



BUILDING SUSTAINABLE POST-PERMANENCY SUPPORT SYSTEMS: A Strengths-Based Framework for Child Welfare Leaders

Post-permanency programs help adoptive, guardianship, and kinship families build on the stability, commitment, and relational strengths that made permanency possible. Child welfare leaders need to create a coordinated support system that honors family expertise, responds early, and reinforces resilience before stress becomes crisis.



Research and national technical-assistance efforts increasingly show that permanency is not a single endpoint, but an ongoing developmental process that benefits from accessible services, adoption-competent practice, cross-system coordination, data-informed improvement, and long-term family partnership (National Center for Enhanced Post-Adoption Support, n.d.; U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, n.d.). Families may seek support years after finalization as children grow, trauma histories resurface, identity questions emerge, schools change, or behavioral health needs intensify. A strengths-based post-permanency approach recognizes these needs without shaming or blaming families and treats help-seeking as a sign of commitment, advocacy, and protective caregiving.

Need for Sustained Funding

Sustainable funding allows post-permanency programs to convert family strengths into long-term stability. Because post-permanency services often depend on a patchwork of funding streams, child welfare leaders need a working knowledge of how post-permanency programs



are funded in their state and how different funding streams can be braided to serve this population. Child Welfare Information Gateway notes that child welfare funding comes from multiple sources with different rules, and that sustainability requires strong data, evaluation, and continuous quality improvement practices (Child Welfare Information Gateway, n.d.-a).

Financing structures also create opportunities to advocate for prevention-oriented support. The Bipartisan Policy Center has described federal child welfare financing as fragmented and often misaligned with current evidence, practice realities, and family needs (Bipartisan Policy Center, 2026). Child welfare leaders can use data and family voice to demonstrate the value of proactive outreach and comprehensive post-permanency programming. Tracking the cost of care when a child re-enters the child welfare system after adoption or guardianship, along with the annual number of re-entries, provides a compelling case for post-permanency investment: although re-entry is relatively rare, the cost per case is high, so prevention delivers a strong return even at modest scale.

Workforce Capacity and Adoption-Competent Practice

A skilled workforce is one of the strongest assets a post-permanency program can offer families. Post-permanency staff need more than general child welfare experience; they must understand trauma, attachment, grief and loss, identity development, the seven core issues of adoption, and kinship dynamics. Because these families remain embedded in their communities, staff also need working knowledge of local schools, family preservation resources, mental health services, and other community supports. Building this knowledge base takes time and experience, which makes a stable workforce essential. Child Welfare Information Gateway emphasizes

that workforce stability is critical because continuity shapes families' relationships with agencies and influences safety, permanency, and well-being outcomes (Child Welfare Information Gateway, n.d.-b). Program leaders should treat workforce development as a family-strengthening strategy in its own right.

Adoption-competent mental health care builds on family resilience. Families connected to adoption, foster care, and kinship networks use mental health services at higher rates than the general population, and many benefit most from clinicians who understand adoption-specific experiences (National Center for Enhanced Post-Adoption Support, n.d.). Program leaders can strengthen access by building referral networks of trained providers, setting clear expectations with contracted clinicians, monitoring family satisfaction with referrals, and offering consultation or training to community partners. Where adoption-competent providers are limited, leaders can expand telehealth options, hire clinicians with the appropriate training onto their own staff, or partner with community mental health providers to build adoption competency across the broader workforce.

Accessible Infrastructure and Family-Centered Navigation

Families are more likely to use support when programs are easy to enter, respectful, and responsive to their needs. Adoptive and guardianship families may encounter eligibility rules, multiple access points, waitlists, and inconsistent information as they try to navigate services for their children. A strengths-based program treats navigation as a leadership responsibility rather than a family burden: it makes the first step obvious, reduces how often families must repeat their story, and moves families quickly from initial contact to meaningful support. Key factors to consider include:

- Clear entry points that make support easy to find and request
- Consistent eligibility guidance that reduces confusion across regions
- Coordinated partnerships with behavioral health, education, Medicaid, and community providers
- Navigation assistance that goes beyond informing families of available services to actively coordinating access on their behalf

Program leaders should build a “no wrong door” approach with shared referral pathways, warm handoffs, clear response-time expectations, and coordinated data systems. When programs make support easier to access, families can spend less energy navigating systems and more energy strengthening relationships, routines, and well-being.

Responsive Service Array

A responsive service array gives families choices and helps them build on what is already working. Post-permanency families may benefit from adoption-competent therapy, respite care, crisis response, parent coaching, youth groups, peer support, search and reunion support, educational advocacy, support for sibling and birth-family connections, and culturally responsive services for kinship and tribal families. The National Center for Enhanced Post-Adoption Support describes post-permanency services as needing to be comprehensive, community-centered, culturally responsive, and accessible (National Center for Enhanced Post-Adoption Support, n.d.). Program leaders do not need to build every service internally, but they should build a coordinated system that connects these services so families experience them as a streamlined whole.

Cross-System Partnerships that Amplify Family Strengths

Families may have needs that span multiple systems, including behavioral health, Medicaid, education, juvenile justice, housing, disability services, and community-based supports. Casey Family Programs has emphasized that cross-system collaboration helps child welfare and partner systems build more comprehensive, culturally relevant approaches that meet family needs earlier and more effectively (Casey Family Programs, 2024). For program leaders, collaboration must move beyond relationship-building and become an operating structure, with shared expectations, referral agreements, communication routines, and escalation pathways that help families access the right support at the right time.



