association of
CHILDREN'S
RESIDENTIAL CENTERS

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Redefining Residential:
Strategic Interventions to Advance Youth Permanency
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This is the 13th in a series of papers by the Association of Children's Residential Centers (ACRC) addressing critical issues facing the field of residential treatment. ACRC is the longest standing association focused exclusively on the needs of children and youth who need residential intervention, and their families. The purpose of the papers is to stimulate dialogue and self-examination among organizations, stakeholders, and the field.

This paper focuses on the overarching goal for all children in out-of-home care to achieve safety, permanence, and well-being, and the role of those providing quality residential interventions in accomplishing this mission. While it particularly focuses on children and youth in the child welfare system, it is applicable to all young people and families. With residential interventions a necessary therapeutic option in community systems of care (Blau, Caldwell, Lieberman, 2014), it is important that residential providers embrace their critical role in helping children and families move toward permanency and achieve successful outcomes.

Charlie
Charlie entered child welfare custody at age 13. His grandfather was his legal guardian and could not manage his behaviors. His mother was deceased and his father was serving a life sentence. After two foster care placements and multiple juvenile charges, Charlie was placed in a group home on "house arrest". The permanency goal was reunification with his grandfather but if that couldn't happen, it would change to Another Planned Permanent Living Arrangement (APPLA) when he was 16. If he broke probation again, he would be sent to a locked facility.

Jasmine
In child welfare custody since age 10 and moved to a different foster home every year, Jasmine landed in a group home at age 17. Feeling hopeless and struggling with depression, cutting behaviors, poor hygiene and self-care, Jasmine often refused to get out of bed and was routinely truant. Her mother and father battled mental illness, addictions and chronic homelessness. She was restricted from visiting with her brother who "smoked pot and was a troublemaker". The group home was told "she has no one"- they were asked to prepare her to live independently.

The stories of Charlie and Jasmine are hauntingly similar to those of countless youth in the child welfare system – placed out-of-home in a residential setting, needing therapeutic intervention and with no realistic or timely plan to safely return to family and community. This paper suggests residential intervention as an optimal opportunity for some youth to address permanency concurrently with safety and well-being. It posits that residential providers are uniquely positioned to advance permanency outcomes by developing an intervention model that embraces core components of permanency best practice and collaborating with child welfare partners.

THE PROBLEM
It's commonly accepted that the State was never meant to be a parent but rather to provide a temporary safety net while parenting was *restored* within a family of origin or *recreated* by relatives or within another

family system. However, the best child welfare system intentions have resulted in unintended outcomes and consequences.

The most recent federal data indicates approximately 28,000 youth exiting the foster care system without being reunified with parents, placed with relatives, adopted or achieving legal guardianship (Children's Bureau: The Adoption and Foster Care Analysis and Reporting Systems, July 2014). Youth who exit the foster care system this way "experience very poor outcomes at a much higher rate than the general population": (Courtney, 2009)

- Only 58% graduate high school by age 19
- Fewer than 3% have a college degree by age 25
- Only half will be employed by age 24
- Close to 40% will experience homelessness by age 24
- One in four will have contact with the juvenile justice system within two years
- 71% of young women will be pregnant and 62% will have been pregnant more than once by age 21

Federal data also indicate that there were 8,826 youth under age 16 placed in group homes, institutional care or supervised independent living whose parents' rights had been terminated and who were waiting for adoptive homes. (Children's Bureau: The Adoption and Foster Care Analysis and Reporting Systems, July 2014)

RECOGNIZING PERMANENCY AS ESSENTIAL TO SAFETY AND WELL-BEING

Research indicates that addressing the problem requires approaches that integrate permanency with safety to help the child establish and experience well-being and improved outcomes.

The Child Welfare Information Gateway defines permanency as "a legally permanent, nurturing family for every child" and planning for permanency as "decisive, time-limited, goal-oriented activities to maintain children within their families of origin or place them with other permanent families". It further states, "the concept of permanency is based on certain values, including the primacy of family, significance of biological families and the importance of parent-child attachment. Research has shown us that children grow up best in nurturing, stable families. These families:

- Offer commitment and continuity – they survive life's challenges intact.
- Have legal status – parents have the legal right and responsibility to protect their children's interests and welfare.
- Have members that share a common future – their fates are intertwined." (Achieving and Maintaining Permanency, 2014)

This and other similar research reflects the importance of safe, stable relationships (i.e. permanency) and the increased recognition of the "critical role of toxic stress, adverse life events and trauma" in their absence. It has generated renewed focus on the importance of well-being in improving child welfare outcomes (Samuels & Anderson, 2014), and on the compelling evidence that permanency is foundational to safety and well-being. The inextricable connection between the "three foundation pillars" of safety, permanency and well-being has prompted attention within child welfare to rebalance the focus of its efforts (Chang, 2014). Safety, permanency and well-being cannot be compartmentalized but must be strategically integrated to achieve the central and organizing task of child welfare - restoring or recreating safe, stable and nurturing parent and family relationships that endure.

