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Post-Permanency: An Assessment for Families' Needs for Services and Supports

Madelyn Freundlich, Rosemary J. Avery, Sarah Gerstenzang, and Sara Munson

This article reports the results of a qualitative study that sought the perspectives of birth parents and adoptive parents following reunification or adoption of children from foster care. Using a participatory action design that actively involved young adults formerly in foster care and parents in the design and implementation of the study, the study focused on the consumers' perspectives on several issues related to permanency. The article reports findings from interviews with a subset of 27 birth and adoptive families in New York City who were asked about their post-permanency experiences and from interviews with 38 child welfare professionals who were asked to respond to the parents' perspectives. The article offers directions for child welfare practice and program development.

Key words: Post-permanency, adoption, reunification

Introduction

Although permanency planning and achieving permanency have been areas of focus in child welfare since the 1980s, post-permanency outcomes have received limited attention. Less emphasis has been placed on the experiences of families after reunification, the permanent placement of children with relatives, or adoption (Freundlich & Wright, 2001). Since the enactment of the Adoption and Safe Families Act (ASFA) in 1997, there has been a heightened focus on permanency for all children in the child welfare system, and increasing numbers of children are achieving permanency within shorter time frames. ASFA, however, addresses the achievement of permanency and not the quality of children's and families' experiences following reunification with their birth families or adoption. Increasingly, permanency has come to be understood not simply as an event but, instead, as a process that involves a range of issues related to the well-being of children and families over time, even into the post-permanency period (Freundlich & Wright, 2001). The issues include safety considerations that can result in a child's return to foster care, the child's psychological and social well-being, and the family's overall health and functioning. When permanency is viewed as a process, an understanding of families' post-permanency experiences and needs for services and supports becomes more important to consider as part of permanency planning (Freundlich & Wright, 2001).

Recognition of the need for post permanency services and supports is not a new concept. There has been emphasis on post adoption services and supports, coupled with a recognition that children with special physical, mental health and developmental needs and their adoptive families are likely to need ongoing help in the post-permanency period (Barth & Berry, 1988; Kramer & Houston, 1999). The same attention, however, has not been given to service and support needs of parents who are reunified with their children or to the needs of relatives who assume permanent responsibility for children formerly in

foster care (Freundlich & Wright, 2001). The needs of these families, as well as the needs of adoptive families, continue to be areas requiring greater understanding.

The qualitative study described in this article focused on the post-permanency experiences of families served by the New York City foster care system. The study utilized interviews with parents of children formerly or currently in foster care, young adults formerly in foster care, adoptive parents of children formerly in the City's foster care system, and child welfare professionals. This article reports on the results of interviews with a subset of birth parents who had been reunified with their children and parents who adopted children from the City's foster care system, as well as interviews with child welfare professionals who responded to these parents' views of the quality of post permanency services and supports. It provides a brief review of the research literature related to post permanency services and supports and then describes the results of the interviews. It concludes with a discussion of the findings and directions for future practice in this area.

Literature Review

Each year, approximately 280,000 children leave foster care nationally (U.S. Department of Health and Human Services, [US DHHS], 2005). Most children leave care to be reunited with their birth families: in 2003, more than one-half (55%) of the children leaving care returned to their parents and another 11% left care to live with relatives (US DHHS, 2005). Slightly less than one-fifth (18%) of the children who left care in 2003 were adopted and another 4% left care to guardianship arrangements (US DHHS, 2005).

Since 2000, the research literature has given greater attention to post-permanency outcomes for children and families and the need for post-permanency services and supports (Pecora et al, 2000; Casey Family Services, 2001; Christian, 2002; Casey Family Services, 2003a). Although the success of permanency arrangements can be considered along a range of dimensions (Freundlich & Wright, 2001), post-permanency success has been assessed primarily in terms of rates of reentry to foster care. Research suggests that reunification is generally successful, but a significant percentage of children, ranging from 10% to 33%, return to foster care after being reunified with their parents (Fein & Staff, 1993; Thomlison, 1997; Terling, 1999; Frame, Berrick, & Brodowski, 2000). The success of adoption, similarly, has been assessed in terms of rates of disruption (before legal finalization) and dissolution (after legal finalization). Studies suggest that disruption rates range from 10% to 25% for children with physical, mental health, and developmental difficulties (Festinger, 1990; Berry, 1997; Goerge, Howard, Yu, & Radomsky, 1997). Adoption dissolution occurs far less often. One study indicated an adoption dissolution rate of 6.6% from a sample in Illinois (Goerge et al, 1997) and another found a 3.3% dissolution rate from a sample in New York City (Festinger, 2001). There have been few studies focused on the success of permanent kinship care arrangements, particularly, subsidized guardianship, but these studies indicate that these permanency arrangements are as stable as adoptions, with disruption of guardianships ranging from 10% to 16% (Barth, Gibbs, & Siebenaler, 2001; Cornerstone Consulting Group, 2001).

