zero...I mean like one of my biggest things with ACS and [the private agency] was requesting for respite care, homemaking services, something to help like two days out of the week...And they just made it very, very clear that they don’t offer that. ...This is very frustrating.”

Some parents, however, made it clear that they did not want aftercare services:

“I just wanted it to be over. I didn’t want anything to do with them. I didn’t want them in my house.”

“I don’t want no more services. I just want to be left alone and get a job and live my life normally.”

“I don’t want to hear from them.”

RECOMMENDATIONS

Both groups of parents offered a range of recommendations for improving the permanency planning process. The following chart summarizes the recommendations that the parents made.

Area Needing Improvement	Specific Recommendations
Preventive services	<p>Work with parents before children must enter foster care.</p> <p>Explore relatives as resources for children before taking them into foster care.</p>
Reunification planning	<p>Be more specific on what is required of parents under the reunification plan.</p> <p>Set reasonable goals.</p> <p>Tailor services for parents to their individual needs.</p> <p><i>“[Regarding parenting classes, use] a per-case basis, not generalize it and just throw a bunch of people in there.”</i></p> <p><i>“They need to have [parenting] classes on what’s right and what’s wrong, because if you are raised getting beatings and things, and you beat your child, [you ask,] ‘What did I do wrong?’”</i></p> <p><i>“ACS most of the time punishes the parent instead of working with the family. That’s how [things] need to be improved.”</i></p> <p>Ensure that children and parents are able to visit.</p> <p>Ensure that caseworkers can relate to the needs of their clients.</p>

Area Needing Improvement	Specific Recommendations
Post reunification services and supports	<p>Provide services after reunification, particularly counseling and therapy and services for children.</p> <p>Connect families with resources, including parent advocates.</p> <p><i>“I’m just asking you to send someone to my home for like two hours out of the day, two days out of the week so that I can manage better and parent my children better.”</i></p> <p><i>“It’s a little far-fetched but, the money that they’re giving the foster parents, when the kids come home, I feel they should give it to the parents.”</i></p>
Involvement of and respect for parents	<p>Listen to and respect the parents.</p> <p><i>“Pay attention. If a parent is telling you, ‘I need this,’ get it done!”</i></p> <p><i>“They could take time to get to know the parent, take time to get to understand the parent, take time to talk to the parent, and ask the parent what the parents thinks the family needs in order to stay together instead of making assumptions and being judgmental.”</i></p> <p><i>“ACS needs to ask more what do the parents want?”</i></p> <p><i>“I just want everybody just to realize that everybody’s an individual and people shouldn’t judge people because of their race, color, lifestyle, anything. Just judge everybody for themselves.”</i></p> <p><i>“Give the parents their credit.”</i></p> <p><i>“They can [give] some type of recognition for the parents that are doing well. . . . They just send the kids home, and that’s it.”</i></p>

Area Needing Improvement	Specific Recommendations
Quality of caseworkers	<p data-bbox="769 302 1386 373">Ensure that caseworkers are available to parents and respond to parents' needs.</p> <p data-bbox="769 415 1469 520"><i>“The workers, they take things personally. If they don't like you, they're not going to help you. . . . They'll give you their attitude.”</i></p> <p data-bbox="769 562 1398 596"><i>“Really show some care, that you care for the people.”</i></p> <p data-bbox="769 638 1469 781"><i>“Just because you have an education and you know things by the book, they are by the book, you never know until you experience it yourself. . . . I would probably tell them to think before they speak.”</i></p>
Foster parenting	Screen foster parents carefully.

Interviews with Young Adults

Thirty young adults, all of whom had exited foster care at the time of the interviews, were interviewed individually about their experiences in the foster care system. There were 11 males and 19 females. Seventeen of the individuals identified themselves as Black/African American (57%), three as Hispanic (10%), one as Jamaican (3%), one as Haitian (3%), and one as Surinamese (3%). Seven (23%) identified themselves as being of more than one race or ethnicity, most often African American/Hispanic/Caribbean or African American/Hispanic. The ages of the interviewees ranged from 17 to 23. A majority of the young adults were under ten years of age at the time they initially entered foster care. Three were in foster care from birth (10%), five entered foster care between ages 1 and 5 years (17%), eleven were between the ages of 6 and 10 years (37%), eight were between 11 and 15 years (27%), and three were between 16 and 18 years of age (10%). The young adults reported different reasons for initial foster care entry. Twelve reported a parent on drugs as the primary reason (40%), twelve reported physical abuse, sexual abuse, neglect, or some combination of these factors (40%), and three reported voluntary placements or severe disagreements with parents as the reason for entering care (10%). In addition, one young woman had entered care upon the death of her parent(s) (3%), another had parent(s) who became too ill to care for him (3%), and one had an incarcerated mother (3%).

The length of stay in foster care varied significantly for the young adults. Seven individuals reported foster care stays of two to five years (23%), 11 were in care for 6 to 10 years (37%), nine were in care for 11 to 15 years (30%), and three individuals had spent more than 15 years in care (10%). Regarding the number of placements while in foster care, all but one of the young adults reported more than one placement. Fifteen

reported fewer than five placements (50%), 11 reported between 5 and 10 placements (37%), and 4 reported more than ten placements (including one who had had 35 to 40 placements) (13%). They reported many and varied placements during their stays. At some point during their foster care stays, 19 had lived with non-related foster families (63%), 18 in a group home (60%), 12 in a residential treatment center (40%), 11 with relatives (37%), and one in a “mental institution” (3%). Two-thirds of the young adults aged out of foster care when they were between 18 and 21 years of age. After they left foster care, 17 reported living with a parent or grandmother (56%), and 7 reported moving into a temporary housing arrangement (23%). The remaining young adults reported living with a boyfriend, a foster parent, a friend, their adoptive family, or in their own apartments. About half of those who went to live with a family member were still living with family at the time of the interview.

The interviews with the young adults explored their experiences throughout their stays in foster care, with a focus on their experiences either in achieving permanency (through return to their parents, placement with relatives, or adoption), or alternatively, in long-term foster care and “aging out.” The interviews also explored the experiences of young adults after they left foster care.

THE MEANING OF PERMANENCY

Most young adults had a specific understanding of “permanency.” A few mentioned adoption or returning home to their parents in connection with the term. Others linked the concept of permanency to family and supportive persons in their lives. Most, however, described permanency in broader terms, referencing stability (using such phrases as “staying still” and things remaining “the same”), long-term arrangements (using terms such as “forever” and “always”), or a specific place to be (referring to “a place to stay forever” and “your own place – no one can kick you out”). A few respondents used metaphorical terms to describe permanency, calling it “a foundation,” “a marathon,” and “freedom.” A few young adults, however, stated that the term, “permanency,” was not meaningful to them. One young adult, for example, stated, “It didn’t mean anything to me when I was in foster care.”

Young adults expressed a range of views about permanency. Some respondents spoke eloquently about the absence of a sense of permanency in their lives and expressed a sense of hopelessness. These young adults talked about “never going home again,” “going nowhere,” “no hope,” going “back and forth,” never feeling “permanent” anywhere, having no family or anyone to go to, and “bouncing around a lot.” A few, however, communicated that it was not something that concerned them, stating, “I don’t think about it.”

Young adults also reported very different experiences regarding whether caseworkers spoke to them about permanency. Some stated that their caseworkers talked with them about permanency; others reported that caseworkers did not talk with them about it; and a few stated that the question was not relevant to them because they did not know who their caseworkers were. Some stated that they could not remember whether their caseworkers talked with them about permanency. Three young adults indicated that permanency was discussed, but they either did not fully comprehend the discussion or did not care about permanency at the time. One young adult, for example, said that permanency was discussed but it “kind of flew over my head.”

PERMANENCY GOALS

The young adults who were interviewed reported a range of designated “permanency goals” while they were in foster care. For some, the goal changed during their stays in foster care. To the extent that it was possible to quantify information on the goals that young people had in care, it appeared that the largest number (13 young adults) had had as their goal to remain in foster care and then proceed to “independent living.” Other young adults reported that their goals were reunification (8 young adults) or placement with or adoption by a relative (3 young adults). Six young adults stated that they did not know what their permanency goal was or that they never had a goal.

When asked whether the official permanency goal reflected their own desires and interests regarding permanency, most young adults stated that they would have liked to have been given more options. They reported that they would like to have been able to discuss and consider goals other than the goal they had been assigned. Among the young adults who reported a goal of long term foster care and independent living, there was considerable variation in how they viewed this goal. Some stated that independent living was the right goal for them. Others, however, reported that they did not want independent living to be their goal, but they believed that once they were older, it was the only realistic option for them. One young adult, for example, said:

“A lot of people have this misconception like, ‘Oh, they’re too old, they’re gonna age out, they don’t really need [permanency],’ and stuff like that. Although most [youth] say they don’t want it, ask [them] when they get older, [and they say] ‘You know, I wish I had somebody for me.’”

Several young adults emphasized that being with siblings was the critical factor in what they wanted with regard to permanency. One young adult, for example, when asked whether he would have wanted the opportunity to be placed with his siblings, said, “I would have jumped on it.” Another reported having intentionally misled judges and caseworkers about the quality of his placement because he feared being separated from his siblings were they to discover the poor conditions of the home.

Fifteen of the young adults stated that they were not given any opportunities to participate in making decisions about their permanency plans. Young adults who felt uninvolved stated that they “never voted” and that caseworkers did not listen to them. One said, “I was like a small pawn... being moved here and there.” In addition to these respondents, another eight young adults reported that although they were involved in the planning process to some extent, they were not given enough information, found the process confusing, or thought that it was not meaningful. One young adult, for example, stated:

“[Caseworkers] listened all the time, but even though they listened, they didn’t do nothing about it... I don’t think that they ever tried to understand because [most of the caseworkers] was never in my shoes.”

With regard to Service Plan Reviews (SPRs), young adults were evenly divided as to how helpful they found these meetings to be. One-third found them to be helpful, one-third found them to be unhelpful, and one-

third reported that they had not been given information on their SPRs and did not attend them. Among the comments that young adults made were:

“My parents went to those meetings, I never went to any of them.”

“I would get to meetings and they would talk to me and I would start to understand but then again, they would disappear and then it would be a different plan.”

“It’s just like they came and everybody spoke for me instead of letting me speak.”

Reports also varied regarding court hearings. Some young adults said that they did not go to court at all; others reported going to court only at the point in time when they were adopted; and others said that they attended court hearings but were not given an opportunity to talk about permanency. One young adult, for example, stated:

“I couldn’t go to any of the court dates... Only way I would find out what was happening was if I called my mother to find out what was happening.”

PLANNING FOR PERMANENCY

Young adults discussed the supports that were available to them while they were in foster care, the barriers to permanency, what would have helped them achieve permanency, and their connections with their families and siblings.

Support for Permanency

Young adults identified a number of supports that were available to them as they moved toward permanency, irrespective of whether their goals were independent living, reunification, or adoption. They stated that they were helped by:

- The availability of: educational and training services (such as independent living classes and workshops, GED classes, college advising and help with college tuition, job assistance, and vocational training)
- Individual and group counseling
- Help with goal setting
- Health care services
- The ability to pursue hobbies and interests
- Travel and other activities at group homes
- Appropriate preparation for discharge

Young adults also mentioned a number of people who were important supports to them, including staff (social workers, personal and family advocates, some group care staff, and educational coordinators) and others in or associated with the foster care system (peers, foster parents, law guardians and legal aides, the ACS Office of Youth Development, and Voices of Youth). Young adults, for example, stated that certain staff members “saw the potential in me,” “pushed me to go to college, get a job, make some money,” and “really cared.” One young adult reported:

“I remember there was a time when I was really struggling on my own. I ran into [my former case-worker] on the street and she was like ‘here,’ and she just gave me a hundred dollars and then she was like, ‘just go do whatever you need to go do,’ and call her and...let her know if I need any help and she [would] help me...That was important to me because I never thought that somebody would take that much time and effort.”

Others highlighted as key supports, as stated by one young adult, “friends, people in the street, people who went through what I went through.” Some young adults also mentioned that their group homes and foster care agencies were positive sources of supports, highlighting that the agencies provided them a safe place to live.

Some young adults identified their families, including their siblings, as key supports. They mentioned family visits (with both parents, siblings and other relatives), family meetings, and family counseling as supports. Some young adults stated that help for their parents – in the form of housing assistance, counseling, and drug rehabilitation services – were important supports to them as well.

Barriers to Permanency

Although one young adult stated that “nothing” got in the way of achieving permanency, most of the young adults identified a number of factors that hindered permanency for them. In some cases, young adults stated that problems with their families or their own behavior were barriers to permanency. With regard to their own behavior, they mentioned running away, substance abuse, and spending time with the “wrong crowd.” More often, however, they cited factors related to the foster care system as barriers to permanency. These factors, with illustrative comments from the young adults, were:

- Failure to accept certain relatives as appropriate resources for their care

“They felt that [because my grandfather] was a man, he couldn’t take care of the kids like a woman can.”

- Failure to place youth with their siblings

“When we first got separated, we used to call each other a lot and talk, but when we got close enough to each other to touch each other, there was a gap between us.”

“I think foster care split my siblings apart, because we had no power interacting with each other.”

- Lack of services for youth

“I wasn’t able to start continuing my schooling because they moved me all the way to Brooklyn and my school is in Manhattan. And then, at the time, I was asking for transfers...and they didn’t look [into] it, so I wasn’t in school at the time.” [The young adult left foster care with neither a high school diploma nor a GED certificate.]

“[Counseling] was supposed to be in the works, that was supposed to be something that happened, but somehow, it just never did.”

- Poor discharge planning

“I went to look for an apartment. So I’m like, ‘I’m in a rush,...and they’re like, ‘you only have 30 days. After 30 days, you have to go to a shelter.’ No preparation for helping you get an apartment before you aged out.”

“They keep you in the group home until you are 18 or 19 and...then, at 21, ‘Hey, bye!,’ you are out the door.”

“To me, there weren’t any services.”

- Poor caseworker services, including not knowing who their caseworkers were, frequent changes in caseworkers, culturally insensitive or incompetent caseworkers, lack of support from social workers and group home staff, and feelings that they could not trust their caseworkers to maintain information about them as confidential

“[The caseworker] told us, ‘Well, [in] Africa, people get beaten and stuff all the time.’ I was like, ‘Well, this is not Africa.’ This is America and you are not supposed to get beatings like that.’ I had scratches all over my face, over my back, my arms, my legs, everywhere. And I’m telling him these horrendous stories, and he’s telling me what goes on in Africa. This guy [is] still talking about Africa. This isn’t Africa.”

“In one year, I probably went through like twenty social workers. They was quitting, they was transferred, nobody really got close to you, so how could they know you?”

“I don’t know who is my caseworker, to be exact. I never knew who my caseworker was.”

“You tell them (group care staff) something, and then they go tell somebody else, there’s really no confidentiality in there.”

- Unsafe or poor quality placements (group homes, foster families and relatives) whom youth perceived as caring for them only for the money

“I’ve seen foster parents who will basically just take a kid for financial reasons and those things hurt, because you’re messing with somebody’s life.”

“A foster kid is a check.”

- Failure to involve youth in decision-making (particularly not including them in SPRs and at court hearings)
- Poor coordination between ACS and the court system

“You see how we had this 9-11 thing and you hear how they all talk about communication failures between the different agencies, that’s exactly how it is inside the foster care agency.”

“It was just every time you talk to them, they’ll tell you, ‘okay, we’re going home, but we have to wait on the lawyer’s consent. Then when it comes time to talk to the lawyers, the lawyers say they didn’t call us [because they had] nothing to say. So it was just a lot of paperwork not being done.”

Some young adults described issues that they believed had affected their ability to be reunified with their families. Specifically, they mentioned that reunification did not occur as a result of:

- Their parents’ failure to solve their problems, particularly substance abuse

“I told them I wanted to go back home...They (caseworkers)...avoided it – it was like, ‘you know, it’s not an option. You need to stay here.’ My mother also...really stressed the point [that I needed to stay in foster care] because [she felt] like if you come back home, it’s gonna be a problem and things like that. Nobody really understood where I came from.”

“We tried counseling between me and my mom but my mom never showed up.”

- Losing the quality of their relationships with their parents after they entered foster care

“Like my mom used to be my best friend, but ever since I got into foster care, I think that she feels like she doesn’t have that right to really tell me anything, like she is not my parent anymore.”

- Not having visits with their parents

“There was kind of a lot of red tape around [visits].”

“They was not letting me go to see my mother, they was like I can’t be near my mother and I was like they got to be out of their minds.”

“They used visitation as punishment. So, if you woke up late or you just did anything, you can’t go home on your home visit, you can’t see your family. You have to stay here.”

- Inadequate or no services to parents and family members

“They didn’t give my family anything.”

“My family did not receive services. I am sorry to say this, but I believe since we was kinship, they made it harder for my grandmother.”

What Would Have Helped with Permanency

Most young adults had specific ideas as to what would have been helpful to them in their efforts to achieve permanency. One young adult expressed frustration about the general lack of services for youth and their families, stating, “they just plan on keeping the student in foster care until they rot.” Specifically, young adults stated that the following services would have been helpful to them in achieving permanency:

- Preventive services to avoid the need for youth to enter foster care in the first place
- More appropriate placements for youth
- Educational services, including enrolling youth in outside (as opposed to on-campus) schools
- Counseling services for youth and for families
- Plans that keep sibling together or maintain sibling connections
- Someone to help with planning and to listen to youth
- For youth with goals of independent living: preparation for independent living, including housing assistance and job placement services

Outreach to Family

Young adults reported a range of experiences regarding the efforts that were made to identify family members or others who could be resources for them. Some young adults reported that they themselves could identify no one as a resource, reporting that they did not communicate with their families or their families had disappeared. Others reported that family members were contacted, either through their own efforts or the agency's, with varying results. In one case, the family did not "want" the youth; in another case, family members had so many significant problems that reunification was not a viable option; and in a third case, the youth returned to the family but it "didn't work." In two cases, the youth successfully went to live with a foster parent. Some young adults reported that their agencies did nothing to help connect them with family or other important adults.

Sibling Connections

Most young adults expressed strong desires to remain with their siblings while they were in foster care and were unhappy when they and their siblings were "split up." In a few cases, young adults reported being adopted with their siblings, or their siblings being adopted as a group and the young adult remaining in contact with his/her siblings. In many instances, however, young adults reported that they and their siblings were placed in different settings. They reported different reasons for this outcome: in some cases, they and their siblings were of different ages when they entered foster care; in other cases, they had "different issues"; and in yet other cases, they were perceived as being a bad influence on one another. In several cases, young adults reported that they were placed with their siblings "sometimes" and not placed together at other times. Among the comments that young adults made were:

"We got separated many times. Then we got a foster home together in Harlem."

