Permanency Planning and Its Effects on Foster Children: A Review of the Literature

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What are the effects of permanency planning? The authors present findings on a review of quantitative outcome research on this subject. Three outcomes were examined: (1) the extent to which permanency planning resulted in a higher rate of placement of children into homes presumed to be permanent, (2) the extent to which presumably permanent placements did not result in the return of children to foster care, and (3) the extent to which children whose placements were guided by permanency planning adjusted better than children whose placements were not.

BACKGROUND
Maluccio and Fein defined permanency planning as the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships.

This model of foster care appears to have been developed in its current form largely in response to the findings of landmark research conducted by Fanshel and by Maas and Engler, which revealed that many children were adrift in foster care. Of course, social work theory and practice have had a long tradition of affirming the principle that children need continuity in their nurturing relationships for adequate psychosocial growth and development. The publication of Maas and Engler’s and of Fanshel’s studies, however, revealed that the foster care system did not have a formal mechanism for avoiding impermanence. The permanency planning movement became a mechanism for the reaffirmation of the principle of permanence and continuity. The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) emphasized the desirability of developing plans for permanent placement of children who are in need of out-of-home placements for a brief or an extended period of time.

A permanent placement is not defined simply as a child’s extended residence with a particular family. Rather, permanency refers to a placement in which the caretakers (usually biological or adoptive parents) have made the commitment to take responsibility for a child until adulthood. Technically, if a child lives in a foster placement until adulthood but does so without the benefit of a plan, this would not be classified as a permanent placement. In fact it was precisely because children remained in foster care indefinitely in the absence of intentional planning by social workers that permanency planning was developed. Thus, extended placement and permanency are not synonymous.

Permanency planning involves a sequen-
tial series of activities, including creation of a plan, implementation of the plan (which involves placement of the child in a home intended to be permanent), and monitoring of the placement so as to prevent disruptions to the greatest extent possible. Permanency planning is not an end in itself but rather a means for achieving other ends, including (1) protecting the health and safety of the child, (2) establishing (or reinforcing) a set of stable nurturing relationships between the child and parents or parent surrogates, (3) preserving the biological family, and (4) enhancing the psychosocial and behavioral adjustment of the child. By minimizing the length of stay in foster care, permanency planning may also have the effect of reducing costs to public and private agencies. Although this is not a primary goal, if achieved, it would be a beneficial effect.

ANALYSIS OF EFFECTS

The effect of permanency planning can be defined as the difference between how foster children fare when a permanent plan has been developed and implemented for them and how they would have fared had their foster care not been guided by a permanent plan. Changes in outcome are not synonymous with effect. To draw conclusions about effects, one must first have a basis for saying that observed changes in foster children would not have taken place in the absence of permanency planning. Some changes in outcome variables often occurs naturally over time as children develop and mature; thus, change, if it occurs, should not be confused with effects. In fact, no change, or even deterioration in functioning, for example, may be a positive result of permanency planning if the rate of deterioration is significantly less rapid than that of children whose care is not guided by a plan. The central issue is obtaining estimates of how comparable children adjust with and without the benefit of a permanent plan.

The importance of carefully assessing the effect of permanency planning was articulated by Rooney, who noted that permanency planning offers considerable promise for generating constructive programs that are truly in the best interest of the child and end the problem of many children's gradual drift into the limbo of temporary placements. However, the movement must be guided so that a rush toward placing children in inadequate but nevertheless permanent placements does not result. Despite the present widespread emphasis on the savings and benefits that will accrue from changes to the foster care system as a whole, professionals must not lose sight of the children who are supposed to be the prime beneficiaries of these changes. Permanency programs must therefore be monitored to make certain that they actually result in more continuous placements that help children feel psychologically secure.7

FINDINGS OF PAST RESEARCH

The authors conducted a review of research published since 1960 regarding the effects of permanency planning with respect to the outcomes of health, residential stability, and adjustment of children. Our procedures for selecting articles for this review were as follows. We initially focused on four journals: Social Work, Social Casework: The Journal of Contemporary Social Work, Child Welfare, and Social Work Research and Abstracts. Only articles that presented the findings of quantitative research were included. Beginning with the 1960 issues of these journals and continuing through 1983, all outcome studies in which permanency planning was treated as an independent variable were included in this review. We also examined the references listed in each article that was selected through these procedures to identify relevant studies in other journals and in reports and books. No study was identified in which the health or safety of the child was the primary outcome examined. The findings of the available research on the child's residential stability and adjustment are summarized in the sections that follow.

