Permanency Roundtable Project

12-Month Outcome Report

June 2011



Executive Summary

More than 11,000 Georgia children were in foster care at the beginning of 2008. In the fall of that year, Georgia's Department of Human Services (DHS), Division of Family and Children Services (DFCS), and Casey Family Programs (Casey) developed a Permanency Roundtable Project to address permanency for children who had been in foster care for long periods of time (most for 24 months or longer). Permanency roundtables (PRTs) included case presentations and structured discussion among agency case managers and supervisors, Casey permanency consultants, and others related to a child's case. As part of the roundtable process, follow-up on youth progress toward permanency was conducted monthly.

The Georgia project involved roundtable discussions on nearly 500 children over a six-week period in January and February 2009 at two locations. The project included primarily children who had been in care for longer periods of time from DeKalb and Fulton Counties (both of which are in the metro Atlanta area), and 45 children who were from other regions in the state. DeKalb and Fulton represent 18% of the state's population. DeKalb is somewhat more densely populated than is Fulton, and its population is somewhat more diverse, with a larger proportion of African Americans (54% vs. 43%) and a slightly higher proportion of Hispanics of any race (11% vs. 9%). The percent living below the federal poverty level is similar (16% and 15%, respectively).²

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The primary goals of the roundtable project were to:

- Achieve legal permanency for children reunification with a birth parent or with the family from which the child was removed, or adoption or guardianship with a relative or non-relative before the youth turned 18 years of age
- Promote staff development through the roundtable consultation process
- Identify and address systemic barriers to expediting permanency

The project includes a process evaluation and a participant evaluation, both reported separately, and an outcome evaluation of the children's status at 12 and 24 months after the roundtables. The process and participant evaluations indicated that, in general, the implementation of the roundtables was well received, served to foster staff development, and had a positive impact on permanency practice. This is the 12-month outcome evaluation report, which focuses on youth outcomes and predictors of those outcomes one year following the roundtables.³ The 24-month evaluation report is expected to be completed by the end of 2011.

RESEARCH METHOD AND DATA ANALYSIS

Prior to the roundtables, background data on the children that included demographics and other child characteristics, family information, child welfare experience, and perceived permanency barriers were collected. During the roundtable, each child's permanency status was assessed, living situation recorded, and roundtable-recommended goals, strategies/action steps, and waiver requests developed. The child's permanency status was rated by the roundtable team on a 6-point scale ranging from *poor* to *permanency achieved*, with each scale point having a specific description of a child's situation in terms of living arrangement, safety plan, permanency resource, and status of any guardianship or adoption issues. At 12 months following the roundtable, caseworkers (master practitioners, supervisors, and case managers) provided information on the child's permanency status and living situation as well as the implementation status of action plans created during the roundtables.

Data analysis included pre/post comparisons of the child's permanency status and living situation as well as analyses of time to permanency, including predictors of permanency. Additionally, permanency data on Georgia children in care the year prior to the roundtables (2008) were contrasted with permanency data for the year during which roundtables were implemented statewide (2009).

DEMOGRAPHICS

Most of the 496 children included in the Permanency Roundtable Project were from Fulton (64%) and DeKalb (27%) Counties; an additional 9% represented each of the state's other 15 regions. These children were 57% male; 92% African American and 7% white; 4% were identified as of Hispanic origin.⁴ Although high, the percent of African American in the project population is similar to that of the Fulton and DeKalb foster care population generally (90% of children under 18 in care January 1, 2009). These figures are higher than figures for the general population of those two counties (52% of children age 0–19 as of July 1, 2008).⁵ At the time of the roundtables, the children ranged in age from 1 to 18 years, with a median age of 13. The median age at entry into foster care was 6 years. Nearly half of the children had no siblings in care (48%); another 21% had one, and 31% had two or more. The median length of stay in care was four years, and the average number of placement moves was five; 76% had been in care for at least two years, with 55% in care for at least four years (most recent entry).



