



DUAL LICENSURE

of foster and adoptive families
evolving best practices

Developed for Casey Family Programs National Center for Resource Family Support
by
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EXECUTIVE SUMMARY

Historical child welfare practice did not allow foster parents to adopt, or it strongly discouraged them from doing so through written and unwritten rules. Reasons included:

- Fear of losing their valuable cadre of foster families.
- Fear that foster families hoping to adopt would undermine attempts to attain the primary goal of family reunification.
- Historical licensure processes that were based on foster families' ability to provide temporary care, not a lifetime commitment.
- Decisions to place a child in a particular foster home frequently were based on available space and not because a foster family was determined to be the best possible match for a particular child.

Children freed for adoption who were doing well living with a foster family would have been moved to another family without allowing the foster parents any input into selecting the adoptive family or allowing them continued contact with the child. This exacerbated the child's experiences with loss, lack of continuity and permanent relationships.

Today child welfare practice reflects a very different picture. The increasing reality is that foster parents, and not newly recruited adoptive parents, have come to serve as the most consistent and viable option for permanence for children in care. According to the Children's Bureau Express, 64% of children adopted from the child welfare system are adopted by their foster parents (although not necessarily the families with whom they were first placed). Not only are foster parents adopting children in their care, but according to the National Adoption Information Clearinghouse, these adoptions are very successful with 94 percent of them remaining intact throughout the life of the child.

It appears that the promise of permanency for children in the child welfare system who are unable to return to their birth parents lies in many instances with their foster parents, relatives or non-relatives. Because of this, seasoned child welfare staff have been working to ensure that once a foster family has bonded with the child and made the commitment to adopt, the standards, rules and process of transitioning from a foster parent to an adoptive parent is as smooth and seamless as possible. In this vein, some child welfare agencies are beginning to explore the development of "dual licensure" policy and practice.

Dual licensure means that foster parents and adoptive parents go through the same screening and interview, home study, training and background check processes, and in the end receive the same "approval" to provide foster and/or adoptive care. Dual licensure allows for a foster parent, who has cared for a child for some length of time, to naturally and easily change their role from that of a foster parent to an adoptive parent, without having to go through an entirely new home study and training process.

The authors of this paper conducted a telephone survey with state foster care and/or adoption managers and several foster and/or adoptive families and studied in detail four states: Utah, Missouri, Oregon and Texas.

The following practice and policy implications were determined:

Practice Implications

- Child and family matching becomes an earlier concern.
- Family-centered practice and reunification continue to be a critically important focus.
- Systems re-organization supports dual licensure and enhances continuity of relationships for children with families and staff.
- Resource families' understanding and support of the permanency planning process is critical.
- Ongoing recruitment is urgently needed.

Policy Implications

- Equity in regulatory standards and due process for foster and pre-adoptive families.
- Equity in post adoption financial support is needed.
- Examining whether dual licensure enhances or impedes relative caregivers' options.

What Does It All Mean for the Practice of Child Welfare?

- During the past 20 years the child welfare system has been working rigorously to define best practice.
- Many child welfare agencies across the country have embraced family-centered, strength focused, culturally responsive work as being the best and most effective way to serve children and families.
- More recently through the work of Linda Katz, et. al., the field has added concurrent planning and the use of full disclosure to the list of best practice strategies for child welfare workers.
- Based on the lessons learned from this survey, it appears that dual licensure may be the next addition to the toolbox of "best practices" for the child welfare system.

ABOUT THE SURVEY

The aim of dual licensing is to streamline procedures, avoid delays, and minimize moves by children in the system.¹ In an effort to capture information about dual licensure, the National Resource Center for Foster Care and Permanency Planning at the Hunter College School of Social Work of the City University of New York in partnership with Casey Family Programs National Center for Resource Family Support conducted a telephone survey with state foster care and/or adoption managers and selected foster and/or adoptive families. The survey provided answers to the following questions: who is planning to use and is using dual licensure; what does dual licensure involve; and what are the key lessons learned from those who have used it? The intent of this paper is to provide information about best or promising practices in the states and to inform colleagues across the nation considering the practice of dual licensure and/or conducting common home studies with foster and adoptive families.

This survey was funded by Casey Family Programs.

BACKGROUND

Historical child welfare policy and practice did not allow foster parents to adopt or strongly discouraged them from doing so through written and unwritten rules. As recently as the early 1970s, most public adoption agencies had policies against the practice of foster parent adoption. In fact, many states required a contract with the foster parents, agreeing that they would never ask the agency for preference in adoptive placement if their foster child should become legally free.² Some of the concerns expressed by public agency staff about foster parents adopting children in their care were cited in a recent volume of the *Children's Bureau Express*, a monthly newsletter published by the Children's Bureau of the Department of Health and Human Services/Administration of Children and Family, (ACF/DHHS). They include:

- Fear of losing their valuable cadre of foster families.
- Fear that foster families hoping to adopt, would undermine attempts to attain the primary goal of family reunification.

¹ Promising Practices: States Streamlining Foster and Adoptive Home Approval Process. (November 2000). *Children's Bureau Express*. Volume 1, No. 7. Retrieved from the World Wide Web: http://www.calib.com/cbexpress/articles.cfm?issue_id=2000-11&article_id=177.

² Foster Parent Adoption: What Professionals Should Know. (December 2000). National Adoption Information Clearinghouse. Retrieved from the World Wide Web: http://www.calib.com/naic/pubs/f_fospro.htm#top.

- Historical licensure processes that were based on a foster families' ability to provide *temporary* care, not a lifetime commitment.
- Decisions to place a child in a particular foster home frequently were based on available space and not because a foster family was determined to be the best possible match for a particular child.
- For complex reasons involving class, culture, social attitudes and history, foster parents were considered “less qualified” than couples seeking to adopt—less capable of parenting, less concerned with the child’s well-being, less solid citizens.³

For these reasons and others, a child who became freed for adoption and who was doing well living with a foster family would have in the past been moved to another family – without allowing the foster parent to have any input into the process of selection of the adoptive family or even continued contact with the child, thus exacerbating the child’s experiences with loss, lack of continuity and permanent relationships.

Today, child welfare practice reflects a very different picture. The increasing reality is that foster parents, and not newly recruited adoptive parents, have come to serve as the most consistent and viable option for permanence for children in out-of-home care. One reason for this may be that the pattern of children entering the child welfare system has been changing throughout the past two decades. Today children are more likely to be older, members of a minority group, members of a sibling group, or have special physical, emotional or mental health needs.⁴ According to the National Adoption Information Clearinghouse, it was estimated that during the 1990s as many as 20,000 drug-exposed children entered the foster care system each year. It was further estimated that between 25-33% of these children ended up in permanent living relationships with persons other than their birth parents.⁵ Children who enter the child welfare system with special needs often require a tremendous level of care and commitment. As a result, child welfare agencies have found it increasingly difficult to recruit adoptive parents who can meet the needs of children in their custody and are relying on foster parents to fill the gap. According to the Children’s Bureau Express, national statistics indicate that 64% of children adopted from the child welfare system are adopted by their foster parents⁶ (although not necessarily the families with whom they were first placed). Not only are foster parents adopting children in their care, but,

³ Promising Practices: States Streamlining Foster and Adoptive Home Approval Process. (November 2000). *Children’s Bureau Express*. Volume 1, No. 7. Retrieved from the World Wide Web: http://www.calib.com/cbexpress/articles.cfm?issue_id=2000-11&article_id=177.

⁴ U.S. Department of Health and Human Services Administration on Children and Families’ Children’s Bureau. (1998). *Child Welfare Outcomes 1998 Annual Report*. Section IV. Key Finding and Implications.

⁵ National Adoption Information Clearinghouse. (December 2000). Retrieved from the World Wide Web: www.calib.com/naic/stats/index.htm.

⁶ Promising Practices: States Streamlining Foster and Adoptive Home Approval Process. (November 2000). *Children’s Bureau Express*. Volume 1, No. 7. Retrieved from the World Wide Web: http://www.calib.com/cbexpress/articles.cfm?issue_id=2000-11&article_id=177.

according to the National Adoption Information Clearinghouse, these placements are very successful with 94 percent of these adoptions remaining intact throughout the life of the child.⁷

In part this shift is due to increased pressure to achieve permanence quickly resulting from the passage of the Adoption and Safe Families Act (1997). It is also due in part to child welfare practice becoming much more sensitized to separation and attachment issues. The important work of Fanshel and Shinn (*Children in Foster Care: A Longitudinal Investigation*)⁸, Malluccio, Fein and Kluger (*No More Partings: An Examination of Long Term Foster Family Care*)⁹ and many others, has deepened our understanding of how important lifetime, intimate connections with caring adults are to the healthy development and well-being of children. We have learned that without the consistent, permanent presence of at least one caring adult in a child's life, a child is at high risk for psychological harm.¹⁰

It appears that the promise of permanency for children in the child welfare system who are unable to return to their birth parents often lies with their foster parents – relatives or non-relatives. Because of this, seasoned child welfare staff have been working to ensure that once a foster family has bonded with the child and made the commitment to adopt, the standards, rules and process of transitioning from a foster parent to an adoptive parent is as smooth and seamless as possible. In this vein, some child welfare agencies are beginning to explore the development of “dual licensure” policy and practice. *Dual licensure means that foster parents and adoptive parents walk through the same screening and interview, home study, training and background check processes and in the end receive the same “approval” to provide foster and adoptive care. Dual licensure allows for foster parents who have cared for a child for some length of time to naturally and easily change their role from that of a foster parent to an adoptive parent, without having to go through an entirely new home study and training process.* Ultimately, this process makes sense. However, because the adoption of children by their foster families has historically occurred by default rather than by design, we felt compelled to ask: Is the adoption of children by their foster families really best practice? Are we, through the process of dual licensure, merely validating what has become easier and seems logical, or are we really pursuing the best interest of children? During our survey we asked this question to child welfare staff and foster/adoptive families who have been involved in the foster care and adoption systems for many years, and we heard some compelling reasons for the practice of dual licensure.

