Center for Advanced Studies
in Child Welfare

School of Social Work
UNIVERSITY OF MINNESOTA

CW360°

a comprehensive look at a prevalent child welfare issue

Safety

Permanency

Well-Being

Promoting Placement Stability
Spring 2010

From the Editors

Stability for all children and youth is an essential component of promoting well-being. However, we have learned through research and practice, that stability is often elusive for children and youth in out of home foster care. National CFSR results suggest that placement stability is an area that needs a great deal of improvement and continues to be a challenge for child welfare agencies across the county. This year the focus of CW360° addresses this need by presenting a variety of research findings and perspectives looking at promoting placement stability for children and youth in out-of-home care. We all know that children need and thrive in stable, permanent, loving homes, and in this publication, we focus on strategies to make that happen. Placement stability is a complex topic. Many factors converge to either increase or decrease the likelihood of placement stability for youth in out-of-home care. This publication draws upon the expertise and knowledge of researchers and professionals dedicated to improving placement stability outcomes, as well as the wisdom that comes from people who have been involved in the child welfare system.

As in previous editions, CW360° is divided into three sections: overview, practice, and collaborations and perspectives. In the overview section articles focus on key issues from research on placement stability to federal policy related to placement stability. The practice section includes articles on evidence-based and promising practices for achieving placement stability. The collaborations and perspectives section presents articles from a variety of child welfare stakeholders. Many of these articles offer practical suggestions and strategies for system and practice improvements.

We are pleased to present the keynote speaker for CASCW's half-day companion conference this year, Dr. Peter Pecora, the Managing Director of Research Services for Casey Family Programs and Professor at the School of Social Work at the University of Washington. The conference is **April 15, 2010 at 9:00 a.m.** and is free and open to the public. In addition to the keynote presentation, we will have a panel of speakers whom provide a unique perspective to our conference participants – as both former youth who experienced out of home foster

care and current child welfare workers. The conference can be attended in person, via interactive television (ITV) sites and can be viewed via webstream from any location. For more information on attending or viewing the conference over ITV or through web streaming technology, visit our website at http://cehd.umn.edu/SSW/cascw/events/adolescentsFosterCare/.

While we recognize the important contributions of researchers, practitioners and other key stakeholders to the work in promoting placement stability, the voices of children and youth who experience out-of-home placement, and far too often the instability associated with that experience, are the most critical. Throughout this issue, you will find quotes from interviews with four teens ranging in age from 14 to 19 conducted by Family Alternatives. All experienced a variety of out-of-home placements including foster care, adoption, residential and group homes. The ages they entered foster care range from age two to eleven. All of them have experienced multiple placements. Keep the voices of these youth in mind as you read CW360° and strategize ways to promote placement stability in your work in child welfare.

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What helps kids to remain in a foster home?

"...my first day coming in, they welcomed me as family...treated me like part of their family...my first week I met their whole family, they're calling me niece ... (saying) I'm your uncle...I stayed the night at their house... and my mom's calling me her daughter...it just felt right from the first day... the first month I felt like I'd been there forever."

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Why Should Child Welfare Focus on Promoting Placement Stability?

by Peter J. Pecora, PhD

Introduction

The United States federal government estimated that 463,000 children were placed in foster care in family and non-family settings as of September 30, 2008 with about 748,000 children served during the 2008 federal fiscal year. That is nearly a six percent reduction in one year, and it reflects a recent downward trend in foster care placements nationally. Many children and youth are placed in foster care for a few months while their birth parents improve their functioning or their living situation. However, 54% of youth that left foster care in 2008 spent one year or more in care (U.S. Department of Health and Human Services, 2009).

As we will discuss below, placement changes can interfere with a child's path to permanence. This article will discuss key reasons why a focus on promoting placement stability should be a vital aspect of child welfare policy and practice.

Placement Instability

Simply defined, placement change occurs when a child changes living situations such as when moving from one foster home to another foster home or from a group home to a foster home. Although there is a plethora of information on placement change or disruption, varying

operational definitions of "placement" and theoretical conceptualizations of how to count placements have led to inconsistent study methodologies and inconsistent findings. For these reasons it is difficult to present a clear and widely agreed upon definition for these terms. Yet placement stability could be conceptualized as the maintenance of continuity in a child's living situation in terms of the adults he or she lives with (and increasingly the ability of a child to grow up with siblings).

National 2008 AFCARS (Adoption and Foster Care Analysis and Reporting System) case level data indicate an average of 3.2 placements per child, with a median length of stay of 15.3 months in care (Personal Communication, Susan Smith, December 28, 2009). Note that the placement change rate is inflated by the large percentage of children who have a short-term shelter care placement before being placed in a regular foster home.

Wilson (2000) found that 63% of youth in Washington state foster care had one or two placements while 77% of the youth in James's (2004) California study had three or more placements. In a study of children who spent time in foster care as adolescents about

one-third (31.9%) of the children experienced three or fewer placements, but an equal percentage (32.3%) experienced 8 or more placements throughout their child welfare experience (see Pecora, Kessler, Williams et al, 2005; Williams et al., 2009). These variations illustrate the need to account for the length of time spent in care when comparing the number of placements across samples (See Wulczyn, Cogan & Harden, 2002).

The experiences of these children while in care have important ramifications for their development and for identifying ways to improve permanency planning. The next section discusses five reasons why improving placement stability should be a vital aspect of child welfare policy and practice.

Why Should We Care About Minimizing Placement Change?

Minimize Child Stress, Emotional Pain and Trauma

Changing homes because of placement disruption compounds the immeasurable sense of loss these children face each time they end relationships with their caregivers (Festinger, 1983). Placement disruptions can increase stress-related responses and create alterations in the brain. There is evidence that the rates for atypical hypothalamic-pituitary-

placements may lead to child behavior problems (Herrenkohl, Herrenkohl, & Egolf, 2003; Newton, Litrownik & Landsverk, 2000), other mental health problems (Rutter & Sroufe, 2000), and increased emergency room visits (Rubin, Alessandrini, Feudtner, Localio & Hadley, 2004). Indeed, Ryan & Testa (2004) found that these changes were linked with decreased school performance and delinquent behavior of males.

These findings were reinforced in a study of 479 foster care children from three child welfare agencies in the Northwest. Children who experienced a low or medium placement change rate were 1.7 and 1.4 times as likely, respectively, to have no symptoms of a major emotional or behavioral disorder in the past 12 months compared to those who experienced a high placement change rate (O'Brien et al. 2009). In addition children with low or medium rates of placement change showed more positive outcomes in adulthood. (Pecora, Kessler, Williams, Downs, English, White & O'Brien, 2010).

Decrease School Mobility and Increase Academic Achievement

Third, as discussed later in this issue, placement stability decreases school mobility and increases academic achievement. Educational research has documented the

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Placement stability could be conceptualized as the maintenance of continuity in a child's living situation in terms of the adults he or she lives with (and increasingly the ability of a child to grow up with siblings).

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adrenal (HPA) axis activity are higher for foster children than the general population. This is because the hypothalamic-pituitary-adrenal (HPA) axis is involved in responses related to physical and psychological stressors (Herman & Cullinan, 1997). One study found that disruptions in care altered the HPA axis due to receiving inconsistent, insensitive care and/or *frequent transitions in caregivers* (Fisher, Gunnar, Dozier, Bruce, & Pears, 2006 as cited in Northern California Training Academy, 2008).

Decrease Attachment Issues and Emotional and Behavioral Disorders Among Children

Decreasing the opportunities for children to attach increases the chances a child will have emotional and behavioral disorders *(*Wulczyn and Cogan, 2002). In addition, various researchers have found that multiple

negative impacts of changing schools. A 1996 study of students in Chicago Public Schools found that students who changed schools four or more times lost approximately one year of educational growth by their sixth school year (Kerbow, 1996). A California study found high school students who changed schools even once were less than half as likely to graduate as those who did not experience a change in schools. In addition, those children who experience a school change score lower on standardized tests by 16 to 20 percentile points (Rumberger, et. al., 1999.

On a more positive note, in the Casey national study of 1,082 foster care alumni, those who had experienced one or fewer placement changes per year were almost twice as likely to graduate from high school before leaving care (Pecora, et. al. 2006). These findings were reinforced in the Northwest Foster Care Study which found that a more stable placement history was strongly linked

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to greater educational achievement (Pecora et al., 2010). For example, children who experienced a low or medium placement change rate were 4.6 and 2.7 times as likely, respectively, to receive a high school diploma compared to those who experienced a high placement change rate (O'Brien et al. 2009).

Maximize Continuity in Services, Decrease Foster Parent Stress, and Lower Program Costs

Placement changes disrupt service provision, stress foster parents (thereby lowering retention rates), take up precious worker time, and create administrative-related disruptions (e.g., Brown & Bednar, 2006; Flower et al., 2005; James, 2004).

Increase the Likelihood that a Child Will Establish Enduring Positive Relationships

Clearly, the more stability a child has, the more likely it is that the child will be able to develop enduring relationships with adults who care about him or her. It also enables a child to establish a stronger and more varied network of social support to help meet emotional as well as more concrete needs such as a job search or locating housing.

While we have much to learn about helping children build new healthy attachments, many youth in foster care have commented on how important it is to be placed with siblings as a placement stabilizing strategy (Leathers, 2005, Herrick & Piccus, 2005; Unrau, 2007). Adolescents who were placed alone after a history of joint sibling placements were at greater risk for placement disruption than those who were placed with a consistent number of siblings while in foster care. This association was mediated by a weaker sense of integration and belonging in the foster home among youth placed alone with a history of sibling placements (Leathers, 2005).

Maximizing continuity of workers will help ensure that a child receives the right kinds of services when they are needed; long-term workers form stronger relationships with foster parents which lowers their stress levels. Finally, maintaining a positive organizational climate will also help lower worker turnover and unnecessary program costs.

How Can We Promote Placement Stability?

In this issue, we will explore the reasons why placement changes occur and strategies that can lower the risk of placement change. These strategies include —

• Maximize the quality of foster parent caregiving

• Better child-foster parent matching
• Assessing foster parent motivation
• Providing resources to families
• Support from relatives
• Increase ability of foster parents to address the behavioral and emotional needs of the children
• Recruit foster parents who can welcome and accept the child in times of distress, which encourages more secure child attachment
• Multi-agency supports
• Lower caseworker turnover
• Support from caseworkers such as timely provision of targeted clinical interventions (e.g., Project Keep)

Reducing worker turnover may be an important strategy because of its connection with disruptions in foster parent and child support and because it impairs a child's ability to find a permanent home (Potter and Klein-Rothschild, 2002). For example children entering care who had only one worker achieved permanency in 74.5% of the cases. As the number of case managers increased the percentage of children achieving permanency substantially dropped, ranging from 17.5% for children who had two case managers to a low of 0.1% for those children who had six or seven case managers (Flower, McDonald, & Sumski, 2005). Staff turnover remains a real problem in child welfare, and it has major consequences for children and parents.

Conclusion

As this review has illustrated, there are many reasons why child welfare practitioners have been concerned with placement change in out-of-home care. The challenge today is implementing proven strategies for increasing placement stability while we help children achieve permanency.