With regard to the factors associated with post-permanency success, the research literature generally has focused more on placement stability than on the quality of children and families' experiences. With regard to adoption, several studies have found that children with special needs, particularly behavioral challenges, emotional problems, and developmental or physical disabilities, account for a disproportionate number of

adoptions that disrupt (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 likelihood of reentry to foster care following reunification with their parents and with the disruption of placements with relatives (Thomlison, 1997; Terling-Watt, 2001). Studies also have found a relationship between post-permanency stability and the stability of children's placements while they are in foster care (Goerge & Wulczyn, 1990; Webster, Barth, & Needell, 2000), as well as the length of time that children remain in care (Pinderhughes, 1998; Wells & Guo, 1999). Other research has found higher rates of reentry from reunification for older children and African-American children (Jones, 1998; Thomlison, 1997; US DHHS, 2001a, 2004a).

The research literature further suggests that post-permanency instability is associated with certain family circumstances. Reunification has been found to be undermined by inadequate housing, economic problems, poor parenting skills, maternal criminal activity, domestic violence history, and substance abuse (Fein & Staff, 1993; Jones, 1998). Specifically, research indicates that reunified families experience considerable stress when rebuilding relationships after separation and that the continued presence of some of the conditions that led to the initial removal of children from their families may exacerbate the stress they experience during this transition (Festinger, 1996; Taussig, Clyman, & Landsverk, 2001). Permanent kinship placements appear to be at risk when caregivers experience declining health and stressors associated with birth parents' involvement (Terling-Watt, 2001). Studies suggest that adoption disruption is associated with adoptive parents' higher educational attainment and higher parental expectations (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 2000; US DHHS, 2001b), while adoption stability appears to be related to marriage longevity and prior experience fostering children (Westhues & Cohen, 1990; Barth & Berry, 1991). Adoptive parents' commitment to the child and parent-child compatibility in terms of personal attributes also have been found to influence adoption success (Flynn, Welch, & Padgett, 2004).

The literature particularly has highlighted the importance of post-adoption supports and services in contributing to permanency, including information, clinical services, basic needs assistance, and support networks (Barth & Berry, 1991; Barth et al, 2001; McGlone et al, 2002). Specifically, adoptive parent support groups, adoptive parent training, and the provision of children's health and other background information have been found to play key roles in successful, stable adoptions (Marcenko & Smith, 1991; Avery, 2004). Other services, including medical and dental care, recreational opportunities, counseling, special education, and employment, financial, and housing supports also have been identified as relevant adoptive family supports (Fein & Maluccio, 1992; Adams, Howard, & Kelly, 1995; Festinger, 2002).

Far less has been written about post-reunification services and services to relatives who assume permanent responsibility for children formerly in foster care. The limited research literature suggests that although families' needs for services post-permanency may vary, families often need therapeutic services, substance abuse counseling, crisis intervention, income support, job training, access to insurance, housing assistance, day care, support groups, and other services (Dougherty, 2004; Wulczyn, 2004). The federal Child and Family Services Reviews, however, indicate that these reunification support and services are not consistently provided. Insufficient and/or inadequate post-reunification services were 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 support and services for families after reunification (US DHHS, 2004a).

Study Objective

This study was designed to achieve a clearer understanding of the post-permanency experiences of birth families and families who had adopted children from the New York City foster care system. The views of birth and adoptive parents were sought regarding their post-permanency experiences, including the extent to which needed services and supports were available. The study further sought child welfare professionals' responses to families' perspectives on their post-permanency experiences and needs in order to further enrich the understanding of post-permanency needs for services and supports in New York City.