⁷ Foster Parent Adoption: What Professionals Should Know. (December 2000). National Adoption Information Clearinghouse. Retrieved from the World Wide Web: http://www.calib.com/naic/pubs/f_fospro.htm#top.

⁸ Fanshel, D., & Shin, E. (1978). *Children in Foster Care: A Longitudinal Investigation*. New York: Columbia University Press.

⁹ Fein, E., Maluccio, A., & Kluger, M. (1990) *No More partings: An Examination of Long-Term Foster Family Care*. Washington, D.C.: Child Welfare League of America.

¹⁰ Foster Parent Adoption: What Professionals Should Know. (December 2000). National Adoption Information Clearinghouse. Retrieved from the World Wide Web: http://www.calib.com/naic/pubs/f_fospro.htm#top.

Martha Proulx, Foster Care Manager for the State of Maine was very clear in her convictions that dual licensure is the validation of best practice. *“First, the laws and practice standards require that we provide a full array of services and supports for biological families in order to support them in caring for their child. Whenever possible, the best place for children is with their own family. Dual licensure does not change this or minimize our efforts toward reunification. But when reunification is not possible, we need to approach the placement of children in foster homes studiously. Our placements need to assume that the child may stay in the home for the rest of their life. If we need to make an emergency placement when we know little about the child, and it looks like reunification is not likely, we should quickly (within 2-4 months) learn as much as we can about the child and then pursue a placement with a resource family that could, if it needed to, last for the lifetime of the child. We cannot continue to view foster parents and adoptive parents differently. This does not mean that all foster parents should adopt, nor should all adoptive parents foster. But because we do not know in the beginning what role they will in fact play in the life of a child, we need to collapse/standardize our licensing processes.”*¹¹

According to Meezan and Shireman the following is a list of common characteristics of Foster Parents Who Have Adopted:

- ◆ Foster family initiates discussion of adoption with the worker and follows through.
- ◆ Foster Family perceives the child as being similar to the family.
- ◆ Foster family perceives a reciprocal affection.
- ◆ Child’s problems are viewed as having improved over the course of placement.
- ◆ Foster parents can vividly recall their initial reactions to the child.
- ◆ Foster parents have uncomplicated reactions of happiness to and acceptance of the child.
- ◆ Older children who have preplacement visits are more likely to be adopted by their foster parents than those who do not have preplacement visits.

Meezan, W. and Shireman, J. (1985). *Care and Commitment: Foster parent Adoption Decisions*. Albany: State University of New York Press.

¹¹ Personal communication, January 2001.

Linda Brown has served as a foster parent for the state of Texas for more than 24 years. She tells this poignant story of her experiences with her two adopted children.

“While I have seen change in the past decade, foster parents were never really encouraged to adopt their foster children. However, about 12 years ago a ten-year-old girl was placed in my home. She was never going to go back home, but the state made no move to terminate parental rights. We raised her as our own...in fact she soon became one of those special children whom I could not live without. Because she was never free for adoption...when she turned 18, we adopted her. Our second adopted daughter came into our home after a seriously failed adoption. Her birth mother was 12 years when she gave birth to our now daughter. The family that adopted her abused her for many years. She was 12 when she came to live with us. At the age of 15 she finally agreed that being adopted by us would be a good thing. We had a tough time with the system because they felt that our daughter who is Hispanic needed to be adopted by a family within her own culture. We were good enough to raise her in our home, but when we chose to adopt—our sensitivity to her culture was suspect. In the end we were able to adopt her—and she is a gift to us everyday. While I have seen the system change and continue to see it evolve—it must become clear to everyone that foster parents and adoptive parents serve the same children. I have been a MAPP foster parent trainer for many years and I used to have to screen out those parents who wanted to adopt. In doing so I may have screened out a family who could have really provided a wonderful home for a child. The system’s fears were keeping us from doing the right thing. Today we train foster parents and adoptive parents together—and when the child needs a home and the foster parent is the right person to provide that home—it happens.”

--Excerpt from an interview by Lorrie Lutz with Linda Brown-President Texas Foster Parent Association.

Who Are These Children Adopted From Foster Care?

- ◆ 46,000 children were adopted from the public foster care system in FY 1998.
 - 47% were 1-5 years old.
 - 36% were 6-10
 - 15% were 11-15 years old.
 - 2% were 16-18 years old.
 - 50% male
 - 50% female
 - 39% are Caucasian, 43% are black, 15% are Hispanic, 1% are Native American and 1% are Asian).
 - 64% of the children adopted from foster care are adopted by former foster parents, 16% by relatives.
 - 88% of the families adopting children from foster care receive adoption subsidies to help in the long term care of the child.
 - 66% were adopted by a married couple while 33% were adopted by a single Parent.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2000).

Scott Dixon, division administrator for placement services for the state of Texas, has an interesting perspective. *“It used to be that when foster parents adopted children, they were perceived as seeking a ‘back door’ adoption. By opening the process up, it allows both adoptive parents and foster parents to be completely honest about their struggles and their motivations. While a foster family may be very clear that they do not want to adopt every child that comes into their home, if one comes who has no other place to go and the family bonds with that child, they have a choice—one that they can discuss openly while making an informed decision.”*¹²

Kit Hansen, President of the Utah Foster Parent Association and foster mother agrees. *“About eight years ago I remember vividly a circumstance where two children who had been in foster care for eight months, were abruptly pulled from the foster home and never saw the family again. These children were attached to the foster family and the foster family was devastated at the loss. This should never occur.”*¹³

Patsy Buida, the Foster Care Specialist at the Children’s Bureau ACF/DHHS suggests *“It (dual licensure) is a tool to maximize use of resource families in a flexible way that lets them decide how to interface with the system and what type of parenting fits their lifestyle—short-term foster care or long term adoption. If a family has committed to and bonded with a child, it makes no sense to search any longer. Social workers spend a considerable amount of time being anxious about the fact that we don’t always know enough during our first placement to make the best match between the child and the resource family. We want to move children because we learn more about the kind of family that would be the best match. We need to get more comfortable in doing the best we can with the information we have. Timely permanence is as important, if not more important, as a ‘perfect match.’”*¹⁴

GENERAL CONSIDERATIONS ABOUT FOSTER PARENT LICENSING

In considering a shift in the foster parent licensure process, it might be valuable to bear in mind the original intent of such licensure. In 1980 Gollub, Heston and Waldhorn challenged us to make a distinction between *service* approaches to social welfare and *non-service* approaches. They discussed licensing as a non-service approach that pursues public policy goals indirectly by giving support, and/or sanctions to direct service provisions.¹⁵ They went on to state that licensing rules provide for tangible standards in

¹² Personal communication, January 2001.

¹³ Personal communication, January 2001.

¹⁴ Personal communication, December 2000.

¹⁵ Gollub, J., Heston, D., & Waldhorn, S. (1980, October). Non-Service Approaches to Social Welfare: A Local Perspective. *New England Journal of Human Services*, 29-38.

support of placement and protective services, thereby contributing an element of prevention to the care of children.¹⁶ In their article, “The Role Of Licensing In Child Placement and Protection,” Gazan and Flynn suggest that licensing is the device by which an agency ensures that minimum standards are being met and that the authority to operate or to provide certain services is granted.¹⁷ They state that licensing, placement services and protective investigations all share a similar goal: the protection of children. They describe foster care and adoption services as achieving that protection through placement; protective investigations as achieving that protection through intervention; and licensing services as achieving that protection through prevention. They further state that suitable and adequate protection of children is not achievable unless all three elements are in place.¹⁸

This framework affords an important perspective on role of licensing in the protection of children. However, often in our child welfare systems, licensing as a form of child protection is considered secondary and less important to social work practice with families and children. Although social work practice is certainly interrelated with regulatory administration, social workers and other human service professionals have not generally viewed licensing and other forms of regulation as being kindred social services.¹⁹ This may explain some of the controversy states have faced as they have tried to integrate foster care licensing with the adoptive process. Adoption systems have been built on using the strength of social work practice to accomplish permanence for children. There is little emphasis on licensing and regulation in the adoption process.

