
Permanency and Child Well-Being:

**An Examination of Preliminary Data from the Minnesota Permanency
Demonstration**

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**A Report of the
Institute of Applied Research
St. Louis, Missouri**

July 2009

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This paper presents preliminary results of a survey of 111 caregivers of children who have been in long-term foster care. The analysis compares the well-being of children whose living situation was made permanent through either adoption or legal custody (guardianship) to those who remained in foster care.

Background

In 2005, with approval from the U.S. Department of Health and Human Services, the state of Minnesota implemented a five-year child welfare demonstration called the Minnesota Permanency Demonstration (MnPD). The Minnesota title IV-E child welfare waiver project is a single benefit assisted guardianship demonstration. The purpose of the project is to determine whether a single (or continuous) benefit program increases permanency rates and shortens foster care stays among children in long-term foster care, with a particular emphasis on children with special needs. The project has created a new single benefit program that provides foster caregivers with benefit continuity that follows a child from foster care to a permanent adoptive or permanent legal custody placement.¹ The single or continuous benefit program raises the public assistance benefits received by permanent caregivers (through adoption or a transfer of permanent legal and physical custody) to a level that is equal to the rate paid for foster care. Under the traditional system in place, a foster caregiver's benefit is significantly reduced if they choose to adopt or accept permanent legal and physical custody for a child in their care. The basic hypothesis of the MnPD project is that child permanency rates will increase and stays in long-term foster care will decrease through the elimination of financial disincentives that discourage foster caregivers from offering children in their care a permanent home. The MnPD project targets children who are title IV-E eligible in home-based, long-term foster care for whom reunification has been ruled out as a permanency option. The project is limited to children placed in "safe and stable" foster homes for at least six months and is intended to place particular attention on minority children and children with special needs, defined as children who are older, part of a sibling group and/or have intense psychological, physical and behavioral problems.

MnPD, Permanency and Child Well-Being

The Minnesota Permanency Demonstration is predicated on the benefits of permanency outcomes for children in foster care. The assumption is that a stable living situation achieved through adoption or permanent legal and physical custody is preferable to long-term foster care. This is not to say that all foster care situations are harmful or not beneficial to children who must be removed for their own welfare and safety from the homes of their biological parents. For

¹ Minnesota statutes do not express a preference between the permanency alternatives of adoption or a transfer of permanent legal and physical custody to a relative.

many children there may never be an alternative. But the underlying principle is that, all else being equal, living situations that are more likely to be legally permanent and stable are preferable to those that are less likely to remain so.

During the first three years of the demonstration interviews were conducted with a sample of caregivers of waiver and control group children. Results of interviews have been reported in an Interim Report on this project.² These interviews explored the well-being of these children but also a number of other issues, including: the relative role played by the MnPD's continuous benefit in caregivers' decisions to adopt or accept permanent legal custody of foster children; caregivers' other financial and nonfinancial concerns about accepting permanent responsibility of their foster children; caregivers' understanding of the continuous benefit option and whether and how clearly the offer was made to them; satisfaction of caregivers with agency services and the manner in which they were treated; the composition of caregiver families and the health of family members; sources and levels of stress experienced by caregivers; the socio-economic status and sources of income of caregivers.

Beginning in March 2009 a new mail survey of caretakers was undertaken. The survey, which is currently ongoing, focuses more intensely on issues related to child well-being. This paper presents preliminary survey results based on the responses of 111 caregivers, who each provided an assessment of one foster child in their care (57 waiver group children and 54 control group children). The analysis reported here compares children who have achieved permanency (whether they are in the waiver or control group) to children who have not. All references to children in this paper are to the 111 targeted children in the surveys.

