

# Factors Affecting Permanency Outcomes for Foster Children Before and After Passage of the Adoption and Safe Families Act of 1997

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## Abstract

*Considerable research has examined the numerous factors that affect how children enter and exit the child welfare system. Fewer studies have explored the impact of federal legislation on the outcomes of foster children. This study examines the emotional and behavioral functioning and permanency outcomes of a sample of children (n = 126) placed in specialized foster care who left care before and after passage of the Adoption and Safe Families Act (ASFA) of 1997. Results show that the permanency rate was greater among children who left care post-ASFA, although these children experienced higher rates of emotional and behavioral problems.*

**Key Words:** foster care, ASFA, permanency, children

## Introduction

Policymakers have devoted significant attention to ensuring the safety and well-being of children at risk (Bernstein, 2001; Brisset-Chapman, 1995). Despite efforts to ensure child safety and support of families through child welfare policymaking, pervasive issues plague the implementation and reform of federal child welfare legislation: disagreement about the role of government in protecting children and preserving families; lack of a stable, clear definition and assessment of a child's need for in-home versus out-of-home care; and the allocation of resources between prevention and treatment services (Liederman, 1995; Gluck Mezey, 2000).

Researchers have examined multiple factors that affect how children enter and exit the child welfare system. Among the questions asked are: How long do children

stay in foster care? Where do they go when they leave foster care? How many children are adopted and how many are reunified with their families? Some of the factors that may affect these outcomes include age, race, behavioral and emotional functioning, family functioning, substance abuse, mental illness, and incarceration. Little research has been done to compare the impact of these factors before and after enactment of the Adoption and Safe Families Act (ASFA) of 1997. The General Accounting Office (GAO) of the Department of Human Services has reported that the annual number of adoptions increased by 57% from the time ASFA was enacted through fiscal year 2000; however, the role ASFA played is difficult to discern because of the lack of pre- and post-ASFA data (Ashby, 2003). The purpose of the current study is to explore the impact of federal policy changes on the discharge disposition and related outcomes of foster children served by a private child welfare agency located in Chicago, Illinois.

## Legislative History

The enactment of the Child Abuse and Prevention Treatment Act (CAPTA; Public Law No. 93-247) by Congress in 1974 represented the federal government's initial foray into the child welfare policy arena (Wells, 1995; Hutchison, 1993; Gluck Mezey, 2000, p. 23). CAPTA provided federal assistance to states to fund demonstration programs for the prevention, identification, and treatment of child abuse and neglect (Stein, 1998). Concern about the federal fiscal responsibility for many children in high-cost care rose with increasing numbers of children placed in foster care throughout the 1960s and 1970s. Another major concern focused on

children who remained in care for extended periods and who experienced multiple placements while in care (Gendell, 2001).

In the early 1970s, efforts were made to implement demonstration projects and experimental service arrays designed to prevent out-of-home placement, facilitate family reunification, and decrease or remove barriers to adoption (Stein, 1998; Gendell, 2001). The basis of many of the demonstration projects was the idea that family reunification could be achieved through case management and reasonable efforts emphasizing permanency planning as a strategy to reduce the escalating rates of children entering and spending long stints in care. This theory culminated in the passage of the Adoption Assistance and Child Welfare Act (AACWA; Public Law No. 96-272) of 1980 (Gendell, 2001). The objectives of the AACWA were to prevent the removal of children from their homes and to facilitate placement of children who enter out-of-home care in permanent family homes through family reunification or placement in an adoptive home. Though state receipt of Title IV-A and IV-E funding for children in out-of-home care obligated state child protective agencies to expedite permanency for children and clearly document and track children in care, most states were out of compliance with the federal mandates. Ultimately, state child protective agencies were unable to fully implement many of the AACWA provisions, as evidenced by increased litigation seeking state compliance and systemic reform (Barth, 1997; Stein, 1998; Gluck Mezey, 2000).