Peter J. Pecora, PhD is Managing Director of Research Services with Casey Family Programs and Professor at the School of Social Work, University of Washington. The author would like to thank John Emerson, Danielle Huston, Mary Herrick, Debbie Staub, and Jason Williams for their contributions to this literature review, and the foster care alumni and staff who shared their life stories.
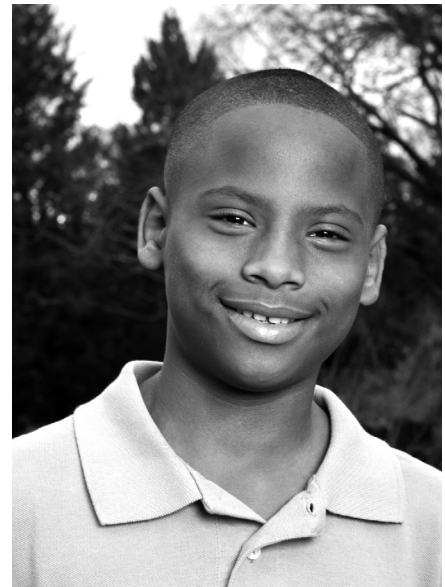
What helps kids to remain in a foster home?

"... she was very interested in getting me connected back with my family...in other foster homes they think just because you're in foster care that your parents did something wrong, that they couldn't take care of you... like it's your whole family's fault...so you can't see them because they might try to poison you...she was willing to take me to see my grandma or get on the phone with my grandparents... she and my grandma had a closer relationship than I did...they'd talk to each other all the time...that was really special to me 'cause my grandma is the only one in my birth family who kept in contact and was looking for us...we were supposed to go (to another state) to see her in March and my grandma passed away that February...my mom went with me to the funeral...to be my support system...ever since then mom and me are inseparable."

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Placement Stability in the Context of Federal Policy

by Fred Wulczyn, PhD

Introduction

The impact of multiple placements on children in foster care has been a salient topic in child welfare policy and programmatic debates for decades. The reasons for concern about frequent movement in foster care are abundantly clear. Among the myriad findings, multiple placements are alleged to affect children's attachment to primary caregivers (Fahlberg 1991; Lieberman 1987; Provence 1989;; Stovall and Dozier 1998), as well as potentially leading to psychopathology and other problematic outcomes in children, such as externalizing behavior problems (Kurtz et al. 1993; Newton, Litrownik, and Landsverk

emphasizes school and sibling connections, again as ways to promote stability across a child's life domains.

Arguably the most direct impact of federal policy on placement stability is manifest through the Child and Family Service Reviews (CFSR). The CFSR process was initiated following amendments to the Social Security Act contained in the Adoption and Safe Families Act of 1997. Those amendments called on the Department of Health and Human Services to develop a set of outcome measures and a system for rating the performance of state child welfare agencies. That system came to be known as the CFSR.

child welfare system. It is a change that was long overdue and in large measure the result of the federal CFSR.

If the full value of the CFSR process is to be realized, aspects of the CFSR must be improved, particularly with respect to the outcome measures themselves. Schuerman and Needell (2009) have written an excellent summary of those issues, so there is no need to repeat their arguments here. Instead, I want to focus on three ways the current stability measures might be improved: better theoretical models of placement stability, better technical understanding of placement stability, and a better conceptualization of the measures (i.e., how to count movement).

Arguably the most direct impact of federal policy on placement stability is manifest through the Child and Family Service Reviews (CFSR).

2000, Rubin et al. 2007a; Widom 1991). A recent study of a national sample of children in long-term foster care indicates that children with frequent placement disruptions were more likely to develop behavior problems than children who achieved early stability even after controlling for their baseline attributes including baseline behavior problem (Rubin et al. 2007b). Placement instability may also affect the quality of care in other domains. For example, placement moves lead to poor health care management for foster children, making them more likely to rely on emergency department visits (Rubin et al. 2004). Instability of foster care placement is also associated with higher mental health costs (Rubin et al. 2004).

Placement Stability and Federal Policy

Although placement stability is clearly important, federal child welfare policy has addressed the issue of placement stability in mostly indirect ways. For example, dating back to the Adoption Assistance and Child Welfare Act of 1980, federal policy has favored the least restrictive or most family-like placements as a general principle guiding placement decisions. More recently, congress passed the Fostering Connection to Success and Increasing Adoptions Act of 2008 (Public Law 110-351), which added new federal funding for subsidized guardianship. In both cases, the preference for relative and other family-like settings is tied to the notion that such placements promote stability and child well-being more generally (for the reasons alluded to above). Fostering Connections also

The CFSR outcome measures cover safety, permanency, and well-being although measures related to well-being have more to do with the process and quality of care than true measures of well-being. With respect to safety, the measures focus on the recurrence of maltreatment and maltreatment while children are in out of home care; for permanency, the measures address length of stay, permanency type (adoption, reunification, etc.), and reentry. Last, but certainly not least, are the measures on placement stability, which account for the number of placement changes children experience during their time in care.

Because DHHS can (and does) impose fiscal penalties on states if they fail to improve their performance relative to the results of their federal review, the CFSR process has attracted a great deal of attention on the part of states.[1] Indeed, now that federal oversight focuses more on the experience of children, as opposed to state regulatory compliance, there has been a substantial and laudable change in how stakeholders think about the nation's

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1   At least two states, California and Florida, have had penalties assessed against them for their failure to improve performance relative to placement stability. Interestingly, the Department of Health and Human Services Departmental Appeals Board recently set the California penalties aside on the grounds that HHS did not follow its own stated policies in developing and applying the standards used to rate state performance (Department of Health and Human Services, Departmental Appeal Board, Appellate Division, Docket No. A-08-67, Decision No. 2285, December 4, 2009.)

Theoretical Model: Placement stability in a life course perspective

Elder (1985) defines the life course as "social patterns in the timing, duration, spacing, and order of events." The life course consists of events that form trajectories that describe transitions between states. "Events and transitions lead to the concept of duration, the waiting times or spells between a change in state" (Elder, 1985). A similar characterization has been applied to placement histories (Barth, et. al., 1994; Wulczyn, 1996)).

Elder also notes "the timing of an event may be as consequential to life experience as whether the event occurs and the degree of change." In the context of placement stability, movement may be more than a simple count of movements. Rather, the critical question is the timing of the movement with respect to placement and how the movement trajectory is mapped onto the developmental trajectory of the child. The discourse in child welfare has tended to emphasize how movements (i.e., changes in caregivers) affect child development. The life course perspective raises two other possibilities: that the effects of movement are mediated by child development and that moves may be prompted by developmental changes in the child. In short, research has to consider, for example, whether a single move early in placement has the same meaning for the child as a single move later in placement. Without that understanding, designing *effective* interventions that promote stability is that much more difficult.

Placement Stability and Movement Trajectories

For the most part, research has tended to focus on the number of moves children experience. Only more recently have

researchers started to focus on patterns in the timing of the moves (James 2004; Wulczyn 1996; Wulczyn, Kogan, and Harden 2003). The bias towards counts of moves is reflected in the federal CFSR measures, which emphasize movement counts conditioned on how long children have been in care. For example, the federal CFSR measures the percentage of children with 2 or fewer placement moves based on three intervals of length of time in care: children in care for 12 months or less, children in care for 12 to 24 months, and children in care for more than 24 months.

Wulczyn and Chen (2009) found that placement moves are substantially more likely to occur in the first six months of placement, regardless of age at placement or placement type. [2]

Counting Moves

Researchers have shown that placement moves occur for a wide variety of reasons including changes in the emotional well-being of the child (James 2009) and changes that affect caregivers (Zinn, DeCoursey, Goerge, and Courtney 2006). In addition, children may change placement in order to be unified

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If the full value of the CFSR process is to be realized, aspects of the CFSR must be improved, particularly with respect to the outcome measures themselves.

Although time in care and placement stability are related, the federal CFSR measures provide less information pertaining to when moves are most likely to occur. As a consequence, the data say little about *when* caseworkers might act to reduce placement moves. Alternative measures, which are sensitive to when moves occur, are available. As an alternative, one could condition the count of moves on the time since admission rather than whether the child has been in care for a certain period. Using this approach,

with siblings, because their initial placement was used to better assess the child's needs, or because a relative was identified after the initial placement. The point is that not all moves are necessarily undesirable. As such, placement changes that promote the well-

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2   The distinction between the federal measures and the measures used in the Wulczyn and Chen (2009) is difficult to describe in the space available. For more information readers should refer to refer to (Wulczyn, Kogan, and Harden 2003).

being of children, all else being equal, ought to be encouraged rather than discouraged.

Unfortunately, the CFSR measures rely on undifferentiated counts of movement (i.e., all moves are treated the same) so it is difficult at present to bring a more nuanced understanding of placement stability to the task of improving child welfare services. Of course, one does have to caution against drawing distinctions between 'types' of moves that are too fine lest the very principle of placement stability becomes watered down by exceptions. Nonetheless, simple distinctions between lateral moves or moves because of sibling unification represent relatively easy ways to differentiate types of move that bring better clarity to the underlying construct.

Summary

The emphasis in public policy on promoting placement stability for children in care capitalizes on the principle that children do better when they have stable relationships with loving caregivers who are able to meet their needs. That said, the main challenge for the child welfare system is applying broad principles to case practice. Given the vagaries of the human condition, broad principles have to be matched with adaptive problem solving strategies in contexts that are often highly individualized. Ultimately, the decision to move a child from one home to another is a clinical one, so it is difficult to imagine how and when policy ought to reach into these most intimate contexts. At the same time, policy brings needed regularity to how child welfare systems operate. It is reasonable to expect that when children are placed away from their home, the number of new caregivers with whom they have to connect would be kept to a minimum.

Federal policy has tended to steer child welfare practice in the direction of resources that promote stability such as encouraging placement with relatives as opposed to a more prescriptive policy approach. The one main exception — the CFSR — creates a clear set of expectations vis-a-vis placement stability. However, to be a maximum benefit within the broad system of accountability DHHS has created, the way placement stability is conceptualized and measured has to be updated. Otherwise, the guidance one derives from the CFSR will drive practice in counter-productive directions, an outcome that is decidedly at odds with the intent of federal policy.

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Promoting Placement Stability in Foster Care: A Roadmap through the Literature

by Annette Semanchin Jones, MSW

The field of child welfare is charged with ensuring the safety, permanency and well-being of children in their care. Placement stability is one key aspect of permanency that has a significant impact on outcomes for youth well-being. Placement stability helps ensure that children's educational, physical, and mental health needs will be assessed and addressed in a timely and consistent manner. The link between placement disruptions and youth well-being highlight the need for further exploration of factors in child welfare practice and policy that promote placement stability. The review of research on promoting placement stability in foster care indicates a complex array of multiple and intersecting variables acting as either protective or risk factors for placement stability. This summary article provides a "roadmap" to help identify key findings from the literature. Some of the key findings are organized here to include the characteristics of the child, the foster parents, the caseworker and the agency .[1]

Difficult Behavior of Youth in Foster Care

Behavior of the child is cited as the strongest predictor of placement disruptions (Bradley, 2004; Hartnett, Falconnier, Leathers, & Testa, 1999; Lindhiem & Dozier, 2007; Newton, Litrownik, & Landsverk, 2000; Pardeck, 1984; Redding, Fried, & Britner, 2000; Stone & Stone, 1983). Related to this finding is the foster parents' ability to deal with children's problem behavior, which is also linked to stability of the placement (Chamberlain, Reid, Landsverk, Fisher, Stoolmiller, 2006; Walsh & Walsh, 1990). Consequently, early assessments and appropriate intervention with youth in care and concurrent support for foster parents are essential in meeting the children's needs and preventing the escalation of behavioral and mental health concerns.