"It was really good...that's probably the only good thing that came out of my first foster home was that we were all together."

With regard to visiting with siblings, some young adults reported that their agencies or foster families facilitated visits. A number of young adults, however, reported that visits did not occur and that their agencies did little or nothing to facilitate sibling contact. One young adult reported that the agency required him/her to arrange for his/her own transportation in order to visit a sibling. In some cases, siblings were placed at such geographical distances that visiting was extremely difficult. Among the young adults' comments were:

"Every time I spoke about sibling visits, it was either declined or nobody was there to do transportation at the time."

"After we got separated, I barely saw [my brother]."

ACHIEVING PERMANENCY AND EXPERIENCES AFTER LEAVING FOSTER CARE

When asked about their destinations when they left foster care, young adults reported different outcomes. Most (17 young adults) stated that they had aged out of foster care or signed themselves out of care. Smaller numbers reported returning home to parents (6), leaving care to live with a relative (3), and adoption (3, one of which was by a relative). For some young adults, the final permanency destination was consistent with their permanency plan; for others, the plan changed during their stay in foster care, including, according to some young adults, “at the last minute” just as they were leaving foster care; and for others, the permanency destination seemed to occur by default with no real plan in place.

Young adults expressed a range of views about their lives since leaving foster care. About one-third of the young adults were very pleased with their lives, making such comments as “all is working out,” things are “real good” or “great,” “I’m happy,” it is “different and cool,” “I feel free,” and “I’m proud I’m out of the system.” Many of these young adults focused on the fact that they were able to access services and supports offered through after-care programs. Another group of young adults (8 young adults) reported a mixed experience since leaving foster care, stating, for example, that they were “satisfied,” “okay,” “could have been better,” it is the “same as being in foster care,” and there have been “ups and downs.” Another third of the young adults reported very negative experiences after leaving care, characterizing their lives as “hard,” “very hard,” “difficult,” “terrible,” “the worst,” and “nothing worked.” These young adults stated:

“I realized I had nothing.”

“[It has been] survival of the fittest.”

“I went straight down.”

“To this day, I’m afraid that I won’t make it. I’m afraid that I’m never going to get that level that I want to get to in life because so many people told me, ‘you’re never, you’re never, you’re never going to do it, you can’t, you can’t do it.’”

Young adults described their post-permanency experiences in several areas: housing, employment, education, family and other relationships, and health and mental health services.

Housing. Some young adults reported having their own apartments, and some said that they were looking for apartments. Section 8 housing was a key theme in these young adults’ discussion of their housing needs: one young adult stated that he/she had finally obtained Section 8 housing, and others reported waiting for Section 8 housing. Some expressed frustration regarding the current “freeze” on Section 8 housing, and one young adult emphasized the importance of receiving help with Section 8 housing before leaving foster care. At the time of the interviews, some young adults were living at Covenant House and Chelsea Foyer, and one young adult reported living in an adult shelter. A few young adults reported living with members of their families or with friends.

Employment. At the time of the interviews, some young adults were working. Among the types of jobs that young adults reported having were: child care worker, security on a construction site, a position at McDonalds', student aide with the Board of Education, and a position with Rite Aid Pharmacy. Other young adults reported that they were trying to obtain a job and finding it difficult to do so, and some stated that they needed help in finding a job. Others reported a fear of being unemployed and said that they applied for anything that said "Help Wanted." Some said that they were working two jobs at the same time. Others commented on the low paying jobs that were available. One young adult said getting a job was not difficult, but keeping a job was a problem. Another young adult said that he/she did not want to get a job.

Education. The young adults reported a range of educational experiences: some had finished high school, some had obtained a GED, others were enrolled in a GED program, one said that he/she was in a vocational program, and another reported being enrolled in college. A few young adults stated that they were going back to school soon. Some reported wanting to go college. Some young adults said that they had not received help with educational services and planning before leaving foster care, but others reported that they had received assistance before leaving care and continued to receive help from an educational coordinator associated with their former foster care agency.

Family and other relationships. Young adults reported a variety of experiences with regard to support from family and other adults in their lives. Some said that they had no one to help them, and in some cases, the young adults reported that they did not trust anyone to help them. Others said that they had family members to whom they could turn, most often grandmothers and mothers, but in some cases, their fathers. One young adult said that she could turn to a particular agency staff member. Another reported a close relationship with a staff member with whom she had had a lesbian relationship while she was in foster care.

Health and mental health services. Some young adults reported having no health insurance and stated that they received no health care services. Others stated that they had health insurance, either on their own or through Medicaid. One young adult said that he/she had no one to call for help with regard to health issues. Some young adults said that they were receiving mental health counseling, but they were divided as to the helpfulness of these services to them.

RECOMMENDATIONS

When asked how permanency-related services could be improved for children and youth in foster care, young adults most frequently recommended that caseworkers listen to youth, try to understand them, ask youth what they want, and go by what youth say, as opposed to what foster parents or others say. They emphasized the importance of caseworkers' listening, caring, and keeping an open mind and "an open heart." They also stated that caseworkers should personalize each youth, treat youth with respect, and not play "favorites."

Many of the young adults' recommendations addressed the quality of youth's foster care experiences and bore on the environment in which permanency was or was not achieved on their behalf. Most frequently, young adults recommended that caseworkers clearly explain to youth the rights and the options that they have, and that coordination and communication among agencies be improved.

Young adults also recommended with regard to the placements utilized for youth in foster care: improvements in the quality of group homes and particularly, the quality of staff; improved processes for selecting foster parents, including more careful screening of foster parents and the selection of foster parents who genuinely care about foster youth; more effective training of foster parents; and the provision of information to youth on the foster families with whom they are being placed. With regard to services, young adults recommended that more counseling be provided for youth and that education and school attendance be a greater priority. Finally, with regard to the quality of casework services, young adults recommended that agencies ensure that youth know who their caseworkers are, that there be more direct contact between caseworkers and their supervisors, and that supervisors be trained more thoroughly so that they are “on top” of social workers.

Some of the young adults’ recommendations were specific to permanency. In connection with permanency, young adults made the following recommendations:

Area Needing Improvement	Specific Recommendations
An understanding of permanency from the perspective of children and youth.	<p>Place greater emphasis on the individual needs of youth for permanency. In this connection, young adults stated:</p> <p><i>“There has to be some type of way to start trying to make the child’s life stable.”</i></p> <p><i>“Permanency cannot be generalized, it has to be individualized.”</i></p> <p>Realize that permanency not only means a stable environment but remaining in the same community and the same school.</p>
Services and supports for families to ensure permanency.	<p>Expand preventive services programs. Young adults stated that some youth do not need to be removed from their families and that counseling can address the problems.</p> <p>Involve families. Work with families.</p> <p>Provide family counseling and programs that “work.”</p>
Reunification efforts.	<p><i>“Try to get kids back home.”</i></p>

Area Needing Improvement	Specific Recommendations
Reunification efforts. (cont.)	<p>Ensure visits between youth and families. Try to keep youth in contact with their families.</p> <p>Recognize the importance of mothers to children and youth.</p>
Recognition of a range of permanency options.	<p>Offer alternatives to keep siblings together.</p> <p>Make youth aware of permanency options (including adoption for children and teens).</p> <p>Connect youth without family involvement with other caring adults.</p> <p>Make the adoption process shorter.</p> <p>Prepare youth to leave foster care: help them learn about the realities of life and deal how to deal with the real world; teach them independent living skills.</p> <p>Young adults highlighted the need for basic skills (such as opening a bank account and saving money) and job readiness. One young adult summed the need up by saying, “planning, planning, planning.”</p>
Post-permanency services and supports.	<p>Ensure that youth know where they can go for help (including resources available to them through the child welfare agencies).</p> <p>Provide youth assistance with: school (including job training and college), jobs, housing (including Section 8 housing), health insurance and health care services, and emotional support (including personal advice and a supportive network).</p>

Interviews with Adoptive Parents

Individual interviews were conducted with 21 adoptive parents. The 21 parents reported 31 finalized adoptions within the five-year period prior to the interview. An additional ten adoptions had not yet been finalized. Seven of the parents had adopted one child from foster care, eight adopted two or three children, and one parent adopted four children from foster care. Five of the individuals who were interviewed had not yet finalized their first adoptions. Seventeen of the adoptive parents had biological children. Most reported having two or three biological children, and one adoptive parent had five biological children. Six adoptive parents also had foster children in their homes at the time of the interview: five had one foster child, and one had two foster children. Three of the parents adopted their children as recently as 2004, seven adopted in 2003, and six adopted during the 2000 to 2002 time period. The ages of the children at the time of adoption ranged from 3 years to 16 years old. The length of time the parents had their children with them before the adoption was finalized ranged from 1 year to 10 years. Most of the children who were adopted had siblings. Some of their siblings had stayed with birth parents or relatives or had been adopted by the adoptive parents or another family. A few of the children's siblings had remained in foster care or had aged out of foster care.

THE MEANING OF PERMANENCY

The majority of adoptive parents described permanency in ways that were similar to the descriptors used by young adults, describing permanency as “to keep,” “staying,” “stay put,” “forever,” a “safe and secure environment...where they belong” and “stable.” Four adoptive parents focused on their specific relationships with their children, saying that permanency means the children are “yours,” the children “are mine now,” the children are “yours for life,” and parents can call the children “their own.” Some adoptive parents viewed permanency as lasting until the child could be on his or her own. These adoptive parents described permanency as “some place where [children] are going to be permanently until such time as they get old enough to go on their own,” and “they will become a part of you, forever until they’re 21 or 18.”

Other adoptive parents, however, had negative associations with the concept of “permanency.” Some said that “permanency” was not a viable concept for children in foster care. One adoptive parent, for example, said, “My personal feeling? [Permanency means] a lot of delays. . . . there’s no such thing as real permanency for these children.” Another said that “permanency” means “disaster” because of the problems he/she confronted after adoption. In a similar vein, yet another adoptive parent said that permanency means that “you have all those things to do yourself” (referring to what was available to him/her while the child was in foster care but that were no longer available after he/she adopted the child).

PERMANENCY GOALS

Twelve adoptive parents indicated that reunification had been their children's initial permanency goal, and five other adoptive parents said that adoption had been their children's permanency goal from the time that the children had been placed with them. The remaining adoptive parents described different situations regarding the permanency goals for different children whom they had adopted.

In those situations in which reunification had been the initial goal, adoptive parents reported that while their children were in foster care, concerted efforts had been made to reunify children with their parents or members of their extended families. Adoptive parents, for example, said:

“They tried and tried with mom and it just didn’t work out so then they had to change the goal.”

“I would have always liked [if] they could return to their family, because I am a mother and I know what separation means. Always the objective was to do the best for the child, [and the] thinking [was] that they would go back to their parents...And my agency works hard with the biological parents so [children] could return to their homes.”

When adoption had been the initial permanency goal, some adoptive parents described the circumstances that made adoption the appropriate goal: the mother of one child was “very ill” and in a drug program, one mother was described as not wanting the child, and another mother had relinquished her child at birth.

The experiences of adoptive parents with regard to the decision to adopt varied significantly. Some adoptive parents reported that although adoption was the plan, they waited “a long time” before being allowed to adopt. In some cases, the adoptive parents had fostered their child and wanted to adopt; in a few cases, they adopted after the foster parents with whom the children were originally placed had indicated that they were not interested in adopting the children. In one case, the adoptive parent, who had adopted very troubled adolescent siblings, reported, “we were actually begged to take [the children] because of our track record with the agency of doing so well with children.”

Other adoptive parents reported not initially having an intention to adopt. In one case, the adoptive parent reported that he/she had no plan to adopt the children he/she fostered but the fact that the children had been abandoned and “were alone...that part drew me to them...So before I knew it, I was like, ‘okay, don’t worry. We gonna see, can we adopt?’” Similarly, another adoptive parent reported:

“I loved them. I couldn’t part from them. And . . . knowing that they had no one and I just felt like they needed someone, a good caring person. And so I just felt like, ‘I’ll rescue these [children] here, as they are mine, and we’ll just, we’d go through it together.”

In another case, the adoptive parent stated that he/she initially did not want to adopt the children. “They asked me would I adopt...[and] there’s four of them...I became very scared. I said no, I wouldn’t.” The adoptive parent went on to explain, “and they (the children) lingered and lingered...and I looked at those kids and they’re mine, no matter what...So, I decided to adopt them.” Another adoptive parent made the decision to adopt after she was told that the children would be placed elsewhere and she felt that another placement would be too difficult for the children.

PLANNING FOR PERMANENCY

Adoptive parents discussed a range of issues regarding the permanency planning process. Their comments related to the role of birth parents, the role of foster/adoptive parents, the role of professionals in the adoption process, children's wishes regarding adoption, and the role of children's siblings and other relatives in children's lives. One consistent theme was the importance of planning for permanency for children in a timely way. One adoptive parent, for example, said:

“These kids more than anything want to belong somewhere. Whether it is with their parents, whether it is with you, they need permanency one way or another, and they're always insecure [not] knowing where they are going to be tomorrow.”

The Role of Birth Parents

Adoptive parents discussed how the birth parents of their children had been involved in permanency planning, both in terms of their decision-making and their efforts to remain in contact with their children through visits. With regard to the decision-making process, adoptive parents reported instances in which birth fathers and birth mothers had voluntarily surrendered their parental rights. One birth mother agreed to the children's adoption by the foster parent, saying, “Okay, now I'm satisfied. Because I am sick and I can't take care of my children. I'm on medication.” Another birth mother voluntarily surrendered her child because she wanted the foster mother to adopt. The adoptive mother commented, “I think she realized it was really too much for her.”

Adoptive parents described a number of situations in which birth parents were ambivalent about the appropriate permanency plan. An adoptive parent, for example, reported that her child's birth mother was ready to surrender the child but repeatedly changed her mind. In other cases, adoptive parents reported that the children's birth parents had stated that they wanted their children returned to them, but they had failed to take the necessary steps. One adoptive parent, for example, said that the birth mother was “very nice...And now time has run out. They kept telling her, ‘you have a certain period of time.’ Time has run out.”

Adoptive parents also reported ambivalence on the part of many birth parents with regard to ongoing contact with their children. In one case, the adoptive parent reported that the birth mother had visited the child only twice and each time, “she was still high or drunk.” In three instances, adoptive parents reported that visiting was quite inconsistent. Adoptive parents described the situation as follows:

“So a lot of trauma with the kids...waiting for the parents to come and the parents don't come. Maybe she might come one week and the next week you don't see her.”

The mother, after visiting for one month, “just dropped off the planet. She had some substance abuse issues, a lot of other problems, so she just fell through the cracks, I guess.”

Five adoptive parents stated that their child's parents made no attempt whatsoever to remain in contact with their child. One adoptive parent stated:

"His mother and father...both knew my name, they knew my phone number, they knew my address, it's not like we hid anything from them...They didn't even pick up the phone no less on Christmas, his birthday, or nothing."

In several cases, however, adoptive parents reported that parents consistently visited their children. In some cases, the visits had helped birth parents decide to surrender their children. In only a few cases, contact continued after the adoption.

The Role of Foster/Adoptive Parents

Adoptive parents also discussed their roles in supporting the permanency planning process when they were their children's foster parents. Many adoptive parents focused on their roles as nurturers for the children in their care, saying that what was most important was: "the love and taking care of them," "a lot of love," "providing a safe and loving environment, making sure their basic needs are met, clothing, food, and all that other stuff," "being his mom," and "basically getting [the children] settled in...talking to them and... explaining to them what is going to happen."

Adoptive parents also emphasized the importance of meeting the individual needs of children in their care:

"I worked with the kids. I did what I had to do, take them to therapy and all the things I had to do, doctors, everything. I was on time with everything."

"I took a training to help me learn how to feed her through a tube and how to deal with her... And I went everyday to the hospital, everyday I never left her. We fell in love with this little girl..."

Some adoptive parents described the challenges they faced as they attempted to meet their children's needs:

"Keeping up to all the responsibilities...dealing with the agency. You have medicals every which way. You have social workers. Some of them they get overstressed, overworked, and it's hard because then they have to understand your side too. They punch in from 9 to 5. We are on call, 24 hours a day."

"You have to do your own research, your own investigating."

Some adoptive parents focused on the importance of keeping children connected with their families, stating that they tried "to help [children] keep in touch with their mom and other siblings as much as possible" and "tri[ed] to keep everybody involved."

The Role of Professionals

Adoptive parents generally agreed that they had “lots of social workers” through the permanency planning and adoption planning processes. Many, however, expressed high levels of satisfaction with their social workers:

“[The social workers] came and they left. But I can say that all were really nice and they tried to help the best they knew how.”

“I can’t complain...[The agency, including the social workers and lawyers] have always helped me...They’ve worked well with me...In everything, they have supported me.”

“[My child] had a couple of social workers...[He] began to bond [with his current social worker]. They have a bond.”

A few, however, expressed frustration about the quality of services from their social workers. Adoptive parents stated, for example:

“This worker is totally new to the whole thing. It’s frustrating...because she doesn’t really know what’s going on and so she’s playing both sides. She’s easily intimidated as well.”

“[We were very happy with our worker but] then the agency, after this worker left, they lost everything. They just kept losing everything...They lost the psychiatric [services]. They lost the special subsidy...They finally got it together at the end.”

Adoptive parents also discussed the role of attorneys in the adoption process. They generally were satisfied with agency attorneys. One adoptive parent, for example, said:

“[The lawyer at the agency] took care of everything for you. They give you your adoption papers.”

Experiences with children’s law guardians, however, varied, as evidenced by the following remarks:

“Law guardians don’t really play a big role. You hardly see them.”

“[The law guardians], I would not speak nicely of [them]. They were not very good. They did some stuff that wasn’t right. They told me one thing and then flipped and [were] on [to] something else... They’re supposed to keep in contact with the kids. A lot of foster parents I found out don’t even know who the law guardian is for their children and that’s wrong.”

“When the time came for the adoption, that’s when I heard from the law guardian. And she wanted to make a big kick out of everything, really bad. And I became upset...Now, I have another child who was waiting to be adopted, and his law guardian, I mean from the time I had that child, has been in constant communication with me and that child, for the five years, always, always. He sees him very regular, talks to him very regular, files reports, does things, you know he is there.”