From 1990 to 1999, the number of children placed in foster care nationally rose from 400,000 to 570,000 (Child Trends, 2003). Stimulated by an increase in child abuse reports and the number of children in foster care, Congress enacted the Adoption and Safe Families Act (ASFA, Public Law No. 105-89) in 1997 (McGowan & Walsh, 2000; Stein, 2000). Although now a decade old, ASFA reflects the most recent comprehensive legislative effort to reform federal child welfare policy. Broadly, ASFA provisions

focus on safety, permanency, and protection for at-risk children in out-of-home care (Stein, 1998; Gendell, 2001). Because ASFA was intended to correct problems stemming from AACWA, it included modifications of several aspects of AACWA and introduced new elements into law. First, ASFA does not require reasonable efforts to reunify a child with his or her parents in situations in which parents subjected a child to severe abuse, such as abandonment or torture; parents were convicted for the death of a child; or the parental rights regarding a sibling have already been terminated (Stein, 2000). Second, ASFA required expedited timelines for permanency, along with financial incentives to child welfare agencies for completed adoptions (McGowan & Walsh, 2000). Under ASFA, child welfare agencies can “fast track” children to be reunified with their families: Termination of parental rights can be pursued once a child has been in foster care for 15 out of 22 months (Ashby, 2003).

Several states have had difficulty implementing the new policies and integrating them into their child welfare systems (Wells & Guo, 1999). Child welfare workers began to find that judges may fail to rule in accordance with ASFA, which hinders the agencies’ efforts (Ashby, 2003). Poor data collection and reporting of information related to outcomes create additional difficulties. The GAO issued a report in 1999 reviewing states’ early experiences in implementing ASFA. By July of 1999, all states had enacted legislation and developed administrative policies and procedures to address the provisions and federal requirements of the Act. However, state implementation of federal guidelines was uneven for a number of ASFA provisions (Fagnoni, 1999). Gendell (2001) provides a preliminary review of national foster care statistics that reveal movement toward expediting permanency, but with uneven results when individual state performance is reviewed. For example, Illinois showed a dramatic increase in the number of adoptions post-ASFA, with a baseline of 2,200 in 1997 increasing to 4,656 in 1998

and 7,006 in 1999. It is not certain how much of the increase represents clearing-out of a backlog of children in care, nor whether these numbers will return to pre-ASFA levels, particularly as Illinois ranked first in the nation with the highest number of children in foster care. Agencies have not been able to determine how ASFA has affected the length of stay and permanency for children in foster care (Ashby, 2003).

In addition to federal policy changes, an additional change took place at the state level prior to the passage of ASFA. In 1995, the Illinois Department of Children and Family Services (DCFS) submitted an application to the United States Department of Health and Human Services requesting waiver authority to allow a five-year demonstration of federally subsidized private guardianship as a permanency outcome under Title IV-E (Testa, Cohen, & Smith, 2003). This waiver was approved, and in 1996 Illinois became the second state (Delaware was the first) to obtain a child welfare waiver. The official waiver demonstration project lasted from 1996 to the spring of 2002.

## Discharge Outcomes

Numerous placement options are considered before a child leaves foster care, including adoption, guardianship, and reunification with the family he or she had resided with before entering foster care (Ashby, 2003). Adolescents may enter an independent living program after leaving foster care or seek emancipation from the child welfare system. Foster children and adolescents with special needs that cannot be adequately met in a foster home may also be “stepped up” to a group home or residential setting. During fiscal year 2005, 4,658 children—roughly one fourth of all foster children in Illinois—moved into permanency: 2,153 children (46%) were reunified, 1,867 children (40%) were adopted, and 638 children (14%) were placed into permanent homes through the State of Illinois subsidized guardianship program (DCFS, 2006).

## *Factors that affect discharge outcomes*

Many studies have been conducted in an attempt to tease out the most crucial factors that affect discharge outcomes for children in foster care. The following literature review summarizes some of this research in an effort to explore the central issues affecting children’s length of stay in foster care, as well as their discharge disposition. Methodological difficulties have been noted regarding foster care outcome research (Ashby, 2003; Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996). It is important for researchers to remember that they are measuring outcomes for specific cohorts of children who enter and reside in foster care at around the same time; this effect may influence the findings. The research on foster care outcomes is also greatly lacking information regarding children at the time of discharge (Courtney et al., 1996; Reddy & Pfeiffer, 1997). However, even with limitations, foster care outcome studies provide important information regarding the factors affecting discharge disposition.