Foster Parent Training

Research suggests foster parent training is one way to help prepare foster parents to manage high risk children and to avoid disruptions

1   This article is based on a report completed through the University of Minnesota, in collaboration with Anu Family Services (formerly PATH Wisconsin, Inc.) and Bremer Foundation. The full report can be retrieved through the website of CASCW at: http://www.cehd.umn.edu/SSW/cascw/attributes/PDF/publications/Path_BremerReport.pdf

(Boyd & Remy, 1978; Gibbs, 2005; Proch & Taber, 1985; Redding et al., 2000; Reddy & Pfeiffer, 1997). However, studies evaluating the most widely-used foster parent training programs, such as MAPP and PRIDE, have yielded mixed results (Christenson & McMurtry, 2007; Grimm, 2003; Lee & Holland, 1991; Puddy & Jackson, 2003). There is some evidence to suggest that hands-on support and on-going training may be more effective models for foster parents than traditional foster-parent training (Chamberlain et al., 2008). Additionally, cross-training of caseworkers and foster parents could provide the same foundational

knowledge about child developmental issues as well as the expected roles, responsibilities and competencies for foster parents, which may lead to improved outcomes for youth. More research is needed on foster parent training curriculum that effectively improves foster parents' ability to address children's difficult behavior.

Foster Parent Assessment and Retention

Recruiting foster parents who can meet the specific needs of youth in out-of-home placement is of critical importance. Better screening and assessment of foster parents and better matching of children and foster parents are linked to increased placement stability (Doran & Berliner, 2001; Dore & Eisner, 1993). The *Casey Foster Applicant Inventory (CFAI)* is one example of a promising assessment tool (Cuddeback, Buehler, Orme, & LeProhn, 2007). Foster parent retention is also linked to placement stability. Retention is correlated with the quality and amount

> Placement stability is one key aspect of permanency that has a significant impact on outcomes for youth well-being. Placement stability helps ensure that children's educational, physical, and mental health needs will be assessed and addressed in a timely and consistent manner.

of support foster parents receive from their caseworkers and from their own extended families and support networks, particularly other foster parents (Baum, Crase, & Crase, 2001; Children and Family Research, 2004; Denby, Rindfleisch, & Bean, 1999; Redding et al., 2000; Titterington, 1990; Walsh & Walsh, 1990). Research further demonstrates that foster parent retention is increased by

including foster parents in decision-making, offering competitive rates for stipends, showing respect for their work, and ensuring the cultural competency of agency staff (Brown & Calder, 2000; Chamberlain, Moreland, & Reid, 1992; Gibbs, 2005; Wells & Dangelo, 1994).

Caseworker Retention and Skills

In addition to training for caseworkers, the research also indicates that low caseworker turnover is correlated with a lower number of foster care disruptions (Pardeck, 1984; Unrau & Wells, 2005). This suggests that another strategy for preventing placement disruption includes increased caseworker retention, potentially through recruiting social workers with specialized education and by providing supportive supervision and job flexibility (Child Welfare League of America, 2002).

Child Welfare Characteristics

Length of time in placement, the type of placement, and the degree of initial stability in foster care are critical issues in placement stability. Studies indicate that the first six months of a placement are crucial, with 70% of disruptions occurring within this timeframe (Smith, Stormshak, Chamberlain, & Whaley, 2001). This may be a particularly important window of opportunity for intervening with youth in placement. Administrative decisions also impact stability. According to one study, the vast majority (almost 70%) of placement changes were made to implement procedural, policy, and system mandates, for example changing placement to move a child with relatives or a sibling (James, 2004). This finding suggests that placing agencies might want to further examine policies that could might exacerbate placement instability and advocate for policy change, when warranted.

The type of placement also has an impact on stability; for example, kinship care and treatment foster care have been linked to greater stability (Chamberlain, Reid, Landsverk, Fisher, Stoolmiller, 2006; Farmer, Wagner, Burns, & Richards, 2003; Testa, 2001; Webster, Barth, & Needell, 2000). Effective foster parent recruitment efforts would include the search for capable kin and the accurate identification of foster parents trained in therapeutic interventions when the child's needs warrant that approach.

Evidence-Based Strategies to Promote Placement Stability

Very few comprehensive models have been empirically proven to effectively promote placement stability, although some of the promising practices that promote one or two elements of placement stability have been discussed throughout this summary article

(see full report for more detailed discussion). One model that has been widely researched, the Oregon based Multidimensional Treatment Foster Care (MTFC) appears to be an effective model for maintaining placement stability for older youth with severe emotional and behavioral issues (Chamberlain, 2003; Chamberlain et al., 1992; Fisher & Chamberlain, 2000). Research on the Early Intervention Foster Care (EIFC), a program for younger children based on the MTFC model, also indicates improved placement stability for younger youth experiencing emotional and behavioral problems in foster care (Fisher, Burraston, & Pears, 2005; Fisher, Gunnar, Chamberlain, & Reid, 2000; Fisher & Kim, 2007). More research is needed on specific interventions to more fully understand which child welfare practices are effective in promoting placement stability.

Conclusion

A cycle of instability is created by placement disruptions. The number of previous placements for a child is positively correlated to later placement disruptions. Even for children who do not exhibit behavior problems initially, an increased number of placements predict an increase in both externalizing and internalizing behavior problems (Newton et al., 2000). This summary of the current literature on promoting placement stability in foster care identifies a few factors that might help to break this cycle of instability.

Foster care agencies need to examine the unique characteristics of the youth they serve to determine the best course of action in preventing placement disruptions. Appropriate matching of the child's needs to foster parent strengths is critically important. The current research shows a strong correlation between a child's behavior, the foster parents' ability to deal with that behavior, and placement stability. Research indicates that placement with relatives and placement in treatment foster care may also improve the likelihood of placement stability so placing agencies can consider this in their recruitment efforts.

The summary of research suggests that any plan developed by foster care agencies to prevent placement instability should adopt a comprehensive strategy to address all needs of the youth in care through working directly with youth, supporting foster parents, training qualified and committed caseworkers, and examining agency policies.

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When do you think it is in a kid's interest to move?

"… I was adopted by this family and they adopted all my brothers and sisters…after the adoption everything fell apart… as soon as the social worker was out of the picture they changed into these different people… we had to leave…I have their legal last name, but I'm not adopted by them anymore…"

Overview

Placement Stability and CFSR

by Teija Sudol

Summary

For children in foster care, the number of placements can impact the daily functioning and adjustment of the child as well as the child welfare agency's ability to move the child to permanent placement in a timely manner. Placement stability within 12 months of entry into foster care was one of the three outcome measures established as the national standard of Permanency Outcome 1 for the first round of the Child and Family Services Reviews (CFSR). As one aspect of the CFSR, state performance was assessed in relation to the outcome measure definition, "of all children who have been in foster care for less than 12 months from the time of the latest removal from the home, 86.7% or more have had no more than 2 placement settings" (Children's Bureau/ACF/DHHS, 2004). Only 14 states met the national standard for placement stability during the first round of CFSR from 2001 to 2004.

Legislation for the past three decades has focused on effective permanency planning, increased placement stability and timely decision-making in child welfare. In response to this emphasis, the Children's Bureau reports to Congress on child welfare performance measures. State performance in 2005 on measures pertaining to Outcome 6: Increase placement stability indicated that "in most states, the majority of children in foster care for less than 12 months in 2005 experienced no more than two placement settings" but that the longer children and youth stay in care the more placement disruptions they tended to experience (Children's Bureau/ACF/DHHS, 2004; 2005). Since placement stability is critical to children's well-being, "there is reason for concern when any child has three or more placement settings while in foster care" (Children's Bureau/ACF/DHHS, 2005).

After the first CFSR was completed, the Children's Bureau developed specific data composites consisting of 15 individual measures to account for practice issues in states. The composite pertinent to placement stability is Permanency Composite 4: Placement Stability consisting of three data measures. In 2007, the second CFSR was begun, and by the end of 2008, 2,069 cases in 32 states had been reviewed. Although the data are preliminary and have not been verified by all states, the Children's Bureau provided early results from the reviews completed so far. The 2007-08 CFSR showed that an average of 40% of cases achieved substantial conformity in Permanency Outcome 1: Children and Permanency and Stability in Their Living Situations across all states (Children's Bureau/ACF/DHHS, 2009). It is important to note that states achieve substantial conformity only when 95% of cases reviewed were rated as a strength for the outcome.

The results based on data analysis from the 2,069 cases in the states reviewed so far (case-level data) indicated that the following items associated with stronger performance in Permanency Outcome 1: services to family in the home to prevent removal and re-entry into foster care (Item 3); needs assessment and services to children and parent(s) (Items 17A and 17B); and caseworker visits with child and parent(s) (Items 19 and 20). The results based on data analysis using ratings and composite scores from the 32 state reviewed (state-level data) also showed that Item 19: Caseworker Visits with Child was associated with stronger performance in Permanency Composite 4: Placement Stability.

Preliminary data in the 4-year trend summary based on national indicators and measures suggests that more children in care over two years were achieving permanency and that improvements could be seen for long-stay children (three years) turning 18 or emancipating in care (Children's Bureau/ACF/DHHS, 2009). However, the 4-year trend summary for children who experienced fewer than three moves in placement stayed about the same. Upon finalization of the data from the current review cycle, additional research should be done to highlight the States that have been successful in promoting placement stability as well as why they have been successful.

> Placement stability within 12 months of entry into foster care was one of the three outcome measures established as the national standard of Permanency Outcome 1 for the first round of the Child and Family Services Reviews (CFSR).

Best Practices

The final results from the analysis of cases reviewed during the first round of CFSR identified some factors that can positively affect placement stability, including: placement with relatives; adequate services to children, parents, and foster parents; involvement of children and parents in case planning; and caseworker contacts with parents. A child's age seems to be another factor: the most stable placements were found among children ages 0-6 and 16-18, and the least stable placements were found among children ages 13-15. Significant positive associations were found between placement stability and meeting the educational, physical health, and mental health needs of children in out-of-home care (Children's Bureau/ACF/DHHS, 2004). Further, preliminary qualitative findings from the case-level data in the top three metro sites in the 2007-08 review indicated that utilization of relative placement and improvement of independent living services for youth had a positive impact on Item 6: Stability in Foster Care Placement within Permanency Outcome 1 (Children's Bureau/ACF/DHHS, 2009).

The data from the CFSR is useful for child welfare agencies as they begin focusing on practice strategies that can positively affect placement stability. Data-informed practice enables child welfare professionals to better serve children, youth and families in care and to create a path towards improved safety, permanency and well-being outcomes.

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Overview

The Importance of Understanding the Placement Move Experience from the Perspective of Foster Youth

by Yvonne Unrau, PhD, and Angelique Day, MSW

The literature investigating children's foster care placement moves is not easily synthesized because of the medley of terms and definitions used by researchers (Samuels, 2009; Unrau, 2007). Foster children have seldom been consulted in knowledge building efforts focused on understanding moves from one placement to another in the system of care (Hyde & Kammerer, 2009; Merritt, 2008; Samuels, 2009; Unrau, 2007).When the voices of foster youth are included in data gathering efforts, the definition of a placement move is framed by the experience. For example, a definition derived from the perspective of former foster youth is: any shift that physically changes a child's living location and fully and completely transfers day-to-day care taking responsibility to another adult; the move is arranged by a caseworker or agency representative, with or without the child's involvement and none, some, or all of the child's possessions are transferred as part of the move experience. A physical move event occurs regardless of the length of stay, intent of the move, expected outcome of the move, or perceived impact upon the child (Unrau, et al., in press).

While the counts of physical shifts in placement are important, they alone are insufficient to measure the impact of moves on child well-being. The psychological or emotional shift experienced by foster children who are about to move, or think they are, is perhaps a more important element of the move event to consider from the perspective of child well-being (Unrau, et al., in press). Both physical and psychological shifts are key dimensions of the placement change experience.