RESULTS

This study examined the impact of permanency roundtables and the impact of specific predictors on achieving legal permanency (adoption, reunification, or guardianship) prior to age 18 among 496 children in foster care, primarily children in two large urban metro Atlanta counties who had been in care for long periods of time. At the 12-month follow-up, 49% had an improved permanency status and 31% had achieved legal permanency. Only one youth (less than 1%) re-entered care after achieving permanency; the statewide re-entry rate for the state fiscal year 2009 was 4.4%.6

An additional analysis of data on more than 9,000 children in care statewide found a significant improvement in permanency achievement for the year in which roundtables were implemented compared to the previous year. Because the roundtables were implemented statewide the month following completion of the initial roundtables project, they may have played a critical role in facilitating legal permanency for children in foster care.

The predictors of legal permanency included demographics and other child characteristics, family information, child welfare experience, perceived permanency barriers, and permanency planning. The process evaluation for this project had identified a number of key perceived barriers to permanency, including child characteristics or child-related concerns, birth parent issues, a lack of permanency resources, and court/legal barriers. Action plans created during the roundtables included strategies designed to overcome many of these barriers.

Consistent with earlier studies, results confirmed that age is a factor in achieving permanency – younger children were more likely than older ones to achieve permanency. Additionally, the impact of specific predictors or permanency strategies on achieving permanency differed by age. Findings highlighted the need to maintain connections for children the entire time they are in care; to ensure children in care receive sufficient, effective, and age-appropriate mental and behavioral health services; and to sustain aggressive casework until permanency is achieved.

Following is a summary of the results.

STATUS AT 12-MONTH FOLLOW-UP

Nearly one in three children (31%) achieved legal permanency by the 12-month follow-up. Of those achieving legal permanency, 27% achieved reunification, 29% were adopted, and 44% achieved legal guardianship with a relative or non-relative. The likelihood of achieving permanency decreased with age, with children age 0–6 most likely to have achieved legal permanency.

Overall, permanency status improved for 49% of the children; for 20%, caseworkers rated their permanency status as the same, and for 19%, their permanency status was rated lower. Nearly 13% had emancipated or had state custody terminated. At follow-up, only one child had re-entered care after having achieved permanency.

During the year following their roundtables, 53 youth turned 18 years of age; four had turned 18 just prior to their roundtables. Thus, 57 youth had emancipated from state custody and were no longer eligible for legal permanency as defined in this study (adoption, guardianship, or reunification prior to age 18). All but four (93%) voluntarily signed themselves back into care so that they could continue to receive support services and education assistance. Of the 57 who emancipated, 63% were working on a high school diploma or GED

and 16% were attending college at the time of the follow-up. Caseworkers reported that 91% emancipated with "a permanent connection with at least one caring adult that both the youth and the adult agree will be lifelong."

Prior to the roundtable and at follow-up, case managers recorded the child's living situation, which was categorized on a 10-point restrictiveness scale ranging from *independent living* to *jail*. At the 12-month follow-up, 43% of the children were in a less restrictive environment, 14% were in a more restrictive environment, and 41% had about the same level of restrictiveness in their living environment based on the 10-point scale.

PREDICTORS OF PERMANENCY

The predictors that were examined for their impact on achieving permanency generally fell into the categories of child characteristics (demographics, special needs/issues), family information (e.g., nature of maltreatment, level of parental involvement), perceived permanency barriers, child welfare experience (e.g., length of stay, number of placements, number of case workers), and permanency planning goals and strategies (e.g., youth engagement, diligent search, caregiver support).

The sections below describe key findings based on a series of analyses presented in the technical report. Because the child's age was a factor in achieving permanency and because there is clinical utility in thinking about youth at different developmental stages, analyses were conducted and findings were presented separately for three age groups: 0–6, 7–12, and 13–18.

