



PART
Practice And Research Together

Permanency in Out-of-home Child Welfare Care

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What is this **PARTicle** about?

This PARTicle addresses the key factors in achieving permanency for children and youth living in out of home care.

>> Introduction

Achieving permanence for children and youth involved with the child welfare system has been central to child welfare practice and policy in Canada, the UK, and the US since the 1980s.^{54, 58} Indeed, permanency planning, the process of promoting stability and long-term connections for children subject to child welfare intervention, has been identified as a critical issue facing children and youth in out-of-home care.^{30, 46} The realization of permanence, however, remains elusive for many.⁵⁸ Child welfare practitioners have struggled with selecting the most appropriate type of permanent family placement for children.⁴⁴ Importantly, understanding the factors that promote permanency, placement stability, and long term outcome achievement can be critical to the wellbeing of children served by the child welfare system.⁴⁴

Planning for permanency is not a “ready-made” process applicable to all children and families.⁶⁹ Planning involves coordinated efforts by practitioners and service systems and requires time, commitment, and resources. Meanings of permanence (e.g. stability, emotional security, family membership into adulthood) are complex; placements and legal status thought best able to achieve permanence are widely contested,⁵⁴ and there is substantial debate in the literature about appropriate time-frames for permanency planning.⁶³

Existing research indicates that in the US a vast number of children living in out-of-home care experience multiple placements the longer they remain in care. In 2007, 14.8% of children living in out-of-home care less than 12 months experienced more than two placements. However, 39% of children living in out-of-home care longer than 12 months and 68.3% of children living in out-of-home care for 24 months or longer experienced more than two placements.⁶⁵ Decisions about permanency need to be evidence-informed and consider factors that have been found to be associated with permanency. These are high stakes decisions with far-reaching consequences for children, not only in terms of their physical safety, but also in terms of their social and emotional well-being both now and in the future.³⁹

What is Permanence?

The principal aim of permanency and permanency planning is for a child to grow up in a stable and predictable environment where temporary care measures are as brief as possible.³⁸ Within the literature however, permanency is notably described in terms beyond the practicalities of a child’s placement; a focus on relationships, sense of belonging, and identity, are central to many discussions on the topic.^{13, 24, 52}



Three core aspects of permanency have been identified: 1) Physical permanency (i.e. safe, stable living environments); 2) Relational permanency (i.e. stable, unconditional emotional connections); and 3) Legal permanency (i.e. permanence as officially determined by the child welfare system e.g. reunification, legal custody, adoption).⁴⁶ The relational dimension of permanence is very important to children.^{6, 52} A placement that does not meet a child’s social and emotional, as well as physical, needs is unlikely to result in permanence.⁴⁶ A primary goal of many child welfare systems is to achieve legal permanence for children and youth living in out-of-home care. While this may lead to relational and physical permanence, it is important to note that the pursuit of legal permanence at the expense of relational and/or physical permanence may contribute to a state of “impermanence” among children and youth living in out-of-home care.⁵⁸

Why Permanence?

Youth who “age out” of out-of-home care often do not have the developmental maturity needed for successful entry into adult roles—particularly youth with emotional, psychological, educational, and behavioral challenges resulting from early childhood experiences of abuse, neglect, and abandonment.²⁰ Having a network of positive social relationships as youth means that as adults we are likely to have higher self-esteem, be employed, and have a greater sense of well-being.^{29, 56} Stability of placement is associated with positive outcomes in the transition to adulthood for young people leaving out-of-home care.¹⁵

Children need connections to adults who are committed to their welfare. These connections can provide a “buffer” from the risks and vulnerabilities that children who have been maltreated carry, and enable them to use the “social scaffolding” that enduring adult relationships provide.⁴⁰ The challenge of permanency planning therefore is not simply to find a child a placement, but to ensure that children and youth have lifelong connections to people who will continue to offer positive relationships and support.