Residential Stability

Residential stability as an outcome of permanency planning has been addressed from two perspectives: (1) the rate of placement into homes that are intended to be permanent and (2) the actual permanence of such placements. A number of studies of permanency planning reported that a higher rate of placement into homes presumed to be permanent was achieved by social workers who espoused the goal of permanency planning and who had the support of the agencies and the courts for their action than by workers who functioned without this supportive climate. For example, regarding the influence of the courts and the service system, Festinger presented data about the number of foster children who were either returned home or adopted before and after the passage of Section 392 of the New York State Social Service Law in 1971, which gave support to permanency planning.8 She found that before the passage of the law, the rate of return of foster children to biological parents was 5.4 percent and the rate of adoption of foster children was 8.2 percent, whereas after the law's passage, these rates were higher (12.5 percent and 14.1 percent, respectively). Whether these changes were statistically significant and could be attributed to the effect of the Social Services Law cannot be determined from the data.

Other studies have also found higher rates of adoption following services guided by permanency planning.9 However, at least one study did not find permanency planning to produce higher rates of return to biological families.10 As a possible explanation, Maluccio et al. suggested that workers may be interpreting permanency planning to mean adoption only, and for this reason they may be making insufficient efforts to return children to their biological parents.11 Another explanation is that biological families who once placed a child in foster care may be unwilling to permanently commit themselves to the care of the child. Thus, although the limited evidence suggests that permanency planning appears to have been successful in increasing the rate at which children are adopted from foster care, there is some doubt raised by Lahti et al. and Maluccio et al. regarding its success in increasing the number who are returned to their biological families.12

A second perspective on the success of permanency planning concerns the actual permanence of placements. It can be argued that a placement should not be considered permanent unless the child lives there until he or she reaches the age of majority. However, because the follow-up periods were too short, no study could be identified that used this definition. Instead, permanence was defined in all reviewed studies as the absence of disruptions prior to the time that the research was conducted. Thus, there is no evidence available regarding the effect of permanency planning on the actual permanence of placements to age 18. The evidence from adoptive and biological family homes regarding the absence of disruptions in the short run is as follows.

Block reported no disruptions following adoption of children by their foster parents.13 Lahti et al. reported that adoptions had fewer disruptions than any other case disposition.14 Although Hamilton et al. found no disruptions during the initial six-month period following adoption, disruptions had begun to occur during the second six months.15 Fein et al. reported that only one of 39 adoptive placements had
been disrupted during the first 12 to 16 months following placement. In sum, it appears that the low rates of disruption of adoptions following foster care at least during the limited time periods studied.

A higher rate of disruption has been reported in the literature, however, when foster children are returned to their biological families. Lathi et al., in reporting data from the Oregon Project, which evaluated the effects of permanency planning, noted that the least stable type of placement following foster care was with the biological family. Block found that 28 percent of the children in his study who were returned to their biological parents were subsequently placed in foster homes. Fein et al. found that as many as 32 percent of the placements of children in their biological homes were disrupted. It is interesting to note that two early studies, which were conducted prior to the widespread acceptance of permanency planning, suggested that the rate of disruption of placements of children in biological families following foster care when the placements had been made without the benefit of permanency planning was no higher than the rate reported in the more recent studies just reviewed. For example, in the Columbia University longitudinal study, Fanshel reported that 17 percent of foster children who were returned to their biological families were subsequently returned to foster care. Sherman, Neuman, and Shyne reported that one-quarter of all foster children who were returned to their biological parents were later placed again in foster care.

Thus, limited evidence from published studies shows that permanency planning may not have improved the likelihood that foster children who are returned to their biological families will remain there permanently. Permanency planning seems to be more successful in effecting permanent placements in adoptive rather than in biological homes.

**Adjustment**

A number of studies have compared the adjustment of children who were placed in permanent homes following foster care and those who remained in foster care. The definition of adjustment varied from study to study. However, in general, adjustment referred to a child's psychosocial functioning and development, degree of contentment and satisfaction, and absence of behavior problems and school failure. Most studies found no difference in adjustment between children who were placed in homes intended to be permanent and those who remained in "temporary" placements. Similarly, Fein et al. found no relationship between the extent of the agency's permanency planning activities and the child's adjustment. They also reported that there was no improvement over time in adjustment among children in permanent placements, a finding consistent with the results of the Fanshel and Shyne study.