Yet the process of licensing was designed to protect children as consumers of a service by reducing risks ahead of time rather than intervening after the problem has presented itself. Compliance with minimum standards is presumptive of adequate protection being provided in out-of-home care. As such, licensure is the approach selected by many state legislatures as the most effective and equitable means for preventing abuse, exploitation or neglect of the state’s children who are in out-of-home settings. Given these arguments it is puzzling why there is no licensing process in most states for the ultimate placement service: adoption. While states have fairly complex regulatory procedures and enforcement bodies for foster care, the same rigor to prevention and safety is not applied to the adoptive process. As such, most states certify or approve adoptive homes. (See state chart in addendum).

Furthermore, once a license has been obtained under a governing statute and associated administrative rules, the law tends to provide certain rights to the licensee. Thus possession of a license, such as a license to provide foster care provides a family with a

¹⁶ Gollub, J., Heston, D., & Waldhorn, S. (1980, October). Non-Service Approaches to Social Welfare: A Local Perspective. *New England Journal of Human Services*, 29-38.

¹⁷ Gazan, H. & Flynn, J. (March/April 1986). The Role of Licensing in Child Placement and Protection. *Child Welfare*. 129-139.

¹⁸ Gazan, H. & Flynn, J. (March/April 1986). The Role of Licensing in Child Placement and Protection. *Child Welfare*. 129-139.

¹⁹ Class, N. (1975). *Social Work in the Regulatory State: An Inquiry Into the Historical Dynamics of Isolationism Within the Profession*. Social Work Papers XIII. Los Angeles, CA: University of Southern California School of Social Work.

vested interest. This suggests that revoking a license would be done in accordance with the statutory provisions of due process.²⁰ The state of Oregon struggled with the inequity of the adoption and foster care processes surrounding the rights to appeal. Foster parents because they are licensed have access to the fair hearing process and to grievance and appeals. Adoptive parents, because they are generally “approved,” do not have this built-in due process safeguard.

The process of dual licensure begs the question “will we continue as a system to apply different standards of protection to the children in foster care and the children in adoptive care?” These are some of the key issues that states are finding must be addressed when applying the standard of licensure to the foster care and pre-adoptive process. States must ensure that the protection afforded to children through the licensure process is not compromised in an effort to streamline and expedite permanency.

THE TERM “DUAL LICENSURE”

Jake Terpstra, past Foster Care and Licensing Specialist at the Children’s Bureau and present consultant to state child welfare agencies, suggests that the very term “dual licensure” should be discarded. He says, “*dual licensure is a confusing term. The longer we use it the more confused we will get. When a residential care facility is licensed by the mental health system and by the child welfare system to provide two services, this is dual licensure. They go through two very different licensing processes and are approved to provide two different kinds of services in the same setting. Here we are not talking about dual licensure but one license that allows a family to do two things...provide foster care and be an adoptive parent.*”²¹ Because the reality is that so few states actually provide a dual license, it may behoove the field to find a new term.

A LOOK AT FOUR STATES

While many of the states in the nation are just beginning to explore dual licensure, a few states, have been working toward a form of dual licensure for some time and have much information to share with their counterparts. After talking to people in more than 30 states, we chose to take an in-depth look at Missouri, Utah, Oregon and Texas because they each presented interesting and unique challenges and experiences. Missouri spent six years refining their training and home study model emphasizing the family-centered nature of dual licensure. Utah is working through the complex realities of having the licensing arm of the state in an entirely different division. In the fall of 2000, the State of Oregon completed a ten-year planning process for dual licensure, addressing issues such as *confidentiality, appeal and grievance rights of foster parents and adoptive parents and physical plant expectations*. Their much

²⁰ Gazan, H. & Flynn, J. (March/April 1986). The Role of Licensing in Child Placement and Protection. *Child Welfare*. 129-139.

²¹ Personal communication. December 2000.

awaited common study was implemented in the late fall of 2000. Texas initiated a consolidated home study in 1991 in one region of the state, and today under their statewide model of dual licensure, has watched the time between placement and finalization of adoption decrease and the number of children successfully adopted grow from 800 in 1996 to 2058 in 1999.

Missouri's Experience: building from a family-centered orientation

In 1996, Missouri embarked on an inclusive planning process involving representatives from the juvenile court, private agencies, guardians ad litem, foster and adoptive parents, state staff from all levels of the agency, schools, law enforcement, older youth in foster care, and birth parents. The goal was to craft an approach to “dual licensure” that would ensure that children would have as few moves as possible in their journey to permanence. Members of the planning team emphasized that the process of dual licensure, however it evolved in the state, must be developed within their existing body of policy, emphasizing family-centered, strength-focused practice. According to Bernadette Nenniger, foster care specialist for the state, “*All dual licensure discussions were informed by our belief that first and foremost, social workers must front load services and strive to find an effective and safe way to reunify children with their parents*”.²²

Historically in Missouri as in all child welfare systems, the initial stages of the case required that the social worker focus on gathering data—examining and searching for facts concerning an alleged incident based on a report of abuse or neglect. This information gathering rarely served to develop a relationship with the family, in fact, most often alienated the family from the system. Because the relationship with the family is considered by many experts to be crucial to the ultimate goal of child safety, permanence and well-being, Missouri changed their focus from one that solely emphasized information gathering, to one that emphasizes the building of a relationship, gathering of information and laying the groundwork for any necessary ongoing work with the family system. This focus includes assessing the family in relationship to the allegations (their ability to keep their child(ren) safe, their needs and their capacities. This kind of focus is described as family-centered practice, and the instrument they use is a family-centered assessment. A family centered assessment describes a comprehensive process for identifying, considering and weighing factors that affect child safety and well being through engaging the family and extended family in a focused dialogue. While assessment includes both the safety and risk concerns, it goes beyond determining safety and level of risk, to explore connections, community resources and permanency considerations. In a family-centered assessment, workers learn about and engage the family in identifying their needs, strengths, and current resources to achieve and maintain well-being, family connections and permanency for the child. A family-centered assessment links directly to case planning by contributing to key decisions regarding steps to be taken, resources to be used and outcomes achieved.

²² Personal communication, December 2000.

In *Ours to Keep, A Guide for Building Community Assessment Strategy for Child Protection*,²³ comparisons are made between the historical approach to child protection assessment and the approach reflected under a family-centered model as is being used in Missouri. These distinctions are outlined in the table:

| Historical Approach To Assessment In Many Child Protection Jurisdictions | A Family-Centered Approach to Assessment in Child Protection |
|---|--|
| Focus on gathering information, often to the exclusion of building relationships. | Gathering information in a way that fosters a relationship with the child/family. |
| Focus on the substantiation of whether maltreatment has occurred. | Determining how to support the family and how to remedy any harm that may have already occurred. |
| Collecting a body of evidence around the alleged abuse. | Identification of child and family's needs, strengths, resources and goals. |
| Identifying deficits, risks, and needs. | Conducting a holistic assessment, including the identification or strengths, resources and capacities. |
| Tools and methods often create distance between the worker and the family. | Using tools and methods that enhance the worker's ability to engage the child/family and support them in achieving their goals. |
| Insular decision-making, with CP staff making decisions independently of families and others who have a stake in what is going on. | Emphasis on collaboration with families, their existing support networks and other community-based providers. |
| A routine approach to child protection that consists of essentially the same methods and often results in the same set of service options. | Assessment process provides the flexibility to address individual family needs and respond to each family's varied backgrounds and experiences. |
| Episodic CPS practice in which workers conduct assessments only when there is a crisis. This results in a series of snapshots of the family, which do not provide a full picture of overall family's functioning. | Ongoing and frequent assessment of safety and well-being and of the family's progress as well as the most effective methods of helping the family achieve its goals. Teaching the family to self-assess. |

²³ Day, P., Robison, S., and Sheikh, L. (1998). *Ours to Keep: A Guide to Building a Community Assessment Strategy for Child Protection*. Washington, D.C.: CWLA Press.

From this comparison it becomes clear that while a risk-assessment/investigation is valuable for the sole purpose of gathering information, a family-centered assessment is imperative to build a relationship with the family and successfully engage them in addressing the issues that brought them to the attention of the system and, ultimately, return the child home.

During the past five years in Missouri, for children involved in the state system, 60-70% have been adopted by their foster families.²⁴ Because of this high number, the resource family model—recruiting foster families who were willing to serve as a resource for the child, whether or not the child went home or became available for adoption—seemed a logical evolution in their foster care practices and was implemented in early 1998. Once this model of foster parent recruitment was implemented, it became clear to state leaders that Missouri needed a revised training tool/ home study. Using the PRIDE foster parent training curriculum as a base, the same inclusive work group examined components of the Spaulding adoption curricula, striving to integrate what they considered to be the most relevant information from each into a single home study/training model. An interesting aspect of the Missouri home study/training model involves the decision points, allowing prospective resource families to “opt out” along the way. Any family that fully completes the process is licensed to provide foster care and approved to adopt. If however, the prospective candidate realizes during the training that providing only foster care or seeking only to adopt is what they are best suited to do, they can make this decision.

