

Permanency for Children in DCYF Care

DEFINITION

Permanency for children in DCYF care is the percentage of children in out-of-home care who transition to a permanent living arrangement through reunification, adoption, or guardianship. Data are for all children who were in out-of-home placement with the Rhode Island Department of Children, Youth and Families (DCYF) during the Federal Fiscal Year.

SIGNIFICANCE

The uncertainty of multiple, prolonged, or unstable out-of-home placements can negatively affect children's emotional well-being, which has an impact on behavior, academic achievement, and the formation of secure relationships.^{1,2} Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, minority children, sibling groups, and children with mental, emotional, or behavioral health needs.^{3,4,5} Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, stable, and lifelong connections with caring adults.^{6,7,8}

Reunification with parents is the most common permanency outcome for children who have been in foster care.⁹ When reunification is not possible, child

welfare agencies focus on placing children in another permanent family through adoption or guardianship.¹⁰ Federal law requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance payments, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families considering adopting a child in foster care about the availability of the federal adoption tax credit.^{11,12}

Children and youth who live in families (kinship or non-kinship) while in the child welfare system are better prepared to thrive in permanent homes, whether through reunification, adoption, or guardianship.¹³

Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, homelessness, unemployment, and poor physical and mental health. They are more likely to enter the criminal justice system, become young parents, and enroll in public assistance programs.¹⁴

The federal *Fostering Connections Act of 2008* and *Strengthening Families Act of 2014* provide a wide range of incentives and strategies for states to support children and youth while in foster care as well as permanency.¹⁵

Exits from Foster Care*, Rhode Island, FFY 2016

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	23%	22%	2%
Guardianship	11%	7%	6%
Reunification	48%	42%	49%
Aged Out	12%	NA**	29%
Other	6%	29%	15%
TOTAL NUMBER	1,220	381	430

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2016*. (2017). New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth and Families. Percentages may not sum to 100% due to rounding.

*Foster Care refers to all out-of-home placements, consistent with language used in federal reports.

**Children with a disability who age out are included in the "other" category.

◆ **In Federal Fiscal Year (FFY) 2016, 1,220 children in out-of-home placement in Rhode Island exited foster care. Of the children who exited, 82% exited to permanency (adoption, guardianship, or reunification). Children who were over age 12 when they entered foster care were more likely to age out of care without achieving permanency.¹⁶**

◆ **In FFY 2016, 13.2% of children in Rhode Island who entered out-of-home placement re-entered care within 12 months of a prior episode, above the national standard of 8.6%.¹⁷**

Reunification, FFY 2016

◆ **The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 12 months from the time of removal from the home decreased from 68% in FFY 2015 to 65.9% in FFY 2016. The national standard is 76.2% of reunifications occurring within 12 months of the child's removal.¹⁸**

◆ **In 2016, 56% of child maltreatment cases in Rhode Island involved neglect.¹⁹ Poverty, parental substance abuse, and mental health problems are leading contributors to neglect. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, as well as interventions designed to improve the economic status of families.²⁰**

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Subsidized Guardianship, FFY 2016

◆ The federal *Fostering Connections Act* provides funding for states offering kinship guardianship assistance payments. Rhode Island's guardianship assistance program defines kin broadly as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.²¹ Rates of children exiting foster care to guardianship in Rhode Island increased from 10.8% in FFY 2015 to 11.3% in FFY 2016.²²

Adoptions of Children in DCYF Care, 2016

◆ During Calendar Year 2016, 265 children in the care of DCYF were adopted in Rhode Island, up from 231 in 2015. Of these children, 58% were White, 28% were multiracial, 10% were Black, <1% were American Indian, 2% were Asian and 2% were of unknown race. Thirty-one percent of children adopted in 2016 were Hispanic (belonging to any race category).²³

◆ Of the 265 children adopted, 61% were under age six, 33% were ages six to 13, and 6% were age 14 or older.²⁴

Rhode Island Children Waiting to be Adopted, September 30, 2016

◆ On September 30, 2016, there were 275 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these, 2% of children were under age one, 43% were ages one to five, 26% were ages six to 10, 21% were ages 11 to 15, and 9% were ages 16 and older.²⁵

◆ Of all waiting children, 40% were White, 27% were Hispanic, 16% were Black, 16% were Two or more races, <1% were Asian, <1% were Native American, and 1% were of unknown race/ethnicity.²⁶

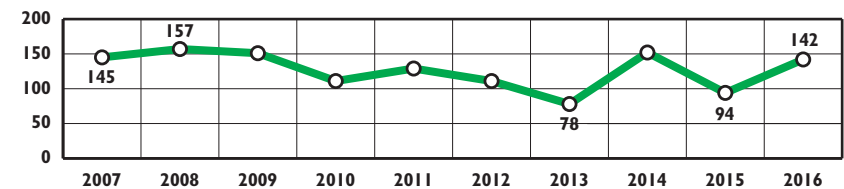
◆ Of the 275 children waiting to be adopted, 32% (88) were children of parents whose parental rights had been legally terminated.²⁷

◆ In FFY 2016, 40% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, up from 39% in FFY 2015. Rhode Island exceeded the national standard of 32% of adoptions occurring within 24 months of the child's removal in FFY 2016.²⁸

Youth Aging Out of Foster Care

◆ Youth who exit foster care to adulthood never having gained permanency through adoption, guardianship, or reunification are considered to have "aged out" of foster care. As of July 1, 2007, youth in Rhode Island age out of the foster care system at age 18, a change from age 21 in previous years. Youth with serious emotional disturbances, autism, or a functional developmental disability continue to have their cases managed by DCYF and remain legally entitled to services through age 21.²⁹

Rhode Island Youth Aging Out of Foster Care, FFY 2007-2016



Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual reports for FY 2007-2016*. New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth and Families.

◆ The number of Rhode Island youth who exited foster care never having gained permanency through reunification, adoption, or guardianship increased from 94 during FFY 2015 to 142 during FFY 2016.³⁰

◆ Beginning January 1, 2014, the federal *Affordable Care Act (ACA)* allows youth who have aged out of foster care to have Medicaid coverage until age 26, regardless of their income. This provides former foster youth the same access to health coverage as other young adults, who are allowed to remain on their parents' commercial health coverage until age 26.³¹

◆ If states extend foster care to age 21, an option that the federal *Fostering Connections Act* encourages, the potential benefits in terms of increased educational attainment, reduced reliance on public assistance, and increased earnings will more than offset the costs to states.³²

References

¹ Wedeles, J. (n.d.). *Placement stability in child welfare*. Retrieved March 9, 2017, from www.oacas.org

²³ Walsh, W. A. & Mattingly, M. J. (2011). *Long-term foster care – Different needs, different outcomes*. Durham, NH: The Carsey Institute.

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