Characteristics of Children. Overall, children who moved to permanent living situation were younger (average age 9.3 years) compared with those who had not achieved permanency (14.1 years). There was not great dissimilarity in ethnicity between the groups: 44 percent of each group was white; a slightly larger percent of the permanency group were African American (34 percent vs 28 percent) and a slightly smaller percent were American Indian (16 percent to 22 percent). Similar percentages of the two groups of children were related by blood to their caregivers (38 percent of the permanency group compared with 34 percent of the non-permanency group). Of caregivers related to the children, half were their grandparents.

² Retrieval at: <http://www.iarstl.org/papers/MnPD%20Interim%20Report-July%202008.pdf>

Types and Prospects of Permanency

Of the children who had moved from foster care to permanency, 82.5 percent had been adopted and 17.5 percent were in the permanent legal and physical custody of their caregivers. Of the children who remained in foster care or had other outcomes, just over one-third ($n=19$; 35.2 percent) were currently living with the foster provider who was the same foster caregiver as when they entered the study population. When these foster caregivers were asked about their plans for the (19) children, seven said they planned to adopt the child and one planned to accept permanent legal custody of the child, four said they had decided neither to adopt nor accept permanent legal custody, and seven remained uncertain what they would do.

Stability of the Living Situation

Permanency Group. All but two caregivers in the permanency group said the children were currently living with them. The two exceptions were a child, age 6, who had died, and an 18 year-old youth who is in a mental health facility. The 18 year old was one of 9 children in the permanency group older than 17, while the 6 year old was one of 48 in this group aged 17 and younger.

Non-Permanency Group. As indicated above, nearly two of three (64.8 percent) caregivers of children in the non-permanency group reported that the children no longer lived with them, an unexpected finding. However, some of this is accounted for because of the age of the “children.” Eighteen in this group are youths aged 18 and older. Of these, 15 have left the foster provider’s home, most to live on their own, with one or more friends, or with a sibling. Nonetheless, this accounts for less than half of the children in this group who are no longer living with their original foster provider. Considering children aged 17 and younger, 16 remain in the same foster home where they were living when they entered the study population, and 20 do not. Of these 20, 5 returned to a biological parent, 5 left to live with another relative, 3 moved to another foster provider to be with their siblings, 1 was removed by the county and 1 by the court, and the living arrangements of 5 children were unknown to the caregiver.

General Well-Being

Caregivers were asked to give their assessment of the child’s general well-being (either now or the last time they saw the child). Caregivers who had adopted or accepted permanent legal custody of children were more likely to report that the child in their care was “excellent” or “good” compared with caregivers of children who remained in foster care or were living in other circumstances. (See **Figure 1.**) None of the caregivers of children who moved to permanency



Figure 1. General Well-Being of Children as Reported by Caregivers

reported the children to be “not well” compared to 16.7 percent of caregivers of other children. The difference between the two groups of caregivers was statistically significant; $p=.001$.

Similarly, when asked whether, in their judgment, the children were doing better now than a year ago, respondents who had adopted or accepted permanent custody of children were more likely to say the children were better off and less likely to say they were worse off than were caregivers of foster or other children ($p=.003$; see **Figure 2.**)