Patsy Buida of the Children’s Bureau agrees with this approach. *“We do not have enough resources in the system to discard any offering of those who want to support us in meeting the needs of children in care. Our job must be to help the families decide what role they can best fulfill... is it foster/ adopt? Foster parent? Adoption? We have to be skilled in finding effective ways to help them decide, and then when they have decided, we need to be sensitive and flexible enough to accommodate their choices.”*²⁵

The Missouri integrated training model consists of both in-home and classroom work, totaling 39 hours of one-on-one and group training. This is a tremendous shift from Missouri’s historical model in which foster parents were only required to attend 12 hours of training, and adoptive parents had no training requirements. An interesting byproduct of the integrated training has been that some families entering the training with the sole intention of becoming adoptive parents, complete the training having heightened awareness of the needs of children in care and choose to take on the foster/adopt role. Equally important, the revised training model is helping foster parents to more thoroughly understand their role as mentor and role model to the birth family, and birth families are reporting that foster families are more helpful and less threatening.

Missouri has attempted to smooth the way for “dual licensure” by spending significant time with the judicial community enlisting their support for 1) extensive front-loading of services to the birth family and 2) the resource family model. Supporting the birth family is

²⁴ Missouri Department of Family Services Statistics FY 2000.

²⁵ Personal communication, December 2000.

emphasized as a fundamental component of best practice in Missouri. Many community and staff training sessions have taken place focusing on helping staff and the community alike to better understand the importance of focusing initial efforts on the birth family. Judges have come to better understand the requirements of the Adoption and Safe Families Act and the importance of trying to enhance the birth families' ability to care for their child, before moving toward another permanency option.²⁶

Private agencies do much of the licensure and adoptive work in Missouri, and due to state budgetary constraints, this practice is growing. This poses a significant issue when the private agencies either license foster homes *or* recruit and approve adoptive homes—but do not do both. After years of discussion, Missouri is moving toward a performance-based contracting model where private agencies who wish to contract with the state must provide foster care and adoption services under the resource family model. This has raised significant issues for providers, as their anecdotal stories indicate that they struggle to engage families in serving as resource families for the children involved in the state system. Community providers have been historically successful in recruiting families to serve as *either* foster families *or* adoptive families—but not both. Because the state relies on the community providers to build the pool, this is causing significant concern and is currently the focus of many provider-state discussions.

Utah's Experience: creative collaboration.

In the summer of 1999 the state of Utah began to develop a unified assessment instrument. This was the fourth time the state tried to craft a unified approach to assessing foster parents and adoptive parents in the past four years. It appears that the fourth time was a success.

Utah's inclusive, year-long planning process included representatives from the Office of Licensing, the Foster Parent Association, the Special Needs Adoption Coalition, public safety, judges, the legal community and the Department of Human Services (DHS) staff from the adoption and foster care programs. One of the primary reasons previous efforts failed was that the Office of Licensing is legally mandated to approve foster homes based on minimal regulatory standards. This is a result of the pressure on the Office of Licensing to license as many homes as possible to increase the pool of foster parents in the state. This approach was the source of many problems when trying to bring adoption and foster care standards in alignment. The adoption program used a comprehensive family-focused study model—seeking to learn as much as possible about the family and its parenting style and wishes so that the best possible match between the child and family could occur. The substantive differences in approach and philosophy made the integration and reconciliation of the two processes challenging to the point of stopping the dialogue—three times. While the Office of Licensing was very committed to ensuring the best home study process possible, it was caught between two masters: mandated numbers and quality.

²⁶ Personal communication, December 2000.

One of the state's first activities during this planning effort was to ask the Adoption Advisory Committee to conduct a national search for all adoption home studies. This group reviewed these studies, summarized the pertinent components and sent its conclusion to the planning committee for review. Then the planning group identified the Institute of Human Services Field Guide to Child Welfare developed by Judy Rycus and Ron Hughes.²⁷ This foster care home study instrument was perceived to be comprehensive and well researched and included a detailed description of a family assessment with certain protocols (or red flag areas) for determining if families were well qualified to be foster families, less qualified and not qualified at all. Joelle Horel, Foster Parent Relations Specialist from the Division of Child and Family Services stated, "*Rather than re-inventing the wheel, our inclusive work group decided to use the field guide as the framework for our assessment/home study. Because the instrument was deemed to be well-researched, it garnered support from past skeptics. It was decided that with some modifications and the inclusion of the core components of the Adoption Advisory Committee search, we could develop an instrument that could meet both the requirements of the Office of Licensing and still provide the information needed to successfully identify adoptive families.*"²⁸ The newly developed document was sent to regional staff and a broad array of community stakeholders for review and comment. By beginning with a "best practice" orientation—as opposed to allowing the discussion to become polarized around which approach (the Office of Licensing model or the adoption unit's model) was better—the planning group has been able to identify the needs of the entire system and to develop clear goals for the integrated licensing process.

The **newly developed home study** requires that foster (including kinship care) and adoptive parents go through a comprehensive assessment that combines in-home and in-classroom activities. The assessment looks at seven key areas as described by the Child Welfare Field Guide:

- 1) Expectations.
- 2) Personal maturity.
- 3) Stability and quality.
- 4) Resiliency and ability to cope in stressful times.
- 5) The openness of the family system.
- 6) Parenting skills/attitudes.
- 7) Empathy and perception.

Incorporated into this home study is a comprehensive pre-service training curriculum for foster/ adoptive and kinship caregivers addressing the following areas:

²⁷ Rycus, J., and Hughes, R. (1998). *Field Guide to Child Welfare*. Institute of Human Services. Washington, D.C.: CWLA Press.

²⁸ Personal communication, December 2000.

- Team Building.
- Family Systems and Abuse and Neglect.
- Impact of Abuse and Neglect on Child Development.
- Attachment, Separation and Placement.
- Discipline.
- Primary Families.
- Cultural Issues in Placement.
- Sexual Abuse.
- Effects of Caregiving on the Family.
- Permanency Issues for Children.
- Permanency Issues for Families.

Because the home study instrument contains “red flag” areas, it has served as a support to the Office of Licensing, enabling them to more objectively describe why they believe certain families will not be able to successfully fulfill the foster parent role. While the struggles between the Office of Licensing and DHS continue to exist, the field guide helped to resolve issues and answer questions. Yet even with their recent efforts at finding common ground, having the licensure of the foster homes outside of DHS control continues to be challenging. DHS is requesting in this legislative session that the two bodies take a more teamed approach, with the Office of Licensing providing the safety checks, including background and physical plant assessments, and DHS conducting the home study and the training components.

Like Missouri, Utah’s unified home study and training model allows families to choose one of a series of options including traditional foster care, foster/adopt, adoption and legal risk families (where the child is clearly moving to adoption but the TPR is not finalized). Kit Hansen from Utah’s Foster Parent Association is a strong supporter of a unified home study and training model. *“We have had so many years of purposefully keeping foster parents and adoptive parents separated, that workers struggle to mediate the tension between the two. By expecting them to be trained together and talk to each other from the very beginning, it begins to dispel the myths about the vast differences between the two. Adding the birth parents to the mix, further breaks down the myths.”*²⁹

Finally, in the past four months Utah has instituted a one-worker, one-family approach in several of its Salt Lake City neighborhood sites. This has further broken down the walls between foster care and adoptive staff, ensuring continuity of relationships and a more seamless approach to planning and decision-making. However, this shift has come with its own unique set of administrative and clinical challenges. The state of Utah is working through these cultural shifts with the expectation of improved practice.

²⁹ Personal communication, January 2001.

The trends in Utah are positive. In 1996, approximately 26% of those children who were adopted through the state system were adopted by their foster families. This figure has grown to between 40%-50% in FY 2000.³⁰

Oregon's Experience: a lesson in tenacity

Oregon's State Office for Services to Children and Families began their planning process for dual licensure in early 1990. Seeing the trends in the number of children being adopted by their foster families (more than 70% of children adopted within the foster care system are adopted by their relative and non-relative foster families)³¹ and the delays brought about by the redundancy of the foster care licensure and adoptive approval processes, they strove to develop a common and integrated way of gathering information from applicants interested in serving as both potential foster and adoptive families. The process involved two very large work groups composed of line staff from the various branch offices of the state, foster and adoptive families, and central office foster care and adoption staff. They determined that they needed to examine the existing components of their foster care and adoptive home study processes, evaluating every data element for relevance to the process. They likened the process to a traditional Business Process Redesign model: they used flow charts for the process and the data collection points along the way, looking for consensus around best practice. (See chart).