Children's Wishes Regarding Adoption

Several adoptive parents described their children's desires regarding adoption. Many of these adoptive parents said that their children wanted adoption to be the permanency goal for them. Adoptive parents, for example, stated:

"[Our child] told the worker that she wanted to visit her parents...but she didn't want to leave us. She just wanted to know her parents are okay...The social worker really understood that [our child] wanted adoption."

"I told her [the 11 year old] enough to understand a lot of stuff and we've been quite open with her from the get go and when we told her that there might be a termination of parental rights being done, she came out and asked us if we would adopt her."

"The court asked [our child if he wanted to be adopted] – he said yes, that I was his mother."

In one case, the adoptive parent said that his/her child did not talk about how he felt about being adopted. Another adoptive parent focused more on her son's desire to be adopted because of his resistance to ongoing visits with the social workers, stating that she had told the agency, "he's tired of ya'll looking at his face, asking him questions, talking, talking, talking."

The Role of Siblings and Other Relatives in Children's Lives

The great majority of adoptive parents (all but three) reported that their adopted children had siblings. Five adoptive parents reported that sibling groups had been placed with them. The major reasons that adoptive parents gave for children's siblings not being placed with them were: the child did not wish to be placed with her siblings; the child's siblings were already living with relatives; the child's sibling needed residential treatment or group care because of behavioral issues; and age differences among siblings (a factor that may relate more to the children's initial foster care placements).

Most adoptive parents reported that one or more of their adopted children was in contact with at least one sibling. Several, however, reported that at least one of their adopted children had no sibling contact. Adoptive parents gave several reasons for the lack of sibling contact. The most frequently mentioned reason was that no information was available on siblings' whereabouts. Other reasons were: difficulty getting along with the siblings' foster parents, conflicting schedules, and transportation problems.

In the majority of cases, the adoptive parents reported that their children did not have contact with their birth parents or other relatives, and they did not express expectations that such contact would occur in the future. In one case, however, the adoptive parent was hopeful that her child's birth mother would be in contact: "I'm sure that his mother will contact me, and she's free to see him." Seven adoptive parents reported

that children were in touch with relatives other than the children's siblings. One adoptive parent, for example, stated:

"His mother called me and she had had another baby. She came over and spent the day with us with the baby. And I heard from her about eight months ago. She told me she's pregnant again. So he probably has two more siblings."

Preparedness for Adoption

The vast majority of adoptive parents stated that they were emotionally prepared to adopt, largely because of their previous experiences and commitment to their children:

"Oh, I was prepared to adopt him as soon as he came as a kid into my home!"

"I am prepared as I'm ever gonna be at this point... We've been psychologically working towards this for a long, long time."

"I think I was prepared... I had already adopted them in my heart."

"They were mine before the legal paperwork and everything was done."

Three adoptive parents, however, commented that they were not prepared to adopt, stating: "I guess I have to get prepared as it goes along"; "I don't think that I was prepared at all"; and "You are never prepared for anything in life. It just happens."

When asked about the adequacy of the services they received to prepare them for adoption, adoptive parents gave the highest marks to the training that they received. Two adoptive parents stated that they had received no training; the remaining parents described the extensive training that they received. Comments about the training included: "It helped some of the burden off your heart" because it covered a range of issues about children, it was "extremely helpful" because it conveyed information about caring for children as well as the adoption process, and it was "very informative."

Although some adoptive parents were happy with the quality of services that they received, an equal number said that they received few, if any, services. Among this group, adoptive parents stated:

"I was prepared. I don't think the agency did anything to help prepare [me]. I had more experience than they did."

"They didn't give me no services. They had the nerve to have an 'after adoption' services that they just invented... So I went for... six weeks of classes and we talked and ate doughnuts and stuff... It was not helpful."

Others described the service system as “scattered” and “fragmented.” Some adoptive parents said that they had to rely on their own resources to get the assistance they needed. One adoptive parent, for example, said:

“If I had a problem, I know where to take it, which was above [the caseworker], above and above... I always advocate for my own kids. I don’t sit back and wait for people to do it for me. I go out and do what I have to do.”

Some adoptive parents suggested other services that would have helped them feel better prepared for adoption. They most often mentioned:

- Assistance from psychiatrists and psychologists in understanding their child’s mental health issues
- Assistance with arranging educational services
- Support groups with other adoptive families
- Legal advice
- Arranging for mental health services for children
- Arranging for medical services for children, including services for children who are HIV infected
- Subsidy
- Arranging for health care coverage for children

The quality of help that adoptive parents received prior to the adoption appeared to depend on their social workers. Some adoptive parents described extremely poor relationships with their social workers. Others, however, like the following, were very pleased with the help they received:

“The last [social worker] I got...was 100 percent better. He was together. I knew, when I made a step, I looked, he was there.”

“[Our social worker] helped me a whole lot...She gave me a book to read about how to deal with children that have these kinds of problems” (referring to her child’s anger).

“I’ve had really good caseworkers...very conscientious, intelligent, young women all of them.”

Adoptive parents also discussed the extent to which they received health and other information about their child. The majority of adoptive parents (14) reported that they received sufficient information from the agency. These adoptive parents, for example, reported:

“I knew what their health problems were since they first brought them to me...I received all the information, I understood it, and I respected it.”

“They gave me more than some people...get.”

Six adoptive parents, however, stated that they did not receive sufficient information about their children. Among the comments from this group of adopters were the following:

“The system, in a way, stinks. Because they don’t really tell people, like if they get a drug-addicted baby...they don’t tell them that.”

“We are asking for what we need, not for us, but for the children.”

“There was a lot of things I didn’t know...And I started, like, peeping in files, asking questions and they were more likely to tell me. That’s how I found out a lot of their medical [information].”

“And I personally think that they hide things because they’re scared that the foster parents would not adopt if they find out.”

Some adoptive parents said that agencies cannot be expected to have all the needed background information on children:

“[The private agencies] try to get as much information from ACS as ACS has to give you. And sometimes, [children] come with a lot and sometimes they don’t.”

“I think that they should give you everything they possibly can. [I did not get everything but] it’s maybe all they know so that’s all they could give.”

In some cases, adoptive parents reported doing their own research to better understand their children’s conditions and problems. Some said that they had obtained services for their children that led to an understanding of the child’s needs. In one situation, for example, the adoptive parent learned that his/her child was HIV positive when the child was scheduled for surgery. The parent informed the agency who then communicated this information to the child’s birth mother. The birth mother then consulted a doctor and learned for the first time that she was HIV positive as well.

Finalizing the Adoption

Adoptive parents often expressed dismay about the length of time that children remained in foster care before being adopted. Several described significant delays in making the final decision about children’s adoptions:

“It took five years and the process was so long and I was frustrated.”

“[It took three years.] That’s a short time compared to some people...[It took three years] with the paperwork and then we had to leave from one agency because ACS closed that agency down... [and] I had to go to another agency.”

“[It took time because] the agency was saying that they were looking for the adoption worker, they’re overloaded and so many caseloads and stuff like that.”

“I have had this...child for five, going on six, years. I don’t think any child needs to be in limbo, six, seven, eight years. . . . I personally think that bureaucracy is holding [his adoption] up.”

“I had him for nine years...I just said, ‘This is really ridiculous that this child has to be in the system for that long, nine years.’”

Once adoptions were ready to be finalized, however, adoptive parents reported that the process was a smooth one. One adoptive parent, for example, said, “One, two, three in and out...The agency did it all... and all I had to do was sign the papers.”

In some cases, agency attorneys handled the adoptions; in other cases, adoptive parents retained their own attorneys. Adoptive parents generally were very satisfied with the legal services they received. Adoptive parents, for example, said: “The lawyer was very, very, very nice. A matter of fact, we still keep in touch,” and “the adoptive lawyer, she was excellent.” Only one adoptive parent expressed ambivalence about his/her attorney: “[The legal help] was two phone calls and she shipped me a whole bunch of paper and said, ‘Fill this out. Send it back. You won’t have to hear from me until it’s time to go to court.’ I was like, ‘All right. Whatever.’” Most adoptive parents, likewise, were satisfied with the court process and stated that they received their children’s birth certificates in a timely way.

Adoptive parents most often identified subsidy arrangements as the issue that presented problems for them in connection with finalizing the adoption. Although some adoptive parents reported satisfaction with the subsidy arrangements for their children, others reported a range of problems regarding subsidies. Some adoptive parents reported that they did not receive subsidies as expected:

“We’re still waiting for ACS to get it together [regarding our subsidy].”

“Even to this day, I still don’t get any money for [my child].”

One adoptive parent stated that she was told for the first time that she would not receive a subsidy for the child on the day the adoption was finalized.

Some adoptive parents encountered problems with the subsidies they received. One stated that it took over a year for her child’s special subsidy to be approved because the agency lost the paperwork and failed to notify the parent that additional paperwork was needed. Another stated that her child’s adoption was delayed because the agency did not want to approve a subsidy for the child, claiming that the child was

healthy when, in fact, she was HIV infected. Some adoptive parents reported dissatisfaction with the level of subsidy that they received, reporting:

“I think [my child] should have gotten an exceptional rate because...he’s really mentally retarded. . . . It’s a lot of mental extra stuff that you have to do.”

“I feel that the stipend that he gets, it’s not really enough money for him.”

ADOPTIVE FAMILIES’ EXPERIENCES POST ADOPTION

Adoptive parents were very positive about their lives with their children since adopting, describing their lives, for example, as “good, good,” and “great.” Adoptive parents said:

“My little girl really thinks she is mine.”

“I feel good because I’ve brought them so far.”

They identified a range of supportive people and services that had been of assistance to them. Several adoptive parents stated that their families were key sources of support. One adoptive parent highlighted the community support that he/she receives. Two adoptive parents focused on the support they received from their social workers. One said, “I’ve had my social worker after the adoption, and [the agency] never stopped holding my hand.” Another adoptive parent said that he/she primarily relied on “me, me and God.”

With regard to services, several adoptive parents expressed satisfaction with the services available to their children and their families. Adoptive parents, for example, said:

“I get good services.”

“I would leave everything as it is. Everything works.”

Several adoptive parents commented on the benefits of therapy and medication management for their children, and some highlighted the importance of having Medicaid cover the cost of these and other services. Adoptive parents also expressed satisfaction with medical services, home health aide services, speech therapy for their children, and support programs for themselves through ACS’ Circle of Support programs.

Some adoptive parents, however, were not satisfied with the services and supports that they had received.

These adoptive parents, for example, said:

“I could use more resources, more help and stuff. They have pre-adoption but that only is for a little bit.”

“Nothing, nothing, nothing [worked].”

“Once you adopt them, that’s it. It seems like they don’t help you with any more services. You’re on your own now. You have to go out there and search and find whatever you can find.”

“It’s sad because after they put the child with you, then it’s no longer their concern. It’s like ‘forget it.’ ... ‘We have nothing else to do with them.’ ... That’s not fair... The City just turns their back on [the children] and that’s not fair to the kids. It’s like no one is really there to help you after you adopt these kids and you need help.”

Adoptive parents stated that they needed more information about services and supports. One adoptive parent, for example, stated that there was a need for a clearinghouse to provide families with information as to where they can obtain needed services. Adoptive parents also expressed concerns that services are not readily available when children reach adolescence. One adoptive parent, for example, said, “I just went back to the agency for help, and there was none there...I needed all kinds of help for [my child]...they didn’t help me.” The adoptive parent added, “If I knew that, I could have left him to be a foster child, instead of adopting him because I had more services.” Others said that there was a need for more counseling and mentoring programs. One was unhappy with the quality of counseling that her children received, stating, “I think that agency therapy is a joke...they let my two boys fight inside the therapist’s room.” Finally, one adoptive parent expressed dismay about post adoption services:

“And the post adoption [services], I got them for a little while. I might fire them soon. Because they get involved and they cause more chaos than they do anything because they lead the kids to believe that they can change something. They can say, ‘oh, well, your mother shouldn’t do this because...’ How can you tell my child what I can’t do?”

RECOMMENDATIONS

Adoptive parents offered recommendations for improving the permanency planning process, the adoption process, and the services and supports for families after they adopt. The following chart summarizes the recommendations that adoptive parents made.

Area Needing Improvement	Specific Recommendations
Work with birth families.	<p>Strengthen services for birth parents so that they have the help they need.</p> <p>Work as a team with birth parents.</p> <p>Provide more education for foster parents regarding developing relationships with birth families.</p> <p>Make decisions about the plan for the child in a more timely way and move forward with adoption in a shorter period of time.</p>
Information sharing.	<p>Emphasize confidentiality, “the biggest key to self-esteem for these children,” but on the other hand, do not use confidentiality as the reason for not sharing information with the birth parents, children and foster parents.</p> <p>Provide foster and pre-adoptive families with information about the child’s birth family “and everything related to the children.”</p>
Communication with foster and pre-adoptive families.	<p>More openly communicate with foster and adoptive parents.</p> <p><i>“There should be an interest [by social workers] in what’s going on. Nobody has called. These are children in [the agency’s] care...Now, they are with somebody else, now you just brush your hands away with them?”</i></p> <p><i>“If you put a child in my home...you don’t tell me what’s wrong with the child, you don’t tell me the situation, you don’t tell me the background, you don’t tell me nothing.”</i></p> <p><i>“I think they need to hear more input from the foster parents...I don’t think that foster parents are having enough voice in the system.”</i></p> <p><i>“He (the caseworker) doesn’t ask questions, like ‘how are things going?’ or ‘do you have anything to say?’ Nothing.”</i></p>

Area Needing Improvement	Specific Recommendations
<p>Communication with foster and pre-adoptive families (con't).</p>	<p>Honestly communicate with children and youth.</p> <p><i>“Are you contacting the kids to hear what they have to say because they are the greatest voice. You need to hear from these children.”</i></p> <p><i>“When kids come in the home, don’t give them false hope by telling them ‘you’re here for the week’ or ‘you might be going home.’ Be upfront, or if you feel that you can’t be upfront, don’t give out any information because in the long run, it doesn’t help...It hurts the kid even worse.”</i></p> <p>Treat foster and pre-adoptive parents with greater respect.</p> <p><i>“I think caseworkers should look at us like people. And they don’t see us as people, they just see us as, ‘well, you’re getting paid and don’t ask for more.’ And that’s it. And they feel like they’re more in charge. Now if the child is with you 24/7, they should ask you and that’s one thing they don’t do.”</i></p>
<p>Services and supports for foster and pre-adoptive families.</p>	<p>Provide foster and adoptive parents with more information about services and resources.</p> <p><i>“How about a handbook on what all is available so I wouldn’t have to go from foster parent to foster parent asking?”</i></p> <p>Ensure that foster and pre-adoptive parents have access to their caseworkers.</p> <p><i>“I have a social worker and she don’t call me...she changed numbers and they haven’t sent me a number.”</i></p> <p>Provide foster parents with the opportunity to adopt children whom they have fostered when adoption becomes the plan.</p>
<p>Supports for caseworkers.</p>	<p>Support quality caseworkers.</p> <p><i>“The turnaround, the flux of workers, because to save money there’s more paperwork, less people doing it, and less reward. So you lose the good people who are there.”</i></p>

Area Needing Improvement	Specific Recommendations
Supports for caseworkers (con't).	<p data-bbox="753 302 1430 443"><i>“What happens is if a supervisor finds a good worker, they inundate them with stuff and they can’t do that. They have to salvage a good worker. And there’s no reward system... there’s no stroking, there’s nothing.”</i></p> <p data-bbox="753 485 1430 554"><i>“I kind of [wish] that I had a little more permanency with my caseworkers.”</i></p> <p data-bbox="753 596 1382 665">Reduce caseworkers’ caseloads so that they can focus more on each child.</p>
Services and supports post adoption.	<p data-bbox="753 711 1409 814">Continue the ACS program, Circle of Support, which provide neighborhood-based support services for foster and adoptive parents.</p> <p data-bbox="753 856 1365 890">Make counseling available for children and families.</p> <p data-bbox="753 932 1295 966">Process subsidy arrangements in a timely way.</p> <p data-bbox="753 1008 1393 1077">Process Medicaid coverage in a timely way and ensure that it is current.</p> <p data-bbox="753 1119 1442 1188">Provide adoptive parents with information regarding what to expect after they adopt.</p>

Interviews with Child Welfare Professionals

Thirty-eight child welfare professionals contributed to the study, through participation in two focus groups (n=20) or through a personal interview (15 interviews conducted with 18 child welfare professionals). These professionals included judges, law guardians, social workers, adoption attorneys, representatives from private agencies and public-private initiatives, and representatives from community-based and other advocacy organizations in New York City. These individuals were asked to respond to eleven cross-cutting themes that were identified from the consumer interviews and are listed below. Each respondent chose the themes that he/she felt most qualified to discuss.

- “Permanency” is not a well-understood concept among parents, young adults, and adoptive parents and may be a more meaningful term to professionals than to the individuals served by the child welfare system.

- Individuals served through the child welfare system want and believe that they are entitled to respect, but they report often that they are not treated respectfully.
- Those served by the child welfare system want permanency options to be defined more broadly, not to be confined to legal options, and to be individualized.
- Parents and youth often are not clear about “permanency goal” options, how the goal is set, or the extent to which they have input into setting the goal.
- Sibling relationships and connections are at the heart of “permanency” for many youth.
- Parents and young adults believe that the failure to maintain connections between families and youth while they are in foster care undermines effective reunification efforts.
- Parents, young adults, and adoptive parents see caring, committed social workers as vital supports throughout the permanency planning process.
- Parents and young adults state that services to youth and families while youth are in foster care are essential to effective permanency planning but are not provided consistently.
- Parents, young adults, and adoptive parents often see their own strengths and resilience as key factors in successfully navigating the foster care system and achieving permanency.
- Parents, young adults, and adoptive parents generally perceive the permanency process as taking entirely too long.
- Parents, young adults and adoptive parents believe that post-permanency services and supports are essential.

There was a general consensus among the child welfare professionals who were interviewed that the themes were current and accurately characterized the experiences of consumers involved with the foster care system. The following provides the findings from the interviews with child welfare professionals with regard to each theme.

“Permanency” is not a well-understood concept among parents, young adults, and adoptive parents and may be a more meaningful term to professionals than to the individuals served by the child welfare system.

