



# Residential Review and Redesign

## Fact Sheet - Achieving Permanency

### Introduction

As the Project progressed it became clear that achieving permanency for children and youth needed to become the framework or organizing principle around which residential services are provided. Permanency is about maximizing family, community and cultural connectedness and stability. Within the child welfare system, which accounts for 95% of all residential services, placement in residential care is often viewed as a solution to concerns about a child's need for protection (i.e., a goal of ensuring safety) rather than a means to achieving security, stability and lifelong connections (i.e., a goal of ensuring permanence). As we move forward, we are drawing on the work done by the BC Federation of Youth in Care Networks and others that describe three dimensions of permanency: relational permanency, legal permanency and physical permanency.

Planning for permanency starts with a focus on reunification but if this is or may not be possible, then planning needs to be undertaken from the outset to explore other possibilities such as with extended family or friends, through adoption or another permanent family arrangement.

### Community and Stakeholder Consultations – What We Heard....

In the 43 community and stakeholder consultation sessions held throughout BC, we consistently heard concerns about: the significant number of youth who are leaving care at the age of majority without long term connections and without the necessary skills for adulthood; the length of time that children and youth are in residential care before a more permanent family care arrangement is achieved; and the number of disruptions in placements and consequent moves

that children and youth experience. We also heard about the complex needs that children and youth that come into residential care often have and how important it is to address these multiple needs in order to enhance the potential for reunification or another permanent connection and to improve long term outcomes.

Participants in the community consultations felt that we could do much better and brought forward a number of ideas about what shifts will make a difference, including:

**1) Make permanency a priority:** Integrate a "permanency mindset" into assessments, planning processes, clinical supervision, training, etc. Suggestions covered shifts in focus and intent such as making permanency the most important planning goal from the very beginning of a child or youth's time in residential care, to legislative, policy and funding changes that would enhance the array of opportunities to establish permanent family arrangements. Many felt that we needed to work together more effectively and with new approaches so that children and youth spend less time in residential care and are more quickly connected with a "forever" family and community, including their own birth or extended family, friends, or an adoptive family.

In the words of one of the participants, "We need to be asking, where will kids go for holiday dinners, and where will they feel connected as they grow older? We need to be thinking about relationships long term." In the words of a youth participant, "I would love to have an adult that I could call up and just have coffee with, to go through ideas I have, or give me feedback on my resume, or just be concerned





about how I am doing and what I am up to. But I have no parent, no family and no one else that I am connected to. Every youth that grows up in care should have some adult that is there for them.”

**2) Address barriers to permanency:** We also heard about a number of barriers that get in the way of achieving permanency including the lack of inclusive planning processes, lack of resources to locate extended family members and others who may be willing to care for a child or youth, legal and court delays, the difficulty in gaining access to specialized assessment, care and treatment to help stabilize and support a child or youth with complex needs, and the „cycling“ of children and youth in and out of residential care. While noting that there are no simple answers, participants felt that action could be taken in a number of areas to reduce or eliminate these barriers.

**3) Seize opportunities to achieve permanency:** Many opportunities were identified by participants. They spoke about actions that could take place prior to a residential placement even being made, such as working with birth and extended families more intensively and engaging extended family

members in the planning process to try and develop out-of-care options. In the early stages of a child or youth coming into residential care, participants suggested that more could be done to work towards reunification, while also planning for other long term connections should reunification not be achieved in a reasonable period of time. For children and youth who are needing to be in a residential placement for a period of time, we heard that it was important to provide access to specialized care and treatment, minimize disruptions in placements, and continue to work towards a long term permanency plan.

**4) Supporting youth who are approaching the age of majority:** Some youth will “age out” of care under a continuing custody order. While participants said we should never give up on the possibility of achieving a permanent lifelong connection for every child, they also said that we needed to work with the youth in residential care to help prepare them for success in adulthood. Access to lifeskills training, support for secondary and post-secondary education and training (into early adulthood), assistance to secure safe and stable housing, healthy connection with at least one supportive adult, are all important ways to support transitions into adulthood.