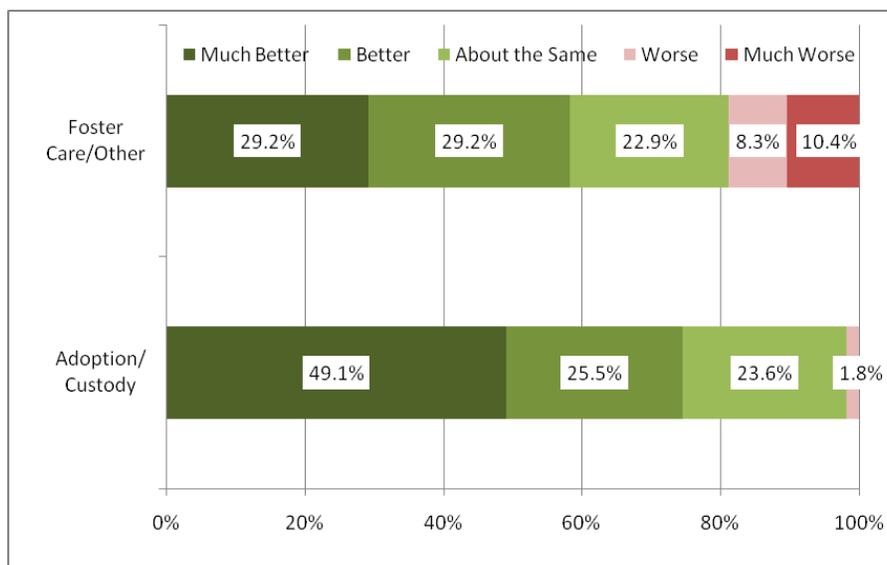


Figure 2. General Well-Being of Children Now Compared to One Year Ago

Resilience, Coping and Functioning

More specifically, caregivers were asked whether they would describe the children as happy, affectionate, healthy, friendly, trusting, self-confident and calm. They were asked to respond to each on a three-point scale: very, somewhat, or no. The assessment of caregivers who had adopted or accepted permanent legal custody of children, as a group, was more positive than that of other caregivers on each of the seven characteristics. The differences on four of the seven were statistically significant ($p < .05$): happy, affectionate, friendly and trusting. As an example, **Figure 3** shows the responses of caregivers to the question: Would you describe the child as a happy child?

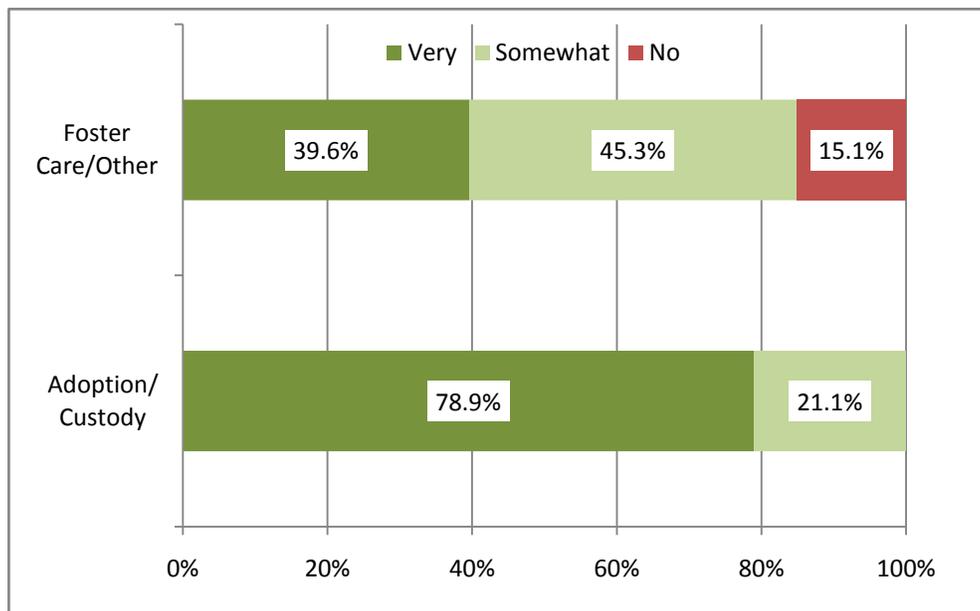


Figure 3. Would you describe the child as a happy child?

Figure 4 plots the mean responses of caregivers converted to a three-point scale, where “very” = 1, “somewhat” = 2, and “no” = 3. The more positive assessments of caregivers who had adopted or accepted permanent legal custody children can be seen graphically in the figure.

Question: Would describe the children as happy, affectionate, healthy, friendly, trusting, self-confident and calm?