ELEVATING PERMANENCY PRACTICE IN RESIDENTIAL

Residential interventions have traditionally focused on maintaining safety, stabilizing youth behavior, implementing evidence-based mental health treatments, and transitioning older youth to successful young adulthood. There has been a tendency in the field to pursue these objectives, particularly the development of independent living skills, without ongoing considerations of permanency. With family-centered practice being a nationally-recognized hallmark of child welfare services (Family-Centered Practice, 2014) and family-driven care an elevated priority in delivering mental health services in general (Working Definition of Family-Driven Care, 2008; Redefining Residential: Becoming Family-Driven, 2009) and residential

interventions in particular (Blau, et.al. 2014) – advancing permanency work is an obvious role for residential providers.

Permanency practice implemented within a residential setting puts "family" back in family-driven care. When interventions are truly family-driven, they are driven both *by* family and *toward* family. Challenges to this work arise when: parents or family members are not protective factors in the youth's life and cannot offer a safe, stable or nurturing relationship; there are no parents or family members able, available or willing to be involved in treatment and decision-making; youth don't want *their* family or sometimes *any* family involved; and caring, well-trained professionals are determined to prepare a young person to live on their own without family, believing that discharge to family is not reasonable or responsible.

In addressing these challenges, the role and responsibility of residential providers is to develop a vision and the knowledge and skills necessary to search for, engage, recruit, and prepare safe, nurturing and enduring parent and family relationships for youth. Doing so requires: remembering that families "can come in different sizes" and that eventual independent living ability skills emerge from a baseline of permanency; fostering ongoing connection with community as an important aspect of permanency; and developing close partnerships with child welfare and other systems as a critical cross-system partner for permanency practice.

INTERVENING WITH A PERMANENCY FOCUS

When addressing youth permanency during a residential intervention, it is critical to effectively:

- Assure that the residential *intervention* is family-driven and prioritizes discharge to family
- Advance an *outcome* that is least restrictive, most normalized and family-based
- Achieve the child welfare *mandates* for timely permanency and reduced lengths of stay

The residential interventions with Charlie and Jasmine attended to safety, permanency and well-being in customized ways given their individual needs and differing family situations:

Charlie

Group home staff asked Charlie who he loved, who loved him, who was "family" to him and who he would want to live with if he couldn't return to his grandfather. He said "I love my grandfather, but it'll never work. I really want my old foster mom to adopt me. But if not, I'll take anyone who will love me back." Staff left messages on his foster mom's phone for several months before she called back. The lapse in time was discouraging – but it turned out his former foster mother had experienced some medical issues and wanted to have a clean bill of health before reconnecting with Charlie or making promises she couldn't keep.

She joined Charlie's treatment team to learn more about his many needs, the terms of his probation and how to support him in his primary attachment to his grandfather and in grieving his father's death. Staff worked on a lifebook with Charlie – assembling family photos and processing both the positive and the painful memories. They took him and his grandfather and foster mom to visit his father's grave together. About two months into the work, his foster mom asked staff to "help find a way to get Charlie home to me." His grandfather gave his blessing. Fifteen months after arriving at the group home, Charlie had completed his probation with no further juvenile justice involvement and was living with his foster mother again with plans to be adopted. His grandfather celebrated Charlie's 16th birthday with them.

Jasmine

Staff talked with Jasmine about the benefits of belonging to a family and having the commitment and support of a parent-figure for life. She deflected the conversation saying "that's impossible at my age". But her face lit up when she talked about her brother. Staff reached out to him and found out that he was 11 years older than her and willing to get a criminal record check so visits could be approved. Staff advocated with the state to expedite the process. Her brother remembered an out-of-state aunt who had cared for Jasmine as a child. Again, staff reached out. The aunt was stunned to get the call – she was told Jasmine had been adopted years ago.

Treatment focused on Jasmine's depression through trauma-focused therapy, medication, grief and loss work, supporting increased school attendance, visiting regularly with her brother and aunt, and defining a

realistic goal for her future that included permanent family relationships. Her aunt and older brother began participating in her treatment team by phone and also reconnected her with another uncle. Staff transported her to visit her brother and aunt – debriefing together after each visit. Jasmine began to shower, wear clean clothes and get out of bed without prompting. Her aunt and brother helped her move into a "supported apartment". She is applying to college in the town where her uncle lives and thinking of moving in with him.

For residential interventions to effectively blend safety, permanency and well-being, there must be a well-defined and implemented intervention model that includes common core components. As identified by the National Center for Child Welfare Excellence (Youth Permanency Toolkit, 2014) the core components of evidence-informed and promising youth permanency practice are addressed below and fully consistent with family-centered practice (Family-Centered Practice, 2014), Building Bridges Initiative Joint Resolution Principles (Joint Resolution, 2006) and the core components of successful residential interventions (Blau, Caldwell, & Lieberman, 2014).