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**Participants identified a number of more specific shifts in awareness, training, practice, programs, and service delivery organization that could be made to make permanency a stronger priority and possibility, including:**

- Offer joint training for all MCFD professional staff (i.e., protection social workers, guardianship workers, resource workers, mental health workers, probation officers, etc), community service providers and foster caregivers on diverse ways to achieve permanency.
- Define and operationalize concurrent planning. Be clear about what concurrent planning is, how it can be done, and how to make it work.
- Co-locate MCFD’s guardianship, resources and adoptions staff and create an environment that supports more information sharing and integrated long term planning.
- Establish and enforce time limits by which a permanency plan needs to be in place for a child, and how long the child or youth will be in temporary residential care placements.
- Cover travel costs for children and youth to stay connected or forge new connections with family, including extended family in other jurisdictions.
- Work with family justice system partners to raise awareness about the impact of court delays on children and youth, and change practices that are resulting in the cycling of children and youth in and out of care and delaying permanency and stability for young people.



- Reduce social worker turnover and the number of file transfers between workers to prevent “case drift” where no one has a sustained interest in and knowledge of the child. Address caseload sizes so that workers have more time to address permanency.
- Encourage foster caregivers to stay connected with children and youth after placements have ended, where appropriate. While not the child’s parent, foster caregivers can be key supportive adults long after the foster placement ends.
- Stay open to, and supportive of, adoption throughout a young person’s time in care.
- Work with Aboriginal organizations and communities to identify ways to achieve permanency for Aboriginal children. A number of participants noted cultural concerns about adoption as well as poverty, housing and access to specialized services in rural and remote areas as significant challenges.

## MCFD Draft Permanency Planning Framework 2005

In 2005, “Achieving Out of Care Permanency for Children and Youth in Care: A Permanency Framework for British Columbia” was provided to the Regions as a Draft Discussion Paper (PF).

The PF identifies a number options available to us and include:

**Kinship** - where a relative or a significant person in the child’s life is willing to care for the child/youth.

**Concurrent Planning** - which is a process of working towards reunification with the birth family while at the same time establishing an alternative permanency plan in case reunification is not successful.

**Foster to Adopt** - For a child in continuing custody, and whenever in the best interest of a child, the foster caregivers adopt a child in their care.

**Adoption** - For a child in continuing custody, and whenever in the best interest of the child, adoption is the preferred option as it provides the most

permanent and secure legal family for a child.

**Transfer of Custody** - A transfer of custody under section 54.1 of the CFCSA is another permanency option available for children and youth on a Continuing Custody Order where adoption is determined not to be the best option.

**Custom Adoption** - An open process that has been recognized in BC’s Adoption Act. The ministry supports the desire of First Nations and Aboriginal Communities to ensure Aboriginal children in care are raised with Aboriginal families, keeping them connected with their extended family and community whenever possible.

**Adult Mentorship/Life Long Connections:** The ministry’s social worker, in consultation with youth, their birth family and community, strives to establish and maintain relationships with significant adults to create possible lifelong connections for the youth who are leaving care.

The PF has been used by Regions to promote practices that support achievement of permanency. See the Kelowna story on the next page.





## Kelowna's Permanency Planning Framework & Darren: A BC Success Story

In the fall of 2010, the Central Okanagan Network in the Interior Region, began the implementation of their Permanency Planning Model (PPM).

The PPM promotes practices that recognize permanency as starting at first contact. The model focuses on communication, information transfer and clinical supervision. PPM orientation sessions were delivered to MCFD staff and community members including: Aboriginal agencies, health authority, school district staff, foster parents and a variety of contracted agencies.

The sessions help to engage and inform participants about the importance of permanency and the range of options available to children and youth who come in contact with the ministry.

One of the permanency pathways in the PPM is Concurrent Planning (CP). CP is the process of working toward family reunification while, at the same time, developing an alternative permanency plan for the child. The aim is to speed up the placement of children into permanent families, specifically to prevent foster care drift and delay. An MCFD Concurrent Planning Social Worker told us this success story.....