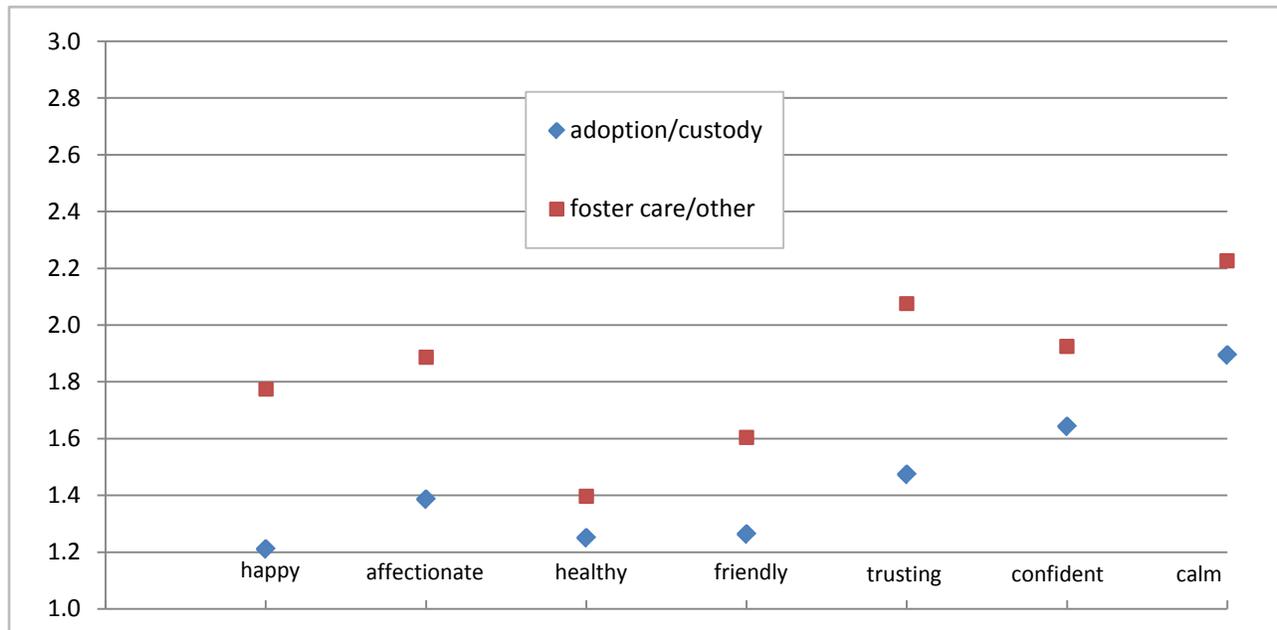


Figure 4. Mean Assessment of Child by Caregivers
 (where “very” = 1, “somewhat” = 2 and “no” = 3)

Caregivers were also asked a series of questions about the behavior of the children. They were asked:

Would you say that this child:

1. Gets along with other members of the family?
2. Argues a lot?
3. Complains about being lonely?
4. Shows a sense of humor?
5. Takes responsibility for his/her actions?
6. Is sad or depressed?
7. Makes you proud?

Caregivers of children adopted or in permanent legal custody status were more likely to say that the child got along with other members of the family and made them proud. These same caregivers were less likely to say that the child argued a lot, complained about being lonely, or was sad or depressed. For each of these items the difference was statistically significant ($p < .05$). For the other two items, that the child showed a sense of humor and took responsibility for his/her actions, the difference was not significant.

Caregivers were asked about the feelings the children had for their biological parents, and significant differences were found between the groups. When asked whether the child had “feelings of loss about his/her biological parents,” 35.7 percent of the caregivers who had adopted or accepted permanent legal custody of the children said yes, compared with 67.3 percent of caregivers of foster or other children. When asked whether the child “worries about his/her biological parents,” 21.4 percent of caregivers who had adopted or accepted permanent legal custody of the children said yes, compared with 53.8 percent of caregivers of foster or other children.