The logistics of physically relocating children from one care provider's home or facility to another requires considerable effort and planning; however, research inclusive of foster youth perspectives suggest that more attention must be given to the cognitive and emotional dimensions of the transition experience. A perfectly planned physical transition does not guarantee *felt security* at an emotional and psychological level (Schofield, Thoburn, Howell, & Dickens, 2007). Furthermore, the psychological shift associated with a move may or may not happen concurrently with the physical transition; therefore, it is considered a separate but related dimension of defining the move experience.

A qualitative study investigating the impact of multiple placement moves on nearly two dozen former foster youth revealed that the experiences of placement moves leave lasting impressions that are carried into adulthood (Unrau, Seita, & Putney, 2008). One major consequence of multiple placement experiences is a sense of profound loss in several aspects of their lives. Interviewees talked about loss of tangible items such as their personal belongings left behind as well as loss of connections with foster siblings, neighbors and school personnel. Loss also manifested in less tangible ways such as the loss of self-esteem

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or loss of "personal power" to make decisions about where they would live, with whom and for how long. Another consequence of moving described by interviewees was the choice to withdraw and disconnect from others and to shut down emotionally, most likely in an attempt to protect oneself from being hurt too deeply. These experiences of loss and interpersonal withdrawal eventually led to being wary of adults and generally mistrusting others, and these effects stayed with individuals long into adulthood. However, rounding out the full experience of the placement move, interviewees also reflected on memories of caring adults and developing a sense of guarded optimism to get through difficult times. These positive experiences were overshadowed by the more negative memories, but they too had lasting effects over one's lifetime.

The findings of the research raise important questions about how to best inform and prepare children for an imminent placement move, as well as the psychological process that appears to impact individuals long after a move happens. Allowing foster children to grieve separation and loss associated with the move transition appears to affect their ability to cope with change and attach to future caregivers.

To date, the majority of research on placement moves has relied on case record data; only a few studies have gathered data directly from those involved in some aspect of the placement move experience, such as caseworkers, foster parents and birth parents (Brown & Campbell, 2007; Oosterman et al., 2007; Unrau, 2007). Foster children have also seldom been consulted in knowledge building efforts focused on understanding moves from one placement to another in the system of care (Hyde & Kammerer, 2009; Merritt, 2008; Samuels, 2009; Unrau, 2007).

Research needs to reach beyond the counting of physical moves to gain a clearer picture of the full and complex experience of placement instability for children in foster care. This calls for research that thoughtfully and systematically gathers data from people involved in the move, especially the children themselves. Research based on data gathered from people involved in the placement move experience has the potential to offer new insight and challenges to conventional practice.

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Overview

Promoting Placement Stability by Studying the Dynamics and Antecedents of Placement Instability

by Sigrid James, PhD, MSW

When I started my research in the late 1990s, little systematic research had been conducted on the topic of placement stability since the mid to late 1980s. In 1980, the Adoption Assistance and Child Welfare Act (P.L.96-272) had formulated policies to promote permanency and stability for children in care. Yet in the 1990s, the focus of child welfare practice, policy and research shifted to family preservation and family support, and studies focused primarily on factors that promoted movement in and out of foster care.[1] Little work was done to understand what happened to children once they entered foster care.

Patterns of Movement through Care

It became apparent that a number of conceptual and methodological issues constrain advancement in this area. As an example, placement stability was generally captured as the aggregate count of all placements. However, this seemed to obscure many dimensions of a child's placement experience, such as the number of placement disruptions, total length of time in care, placement sequences, changes in level of restrictiveness of care over a series of placements and length of time in care per placement episode. A few researchers had introduced methods to conceptualize the placement experience as 'movement or patterns through care' (Usher, Randolph & Gogan, 1999; Wulczyn, Kogan & Harden, 2003). These studies underscored that understanding what factors put children on certain pathways through the child welfare system could provide guidance with regard to the needs of distinct groups of children. In addition, these studies suggested that the timing of targeted interventions could serve to stabilize children's stays in out-of-home care, thus improving outcomes.

We wanted to build on this work and began examining administrative foster care data. This data contained detailed and complete placement history data for 1,084 children who had entered foster care during the early 1990s and were followed for an 18-month period. We looked specifically at a subgroup of 430 children who had remained in placement during the entire study period. The idea was to investigate sequences of placements and determine whether distinct

patterns of movement can be identified for children who had spent an equal amount of time in foster care. We developed algorithms that captured similarities in patterns along dimensions of time until a next placement as well as duration and type of placements. This process resulted in the identification of four patterns of movement through care: early stability, late stability, variable pattern and unstable pattern (James, Landsverk & Slymen, 2004). Key findings of this work were: (1) children follow distinct pathways through care; (2) more than one-third of the children still in care after 18 months achieved early stability; (3) children who achieved stability early had fewer subsequent placement moves, fewer stays in residential care settings, fewer AWOL incidences, were more likely to be placed with relatives, and had the lowest level of behavioral problems; (4) the likelihood of experiencing delayed entries into stable placements, late disruptions and multiple short stays in placements increased progressively with higher levels of disruptive behavior problems and older age.

Reasons for Placement Changes

Having examined these placement patterns, we began wondering why many seemingly stable placements eventually failed. What were the reasons for these placement disruptions? Conventional wisdom suggests that placements disrupt because children's behaviors become unmanageable to the foster care provider. Was that a correct assumption? These questions led to a follow-up study of the same study cohort (this time we also included children who were reunified during the 18-month period). We went back into the case files of 771 children, ages two and older, and systematically located data on the reason for placement change. Surprisingly, we found that only 20 percent of all placement changes could be directly related to a child's behavior problems. The vast majority of placement changes (70%) were what we called system- or policy-related placement changes. Such placement changes involved implementation of procedural, policy, and/or system mandates. For example, they included moves to place a child with kin or with a sibling even when the child had been in a stable

> Conventional wisdom suggests that placements disrupt because children's behaviors become unmanageable to the foster care provider. Was that a correct assumption?

foster care home. Many system- or policy-related moves were 'routine' or planned. A relatively small percentage of placement disruptions were related to problems with the foster family or the biological family (James, 2004). Key findings of this study were: (1) Children experienced a high number of system- or policy-related moves; (2) only 20% of all placement changes were cited as being "caused" by a child's behavior problems; (3) close to one-quarter of children experienced behavior-related placement disruptions; (4) the proportion of behavior-related placements relative to other types increased over time; and

(5) the likelihood of a first behavior-related placement change was highest during the first 100 days after entering foster care.

The Relationship between Behavior Problems and Placement Change

Although there is now evidence that many different reasons may account for placement changes, placement disruptions that are due to a child's behavior problems remain of particular interest to child welfare and mental health providers. As a group, foster children have high rates of emotional and behavioral problems, and the relationship of these problems to placement instability is complex. Assignment of placement instability as either 'cause' or 'effect' has been conceptually driven and is guided by two basic hypotheses: (1) Children experience placement instability because of their attributes upon entering care (e.g., the presence of behavior problems leads to a higher risk of placement changes), and (2) Placement instability causes poor outcomes, including increased levels of behavior problems. This latter hypothesis is grounded in attachment theory and argues

older age with placement instability, pointing to an increased developmental risk for placement instability during adolescence (e.g., Oosterman et al., 2007). An elevated risk of placement disruptions, coupled with greater reluctance on the part of foster caregivers to care for adolescents, puts adolescents at particular risk for placement instability, as well as placement into group homes and residential facilities.

Beyond behavior problems and age, placement type has also emerged as an important factor affecting placement stability. Several studies have found that placement into kinship care promotes placement stability (e.g., Chamberlain et al., 2006) while placement into residential care facilities is associated with placement instability (James et al., 2006).

Promoting Placement Stability

Our current knowledge on placement stability has informed efforts to develop interventions that promote placement stability. Not surprisingly, interventions have developed that specifically focus on addressing children's

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Surprisingly, we found that only 20 percent of all placement changes could be directly related to a child's behavior problems. The vast majority of placement changes (70%) were what we called system- or policy-related placement changes.

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that frequent placement changes undermine children's ability to build stable relationships, ultimately leading to poor outcomes in the short- and long-term. At this point, there is support in the research literature for both hypotheses. We recently finished an analysis of national child welfare data, trying to disentangle the complex causal relationship between behavior problems and placement instability (Aarons et al., 2010). We examined behavior problems and placement changes at three time points: baseline, 18 months, and 36 months. Findings showed that behavior problems, in particular disruptive behaviors, are a consistent predictor of placement changes even when the effects of youth age and gender are considered. The effect of placement changes on behavior problems, while present, was weaker and was only found between placement changes occurring between 18 to 36 months and externalizing behavior problems at 36 months.

Other Predictors of Placement Instability

The one age group for which disruptive behaviors consistently predicted placement changes was youth who were 11 or older at baseline. Many previous studies have linked

emotional and behavioral problems while strengthening foster caregivers' ability to deal with such behaviors. Interventions such as Multidimensional Treatment Foster Care (Chamberlain, 2002) have been successful in stabilizing children's placement experience. Even interventions that are solely parent-mediated and aim to teach behavior management methods to foster caregivers, such as Project KEEP, have resulted in improved stability for children (Price et al., 2008). Efforts to increase support for kinship care are in part aimed at increasing placement stability. In addition, systemic oversight through interdisciplinary teams has been established in some child welfare systems to prevent as well as review placement disruptions. More detailed information on promising intervention strategies such as these are examined in detail in this publication, with the goal of promoting greater placement stability for foster children.

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What do the people who support you and your family, need to know and/or do to help keep you safe and connected?

"… giving information… you're sort of concerned if people have too much information — what will they do with it? (Will) they use it against you?…you may have an argument with them, they will bring up your past… put you down…there are times when a child can't speak up for themselves because the records are like evidence saying you did something wrong and the foster parents point their fingers at you, saying you're a bad person…they judge you."

Overview

Placement Stability for Youth in Foster Care: A Key to Achieving Permanence and Educational Success

by Debbie Staub, PhD, John Emerson, Catherine Roller White, and Kirk O'Brien, PhD

For children and youth in foster care, educational success can and should be a positive counterweight to the abuse, neglect, separation, and impermanence they have experienced in their lives. Approximately three in ten children and youth in foster care nationally (71%) are school age and they face many challenges to educational success.

One of the most challenging barriers for these students is school mobility. Children and youth in care often experience many school changes, including when they initially enter foster care and as they move from one placement to another. Because of these school moves and their history of abuse and neglect, children and youth in care are at heightened risk of lagging behind in reading proficiency, repeating one or more grades, being suspended or expelled from school, and being underprepared for postsecondary education or training opportunities.

Given these experiences, it is not surprising that many children and youth in care fail to graduate from high school (studies show graduation rates ranging from 40 to 90%) and that fewer will complete postsecondary education or training (about 20% according to the Northwest Alumni Study; see Pecora, et al., 2010 for a summary of education findings). School mobility has a significant negative impact on children's academic outcomes and educational success at all levels. Studies document the relationship between frequent school changes and an increased risk of failing a grade in school (Pecora, et al., 2003; Zetlin, Weinberg, & Shea, 2006). School stability, on the other hand, is associated with greater educational success for children, including children and youth in foster care. The Casey National Alumni Study found that youth who had one or fewer placement moves each year were almost twice as likely to graduate from high school before leaving care (Pecora, et al., 2003).