After much tension and years of discussion about privacy, confidentiality, overkill (trying to gather so much information that the process became unwieldy), and grievance and appeal rights, the State of Oregon finally rolled out their new home study in the late fall of 2000.

According to Kathy Ledesma, Adoption Manager from Oregon's State Office for Services to Children and Families, the critical aspects of the planning process involved values and beliefs about practice and the role of the child welfare system. *"The culture changes involved in integrating these two systems must not be overlooked—or real integration will not occur,"* suggests Ledesma. *"Oregon had to work through the long held perception that foster families were somehow "less than" adoptive families."*³² It became clear in Oregon that when this kind of perception is widespread and ingrained in the agency, the idea of making foster and adoptive parents look more alike and enter the system in the same way, conflicts with the norms and mores of traditional child welfare practice. These norms and mores had to be addressed and resolved during the planning process. *"What became glaringly evident during the many discussions,"* said Ledesma, *"were the number of ways in which the foster families and adoptive families were*

³⁰ State of Utah Department of Human Services Statistics FY 2000.

³¹ State of Oregon Office for Services to Children and Families Statistics.

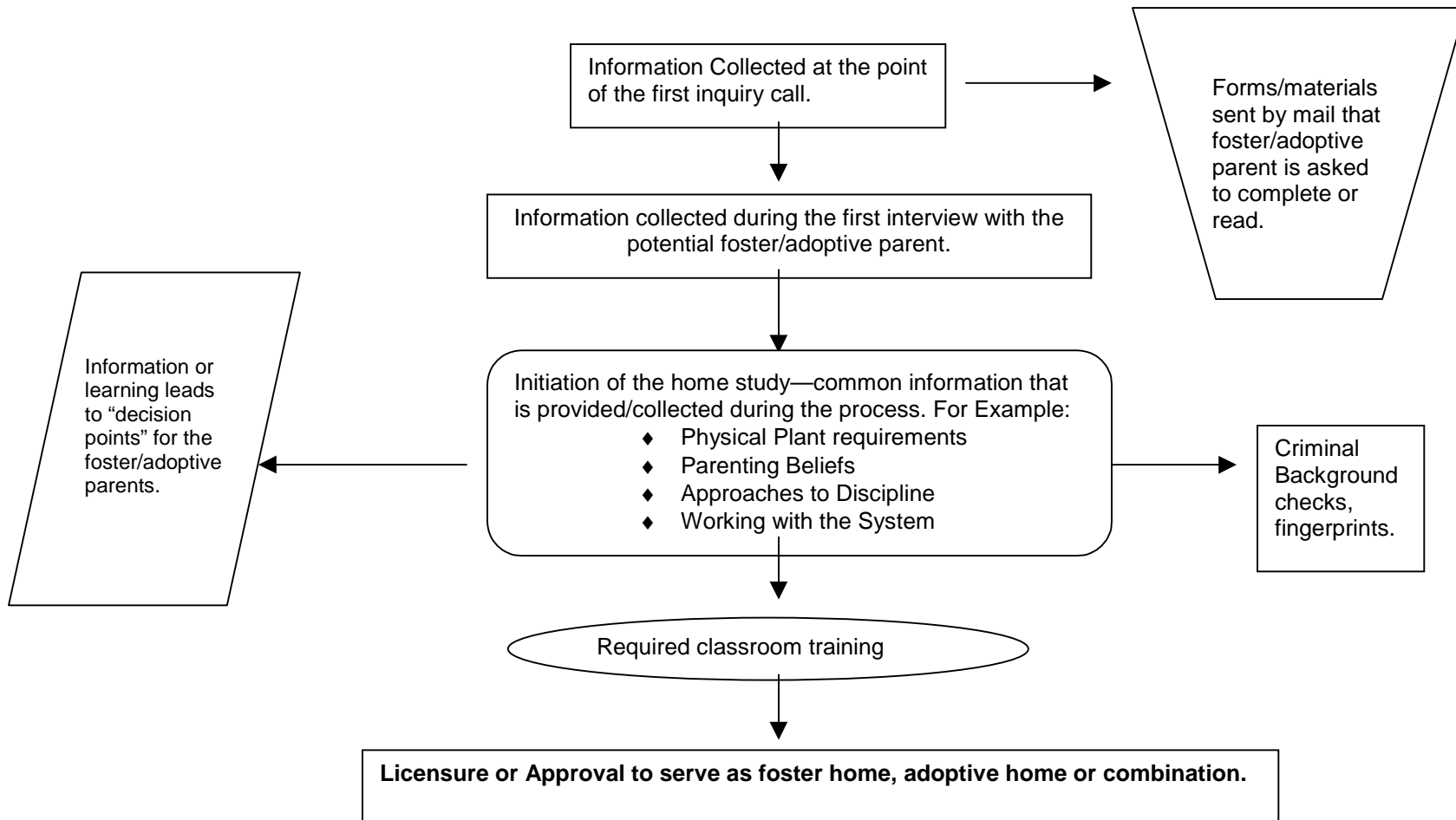
³² Personal communication, December 2001.

alike...not different". By being tenacious and willing to engage in these tension-filled discussions, Oregon has made significant progress in leveling the perceptions of staff in the agency as well as of adoptive and foster families.

Another critical issue that was raised during the planning process and not yet fully resolved is the differences in the legal rights of foster families and adoptive families. Because foster families are *licensed* they are afforded due process under the licensing regulation. If they are not approved for licensure, or if their license is suspended, they can appeal the decision through the formal appeals and fair hearing channel of the system. However, if an adoptive family is denied "approval" they have no appeals rights. As the two "systems" are integrated, this poses issues of inequity that must be resolved.

STATE OF OREGON

Common Components of Foster and Adoption Home Study



An equally significant issue raised by the state of Oregon was the applicability of the single and comprehensive home study to relative care. Some members of the planning committee raised concerns that the in-depth nature of the new home study may be too much information gathering for kinship care. This is an especially compelling discussion considering the direction provided under 1996 Welfare Reform legislation to consider adult relatives as the preferred resources for placement and permanency and the clear expectations under the 1997 Adoption and Safe Families Act for social workers to 1) rigorously search for relatives and 2) license those interested in providing kinship care according to the same licensing criteria as non-relatives. Will a common comprehensive and in-depth home study serve to protect children, or will it serve to alienate relatives, thus indirectly impacting a child's opportunity for permanence? These questions have yet to be answered and are currently being explored through a federally funded Oregon kinship project addressing relative care options.

Finally, in the fall of 2000 Oregon introduced the new home study during a bi-annual conference to train more than 350 staff and foster families from throughout the state. The large scale training provided an excellent opportunity for state staff, members of the planning groups, social workers, foster families and adoptive families to have candid discussions about the development process and the fact that the new instrument is representative of Oregon's definition of "best practice."

At the writing of this survey, each branch office in the state was developing an individual implementation plan. Full implementation is required by June 2001.

Texas: a decade of learning

Texas implemented a consolidated home study and training process more than ten years ago in Region Three, the Dallas-Fort Worth region of the state. They began by consolidating the foster care and adoption units. They were using the MAPP curricula, but in early 1996 shifted to the PRIDE curricula. Texas was active in the field-testing of the PRIDE curricula and was able to advocate for the training to encompass both foster care and adoptive issues. The consolidated model went statewide in 1997 as other regions saw the logic of combining the units and observed the efficiency of doing one consolidated home study.

While all foster and adoptive families go through the same process including joint home consultation and training, at the end of the process, similar to Utah, the family is asked to make a decision regarding which category fits best for them; *adoptive home, foster home, legal risk adoptive home or foster adoptive home.*

This shift in Texas occurred during a time that the nation was going through changes in how it addresses permanency in the lives of children. With the passage of the Adoption and Safe Families Act in 1997 and the introduction of concurrent planning within the state, there was tremendous momentum in Texas to change practice. The resulting success has been remarkable. Texas has seen a

decrease in the length of time between placement, goal change and finalization of adoption. They have **gone from 880 adoptions in 1996, to 2058 adoptions during 1999. These adoptions include children of all ages and special needs.**³³ Scott Dixon attributes this to the consolidated home study process and more specifically to the ability of the foster parents to be honest about their motivations. Scott suggests that historically foster care was viewed as a back door to adoption. Foster families that adopted were suspect. This open process of training potential foster and adoptive parents together, allows families to discuss with the agency, their ambivalence and their dreams. *“The ability for families to be honest has enhanced the “rightness” of the placement at the very beginning of the case, thereby minimizing moves and expediting permanency.”*³⁴ This tremendous growth in moving children to permanency has resulted in a huge loss in the foster parent pool in Texas. Thus, Texas is focusing their efforts on foster care recruitment.

EMERGING IMPLEMENTATION ISSUES LEARNED FROM DUAL LICENSURE EXPERIENCES

As in most new processes, there are lessons to be learned from those who led the charge. While every state will have its own struggles and unique experiences, our survey taught us that most states will have to address the following key practice, policy and legislative issues during their planning to design a common approach to the licensing and approval of foster/adoptive parents.