## State and Federal Policies

The policy environment has a tremendous effect on the decision of whether to take a child into care, the services available to the child and his or her family, and planning for the child’s future. Although ASFA shortened the timelines for parents to receive services and provide evidence of their ability to sufficiently parent their children, other policies impose an additional burden on these families, particularly if they are poor. The majority of parents with children in care are single mothers who are eligible for public aid (Wells & Guo, 2003). While ASFA required limited timelines for parents to work to have their children returned, public aid policies also establish a separate set of timelines to maintain benefits.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 limited the length of time in which individuals can receive cash assistance. PRWORA emphasizes work by public aid

beneficiaries after the timeline has expired. In practice, this creates complicated problems for those working toward reunification with their children (Wells & Guo, 2003). For instance, if a parent needs to obtain mental health or substance abuse services in addition to finding work and keeping the job, it becomes extremely difficult to also attend visitation and court dates. Studies have shown that when a single mother receives a higher proportion of her income from work, reunification with her children is slower (Wells & Guo, 2003). Wells and Guo (2003) speculate that this occurs because of the difficulty single mothers have in working low-wage jobs with little or no access to child care or the other supports needed to satisfy reunification requirements. Some evidence suggests that welfare reform may have actually created *more* instability for families with children in foster care than existed before the legislation (Wells & Guo, 2004). For mothers with any other obstacles, such as a substance abuse or mental health problem, the reunification process may simply grind to a halt (Wells & Guo, 2004).

### Abuse and Neglect

Children are placed in foster care because of substantiated reports of various forms of abuse or neglect. Many studies have shown that children who have been physically abused are more likely to be reunified with their parents, and at a faster rate, than children born with substance dependency or a history of neglect (Benedict & White, 1991; Karoll & Poertner, 2003; Littell & Schuerman, 1995; Wells & Guo, 1999, 2004).

### Age

Research on foster care outcomes has looked at the age a child enters care, the age a child leaves care, how age influences the length of time in care, and how age affects the chances of reunification or adoption (Barth, 1997; Courtney, 1994; Littell & Schuerman, 1995; Wulczyn, 2003). Infants and adolescents are the age groups least likely to reunify with their families of origin, compared to other age groups (Wulczyn,

2004). Half of all children admitted to foster care after their first birthday return home, whereas children who enter care before their first birthday have lower reunification rates and are more likely to be adopted. Infants are adopted at a rate of 4 out of 10 children, which is two times greater than for children ages 1 to 5 and four times greater than for children ages 6 to 12 (Wulczyn, 2003). In general, younger children more frequently exit foster care for adoption; older children exit for reunification or other outcomes (Wulczyn, 2003). Courtney (1994) has speculated that this phenomenon may be related to the influx of young children entering care due to maternal substance abuse since the mid-1980s.

### Race

Race is often cited in studies of the child welfare system. Overwhelmingly, studies have shown that African-American and other minority groups are overrepresented in the child welfare system compared to Caucasian children and families. "The overrepresentation of black children in foster care is partially due to a higher rate of entering care (8 entries for every 1,000 black children versus 3 entries for every 1,000 white children and 4 entries for every 1,000 Hispanic children)" (Wertheimer, 2002, p. 2). Children of color and their families experience poorer outcomes and receive fewer services than Caucasians (Courtney et al., 1996). African-American children are less likely to be adopted than Caucasian children, and families of color have more difficulty legalizing adoptions (Courtney et al., 1996). African-American children were found to be less likely to achieve timely permanence, which raises questions about the nature of the child welfare interventions (Courtney, 1994; Potter & Klein-Rothschild, 2002).