Respondents who chose to discuss this theme focused on issues related to the use of language and its relevance to consumers. One respondent stated, “It just struck me how Orwellian our worldview gets sometimes when we are driven by policy that is made kind of in our world but applied to people living in a totally different world. And that’s what this concept just crystallizes for me. Us and them.” This respondent stated that it is important to address what drives the focus on permanency and how permanency is or is not being explained to the people most directly impacted by it. Some respondents said the word “permanency” itself creates obstacles:

“I just think it’s a bad choice of words...I don’t think it’s very helpful in terms of explaining people’s rights. If someone needs a dictionary to understand that they have a right to something, it just makes it hard for them to demand or to say, ‘you know, I don’t think that permanency thing was handled really well.’”

“We use the term that is established, has a legal meaning, it’s a term of art and it doesn’t have common usage. Nobody who doesn’t know child welfare understands it without it being explained.”

“I think we place too much emphasis on these little key words that are supposed to revolutionize things when it really is not the heart of the matter. The heart of the matter is really helping.”

“The language of foster care is really disempowering to parents. It just adds another layer of confusion. It’s jargon and the more we use jargon the more people are alienated by it.”

One respondent commented, “I’ve been amazed and sad, especially at youth speak outs, by listening to these kids talk in our system jargon about their lives.” Nevertheless, this respondent remarked that consumers understand permanency when it is discussed in regular language. The respondent gave as an example, asking a youth “were you involved with working with your caseworker about going home?” as opposed to framing questions in terms of a “permanency plan” which is often not understood.

One respondent took an introspective view of this theme. “I’ll have to take responsibility for this...I never had any discussions with the staff about how to discuss that with the kids. We were talking to them about finding homes and visiting resources but I don’t know if we ever talked to them about why it’s important to have those connections. I’m not saying we didn’t, but I know as Clinical Director I never said, ‘And what are we saying to the kids? How do they understand permanency?’” On the other hand, another respondent remarked that the word permanency is “better than nothing. I think it’s good because it helps everyone say, ‘ok, this is not a system where we’re looking to keep you in limbo forever which is what – without that word being used so much – that’s how it felt.’”

When asked what is being done or what should be done to address the problems associated with the use of the term “permanency” with consumers, respondents spoke about simplifying terminology, involving the consumers in this process, and making it more consumer-friendly.

“It really speaks to the importance that whatever words we use really have to be client-participant focused.”

“I’d change the language. I’d change the vocabulary. If you change the way you talk then you change the way you think and do things.”

“Talk in everyday language to people. Instead of the word ‘adoption’ we might say ‘living with a family’ because that’s all it is. Eventually that can turn into ‘living with them long-term’ ‘living with them forever.’ But the word ‘adoption’ is so charged for people that you might not use it right away. You shouldn’t hide it [either].”

“I think we need to translate to come up with terms that have a more commonly understood meaning.”

“Involving consumers not simply in practice decisions but in policy decisions... The people who are going to be most directly impacted by those decisions need to be involved in the decision-making in a very direct and in a very democratic way. ‘Don’t talk about our service needs without including us in the conversation.’”

In relation to language, one respondent explained how he/she used language that is “more meaningful, more universal.” Instead of using the word visitation, “I actually just call it ‘being,’ that we create situations where parents and children can be together.”

Finally, one respondent stated, “Anytime somebody can take a word that has too much mystery associated with it and make it more user friendly, then the work that I do to help people understand the services that are available to them, their rights and responsibilities, the more we can do to make that clear, the easier it is to engage people. We do a lot of work around involving so-called consumers, or residents, in policy-making... It’s important that language not be a barrier in terms of art, of jargon not being in the way of people being able to participate or making them feel like second-class participants.”

Individuals served through the child welfare system want and believe that they are entitled to respect, but they report often that they are not treated respectfully.

Respondents who chose to discuss this theme commented on issues related to bias, the pervasive disrespect that is shown throughout the child welfare system, and the effects of this disrespect on parent-child relationships. Respondents made the following comments about the respect accorded, and not accorded, to those in the child welfare system:

“I think that as soon as somebody is hauled into Family Court on an Article 10, there are certain assumptions that are made about them. Wait a minute. This is an American city! ...It shouldn’t be, ‘Oh you’re black. You’re from Harlem. You’re a single mother. If the current allegation is not true, I’m sure some other is.’”

“No one is treated respectfully. Judges don’t treat people right. Lawyers don’t treat the clients right. The caseworkers definitely do not treat parents and foster families right. Foster parents don’t treat birth parents right. There is no approach to recognizing individuals. We relate to each other as labels. We begin out of a system of stereotypes and labels and the interaction that takes place and what creates and keeps the problems in place is that we are not relating or developing relationships out of who we are.”

“I think it cuts all ways. You know, everybody ends up feeling disrespected.”

Some respondents stated that children may act disrespectfully to their parents because the child welfare system treats parents in a way that respect is being “systematically broken down.” One respondent said that as children are forcibly removed from their parents, “Right there, it sets up the parent as a non-adult or a non-authority figure in the child’s eyes.” The respondent went on to say that the disrespect can be further re-enforced by the way caseworkers speak to parents in front of their children. The damage created by these negative interactions often transfers to the parent-child relationship when the child returns home.

When asked what is being done or what should be done to address the issue of respect, respondents discussed training and the promotion of respectful interactions, and they provided examples of programs which promote respect for consumers.

“When we do training for staff, we spend a lot of time really focusing on each of us as individuals and how our own situations are really not that different from the families we serve... What we try to do is universalize that suffering, pain, that loss of a family member, substance abuse, physical abuse, domestic abuse, that this is not ‘us’ and ‘they,’ that this is a ‘we’ situation.”

“One of the things I teach student-interns is when you work with children...have a child repeat back to you but in their own words [what you told them]. If they just parrot exactly what you said then you know they’re just parroting. So you need to say to them, ‘in your own words what does this option mean? I want to make sure you really understand this. Tell me, what do you think your options are’... It’s a skill... It’s just making sure people get it.”

“One of the childcare workers has learned when she has to say ‘no,’ she doesn’t say ‘no.’ She says, well let’s talk about how it’s going to go down. So basically before she’s going to ever get up to the implication of ‘no,’ she’s going to give all the reasons at this point why this can’t happen now or can’t happen in general... What was missing was the ‘because’ and that’s part of treating anybody with respect is giving them the ‘because,’ especially if it’s a kid.”

One respondent described how his/her agency emphasizes the value of respect in the way the agency conducts family conferences. “One of the services that we offer is something called a Family Group Conference and that is something that was originally started in Australia and it went through Washington State. The whole idea of pulling all the family members together in the beginning of the family’s

involvement with the [child] welfare system and preparing the family to make decisions about permanency or about where this child should be. So if the parent isn't able to take care of the child, who else in the family can take care of the child? What does the family need to do to support the parent? ... One of the most powerful things about having a good conference is that at a certain time in the conference, all of the professionals leave the room and allow the families some private time to make decisions around what their plan is for the child or children." This respondent expressed concerns that during ACS conferences, the expectation is that if the family wants private time, they must leave the room. The family generally does not know that they may leave the room, and there is no place for them to go except into the hallway, a situation that the respondent described as "just entirely disrespectful." "The fact [is] that we are the professionals and this is our job and we are the people who should be saying 'you have the right to this, here's the space for it.'"

Several respondents highlighted the Family-to-Family model as a positive step toward respectful practice. In addition, one respondent described a trauma treatment model in which equality is embedded in the treatment philosophy and which "embodies very humanistic values that everyone needs to be respected." One respondent described these approaches as communicating important messages: "Look at your clients face to face. Get to know them. Talk to them. Listen to them. Perceive them as human beings. Put aside your stereotypes. Put aside the traditions of this system, some of which are not positive."

One respondent voiced optimism regarding how people are treated in the child welfare system, stating, "We are becoming family-centered, reparation driven, and empowerment oriented because the cracks are letting that in and that's good. That is different than it was five years ago so I am optimistic about the potentials within the system that I hadn't been for twenty-five years."

Those served by the child welfare system want permanency options to be defined more broadly, not to be confined to legal options, and to be individualized.

Respondents who chose to discuss this theme discussed the need for individualized planning and the impact of concurrent planning and ASFA time frames on a broad and individualized approach to permanency. Some respondents expressed concerns that permanency planning is not individualized:

"We always reduce things to these formulas and put families with real lives and real situations into boxes."

"There [are] all these gray areas... You can't make policy around gray areas. You can know it when you see it. You've got to be open to it because otherwise you're just saying, 'you must fit into this particular square.'"

"There's got to be a broader set of solutions here. People feel that they've got their marching orders. 'I'm in the Return Home Unit so all the kids return home because that's my unit and if I don't do that, they'll get rid of my unit.'... They try to micromanage everything according to some formula or cookie cutter or whatever."

In this connection, one respondent shared the situation of a youth who needed an individualized assessment. The youth had been through seven foster homes in seven weeks, and several of these foster parents withdrew from the program. An agency executive sat down with the youth and asked him/her what was happening. The youth's response was, "I tried to tell them I wanted to be in a group home. I've been in family homes and they didn't work for me. I don't want it. I was [not] happy." When the agency executive asked the youth if his behavior would continue the youth responded, "Yes, until I get what I told them I wanted in June [two months prior]." The respondent added, "Now, I'm not sure what somebody else would call this. I would call this a kid who was working very hard on his permanency plan. It wasn't the plan that some worker made up for him, unfortunately. But he had a plan. He knew exactly what he was doing."

One respondent, however, felt that there is too much emphasis placed on serving the child when, instead, focus should be placed on serving the whole family and not just the child. This respondent stated, "It's not just individualized but more human... It's not the child versus the family no matter how horrible the situation is."

Respondents also expressed concerns about the impact of concurrent planning and the ASFA time frames on their ability to individualize permanency goals. With regard to concurrent planning, one respondent said:

"I think there's some good faith efforts being made by ACS at this point. I think there's also some mixed messages. It's really, really difficult to have as much emphasis as you do on adoption and on reunification at the same time. I think that creates some real ambiguity... We recruit and train foster parents with the expectation that they are pre-adoptive homes and we thought that's what ACS wanted us to do. We can't do both."

Several respondents discussed ASFA and the time frames it imposes for filing petitions to terminate parental rights. Respondents highlighted the fact that parents with drug problems often relapse ("we know that relapse is actually part of treatment") and stated that the realities of rehabilitation should be taken into consideration when time frames are applied to termination of rights.

"The problem is when service providers say that [time frames are too short], it sounds self-serving. It really does, like all we want to do is keep kids in care... Consumers and service providers are united in their concern that ASFA time frames are too short."

"You really have to go to one of the longer, serious, good drug programs [in order to be successful]. And the time-frames involved both in getting into a good program and completing a good program are in dissonance with the child welfare time-frames. I'm certainly not arguing for keeping kids in care longer, it's just a problem that we need to look at [in] more creative ways."

In connection with policies that work against individualized plans, one respondent took issue with the ACS regulation that forbids contract agencies from disagreeing with ACS's opinion in court. This respondent described a situation in which ACS refused to consider reinstating a parent's rights after the private agency recommended this course of action. The case went to court and ACS sent a deputy commissioner to argue against the parent. After the judge ruled to reinstate the parent's rights, the deputy commissioner said to the

social worker, “you’re right, but I had to come and make this argument because that is the position of ACS.” When asked what is being done or what should be done to address the need to broadly define and individualize permanency planning, respondents discussed the role of the community, support for kin as resources for children, permanent connections with caring adults, full engagement of the courts, and the importance of youth participation in court proceedings, and they provided examples of approaches that effectively respond to these issues.

- The role of the community

“Simply assuming that there is one person who is going to be the key person in a young person’s life is a huge mistake. There’s just nobody I know who’s made it with just one person in their life. You have to have this range of people who care about a young person and I’m really focused on the community.”

- Support for kin as resources for children

“[There are] really strong opportunities where there are family relatives who maybe don’t feel that they are in a position to formally adopt because it’s going to cause problems with their sister or their uncle or whoever it is that’s had the child. But if we could only have guardianship, I think they’d really step up to the plate and really would be happy to do it. I think that the legal option of termination of parental rights is very harsh for families... So I think we do need to explore other options.”

“Sometimes we have kids here who would be better served if we could stop scaring away their extended families by approaching them as discharge resources [as in adoption] and instead approach them as permanency resources, as visiting resources, as supports.”

“There are other options [to terminating parental rights]. Another option is on a legislative level in New York State there are guardianship options... There is no subsidized guardianship in New York State so I think that would be very helpful...it would be an incentive to families.”

- Permanent connections with caring adults

“They really need to look into other informal avenues for kids to maintain permanent connections with people that are already there in their lives whether or not they can legally adopt and finalize the adoption.”

“I think congregate care bed reduction at ACS is one effort that goes to sitting down with each youth and trying to come up with resources that they may know about and they may have in the community and try to work with those resources. I think that’s an impressive goal.”

- The role of the courts

“I think that if the Family Court were provided with the information necessary to make reasonable efforts findings, for example, that the family court would be much more likely to accommodate the individual permanency plans that youngsters require... the system has to work better at servicing the individuals in a unique way and the system has to do a better job of communicating that to the Family Court as required by law. So the Family Court will, in essence, allow for individualized planning. I think a lot of what we are doing right now is an effort to make sure that we’re meeting certain deadlines no matter what... Some of it might be form over substance.”

- Youth participation in court proceedings

“Part of our effort, and it’s a challenge, to bring youngsters into the courtrooms for their proceedings is a function of introducing to the process the actual person who’s affected by it in the hopes that all of the parties, [including] the judge, will appreciate how serious what we’re doing is.”

“[Youth participation in court proceedings] is something that I think elevates to a level where it is more important than a day of school. There is a move toward this in the court system. [Nonetheless], I think that the courts should be attempting to accommodate a school schedule which is not impossible to do.”

Respondents discussed a few approaches that are being used to promote a broad and individualized approach to permanency, such as incorporating trauma treatment and permanency into all SPRs and engaging in “progressive thinking.” With regard to “progressive thinking,” one respondent provided an example of a permanency plan which resulted in joint custody between a birth father and a foster mother. This respondent commented, “When people say ‘think outside the box,’ usually we don’t. The box is pretty much there. To me, [this example] shouldn’t even be out of the box.” The solution was “so out of the norm that they really had to look at it. But then, there was no down side to it.”

Parents and youth often are not clear about “permanency goal” options, how the goal is set, or the extent to which they have input into setting the goal.

Respondents who chose to discuss this theme emphasized the importance of clearly communicating with families and youth about permanency. Several respondents expressed concern that information about the permanency process is not being shared with consumers. One respondent stated that he/she feels that although pamphlets and information sheets have been developed, many families enter court with no understanding of permanency and permanency goals. Another respondent focused on the need for better information sharing with youth:

“They just haven’t figured out a way to talk to young people. I don’t think [ACS] knows what to say clearly, so I think they end up not saying much of anything. They end up writing things but not actually sitting down with a young person and saying, ‘this is where we think we are right now. We’ve

been trying to do this, but these look like what our options are and we want to be able to do these other kinds of things with you.’ ”

When asked what is being done or what should be done to improve information sharing about the permanency process, respondents discussed ACS initiatives and other programs that involve consumers.

“This is part of what I think Commissioner Mattingly wants to stress in his taking neighborhood-based services to the next level. That is, whether it’s in the form of case conferencing or other forms, laying out what the options are for people, resources available to them and listening to them in a way that brings together all the needed parties, all the helpful parties.”

“I think that over the last year or two there has been a big push on the part of ACS...the Families for Teens, that whole initiative... The idea is that no child should leave foster care without permanent connections... What they are really pushing is conjoint planning. You’re both planning to go home or for adoption. But for adolescents, this is a really hard thing, a really hard concept... On the other hand, Families for Teens has done a lot to really...bring to the attention of the agencies the need to look for permanent connections [not just relatives, but also non-relatives who the child is closely connected to].”

“I like the efforts in hybrid to introduce parent representation before parents need it; to talk to them about the kinds of things that lawyers talk about to consumers from a preventive perspective about — insurance, liability, taking care of their home, signing contracts... I think that effective case conferences which bring a consumer in and explains things to them on a system-wide basis, that can make a difference. Every non-profit should have consumers on their boards... Organizations like the Child Welfare Organizing Project (CWOP) should be promoted and assisted. There should be focus groups at every child welfare outlet.”

Sibling relationships and connections are at the heart of “permanency” for many youth.

Respondents who chose to discuss this theme highlighted the lack of regulations mandating sibling contact and the need to prioritize placing siblings together. Among their comments were:

“If you haven’t actually experienced being separated and not knowing where your sibling is or how much time you’ll be able to spend with them...the emotional impact of that is extraordinary, enormous. I don’t feel as though anyone can fully understand that without it having happened to them. This is a huge message we get from our clients. They always want to be with their siblings, and they will almost always want to be with their parents, their biological family. I don’t know if the system is sufficiently guided by that reality... [Sibling connections] should never ever, ever move down on the priority list because so much of the youngster’s identity and security is attached to their sibling. It should almost never happen.”

“Certainly relationships are the heart of permanency for many consumers. I believe that. I’m not sure that’s always paramount in our minds on the service provider side, on the caseworker side. Plus, when we think of permanency we think of parents more than siblings.”

One respondent expressed concern that adoptive parents have the discretion to decide whether the child will visit with his/her siblings. “The kids sometimes get the raw deal of it because everybody wants to visit, but now they can’t. That’s a particular concern to me because there is no law that I am aware of protecting the siblings to remain in contact.”

When asked what is being done to promote sibling connections and relationships, several respondents reported progress:

“The numbers are better than they were. I suspect there are still times where we’re breaking them up unnecessarily... We do a better job than we used to do but there’s still more to be done there.”

“I think, increasingly in foster boarding homes, siblings are being placed together. Even in residential care, in group care, there’s a mandate that we facilitate visiting.”

One respondent reported that training for adoptive parents has made a difference in their willingness and efforts to facilitate sibling contact. “I think ACS started something where they’re trying to maintain family contact and [contact with] the siblings when they’re adopted. But there’s not much they can do legally, and I think the adoptive parents know that... I think most adoptive families are open to this kind of contact because the trainings are different. It’s much more talked about.”

One respondent provided an example of an effort to connect siblings. “We did what we called a ‘Special Sibling Day.’ ... What we did was, everybody, the hard to reach ones, the ones who you’ve almost given up [on], ... we took a whole day – [didn’t] take phone calls, no UCRs, just cleared the day where all of the focus was on [siblings].” This respondent described organizing a picnic in a park in which as many siblings as possible were invited. The attendance was not as high as the agency would have liked, but the effort was successful at putting siblings in contact with one another, even if they did not attend the picnic.