Fortunately, the importance of school stability to the well-being of children in foster care is becoming more widely recognized. The passage of recent laws such as the federal "Fostering Connections to Success Act" includes provisions that call for greater educational stability by requiring jurisdictions to fund transportation and other services to support educational success.

The link between permanency and educational success is also beginning to be better understood. The Minnesota Permanency Demonstration Project, a five year study of 111 caregivers, compared experiences of children who achieved permanency with those who remained in foster care. The study found that children who achieved permanency were less likely to miss or skip school or to have been suspended from school; more likely to attend school; more likely to talk to caregivers about grades, school work, and school related activities; and less likely to have changed schools during the prior past two years (Siegel, 2009). In 2006, when New York State mandated that judges ask questions relating to education and health, the state experienced a profound increase in permanency rates; for example, rates of adoption doubled from 2003 rates and 80% of children who had been victims of abuse and neglect achieved permanency, a rate that far exceeded those of national and state standards (Gerber & Dicker, 2005).

Suspensions and expulsions, as well special education concerns, have been shown to increase placement disruptions. A study conducted by the Children and Family Research Center found that with each placement move, the odds of a child finding permanence declined by 25%. Coinciding with the placement moves was school disruption, which has been linked to increased suspensions and expulsions. The more placement moves, the more school moves, and the more likely the child will be expelled or suspended from school. Consequently, school discipline problems were found to lead to longer lengths of stay in foster care, more disruptions in placement and more involvement with the judicial system. The ability of the school to meet the needs of children with special needs is crucial to placement stability; children whose needs have not been met by the school system tend to exhibit more disruptive behavior both at home and in school. When the behavior of the child becomes too difficult for families, a disrupted placement is more likely to occur.

The issues of school and placement stability are interactive and need to be addressed together. If we truly hope to help youth in care find permanent homes, we must also look to improving their educational outcomes by providing them with the supports they need to be successful in school

What do the people who support you and your family, need to know and/or do to help keep you safe and connected?

"...involve the kids more when you're finding them homes or when you're in the home – pay attention more to what the kid is saying more than what the adults are saying... I've been in a lot of homes (and) people can put up a front when the social workers come in... it's like a bond you guys should have with the kids before you guys get the bond with the family."

Overview

Placement Instability and Early Childhood Mental Health

by Martha Morrison Dore, PhD

Born to parents who themselves had aged out of foster care, Bobby was shuffled back and forth between his mother and father beginning in infancy. His mother, a drug user with severe mental health problems, had a series of brief, tumultuous relationships with men who physically abused her and her young child. When she could no longer tolerate the abuse or when the latest man abandoned her, she would call Bobby's father, an alcoholic with a quick temper, who would take him in temporarily until the child's mother attached herself to yet another man who seemed willing in the moment to support her and her young son. Although several reports were filed on the family with child welfare authorities, it wasn't until his mother abandoned him in a homeless shelter and his father could not be located that Bobby was taken into foster care for the first time. He had just turned 3 years old.

Bobby's story, which is true except for minor changes to disguise the identities of all concerned, illustrates well the interaction between trauma and neglect in early childhood, the resulting emotional and behavioral dysfunction, and placement instability in out-of-home care. By age 5 1/2, thirty months after his entry into foster care, Bobby had been in eight different foster homes and two psychiatric in-patient facilities.

Research has repeatedly shown that children entering child welfare placement demonstrate notably higher rates of emotional

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By age 5 1/2, thirty months after his entry into foster care, Bobby had been in eight different foster homes and two psychiatric in-patient facilities.

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and behavioral disorders than children in the general population (Pears & Fisher, 2005; Stahmer, Leslie, Hurlburt, Barth, Webb, et al., 2005; Zimmer & Panko, 2006). One recent analysis (Stahmer et al., 2005) of data on 2,813 children under age six from the National Survey of Child and Adolescent Well-Being (NSCAW), a national data set of the child welfare population, found that over half of children under age 3 and nearly 40% of 3 to 5 year olds placed in foster care demonstrated behavioral difficulties in the clinical range.

Studies of brain development highlight the long-lasting negative effects of abuse and neglect in the early months of life on psychosocial functioning throughout childhood (Perry, Pollard, Blakley, Baker, &

Vigilante, 1995; Schore, 2001). Exposure to physical violence would have significantly impacted Bobby's developing brain by permanently altering the neural systems involved in responding to stress and fear. Because of the rapid maturation of the brain during the first few years of life, sensitization of these neural systems through repeated trauma leads to dysregulation in many psychobiological functions. A traumatized child may exhibit motor hyperactivity, pervasive anxiety, impulsivity, sleep disturbances, tachycardia and hypertension (Schore, 2001).

Recently, brain researchers have begun linking disordered attachments resulting from psychological trauma caused by physical and emotional abuse and neglect to neurological dysregulation and subsequent problems in early childhood functioning (Schore, 2001; Zeanah, Scheeringa, Boris, Heller, Smyke et al., 2004). Mothers, like Bobby's, who are impaired by drugs or alcohol or by psychiatric disorders such as severe post-partum depression, are unable to respond reliably to their infants' signals for care and comfort. Such mothers may over-react aggressively by yelling, shaking or hitting the child or under-react by withdrawing and ignoring the infant's cries. Due to unreliable caregiver responses to infant distress, the child remains in an intense negative emotional state resulting, over time, in alterations in the biochemistry of the brain.

Young children with disordered early attachments entering foster care often exhibit unclear messages regarding their emotional needs (Fish & Chapman, 2004). They may push potential caregivers away and appear distant and unresponsive to offerings of comfort and emotional support. They may cry inconsolably or engage in violent tantrums without evident provocation, challenging the capacity of even the most self-confident caregiver (Dore & Eisner, 1993). Research by Dozier and others (Dozier, 2005; Lindhiem & Dozier, 2007; Stovall-McClough & Dozier, 2004) on infant attachment in foster care has found that even experienced foster parents often react negatively to these very distressed children, distancing themselves emotionally and sometimes withdrawing entirely, requesting the child's removal from their care.

Perry et al. (1995) describe a "freeze" response, a sort of cognitive paralysis, common in maltreated children whenever a threatening situation causes heightened fear and anxiety. For example, a caregiver gives the child a directive, the child becomes anxious and freezes which the caregiver, in turn, interprets as deliberate tuning out or ignoring of the adult's command. The adult then repeats the directive, this time in a more threatening tone or perhaps adding a set of consequences, which only increases the child's sense of danger and heightens his or her psychic withdrawal. Such an interaction can quickly spiral out of control resulting in shouting, threats and even physical harm. If the situation becomes sufficiently terrifying to the child, complete dissociation can occur. Perry believes that freezing and other dissociative strategies are the neurobiological basis for the symptoms of oppositional-defiant disorder in young children, a diagnosis frequently applied to Bobby.

Evidence suggests that out-of-home placement itself compounds the

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Overview

psychobiologic stress on the child entering care. For a child like three year old Bobby, already exquisitely attuned to perceived environmental threats, introduction to a new, unfamiliar living situation with strangers who have relational expectations that he is unable to meet is likely to trigger a well-honed fight or flight response eventuating in extreme aggression or emotional withdrawal. Researchers have found that problematic externalizing behavior is significantly associated with decreased foster parent commitment to a child in her care. If a child like Bobby reacts to the stress of a new foster home placement with the hyper-reactive responses which have become adaptive for his compromised neural system, it is likely that his foster family will withdraw their commitment and request his removal. Significant associations have been demonstrated between disorders in attachment, behavioral difficulties and

in his hand. The child welfare authorities immediately placed Bobby in a secure facility and, despite the foster family's requests for visitation, denied them all contact.

Currently, most mental health treatment of children in foster care focuses on youth of elementary school age and older (Pecora, Jensen, Romanelli, Jackson, & Ortiz, 2009). Recognition of the mental health and developmental needs of infants, toddlers and preschoolers entering out-of-home care is inconsistent at best. Yet all the research on child development suggests that investment in appropriate therapeutic intervention at an early age has significant payoff over time. Rather than placing traumatized young children like Bobby in traditional foster care, one agency in Rhode Island chose to place them immediately with highly trained treatment foster parents who were also approved as potential adoptive homes. After a prearranged two years of treatment in these

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Studies have shown a child's psychosocial functioning is negatively affected by repeated changes in foster home placement independent of behavior problems at initial placement.

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placement instability in foster care (Strijker, Knorth, & Knot-Dickscheit, 2008)

Studies have shown a child's psychosocial functioning is negatively affected by repeated changes in foster home placement independent of behavior problems at initial placement (Herrenkohl, Herrenkohl, & Egolf, 2003; Hussey & Gao, 2005; Newton, Litrownik, & Landsverk, 2000; Rubin, O'Reilly, Luan, & Locallo, 2007). One recent analysis of placement stability using NSCAW data found that children who had behavior problems at foster care entry and experienced placement change by 18 months in care demonstrated a 36% increase in behavior problems due to placement instability alone (Rubin et al, 2007). For Bobby, who entered care with severe biobehavioral deficits at age three, eight failed foster home placements as well as two in-patient hospital stays before he turned six could only have reinforced his psychopathology.

Indeed, Bobby's story does not have a happy ending. At age 5 ½ he was placed in a long term residential treatment facility where he remained for the next four years. When he was nearly ten, he was once again placed in foster care, this time with experienced treatment foster parents who were well-trained in managing extremely difficult child behavior. Months passed and Bobby seemed to be settling into his new foster family albeit with a great deal of professional support for both Bobby and his foster parents. Then, one night the foster parents awoke to find Bobby standing over their bed with a butcher knife

homes, an evaluation was made of the child's progress and the feasibility of moving forward with adoption. All of the children who were placed through this program were adopted by their treatment families, and none of the adoptions has disrupted, a remarkable record given the propensity for breakdown in adoptions of children with severe emotional and behavior disorders (Dore & Mullin, 2006).

As more is learned about the neurological impact of maltreatment in infancy, the more informed and effective the child welfare system can become in reducing placement instability in foster care for preschool aged children. Adequately assessing their mental health and developmental needs, selecting, training and supporting foster parents who can understand and tolerate distressed biobehavioral functioning in young children, as well as providing research-informed therapeutic interventions such as parent-child interaction therapy for these children are crucial first steps in stabilizing placements for young children traumatized by early severe maltreatment who come into out-of-home care.

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What do the people who support you and your family, need to know and/or do to help keep you safe and connected?

"... every foster parent should spend at least one week with a kid to get to know them before they bring the kid into their home...the social workers and foster parents need to work together to get to know the kid more."

Overview

Placement Stability and Use of Mental Health Care for Children in Foster Care

by John Landsverk, PhD

A small set of studies have directly examined the relationship between placement stability and use of mental health care. This paper discusses the findings from these studies as well as related findings from the overall studies of the use of mental health care by children involved with foster care (see comprehensive reviews on mental health services for foster children by Landsverk, Garland, Leslie, 2002; Horwitz, Hurlburt, and Zhang 2010, which are more indirectly linked to placement stability). Findings from both regional studies (see references above) are presented as well as findings from the landmark National Survey of Child and Adolescent Well-Being (NSCAW), with its national probability sample of all children in families investigated by CPS, a 36 month cohort design, and standardized measures of need for and use of mental health services (Haskins, et al, 2007, Webb et al., 2010). These findings are used to argue that appropriateness and quality of mental health care need to be as strongly emphasized as access to care. The paper also questions whether such care always must be provided by mental health agencies outside of the child welfare systems and suggests this perspective needs to be reconsidered in light of what is now known about the need for such care and how best to provide it — especially if placement stability is to be positively affected by mental health care. It should be noted that this paper provides considerable support for the paper by Chamberlain and Lewis in the Practice Section, "Preventing placement disruptions in foster care: A research-based approach".