Method

The study utilized a participatory action design (PAD) involving young adults formerly in foster care, parents who had been reunified with their children, and adoptive parents in crafting the design and implementation of the study, the analysis of data, and the development of recommendations (see Allen-Meares, Hudgins, Engberg & Lessnau, 2005; Coughlan & Collins, 2001). The research was conducted in four phases: collaborative development of the four domains guiding the data collection and analysis; selection of an interview sample and conducting of interviews; identification of patterns and issues within and across respondent groups through content analyses; and verification, corroboration, and sharing of the study's findings.

To develop the study domains, 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. Participants in all exploratory discussion groups provided written informed consent prior to participation. All received a cash stipend. Each group was conducted using an established protocol, and all interview protocols were translated into Spanish. All groups were audiotaped with the participants' written agreement; the content was transcribed; and the key issues raised by parents and adoptive parents were identified. This analysis provided the foundation for the development of interview protocols that were approved by the study's Institutional Review Board.

The interview protocols used a semi-structured format organized around the study's four domains: the meaning of permanency, permanency goals and options, the permanency process, and post-permanency experiences. The protocols incorporated a series of open-ended questions designed to explore the respondent's experiences. With regard to the fourth domain, "Achieving Permanency and Post Permanency," the focus of this article, questions probed the experiences of parents once their children had been returned to them or they had adopted. Birth and adoptive parents were asked about the quality of their lives with their children since reunification or adoption, the extent to which they needed and received services, and the key supports in the families' lives.

Adoptive parents also were asked about the extent of contact with children's birth families and their experiences with openness, if relevant.

In addition to one-on-one interviews with young adults who had exited the New York City foster care system in the past five years (n=30), interviews were conducted with 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 (n=20), and adoptive parents who had adopted or were in the process of adopting a child from the New York City foster care system in the past five years (n=21). This article reports on findings regarding families' post-permanency experiences based on interviews with a subset of 11 parents who had been reunified with their child within the past five years and a subset of 16 adoptive parents who had finalized an adoption of a child from the New York City foster care system in the past five years. Written informed consent was obtained from all respondents. All interviews were audiotaped after receiving respondents' written permission to do so. All interviewees were paid a \$25 stipend for their participation.

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. Although the use of a snowball sampling technique limited the generalizability of the findings, the use of a variety of starting points for drawing the sample helped to ensure that a range of experiences and viewpoints were included in the study. Parents and adoptive parents who met the research criteria were located by enlisting the help of organizations engaged in serving families. Once parents and adoptive parents were identified, they were contacted by phone, briefly told about the study, and invited to participate. All respondents came from the five New York City boroughs and had had contact with many different private child welfare agencies in the City.

The audiotapes of the all interviews, including the interviews with parents and child welfare professionals that are the focus of this article, 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. There was an extremely high level of agreement between the two reviewers. In a small percentage of the reviews, the second reviewer added to the transcript content. In no case did reviewers disagree on interview content. This two-stage process enhanced transcript accuracy and reliability (c.f., Freundlich, 2003).

Data reduction and analysis were completed using N6 qualitative data analysis software. Research staff members each reviewed three to five transcripts from both respondent groups (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 software. As the transcripts were coded, the material was analyzed, and as 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 key themes for each study domain. Using summaries of findings as a guide, the research team developed a list of 11 preliminary cross-cutting themes, one of which is the focus of this article: the essential role of post-permanency services and supports.

The final phase of the research involved both validation of and elaboration on the preliminary themes illuminated by the study. This process involved several steps: a review of the preliminary findings by the study's Advisory Board; 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 themes and assistance in developing the themes into the final research findings; and 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 families post-permanency in the New York City foster care system. The feedback groups with youth adults, birth parents, and adoptive parents, a critical component of the participatory action design, ensured the active involvement of consumers in the data analysis at the preliminary phase of analysis.

The child welfare professionals who were interviewed (which included directors of child welfare agencies and programs, community activists, judges, social workers, law guardians and private attorneys) were identified by research staff and the study's Advisory Board. Thirty-eight professionals contributed to the study, either through taking part in a discussion group (n=20) or through a personal interview (n=18). They were invited to comment on all cross-cutting themes that they found to be relevant, including the theme related to post-permanency services and support. All interviews were tape recorded after obtaining participants' written consent, and the interviews were transcribed using the two-stage review process discussed earlier. Content analysis was conducted using N-6 qualitative data analysis software. The final data analysis included the results of the interviews with young adults, birth parents and adoptive parents and the results of the interviews with the child welfare professionals.