PRACTICE ISSUES

Child and Family Matching Becomes an Earlier Concern. A consistent theme that arose in discussions with foster care and adoption staff is the difficulty in finding/making the “right” placement match between children and families if the first placement truly is to be the last/best. These staff have been trained for many years that the quality of the adoptive placement match is one of the most critical indicators of the long-term success of the adoption. However, that process has been predicated upon a large pool of potential adoptive families from which to choose. Additionally, these adoptive placements historically occurred over a period of time, where the adoption worker knew the child well, and in situations where the placement of the children was not emergent in nature.

Dual licensure encourages earlier placements with resource families who can support the reunification process and also serve as permanency resources if children cannot return to their parents. It may mean that staff will need to make placements with such resource families without the same amount of information about the child and the family as was common practice when adoptive or even pre-adoptive placements were made at a later point in the case history.

Patsy Buida of the Children’s Bureau suggested that the fact that social workers want to do such a good job in matching is actually part of the problem. *“Social workers fear loss of control, not because they are interested in control per se, but because they want to*

³³ State of Texas Department of Protective and Regulatory Services Statistics.

³⁴ Personal communication, January 2001.

take their time and find the right family for a child. They understand that finding a family for a child is a tremendous responsibility and will impact this child forever. They are just not sure that they can effectively make this decision within the limited timeframes imposed under the resource family approach. Because the longer a child is in care, the more they learn about that child, they are not sure that a child's first placement should always be the last'.³⁵

If a state decides to implement a dual licensure resource family approach, child welfare workers (placement, foster care and adoption) will need support to identify the best approach to earlier “matching”, and how the need to do critical triage prior to or early in the foster care placement can be balanced with the child’s need for stability, continuity of relationships, timely permanence and safety. This dialogue has only just begun to be articulated as a critical practice issue.

Family-Centered Practice and Reunification Continue to Be a Critically Important Focus. While talking to survey participants in Missouri and Texas it became clear that the practice framework for dual licensure needs to be rooted in family-centered principles and strategies – a framework that seeks to preserve children’s ties to their families of origin by involving other related or non-related family resources to support that process and serve as backup permanency resources if needed. There was fear expressed by some that if a child is placed with a foster/adoptive family resource, overburdened child welfare staff may see a child as safe and ‘successfully’ placed in a home that can serve as a permanent option if needed, and therefore may not work as diligently towards reunification. While supervision can be a safeguard for this practice, some surveyed suggested that supervision may not always be timely, and that when it does occur, it may be more crisis response than planful case discussions. Survey participants commented that this is both a training and basic values discussion. Many suggested that staff will need to understand that rigorous work toward reunification, when safely appropriate, is an expectation and a hallmark of the Adoption and Safe Families Act. They also need to be provided a toolbox of resources to support this approach to practice, such as: family-centered assessment instruments, consistent and frequent supervision, a pool of resource families who understand their role as mentor to the birth parents, and systems that support open and inclusive case planning with parents and resource families.

Survey respondents urged that dual licensure not be viewed as a vehicle that sabotages reunification. Rather, it should be viewed as a vehicle to ensure that a child has one placement with parents who are committed to that child’s best interest for a lifetime, if needed. A framework of family-centered practice, supported by quality and consistent supervision is likely to ensure that dual licensure is not simply a fast track to permanency through adoption only.

Systems Reorganization Supports Dual Licensure and Enhances Continuity of Children’s Relationships With Families and Staff. Many states and counties that believe they have been ‘successful’ in implementing a dual licensure model have found it helpful to reorganize their systems in ways that support earlier planning and decision-making about permanency for children (Texas,

³⁵ Personal communication, December 2000.

Missouri, Oregon, Colorado and more recently Utah). Rather than having separate foster care and adoptive units, many have combined these units and integrated practice. In these reorganized units, a single worker stays with the child regardless of the outcomes of the case, i.e. reunification, guardianship or adoption. This practice shift requires tenacity on the part of those impacting the change. The foster care and adoption units have a long history of viewing themselves as being different from one another so it is a challenge to integrate the two cultures. However, many report that the challenge is worth the effort as it allows for children and their families to have the likelihood of continuity of relationship with a single worker during the life of their case. With this continuity of relationship, the child and family do not have to tell their story more than once, and the worker who was with the child during the reunification phase, can also support the child in the transition to the goal of adoption, should that be necessary.

Resource Family Understanding and Support of the Permanency Planning Process is Critical. We learned through our survey that dual licensure is likely to be successfully implemented when resource families understand and can support the process of permanency planning – a process which is grounded in the belief that whenever safely possible, reasonable efforts should be made to help children remain with or be returned to their birth families; and that parents, foster parents and agencies must work together to achieve the range of permanency outcomes. Many of the issues around implementing dual licensure led survey participants to reiterate that dual licensure must be rooted in open and inclusive practice. This means several things:

- 1) That resource families support and even facilitate frequent visitation between the child and their biological family.** The more birth parents visit their removed children, the greater chance for successful reunification.³⁶ The ability for renewed connection and healing for both the child and the parent that can occur during frequent and safe visitation is the hope for permanency. If the visitation does not result in successful reunification, the child and parent can be provided the opportunity to shift their relationship through a supervised and healthy process. Equally important, as emphasized by Fanshel and Shinn, “it is better for the child to have to cope with real parents who are obviously flawed in their parental behavior, who bring a mixture of love and rejection, than to reckon with fantasy parents who play an undermining role on the deeper level of the child’s subconscious.”³⁷

- 2) That resource families see themselves as a support system to the birth family.** The way in which the foster parents work with the birth family and support reunification is fundamental to successful reunification or alternative permanency placement. These individuals are asked to do nearly an impossible task: love the child like their own, including being open to having a permanent role in the child’s life, while at the same time serve as a support and mentor for the birth parents to help them successfully reunify with the child. Resource families safeguard the positive aspects of the child-birth parent relationship by

³⁶ Davis, I. Landverk J., Newton, R., Ganger, W. (1996). Parental Visiting and Foster Care Reunification. *Children and Youth Services Review*. 363-382. Mech, E. (1985) Parental Visiting and Foster Care Placement. *Child Welfare*. 64:67-72.

³⁷ Fanshel, D., and Shinn, E. (1978). *Children in Foster Care: A Longitudinal Investigation*. New York: Columbia University Press. (pp. 489).

stressing the birth parents' worth while simultaneously accepting the child's negative feelings toward his parents. It is critical for the child protection staff be available to help the resource families address the ambiguity and conflict that naturally exists between helping the birth parents succeed and wanting to adopt the child. Social workers also need to be supported in addressing their own ambiguity. Social workers need to be provided training and professional development opportunities enabling them to assist resource families in walking these complex lines.³⁸

- 3) **That full disclosure is a part of every discussion.** Full disclosure between the social worker and the resource family encourages open and honest dialogue with biological parents and resource parents, where the rights and responsibilities of each are clearly described. It honors the integrity of the Permanency Planning process and ensures that birth families and resource families have the same information, thereby allowing them to make informed decisions. Full disclosure provides the birth parents with a "lay of the land" and a road map of what needs to occur when or if their children are to be returned home. It also involves cheering them on, offering feedback, and gentle confrontation of planning and parenting ambivalence. The full disclosure process provides resource parents with a clear set of expectations about their role of mentoring and supporting the birth family whenever safely possible.

Keep the pool growing: Ongoing recruitment is urgently needed. As was discussed during the introduction, states were initially concerned that by encouraging foster parents to become adoptive parents they would substantively and dangerously diminish their pool of foster parents. While this is in fact a reality, most individuals surveyed believe that timely permanency for children is worth the extra demands it places on the system to continually recruit and train new foster parents as resources for children and families. One of the challenges facing states under the dual licensure approach is finding a pool of families who are willing to serve as a resource to the child and family regardless of the outcome of the case. When Missouri shifted to performance-based contracting for community providers – meaning that the providers were paid based on the number of families recruited – they were inundated with stories told by providers describing families entering today's foster care system. While providers indicated that they were able to recruit parents solely to be foster parents, or solely to be adoptive parents of young children, they are struggling to find those who are willing to serve as a permanent resource to the child regardless of the case outcome. We believe that dual licensure will require intensive efforts on the part of public and private agencies to expand their recruitment efforts and may require a shift in the message about the role of a diverse pool of families who can meet the complex needs of children and families.

³⁸ Ford, Mary (1998). *Three Concurrent Planning Programs How They Benefit Children and Support Permanency Planning Families*. North American Council on Adoptable Children.

POLICY ISSUES

Equity in Regulatory Standards and Due Process for Foster and Pre-adoptive Families. Our discussions with survey participants highlighted the different treatment of foster and adoptive families. If we are expecting that children placed in both foster and adoptive homes be equally safe, then we need to afford them equal protections. If we are asking foster and pre-adoptive parents to take on similar roles, they need to have similar rights and equal preparation. Today they do not. Foster parents go through a rigorous home study and training process to become licensed. Once licensed they are afforded protections and rights under the fair hearing and grievance processes. Adoptive parents are certified or approved—not licensed. While the physical home study and criminal background checks may be comprehensive, many pre-adoptive parents are offered little training or educational support. If their efforts to adopt are denied, they have no access to the appeal or grievance process.