Parents and young adults believe that the failure to maintain connections between families and youth while they are in foster care undermines effective reunification efforts.

Respondents who chose to discuss this theme highlighted the importance of maintaining the relationships between parents and children after children enter foster care:

“The importance of connections on the system is at the developmental level, how people develop. They develop out of maintaining the emotional interconnectedness and inter-relationship of family and community, for good or ill. Even if it’s ill, it’s the developmental milieu that matters most.”

“Actually, the agency’s reason for existing is to strengthen that relationship. That’s permanency planning, to strengthen that relationship [between the parent and the child].”

One respondent, however, stated that “there are a lot of parents who desperately want kids. But, there are a lot of parents who don’t, and that’s what nobody wants to acknowledge.”

When asked what is being done or what should be done to maintain and strengthen relationships between parents and children while children are in foster care, respondents emphasized the importance of parent-child visits. Most respondents stated that visits between parents and children should be more frequent and less artificial. One respondent highlighted the importance of working with the Family Court on visitation issues:

“But clearly, we have only taken the initial steps in making the Family Court sensitive to the fact that you really have to have good reasons to order supervised visits... We need to go further with respect to challenging family court to really consider unsupervised visits or maybe an untraditional visiting location.”

Respondents highlighted three efforts that have successfully promoted parent-child visits:

- Family to Family

Respondents highlighted the Family-to-Family program which encourages foster parents and birth parents to work together, thereby preserving connections and ultimately aiding reunification efforts. One respondent specifically described how visiting is being promoted through the Family to Family model. “We have done things like our minimum is once a week visits for two hours. Parents who have infants and toddlers we try to have twice a week visits or more frequently if that’s possible. We have Family-to-Family specialists who are our trained foster parents who are in the visiting room and they do a lot of modeling, a lot of teaching parents and children how to engage more actively into visits so that visits are not just about being in the same place together as they are about real active engagement.”

- Other ACS initiatives

One respondent stated, “I think we’ve seen a lot of effort in the City around visiting.” This respondent stated that the regulations “require a minimum amount of visiting between a parent and a child” which is one hour every other week. “So that means twenty-six hours a year for a child and a parent in care. There’s no way that you can have any hope of maintaining a familial relationship, a parent-child relationship twenty-six hours a year... ACS has been involved in not only increasing the amount of visiting that they will permit, meaning not objecting to it when it’s asked for and sometimes even asking for it themselves, but they have also been involved in a project to use visiting hosts.” The respondent described the visiting host program as geared to parents who are required to have supervised or coached visits. The program identifies an individual in the community who the parent, ACS, and the child’s law guardian believe can safely and constructively host the visits “in an effort to make them less stilted, less artificial.”

One respondent described the visiting coaching approach:

“The whole visiting coaching process is so helpful because I think the parents who have coaches really feel that someone is on their side. I really want to focus on connecting parents to other parents in their community [not just their caseworkers] because I think that so many of our parents are so isolated. The caseworker just can not be that person for them in every sense... If parents connect to other parents in real and significant ways, that can sustain them after they’re out of the system...”

Another respondent described an ACS visiting improvement project designed to make visits “real life” interactions between parents and children. “If your kid is getting a haircut, that’s the visit – but not sitting in an office and in that little room that every agency has.”

- Foster parent training

One respondent reported that foster parents are being trained to better understand the importance of parent-child connections. “It is through MAPP training, through in-service shared parenting training, through the promotion of the notion of being a team participant that we are [educating] foster parents to know about connections, about the importance of putting our efforts in.”

Respondents stated that funding limitations can pose challenges to the development of visitation programs, but they were optimistic about the creativity that was being brought to the process. One respondent said: “I think people are more open and agencies are willing to be a little more creative while still holding the safety issue at heart. It’s funny because there’s not much funding for the agencies to do this, but it’s being done. They’re being more creative and trying to be supportive of mom if the child really wants to go home.” Another respondent described the support of his/her agency to try new, unfunded initiatives. With an annual budget of \$300 to \$400, the respondent utilized student interns to create a successful developmental playgroup for parents and children. He/she used most of the funding to purchase materials such as rugs, Play-Doh, and bubbles. “This playgroup that we created, last week we had twenty-five people. There were eleven parents and thirteen children, and it has gotten too big. But the space is just a conference room that has colorful floor mats and that has toys.” These groups provide parents with the opportunity to learn the words of songs to sing with their children and to discuss topics such as nutrition, immunization, colds, and the flu season.

Parents, young adults, and adoptive parents see caring, committed social workers as vital supports throughout the permanency planning process.

Respondents who chose to discuss this theme focused on the need for well-trained caseworkers and the high caseworker turnover which impacts the permanency planning process. One respondent highlighted the critical role of caseworker training:

“We have to be careful that workers are getting trained and screened in a way that ensures us that they’re really presenting at least a neutral role and not an adversarial or a negative role to parents. We’d love them to be more than neutral. I would love to get the system more than neutral but at the very least, I would like to think it’s neutral and not harmful.”

Other respondents discussed the monetary and work environment factors that contribute to high turnover:

“You can be working for ten years and you’re still in the thirty something range because the agencies can’t afford to pay \$60,000 to a worker. I think that the whole system would have to be funded at a level where you wouldn’t have to leave being a worker as a career choice... We need to give workers the ability to be that caring, committed worker because that is what makes a difference.”

“The fundamental reason for the turnover is the grossly inadequate funding. When the City won’t even give the State rate, which is maybe adequate, certainly not much more than adequate, but when the City won’t even give that much, it forces us to increase caseload size because we don’t have enough money to keep caseloads low. It forces us to keep salaries low.”

“We have a number of very good, caring caseworkers. We’ve had two caseworkers in the last two years that left social work, child welfare social work in particular, because of the frequency of the court involvement and the treatment that they were subjected to at court. There were a few judges who apparently screamed at everyone, not just [at] the caseworker.”

“What’s lacking is the notion that the gears of the system are our relationships.”

When asked what is being done or what should be done to support the retention of caring, committed social workers, respondents mentioned coaching, tuition reimbursement programs, and positive working relationships.

“Coaching is a program that supports caring committed social workers as vital supports. A lot of the stuff we do in terms of our staff training is to close the gap between ‘we-they’ or ‘us-them’ into a ‘we.’ This helps our staff to connect to our clients in a much more immediate way.”

“One wonderful thing that ACS has done is to set up a tuition reimbursement program for caseworkers who have started MSW work on their own. I know we’ve used that enormously. Every year, we’ve had maybe two, three, or four individuals who have gotten reimbursed for their social work training. And even last year when the budget was really tight they didn’t eliminate it... That has really helped us keep workers longer. I think it’s something that from a policy perspective we need to do a lot of work on because it would help stabilize the work force if individual caseworkers felt they could really make a career of this.”

“I’m very lucky to have a very out-of-the-box department and so I choose staff who really have that immediacy with families and parents. I have parent advocates on my staff... Everyone is on a first name, very immediate, very present basis. There’s no, ‘Oh, I’m a supervisor, so I can’t sit on the floor.’ This whole sense that we’re really in there, we will go with you, you’ll go with us. That there’s a real kind of back and forth and I think that that starts at the top. You have to model it and then you have to demand it.”

Parents and young adults state that services to youth and families while youth are in foster care are essential to effective permanency planning but are not provided consistently.

Respondents who chose to discuss this theme expressed concern that permanency is not always an area of focus, treatment services for children often are lacking, and resources for services are limited. Several respondents stated that the focus on permanency often is lost. One respondent, for example, said that permanency is overlooked and that it is more helpful to a child to know that someone wants him/her with all his/her problems than “any weekly therapy could ever do... I think permanency is not looked at enough as a tool to help kids.” Another stated, “I think most workers end up having to balance their time. So some workers are great at getting kids psych services and counseling and the right school placement, but if they do too much of that, then they don’t focus on permanency.”

Some respondents expressed concerns that children are not receiving the treatment services they need to support permanency. One respondent, for example, said:

“What I already knew from other RTCs is that very few of them, any more, really do treatment. What the head of the OCFS team said to me was that at some of the ‘institutions’ that they have gone to, when they asked the question, ‘What’s your treatment approach or your treatment philosophy?’ they get a kind of blank look, meaning there is no treatment approach or treatment philosophy.”

Another respondent echoed that sentiment while also focusing on the traumatizing effects of multiple moves: “You don’t know how many kids arrive here [an RTC] with their bags of stuff in black plastic garbage bags. And that’s just a part of how the system operates for its own convenience, but it never really addresses what this does to those kids nor does it fund treatment for kids so they can stop traumatically reenacting which is one of the biggest obstacles that I see to these kids finding a permanent home.” Several respondents, however, said that they could not readily provide services because of limited funding. “It doesn’t help when you haven’t gotten one hundred percent of your rate for years. So you can’t get away from the fiscal implications of this work.”

When asked what is being done or what should be done to promote the provision of quality services, respondents highlighted several efforts. Among the services that respondents mentioned were mentoring (“Mentoring is key. We’ve had tremendous success with mentoring in the last couple of years.”) and educational liaison services. In this regard, one respondent reported that educational liaisons have been effective in expediting the process when youth must transfer to a new school and have effectively monitored school enrollment.

Respondents also expressed a range of perspectives on the needs of families while children are in foster care. Some respondents highlighted the need for more preventive services, particularly for families with adolescents who enter care once the parent-child relationship is already “fraught with conflict.” One respondent stated, “Services aren’t as readily accessible to families in or approaching crisis, as they were years ago.”

Respondents highlighted several promising models that support permanency. One respondent stated that ACS and the foster care agencies are, but need to be more pro-active in reaching out to families and informing them about community-based organizations and the services that, such organizations provide. He/she remarked, “It happens but it doesn’t happen routinely.” Another respondent stated that the family rehabilitation programs that were created in the 1980s to help parents struggling with addiction are “a good model of how the public child welfare agency can fund critically needed services.” The respondent stated that in difficult financial times, child welfare agencies may pull back from financing such services, taking the position that, “No, our primary responsibility is child protection and we’re not going to spend money on drug treatment anymore, there’s another agency that is responsible for that. Whether or not they’re meeting that responsibility is not our problem.’ But, yeah it is. Children are suffering if treatment is not available to their mothers in a way that they can access and that works for them.” Another respondent stated, “There’s kind of a beginning movement now towards supportive housing. The tier two’s [a new supportive housing program] have been more successful than the welfare hotels or other kinds of emergency shelter... They were never intended to be permanent and I think that there is a realization now that you need some forms of permanent housing where there are some built-in social service supports.” A final promising model that was identified was home visiting:

“The early newborn home visiting programs I think have been evaluated favorably... That’s a good example of thinking outside the box a little bit, saying, ‘Alright, we kind of have a sense at the point of birth who was at risk but let’s de-stigmatize it. Let’s offer a range of services to any mother giving birth in a public hospital.’ I think that’s a good direction to go in.”

Parents, young adults, and adoptive parents often see their own strengths and resilience as key factors in successfully navigating the foster care system and achieving permanency.

Respondents who chose to discuss this theme agreed that consumers bring strengths and resilience that often are not recognized. One respondent, for example, said:

“It’s often like when you see foster children thriving and succeeding it’s not because of the system, it’s in spite of the system. It’s due to something inside of them and I think we need to recognize that more and learn from that more... The same thing with parents who succeed in reuniting their families. They are often succeeding against the odds and in spite of the people who are there to help them... It’s also a way of looking at the families that we work with as something other than just repositories of social problems, that they do have unique strengths that can bring something to us in our practice that can help us to improve and strengthen our practice.”

Several respondents highlighted the need to implement strength-based casework. Although one respondent credited social workers with helping consumers build self-confidence, others believed that social workers must focus more on consumers' strengths. One of these respondents, for example, said:

“What is usually missing is a consistent approach and emphasis on strengths and resilience... One of the problems with the system, and I don't know if the system was ever different, I think the system always focuses on symptoms and not on strengths... The main emphasis is on what's wrong with the kid not what's right with the kid and how can we build up what's right.”

Respondents reported that if they did not direct the focus to the strengths of the youth, strengths would not be discussed at all in many planning conferences. One respondent said that discussions seem to center around discharge rather than “something that is going to take [youth] in a positive direction and build self-esteem” and that more attention is paid to the child's mental health needs (such as making sure the child receives medications) than to an after-school program that can build upon the child's strengths and interests. Another respondent, in a similar vein, said:

“The whole purpose of the system is to make people, well should be, to make people aware of their own inherent potentialities, capacities, strengths, to discover them, to strengthen them, to enhance them, to deploy them. The system, however, doesn't see its job as empowering the stakeholders, as helping them help themselves... We are not self-determination oriented.”

When asked what is being done or what should be done to inject a greater awareness of strengths into the permanency planning process, respondents identified advocacy programs such as CWOP, Voices of Youth, Foster Care Youth United, and Represent as programs that recognize and promote consumers' strengths and development. One respondent suggested that public and private child welfare agencies should employ more consumers formerly involved in the child welfare system as staff members, including parent advocates. Another respondent reported doing just that: “One of the things that I know has worked very well for us is that we have parent mentors, moms who have gotten their children back. Now, because the City won't pay for it, we're paying for it privately.” This respondent stated that the most effective support is to hire parents who have been through the system, were reunified with their children, and therefore can relate to parents. “It's also a way of helping consumers advocate for themselves.” Finally, one respondent described a parenting group in which the agency takes parents away on a weekend retreat. The goal of the retreat is for parents to participate in activities that help identify and acknowledge their strengths. “It's a way of really connecting parents to their strengths at times when they're not feeling strong.”

Parents, young adults, and adoptive parents generally perceive the permanency process as taking entirely too long.

Respondents who chose to discuss this theme agreed that it takes a long time to achieve permanency, but they attributed delays to different causes. With regard to the time it takes to achieve permanency, respondents said:

“From the perspective of the parents and the children, if it’s taking so long you really start to believe, ‘My life isn’t important to these people. What happens to me doesn’t really matter because if it really mattered, they’d make sure it happened. If it were their [life], it would.’”

“This length of time brings the war stories, all of the upsets, all of the frustrations, rather than having people being in touch with their magnificence and what got them through. So, it doesn’t necessarily have to do with the timing of filling out papers. It’s got to do with the relationships and what the process is doing in people’s lives which is important because we are in the people business.”

Some respondents attributed delays to the court system:

“It’s just not set up to go faster... We fail horribly in the time [it takes to complete an adoption], even when they get adopted it takes too long...the courts are just too backed up... it takes two years because of four-month adjournments in between dates.” [Even with the number of children in foster care decreasing by about half,] “to my knowledge they haven’t cut back on the amount of Family Court judges. So if we have twenty thousand less kids [the process should be going faster] and it doesn’t... It’s scheduling with lawyers which is more the issue. You can’t get the law guardian in this part because he’s busy in that part.”

“[This theme is] speaking to the Family Court. People have too many cases in Family Court, lawyers, social workers, caseworkers, judges, everyone has too many cases. We have not yet figured out a way to distribute the workload in a way that best accommodates permanency... The lawyers are talking for the first time about the case the day that the case is on... But unless we get to the point where cases are not adjourned for 2 to 3 months at a clip with not much happening in between, permanency is going to take entirely too long.”

Others attributed delays to the time that parents need to complete drug rehabilitation programs:

“There’s always a tension between the desire to reunite families wherever we can and the reality that substance abuse is very often a player, and where it is, substance abuse treatment people tell us that relapse is a part of treatment. But how many relapses over what period of time bring us to so-called permanency?”

“Sometimes the process takes a long time towards reunification because the mom, it’s usually the mom, has to get herself together, like you don’t kick a drug habit overnight. So you have to find the right program, convince her she should go, be with her when she relapses once or twice. So that takes a long time.”

Another respondent associated delays with high worker turnover rates:

“...One of the biggest reasons why we have longer than we would like lengths of stay is because the workers leave so quickly...I think if we could reduce the turnover rate, I postulate that we would increase the discharge rate and save enough money to pay all these poor people more money so they wouldn't quit in the first place. But that's a real hidden part of the system. The turnover rate is thirty to forty percent and that means that every teen, every year, is losing a couple of people. That's too much instability.”

Yet another respondent focused on the need to empower caseworkers:

“So many people get involved in these decisions that I suspect that nobody feels that they're really responsible for the decision... If you felt more urgently that it was your role to make the recommendation that was going to drive the decision about which life path this kid and family were going to take and kept thinking it was your family, I mean it would happen.”

When asked what is being done or what should be done to expedite the permanency process, respondents described efforts to reduce caseworker turnover and outlined a number of court initiatives:

- Reducing caseworker turnover

One respondent described an approach developed by one agency in which a team of three staff is assigned to each case. A social worker with an MSW on each team works with the birth parents and the children. A caseworker handles court matters and case management duties. An office worker completes all the forms. The respondent stated an advantage to this approach is that “when one of them leaves, the other two know the kids and the families well enough to indoctrinate the third worker in the group... The three of them all work together as a team.” The respondent reported that unfortunately, the program is so successful at discharging children that the program has depleted its funding.

- Innovations in the courts

Several respondents reported court improvements that have expedited permanency. One respondent, for example, said, “The courts have really moved it up with these adoption days. The courts are really trying to be responsive in a different way over the last couple years and that's why we've had so many successful adoptions.” Respondents reported specific ways in which the courts have begun to move cases through the process more promptly:

- Maintaining cases on the court's calendar

One respondent reported that about two years ago, the courts began to maintain cases on the calendar, including post-disposition cases. Courts now are able to regularly determine whether orders are being followed or need to be modified. Courts now are aware of problems before permanency hearings.

- Case conferencing and mediation

Several respondents reported that case conferencing and mediation are being used more extensively and are giving consumers, particularly youth, a voice in the process. Youth may attend case conferences and mediation. Respondents reported that mediation currently takes place after the youth's initial placement but that there is interest in providing mediation at the initial filing stage in order to avoid litigation. Respondents stated that mediation has been used with hundreds of families in Manhattan and Brooklyn and will be implemented in the Bronx and Queens by the end of 2005. They stated that cases that are resolved through mediation often yield positive outcomes such as less litigation, more quality dispositions and orders, and a stronger likelihood that orders will be followed because consumers were involved in the process. Respondents reported that mediation has shortened length of stay because mediation meetings take place within weeks of the initial placement, whereas litigation often does not occur until six to eight months after placement. Respondents also reported that some courts now use case-coordinators to monitor cases between court appearances, ensure compliance with orders, and ensure that the parties are ready on the scheduled court date. Case-coordinators are located in all boroughs but not in every child protective court due to budgetary restraints. Respondents reported that the number of adjournments has declined since case coordinators have been providing oversight.