Study Results

The study elicited the views of parents, adoptive parents, and child welfare professionals regarding post-permanency issues.

Interviews with Parents

Eleven birth parents who had reunified with their children were interviewed. Most had more than one child formerly in foster care, with two parents each reporting having four children previously in foster care. Parents indicated that their children entered foster care for a variety of reasons, including parental drug- or alcohol-related problems, parental arrest or incarceration, physical abuse of the children, and child neglect. In some cases, parents reported more than one of these factors. 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, the majority of the children lived with foster families or with relatives, with only three parents reporting that their 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 reported having additional children who had not entered foster care.

In connection with their experiences since their children returned to them, parents were asked, "How have things been for you since your child/ren left care?" No parent appeared ambivalent or regretful regarding his or her child's return. Most parents reported that all was going well. One parent, for example, stated:

"So good. I'm so happy. . . . I just look at her everyday and I still can't believe it." "Well, I feel much better, you know what I'm saying? And I'm happy that my daughter came out of care but now I'm focusing on getting my son out of care."

Some parents, though happy with their lives since their children had returned to them, nonetheless reported a level of stress in their lives, commenting on the challenges and hard work related to reintegrating their children into their lives. For example, one parent commented:

"Well, you want them back home but once you get used to that serenity,...so you get used to cleaning the kitchen and its stays clean. You get used to mopping and there's no juice spilled on the floor...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."

Parents also spoke about the lingering impact of their children's removal from their care and the associated trauma for the family, including, in some cases, fears that the children might be taken from them again and placed into foster care. In this regard, parents, for example, said:

"[Things are] way better, way, way better. But it's still scary because they [the public child welfare agency] got away with it one time. I always worry."

"But when they first came home, it was really scary for me. I wouldn't even raise my voice. My voice was at such a low tone that they would like, Huh, what did you say? Because I was so nervous, like, if I yell, you know, that they're going to come take my children away again. I was really nervous for a long time."

Some parents spoke about their children's trauma due to the removal and time spent in foster care as well as children's fears that parents might again have serious problems. One parent, for example, stated that her daughter was thriving, but that her son was having difficulties:

"Like I said, everybody's individual, some can get over it. My son's like, when he walks his feet is like dragging. He shuffles. He's dragging when he's talking."

Other parents referred to their children's confusion when they returned home, particularly when they were very young when they were placed in foster care. One parent, for example, said:

"In the beginning it was really, really kind of hard. Because I had to deal with my son's attitude, my baby son, he's only 5 now, so he really, he probably knows, but he really can't express it, like my older son could."

Parents also were asked about the services they were receiving and what services they felt they needed. Some parents reported that they and/or their children were receiving counseling and other preventive services, which they viewed positively. Other parents reported that they had received support from their partner and/or their family. Six of the eleven parents, however, stated that they had experienced problems obtaining services, including educational services, counseling, health and health care insurance for their children. One parent, for example, stated:

"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."

Another parent reported difficulties accessing respite care:

"It's funny, I kind of feel again like I'm stuck at ground zero. . . . I mean like one of my biggest things with [the public child welfare agency] 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 made it clear that they did not want aftercare services if they were provided by the public child welfare agency or the private agency to which their cases had been assigned. Parents, for example, said:

"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."

One parent, however, expressed frustration that the agency did not help her with post-reunification services:

"That's another beef that I have with the foster care system. I feel like kind of used. 'Cause it's like after the children came home...I haven't heard from my caseworker in, I don't know how long...does it hurt to pick up the phone just to see how the family that [the caseworker] helped reunited, how are they doing?... [The caseworker could say] 'give me a call and maybe I could connect you with someone.'"

Interviews with Adoptive Parents

Individual interviews were conducted with sixteen adoptive parents who had finalized adoptions within the five-year period prior to the interview. In total, they had finalized 31 adoptions. 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. 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 before the adoption was finalized ranged from 1 year to 10 years. Most of the children who were adopted had siblings. Some of the children's siblings had remained with their 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.