*"Darren was initially placed in a Safe Baby home for the first five months of his life and then he was transitioned to a Concurrent Planning home in July of 2008. The Concurrent Planning parents, made the commitment to adopt Darren if he did not get returned to his birth parent. A Continuing Custody Order was granted and fortunately for Darren, he was adopted by the Concurrent Planning family prior to his second birthday. Darren is a now joyful two and a half year old boy. He is an active child who is on the move, running and exploring his surroundings. He is a sturdy little fellow who loves playing with other children and being outdoors."*

## Federation of BC Youth In Care Networks Permanency Project

Young people have identified the importance of staying connected to their families, especially their siblings, as one of their top issues. To help address this issue of permanency, the Federation started the Permanency Project with funding from the BC Adoption & Permanency Trust Fund and partnered with First Call: BC Child & Youth Advocacy Coalition. The main purpose was to find out more about permanency, what is already being done to address it, and what needs to be done in order to better support it. The information collected during this project is summarized in *Belonging 4 Ever: Creating Permanency for Youth in and from Care* and its two companion documents: *Maintaining the Sibling Bond* and *Useful Permanency Resources*. Now that FBCYICN has a better understanding of permanency, they will be working with teams of young people to help raise awareness about it. These young people will be supported to attend relevant events where they will be able to share information about what permanency is and how we can improve it for youth in care! See the FBCYICN website <http://fbcyicn.ca/>

## Canadian Jurisdictions Findings

The Ontario government released the Pillars to Permanency Framework in 2006. The expanded permanency planning options include: admissions prevention, kinship out of care, kinship in care, customary care, legal custody, foster care, adoption and youth leaving care. Ontario also defined permanency as every child having emotional certainty, legal certainty, meaningful ties for life, healthy attachment, enduring family relations, resilience and hope, stability, and a sense of belonging.

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*Each year over 550 youth age out of ministry care—many with no permanent family to support them.*

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## Other Jurisdictions – Hand In Hand & Better Outcomes for Children

In 2000, Los Angeles County Department focused on achieving their child welfare outcomes through the theme of collaboration. L.A. County adopted evidence-based innovative programs that worked in concert and acknowledged the role of every player in the child welfare case: parents, caregivers, caseworkers, community partners, and of course children. A suite of collaborative-based reforms produced impressive outcomes associated with effective permanency planning for children. Here are a number of examples of expected outcomes and the results towards achieving permanency.

### *Desired Outcomes & Results*

**Outcome:** Reduced Number of Children in Out- of-home care. Results: The number of children in out-of-home placements was reduced by approximately 68%.

**Outcome:** Reduced lengths of stay in Foster Care. Results: The average stay of children in foster care was reduced by nearly 15 months.

**Outcome:** Increased number of children safely united with their Families. Results: The rate of children reunified within 12 months of removal increased by almost 20%

### *Monitoring Progress*

A key aspect of improving child welfare practice in L.A. County has been monitoring outcomes. Accurate and timely outcome data lets agency managers and supervisors know where changes are needed and where the work is going well.

### *Concurrent Planning*

The simple notion behind concurrent planning is to expedite permanency by preparing simultaneously for reunification and alternative forms of permanency.

### *Permanency Partners Program (P3)*

Working with youth, the primary social worker, and members of the permanency team, the P3 social worker explores options like reunification with parent, adoption, and legal guardianship in order to find older youth permanent homes.

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## Permanency Planning Tables

In Georgia, Permanency Roundtables were created (supported by Casey Foundation) to seek more permanent family and living arrangements for children and youth who had been in care for an extended period of time. Five hundred children-in-care cases were reviewed by teams of five to eight case-workers, supervisors and experts from inside and outside of government. The ground rules for the roundtables were simple: no idea was a bad idea, and every possible idea was put on the table. The fresh perspectives ushered in new possibilities as each roundtable addressed a series of straight forward questions:

*What will it take?*

*What can we try that we've never tried before?*

*What have we tried before that we can try again?*

*How many of these things can we try at the same time?*

*How can we involve the youth in permanency planning?*

The process was intense - 10 roundtables convened simultaneously each day for five consecutive weeks until every case had been scrutinized. Each roundtable drafted precise permanency action plans and firm deadlines for each case. Five months after the completion of the roundtables, 82 (17%) of the children had achieved positive legal permanency (33 reunifications, 13 in custody of a fit and willing relative, 15 adoptions and 21 guardianships).



## Place Matters in Maryland — Family Centered Practice

*Place Matters* is Maryland's data-driven and results –oriented child welfare reform initiative. Its ultimate goal is to find permanent families for foster children – the vast majority of whom have been victims of abuse, neglect and abandonment. Focusing on permanency was a significant shift in their child welfare priorities.