- Family Treatment Courts

One respondent described the benefits of family treatment courts as follows:

“[The drug treatment court is] essentially a drug court for parents who are brought in and charged with neglect for their own drug use. They come in and almost immediately make an admission to neglect based upon their drug use, and they are immediately treated by a treatment court staff within the court system that finds them a program that is tailored to their individual needs. There’s a lot more attention paid to what modality works and does not work. A lot more effort is made to have the case appear in the court every two to three weeks instead of every two to three months so people get to know the parents... and [they] become part of their system by virtue of being together at frequent intervals. They get their kids back much quicker, absolutely. Or other permanency is achieved much quicker. It’s working... In the family treatment court concept where children tend to be returned home more quickly and safely, part of why that’s working is because there’s an actual staff, a treatment court staff in the family court that is expediting. We probably need to figure out how to replicate some of that in the other parts.”

- Supplemental staff

One respondent described how other staff are being utilized to supplement the work of law guardians:

“I don’t blame the law guardians for not knowing their clients, they have too many cases. What we’re trying to do is use other trained staff to meet clients to supplement the meeting with the client as with the law guardian. Whether it’s a social worker, a paralegal, even a well-trained intern who can do follow-up with clients or initial outreach to clients so that it’s not just the one interview with the law guardian but more.”

- Special adoption initiatives

Respondents described several court initiatives to expedite adoption: Adoption Now, Adoption Week, and Adoption Saturdays.

Parents, young adults, and adoptive parents believe that post-permanency services and supports are essential.

Respondents who chose to discuss this theme agreed that post-permanency services and supports are critical but are not provided. Some respondents blamed the lack of post-permanency services on existing regulations:

“It is just a travesty that there is so little after-care or post-adoption services in the system. It just cries out as one of the stupidest things that we do... Everybody pretends that there’s aftercare. The State pretends that we [the agencies] provide it. The City pretends that we provide it. So, in turn, agencies pretend that they provide it. The reason is... some obscure regulation from 1977 that says it’s in there someplace. So, if you ever say it’s not in there, then you’re out of compliance with the regulation. So nobody says that. But it’s not after care as we know, as we think it ought to be. It’s a phone call or something.”

“One of the impediments [to providing aftercare] is that the City’s got this stupid rule, ‘exception to policy’ they call it and it was designed in the early 80s when preventive first came along. It was designed by people who were scared to death that every kid in foster care was going to have a preventive service case open and somebody was going to double dip on the money. That fear drove this policy which says that you can’t have a preventive service case if there’s a sibling or a kid in foster care.”

Other respondents stated that funding was a major barrier to post permanency services:

“The reason we don’t do better [at providing post permanency services] is because it’s literally an un-funded service.”

“[Although the City might agree in theory that aftercare is needed they] can’t back it up with money. It’s going to slap them back in the face because these are the kids coming back into care and so it’s costing them more money.”

Some respondents expressed concern that the same services are provided to parents with no history with the foster care system and parents with a history with foster care. These respondents believed that specialized services for parents involved with the foster care system were needed to assist families in addressing

foster care-related issues, such as disruption and separation. In this regard, one respondent stated, “We do refer our kids to preventive services and they don’t know what the hell to do with our kids because they’re all about keeping kids from going to [foster care] residence, not about what do you do with a kid after he comes back from residence. It’s not their area of expertise. So often we find they’re completely useless.”

When asked what is being done or what should be done to promote the provision of post-permanency services, some respondents focused on using and building on preventive services. One respondent stated:

“Some of the supports that you can offer post-discharge are roughly equivalent to preventive services, so it’s like we have some services in place that could serve as a useful model... You can provide preventive services to prevent replacement. I think the fear of people working in the field of preventive services is that our field is already dwarfed by foster care in terms of size and spending and we don’t want it to be redefined as the backdoor out of foster care. We don’t want people to experience problems that are severe enough to result in placement before they can even qualify for our services. We want it to be truly preventive in nature.”

Several respondents said that preventive services should be offered for a longer period of time. One respondent, for example, said, “They may be aging out of foster care, but they’re not aging out of life and in life you need a support system. If they are feeling that it’s too late, then that means that the service providers around them believe it’s too late.” Several respondents elaborated on this theme:

“Prevention only goes to eighteen...society is not dealing with the fact that it takes poor kids just a long as it take middle class kids to grow up... Post permanency services and supports need to be extended beyond twenty-one.”

“We’ve extended our definition of when we serve kids to twenty-two. We think between twenty-two and twenty-three, kids should be finishing up with college but you could easily go to twenty-five in my mind. I don’t know any twenty-two year old who’s living on their own. I mean there are some I’m sure but I just don’t know any.”

Yet another respondent commented, “...we really [need to] stay with them until they’re totally on their own whatever age that might be. It’s a civic, public responsibility. We don’t neglect picking up the garbage and we don’t neglect safety, I don’t know why we neglect poor children this way.”

Other respondents highlighted specific practices that may strengthen post-permanency outcomes. One respondent suggested that when children are reunified with their parents, children should be returned over time rather than several children returning home at the same time. Another respondent stated that parents and children need to receive information on neighborhood-based organizations that provide after care services. Respondents further observed:

“We found in terms of the need for post-adoption and post-permanency services that by and large, clinicians who do family therapy are not particularly aware of or tuned in to adoptive families’ specific and unique needs... One of the services that we provided actually for a time was clinician training to try to create a cadre of adoption-sensitive clinicians in the community that we could refer people to. That was great.”

“ACS should do a [request for proposal] for post-adoption services and the City should put some money towards it. All of the money that the City is saving by the decrease in care numbers and care days should be reinvested to provide some of these services so that we don’t have a recidivism situation.”

Several respondents endorsed specific post-permanency services. One respondent described a successful mentoring program in which relationships were established between youth and corporations. The corporations provide activities, pre-employment skills, and job readiness trainings, and in some cases, individual mentorships develop between youth and community members. The respondent stated that these relationships “broaden [youth’s] worldview” and “have opened up huge opportunities” for youth. Another respondent touted successful mentoring programs and equated a mentor relationship to an “informal adoption.” He/she said of these relationships: “that’s permanency, that’s a connection.” He/she further stated that because mentoring is provided by volunteers, it is not costly.

One respondent highlighted his/her agency’s employment skills training program which is comprised of pre-employment skills training, employment at the agency, employment outside the agency but paid for by the agency, and employment independent of the agency. The agency, along with other agencies, has been participating in the Annie E. Casey UPS initiative in which UPS hires youth in care. According to the respondent, the program is working with other trade industry corporations which are “trying to provide stepping stones.” The respondent stated that these programs are essential “because you can have a permanent family and the most loving people in the world, but if you’re not educated and you don’t have a job, it really doesn’t do it because then you’re not in a permanent situation and ultimately that’s where our kids need to be. They need to be educated and they need to have good jobs.”

This respondent also described a parent mentor program and a privately funded program that uses a Treatment Readiness Person (a parent mentor) to help birth parents access drug treatment; an on-site relationship between the agency and Outreach Project, a substance abuse program, which provides staff for their group care program; and domestic violence screening. Finally, one respondent suggested training for parent advocates on how to manage difficult situations between their employers (agencies) and parents and serve as a liaison between the two parties. This respondent also mentioned the Circles of Support program provided by ACS as a positive resource for parents.

INITIATIVES OF THE ADMINISTRATION FOR CHILDREN’S SERVICES (ACS)

After ACS reviewed the study’s findings that reflected views of young adults, birth parents, adoptive parents, and child welfare professionals about “permanency,” the permanency planning process, and permanency outcomes, ACS provided information on a number of its current initiatives that have impacted permanency practice. These efforts – which include its Families for Teens program, its adoption initiatives, and its visiting programs to enhance parent-child and sibling visiting – were offered as specific responses to the issues identified by the individuals interviewed in this study. The following describes these initiatives, with a focus on their impact on permanency outcomes for the current population of children and youth served by the City’s foster care system and their families.

FAMILIES FOR TEENS

Ensuring that youth are connected with caring adults who have made a long-term commitment to them has been the central goal of the Families for Teens initiative since its inception in 2001. The program was introduced with a three-year series of intensive, two-day workshops and case consultation meetings led by Robert G. Lewis, a nationally respected expert on adolescent permanency. These sessions were aimed at helping ACS supervisors, caseworkers, contract agencies, ACS lawyers and Legal Aid lawyers understand teenagers' need for permanent family connections and the relatively simple techniques that can be used to involve teenagers in planning for their own permanence. In the intervening four years, the program has realized a number of successes, including ACS guidelines issued in June 2003 entitled "Family-Based Concurrent Planning for Youth with Goals of Independent Living." That policy significantly restricted the ability of foster care agencies to assign permanency goals of independent living to adolescents and required that a concurrent family-based plan be developed for all youth with a goal of independent living. Private foster care agencies are required to "work with youth currently in foster care to try to identify caring, committed adults whom the youth trusts and with whom the youth might like to establish a permanent family connection." The policy contemplates a wide array of permanency options for teens, including reunification with extended family members and the revitalization of connections to former foster parents, neighbors and parents of close friends, and group home staff. Adoption as an option for teens also is extensively addressed in the policy, which calls for the active participation of youth in their own adoption planning. As indicated earlier, since the development and implementation of this policy, data demonstrate that fewer youth are being given goals of independent living and that larger numbers of youth are leaving foster care to families.

Part of the Families for Teens initiative is the ACS Congregate Care Reduction Plan which was developed to reduce the number of adolescents living in institutional settings. Poorly performing congregate care homes, identified through performance evaluations, were selected for de-commissioning. The actual site closing process focused on the needs of each youth residing at a site identified for closure. At each of those sites (including, whenever possible, agencies which voluntarily opted for closure), a Families for Teens Review Team was established. Each team, staffed with ACS employees, works closely with private agency staff to interview each young person at the site about his/her family connections, connections to other caring adults, and preferences for future placement or discharge. The team explores all permanency options with each youth and then focuses its work on expediting permanency plans for the young person, exploring resources newly identified by the young person, or working with the ACS' Office of Placement to locate the most appropriate placement for the young person if family or other discharge resources cannot be identified at the time. The success associated with this effort are quantitatively presented in Tables 5, 6, 9 and 18, and are discussed in the Findings section of this report.

The Congregate Care Reduction effort highlighted a major regulatory barrier to the placement of teens in families, namely the fact that emergency home certification procedures for relatives and family friends were available under applicable state regulations only in abuse and neglect cases, but not for young people who were placed in care on Persons in Need of Supervision (PINS) petitions or through voluntary placements. Working in close collaboration with colleagues from the Juvenile Rights Division of the Legal Aid Society and Lawyers for Children, ACS sought regulatory relief from the NYS Office of Children and Family Services, which agreed to amend its home certification regulations to permit emergency home certification for youth placed on PINS and voluntary petitions. The revised regulations took effect as of May 11, 2005.

The Families for Teens program also includes the following initiatives:

- A Families for Teens Speakers Bureau comprised of young people and both foster and adoptive parents of teens.
- A collaboration with You Gotta Believe! (YGB), a specialized adoption recruitment agency, in which YGB outstations staff at residential treatment centers and group homes in order to find permanent family connections for youth with goals of independent living as well as adoption.
- Redistribution of 96 therapeutic foster home placements for adolescents to private agencies with demonstrated capacity and experience in serving teens.
- The successful placement of adolescents with foster families when they enter foster care, resulting in a significant increase in the number of youth who are placed with kin or with recruited foster families and a sharp decrease in the percentage of adolescents who are placed initially in congregate care settings.
- The development of the Family Assessment Program (FAP) diversion program for Persons In Need of Services (PINS) to connect families with services in their communities and neighborhoods and avoid involvement with Family Court proceedings through filing a PINS petition.

ADOPTION INITIATIVES

ACS reports a range of adoption initiatives designed to ensure the adoption of children in foster care who cannot return home to their birth families.

“Adopt Now” Workgroup. This collaborative initiative between New York State Office of Court Administration (OCA), New York State Office of Children and Family Services (OCFS) and ACS is designed to increase adoption permanency and identify the systemic barriers in OCA, OCFS and ACS that delay timely adoption. Its work has included the provision of adoption grants to nine agencies with which ACS contracts to increase adoptions. The following strategies have been implemented as part of this efforts: hiring adoption expeditors or retaining consultants to perform home studies and psychological evaluations for adoption subsidy packages; changing protocols to ensure that termination of parental right orders are submitted in a timely manner; efforts to expedite the appeal process statewide; and reducing the time to obtain a State Central Registry clearance for prospective adoptive parents.

The ACS Adoption Expediting Unit. The staff of this unit are adoption expeditors who work closely with the private agencies to assist them in expediting adoptions. In addition, ACS has an assigned expeditor who is working with approximately 15 children who have been freed for adoption but for whom no adoptive resource family has been identified. These 15 children are adolescents who have previously participated in some form of child-specific recruitment. The expeditor works collaboratively with the children’s social workers, law guardians, case managers, and other service providers in order to troubleshoot problem situations as well as proactively facilitate matches with adoptive families.

Pro Bono Project. This project, organized by the private bar in New York City, provides legal representation to adoptive parents. Since the Pro Bono Project's inception, 60 cases on behalf of 46 clients have been referred to pro bono attorneys. Of these 60 cases, 26 adoptions have been finalized, and an additional 10 cases have been filed and are awaiting finalization.

Adoption Case Reviews. Held twice a year, adoption case review conferences bring together all the key parties in the adoption process with the mission of expediting permanency by identifying and removing barriers to adoption. Since August 2003, case reviews have been held for 8,724 children freed for adoption. Of these cases, 4,245 adoptions have been finalized. A survey in 2004 found significant reductions in systemic barriers to adoption: a 45% decrease in children needing an adoptive placement, a 48% decrease in the number of cases where a child's ambivalence about adoption was a barrier to the adoption, a 32% decrease in cases where foster parent ambivalence was a barrier to the adoption, and a 29% decrease in the cases needing a freeing order.

Success in Promoting the Adoption of Older Children. ACS' success in promoting the adoption of older children was recognized by the U.S. Department of Health and Human Services when it awarded over \$3 million to New York State in 2004 as a part of a national "adoption bonus" program aimed at increasing the adoptions of children over the age of 9. Children over the age of 9 comprised 41% of the total adoptions of children in foster care that were finalized in New York City in 2004. ACS received \$1.9 million of the federal award. These funds are being used to support the approximately 19,000 adoptive families in NYC through post-adoption services.

Foster/Adoptive Parent Recruitment. In the last three years, ACS has invested in strengthening strategies to recruit foster and adoptive parents. As a result of these efforts, ACS currently has a database of more than 39,000 individuals and families who expressed an interest in foster care or adoption. The recruitment strategies that have been implemented include:

- "Today's Foster Care," a multimedia advertising campaign aimed at recruiting foster and adoptive parents in New York City's high-needs communities.
- Referrals of prospective foster parents' calls or e-mails to ACS' centralized Parent Recruitment Hotline to a foster care agency in the individual's neighborhood.
- "Wednesday's Child," a weekly program begun in 1999, which features a child or sibling group who needs an adoptive home. This program is conducted in partnership with the Freddie Mac Foundation and NBC4.
- "NYC Adopt: Finding Families for Children," an annual event at which families register for adoption information.
- A Families for Teens Speakers Bureau.

- An interactive internet site to assist prospective foster and adoptive parents to learn more about adoption and adoption-related events as well as a link to the Meet Our Kids site where there is a listing of children who are freed for adoption but not placed with adoptive families.
- “A Child is Waiting,” a full-page feature in the *Daily News Sunday* edition, which monthly highlights between four and ten children who need adoptive families.
- Participation as the New York City regional recruitment response team for the “AdoptUSKids” adoptive parent recruitment drive.
- Contracts with three specialized adoption recruitment agencies (You Gotta Believe!, Association for Black Social Workers, and Coalition on Adoptable Children) that are charged with recruiting and licensing adoptive families for children considered hard-to-place and who have special needs. These agencies hold monthly conferences as a forum for waiting adoptive parents to “match” with waiting children in the care of ACS foster care agencies. Prospective adoptive parents are invited to hear presentations by foster care agency representatives about children who need an adoptive placement. Contract agencies are invited to meet prospective adoptive parents who have been certified by the adoption recruitment agencies and/or review their home studies to expedite the matching process.
- Circles of Support that provide information and ongoing support for foster and adoptive families.

Longest Waiting Children Project. ACS has continued the New York State’s “Longest Waiting Children Project,” a three-year grant-funded project that ended in December 2004 and which is focused on children freed for adoption who for two years or more have not achieved permanency. The focus will continue to be on older children (age 10 and above) waiting to achieve permanency through adoption. The goal of the project in 2005 is to increase the number of adoptive placements and finalizations for eighty children between the ages of 10-17 who have been freed for two years or more.

VISITING INITIATIVES

ACS has developed a number of key initiatives in two areas focused on visiting: initiatives to promote family visiting and initiatives to promote sibling visiting.

Family Visiting

In April 2000, ACS launched the Visiting Improvement Project (VIP) to identify the issues and barriers surrounding current ACS visiting policy and practice and to develop an action plan for addressing these barriers. VIP subsequently issued best practice family visiting guidelines that focused on increasing the visit frequency to at least weekly; increasing the minimum visit duration to 2 hours (unless there is a child-related reason for shorter visits); holding visits outside of the agency whenever safe and possible; justifying the level of visit supervision necessary and clarifying that visits should be at the lowest level of supervision

(including unsupervised) that ensures the child's safety; and improving the quality of visits by facilitating visits as soon after removal as possible; supporting parents and children before, during and after visits; and including parents in the development of the visiting plan. VIP provides training and technical assistance, develops visiting resources, and assists with tracking and monitoring family visits.

VIP provides comprehensive training on family visiting to foster care agencies, field offices, ACS staff, judges, attorneys, and other service providers. The training includes a review and discussion of ACS' Family Visiting Guidelines issued in December 2000. Dr. Marty Beyer also trains on Visit Coaching, a child-focused, parent-empowering model for purposeful visits that help move a family towards permanency.