Child/Family Characteristics. No significant relationship was found between a history of sexual abuse and achieving legal permanency within 12 months of the roundtable for any of the three age groups. (Physical abuse alone was not related to achieving permanency and therefore was not included in this analysis.) Only a maltreatment history of abandonment (a subcategory of neglect⁷) was significant, and only for the 7–12 age group. Among children age 0–6, achieving legal permanency was **more** likely for those:

- Who entered care at a younger age
- Who had fewer than two siblings
- Whose functioning was not moderately or severely impacted by mental/emotional/behavioral health needs as indicated by the case manager

Of the characteristics mentioned above, only mental/emotional/behavioral health was significant for children in the 7–12 age group. For the oldest children age 13–18, none of the above characteristics were significant; however, gender was – males were more likely than females to achieve legal permanency.

<u>Perceived Permanency Barriers.</u> In preparation for roundtable discussions, case managers identified what they felt were the barriers to permanency for each child. Findings differed by age group:

- For 0-6-year-olds, no permanency barriers were significant.
- For 7–12-year-olds, legal permanency was *more* likely when there were court/legal barriers. While this is counter-intuitive, it suggests that permanency is more likely within 12 months when court/legal processes are already underway (e.g., waiting for hearing) and it suggests that casework can typically address this type of barrier successfully (e.g., filing for TPR or guardianship) within that time period.

• For 13–18-year-olds, legal permanency was *less* likely when a barrier was the lack of a permanency resource.

The results for child characteristics and perceived permanency barriers suggest that the nature of a child's situation (and, perhaps, how well the child welfare agency has worked with the child on conditions that may pose challenges to permanency) affects achieving permanency. Barriers that were a function of the child welfare system (e.g., court/legal barriers) may be overcome sooner than those related to the child's individual characteristics or situation (number of siblings, mental/emotional/behavioral needs).

Permanency Planning. Having a recommended goal of reunification in the child's permanency plan was significantly related to achieving legal permanency for 7–12-year-olds and trended towards significance for 13–18-year-olds. This suggests that reunifications may occur sooner for older children than for the children age 0–6 and implies that the older children may be less vulnerable and that parental capacity to care for the children may have increased. Having a recommended goal of guardianship was also positively associated with achieving legal permanency for 7–12-year-olds.

While it might be expected that permanency plan strategies would be related to achieving permanency, instead permanency plan strategies seemed to be reflective of what must be overcome to achieve legal permanency for a particular age group, suggesting these practices were not addressed or addressed sufficiently earlier in the life of the case. For example, a diligent search strategy indicates the need to overcome the lack of a permanency resource. Findings indicated that legal permanency was *less* likely in the presence of specific strategies in permanency plans:

- 0-6: diligent search
- 0–12: child engagement/preparation for permanency
- 13-18: diligent search and child connections with caring adults

This does not suggest that these are not good strategies, only that children whose plans require these strategies take longer to achieve permanency than those whose plans do not include these strategies and that establishing relationships is more challenging than sustaining them.

Further examination of six specific permanency plan strategies without consideration of age group or other factors showed their relationship to legal permanency was **negative** for all but two strategies: caregiver support and legal actions. In other words, permanency was more likely in the presence of either of these two strategies, which were targets of agency "barrier-busting" and waiver activities and may be more readily and successfully addressed in a 12-month period.

In contrast, strategies related to engaging youth in permanency planning, improving child well-being, diligent search for potential permanency resources, and strengthening connections to siblings or family members may be indicative of issues that may not have been addressed or addressed sufficiently earlier in the case, that may be coming after the child has experienced additional trauma and disruption in foster care, and that may require more time to accomplish; consequently, permanency is more challenging to achieve quickly.

COMPARISON ANALYSIS: 2008-2009

Because of early roundtable successes, DFCS began implementing permanency roundtables statewide in March 2009, completing more than 3,000 roundtables that year. Thus, it was not possible to compare the project's permanency results to permanency results elsewhere in the state for the same time period.