In 1987, Klee and Halfon reported that only one county child welfare system in the state of California was systematically screening kids for mental health needs upon entry into foster care. Klee and Halfon (1987) were concerned about the high rates of emotional-behavioral problems and health conditions seen in pediatric offices serving foster children and thought that, due to a lack of mental health screening and referrals, there were many children in this high-risk population not receiving much needed services. Interestingly, their view of mental health care is consistent with the child well-being outcomes of the current Child and Family Service Review. The CFSR considers referral by child welfare to other service systems for mental and physical health needs as the marker for best practice. Emotional and behavioral problems have clearly been

associated with increased placement changes (Newton, Litrownik, & Landverk, 200; Aarons, et al., 2010) as well as predictive of greater use of mental health services in both regional and NSCAW studies. In fact, James, Landsverk, Slymen, and Leslie (2004) reported there was an increase in use of mental health services both three months before and three months after a placement change. This finding was corroborated by Rubin, Alessandrini, Feudtner, Mandell and Hadley (2004) who found that multiple placements increased the use of mental health services and was associated with increased mental health costs during the first year in foster care.

Studies also have documented that emotional and behavioral problems lead not only to placement changes but also are associated with higher propensity to enter into residential or congregate care, a very costly part of the child welfare service array. While the practice field has often thought that placement in residential care usually occurred after a string of failed foster family placements, new evidence from a regional study and the NSCAW national study, as reported by James et al. (2004), found a high proportion of children enter residential care as their first out-of-home placement . James' 2006 article, based on NSCAW longitudinal

data, reported approximately 50% of children who end up in residential care experience residential care as their first placement.

Moving to a broader perspective, studies over the past 20 years have consistently found that the child welfare system functions as a gateway into the child mental health care system, and this increased access to mental health care is associated with high levels of continuity of mental health care even after children leave foster care. Using NSCAW longitudinal data, Leslie et al. (2005) found a significant increase in mental health service use immediately after the initial contact with child welfare services. They further reported that all three groups of children involved in child welfare (investigated but case not opened, case opened, and placement in foster care) were more likely to receive mental health services after versus before investigation. In addition, rates of mental health use were directly related to level of child protection involvement; the least involved group showed less use than the other two groups, and children in foster care were the group most likely to use mental health care. Based on these findings, the authors concluded that child welfare functions as a gateway into the mental health service system with the size of the gateway increasing as the child

Figure 1. Cumulative Percentage of Mental Health Service Use by Level of Child Welfare Involvement for a Cohort of Children Investigated for Possible Child Abuse or Neglect (n=3592, weighted percents) [1]
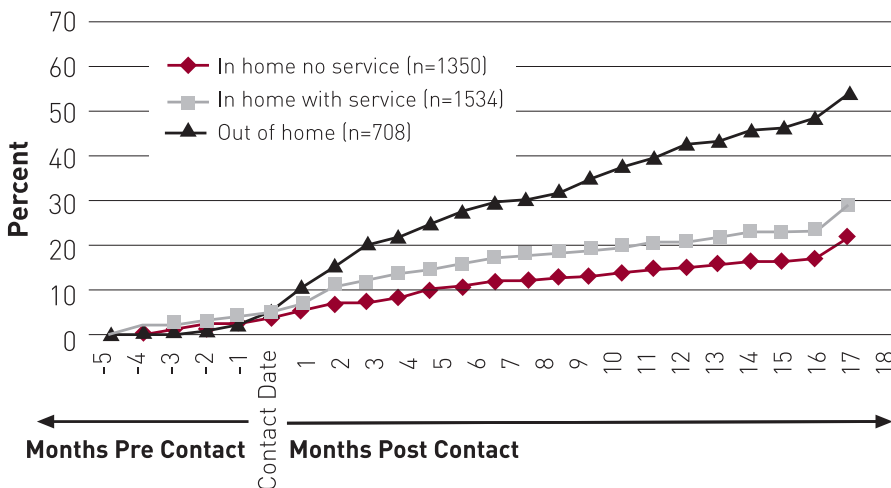
[1] Time frame is from -5 to 18 months; time zero is contact date with child welfare

enters more deeply into the system. Figure 1 shows this finding graphically. NSCAW data also was used to determine whether this greatly increased use of mental health care by children in foster care continues after children leave foster care. Landsverk et al.(2010) examined subsequent use of mental health care by children exiting foster care as compared to children continuing in foster care. They consistently found comparable rates of subsequent use and a higher rate of mental health service continuity among both exiting and non-exiting groups. These findings are displayed graphically in Figure 2. Finally, multiple regional studies and the national NSCAW studies have consistently found high rates of behavioral problems in all groups of children involved in foster care with rates four to five times greater for children in foster care as compared to children in the general community. There is also some evidence that the behavior problems found among foster children are more likely to be of the externalizing than the internalizing type.

What do all these findings suggest for how best to use mental health care to address the problem of placement instability in foster care? First, the empirical findings suggest there is a very high rate of behavior problems seen in children involved in foster care and these behavior problems are significantly associated with both increased risk of placement disruption and also greater use of mental health services. The relationship between behavior problems and mental health services also suggests that the practice field may be viewing referral to mental health care as a means of reducing placement disruption. This interpretation is certainly supported by the James et al.(2004) findings that use of mental health care went up just before and after a placement change.

Second, involvement in child welfare, especially in foster care placement, serves as a strong gateway into mental health care for children who are much in need of such care. Access to mental health care strongly increases when children enter an out-of-home placement. While there is evidence that greater access is needed because a sizeable portion of foster children in need of care do not receive it, access is markedly improved after entry into out-of-home care. This means that more attention can be paid to appropriateness and quality of mental health care.

Finally, one promising avenue for improving appropriateness and quality is changing from a clinical to a prevention approach in dealing with externalizing behavior problems. A clinical perspective refers to the use of a mental health provider outside the child welfare system. In a clinical approach, the child with significant behavior

Figure 2. Percent Continuing Use of Specialty Mental Health Services after First Month of Starting Use by Reunification Status (Method 2, n=453)

Survival Curves (n=453)
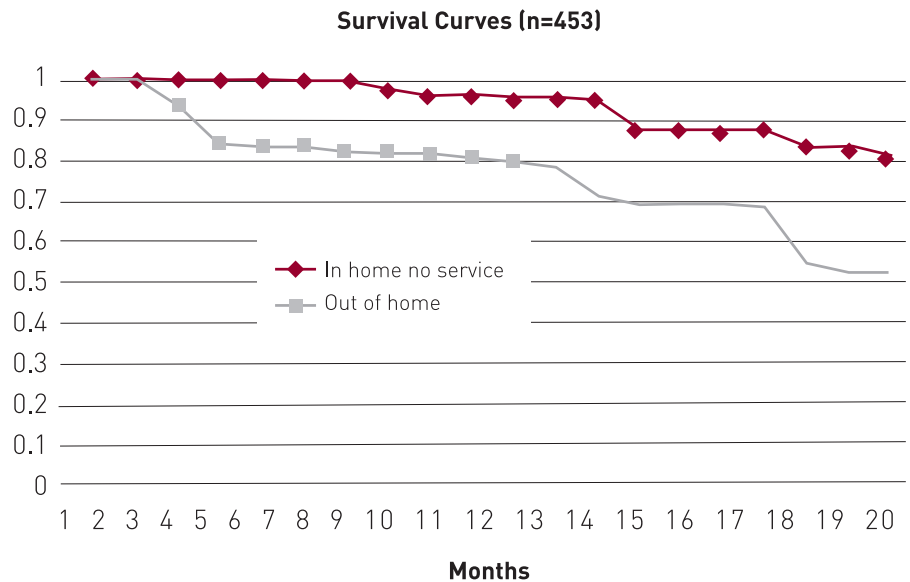
problems is sent to the mental health clinic to be "fixed". It is important to note that no study has found improvement in placement stability as the result of greater use of mental health care delivered through the clinical approach.

A prevention approach on the other hand, suggests that behavioral problems, especially externalizing problems, can be better addressed through increased training of foster and kinship parents to handle challenging behaviors. In the prevention approach, the parent caring for the child is provided with effective parent training tools to address the behavior problems in the home. Essentially, the substitute parent is trained in appropriate and evidence-based mental health tools that can be used in the home around the clock instead of during a 50-minute clinical hour. The argument for a prevention approach is supported by the Chamberlain and Lewis paper in this volume, including research based findings that show improvement in placement stability is directly related to this prevention approach.

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Overview

Preventing Placement Disruptions in Foster Care: A Research-Based Approach

by Patricia Chamberlain, PhD, and Katie Lewis, MS

Practice

Research during the last decade has shown that between one-third and two-thirds of traditional foster care placements are disrupted within the first 1 to 2 years (Staff & Fein, 1995; Wulczyn et al., 2003). These frequent disruptions undercut the efforts of child welfare agencies to promote safety and permanency, and the detrimental effects of this instability are far reaching. In addition to having negative ramifications for children and foster parents, changes in placements also lead to increased economic costs to child welfare agencies. Researchers in the United Kingdom found that as the number of foster placements increased, the costs of finding each new placement tended to increase exponentially. Finding fourth, fifth, or sixth placements took 3 to 4 times as long as finding first or second placements and cost 6 times more (Ward et al., 2004, 2007).

The most frequently cited reason for a failed foster placement is the inability of foster parents to manage children's behavior problems (Holland & Gorey, 2004; James, 2004). According to one study, nearly half of all children in foster care exhibit externalizing problems (National Survey of Child and Adolescence Well-Being Research Group, 2003). Compounding the problem is the fact that most foster homes care for more than one child. The relationship between the number of children in the home and placement disruptions in a California study is shown in Figure 1, where the risk of disruption increased by 6%, 12%, 20%, 28%, and 36% when there were 1, 2, 3, 4, and 5 children, respectively, in the home.

Not surprisingly, targeting strategies to help parents manage and reduce challenging behaviors has led to the conception of valuable preventive interventions. Parent-mediated interventions such as Parent Management Training (PMT) programs, first developed in the 1960s, have been tested in many well controlled studies in the fields of education, prevention, and mental health.

Participating in MTFC seems to prevent the risks associated with having multiple previous placements, in that placement disruption for children in MTFC were no higher for children with multiple prior foster placements than for children with no prior placements (Leve et al., 2009). Over the years, the original MTFC program model has been expanded.

Parent-mediated interventions are based on longitudinal studies that have shown that developmental pathways to child and adolescent behavioral and emotional problems are strongly associated with ineffective parenting practices (Laub & Sampson, 1988). Therefore, it is logical that interventions focused on teaching and supporting parents to use more effective parenting methods have emerged as a mainstay of empirically grounded prevention and intervention efforts.

There is a solid and growing body of research supporting the effectiveness of parent-mediated treatments for reducing the rates and severity of child behavior problems by strengthening parenting skills (Patterson, 2005; Webster Stratton & Hammond, 1997).

Within the child welfare system specifically, this has involved training and supporting foster parents so that they are better equipped to understand and manage difficult behaviors of the children in their care. Daily interactions with parents provide a powerful forum within which to positively shape child behavior and potentially to ameliorate mental health problems. Thus, by providing foster parents with skills and support, they have a greater chance of maintaining children in their homes and, in turn, reducing placement disruptions.

Two such interventions, discussed below, have been developed by scientists at the Center for Research to Practice and the Oregon Social Learning Center. The interventions have been validated by a rigorous research base, showing that they are effective in improving placement stability for foster children.