Factors Associated with Permanency Outcomes

Organizational Factors

Organizational barriers to permanency can impede timely and permanent family placements for children living in out-of-home care.⁴⁴ Studies have shown that organizational communication and responsiveness is a barrier to achieving permanency for children in out-of-home care.⁷³ Wilson and colleagues⁷³ observed that information-seeking phone calls from prospective adoptive parents to child welfare organizations were not handled well a majority of the time. When



making a first phone-call of inquiry applicants wanted to ‘obtain accurate information and also wanted to be treated well.’ If potential adoptive parents encounter difficulties reaching someone, or if their questions are not answered clearly, this serves as a possible indicator of whether these individuals will follow through to adoption.⁴⁴ First impressions are important and central to recruiting potential permanent families for children living in out-of-home care.⁴⁴

Psychosocial functioning has been found to positively relate to the work environment suggesting that factors such as job satisfaction, role clarity, and minimal case overload enables child welfare practitioners to provide quality services to children and families.³¹ This highlights the need for further examination of the relationship between child welfare organizational factors (e.g., climate and culture) and child outcomes.⁵⁹

High staff turnover has also been linked to poor permanency outcomes,⁴⁵ increased time spent in foster care, and, for some, decreased likelihood of achieving reunification.⁵⁰ These organizational factors are important considerations in the context of practitioners’ ability to plan for and ensure permanence for children and youth.

Worker Factors

The attitudes and biases of practitioners may have an impact on permanency planning, especially for older youth.²⁶ Negative stereotypes about adolescents in group homes (e.g., that they may be disruptive), particularly Black male adolescents, can result in a lack of effort to actively find permanency for youth before they leave out-of-home care.²⁶ Further evidence of this was observed by Avery⁵ who noted that caseworker attitudes toward adoptability of older youth can translate into reduced recruitment efforts on behalf of the youth. Evidence also suggests that qualification of child welfare practitioners may play a role in achieving permanency for children and youth living in out-of-home care. In a quantitative study of 62 child welfare case managers, Albers and colleagues⁴ found that practitioners with a degree in social work (Bachelor of Social Work or Master of Social Work) were more likely than those with other degrees¹ to move children through the child welfare system and into a permanent placement within three years.

If we consider permanency in terms of placement stability, the findings of Ryan and colleagues⁵⁰ are of note; results of this study revealed that children who were assigned to a caseworker with a Master’s degree in Social Work spent

¹ The authors did not specify what these other degrees were.



approximately 5.15 months less in foster care than children who had a caseworker without a MSW level degree.⁵⁰

Caseworkers have highlighted the important relationship between a child welfare practitioner, a youth, the family, and the child welfare agency in achieving permanency.⁵⁹ The following have been identified as critical: 1) A systems of care approach when planning for permanency (e.g., considering the wider set of social issues, such as poverty and mental illness, affecting families and the impact they can have on reunification and permanency); 2) The need to protect and support child welfare practitioners, the most which can be done by understanding how and what they think about permanency, how these attitudes are translated into practice, and congruence between knowledge, skills, and awareness of practitioners; and 3) Creating a culture of permanency particularly for older youth living in out-of-home care.⁵⁹

Case Factors

Evidence suggests that the type of permanency outcome being pursued (e.g. reunification, adoption, legal guardianship) may be linked to the time that a child spends in care; families whose formal permanency plan involved reunification have been found to have significantly quicker discharges from care than other families.¹¹

A number of studies suggest placement in kinship care may be related to longer stays in out-of-home care.^{11, 57, 68} Studies comparing children living with kin and non-kin care have found that children in kinship care had fewer placement changes and were more likely to stay in the same foster home if placed with relatives at the initial point of removal from parents.^{10, 70} Kinship care providers are less likely to adopt children in their care; however, they often report being willing to care for the child until they are “of age” and since they are already family to the child, many feel their situation is already similar to adoption.¹²

Regarding contact with birth parents, studies have found that less contact is associated with longer time spent in out-of-home care;⁷¹ although the opposite has also been found.¹¹



Child and Family Factors

There is little consistency across studies of predictors of permanency and time in care in terms of variables included or findings.⁴¹ As is evidenced below, many child and family characteristics are noted as being predictive of permanency however, few of these characteristics are included consistently across studies. Furthermore, a particular characteristic may be positively associated with permanency in one study and negatively in another.

Child Factors

Child factors, such as age, siblings, and behavioral and developmental issues, may act as barriers to achieving permanency for children in out-of-home care.⁴⁴ The major child characteristics linked to length of time in care include age, child related difficulties, race, and reason for entry into care.⁴¹

A child's age has yielded mixed results regarding time spent in out-of-home care. Some researchers have found that the age of the child lengthens the time spent in care^{42, 68, 73} while other studies have found that it did not.^{11, 32} In one study, children less than one year of age were less likely to return home²¹ while another²⁵ showed that a child's age did not significantly affect reunification although infants and younger children were slower to return home than older children. Some studies have found that older children are more likely to stay in foster care for longer periods (more than three years) than younger children.^{4, 47} This may be due to the fact that many permanency plans for older children involve an exit to independent living and not to a family setting.^{26, 28} Additional evidence indicates that infants who enter care before the age of one are particularly likely to experience longer stays in care, compared to all other age groups.⁶⁸ Infants in care have also been linked with low likelihoods for reunification with their families, but they are the most likely to be adopted.⁸