Instead, the state provided status information on all children in care for 2008 (the year prior to roundtable implementation) and 2009 (the year in which permanency roundtables were implemented).

For a comparative analysis, datasets were created that included more than 9,000 children in care on January 1 for each year. The characteristics of the foster care population in terms of gender, age, race/ethnicity, disabilities, and time in care were nearly identical in the two years. None of the children had roundtables in 2008; less than a third of the children had roundtables in 2009. No child-specific data on roundtables were provided because they were not tracked in the state's child welfare data system.⁸

Statewide, event history analysis results showed that the rate of achieving legal permanency in 2009 was significantly higher than the rate in 2008 for all ages combined as well as for each of the three age groups separately. The probability of remaining in care at the end of the year statewide was 52% for 2008, compared to 46% for 2009. Table 1 shows the percent achieving permanency each year by age group.

Table 1: Achieving Legal Permanency for Children Age 0-18 and in Care as of January 1 in 2008 and 2009

	2008		2009	
Age group	Percent achieving permanency	Number of cases	Percent achieving permanency	Number of cases
0–6	56%	4,687	61%*	4,038
7–12	49%	2,748	54%*	2,292
13–18	29%	3,708	34%*	3,143
Total 0-18	45%	11,144	51%*	9,476

*p < .05

These differences were likely due at least in part to the roundtable project, the statewide implementation of roundtables, and the associated statewide emphasis on permanency values and practice. Another contributing factor may have been Georgia legislation signed in May 2008 that granted jurisdiction to juvenile courts to grant a relative or other person with whom a deprived child has a close relationship permanent guardianship of that child. Nonetheless, the 2008-2009 comparison is a conservative estimate of differences in that not all children served in 2009 had a roundtable and instead some were served with existing approaches.

Because the initial roundtables were largely focused on children from DeKalb and Fulton Counties, separate analyses were conducted at the county level. Results showed a significant improvement from 2008 to 2009 for DeKalb County for all ages combined (improvement was not statistically significant for each age group separately), as the percent achieving legal permanency went from 39% to 47% for children in care as of January 1. There were no significant differences between 2008 and 2009 for Fulton County, with the percent achieving legal permanency 39% in both years.

RECOMMENDATIONS AND CONCLUSIONS

The following recommendations are based on the results of this outcome evaluation and the preceding process and participant evaluations referenced earlier.

- Establishing, Strengthening, and Maintaining Connections
 - o Regardless of age, it is essential to ensure that children maintain connections to siblings, family, and other caring adults or develop and maintain such connections from the time they first enter care to the time they leave care; children who lack such connections/resources are less likely to achieve legal permanency and more likely to take longer to do so, particularly once they become teens.
 - o Although caseworkers reported that a large number of youth emancipated care with adult connections, very few connections were with someone other than a family member (typically a sibling) or a paid caregiver or professional (such as a caseworker). Permanency resources are scarce, and more work needs to be done to find viable options in terms of other relatives or non-relatives, especially for older youth. To address this issue, at entry into care and throughout foster care stays, caseworkers must conduct diligent family searches to identify potential permanency resources for children in care, first by interviewing youth and other family members and then through "mining" of case records and Internet searches. A group of strategies, called "family finding," provides a means to locate permanency resources and to comfortably engage them in discussions about involvement in a child's life.¹¹
- Improving Programs and Strategies
 - o Implement structured, in-depth case consultations focused solely on legal permanency, such as the permanency roundtables implemented in Georgia, on all youth in care.
 - Ensure inclusion of or access to staff or consultants with clinical, policy, legal, and cultural expertise—roundtables in other jurisdictions have included cultural experts to ensure issues related to the youth's culture are addressed.
 - Ensure staff are trained in permanency values and that they understand that their role is to address child-related concerns, often the result of experiences in a child's birth home or in foster care, so that these issues do not hinder permanency.
 - o Given the number of youth who were reported to be struggling with mental, emotional, or behavioral issues, interventions such as those listed below¹² should be explored to determine if they are appropriate for the age and type of youth in care to address these issues and expedite permanency:
 - Trauma-focused cognitive behavioral treatment¹³
 - Cognitive behavioral intervention for trauma in schools¹⁴
 - Cognitive-behavioral and psychotropic medications for treating depression in children (The Reach Institute, 2009)
 - Aggression Replacement Training[®] (ART[®]) (Glick, 2006)¹⁵

