



The Urgency of Permanency & Barriers to Success in Foster Care

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Overview of the Problem

On any given day in the United States, there are more than 390,000 children in out-of-home placements, or what is commonly referred to as, “foster care.” This is the temporary support and supervision of children by licensed caregivers to provide safety, stability, and consistency when biological parents or guardians are unable to do so (Florida Department of Children and Families (FL DCF), 2022). Foster care is intended to provide a home-like environment for children in the least traumatizing and restrictive manner possible. It is meant to be a short-term solution to reunify the biological caregivers when possible. The process of ensuring positive, healthy relationships that provide emotional, financial, moral, educational, physical, and spiritual support between an adult and child in an expeditious manner is called permanency (Juvenile Law Center, 2016). Permanency is the legal outcome of a defined parent-child relationship, which may come in the form of reunification, adoption, or permanent guardianship. The universal child welfare goal is to establish permanency as quickly as possible, with the hope of a child being in formalized care for no more than 12 months. While this may seem like a reasonable goal, it is becoming increasingly challenging for agencies and individuals to achieve. The reality is that children in the foster care system wait an average of three to four years to be adopted, and 10% of children will spend over five years in foster care (Kim, 2022).

From the federal perspective, the law specifies that to improve safety, promote adoption and seek permanent homes for children in foster care, states must make concerted efforts to establish permanency should reunification not be a viable option (Sabini, 2017). In the state of Florida, a permanency hearing is required no more than 12 months after the initial date the child was removed from the home (§ 39.621, Fla. Stat.) The reason for urgency is to reduce the amount of trauma that a child experiences and to build protective factors for them and their family. Entering the foster care system is a traumatizing experience in and of itself. Children and youth in foster care are 2.5 times more likely to develop mental health disorders, and five times more likely to be diagnosed with behavioral health issues (Papovich, 2019). A child with foster care history is substantially more likely to face prison time as an adult, and this likelihood increases dramatically for youth who are reunified with a parent who was previously incarcerated (Font et al, 2021). Furthermore, these adverse childhood experiences increase a child’s potential for future developmental, mental health, and attachment challenges throughout their lifetime (Vasileva & Petermann, 2018). A child in care for 12 months or will most likely achieve permanency via reunification with their biological parents (FL DCF, 2022).

The national average of achieving permanency within 12 months is approximately 45% (U.S. Department of Health and Human Services (U.S. DHHS), 2022); Florida falls well below this mark at a meager rate of achieving approximately 30% permanency within 12 months of entering care (FL DCF, 2022). This is an all-time low in the Sunshine State, where 10 years ago, the permanency rate hovered around 51% (FL DCF, 2022) and was above the national average of 50% (U.S. DHHS, 2013). The truth is that in Florida, a child in care between 12 and 23 months is mostly likely to achieve permanency through adoption at a rate of 50%. The



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likelihood of permanency via adoption increases to 75% if a child is in care for more than 24 months (FL DCF, 2022). The national average time spent in foster care during the 2021 fiscal year was 21.7 months (U.S. DHHS, 2022). What can be inferred from these statistics is that the longer a child is in care, the less likely they are to return home to their biological parents.

Barriers to Permanency

What is keeping children from returning home in a timely fashion? From the simple and easy scapegoat of bureaucracy to the ever-plentiful fiscal limitations – the barriers to permanency are multi-faceted and abundant. Some more problematic barriers are based on antiquated methodologies, while others are rooted in unintended bias and inequity.

Financial Duress

While the Family First Preservation Act of 2018 created opportunities for prevention care for vulnerable families, the Child Support Enforcement Amendments of 1984 still hold precedent in that States may levy fees upon biological parents to cover the expense of foster care services while a child is in care. Intended to recoup costs for this welfare program, the government raised little money upon implementation and, in some cases, lost money. These child support fees are charged to families already among the poorest, many of whom are in care due to economic deficiencies. Families receive bills that increase their debt, which lengthens the time children are in care, making it much more difficult to achieve permanency (Shapiro, Wiltz, & Piper, 2021).

Complicated and Unfair Court Systems

From variances in layout (virtual vs. in-person), incarceration challenges, continuances, ineffectual representation, and unintended bias exist innumerable barriers to the adjudication process for parents. There are no juries in family court, just a judge. While judges are appointed to be impartial arbiters over the law – biases in judgment styles, criticisms, penalties, and mercies are far-reaching and diverse. As Stephens et al (2021) indicate, “Trauma, race, and class are salient factors in Family Court proceedings. The interaction of these three factors holds the potential to multiply the often negative and anti-therapeutic effects of the adversarial court system.” The findings of this research show that due to biases and lack of effective support for families, there is an inherent deviation from the goal of family court – to rehabilitate and support families (DiFiore, 2019).

Inability to Access Behavioral Health Services

Waiting lists for services (therapy, counseling, in-home care, etc.) may be up to a 12-month wait in some parts of the country due to a lack of providers who accept Medicaid or offer low-cost services. An additional subset to this issue attributes a lack of providers to the long wait lists incurred for training in evidence based Title VI-E therapies. As such, licensed counselors cannot provide high-quality services that would be reimbursable



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by federal dollars due to long waiting lists and high costs involved with certification (Amaya-Jackson et al, 2018). The services that will help stabilize placements and or help meet case plan goals for bio-families are unavailable due to the high demand and low supply (Shapiro, Wiltz, & Piper, 2021).

Inequity and Inherent Biases

Overt and covert incidents of racism and class bias within the child welfare system are unfortunately all too common. Due to inadequate representation for people of color within the courtroom and a lack of cultural understanding and awareness by predominately male, Caucasian judges, there are disproportionate rulings and unequal responses to families of diverse backgrounds (Stephens et al, 2021). The facts remain that children who are placed in kinship care, spend longer time in care, experience a higher number of placements, are African American, have any kind of health challenge (physical, mental, or behavioral), are from a single-parent family, and or experience congregant care are less likely to be reunified with their parents (U.S. DHHS, 2017).

Meeting the Needs

It is not an insurmountable task despite many difficulties in achieving permanency and providing children and families with economic, emotional, and equitable stability. By proposing and supporting better legislation, augmenting access to concrete supports, public agencies and community partners working together with families, removing communication barriers and increasing educational opportunities, states can begin to minimize the traumatic experience of separating children and families and work towards healthier, happier, and successful parenting outcomes. An article from Research on Social Work Practice indicates, "...innovation and investments in supporting birth families before placements and in improving the experiences of children, birth families, and families who provide care when children cannot safely remain at home [must occur]." This includes updating to new care methods, using technology to develop innovative approaches, and providing baseline data for continuous quality improvement (Barth et al, 2022).

Studies show that enhancing behavioral and mental health service opportunities for children in care increases secure attachments to foster and bio parents, improves placement success, and reduce disruptions in permanency (Blaisdell, Imhof, & Fisher, 2019). Likewise, knowing that family connectedness is a key factor to achieving permanency, using the local church and community-based agencies to equip families with tangible goods and resources (such as diapers, bedding, clothing, etc.) may promote future stability and case closures (Hassall et al, 2021). Authentic, equitable family engagement and integrating the voice of children, youth, and families into the case planning and court processes will only enhance reunification and permanency experiences (Contreras, 2022). By seeking reform in these areas and working collaboratively from a public and private perspective, folks can effectively help diminish barriers, resulting in more timely permanency performance for foster care in America.

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