Wulczyn (2003) posits that the disproportionate presence of African-American children in foster care is a function of both an increased likelihood to enter and a decreased likelihood to exit care. Wulczyn emphasizes that since

children are often in foster care for several years, it is important that researchers pay attention to this when designing studies, especially if the study time is shorter than a group's actual stay in foster care. In the case of the eight states Wulczyn studied, African-American children were actually more likely to be adopted than Caucasian children, but their adoptions were slower in reaching completion. Wulczyn found that although African-American children spend more time in foster care, they are adopted just as often as other children.

### Dependent Children and Substance Abuse

The Child Welfare League of America reported that at least 50% of substantiated child abuse and neglect reports involved substance abuse by parents (Maluccio & Ainsworth, 2003). Children of substance-abusing parents are more likely to experience maltreatment; they are three to four times more likely to experience physical and sexual abuse by family members; they are more likely to have adjustment disorders and significant behavioral, conduct, and attention deficit disorders and to function poorly in general compared to other groups of children (Maluccio & Ainsworth, 2003).

Parental substance abuse may be one of the most significant obstacles to reunification. Children who enter foster care due to parental substance abuse tend to be younger (less than five years old) and are more likely to be victims of severe, chronic neglect (Maluccio & Ainsworth, 2003). ASFA may negatively affect reunification for these parents, because often the time limit parents are given is not long enough to receive effective treatment for their substance-abuse issues. One study found that substance abuse was viewed as the primary factor in case decision-making, more than any other parent characteristic (Zuravin & DePanfilis, 1997). Reunification with their biological parents is slower for children born after exposure to substances of abuse (Wells & Guo, 1999). In addition, children with substance-abusing parents

are more likely to exit foster care following the termination of parental rights and enter into adoption, which tends to be a lengthier process (Maluccio & Ainsworth, 2003).

### Child Emotional and Behavior Problems

Emotional and behavioral problems in children tend to be correlated with a longer stay in foster care (Kupsinel & Dubsy, 1999). The literature on this topic often does not consistently define "emotional and behavioral problems." However, the literature consistently points to abuse and neglect and entering and living in foster care as being significantly correlated with children developing emotional and behavioral problems (Kupsinel & Dubsy, 1999; Leathers, 2001; Leslie, Landverk, Ezzet Lofstrom, Tschann, Slymen, & Garland, 2000; Lindsey, 2001; Orme & Buehler, 2001; Wulczyn, 2004). Children who enter foster care have a high rate of complicated emotional and behavioral difficulties, which can be further exacerbated by the trauma of being placed in foster care (Orme & Buehler, 2001). Children with emotional or behavioral issues may be less likely to be returned home quickly and experience a higher risk for unfavorable permanency outcomes (Potter & Klein-Rothschild, 2002).

### Child Health Problems

Children with physical health problems were shown to have slower rates of reunification (Courtney, 1994; Littell & Schuerman, 1995; Potter & Klein-Rothschild, 2002; Wells & Guo, 1999). More specifically, Courtney found that "on average, a child with health problems is approximately more than half as likely to go home at any point in time as a child without such problems" (1994, p. 93).

### Family Functioning

Family functioning has been shown to affect foster care outcomes when: (1) parents are ambivalent about reunification, which serves as a substantial obstacle to the reunification process; (2) parents experience multiple problems such as substance abuse, poverty, homelessness, and mental

illness; (3) parents request the child's initial placement in foster care; and (4) the household is headed by a single parent (Littell & Schuerman, 1995).

In recent years, there has been an increase in the number of children taken into foster care due to parent incarceration (Johnson & Waldfogel, 2002). Studies have found that children with incarcerated parents are at risk for problems with emotional, behavioral, and psychological development (Johnson & Waldfogel, 2002). ASFA has complicated matters for incarcerated parents by requiring that states file a petition to terminate parental rights when a child has been in state care for 15 of the past 22 months.

Similarly, there are many obstacles for parents in need of treatment for mental illness while working to reunify with their children. People with serious mental illness often are not able to recognize their illness or seek out help (Risley-Curtiss, Stromwall, Hunt, & Teska, 2004). Some states will not provide reunification services to parents who have mental health disorders (Risley-Curtiss et al., 2004).