Important considerations for any intervention are the factors that contributed to the reported struggles; these factors may include child maltreatment, removal from the home, and the instability associated with multiple placement moves.

o Provide training to line staff on how to engage youth in care in discussions and actions related to achieving legal permanency. Include training on working with youth who say "no" to legal permanency to help them understand the long-term benefits of permanency. For example, motivational interviewing is a technique that has the potential to help youth move beyond saying "no" to legal permanency options (Mullins, Suarez, Ondersma, & Page, 2004). 16

• Identifying and Overcoming Systemic Barriers

- o Adopt aggressive strategies to identify and overcome systemic barriers (casework, court/ legal, policy); be creative about seeking solutions, and don't hesitate to seek waivers and exceptions and to modify policies that impede expediting legal permanency. For example, a policy waiver might be sought to increase the level of financial support or allow for continued services to support an adoption or guardianship. Overcoming these kinds of barriers, particularly court/legal barriers, increases the likelihood of achieving legal permanency and reducing time to permanency.
- o Tailor strategies to youth's needs and development. One of the pervasive findings in the 12-month follow-up was the differences observed by age group, with each age group demonstrating their own unique issues. Strategies to achieve legal permanency must take these age (and developmental) differences into account.

Supporting Caseworkers

- O Caseworkers should not be overburdened. Regular review of the number of strategies that are being implemented and who is responsible for implementation must be made. For example, many jurisdictions have so many state and local initiatives underway that caseworkers become overburdened with case responsibilities. "Initiative overload" must be avoided to reduce the number of new refinements being implemented. New initiatives must be integrated so that staff experience a more coherent and streamlined reform process in training, coaching, and practice. One way to minimize the burden during the roundtable process is to determine how many action steps are the responsibility of the case manager and whether some can be managed by supervisors, administrative staff, leadership, or others.
- o Good work must be reinforced and celebrated. The effectiveness of new permanency strategies can be enhanced by reinforcing positive behaviors that lead to permanency for youth and by celebrating and spreading strategies that work.
- o Staff must be evaluated to determine if they are successfully moving youth to permanency within the context of broader agency support and commitment. Agencies need to establish ways to evaluate caseworkers to determine how well they are doing their job. Corrective action (including training and enhanced supervisory support) must be taken to increase staff effectiveness. Some staff may need to be reassigned or dismissed. Avery (1999a) found that caseworker beliefs and attitudes about a child's adoptability translated into reduced recruitment efforts on behalf of the child. In the current study, caseworkers cited a permanency goal of Another Planned Permanent Living Arrangement (APPLA-emancipation or APPLA-long-term foster care) as the reason a youth did not achieve permanency, which

presumed that the youth was going to leave foster care at 18 and there was no need to seek legal permanency for that youth. These types of presumptions must be replaced with the belief that all youth can achieve permanency.

Making the Most of Resources and Funding

- o Resources are scarce. Great care must be taken with available resources to support practices that work (e.g., evidence-based practices) and that have demonstrated success in the state or other jurisdictions.
- o Partners can help.
 - Federal dollars may be available for permanency initiatives.
 - Partnering can provide additional support without adding an undue financial burden. For example, local partners with expertise in mental health may be available. Law firms may contribute pro bono legal assistance and thereby benefit from the media exposure and goodwill that these actions generate.¹⁷
 - Local organizations (e.g., a local university) may be able to help evaluate programs.
 - Knowledge-sharing across jurisdictions can be a powerful way to "pay it forward." Find
 out what lessons or challenges other jurisdictions have encountered that can provide
 lessons learned and be shared.
- o Funding must be supportive of legal permanency. Examine what happens to financial and other types of support if a foster parent becomes a guardian or adoptive parent or the birth family reunifies. Funding and support must not provide an incentive to keep children in foster care.