Multidimensional Treatment Foster Care (MTFC) was originally developed for delinquent youth and later extended to children with severe mental health problems leaving psychiatric hospitals, preschoolers in the child welfare system, and girls, most of whom had multiple child welfare placements (Chamberlain & Reid, 1991, 1998; Fisher et al., 2009; Leve & Chamberlain, 2007). It involves intensive, behaviorally-focused treatment conducted by a team and includes: a) recruitment, training and support for community foster parents, b) weekly supervision and daily calls with the foster parents, c) individual therapy and skills training for the youth, and d) family therapy for the biological, adoptive, or other after care family. One youth is placed per foster home for 6–9 months, and youth attend public schools. Consultation is also provided to schools and to other community settings to facilitate consistency across the child's environments. To date, three age-specific versions of MTFC have been developed: for preschoolers (3-5 years), middle childhood (6-11 years), and adolescents (12-17 years).

Figure 1. The Relationship Between Child Problem Behaviors Over 6 and the Number of Children in the Home
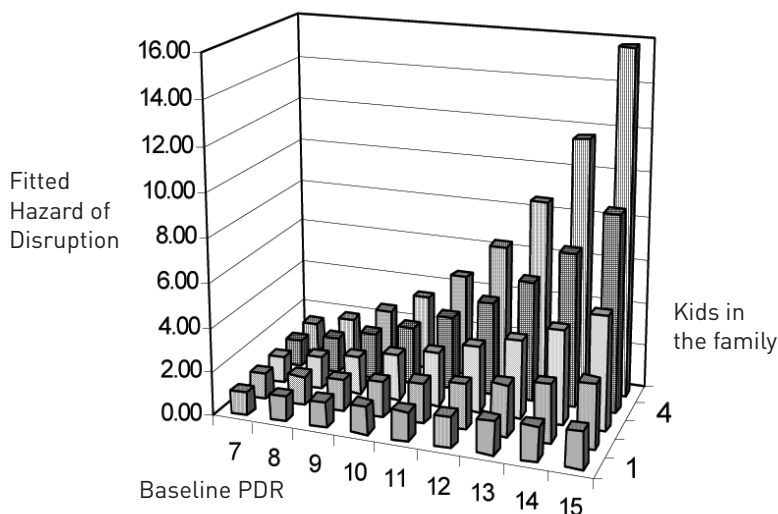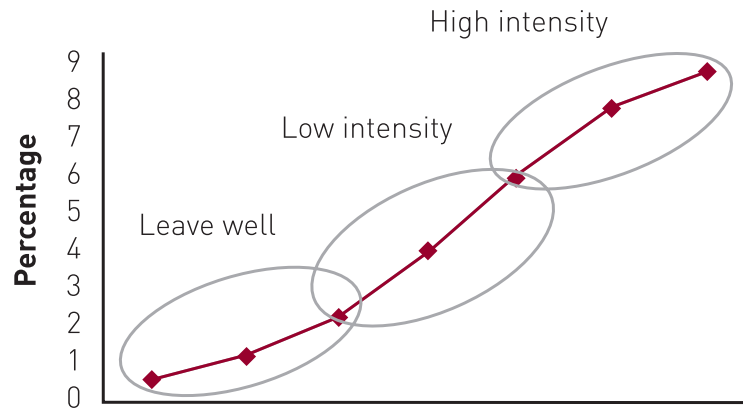
Results showed that when compared to alternative group care and residential treatment models, the cost of MTFC was substantially lower, resulting in savings for both systems and taxpayers (Washington State Institute for Public Policy). Long-term outcomes include more time spent in family settings, reduced rates of arrests, incarceration, hospitalization, and pregnancy as well as improved school attendance and achievement. In terms of placement stability, results indicate that children in the MTFC program experienced fewer permanent placement failures over time (Smith et al., 2001). In addition, participating in MTFC seems to prevent the risks associated with having multiple previous placements, in that placement disruption for children in MTFC were no higher for children with multiple prior foster placements than for children with no prior placements (Leve et al., 2009). Over the years, the original MTFC program model has been expanded to fit the needs of youth in all of the major publicly-funded child service systems (juvenile justice, mental health, and child welfare). MTFC programs are now funded by multiple public agencies and organizations and are currently being implemented in over 70 communities in the U.S., England, Sweden, Norway, Ireland, Holland, and Denmark. Recently, the Coalition for Evidence-Based Policy designated MTFC as a top tier evidence-based treatment approach for the prevention of crime/violence (Coalition for Evidence-Based Policy).

Figure 2. Percent of Placement Failures Based on Number of Prior Placements

Two randomized trials have been conducted on KEEP. The first took place in three Oregon counties and was followed by an effectiveness trial in collaboration with the San Diego Child Welfare System and the Child and Adolescent Services Research Center involving 700 families receiving a new placement in San Diego County. Results showed that participation in KEEP resulted in fewer placement disruptions and more frequent family reunifications and that the effects of KEEP were related to changes in the parenting behavior of the foster parents (Chamberlain et al., 2008; Price et al., 2008). These results highlight the cyclic nature of behavior problems and placement instability. If foster parents can successfully use more

is diffuse, not empirically supported, and less structured and intensive than evidence-based programs. Additionally, children with behavioral and mental health problems are likely to be referred to specialty mental health care providers for individual therapy, which has not been shown to be effective for many problems, including externalizing behavior.

Based on the well-established link between child behavior problems and placement disruptions, both elevated levels of externalizing behaviors and a history of placement instability could be used to identify children who are at risk for future disruptions and targeted for intervention. A recent publication outlines a graduated approach of intervention options for children in foster care (Figure 2; Fisher et al., 2009).

Option 1 involves applying systematic methods to determine which children appear to be functioning adequately in foster care. A second level option would provide a low-cost targeted intervention, such as KEEP, when problems appear to be of sufficient magnitude to threaten the stability of the placement or the ability of the child to deal with normal developmental tasks. A third level is to use an intensive approach such as MTFC for children who are at risk for placement in (or stepping down from) group or residential care. By identifying the children most at risk for disruption and implementing a targeted intervention, the likelihood of future disruptions can be significantly reduced.

Results showed that participation in KEEP resulted in fewer placement disruptions and more frequent family reunifications and that the effects of KEEP were related to changes in the parenting behavior of the foster parents.

KEEP (Keeping foster parents supported and trained) is an adaptation of MTFC that was developed specifically to prevent placement disruptions in regular state supported foster homes. KEEP involves a 16-week group based intervention delivered by para-professionals (often foster parents). Specifically, the curriculum is focused on teaching and supporting foster parents to increase the use of positive reinforcement and to set consistent non-harsh discipline methods. KEEP also helps foster parents gain confidence in their ability to deal with both routine and difficult problem child behaviors and emphasizes methods for promoting positive peer relationships and school success. As part of the KEEP curriculum, foster parents participate in active learning strategies such as role plays, and they engage in home practice assignments and receive feedback on behavior management techniques.

effective parenting strategies, the rate of child problem behaviors can be reduced, resulting in fewer placement disruptions. KEEP is currently being implemented in state level child welfare systems in San Diego County, Maryland, and Washington, and in the U.K.

A Graduated Approach

There is a considerable gap between well validated interventions and on-the-ground programs that can be implemented by foster parents in child welfare agencies. This is somewhat surprising given that child welfare systems are mandated to deliver or facilitate the delivery of services designed to train foster parents in caring for children who often have challenging behavior and mental health problems. Most current training delivered to foster families within the child welfare system

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Practice

Are Kinship Care Placements More Stable? Evidence and Best Practice from National and International Research

by Marc A. Winokur, PhD and James M. Drendel, PhD

Is kinship care good for kids? To answer this question, a unique university-community partnership comprised of practitioners and researchers from 12 Colorado counties, the Colorado Department of Human Services, and Colorado State University was established in 2004. The mission of the Applied Research in Child Welfare (ARCH) Project is to inform social work practice and policy through research and evaluation of child welfare interventions.

The first ARCH study was driven by the increased use of kinship care in Colorado. The percentage of children removed from the home for maltreatment and placed in either certified or uncertified kinship care increased from 25% in 2002 to 32% in 2004 (Winokur, Longobardi, & Crawford, 2005). Another

was no difference between the groups on length of stay in out-of-home care.

One of the ARCH partners, Larimer County Department of Human Services, has closely tracked the outcomes of its kinship care program for the past seven years. For cases with longer lengths of stay, children in kinship care experience fewer moves as 84% have two or fewer placements compared with 52% of children in foster care. Over the last two years, the length of stay for children in kinship care has declined from an average of 10 months to just under eight months while children in foster care average almost nine months in placement.

So what does this research mean for parents, practitioners, policymakers, and the public? The evidence is clear that kinship

counties also work independently and collaboratively to design plans for keeping children with relatives, supporting kinship caregivers, and establishing monitoring systems to ensure that workers are following policies and procedures related to kinship care. In summary, kinship care is good for the placement stability of children but could be even better with greater support for kinship providers, stronger training of social work professionals, and further applied research.

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> So what does this research mean for parents, practitioners, policymakers, and the public? The evidence is clear that kinship care placements are more stable than foster care placements.

motivation for the study was to challenge the perception of some caseworkers that the "apple doesn't fall far from the tree," which makes them more reluctant to place children with kin.

The overarching goal of the research was to collect data from a variety of sources to gain a better understanding of the effect of kinship care on safety, permanency, and well-being outcomes. The research design featured an outcome study that compared kinship care and foster care in Colorado, and a systematic review of national and international research on kinship care.

The outcome study indicated that children in kinship care had more stable placements than children in foster care (Winokur, Crawford, Longobardi, & Valentine, 2008). Children in kinship care had significantly fewer placements (1.6 placements) than children in foster care (2.3 placements). There was no difference on number of days in out-of-home care between children in kinship care (345 days) and children in foster care (357 days).

These findings are supported by a systematic review of kinship care funded by SFI Campbell and published by the Campbell and Cochrane Collaborations (Winokur, Holtan, & Valentine, 2009). Children in foster care were almost three times more likely than children in kinship care to experience three or more placement settings. Again, there

care placements are more stable than foster care placements. However, certain best practices must be in place to fully maximize the potential of this out-of-home placement option. According to the research, children in kinship care are less likely to utilize services than children in foster care (Winokur et al., 2009) while relative caregivers receive less training, services, and financial support than traditional foster parents (Cuddeback, 2004). As a result, there is a need to better engage kinship providers. Because kin are often leery of the child welfare system, caseworkers must be more proactive in engaging them. Asking kin about their needs and offering appropriate services is a great way to develop trust and improve the outcomes promised by kinship care. Legislators can help by identifying and appropriating the level of funding necessary to optimize kinship placements.

Another best practice for child welfare agencies is to provide extensive training and support to caseworkers so they can better support kinship care. To facilitate this process, the ARCH Project engages supervisors and administrators in an interactive discussion about the implications of the research findings. Next, workshops are provided to caseworkers so they can develop strategies for integrating the evidence into practice. The biggest challenge is encouraging caseworkers who hold negative perceptions of kinship care to use research as a way to confront and overcome their reluctance. The ARCH

When do you think it is in a kid's interest to move?

"...if his needs are not being met...I wasn't getting nothing...I had an allowance but they used it for their own, so I didn't really get anything out of it...I wasn't getting attention I needed...all they cared about that I wasn't going to go anywhere..."

Practice

Casey Foster Applicant Inventory (CFAI)

by John G. Orme, PhD, MSW and Kelly E. Sim, MS

Introduction

Foster care workers routinely make critical decisions about foster family applicants, foster families, and foster children and must ensure that foster homes are safe, nurturing environments that enhance children's well-being. The importance of assessing the potential of foster parents to provide successful foster care and, consequently, promoting placement stability cannot be overstated.