### Length of Stay and Multiple Placements

The length of stay in foster care is one of the primary issues that led to enactment of ASFA. The median length of stay for a foster child who left care between 1998 and 2000 was 1 year, and among those who were adopted the median length of stay was 3 years (Ashby, 2003). Although many children only have one foster care placement during their stay, some children experience five or more placements, with children who are eventually adopted tending to have more placements in part because of their longer stays in foster care (Ashby, 2003). One study found that children with more placements had a decreased probability of reunification (Wells & Guo, 1999). Children tend to leave foster care quickly when they achieve reunification, but after one year in foster care, the likelihood of reunification

is significantly reduced. Among children in foster care for more than three years, adoptions actually account for more children leaving foster care than reunification (Wulczyn, 2004). Overall, the longer a child is in foster care, the less likely he or she is to return to live with the biological family (Courtney et al., 1996).

### Poverty

The majority of families with children in foster care are also poor (Courtney, 1998). In one study, more than four-fifths of children sampled were from families that were eligible for public cash assistance when the child was placed in foster care (Courtney, 1994). These families were found to have a lower rate of reunification than other children (Courtney, 1994). Children who were placed with family members and those eligible for public cash assistance were also found to have a slower rate of reunification (Potter & Klein-Rothschild, 2002; Wells & Guo, 1999). The incidence of abuse and neglect was approximately 22 times higher for families with incomes under \$15,000 per year than for families with annual incomes above \$30,000 (Courtney, 1998).

Scholars and child welfare advocates have noted that when mothers of children in foster care lose their public aid benefits, it is much more likely that they will become poorer, resulting in inability to have their children return home (Wells & Guo, 2003). In this regard, it is important to note that because of low-wage jobs and the tendency for those jobs to be unstable, require difficult hours, and not provide benefits, mothers face several huge obstacles to reunification with their children. In such a situation, mothers find it difficult to provide for both their children's concrete needs and their supervision and emotional needs (Wells & Guo, 2003).

### Siblings in Care

Foster children with siblings in care are less likely to exit foster care due to adoption or reunification, whereas children with fewer siblings were found to reunify in

less time (Potter & Klein-Rothschild, 2002). When siblings are placed in the same foster home, reunification is less likely or slower (Tam & Ho, 1996).

## Methodology

### Sample

The original sample included 240 children who left a Chicago-based social service agency's Specialized Foster Care Program between 1990 and 2002. The sample was divided into two groups based on when the child left foster care in relation to the implementation of ASFA. Although ASFA went into effect on November 19, 1997, children were assigned to the pre- or post-ASFA groups based on whether they left care before or after January 1, 1998, to allow time for ASFA implementation issues to be resolved. A total of 126 children were included in the final sample: 56 children who entered foster care between 1987 and 1997 and were discharged pre-ASFA, and 70 children who entered foster care between

1988 and 2001 and were discharged post-ASFA. As shown in Table 1, the pre-ASFA group was more likely to be male, Caucasian, and younger at the time of admission compared to the post-ASFA group.

### Measures

Data for both the pre- and post-ASFA groups were gathered from archived client records. A trained research assistant reviewed individual client records and completed a case summary form for each record. Measures include length of stay in the program, presenting problems at admission, emotional and behavioral problems over time, number of siblings, and discharge disposition. Permanency was achieved by children who moved into an adoptive home, returned home, or went under guardianship. Children who left the program and moved into another foster home, relative foster care, residential treatment/group home, or shelter, or eloped, did not achieve permanency. To measure

**Table 1 Sample Demographics**

	Pre-ASFA	Post-ASFA
Gender*		
Male	34 (61%)	27 (39%)
Female	22 (39%)	43 (61%)
Mean Age at Entry in Years (SD)**	6.3 (5.4)	8.7 (4.5)
Race/Ethnicity**		
African American	15 (27%)	53 (76%)
Caucasian	34 (61%)	14 (20%)
Hispanic	2 (4%)	0
Other	2 (4%)	0
Unknown	3 (5%)	3 (4%)

\*  $p < .05$

\*\*  $p < .01$

the presence of emotional and behavior problems while in foster care, records were reviewed starting with the initial assessment, followed by various other sources of clinical information recorded for each six-month period the child was in foster care. The following information was recorded for each document reviewed: the type of data source; the date of the data source; and the emotional/behavior problems present at that time, which may have included anxiety/depression, social problems, rule-breaking behavior, withdrawal/depression, thought problems, aggression, somatic complaints, attention problems, and other problems. For each rating period, children could have presented with no problems up to as many as nine problems during the specified six-month period.