In addition, VIP offers case-and issue-specific technical assistance to ACS, private agency, and other staff regarding visiting policy and best practices. It facilitates referrals to appropriate parties and linkages between stakeholders and provides information about ACS resources, such as the Office of Advocacy and the Central Sibling Unit. In the area of resource development, VIP has developed a *Family Visiting Resource Guide* and a Family Visiting Principles Poster as well as numerous practice tools, including a video entitled "Keeping Your Eyes on the Prize," a video for and by parents about visiting; a *Visit Coaching Manual*; and pamphlets. A training video for parents and caseworkers about implementing visit coaching is to be completed by August 2005.

Visiting is tracked throughout the life of each case, beginning with the visiting plans developed at the 72-hour and 30-day conferences. ACS Child Evaluation Specialists recommend that foster care agencies schedule family visits either directly before or after each of these conferences. At the 72-hour conference, Child Evaluation Specialists work diligently to facilitate the best possible service plan, taking into consideration the family's unique strengths and safety needs, with one targeted area of service planning being visiting. Visits continue to be monitored at Service Plan Reviews. The ACS Office of Advocacy tracks visit-related issues, and visiting is an area in which agencies' performance is measured. In 2005, the Office of Research and Evaluation will begin an effort to revise the Performance Evaluation System (PES) and EQUIP tracking mechanisms to integrate enhanced visiting measures in both of these tools. The Office of Research and Evaluation also will work to coordinate and synthesize the visiting data that are currently being collected.

In addition to VIP, there are several programs that ACS has developed to promote family visiting:

- Children of Incarcerated Parents Program (CHIPP), a program in response to the growing number of families in the child welfare system who are affected by and involved with the criminal justice system. This program includes the Rikers Island Visiting Program designed to maintain relationships between children in foster care and their incarcerated parents on Rikers Island. Almost every Tuesday, several CHIPP vans pull away from the curb at ACS carrying children in care to a visit to a parent incarcerated at Rikers Island, and several times a week, vans travel to other facilities. CHIPP also serves state and federal facilities within the Tri-State area and facilitates parent-child visits to facilities outside this area on a case-by-case basis when it is in the child's best interests. CHIPP facilitates visits for an average of 5 to 10 parents per week (which involves 10 to 20 children). Further, CHIPP arranges case conferences for incarcerated parents, siblings, and youth. Caseworkers travel to Rikers Island to meet with incarcerated parents to discuss plans for children, including possible visiting plans. CHIPP arranges an average of 3 to 5 such conferences a month.

- The Babies Can't Wait Project, a program aimed at expediting permanency for babies who come into foster care. Focused on infants who do not have identified relative resources to care for them and who do not have siblings in care, the program matches infants with foster parents who are committed both to reunification efforts and to adoption if reunification efforts are not successful. Parent-child visiting, at a minimum of two times a week, is a critical component of this program.
- The Baby & Me Playgroup, a program for parents with infants between birth and three years of age. This interactive playgroup combines parenting skills and visiting, allowing parents to spend time with their babies and learn parenting techniques from the group's facilitator and one another.
- The Visit Hosts Workgroup, jointly chaired by ACS and the Center for Family Representation, brings together practitioners and Family Court representatives who oversee a pilot visiting host project that uses family, friends, or community sponsors identified by the family, in lieu of an agency worker, to host and monitor visits outside of the agency. The pilot currently involves two foster care agencies, with plans underway to add three additional agencies by June 2005 and to serve a total of 15 families.

ACS recently established an Office of Family Visiting that incorporates a new Family Visiting Unit, CHIPP, and the Babies Can't Wait Project.

Sibling Visits

The ACS Central Sibling Unit was created in 1999 to ensure that separated siblings in foster care maintain their bonds through visiting, communicating, and reunification when appropriate. At the beginning of the program, there was no reporting system nor tracking that could provide information on the actual number of separated siblings in foster care, their place of residence, or the frequency with which they were visiting. In 2000, the Central Sibling Unit was redesigned to work more effectively with foster care agencies and case management services so that sibling relationships could be strengthened through visits and other contacts. A model was developed to raise the awareness of the importance of the sibling relationship throughout the life cycle and to increase the compliance level of sibling visits system-wide. The Central Sibling Unit provides training of casework staff and others on the ACS Sibling Policy, provides technical assistance to casework staff on difficult cases, and conducts monthly monitoring of foster care agencies for visit/communication compliance and possible reunifications. The training curriculum focuses on the importance of the sibling relationship and how sibling separation and lack of contact can result in low self-esteem and a variety of behaviors that can require ongoing clinical interventions.

Staff from the Central Sibling Unit attend Service Plan Reviews where they support sibling visiting and gather information regarding the reasons for the failure of siblings to visit. When sibling groups are not visiting, Central Sibling Unit staff meets with the foster care agency to gain an understanding of the nature of the barrier(s) and then works with the agency and others to resolve the problems and establish visiting, communication, and/or reunification. The Central Sibling Unit also assists foster care agencies in establishing internal tracking systems to monitor sibling visits.

The Central Sibling Unit utilizes the Children of Incarcerated Parents Program (CHIPP) van to facilitate sibling visits when transportation is difficult to access. It also works with CHIPP to facilitate sibling visits when youth are incarcerated. The most recent addition to the work of the Central Sibling Unit is a visiting program for sibling groups and families in the Highbridge and Morrissania sections of the Bronx called "Visits Take Root in Urban Gardens." This pilot program allows families to utilize the New York City Department of Parks and Recreation's Green Thumb community gardens and recreation centers for visits with one another in their own communities. Using the gardens as a focal point, families can together grow flowers, fruits and vegetables. In addition to traditional family recreational activities, cooking and nutritional workshops will be offered.

DISCUSSION AND RECOMMENDATIONS

The quantitative and qualitative findings from this study and the information provided by ACS indicate that while promising practice and policy efforts are underway to promote permanency for some children in foster care in New York City, too many children remain far too long in the City's foster care system. Moreover, it is not clear from the available data exactly why this continues to be the case. The findings indicate that many children and youth remain in foster care for extended periods of time and that both ACS and private contract agencies continue to perform very poorly in meeting the goals that ACS has set as time periods within which steps to permanence should be achieved. This section of the report discusses the findings of this study and advances recommendations for improving the permanency planning process and permanency outcomes for children and youth in foster care in New York City

DISCUSSION OF THE QUANTITATIVE FINDINGS

The national and New York City quantitative data make clear that the number of children and youth in foster care is declining and that a growing proportion of children in foster care are older children and youth for whom permanency must be achieved. The quantitative data reveal issues that warrant close examination with regard to permanency outcomes for children and youth in foster care, their length of stay in care, practices that negatively affect the timely and successful achievement of permanency, and post-permanency stability as measured by foster care re-entry rates.

Permanency Goals

Both nationally and in New York City, data reflect a slight decline in the percentage of children with permanency goals of reunification, although the majority of children who leave foster care continue to return to their families of origin. Both nationally and in New York City, the number of children with goals of adoption has increased significantly since the enactment of ASFA in 1997. In New York City, the percentage of children freed for adoption who are adopted also has increased over the past few years. The number of children adopted nationally and in New York City has increased significantly since 1997, although in New York City the number of children who are adopted each year has begun to decline and the annual target number of adoptions recently was revised to a lower number. In New York City, data show that relatively small percentages of children and youth leave foster care through adoption, although adoption has become a more common goal for adolescents. The percentage of adolescents in New York City who were adopted from foster care has increased, most significantly for adolescents ages 12-13. It is not clear from the data the length of time that these children were in foster care or if they could have been adopted at earlier ages.

Although New York City data do not specifically correlate length of time in care with frequency of placement moves, research has made such correlations. Studies indicate that children who remain in care for extended periods of time and who do not achieve permanency until they reach their teens – either through reunification with their birth families or through adoption (which takes on average 5 years in New York City) — are far more likely to have experienced several placements and to experience mental health issues as a result of the instability (Barbell & Freundlich, 2001). Although the increase in adoptions for older children makes it more likely that these children will not be “graduating” from the foster system without a family to support them (as has been the case for too many of their predecessors), it raises serious questions about the length of time required to achieve permanency for the youth.

Both nationally and in New York City, youth continue to have permanency goals of “independent living” despite the elimination of “long-term foster care” as a permanency goal in ASFA and ACS policies that seek to limit the use of independent living as a permanency goal. In New York City, however, there is a clear trend toward decreasing the use of independent living as a permanency goal for adolescents. The proportion of all adolescents with a goal of independent living has steadily decreased, a positive trend. It is not clear at what point new ACS policies and practices regarding the use of independent living will result in the great majority of youth aging out of foster care with connections to permanent family.

In New York City, children and youth in their second or greater spells in foster care appear to be at greater risk of poor permanency outcomes. Data indicate that close to one-quarter of all children who enter foster care have previously been in foster care, a re-entry rate that raises a number of questions about discharge decision-making and the quality of post-permanency support. Importantly, when compared to children in their first foster care spells, children in their second or greater spells are less likely to leave foster care to be adopted, and they are more likely to leave care to live on their own. There has not been a specific emphasis on children and youth who return to care one or more times, and much more needs to be understood about effective permanency planning for children for whom reunification has not been successful, the reasons for reunification failures, and what should be done to support reunifications so that they will succeed.

New York City data also reflect high percentages of children and youth who leave care for destinations other than reunification, placement with relatives, adoption, or independent living (10.4% of children in their first foster care spells and 23% of children and youth in their second or greater spells in June 2004). The post-foster care destinations and outcomes for these children and youth with “other” destinations are not clear and need to be more closely examined.

Length of Stay

National and New York City data make clear that large percentages of children remain in foster care for extended periods of time. Nationally, data show that the average length of stay for children who leave foster care has, in fact, increased over time, with the most recent data showing that children who left foster care in 2003 had been in care for a mean of 21.7 months and a median of 11.9 months. New York City foster children fare far worse: data show that the average length of time for all children in foster care in 2004 was slightly over four years (49.1 months) and was 49.6 months for the first four months of 2005.

New York City data also show that the percentage of children with longer lengths of stay in foster care (that is, stays of two to three years) has not changed significantly over time for children in their first foster care spells, although the percentage of children in their second or greater spells with longer lengths of stay has declined to some extent. Children who are reunited with their parents remained in foster care an average of 7.6 months in 2004, well above ACS’ benchmark of 5.5 months. Both national and New York City data indicate that children and youth who have a goal of adoption have the longest stays in care other than youth who age out of foster care (who, in New York City, have been in care, on average, seven years). New York City data show that low percentages of children achieve the City’s own established time frames for achieving key adoption milestones: setting a goal of adoption, freeing children for adoption, and finalizing adoptions. The median length of stay in foster care for children with goals of adoption in the City continues to be more than five years.

The issue of length of stay in foster care has been a persistent one in New York City and has not been affected as progress has been achieved in other areas, such as the reduction in the number and percentage of children placed in congregate care settings, the placement of siblings together, and other issues identified in this report. It is important that ACS make the issue of securing permanent families for children, as quickly as possible, one of its top priorities

Permanency-Related Practice

New York City data indicate that the City has made significant progress in practice areas concerning siblings being placed together, parent/child visits and sibling visits. Specifically, in 2004, sibling groups who entered foster care with no other siblings already in care were placed together 89.7% of the time; from 2000 to 2004, the percentage of children with a goal of reunification who had biweekly visits with their parents increased from 30% to 66%; and from 2000 to 2004, for siblings in foster care who were not placed together, the percentage who had visits with one another increased dramatically, from 28% to 74%.

The City, however, is not performing well in a number of areas that are associated with the timely and successful achievement of permanency. Data indicate that children are not being routinely placed in their own community districts when they enter foster care; siblings who enter foster care with one or more siblings already in care are not being placed together; a significant percentage of children are experiencing three or more placements while in foster care; a significant percentage of parents are not participating in Service Plan Reviews; and, although clearly improving, parent-child visiting is not taking place for many children. In some of these practice areas, ACS has set its own benchmarks for performance and is falling far behind these benchmarks. The obstacles to achieving these benchmarks need to be identified and aggressive steps taken to achieving these benchmarks, with resulting benefits for children and youth.

Re-entry to Foster Care

New York City data indicate that re-entry rates from reunification are higher for children who are discharged from care within 90 days of placement and that re-entry rates are particularly high for children in their second and greater spells. When re-entry from reunification over time is considered, one-fifth of children from both groups (first spell and second and greater spell children) return to care, a rate that although consistent with research in other communities, raises questions about the quality of discharge decision-making and post-reunification support and services. These data are consistent with the study's overall finding of serious limitations in post-permanency supports and services.

DISCUSSION OF FINDINGS FROM INTERVIEWS

The interviews with parents, young adults, adoptive parents, and child welfare professionals yielded a number of common themes as well as some interesting differences in perspectives.

The Meaning of Permanency

In connection with their understanding of “permanency,” parents, young adults formerly in foster care, and adoptive parents often used words such as “forever” and “belonging” and rarely described permanency in legal terms. Parents often stated that the word “permanency” was “scary” or its meaning was unclear. They frequently stated that permanency meant having their children returned to them, but they believed that the foster care system often viewed permanency as meaning the opposite – that is, keeping their children from them. Young adults also were far less focused on the legal meaning of permanency and emphasized instead the long-term emotional and relational connections with family members and others in their lives. Adoptive parents also viewed permanency as encompassing long-term relationships and a sense of belonging, with some adoptive parents highlighting the importance of permanency in assuring children where “they are going to be tomorrow.” Some adoptive parents, however, placed time limits on their permanent connections with their children, describing permanency as ending when their children reached adulthood. In a vein similar to birth parents, some adoptive parents expressed concerns about how the foster care system viewed permanency, stating that “permanency” means that the foster care system arranged adoptions and then left families with no supports or services.

Child welfare professionals strongly agreed with consumers that the term “permanency” has created obstacles to effective collaborative work with families and youth to ensure that children return to their parents, live with extended family, or are adopted. They consistently advised that efforts be directed toward simplifying and de-mystifying terminology and finding language that facilitates the engagement of youth and families.

Permanency Goal Setting

A consistent theme that emerged from the interviews with parents, young adults, and adoptive parents was that permanency goals need to be determined on an individualized basis and that permanency needs to be viewed broadly in terms of creating and/or maintaining emotional connections with family and others. Child welfare professionals agreed with consumer views in this regard, expressing concern that permanency planning is not occurring on an individualized basis and that planning, instead, has been reduced to a formulaic process. They believed that the ASFA time frames have undermined the ability of agencies to engage in a broad and individualized approach to permanency. When asked how the process could be individualized, child welfare professionals highlighted the need for greater supports for kin, the identification of permanent connections for youth with caring adults who may not have a legal relationship with them, closer work with the courts on individualized goals for children and youth, and greater involvement with youth in court proceedings.

With regard to the traditional permanency options that have been used in the goal-setting process, parents, young adults, and adoptive parents raised somewhat different issues. Parents focused on reunification, although some indicated that another goal (such as placement with a relative or adoption) had been or might be considered in their cases. Many parents stated that their agencies did not engage them in permanency planning activities. Importantly, however, a large number of parents stated that they became involved in the planning process as a result of their own assertiveness, resourcefulness, and efforts and through their connections with parent advocates at the Child Welfare Organizing Project.

Young adults reported having a variety of permanency goals, with the majority reporting an ultimate goal of independent living. It was disconcerting to learn that a number of young adults did not know what their permanency goals had been or they stated that they never had a permanency goal. Young adults consistently reported that they were not given opportunities to participate in decisions about what their permanency goals should be. Even when involved in the planning and goal-setting process, many young adults stated that they were given very little information about their options or their views were not treated as important. As with parents, young adults often reported that their own resilience and assertiveness were key to successfully navigating the foster care system.

Child welfare professionals readily agreed that consumers have strengths and resilience that often go unrecognized. They highlighted the need to implement strengths-based casework, noting that often, only the problems of youth and families are the focus. Child welfare professionals endorsed advocacy programs such as CWOP and Voices of Youth that promote consumer strengths. Although one respondent discussed the hiring of parent mentors to infuse a strengths-based perspective into the agency's work, it appeared that this effort was privately funded and has not been institutionalized by ACS.

Child welfare professionals also echoed consumers' concerns that agencies did not engage parents and young adults in the permanency planning and goal-setting process. They stated that information is not being shared with consumers about the range of permanency options and the role that parents and youth should play in the goal-setting process. They believed that recent ACS initiatives focused on case conferencing and permanent connections for teens in foster care and the growing involvement of consumers in agencies' efforts may help address some of these obstacles to effective permanency efforts.

Permanency Planning and Services

In connection with the permanency planning process and their experiences in working toward permanency, consumers – particularly parents and young adults – focused on the importance of being treated with respect. They often stated, however, that they were not accorded the respect to which they felt entitled. Child welfare professionals agreed that consumers do not receive respect from the various parties in the child welfare system, and many attributed this dynamic to the fact that virtually no one is treated with respect – parents, youth, foster parents, and caseworkers – with the result that “everybody ends up feeling disrespected.” Importantly, a number of child welfare professionals reported proactive efforts to correct this problem – through training and setting a different tone in their organizations. The Family to Family program and family group conferencing were cited as key approaches to infusing respect for consumers as well as providers throughout the permanency planning process.

A consistent theme in interviews with all consumers was that the quality of their relationships with caseworkers affected the quality of their experiences with regard to permanency planning and achieving permanency. Parents, young adults and adoptive parents described varying experiences with caseworkers regarding discussions of permanency. Parents described caseworkers who were of no assistance to them and caseworkers who were extremely helpful and supportive. Similarly, young adults' accounts of their caseworkers' support in connection with permanency varied, including reports by some young adults that they did not know who their caseworkers were. Some young adults, however, reported that their social workers and group care staff had, in many instances, been critical supports to them as they sought permanent connections with their own families or others. Adoptive parents more uniformly reported positive relationships with their social workers. They also stated that the quality of their preparation to adopt depended heavily on the social workers with whom they were working. Many reported that they had "lots of social workers," but they nonetheless were very satisfied with the social workers with whom they worked. They, like parents, however, also reported that they did much of their own research and exploration in connection with permanency, learning on their own what their children's conditions involved and the services that their children needed.

Child welfare professionals also recognized the importance of front line practice and the role of caseworkers in ensuring that youth and families receive quality permanency services. They highlighted the critical role of training, adequate salaries, and supportive work environments in preparing caseworkers to work effectively with youth and families and retaining quality caseworkers.