We suggest a standard appeal/grievance process that can be exercised by both foster parents and pre-adoptive adoptive parents. If we are safeguarding the rights of children to safe and quality care with foster parents, we must ensure the same safeguards with pre-adoptive parents. The streamlining and consolidation of the home study process for foster care and pre-adoptive parents holds with it an inherent assumption of equity.

Equity in Post Adoption Financial Support is Needed. An issue that frequently arose during interviews is that some states provide lower adoption subsidy rates than foster care rates, which poses barriers to adoption for some families. A family that relies on the foster care payment and Medicaid coverage to meet the child's health care needs will struggle with a reduction in these resources. This may impact the stability of the adoptive placement. Several foster parents shared during interviews that the only reason they did not pursue formal adoption was the loss of public support that was equal to the foster care payment. Most foster families are not wealthy. As such taking on the lifetime care of another child is not a consideration that they can afford to take lightly. In 1980, the federal government began to address this issue under Public Law 96-272, requiring that states provide adoption subsidies to children who were eligible. However this law did not stipulate the amount of the subsidy. As a result, some states provide adoption subsidies at the same rate as foster care but many do not. Given the complexity of children entering the child welfare system and the long-term nature of their needs, the lack of public agency financial support is overwhelming and frightening to many foster families.

We recommend that state child welfare systems alleviate payment discrepancies to ensure that when a family makes a lifetime commitment to a child from the public child welfare system, they are adequately supported.

Examining Whether Dual Licensure Enhances Or Impedes Relative Caregivers' Options. Under the 1997 Adoption and Safe Families Act, relative and non-relative foster care requires the same licensing rigor. During the survey, the state of Oregon raised questions regarding how this mandate will impact the practice of dual licensure. Should relatives who are willing to care for a member of their family be asked to go through the process of dual licensure? Does this ultimately serve as a deterrent to relative's willingness

to take on this complicated and difficult care giving role? If as a result of the implementation of dual licensure, we see a decrease in the number of relatives willing to provide care, the applicability of this model for relatives may need to be re-evaluated.

NEXT STEPS: WHAT DOES ALL THIS MEAN TO THE FIELD OF CHILD WELFARE?

Over the past 20 years the child welfare system has been working rigorously to define best practice. Many child welfare agencies across the country have embraced family-centered, strength focused, culturally responsive work as being the best and most effective way to serve children and families. More recently through the work of Linda Katz,³⁹ the field has added concurrent planning and the use of full disclosure to the list of best practice strategies for child welfare workers. Based on the lessons learned from this survey, it appears that dual licensure may be the next addition to the toolbox of “best practices” for the child welfare system.

Based on the results of this survey Casey Family Programs has decided to carefully follow the implementation of dual licensure practice across the country. During the upcoming months we will explore in greater detail the efforts made at the state and national levels to standardize the regulatory requirements for foster and adoptive parents; we will look at the commonalities of the “best of the best” home studies being used; we will examine the changes in the matching processes occurring in states that are implementing dual licensure; and we will attempt to compile outcomes that can teach us more about the efficacy of this evolving best practice. Our goal is to continue to provide public and private agencies with state-of-the-art learning in the ever-changing field of child welfare.

³⁹ Katz, L. (1990). Linda Katz has profoundly impacted the field of child welfare with her work on permanency planning for children involved in the child welfare system. Her contributions to the field include but are not limited to: *Effective Permanency Planning for Children in Foster Care. Social Work Journal* Volume 35. *Foster Care Drift: A Risk Assessment Matrix. Child Welfare.* Volume 70. *Concurrent Planning; From Permanency Planning to Permanency Action.* Mountlake Terrace, WA: LSS of Washington and Idaho. *Preparing Permanency Planning for Foster Parents: A Foster Parent Training Manual.* Mountlake Terrace, WA: LSS of Washington and Idaho.

STATES WITH SOME FORM OF “DUAL or COMMON LICENSURE”

** Denotes that the state has provided materials.

| State | Contact Person/Data | Approach |
|---------------------|--|---|
| Arizona** | Belva Sites Foster Care Policy Specialist Arizona Department of Economic Security Administration for Children and Families Region IX Site Code 940A, PO Box 6123 1789 West Jefferson Phoenix, Arizona 85505 602-542-2431/Fax 602-542-3330 belva.stites@mail.de.state.az.us | Department licenses foster parents and courts certify adoptive homes. |
| California** | Rob Marvin California Department of Social Services Adoptions Initiatives Branch 744 P Street Mail Station 19-77 Sacramento, California 95814 916-323-0463/Fax 916-445-9125 | California is now statutorily mandated to create a foster care home study. Regulations are currently being developed to mirror the regulations of the adoption home study. The goal is to have one family-assessment process with almost identical standards. |
| Colorado | Barbara Kilmore – Adoption Program Supervisor Jacqueline Sinnett – Foster Care Administrator Colorado Department of Human Services 1575 Sherman Street Denver, Colorado 80203-1714 BK: 303-866-3209/Fax 303-866-2214 JS: 303-866-3796/Fax 303-866-4629 jacqueline.sinnett@state.co.us | State law passed in 1994 requiring the single assessment of foster and adoptive parents resulting in the implementation of a joint application and assessment process. Foster homes are licensed, and adoptive homes approved. |

| State | Contact Person/Data | Approach |
|----------------------|---|--|
| Connecticut** | Derith McGann Connecticut Department of Children & Families Office of Foster & Adoptive Services 505 Hudson Street Hartford, Connecticut 06106 860-550-6350 | Joint application and training, resulting in licensing foster parents and certifying adoptive homes. |
| Florida | Mary Allegretti Deputy Director of Family Safety Florida Department of Children and Families 1317 Winewood Boulevard Tallahassee, Florida 32399-0700 850-487-2383/Fax 850-488-0751 | Undergoing system redesign. Presently using the same Home Study format. Foster homes are licensed and adoptive homes approved. |
| Georgia** | Doris Walker Foster Care Manager Georgia Department of Human Services 2 Peachtree Street, 18 th Floor Atlanta, Georgia 30303 404-657-3459/Fax 404-657-3415 dawalker@dhr.state.ga.us | Common assessment process. Foster parents are licensed and adoptive homes approved. |
| Hawaii | Jeanette Matsumoto/Lynn Mirikidani Hawaii Department of Human Services Child Welfare Services Division 810 Richard Street, Suite 400Honolulu, Hawaii 96813 808-586-5698/Fax 808-586-4806 dhs001@hawaii.rr.com (Recipient's name in subject field) | "Homegrown" model of joint training and home study. Foster parents licensed, and they approve adoptive homes. |

| State | Contact Person/Data | Approach |
|-----------------|---|--|
| Idaho | Steve Green Foster Care & Independent Living Programs Specialist Idaho Department of Health and Welfare 450 West State Street, 5 th Floor Boise, Idaho 83720-0036 208-334-5700/Fax 208-334-6664 greens@idhw.state.id.us | Implementing dual approval process. |
| Illinois | Jane Elmore Deputy Director Division of Foster Care and Permanency Services Illinois Department of Children and Family Services 406 East Monroe Street, Station 225 Springfield, Illinois 62701 217-524-2422/ Fax 217-524-3966 jelmore@idcfs.state.il.us | Presently the only way to become an adoptive parent is to be a licensed foster parent. Foster care is the only door to adoption in the state system. |
| Iowa | Roberta Harris Foster Family Care Program Manager Iowa Department of Human Services Division of Adult Children and Family Services Hoover State Office Building 5 th Floor Des Moines, Iowa 50319-0114 515-281-6034/Fax 515-281-4597 rharris3@dhs.state.ia.us | Common home study. Foster parents are licensed and adoptive homes approved. |

| State | Contact Person/Data | Approach |
|-------------------|---|---|
| Kentucky** | Carey Durrett Branch Manager Kentucky Department for Community Based Services 275 E. Main Street, 3 C-E Frankfurt, Kentucky 40621 502-564-2147/Fax 502-564-5995 carey.durrett@mail.state.ky.us | Foster parents are licensed and adoptive homes approved using a common home study. |
| Louisiana | Dianne Kirkpatrick/Jean Pittman Foster Care Program Managers Louisiana Department of Social Services Office of Community Services P.O. Box 3318 Baton Rouge, Louisiana 70821 Fax 225-342-9087 DK: 225-342-2838/fcdianne@ocs.dss.state.la.us JP: 225-342-4006/fcjean@ocs.dss.state.la.us | Dual certification based on a common home study. |
| Maine** | Martha Proulx Children's Svcs & Foster Care Licensing Prog Specialist Maine Bureau of Child and Family Services Department of Human Services 221 State Street, Station 11 Augusta, Maine 04333 207-287-5075/Fax 207-287-5282 martha.a.proulx@state.me.us | Dual licensure process based on a common home study implemented in June 2000. License foster parents, and adoptive homes approved. |