## Results

### *Abuse and neglect*

More than half of pre- and post-ASFA children came to the program with a history of neglect. Post-ASFA children presented with slightly higher rates of sexual abuse (26%) and physical abuse (30%) compared to pre-ASFA children (18% and 13%, respectively) (Table 2).

### *Siblings*

The pre-ASFA group had a median of 2 siblings, ranging from 0 to 7, with a median of 1 sibling in substitute care. The post-ASFA group had a median of 3 siblings, ranging from 0 to 8, with a median of 3 siblings in substitute care.

### *Presenting problems*

At the time of admission, children in the pre- and post-ASFA groups presented with an equal mean number of presenting problems (3.7 problems); however, the prevalence of

**Table 2 Rates of Abuse and Neglect**

	Pre-ASFA	Post-ASFA
Neglect	31 (56%)	36 (51%)
Sexual Abuse	10 (18%)	18 (26%)
Physical Abuse	7 (13%)	21 (30%)

**Table 3 Presenting Problems at Admission**

	Pre-ASFA	Post-ASFA
Prenatal Substance Exposure	10 (18%)	1 (1%)
Parenting Difficulty	29 (53%)	23 (33%)
Caregiver Substance Abuse	22 (40%)	23 (33%)
Disruptive/Impulsive Behavior	12 (22%)	44 (63%)
Socialization Problem	13 (6%)	9 (13%)

specific problems varied between groups. A greater percentage of pre-ASFA children experienced parenting difficulty (53% vs. 33%), prenatal substance exposure (18% vs. 1%), and caregiver substance abuse (40% vs. 33%). A greater percentage of post-ASFA children experienced disruptive/impulsive behavior (63% vs. 22%) and socialization problems (13% vs. 6%) (Table 3).

### *Emotional and behavioral problems*

Emotional and behavioral problem ratings throughout the spell in foster care are available for 51 pre-ASFA (91%) and 61 post-ASFA (87%) children. Records for 14 children did not contain sufficient documentation regarding emotional and behavioral functioning. At the time of admission into the foster care program, pre-ASFA children presented with a mean of 1.3 problems and post-ASFA children presented with a mean of 1.8 problems. More than half of post-ASFA children (56%) presented with 2 or more problems at admission, compared to 35% of pre-ASFA children.

The rate of emotional and behavioral problems decreased somewhat among both groups from admission to discharge, but the post-ASFA group displayed significantly higher problems at discharge. At the time of discharge, pre-ASFA children presented with a mean of 1.0 problem, which is significantly lower than 1.5 problems for post-ASFA children ( $p < .05$ ). Forty-five percent of post-ASFA children presented with 2 or more problems at discharge, compared to 30% of pre-ASFA children.

Although not statistically significant, the post-ASFA group was more likely to experience an increase in emotional and behavioral problem presentation from admission to discharge. Twenty-seven percent of post-ASFA children experienced an increase in the number of

emotional and behavioral problems over time, compared to 13% of pre-ASFA children. Three out of five pre-ASFA children (61%) experienced a reduction of emotional and behavioral problems over time, compared to 55% of post-ASFA children.