Adoptive parents were asked, "How have things been for you since you adopted your child?" Five adoptive parents were unequivocally positive about their lives with their children since adopting, reporting that life was "*good, good,*" and "*great.*" Other parents reported that although things were going well at the time of the interviews, it had been a difficult transition. For example, one parent said, "*It was really overwhelming with the teenager part . . . but we got over it.*" Two parents expressed some ambivalence about the adoption. One stated, for example, the hope that all would go well but also stated, "*I don't think it will get to the point where I don't want to be bothered with him at all.*"

The adoptive parents generally were quite positive about their child/ren's progress since the adoption. Parents, for example, said, "*I feel good because I've brought them so far,*" and "*. . . I know he had this problem [destructive behaviors] before I adopted him, and I can say it is getting better.*"

In connection with children's contacts with birth families since the adoption, ten parents reported some contact between one of their adopted children and their child's birth family and stated that they were supportive of those contacts. One parent, for example, highlighted the importance of family connections based on her own experiences:

"...Family is family. I came from a foreign land and I know how it is to always want to go back. You go back, you make that connection, but you know you don't want to stay. And I think it will be the same for them."

When asked who had helped them since they adopted, adoptive parents identified a range of supportive people and services, with their families mentioned most frequently as key sources of support. Several adoptive parents described the helpfulness of community supports. Two adoptive parents focused on the support they received from their social workers. One, for example, said, "*I've had my social worker after the adoption, and [the agency] never stopped holding my hand.*" Another adoptive parent said that she primarily relied on "*me, me, and God.*"

With regard to the quality of the post adoption services that they received, several adoptive parents expressed satisfaction. Adoptive parents, for example, said, "*I get good services,*" and "*I would leave everything as it is. Everything works.*" This group of adoptive parents commented on the benefits of medical services, therapy, medication

management for their children, home health aide services, and speech therapy for their children. Some stated that Medicaid was very important to them in covering the cost of services. Some adoptive parents spoke about the value of the Circle of Support program provided by the public child welfare agency in New York City which offers monthly neighborhood-based support and informational meetings for foster and adoptive parents.

Adoptive parents most often identified subsidy arrangements as the issue that presented problems for them. Although some adoptive parents reported satisfaction with the subsidy arrangements for their children, others reported that they did not receive subsidies as expected, saying, *"We're still waiting for [the public child welfare agency] to get it together [regarding our subsidy]"* and *"Even to this day, I still don't get any money for [my child]."* 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 diagnosed with HIV. 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 . . . extra stuff that you have to do."

"I feel that the stipend that he gets, it's not really enough money for him."

Adoptive parents also reported dissatisfaction with the level of other services and support:

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

"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 . . ."

"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 in this group stated that they needed more information about post-adoption services and supports. Adoptive parents also expressed concerns that services were not readily available when their children reached adolescence. One adoptive parent, whose 15-year-old son was living on the streets at the time of the interview, 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."* These adoptive parents also reported a need for help in

accessing appropriate educational services and a need for more counseling and mentoring programs. One adoptive parent was particularly unhappy with the quality of counseling that her children received, stating:

"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 [anything they don't like]. They can say, 'oh, well, your mother shouldn't do this because . . . ' ' How can you tell my child what I can't do?'"

Adoptive parents as a group highlighted several ways that post adoption services could be improved. Frequently mentioned areas were the need to make counseling available for children and families, the need to process subsidy arrangements in a timely way, and the need to process Medicaid coverage in a timely way to ensure that Medicaid coverage for children remains current.

Interviews with Child Welfare Professionals

Thirty-eight professionals were interviewed through individual interviews or in focus groups. They 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 the cross-cutting themes that were identified from the consumer interviews, including the theme related to the essential role of post-permanency services and supports.

Child welfare professionals agreed with consumers that post-permanency services were critical. Child welfare professionals stated that although post-permanency services and supports are essential, they often are not provided. One professional, for example, said:

"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."

Several stated that funding was a major barrier to post permanency services. Two professionals, for example, stated:

"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 professionals expressed concern that services are not specifically designed to meet the needs of families whose children have been in foster care. They commented that the same services are provided to parents with no history with the foster care system and to parents whose children have been in foster care. Professionals stated that parents involved with the foster care system need specialized services to assist them in addressing foster care-related issues, such as disruption and separation. In this regard, one professional 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], not about what do you do with a kid after he comes back from [foster care]. It's not their area of expertise. So often we find they're completely useless."