Relationship between Caregiver and Child

Caregivers are asked to describe their relationship with the children in their care. The survey asks the respondent to assess the relationship on 15 items using a 5-point, Likert type scale, from strongly agree to strongly disagree. The items are shown below. The items are mixed so that if a relationship was entirely positive the respondent might agree with some items and disagree with others.

15 Items on Relationship Scale

1. I share an affectionate relationship with the child
2. We always seem to be struggling with each other
3. If upset, the child will seek comfort from me
4. The child is uncomfortable with physical affection or touch from me
5. The child values his/her relationship with me
6. When I praise the child, he/she beams with pride
7. The child spontaneously shares information about himself/herself
8. The child easily becomes angry at me
9. It is easy to be in tune with what the child is feeling
10. Child remains angry or is resistant after being disciplined
11. Dealing with the child drains my energy
12. When child is in bad mood, I know we're in for a long difficult day
13. Child's feelings toward me can be unpredictable & change suddenly
14. Child is sneaky or manipulative with me
15. Child openly shares his/her feelings and experiences with me

The mean responses on all items were in the same direction: caregivers who adopted or accepted permanent legal custody of children reported a more positive relationship with them. The differences between the groups of caregivers were statistically significant ($p < .05$) on all but three items, numbers 8, 11, and 12.

Figure 5 shows the mean responses of the two groups of caregivers to items on the relationship scale. The items for which agreement represents a positive relationship are grouped at the top of the scale and items for which disagreement represents a positive relationship are group at the bottom.