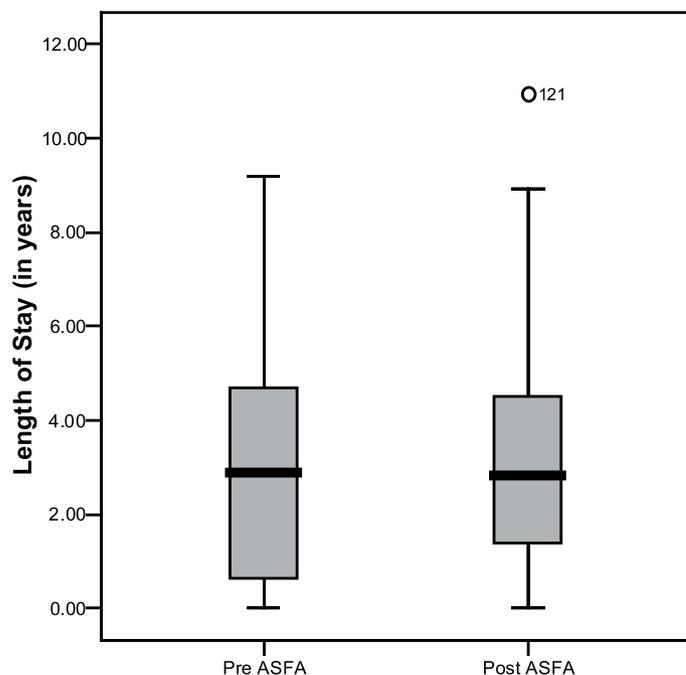
### *Length of stay*

The mean length of stay for the pre- and post-ASFA groups was nearly equal. Children discharged pre-ASFA spent a mean of 3.0 years (SD = 2.5 years) in the program, compared to 3.1 years (SD = 2.3 years) for children who were discharged post-ASFA.

### *Discharge disposition*

Between 1990 to 2002, the majority of foster children left the program via adoption (31%). One out of five children was placed in a residential treatment center or group home. The rates of these disposition outcomes were relatively similar for the pre- and post-ASFA groups. Compared to the pre-ASFA group, children in the post-ASFA group were less likely to move to another foster care home (7% vs. 21%), relative foster home (1% vs. 7%), and to age out of care

**Chart 1**



(7% vs. 11%). Compared to the pre-ASFA group, children in the post-ASFA group were more likely to move to guardianship (16% vs. 0) and return home (11% vs. 7%). Forty-four percent of pre-ASFA children achieved permanency, compared to 62% of post-ASFA children (n.s.) (Table 4).

### Level of care

There were significant differences between the pre- and post-ASFA groups with regard to level of care upon discharge (Table 5). Children who left the foster program post-ASFA were more likely to step down to a less restrictive setting and

**Table 4 Disposition Outcomes Pre- and Post-ASFA**

	Pre-ASFA		Post-ASFA		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Adoption	18	32.1	21	30.0	39	31.0
Elopement	0	0	1	1.4	1	.8
Foster care	12	21.4	5	7.1	17	13.5
Guardianship	0	0	11	15.7	11	8.7
Relative foster care	4	7.1	1	1.4	5	4.0
Residential treatment/group home	12	21.4	16	22.9	28	22.2
Return home	4	7.1	8	11.4	12	9.5
Shelter	0	0	2	2.9	2	1.6
Transitional living/independent living/emancipation	6	10.7	5	7.1	11	8.7
<i>Total</i>	56	100.0	70	100.0	126	100.0

**Table 5 Level of Care upon Discharge**

	Pre-ASFA	Post-ASFA
<b>Step Up</b>	<b>12 (22%)</b>	<b>18 (26%)</b>
<b>Step Down</b>	<b>28 (51%)</b>	<b>45 (65%)</b>
<b>Lateral Move</b>	<b>15 (27%)</b>	<b>6 (9%)</b>

p < .05

less likely to make a lateral move ( $p < .05$ ). This is due in part to the increased rate of guardianship and return home and the decreased rate of lateral movement to another foster home among the post-ASFA group. The rate of children stepping up to a more restrictive setting, however, was relatively similar between groups.

### *Predicting permanency*

Previous research suggests that numerous factors influence the achievement of permanency for children in foster care. To determine which factors significantly predicted the achievement of permanency for this sample of foster children, a stepwise regression analysis was conducted including the following variables: pre- and post-ASFA group membership, gender, age upon admission, race/ethnicity, total behavior/emotional problems upon admission, total behavior/emotional problems upon discharge, and the presence of physical abuse, neglect, and sexual abuse. A significant model emerged that included three variables ( $F = 15.541$ ,  $p < .0001$ ,  $R^2 = .346$ ). Age upon admission was entered first (Beta =  $-.493$ ,  $p < .0001$ ), followed by group membership (Beta =  $.342$ ,  $p < .0001$ ), and then total behavior/emotional problems upon discharge (Beta =  $-.260$ ,  $p < .01$ ). A second model was developed using binary logistic regression to predict the achievement of permanency. The second model included the three variables selected for the stepwise regression model and successfully classified 78% of cases ( $R^2 = .426$ ).