These findings are directly at variance with the theory and the professional belief underlying the permanency planning movement that predicts that better adjustment will result if children are in permanent placements. Woolley concluded, with respect to permanency planning, that the issue is that at this point in time, there is no evidence that adoption will in fact resolve... problems for a child... There are no studies available which show that permanency planning will result in children who are better adjusted than they would have been if they had stayed in foster care.

**OUTCOMES AND FUTURE RESEARCH**

Thus, in answering the question, What are the effects of permanency planning, available evidence from past research points to the following conclusions:

1. Studies have found that a somewhat higher rate of adoption from foster care is achieved when workers and agencies accept the philosophy of permanency planning than when their practice is not guided by this approach.

2. According to the research literature, adoptions, once made, tend to be stable. In contrast, a substantial minority of children who are returned from foster care to their biological homes are placed again in foster care. The rate of disruptions from biological families seems to be no lower with the benefit of permanency planning than it was prior to the advent of this philosophy of practice.

3. Based on the limited evidence presented to date in published research, no differences in adjustment have been found between children who are in permanent placements and those who are in temporary placements.

The findings of the literature reviewed in this article offer a number of suggestions for practice and for future research. First, because disruptions occur in possibly as many as one-quarter to one-third of the instances in which foster children are returned to their biological families, this option should not be assumed a priori to be permanent. Children returned to their biological families are more at risk for future placement in foster care than those placed in adoptive homes. An examination of the factors that predictively discriminate between children and families in which disruptions occur and those in which disruptions do not occur may suggest interventions that could be useful in enhancing the success of permanency planning. For example, it may be that children who are returned to their biological parents have more behavior problems than children who are placed into adoptive homes. Some studies suggest that children who have more behavior problems are generally more at risk. Furthermore, the stress within the biological family that may have resulted in the initial foster care placement may be recurring or indicative of other stresses that may emerge over time. Focusing proportionately more agency resources on this at-risk group would therefore seem warranted. These resources could include (1) assigning more highly skilled agency staff to biological families to which foster children have been returned, (2) developing processes so that clinical and administrative supervisory activities focus heightened attention and concern on these families, and (3) creating staff-development seminars and consultation to increase the effectiveness of professional services that support and help this at-risk group. Furthermore, to enhance the stability of the child in the home, support and training programs such as those described by Carbino and by Jacobs, should be encouraged.

Comparisons should be made between the relative costs of permanent placements and of indefinite foster care. If a permanent placement is in fact less costly, it may be the preferred service approach even if it does not produce a differential positive effect on the adjustment of the child, as long as no negative effects are associated with this intervention.

Additional research on adjustment is needed. Attention should be focused on the reliability and validity of the measurement of adjustment. The absence of an effect of permanency planning on adjustment might be due to imprecise or insensitive measurement of this complex outcome. Furthermore, it might be valuable to examine both the quantitative and qualitative aspects of the nurturing relationships between children and the adults who are intended to be their permanent caretakers. As Rooney noted, there is much variability among placements intended to be permanent with respect to the adequacy of the care provided by the parent figures.
It might well be the quality of the relationship (nurturing versus nonnurturing) rather than the category of the placement (permanent versus nonpermanent) that is salient, although these two dimensions may correlate. Finally, as suggested by Fein et al., an examination of the components of permanency planning practice may be useful to identify the discrete activities that constitute this overall approach to service.29 It is possible that selected activities in fact produce an effect on adjustment but that these might not be detected when permanency planning is studied as a unitary, general service approach.

It has been argued (by Wooley, for example) that there is no available evidence to support the hypothesis that permanency planning and permanent placements are differentially beneficial to the child.30 Others (for example, Maluccio et al.) have raised questions about the way this practice approach has been implemented.31 Of particular concern in light of theory and professional belief were the findings of the Fein et al. study that there was neither an improvement over time in the adjustment of children who were in permanent placements nor an indication that the extent of permanency planning activity by social workers was related to children’s adjustment.32 Recent evidence presented by Festinger revealed that adults who spent their childhood and adolescence in foster care differed little in adjustment from adults of their age who had grown up with their biological families and had never been in foster care.33 In light of this degree of similarity, Festinger questioned why professionals make “dire predictions” about the future adjustment of children who grow up in foster care without the benefit of a permanent plan. Continued examination of the effectiveness of permanency planning with respect to both residential stability and the child’s psychosocial adjustment is strongly warranted.

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