Engage youth as leaders in team planning and decision-making.
I like guiding. I may not have the best knowledge, but it is my life. I will be an independent adult. The decisions being made affect me for a lifetime."- Samanthya Amann, age 20 (Authentic Youth Engagement: Youth-Adult Partnerships)

Residential interventions should reinforce the universal need for safe, stable and nurturing parent and family relationships as both a right and an expectable outcome for each youth in the child welfare system, no matter what their age or individual situation. Youth-guided teaming and individual permanency work with each youth includes asking them what they want, need, wish for and worry about in terms of family and who is important to have on their team to plan for it. Each youth must be a central player and "at the table" with parents, family members and professionals to guide permanency planning and make permanency decisions. (Engaging Youth in Permanency Planning, 2013)

Search out and engage parents, relatives, youth's attachment figures and other supportive adults and involve them in planning and decision-making.
"It was really important for my voice to be heard. When I look back, one of the things I'm most grateful for is my foster mom said 'you're stuck with me' and my social worker said 'you're not going anywhere' when I pushed to get out of there. Leaving was what I did when things got rough; it took a long time to trust. If I hadn't been told I was staying I wouldn't have had the chance to learn how to trust again." - Chester, age 19 (Connecticut Department of Children and Families, Youth-Parent Panel, 2014)

At the time of the youth's referral to residential treatment, parents and family may have been excluded, disconnected or disenfranchised from the decision-making process or absent from the youth's life. Using a broad definition of family, the work includes identifying and locating them as well as meaningfully engaging them and involving them in treatment plans and decisions as well as renewed connections and healthy relationships with the youth. Regardless of whether they can offer placement, they play a key role in sharing family history, clarifying information, helping youth to resolve past hurts, identifying other relatives, participating as a team member, preventing loneliness, and enriching the youth's network of caring and supportive adults.

Explore the full range of permanency options and outcomes.
"How is it that they can take you away from your family, cut off your right to see them and then let you grow up and go out with no one? In what world does that make sense?" - June, foster care alumna (Howard, Jeanne; Berzin, Stephanie, 2011)

Just as in Charlie's and Jasmine's situations, the permanency plan identified at intake may not be realistic or viable or there may be no one identified as a potential parent. The task of the treatment team – guided by the youth's voice and participation – is to ask "who will it be?" and "what will it take?" to advance progress toward permanent and safe family relationships. Permanency might best be achieved through reunification with a parent or guardian, placement with a relative, adoption, or legal guardianship by a relative or non-relative. Targeted recruitment may be needed if no potential permanent parent is available. Or in the case

of young adults, living independently in the community with safe, nurturing and permanent family relationships may be most developmentally appropriate. In all cases, close community partnerships will help identify a fuller range of possibilities.

Prepare youth, parents and family members to develop and sustain healthy and lifelong relationships.

If you don't have anybody that believes in you, how do you believe in yourself? That's one of the biggest things that foster youth deal with. Nobody cares if they succeed, so they think, 'Well, why do I care if I succeed?' which is sad." —Mike Peno, age 22 (Executive Summary: The Adolescent Brain - New Research and Implications for Young People Transitioning from Foster Care, 2011)

Preparation for permanency is consistent with trauma-informed care and critical for successful and lasting family relationships. It is a clinical process that takes a strengths-based approach to helping youth and families learn about "what happened" rather than "what's wrong" (LeBel & Kelly, 2014) – helping them gain a sense of personal control and efficacy, repair broken attachments, build new ones and reclaim trust in family relationships. Therapeutic work with youth helps them clarify placement history and life events, integrate multiple family relationships and develop a sense of belonging. It includes developmentally-appropriate clinical support for grieving losses, addressing family loyalty conflicts, and practicing relational skills. For parents and family members, permanency preparation supports them as primary partners in healing and well-being. It helps them learn as much as possible about the youth's needs, empathize with the youth's past trauma and coping strategies, practice effective parenting, demonstrate claiming, and discover supports to sustain an unconditional, lifelong commitment.

CONCLUSION

How might the trajectories of Charlie and Jasmine been different if they had been referred to exemplary residential programs with qualified and caring staff implementing evidence-informed interventions but lacking a permanency focus?

- *Charlie may have continued to visit with his grandfather but without progress toward reunification, his goal would likely have become APPLA at 16. Without intensive efforts to identify another permanent parent, he may have aged-out of the system at elevated risk for poor adult outcomes. And without hope for his future or the love and daily guidance of a parent, he may have slipped back into crime and the correctional system.*
- *Jasmine would have moved into her apartment lonely and isolated, without the protective factor of loving, supportive and involved family. Her depression may have intensified – preventing her from resuming school attendance or mobilizing plans for college and setting her up for deeper despair and possibly, more psychiatric hospitalizations. Without the safety net of family, her risk of homelessness would be significantly elevated.*

Charlie, Jasmine and all the youth they represent deserve only our best. Permanency is at the very heart of safety and well-being and therefore, at the very core of responsive and responsible residential interventions. It is critical to redefine the residential role to target permanency and realign collaborative partnerships with youth, parents, families, communities and cross-system professionals. We must promote residential interventions that are trauma-informed, youth-guided, and family-driven and that advance family permanency outcomes.

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