The need to place siblings together is also a barrier to achieving permanency, particularly adoption.^{42, 73} Special-needs children, including children with emotional and behavioral difficulties, also have a more challenging time achieving permanency;^{11, 32, 42, 60, 73} however, behavior problems have also been identified as not being a barrier to permanency.³⁷ Compared to children without mental health problems, children with mental health problems experience more placement settings,⁴⁹ fewer and slower exits to permanency,² and a greater likelihood of long stays in out-of-home care.²

There is limited research examining whether reasons for entering care are associated with longer stays in out-of-home care. One study found that children placed in out-of-home care as a result of physical abuse have the shortest stays



compared to those who experienced neglect or sexual abuse.¹¹ Children who have been sexually abused have also been found to spend more time in out-of-home care³² while children who had been abused and neglected have also been found to be slower to exit out-of-home care.³³

Many studies have found that Black children are over-represented among those who remain in care.^{4, 8, 47} Black children under age 10 appear to be especially vulnerable to remaining in care three years or longer.⁴ In contrast, one study reported that race was not a significant predictor of longer stays in care.⁶⁸

Child sexual orientation may be related to duration in out-of-home care, as child welfare practitioners may be more likely to label youth who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) as “difficult”, this label is often based on a lack of understanding about how to care for these youth.¹⁴ Efforts in addressing the needs of LGBTQ youth have increased, however, permanency is found to be rarely mentioned as a need.³⁵

Family Factors

A number of family-related factors have been found to have an effect on permanency. A study of adolescents in foster care found that a strong relationship between a child and his or her biological mother was predictive of reunification, while not being able to maintain that contact with the biological family may act as a barrier to achieving permanency.³⁷ Child welfare practitioners have cited that the type of child requested by resource family may serve as a barrier to achieving permanency; for example, potential resource parents’ inability to accept certain background characteristics of children in out-of-home care often delay the permanency process.⁴²

Birth parents are less likely to be reunited with their children when they are economically disadvantaged⁶² and when they are one-parent families.⁴¹ Researchers in the US examining economic status found that children from families receiving Aid to Families with Dependent Children payments were significantly less likely to be discharged to families (biological or adopted) and more likely to be in foster care for three years or longer.⁴ Children of parents with alcohol or drug addictions also tend to have longer stays in care.¹¹ Parents struggling with mental illness face challenges to reuniting with their children that may result in non-reunification and prolonged stays in care for their children.⁴⁸ Notably, evidence suggests that when fathers are involved their children have shorter lengths of stay in foster care and they are more likely to be reunited with birth parents or placed with relatives after an out-of-home placement than in non-relative placements.¹⁹



Children of parents with alcohol or drug addictions also tend to have longer stays in care.^{11, 67} Parents struggling with mental illness face challenges to reuniting with their children that may result in non-reunification and prolonged stays in care for their children.⁴⁸

Notably, evidence exists to suggest that when fathers are involved their children have shorter lengths of stay in foster care and they are more likely to be reunited with birth parents or placed with relatives after foster care than in non-relative placements.¹⁹

» Time to Permanency

Maximizing children’s experience of “belonging and family membership” involves reducing the time spent in temporary placements as much as possible so that children can move as quickly as possible to permanent placements. Belonging and family membership also involves ensuring, as far as possible, that placements intended to be permanent (whether in substitute families, families of origin, or elsewhere) prove permanent in fact.⁹ Lengthy waits in temporary care can mean that children are “doubly jeopardized”, creating an additional loss that a child must overcome in order to make a successful attachment to new foster caregiver.⁶⁹ On the other hand, a move to a placement intended to be permanent, without sufficient time for effective matching and preparation, may be counter-productive.⁹

There is much debate in the literature about appropriate time-frames for permanency planning.⁶³ Timely decision-making that is responsive to a child’s development is critical, however, it is vital to child-centred practice that timelines do not drive decision making; the child’s best interest should be paramount.⁶¹ There are different issues at play for infants and adolescents, for example, differences in risk levels, child needs, and quality of relationships between child and parents that, all of which will influence the optimum timing of permanency planning.⁶³ The probabilities for a particular child exiting care via return home, adoption, guardianship, or aging out of care are likely to be different depending on child, family and system characteristics.⁴¹ Depending on the circumstances of a child entering out-of-home care, it may be clear very quickly that his or her prospects for returning home are minimal and alternative permanent arrangements should be made. Equally, an unrealistic time-frame may have the effect of limiting the option of returning home for a child. In the US, Barth⁸ argued that 12-month or two-year goals for achieving permanency are unrealistic and successful reunifications continue to occur at a substantial rate for children living in out-of-home care after two years.