## Discussion

This study set out to explore the impact of ASFA on the discharge disposition of a sample of children in Specialized Foster Care, as well as those children's level of emotional and behavioral functioning over time. Several differences were found between the groups of children who left care before and after enactment of ASFA. More than half of the post-ASFA group (56%) presented with two or more emotional/behavioral problems at admission, compared to 35% of

pre-ASFA children. At discharge from the program, post-ASFA children had a mean of 1.5 emotional/behavioral problems, which was significantly greater than the mean of 1.0 emotional/behavioral problem for pre-ASFA children ( $p < .05$ ). Post-ASFA children presented with more emotional/behavioral problems at admission and discharge compared to pre-ASFA children; for the former group, the number of emotional/behavioral problems over time was more likely to increase.

Interestingly, although post-ASFA children had greater emotional/behavioral problems, they were more likely to achieve permanency. Roughly 3 out of 5 post-ASFA children (62%) achieved permanency, compared to 44% of pre-ASFA children. Similarly, children who left foster care post-ASFA were significantly more likely to step down to a less restrictive level of care and less likely to make a lateral move to another foster care agency than pre-ASFA children ( $p < .05$ ). Our findings are consistent with recent research finding that adoption was twice as likely to occur for children admitted to foster care between 1998 and 2001 than for children admitted in 1990 (Wulczyn, Hislop, & Chen, 2005), although this study uses an exit rather than an entry cohort design.

The results of the logistic regression analysis show that age and the total number of emotional/behavioral problems at discharge have an inverse relationship to achieving permanency. As a child grows older, and as the number of emotional/behavioral problems increases, the less likely the child is to achieve permanency. Additionally, children who belonged to the post-ASFA group had a greater likelihood of achieving permanency than did those who belonged to the pre-ASFA group.

Post-ASFA children were more likely to achieve permanency largely due to the increased rate of guardianship. This increase coincides with an important policy change in the Illinois child welfare system.

The initial Illinois Subsidized Guardianship Demonstration waiver lasted from 1997 to 2002, during which time 61% of foster children achieved permanency statewide (Testa, Cohen, & Smith, 2003). During the same 5-year period, 80 children from the study sample of 126 foster children left care. Fifty-eight percent achieved permanency, which is only slightly lower than the statewide rate. This is remarkable given that the foster children in the study were placed in specialized foster care rather than traditional foster care. Compared to the statewide data, foster children in the study sample were more likely to achieve reunification (21% vs. 15% statewide), were just as likely to achieve guardianship (26% vs. 27% statewide), and were slightly less likely to be adopted (53% vs. 58% statewide). Subsidized guardianship has become a critical permanency option second only to adoption.

There are a few limitations to this study. First, the study uses an exit cohort design rather than an entry cohort design as recommended by child welfare researchers

(Wulczyn, Hislop, & Chen, 2005). Second, the sample includes children who may be in their first, second, or *n*th spell in care, and the date that protective custody was taken was not recorded. Finally, the pre- and post-ASFA groups are not matched by gender, age, and race.

The number of children entering the national and Illinois child welfare systems has declined in recent years, but the children brought into and remaining in care present with an increased array of family function, emotional, and behavioral problems, as evidenced by the post-ASFA group. Due to its initial success, the Subsidized Guardianship Waiver Demonstration was extended until December 31, 2008. Based on these findings and statewide permanency data, guardianship is likely to continue to be an important pathway to permanency for a significant number of children leaving foster care. Additional intervention is necessary to increase the rate of permanency and prevent foster children from “stepping up” to more restrictive settings and lingering in the system for long periods of time, particularly when the children are in their teens.

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