*Place Matters* has four primary principles:

1. Keep a child with his or her family as long as it is safe to do so;
2. When a child must come into foster care, place that child with his/her own relatives whenever possible;
3. Place a child as close to his or her original community as possible; and
4. Minimize the length of stay for children in foster care.

### *Embracing Family Centered Practice*

Under Maryland's newly implemented family-centered practice model, the family is viewed as a partner in deciding what happens and where a child goes when he or she has to be removed from a family.

1. Family involvement meetings;
2. Community partnerships;
3. Recruitment and retention support for foster families;
4. Evaluation; and
5. Enhanced policy and practice development.

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*Casey Foundation: An expanded definition of "family" includes considerations of adults connected to a young person now or in the past such as grandparents, extended families, foster parents, coaches, mentors, interested neighbors, friends from faith-based organizations, cultural leaders, and others.*

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## Academic Research Findings on Achieving Permanency

**Use collaborative, team-based decision making processes.** There is strong evidence that collaborative practice approaches such as Family Group Decision Making (Ruaktis, McCarthy, Krackhardt, & Cahalane, 2010), Team Decision Making (Crea, Wildfire, Usher, 2009) and Family Team Meetings (Pennell, Edwards, & Burford, 2010) can have positive outcomes, especially when utilized at key points in the care process (e.g., immediately following placement and at any point when a placement change is being considered). A team-based approach coupled with meaningful engagement of birth parents,

family members and alternate care providers appears to expedite a successful return home, placement with kin, or adoption as well as prevent placement breakdowns. Implementing such approaches requires an acknowledgement of the time and resources required; the impact of existing organizational cultures and need for strong leadership; and the challenges for case workers who remain responsible for the outcomes of decisions and/or arrangements that come out of group-based collaborative processes.

**Complete comprehensive assessments of children & youth entering care.** The high incidence rate of mental health issues (between 50% and 75%) and trauma associated with out of home placement and placement moves (Osborn,



Delfabbro, & Barber, 2008; Tarren-Sweeney, 2008) firmly supports the use of comprehensive assessments for all children and youth entering care in order to identify potential mental health and developmental issues and to assist in the targeting of specialized treatment or support services (Lyons, Woltman, Martinovich, & Hancock, 2009; Fisher, Chamberlain, & Leve, 2009).

**Target early reunification with specialized programs.** There is evidence that specialized and targeted reunification programs that work aggressively from the time of placement have positive outcomes for expediting a safe and stable return home or to another permanent option (Pine, Spath, Werrbach, Jensen, & Kerman, 2009).

**Enact a broad, youth focused definition of permanency.** An emerging body of literature on youth permanency suggests that permanency in the form of stable and secure connections/relationships with caring adults should always be an objective and that the approach must include the youth's voice (Stott, & Gustavsson, 2010). Focusing solely on legal permanency may result in damaging disruptions to the youth's existing relationships and their physical environment (neighborhood, school, etc.). There is some emerging research suggesting that targeted

specialized interventions can be successful in achieving permanency for older youth in foster care (Avery, 2010).

**Sustain continuity of professionals involved in decision making & planning.** Having a stable, consistent and well trained/educated child protective services workforce (i.e., case workers, resources workers, foster care supports) appears to be associated with more positive outcomes for children and youth in care (Cushing & Greenblatt, 2009) Research suggests that children and youth who have a consistent caseworker and/or Masters level caseworker experience fewer placements and move home or to another permanency option more quickly (Ryan, Garnier, Zyphur, & Zhai, 2006).

**Careful implementation of concurrent planning processes.** While there is research evidence that supports the positive impact of concurrent planning initiatives, recent research from California suggest that mandating and implementing concurrent planning should be undertaken with caution (D'Andrade, 2009). Comprehensive training and careful thought regarding which elements of this approach to use, as well as the timing and context of their use, would likely enhance the potential for positive outcomes.

For further information on the Project and any questions you may have, please refer to the Federation's website: [www.fcssbc.ca](http://www.fcssbc.ca) or contact Jennifer Charlesworth at [Jennifer@fcssbc.ca](mailto:Jennifer@fcssbc.ca)