Child welfare professionals were asked what is being done or what should be done to strengthen post-permanency services. Some focused on the need to use and build on preventive services. One respondent, for example, 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 re-placement. 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 re-defined 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."

Other professionals described specific practices that may strengthen post-permanency outcomes. One, for example, suggested that when children are reunified with their parents, children should be returned over time rather than several children returning to the family at the same time. Another stated that parents and children should receive information on neighborhood-based organizations that provide aftercare services. Some professionals emphasized the need for post-adoption services. One, for example, said:

"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."

Several professionals endorsed specific post-permanency services such as parent mentor programs for parents whose children are returning home and neighborhood-based support programs for adoptive parents.

Discussion and Recommendations

The interviews with parents, adoptive parents, and child welfare professionals yielded a number of common themes. Both parents and adoptive parents reported high levels of satisfaction post-permanency. Parents were delighted that their children were home with them, and most adoptive parents were very happy with their decision to adopt and were positive about their adopted children. Consistent with other findings in the research literature, both groups expressed the need for post-permanency services and supports. As has been found in other studies (Festinger, 1996; Taussig, Clyman, & Landsverk, 2001), parents described the significant transitions involved when their children returned to them from foster care and the lingering trauma that, in some cases, their children experienced. Consistent with the current research literature (Doughtery, 2004; Wulczyn, 2004), many parents reported the stresses they experienced following reunification and problems obtaining needed services. Some parents, however, said that they did not want ongoing involvement with the child welfare agency, a view that seemed to be connected to their experiences with their agencies and, possibly, anxieties that their children could again be removed from them. Although adoptive parents expressed a high level of satisfaction with their agencies pre-adoption, they often reported dissatisfaction in connection with the availability of needed post-adoption services, with subsidy being the issue that elicited the most concern. This finding is consistent with other studies of families' experiences post-adoption (Adams, Howard, & Kelly, 1995; Festinger, 2002).

Child welfare professionals agreed that post-permanency services are essential and expressed concern about funding constraints and other barriers to the development and implementation of these services. This finding is consistent with the results of the federal Child and Family Service Reviews regarding the general inadequacy of post-reunification services in all states (US DHHS, 2004a). The child welfare professionals made several recommendations to address this service deficiency: the use of a 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 and adoptive families; and offering services for longer periods of time.

The findings from this study strongly suggest that the services and supports available to families post-permanency must be strengthened. Consumers and child welfare professionals agreed that post-permanency services for children, youth, and families are critically needed, both concrete services, such as educational and mental health services and respite care, and services to address the long-term impact of foster care on the child and family. The findings also suggest that the current model for preventive services should be examined in light of the needs of parents whose children have been in foster care and adoptive families. This model provides a basis for post-permanency services for birth and adoptive families that could be strengthened by drawing on the guidance of these families in developing and providing such services.

Strengths and Limitations of the Study

This study had both strengths and limitations. The purpose of qualitative research generally is to describe and interpret a phenomenon in the words of individuals experiencing that phenomenon. Strengths of this method include the capacity to explore

topics of sensitivity and depth that are not amenable to the structured and distancing approach of quantitative methods (Padgett, 1998). Given the topic of inquiry, random sampling was not possible and the trust and rapport needed to elicit candor and depth of experience was essential. At the same time, smaller and purposively-selected samples and lack of breadth of qualitative studies, including this study, signal caution in generalizing findings. Although any study conducted in a large urban environment may be deemed exceptional given the size and scope of foster care services, many of the findings will resonate with service providers in other communities.

Another potential limitation of this study arises from social desirability or other biases which may result in respondents' exaggeration, either positively or negatively, of their experiences and opinions. Clearly, the trustworthiness of the data collection and the results are dependent on the skills of the interviewers and on the rigor of the analyses. In this study, strong emphasis was placed on the training and supervision of interviewers as well as on systematic verification and corroboration of findings during data analyses.

Conclusion

There is a critical need to focus more methodically on the quality of families' experiences post-permanency and the services and supports that can strengthen and stabilize post-permanency arrangements. This qualitative study provides a foundation for understanding some of the issues that families may face following the return of their children from foster care and following adoption. Through the perspectives of birth parents and adoptive parents and child welfare professionals, the study offers insight into some of the areas on which child welfare agencies should focus in order to promote successful permanency outcomes.

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