Communicating Values

- o Leadership must establish and maintain the important and urgent sense of permanency throughout the agency. Leadership must examine what is being reinforced and ensure that permanency is a top priority. Establish the following as policy across the organization:
 - A permanency framework that considers the developmental stage of each youth (not just age)
 - Values that support permanency
 - Permanency interventions, such as the permanency roundtables

Prioritizing Hiring and Training

o In addition to social work training and experience, hiring priorities should be established around those individuals who support permanency values and culture. Further, ongoing training should be provided in new methods (such as diligent search), interventions (such as permanency roundtables), and policies (such as guardianship and adoption) that facilitate permanency.

Increasing Knowledge

 Although permanency is becoming more of a priority within agencies, there are relatively few studies examining what works to help youth achieve permanency. More work needs to be done in this area and should include other factors not included in this study, such

as organizational climate and culture. In Georgia, it is believed that a significant change in leadership driving a change in organizational culture preceded implementation of the roundtables, creating an environment in which the roundtables could be effective.

- o Research needs to examine what happens to youth after they obtain legal permanency. Although there is a widespread belief that youth who obtain legal permanency fare better than those who do not, there is little scientific research to support this cherished notion. It would be important to determine which youth are better off and why.
- o Additional research is needed to determine whether strategies that appear to take longer eventually have a positive impact on achieving legal permanency. In Georgia, for example, a 24-month follow-up is planned for the same roundtable project children to examine achieving permanency and time to permanency over a 24-month period.
- o More research is needed to understand why female youth age 13-18 were less likely than male youth to achieve legal permanency.
- o Larger-scale research is needed to understand the differences in permanency, if any, within each of the age groups analyzed in this study.
- o Additional research on emancipated youth who voluntarily sign back into care is needed to determine how long they stay in care and how their outcomes compare to those of youth who do not sign back into care - there may be educational benefits to the youth and costsavings to the government.¹⁸
- o In this project, there was little racial/ethnic diversity, and the casework staff racial/ethnic make-up mirrored that of the children. Although there was no separate analysis of this factor, previous studies found that African American children were more likely to stay in foster care for longer periods of time and were less likely to achieve legal permanency. Additional research is needed to understand (1) why African American children may be more likely to be taken into custody and/or remain in care, and (2) the role of culture among casework staff, families, and children in care and how that affects achieving legal permanency.

In conclusion, the 12-month outcome analysis components, together with the process and participant evaluation findings, suggest that the permanency roundtable project, including the implementation of the roundtables, the regular follow-up on permanency plan implementation, and the associated statewide focus on permanency planning, contributed, at least in part, to a significant increase in the percentage of children achieving permanency as well as a reduced time to permanency for those children.

Note: Endnotes can be found in the full report at www.casey.org/resources/publications/garoundtable/12month.htm or www.caresolutions.com/content/page.cfm/237



Acknowledgements

support of this evaluation project. Their contributions to helping youth in foster care move

The research team is also grateful to Casey Family Programs for its support of the DFCS-

Special thanks go to Linda Jewell Morgan, Casey Family Programs, Senior Director, roundtables, and to the project evaluation was essential.

The research team would also like to thank the following people who provided assistance at

GEORGIA DFCS

CASEY FAMILY PROGRAMS

Page Walley, Managing Director, Strategic Consulting

Sue Steib, Senior Director, Strategic Consulting

In addition, this evaluation would not have been possible without the support and feedback of the following groups:

- The research and communications teams at Casey Family Programs, especially

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