Factors Associated with Permanency for Older Youth

There is a dearth of research examining the meaning of permanence and the consequences of placement instability from the perspectives of youth.^{27, 66} The voice of youth is essential to effective youth permanency work.⁵² Youth have previously identified that relational permanence is the most important type of permanence. For many young people, having a sense of emotional stability is far more important than legal recognition of a relationship. Strategies identified as empowering youth to achieve permanence include providing them with information (talking to them about different permanency options early on) and listening to youth (asking what they want and listening to their needs).⁵² A central aspect of permanency for youth is the extent to which they participate in processes that can lead to reunification, placement with members of their extended families, adoption, or connections with committed adults. Research indicates that youth are generally not involved significantly in making decisions that affect them while they are in out-of-home care nor in planning for themselves post-discharge.¹⁶

Legal permanency options such as reunification and adoption are often more difficult to achieve for older youth due to a host of barriers,⁷ including a lack of services tailored to older youth, difficulty in recruiting adoptive families who can meet older youths' needs,⁴³ inadequate permanency planning, practitioner attitudes toward adoptability of older youth,⁵ and legal and/or court issues.¹⁸ When considering practice strategies to ensure the safety of adolescents, achieving permanency, and supporting the young person's overall well-being, one must be cognizant of the adolescent's unique developmental stage. Youth living in out-of-home care may not have had the opportunity to move through the stages of development as expected and may be delayed in some areas.¹⁷

Foster care alumni have noted they have diverse profiles of relationships with parents and parental figures, suggesting that youth have important relationships with both birth parents and parental figures. Some youth relate exclusively to either birth parents or parental figures, and others have minimal relationships with birth parents and/or parental figures.²³ Importantly, young adults who reported connections with birth parents and parental figures showed relatively high levels of competence and low vulnerability in young adulthood relative to youth who reported little connection with either a birth parent or a parental figure, youth who reported current relationships with parental figures, and youth who reported current connections with birth parents.²³ Youth who reported minimal relationships with birth parents or parental figures were the most vulnerable in early adulthood.²³ This research highlights the importance of having a relationship with a birth parent, even for young adults who have dependable, caring and financially supportive relationships with parental figures. Several



issues seem clear when it comes to youth involved in the child welfare system: 1) youth need connections to adults and peers throughout their lifetime, 2) youth need to be taught skills that will prepare them to live independently, and 3) all youth, but particularly teenagers, must be seen as central actors in their own futures and be incorporated fully into the planning process for their future.¹⁷

Racial and Ethnic Identity

Racial and ethnic identity formation is an important developmental task for children from preschool through to adolescence.⁴⁶ Children need to have experiences that promote a healthy sense of self and collective belonging.³⁴ In Australia, poor emotional well-being and mental health problems in later life among Aboriginal and Torres Strait Islander children has been linked to lack of knowledge or understanding of their Aboriginality as a result of being placed in out-of-home care.²² This study suggests that racial and ethnic identity should be factored into all aspects of permanency planning, necessitating the involvement of family members and relevant community agencies in planning.⁴⁶ However, with scarce literature on this specific element of permanency planning, more research attention to the matter is required, particularly in the diverse Canadian context.

» Stakeholder Understanding of Permanency

It is important to consider permanence as a multidimensional concept.⁵¹ There is some evidence to suggest that different stakeholders (e.g. practitioners, youth, foster parents, birth parents) conceptualize permanence in different ways.²⁷ In a recent study, young adult's (who were formerly living in out-of-home care) ideas of permanence were often independent of their official permanent plans while they were living in out-of-home care; participants primarily emphasised the relational meaning of permanence.⁵¹ Additional research explored perceptions of permanency planning held by child welfare practitioners, carers, and the parents of children living in out-of-home care in Australia. While practitioners tended to focus on placement arrangements, foster caregivers focused on relationships and security, and biological parents were concerned about the quality of care their children received.⁴⁶ A qualitative study in the US explored what permanency planning meant to different stakeholders (young people who had been living in out-of-home care, parents of children living in out-of-home care, adoptive parents, and child welfare professionals) found that the concept of permanency planning and its implications were not clearly understood by each group.²⁷ Findings indicated that despite the presumed clarity regarding the



definition of permanency, individuals most directly affected by permanency efforts (parents, foster caregivers, youth) often do not understand the implications of permanency for themselves or how the principle of permanency applies in child welfare practice.²⁷ Everyone involved in permanency decisions, children and young people, parents, foster caregivers, and child welfare practitioners, have ideas, theories and knowledge that they draw upon in expressing their views. Understanding and valuing these perspectives is critical to the decision-making process.⁴⁶