Systems often use different definitions, privacy rules, funding requirements, and outcome measures, but these differences can be managed through intentional leadership. Leaders can reduce gaps by creating memoranda of understanding, shared referral forms, joint meetings, training exchanges, and a clear process for resolving barriers when families are stuck between systems. A strengths-based partnership approach asks: What is this family already doing well, and how can each system help build on it?

Lived Experience Involvement

Engaging lived experience is essential to designing post-permanency programs that are relevant, accessible, and accountable to the families they serve. Research on co-development shows that partnership with people who use services strengthens learning and improvement when it is measured and treated as more than a symbolic activity (Nordin et al., 2023). In child welfare, participatory action research similarly emphasizes shared knowledge creation with the families and communities most affected by policy and practice decisions, particularly when they have real influence over program design and implementation (Woelki et al., 2025).

For program development, lived experience helps leaders identify gaps that administrative data alone may miss. Families can speak to whether intake processes feel welcoming, whether eligibility rules are understandable, whether services meet their needs, and how well providers serve this population. Child welfare guidance underscores that lived

experience should be engaged as an equal partner throughout planning, implementation, and improvement, with a clear purpose focused on driving change rather than extracting stories (Child Welfare Information Gateway, n.d.-c).

Lived experience is also a core continuous quality improvement (CQI) asset because it helps leaders interpret data, test improvements, and understand whether changes are feasible for families. When family and youth partners participate in CQI teams, root-cause analysis, service mapping, and Plan-Do-Study-Act cycles, they can clarify whether trends reflect reduced need, access barriers, lack of trust, stigma, or services that do not match family priorities. Authentic engagement requires infrastructure — compensation, preparation, facilitation, debriefing, advisory structures, and feedback loops — so lived-experience partners have the support and authority needed to shape decisions and strengthen post-permanency systems (Casey Family Programs, 2023; Child Welfare Information Gateway, n.d.-d).

Implementation Checklist for Leaders

Leadership Question	Strengths-Based Action Step
Do families experience the program as welcoming?	Create one visible intake point, use welcoming language, publish response-time expectations, and train staff to begin with family goals and strengths.
Are services matched to family needs?	Build a comprehensive service array with varying frequency and intensity and continuously seek family feedback on services offered.
Is the workforce equipped to build on strengths?	Provide adoption-competent training, reflective supervision, coaching, and manageable caseload expectations that reinforce family-centered practice.
Are partners coordinating across the agencies adoptive and guardianship families commonly interact with?	Develop referral agreements, shared communication routines, and escalation steps that focus on family needs and existing strengths.
Is the program conducting CQI and using what it learns to shape programming?	Establish a routine schedule to review contracts and ensure CQI and specific outcomes are built into the scope of work. Gather data and feedback and review it consistently to identify potential program changes.
Are families helping shape the program?	Use advisory groups, caregiver and youth feedback, and lived-experience consultation to guide program design and improvement.

Post-permanency programs are essential to the promise of permanency because they help families continue building on connection, commitment, and resilience over time. For program leaders, the work is to create a system that is easy to enter, responsive before crisis, grounded in adoption-competent practice, supported by reliable partners, and improved through data and family voice. Evidence-based and evidence-informed research points to the same lesson across funding, workforce, services, data, and

coordination: families thrive when systems are proactive, specialized, flexible, respectful, and easy to navigate (Casey Family Programs, 2024; Child Welfare Information Gateway, n.d.-a, n.d.-b; National Center for Enhanced Post-Adoption Support, n.d.; Ocasio et al., 2023). Leaders who build these conditions are better positioned to prevent disruption, increase the well-being of children and families, and help adoptive and guardianship families thrive over time.

To delve further into this topic, check out the Post-Adoption Center Resource Library: www.postadoptioncenter.org/resource-library



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References:

- Bipartisan Policy Center. (2026). Proceedings of the BPC Child Welfare Working Group on financing and accountability reform. bipartisanpolicy.org/report/proceedings-of-the-bpc-child-welfare-working-group-on-financing-and-accountability-reform
- Casey Family Programs. (2023). Engaging lived experts. www.casey.org/engaging-lived-experts
- Casey Family Programs. (2024). How can child protection agencies collaborate to prevent foster care and support family well-being? www.casey.org/prevention-collab-overview
- Child Welfare Information Gateway. (n.d.-a). Funding. www.childwelfare.gov/topics/funding-laws-and-policies/funding
- Child Welfare Information Gateway. (n.d.-b). Workforce. www.childwelfare.gov/topics/workforce/?top=201
- Child Welfare Information Gateway. (n.d.-c). Lived experience. www.childwelfare.gov/topics/casework-practice/lived-experience
- Child Welfare Information Gateway. (n.d.-d). Continuous quality improvement (CQI). www.childwelfare.gov/topics/data-systems-and-organizational-improvement/continuous-quality-improvement-cqi
- National Center for Enhanced Post-Adoption Support. (n.d.). Resource library. postadoptioncenter.org/resource-library
- Nordin, A., Kjellström, S., Robert, G., Masterson, D., & Areskoug Josefsson, K. (2023). Measurement and outcomes of co-production in health and social care: A systematic review of empirical studies. *BMJ Open*, 13(9), e073808. <https://doi.org/10.1136/bmjopen-2023-073808>
- Woelki, W., Eze, V., Cain, S. S., Novelle, J., & Aviles, A. M. (2025). Exploring the utility of participatory action research (PAR) for transformative change in the child welfare system: A scoping review. *Journal of Public Child Welfare*.