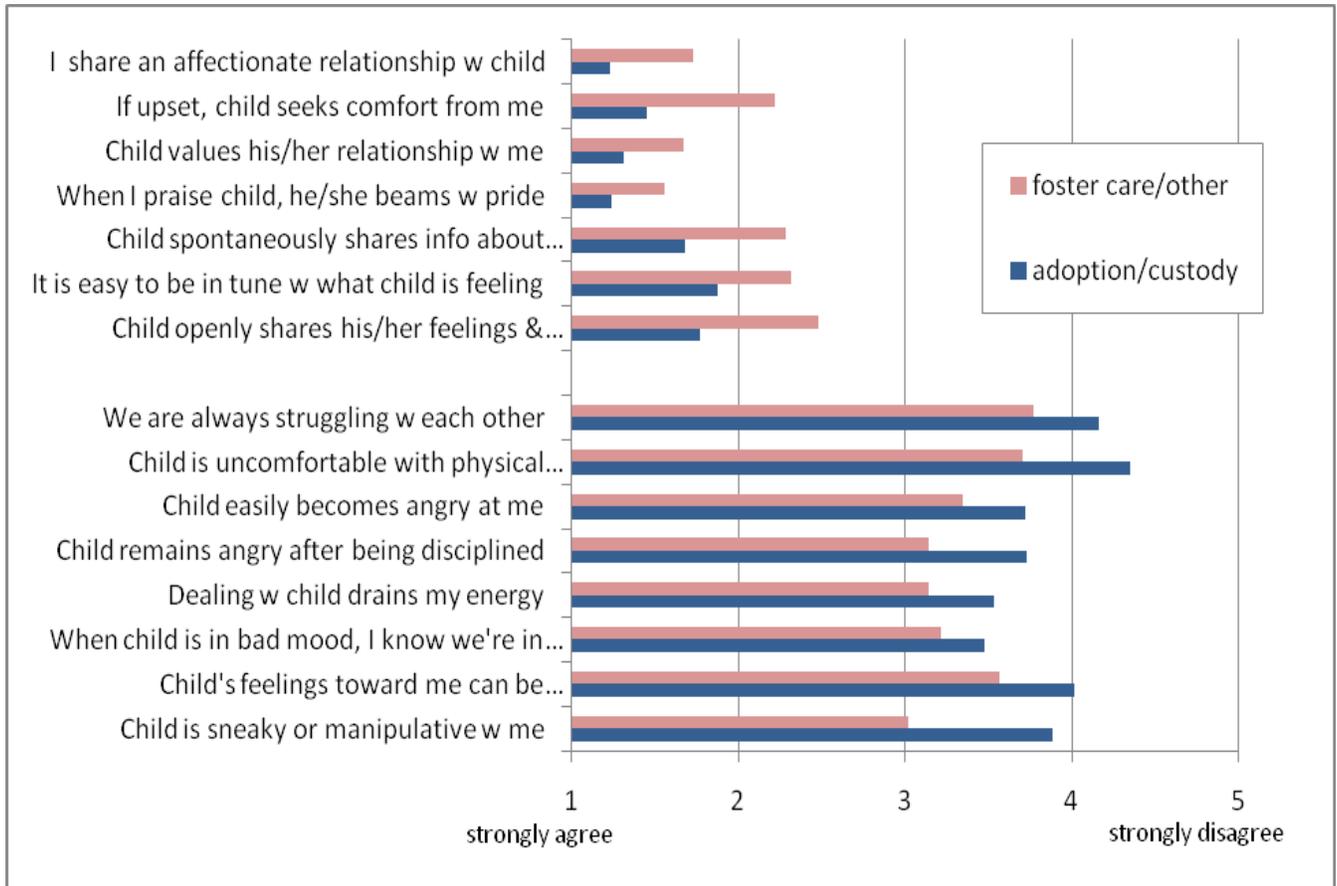


Figure 5. Mean Responses of Caregivers to Questions about their Relationship with the Children in their Care (on 5-point scale where 1=strongly agree and 5=strongly disagree)

Health and Health Care

The percentage of children reported to have some type of health problems was similar between the two groups: 43.4 percent of the children moved to permanency versus 41.12 percent of foster or other children. Also similar were the reported frequencies of mental or physical disabilities (36.4 percent among permanency children vs. 39.6 percent among foster or other

children) and the reported frequencies of learning disabilities or ADHD (46.4 percent vs. 45.3 percent).

Caregivers were asked about current medical coverage for their children. Nearly all respondents (96 percent) who continued to care for the children, whether or not the living arrangement had been made permanent through adoption or legal custody, reported that the children were covered with Medical Assistance. Two said the child had some other unspecified coverage, and one mentioned MN Care but nothing else. Some (37 percent) caregivers who had adopted the children said they were covered under their private insurance in addition to Medical Assistance; none of the other respondents reported this.

School

Among children between the ages of 6 and 18, most were reported to be attending school. This included 96.3 percent of the children who had moved to permanency through adoption or permanent legal custody and 86.4 percent of the foster care or other children.

Caregivers of children in school were asked a number of questions about the school experiences of the children, questions about the child's attendance, educational progress, attitudes toward school, behavior in school, and the amount of contact between the caregiver and the school. On some items no differences were found. On certain items statistical trends were present: Children who had been moved to permanency were somewhat less likely to miss or skip school or to have been suspended from school. Caregivers of children in the permanency group were also somewhat more likely to have talked to the child about his or her grades or school work and about other school-related activities of the child. And, finally, children who had achieved permanency were somewhat less likely than foster care or other children to have changed schools during the previous two years, another indicator of greater stability in their lives.

Conclusion

As noted at the beginning of this paper, these findings are very preliminary and are descriptive only. They are limited to the responses of the initial set of caregivers surveyed with the new survey instrument. The findings focus only on differences in child well-being between children in the study population who have been moved to permanency and those who have not. They do not distinguish between waiver and control groups. However, as incomplete as they are, the preliminary findings support the underlying premise of the Minnesota Title IV-E waiver demonstration, that promoting permanency has a direct impact on child well-being. The

Children's Bureau has consistently maintained that the primary goals of child welfare services are the achievement of safety and protection, timely permanency outcomes, and child well-being. These data argue that for many children in foster care, permanence leads to improved well-being and that the effort to promote permanence is consequential and justified.