» A Statistical Note

A range of statistical methods were used in the studies examined in this review with the most commonly used methods being logistic regression, survival analysis, and event-history analysis. Event history analysis was used in three of the studies reported and is a class of regression model that uses "event history" data or "time to event" data,¹ a potentially useful method for exploring events over time for children in out-of-home care. While the above three methods were used in a number of studies, there was no clear pattern of method of statistical analysis used in the literature reviewed. There were also a number of studies that used qualitative methods, which cannot be generalized to wider contexts. The findings of the studies reported must therefore be interpreted together with caution, as permanency is not being measured with the same approach in all studies.

» Conclusions

Decision-making regarding permanence should be individualized, informed by existing research evidence, and culturally appropriate. Children, their parents, and their caregivers all need to be involved in planning. Practitioners must be prepared to undertake extensive observation and assessment in order to serve the best interests of children when making permanency decisions.⁶³ Achieving stability in this group cannot be understood without attention being paid to the dynamic interaction of the characteristics of the children, the range of available placements, the planning systems around permanence, and other legal, resource and practice issues.^{53, 72}

Systems that have to create and manage new family relationships, particularly for vulnerable children, are unlikely to be simple and tidy.³⁶ It is important that systems and social work practice remain flexible, professionally creative, and responsive to individual children's needs.⁵⁵ Measures of agency performance, which themselves have an impact on how child welfare is constructed,⁶⁴ may



need to become more sophisticated in order to capture the complex reality of providing stability and a sense of permanence to children and their families.⁵⁵

This underscores the necessity for practitioners to remember that each child has unique needs and circumstances and, therefore, information gathering and decision making should incorporate these individual needs.⁶³ In making decisions about permanency, information from the existing literature needs to be considered alongside relevant legislation and policy, client preferences and values, the case context, and practitioner knowledge and experience.

While the above outlined research studies provide a strong body of evidence for good practice in permanency planning, inevitably gaps in knowledge remain and the outlined statistical considerations must be borne in mind. As mentioned above, there is debate regarding appropriate time-frames for permanency planning; however, the literature that has been reviewed indicates a number of issues to consider when measuring time to permanency. The role that organizational climate and culture can play in achieving permanency for children (e.g. as a result of staff turnover, job satisfaction) must be considered when measuring permanency, along with the role that worker attitudes, education, and relationships with families may play.

In reporting organizational measures of permanency for children it is also important that due consideration be given to the barriers that may exist to achieving permanency for certain children. For example, case factors such as having reunification as a permanency goal can lead to permanency being achieved at a faster rate while children who are in kin placements may remain in them for longer periods. When measuring time to permanency it may be useful to make these distinctions among groups being measured. In addition, those for whom permanency has been identified as taking longer to achieve (e.g. sibling groups, children with special needs, children with emotional and behavioural difficulties) may need to be given careful consideration in the measurement process, e.g. looking more closely at organizational procedures for securing these children permanent homes and are times to permanency longer for these groups? Are there other factors at play, for example are they placed with kin?

Research indicating varied results as to the role that child's age and reason for coming in to care can play in the pursuit of permanency must also be considered and additional factors related to the child (e.g. are they part of a sibling group?), family (e.g. poverty), and worker (e.g. high caseload) must also be considered.

Additionally, issues such as race, youth sexual orientation, familial economic disadvantage, and parental alcohol/drug misuse and mental health difficulties must be factored into the measurement of permanency at an organizational level.



The literature reviewed here indicates that these factors can play a role in delaying the pursuit of permanency for children and youth and therefore may be central to any measurement of permanency.

While many factors have been identified as potentially playing a role in achieving permanency for children and youth, the contexts in which organizations are operating and the children and families they are working with are diverse and varied; a comparison across organizations must pay due regard to this. Finally, additional factors may come to light in time as playing a role in the pursuit of permanency for children and youth. As new evidence emerges it must be critically reviewed and considered with regard to measuring time to permanency.



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