| State | Contact Person/Data | Approach |
|-------------------|--|---|
| Maryland | Sharon Hargrove Manager, Out of Home Placement Services Maryland Department of Human Resources Social Services Administration 311 West Saratoga Street, 5 th Floor Baltimore, Maryland. 21201 410-767-7713/Fax 410-333-6556 shargrov@dhr.state.md.us | Common home study resulting in dual approval. |
| Michigan** | Bryan Stewart – Foster Care Manager Connie Norman Michigan Family Independence Agency 235 Grand Avenue Suite 510 PO Box 30037 Lansing, Michigan 48909 Fax 517-241-7047 BS: 517-335-4652/stewartb@state.mi.us CN: 517-335-3502/normanc2@state.mi.us | Home study for foster care is used for part of adoption process. No move toward dual licensure. |
| Minnesota | Sara McNeely Foster Care Manager Minnesota Department of Human Services 444 Lafayette Road North St. Paul, Minnesota 55155-3832 651-297-2711/Fax 651-297-1949 sara.mcneely@state.mn.us | Process in place that provides for dual licensure—presently developing the corresponding common home study. Counties will be encouraged but have an option to use the common home study once it is developed. |

| State | Contact Person/Data | Approach |
|------------------------|---|--|
| Missouri** | Bernadette Nenninger Foster Care Unit Manager Missouri Department of Family Services P.O. Box 88 Jefferson City, Missouri 65109 573-751-3171/Fax 573-526-3971 | Resource Families applicants go through an integrated training and home study resulting in foster care licensure. |
| Montana | Betsy Stimatz Foster Care Program Specialist Montana Dept. of Public Health and Human Services Child and Family Services Division PO Box 8005 Helena, Montana 59604 416-444-1675/Fax 406-444-5956 bstimatz@state.mt.us | Universal home study/application that was released in August 2000. Foster parents are licensed, and adoptive parents are approved. |
| New Hampshire** | Gail DeGoosh Foster Care Specialist New Hampshire Division for Children Youth & Families 129 Pleasant Street Concord, New Hampshire 03301-6522 603-271-4711/Fax 603-271-4729 gdegoosh@dhhs.state.nh.us | Implemented common home study in September 2000. Foster parents are licensed and adoptive homes approved. |

| State | Contact Person/Data | Approach |
|-------------------------|---|--|
| Nevada | Kathleen Shane Social Welfare Program Specialist Nevada Department of Human Resources Division of Child and Family Services 711 E Fifth Street Carson City, Nevada 89702-5092 775-684-4450/Fax 775-684-4457 kshane@govmail.state.nv.us | Considering moving to a dual application. |
| New Jersey | Vinette Tate Foster Care Statewide Support Supervisor New Jersey Division of Youth & Family Services 50 E. State Street, PO Box 717 Trenton, New Jersey 08753 609-292-1878/Fax 609-984-0507 vinettetate@yfs-treni@njdhs | In early stages of dual licensure implementation. |
| North Carolina** | Joann Lamm Foster Care Specialist North Carolina Division of Social Services Children's Services Section 2408 Mail Services Center Raleigh, North Carolina 27699-2408 919-733-5125/Fax 919-715-6714 jlamm@dhr.state.nc.us | Use of common home study. Foster parents are licensed and adoptive homes approved. |

| State | Contact Person/Data | Approach |
|-----------------|--|---|
| Oklahoma | <p>Midge Woodard Foster Care Programs Manager Oklahoma Department of Human Services P.O. Box 25352 Oklahoma City, Oklahoma 73125 405-521-3438/Fax 405-521-4373 margaret.woodard@okdhs.org</p> <p>Nancy Isbell Foster Parent Liaison Oklahoma Department of Human Services/KIDS 5905 N. Classen, Suite 402 Oklahoma City, OK 73118 405-767-2554/Fax 405-767-2560 nancy.isbell@okdhs.org</p> | <p>All available paperwork, fingerprints, and background checks from the foster family file are used when the foster family is transitioning to an adoptive family.</p> |
| Oregon** | <p>Kathy Ledesma Program Manager, Adoption Services Oregon Department of Human Resources Services to Children and Families 500 Summer Street NE, 2nd Floor Salem, Oregon 97310 503-945-5677/Fax 503-945-6969 kathy.ledesma@state.or.us</p> | <p>Common home study presented at the annual foster care training institute in November 2000.</p> |

| State | Contact Person/Data | Approach |
|---------------------|---|--|
| South Dakota | Duane Jenner Foster Care Program Specialist South Dakota Department of Human Services Child Protection Services 700 Governors Drive Pierre, South Dakota 57501 605-773-3227/Fax 605-773-6834 duane.jenner@state.sd.us | Common training curriculum/home study. Foster parents are licensed and adoptive homes approved. |
| Texas | Scott Dixon – Division Administrator Janis Brown – Assistant Director for Programs Texas Department of Protective & Regulatory Services 701 West 51 st Street Austin, Texas 78751 Fax 512-438-3782 SD: 512-438-5378/dixons@tdprs.state.tx.us JB: 512-438-3412/brownjk@tdprs.state.tx.us | State operated system with each of the 11 regions serving as its own foster care licensing agency. Statewide implementation of dual licensure in 1997. |
| Utah** | Joelle Horel Foster Parent Relations Specialist Utah Department of Human Services Division of Child and Family Services 120 North 200 West Salt Lake City, Utah 84103 801-538-4398/Fax 801-538-3993 | Unified assessment adopted in 1999. Foster parents are licensed and adoptive homes approved. |

| State | Contact Person/Data | Approach |
|----------------------|---|---|
| Washington | Celeste Carey Foster Care & Kinship Care Program Manager Washington Department of Human Services Division of Children and Family Services 14 th & Jefferson OB-2; P.O. Box 45710 Olympia, Washington 98504-5710 360-902-7986/Fax 360-902-7903 cace300@dshs.wa.gov | Common home study. Foster/adoptive family granted single license. Although a family can be licensed solely to provide foster care, if they choose to adopt they must have a foster/adopt license. |
| West Virginia | Mike O'Farrell Permanency Planning & Foster Care Prog. Specialist West Virginia Dept. of Health & Human Resources Office of Social Services 350 Capitol Street, Room 691 Charleston, West Virginia 25301-3704 304- 558-7980/Fax 304-558-8800 | Common home study. Foster parents are licensed and adoptive homes certified. |
| Wisconsin | Mark Mitchell Manager, Child Welfare Services Section Wisconsin Department of Health and Social Services Division of Community Services 1 West Wilson - P.O. Box 8916 Madison, Wisconsin 53708-8916 608-266-2860/Fax 608-264-6750 | Foster and adoptive homes are licensed under the foster care licensing model using a common home study. |

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State Materials Provided

| STATE | MATERIALS PROVIDED |
|---|---|
| Arizona Department of Economic Security | Family Foster parent Licensing Requirements |
| California DHS | Foster Family Homes Licensing Regulations |
| Connecticut Division for Children Youth and Families | Policy Manual Foster and Adoption Services |
| Florida | Child Protection/Permanency Project Phase IV Report |
| Georgia | Legislation on foster home licensing |
| Hawaii | Common Home Study |
| Kentucky | Foster Care Criteria (Family Preparation SOP |
| Massachusetts | Foster Care Licensing Regulations |
| Maine | Foster and Adoptive Care Family Standards |
| Michigan Department of Consumer and industry Services | Foster Family Homes and Foster Family Group Homes for Children |
| Missouri | Licensure of Care Facilities, foster homes and child placement agencies. Performance Based Contract between the State and community based providers. |
| New Hampshire | Foster and Adoptive Family Assessment |
| North Carolina Department of Health and Human Services | Becoming A Foster Parent (Licensing regulations) |
| Oregon State Office for Services to Children and Families | Common Home Study |
| Utah Department of Human Services Office of Licensing | Utah Resource Family Application |

INTERVIEW QUESTIONS USED DURING IN-DEPTH INTERVIEWS WITH STATES.

1. What led your state to consider dual licensure—how do you think it will improve practice?
2. Do you believe that foster parents adopting children in their care is in fact best practice?
3. What were the varying perspectives of participants on dual licensure that hindered/enhanced the planning process?
4. Do you have a separate agency/entity that conducts the licensing for the state? If so, how did this complicate/enhance the process?
5. How did you come to decide on the common home study that was finally adopted?
6. Major issues confronted during the planning process—how did you deal with them?
7. How was the *content* of the foster care/adoption training determined?
8. What are the by-products (positive and negative) you have observed in training foster care and adoptive parents together?
9. Identify culture shifts required by the “system” in order to successfully implement dual licensure?
10. Can you identify barriers surrounding dual licensure that you believe must be addressed?
11. Can you identify the impact to date of the integrated approach?