In addition to the importance of caseworkers, consumers highlighted their needs for services that supported the achievement of permanency. There was agreement that a range of services is needed but that the needed services are not consistently provided. Parents reported different experiences regarding receipt of services that would support reunification. Some reported receiving no services; others said that the services they received were not relevant or culturally competent; and yet others said that the services were helpful (although parenting classes as a service received very mixed reviews). Youth also reported the need for a range of services. They expressed satisfaction with some of the services that they received that prepared them to exit foster care and dissatisfaction that other needed services were not provided. Adoptive parents gave the highest marks to the training they received prior to adoption. They were, however, quite divided on the quality of other preparation services that they were offered or received. Child welfare professionals, like consumers, expressed concerns that services often were lacking and resources for services were limited. They particularly were concerned that parents and youth often do not receive the treatment services that are needed to support permanency and that permanency is lost as a focus in the work with both youth and families. They found recent efforts to inform families about community-based services as promising.

Achieving Permanency and Post Permanency

Consumers consistently expressed frustrations with the slowness of the permanency planning process. Parents reported that their children had been in care from nine months to nine years. Young adults reported long stays in foster care, with most of the young adults reporting that they had been in foster care for six years or more. Many adoptive parents reported that they had waited a long time to adopt and expressed concerns that the children for whom they had cared as foster parents had remained in care too long. Child welfare professionals agreed that it takes a long time to achieve permanency and attributed delays to a num-

ber of factors: the failure to develop meaningful relationships with youth and families, court delays, parents needing time to complete substance abuse rehabilitation programs, and high caseworker turnover rates. They identified a number of court innovations designed to address the problems with court delays, although some professionals expressed ongoing frustration with the court process.

Parents and young adults, in particular, reported a number of barriers to the timely achievement of permanency. They expressed frustration that parent-child visits were not arranged on a regular basis and that the absence of contact between parents and children undermined their relationships. Some adoptive parents stated that they believed that it was their responsibility as foster parents to help children maintain their connections with their families, but this view was not universal. Child welfare professionals also highlighted the importance of maintaining the relationships between parents and children after children enter foster care and emphasized the need to ensure that visits occur frequently and in natural surroundings that support parent-child connections. They highlighted the Family to Family program and other ACS initiatives, including the visiting coaching program, as promoting more effective practice in this area.

Parents and young adults also stated that the multiple placements that many children have while in foster care affected the quality of parent-child relationships. Parents reported concerns about their children moving from place to place, and many of the young adults stated that they had had five or more placements while in foster care. Finally, parents, young adults, and child welfare professionals agreed that the absence of preventive services was a critical issue affecting families. They agreed that if these services were more broadly available, foster care would not be necessary in many cases.

The importance of sibling relationships was a recurrent theme in the interviews with all consumers. Parents expressed concerns that their children were not placed together and that visits were not arranged when their children were placed in different settings. Young adults emphasized that being with their siblings was a critical factor in connection with permanency. They repeatedly stated strong desires to remain connected with their siblings but reported that often, they were separated from their siblings and that visits were not arranged when they were separated. Adoptive parents reported a variety of arrangements involving siblings: in some cases, they had adopted sibling groups but in other cases, siblings of their children were with the birth family, adopted by other families, or remained in foster care. Many families stated that one or more of their adopted children had no contact with a sibling. Of concern was the fact that adoptive parents reported that the major reason that their children did not visit with siblings was that they were given no information on the siblings' whereabouts. Child welfare professionals also highlighted the importance of siblings being placed together and remaining connected. They deplored the lack of regulations mandating sibling contact and the failure in many cases to place siblings together or ensure ongoing sibling contact. They believed that increasingly, siblings are being placed together but also believed that "there's still more to be done."

Parents and adoptive parents reported high levels of satisfaction post-permanency. Parents were delighted that their children were home with them, and adoptive parents were very positive about their decisions to adopt and their adopted children. Both groups, however, also expressed the need for services and supports. Many parents reported the stresses they experienced and problems obtaining services. Some parents, however, said that they did not want any ongoing involvement of the child welfare agency, a view that seemed connected with their experiences with their agencies and their perceptions related to the absence of cultur-

ally competent services. Adoptive parents expressed dissatisfaction in connection with the availability of needed post-adoption services, with subsidy being the issue that elicited the most concern. Young adults were divided in their assessments of their lives post-foster care. Although some were quite positive about their lives, the majority reported mixed or very negative experiences since leaving foster care. Housing, employment, and access to health and mental health services were identified as areas where youth confronted significant challenges. Several young adults also reported difficulties in establishing positive relationships with their families and other adults.

Child welfare professionals agreed that post-permanency services are essential and expressed concern that existing regulations act as barriers to the development and implementation of these services. They recommended using the preventive service model as a basis for the provision of post-permanency services; shaping services to specifically meet the needs of families whose children have been in foster care, youth who have aged out of foster care, and adoptive families; and offering services for longer periods of time.

RECOMMENDATIONS

The findings from this study strongly suggest that four steps should be taken to strengthen the permanency planning process and improve permanency outcomes for children, youth, and families in New York City. In some cases, promising practices and efforts are underway and should be strengthened. In other areas they are not, and efforts need to be developed and implemented.

Recommendation #1: The quality of front-line practice must be improved, with a focus on the private agency caseworkers who work with the great majority of children in the City's foster care system. ACS must ensure that the private child welfare agencies with which it contracts provide for reasonable caseload sizes, training, supervision, and supportive work environments that contribute to strong permanency casework practice.

The findings from this study make clear that children, youth and families need caseworkers who are available to them, are skilled in working effectively with them, clearly communicate permanency options and the implications of different decisions, and treat them with respect and with empathy. In the absence of well-trained caseworkers who carry caseloads of a reasonable size and are supported with quality supervision and positive work environments, improvements in permanency practice, both in terms of the outcomes achieved and the timeliness of the permanency process, will not take place. The majority of children in foster care are served by private contract agencies (93.8% in 2004), and consequently, the focus must be on strengthening the capacity of private child welfare agencies to provide strong permanency services and developing accountability mechanisms to ensure that private child welfare agencies do so.

To that end, ACS must focus on ensuring the quality of the child welfare workforce, particularly in connection with front line practice in private child welfare agencies. Specifically, the following must be addressed:

- The size of the caseloads carried by caseworkers who serve parents, children, youth, relatives and prospective adoptive parents.
- The quality of the training that caseworkers receive regarding permanency and effective work with parents, relatives, youth and adoptive families to support the achievement of timely, positive permanency outcomes.
- The quality of supervision that is provided to caseworkers.
- The adequacy of salary levels for caseworkers.
- The quality of the overall work environment, both within child welfare agencies and in connection with caseworkers' interactions with the court system.
- The factors that contribute to high caseworker turnover.

Other child welfare systems across the country have begun to place focus on workforce development and improvement. Strategies include legislative and regulatory approaches, accreditation requirements, and performance-based contracting that creates strong incentives for private agencies to strengthen the quality of casework services. ACS should mount a similar effort, with a focus on improving the workforce of the private child welfare agencies that serve the vast majority of children in the city's foster care system.

Specific Action Steps:

1. Require training for all caseworkers

ACS should develop an extensive centralized training curriculum at the Satterwhite Academy, similar in concept to its CPS training, focused on permanency planning. This training should be mandatory for all caseworkers in ACS with a caseload of in-custody children, including OCACM case managers with oversight responsibility for private agency cases. ACS should amend its contracts with private agencies who provide foster care services to require that all caseworkers and supervisors employed by private agencies who have a caseload of children in ACS custody also attend the Satterwhite Academy permanency training. Among other things, the training should focus on developing communication and client-relation skills, the requirements for permanency planning under ASFA, and concurrent planning.

No caseworker should be permitted to take on a caseload until completing the Satterwhite Academy permanency training and passing a competence-based examination.

Recommendation #2: Time to permanence must be a high priority in order to significantly reduce the time that children remain in foster care. ACS's established time frames for reunification and for achieving milestones to adoption must be met, and time frames for meeting milestones for other permanency goals must be established and followed.

Data regarding the average length of stay in the New York City foster care system (slightly more than 4 years), average time to adoption (5 years), and average length of time that youth remain in care before aging out (7 years) and reports from parents, young adults, adoptive

parents, and child welfare professionals make clear that achieving permanence in New York City takes far too long. ACS has implemented a number of initiatives that may effectively reduce children's stays in foster care, although it is not clear when the impact of these efforts will become discernible. Steps should be taken to closely track the time required to achieve each milestone for each permanency option, including various milestones when permanency goals are changed. Such information is critical to a clear understanding of the barriers to permanency and when they are likely to arise.

Specific Action Steps:

1. More comprehensive data collection and analysis on time to permanency

ACS should collect and analyze by provider the following data regarding the timeliness of permanency planning and achievement. Data analysis should involve the establishment of baselines and tracking of improvement over baseline.

- The length of time that children who are reunified with their families remain in foster care, with data related to the length of stay for children in their first entry into foster care and children who have been in foster care for two or more times. In addition, data are needed related to achievement of key reunification milestones, including time to trial discharge home.
- The length of time that children who are permanently placed with relatives remain in foster care, with data related to the time frames associated with an initial goal of reunification, when relevant, and the time frames for finalizing a permanent relative placement once that goal is established.
- The length of time that youth discharged to independent living remain in foster care, with data related to the length of stay for children in their first stays in foster care and children who have been in foster care for two or more times.
- Re-entry rates for children and youth who leave care for all permanency destinations, including permanent placement with relatives and adoption.
- Specific information on the "other" destinations for a significant percentage of children and youth who leave care, with particular attention to discharges associated with AWOL.
- More comprehensive data on children who enter foster care two or more times, particularly given their lower rates of adoption, higher rates of discharge to independent living, and high rates of subsequent re-entry.

With these data and the data that are already available, ACS will be able to monitor the quality of the services provided and the outcomes achieved by ACS itself through its direct care program and the quality of services provided and outcomes achieved by private agencies under contract with ACS. The full range of data should be made available to the research

and advocacy community. Only through greater candor and documentation in terms of the permanency outcomes that are being achieved and time to permanency will it be possible to assure greater accountability, both on the part of the government and by the private agencies responsible for the care of children and youth in the New York City foster care system.

2. Intensive permanency reviews

ACS should begin intensive monitoring and oversight of all contract agencies (and each ACS office or program that provides direct services) that have significantly exceeded ACS' own milestone targets on more than 5% of its cases. An approach that has proven successful in other jurisdictions is the use of monitoring by external consultants — permanency resource team specialists — who meet with caseworkers on all cases that exceed the milestones, every three months, to help ensure that children achieve permanency. Under this approach, the permanency resource team specialists should have ultimate authority and, at each review, should direct next steps and evaluate implementation and effectiveness of prior steps. The permanency resource teams should continue to meet with the caseworkers on these individual cases every 90 days, until the external consultant certifies that the case is adequately positioned to ensure permanence for the child. ACS should adopt this approach or implement another approach that achieves the goal of intensive permanency reviews.

3. Monitoring of contract agencies regarding their performance in achieving permanency for children

ACS' Office of Quality Improvement should continue its monitoring and evaluation of the Service Plan Review process conducted by private agencies and ACS direct care offices, with a specific focus on the quality of permanency planning. A randomly selected, statistically significant sample of cases should be reviewed from each private agency (and each ACS office or program that provides direct services) on at least an annual basis. Agencies' performance on these permanency performance reviews should be factored into agencies' EQUIP scores.

Contract agencies' performance on adoption milestones (length of time to goal change of adoption; length of time from goal change to completion of TPR; length of time from completion of TPR to adoption finalization) should be incorporated into EQUIP scores. These data, possibly enhanced by data gathered through interviews with ACS and contract agency staff, should be analyzed to determine the factors that impede the ability of the contract agencies to timely achievement of permanency, including court-related factors.

Recommendation #3: The role of the courts in achieving permanency and court practices that hinder the timely achievement of permanency must be addressed. To that end, Children's Rights has requested and ACS has agreed to provide, with appropriate confidentiality safeguards, access to children's records from which data will be compiled to document the role the Family Court plays in the timely achievement of permanency for children.

In this study, court delays were often identified as affecting the timeliness with which permanency is achieved. A number of court initiatives were identified as efforts to expedite court processes and the achievement of permanency, but there was no indication that these efforts were being evaluated to determine their impact on reducing time to permanency. A thorough evaluation process is essential to determining the effectiveness of these efforts. This evaluation also should examine what role, if any, ACS legal resources play in affecting the timeliness with which the court addresses permanency issues.

Specific Action Steps:

1. A study to identify specific court practices that impede the timely achievement of permanency
ACS should provide Children's Rights with access to children's case records so that a case record review can be conducted to identify and analyze the court-related factors that impede the timely achievement of permanency. The case record review should include a significant number of randomly selected cases in order to determine children's length of stay in care, time to achievement of court-related milestones, the number of adjournments, and the nature of other court practices that impede permanency. Children's Rights hopes that the Family Court will be equally interested in this study, and it will seek support of administrative and judicial officials for this study.

Recommendation #4: ACS should develop and ensure the provision of post-permanency services to support children who have been returned to parents, permanently placed with relatives, adopted, and age out of foster care. For youth who are discharged from foster care to independent living, ACS should ensure that youth are connected with caring adults who have made a long-term commitment to them.

Consumers and child welfare professionals agreed that post-permanency services for children, youth, and families and post-discharge services for youth who age out of foster care are critically needed. Further validating their observations in this regard were data indicating relatively high rates of re-entry to foster care following reunification, particularly for children who have been in foster care two or more times. Much more needs to be understood about the reasons that one-quarter of all discharged children return to foster care. Additionally, young adults formerly in foster care emphasized the importance of post-permanency services and reported great difficulty making the transition to adulthood in the absence of caring, committed adults in their lives.

Specific Action Steps:

1. A review and study of the reasons that children return to foster care

The large number of children returning to foster care after being discharged, primarily to their birth families, is of great concern. Much more needs to be understood about the discharge decision-making process and the services and supports that are planned and put into place for children and families when children are discharged from foster care. ACS should review each

return to care with a focus on the quality of decision-making and service planning. This review should lead to an identification of the factors that cause discharges to “fail” and specific plans to address these issues.

2. Removal of regulatory barriers to post permanency services

Any regulatory barriers to the development and provision of post-permanency and post-discharge services should be identified and addressed.

3. Development of post-permanency services

ACS should undertake a citywide needs assessment for post-permanency services and develop contracts with community-based providers to fill any gaps identified by the needs assessment.

The current model for preventive services should be re-examined in light of the needs of parents whose children have been in foster care, youth formerly in care, and adoptive families. This model should be used as a basis for post-permanency and post-discharge services, drawing strongly on the guidance of consumers in developing and providing such services.

To that end, ACS should move forward immediately to implement its planned Aftercare Safety Net to harness community and city resources, promising models in the field, and permanency resources for young people. ACS should implement the specific activities that it has outlined as part of its Aftercare Safety Net:

- Outreach and follow up with discharged young people and development of an alumni database
- Continued emphasis on connecting young people with permanency resources
- Enhanced discharged planning through stronger case reviews and coordination of ACS units involved in discharge planning
- Creation of an “emergency assistance fund” for immediate help with basic needs
- Publication of a discharge resource guide
- Strengthened support for postsecondary education

In addition, for youth who have been discharged to independent living, ACS should conduct a needs assessment to determine how ACS can ensure that it complies with all state regulations regarding post-discharge contacts with youth. Every effort must be made to ensure that youth who leave care have stable housing, a sufficient income for support, and at least one caring, committed adult in their lives.

Collaborative efforts among ACS, private child welfare agencies and the advocacy community should be undertaken to ensure funding for these services.

CONCLUSION

This study focuses on the permanency planning process and permanency outcomes for children and youth in the New York City foster care system. It examines data collected and synthesized by the City's Administration for Children's Services in an effort to achieve a clearer understanding of the extent to which permanency is being achieved in a timely way for children, youth and families. It also examines, through interviews with parents, young adults formerly in foster care, adoptive parents, and child welfare professionals, four key areas associated with permanency: the meaning of "permanency," permanency goals, the permanency planning and service process, and achieving permanency and post-permanency outcomes. Using a participatory action design that involved consumers in all stages of the development and implementation of the research, the study focused on consumers' viewpoints and used their perspectives as the foundation for interviews with child welfare professionals. It further incorporated information provided by the Administration for Children's Services after ACS reviewed the study's findings.

The findings of this study indicate that there have been improvements in certain aspects of permanency practice but that children continue to remain in foster care for extended periods of time. The review of the quantitative data made clear that children and youth remain in care for particularly long periods of time when the goal is adoption and that stable permanency is not being achieved for many children and youth (as demonstrated by foster care re-entry rates and poor outcomes for children and youth in their second or greater foster care spells). From the interviews with parents, young adults formerly in foster care, and adoptive parents, a number of key themes were identified that echoed the findings from the review of the quantitative data and that were further validated in interviews with child welfare professionals. These themes included consumers' desires for a broad and individualized approach to permanency that extends beyond the traditional legal options, the critical role of caseworkers in supporting positive permanency outcomes, the remarkable strengths and resilience that consumers bring to the permanency planning process that often go unrecognized, and the vital importance of post-permanency and post-discharge services.

Improvements in permanency planning practice are needed in New York City in four key areas: (1) given the critical role of caseworkers in supporting youth and families in their efforts to achieve permanency, attention must be given to the quality of front-line practice and supports for caseworkers; (2) time to permanence must be a high priority, with strong data collection and analysis that will permit an identification of the barriers to permanency throughout the process; (3) greater attention must be given to the role of the courts in the timely achievement of permanency; and (4) high priority must be given to the development and provision of post-permanency services (following children's reunification with their parents, permanent placement with relatives, or adoption) and services for youth who age out of foster care to live on their own.

Having involved parents, young adults and adoptive parents in all aspects of this study and elicited their perspectives on key permanency issues, this study provides critical guidance on the steps that must be taken to improve permanency outcomes for children, youth and families. Through the implementation of these recommendations, it is hoped that the families and youth served by New York City child welfare system will be supported to achieve permanency in a timely way. One young adult who was interviewed expressed satisfaction with the positive outcomes he/she experienced, though made clear that the process was not an easy one:

“It’s like you’re going through a marathon to your life...You keep running until you reach that finish line. And when you reach that finish line, you’ve made it, you’re free, you’re out, you won.”

It is the hope that all children, youth and families served by the New York City foster care system will experience the joy of “winning” through timely, supportive services that make permanency a reality for all whom the system serves.

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