Standardized measures with demonstrated reliability and validity can help foster care workers assess how applicants might respond to the variety of unique challenges foster families face; inform decisions regarding how best to support, monitor, and retain foster families; and inform decisions on how to best match, place, and maintain foster children with foster families. Such information is essential to ensuring placement stability, and the Casey Foster Applicant Inventory (CFAI) was designed to effectively and efficiently provide this information.

Development of the CFAI

There are two versions of the CFAI, one completed by foster parent applicants (CFAI-A) (Orme et al., 2007) and one completed by foster care workers (CFAI-W) (Cuddeback et al., 2007). Casey Family Programs funded the development and testing of these measures and the CFAI and related work was done by researchers from the University of Tennessee (UT) (Orme, Buehler, Cherry, Coakley, Cox, Cuddeback, & Rhodes, 2007).

CFAI items were derived from a thorough review of foster parenting research, policy, and practice literatures, focus groups with experienced foster parents, practitioners and children, and consultation with experienced foster care researchers. Items were written to accommodate all types of foster family applicants with different family structures, including applicants who were single, married, or living with other adults in committed, intimate relationships; applicants with or without birth or adopted children; and applicants who planned to provide kinship or traditional foster family care. A diverse group of foster parents, foster care practitioners, and foster care researchers reviewed the items to ensure that they were easily understood, relevant, and sensitive to applicants of varying gender, race, ethnicity, and sexual orientation. Finally, on average, items were written at a sixth-grade reading level to ensure that they were easy to understand.

Description of the CFAI

The CFAI-A contains 52 items, some completed by all foster parents and other items completed by caregivers only if the questions are relevant to their family structures. The CFAI-W contains 82 items, some completed by workers about all foster applicants and other items specific to caregivers with different family structures.

> The importance of assessing the potential of foster parents to provide successful foster care and, consequently, promoting placement stability cannot be overstated.

CFAI-A and CFAI-W items are rated using a 4-point scale ranging from strongly disagree to strongly agree. Both measures take approximately 20 minutes to complete. The CFAI is available in English and Spanish. Also, there is a CFAI Alaska Native version (CFAI-AK) that was developed to help assess Alaska Native foster family applicants or non-Native applicants caring for Alaska Native children.

Use and Misuse of the CFAI

The CFAI was designed to be used with foster parent applicants as one part of the overall licensing process and as a part of a collaborative team approach. It combines applicants' perspectives of their qualities and characteristics with workers' views of their competencies to handle the challenges of fostering.

The CFAI is intended to be used to identify applicants' strengths and areas for development in order to make better placement decisions, to identify applicants' training and service needs, and hence promote placement stability. Workers and applicants can discuss ways to provide stable placements for children in care, utilizing resources and training that will help to mitigate the potential challenges identified through the assessment. The CFAI is not intended to be used to disapprove foster parent applicants or to otherwise discourage or exclude applicants from being foster parents.

CFAI Online

The CFAI is a free easy-to-use web-based tool. CFAI resources are available at no cost at www.fosterfamilyassessments.org (e.g., quick start guide for agency workers, self-tutorial learning modules, frequently asked questions). In addition, comprehensive training is available, for a fee, from professional trainers who are expert users of the tools and can offer practice and implementation consultation.

The CHAP

The Casey Home Assessment Protocol (CHAP) is a suite of tools that complement the CFAI in the assessment process. Eighteen separate measures were either identified for inclusion or developed by UT researchers to promote placement stability and other important aspects of foster parenting. They include the Available Time Scale, Cultural Competence Scale, and the Willingness to Foster Scale among others. Many of these scales can help workers match families with children to decrease potential disruptions in placements. The CHAP can be used independently from the CFAI and is available online.

Conclusion

Assessments alone will not help to ensure placement stability. Worker's intuition or interviews absent of standardized measures leave workers with questions about their placement decisions. Exploring the nuances of foster parenting through focused questions and providing trainings and support to address challenges will increase the likelihood for successful placements.

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Practice

Individualized Tailored Services to Improve Placement Stability and Safety

by Hewitt B. "Rusty" Clark, PhD, BCBA and Kimberly Crosland, PhD, BCBA-D

Adolescents in foster care have extremely poor outcomes related to placement stability, personal safety, and well being (Burns et al., 2004; Courtney et al., 2005; Kaplan, 2004). Their teen years are often marked by increasing placement changes, run away behavior, involvement in criminal activities, transfers to more restrictive facilities, and further alienation from supportive adults (Keil & Price, 2006; Newton, Litrownik, & Landsverk, 2000; Sedlak et al., 2002). This article summarizes two approaches to improving the placement stability and safety of youth in the foster care system. The first is the individualized wraparound approach and the second is the use of a functional assessment and tailored interventions to reduce runaway behavior and stabilize their placements.

Individualized Wraparound Approach

The individualized wraparound approach is a team process that empowers the family and the supportive team of parent-selected friends, relatives, neighbors, and essential professionals to formulate and tailor supports and services to reach the family's vision for home, school, and community functioning for their children. In the first randomized-controlled study on individualized wraparound, we applied the process to foster care youth with emotional/behavioral difficulties (EBD). The youth were 8-15 years of age at the start of the 3.5 year study. The Resource Coordinators (RCs) worked with the youth, foster parent, and other relevant players (e.g., biological parents, potential adoptive parents) in addressing the current and long-term needs and interests of the youth. For example, a 15-year old youth wanted to get

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The individualized assessments and tailored intervention approaches have been demonstrated to improve placement stability and other indicators of progress for youth in foster care.

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a job over the summer when he turned 16 so he could start earning some money to buy his favorite music and a video game player. The youth refused to go back to therapy or to the psychiatrist regarding his bipolar disorder. The RC worked with the youth and other key players in developing a plan to assist the youth in learning job searching skills. The RC also learned, through strength

discovery discussions with the youth, that he really liked his previous therapist. With his previous therapist, the youth had attended appointments consistently and had stabilized on his medications. The RC and the case worker arranged for him to return to his previous therapist, which re-engaged the youth in his mental health treatment and led to better management of his psychiatric symptoms.

These individualized wraparound applications yielded substantial and statistically significant positive changes among foster care youth over the course of the three year study. Prior to the start of the study, both the "wraparound" group and the "services as usual" control group were experiencing approximately four placement changes per youth per year. Among the group that received the wraparound intervention, the rate of placement change was reduced to an average of 2.2 per youth per year, whereas the control group's average rate of change increased to 4.9 per youth per year (Clark, et al. 1996). The intervention group also showed some significant improvements on behavioral adjustment, runaway behaviors, school attendance, and criminal involvement (Clark, et al., 1994; 1996; 1998). The study also showed, for the older youth, that the individualized wraparound approach yielded better placement stability than was achieved with the typical services received by the older

youth (14 to 18+ years old) in the control group (Clark, et al. 1998).

Functional Assessment and Tailored Interventions

The second approach involves using functional assessment methods to decrease runaway behavior and increase placement stability for youth in foster care (Horner, 1994; Iwata, Dorsey, Slifer, Bauman, & Richman, 1994; Repp & Horner, 1999). The functional assessment process seeks information related to: (1) the motivations for the adolescent's running away and (2) the specific circumstances or situations that might have triggered the running episode. This information is then used to devise an individualized, multi-component intervention plan focused on reducing the youth's motivations for running away and increasing the youth's motivations for staying in a safe, permanent setting.

We conducted a study with youth in foster care utilizing this functional assessment and individualized intervention approach which also involved the use of a Functional Assessment — Youth Interaction Tool (FA-YIT) (Clark et al., 2008). The purpose of the FA-YIT is for the interviewer (e.g., behavior analyst, foster care caseworker) to establish trust with youth who return from running away, gather functional information as to the reasons youth run from placements, and establish mutually beneficial contracts to increase youth stability, safety, and permanency. An analysis of thirteen adolescents who ran away frequently who received intervention using the FA-YIT and

Individualized Tailored Services to Improve Placement Stability and Safety
Continued from page 23

a comparison group of matched adolescents who had similar patterns of running away but received only "services as usual" was conducted. Each participant in the FA-YIT group received the FA-YIT assessment and received an individually tailored intervention based on the determined function. For example, if it was found that a youth was running away to access preferred friends, the intervention might be setting up scheduled visits with those friends. Data on the percentage of days on runaway status showed a significant reduction for those in the FA-YIT group, in contrast to no statistical change in the comparison group's outcomes. The FA-YIT intervention group was on runaway status 38% of the time before the intervention, which decreased to 18% after the intervention. Meanwhile, the comparison group was on runaway status 34% of the time before the study began, and at the end of the study their rate of runaway status was even higher, at 38%

The individualized assessments and tailored intervention approaches have been demonstrated to improve placement stability and other indicators of progress for youth in foster care. For more information regarding wraparound, Google the "National Wraparound Initiative" and for more information regarding the Functional Assessment Youth Interaction Tool (FA-YIT), please contact the second author.

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Placement Stability for Youth in Foster Care: A Key to Achieving Permanence and Educational Success
Continued from page 14

and ensuring school placement stability. At the same time, we must work with the child welfare system and caregivers to ensure that collaborative educational planning and support are a priority. Educational achievement among youth in foster care can be improved through (1) implementation of the Fostering Connections to Success Act; (2) increasing permanency efforts; and (3) increasing placement stability for children in foster care. We need to pay special attention to success in school and postsecondary education for youth in placement if they are to achieve well being as young adults. Stability is foundational to this success – both in permanency and education.

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Recommended Education Resources

- *A road map for learning: Improving educational outcomes in foster care* (2007). Casey Family Programs, Seattle, WA. www.casey.org/Resources/Publications/RoadMapForLearning.htm

- *Blueprint for change: Education success for children in foster care* (2008). Legal Center for Foster Care and Education, American Bar Association. www.abanet.org/child/education

- Casey Life Skills, Assessment Supplements, Education Levels I-IV. www.caseylifeskills.org/pages/assess/assess_supplement.htm

- *It's my life: Postsecondary education and training guide* (2006). Casey Family Programs, Seattle, WA. http://www.casey.org/resources/publications/ItsMyLife/Education.htm
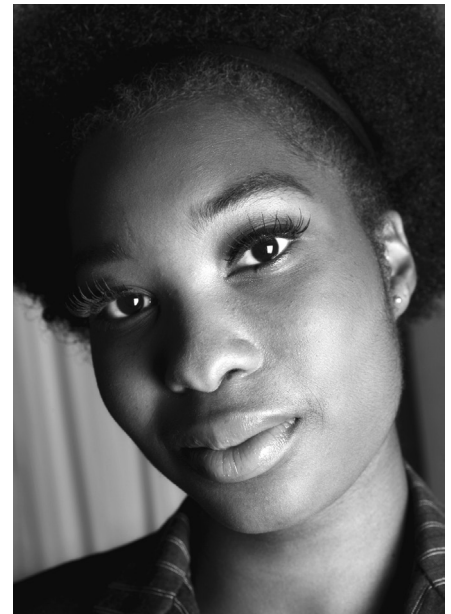
What helps kids to remain in a foster home?

"… (before) I called everybody mom… it's April of the next year, I came in November… I started hinting calling her mom …she was really happy about it…I wrote this award…and put my medals I had got in Jr. High…I put them on because they said 'first place"… most respected…that's what I feel like she was… like the most respected… strong woman… someone all women could look up to…I wrote her this long letter…I told her how I felt about her…I told her I would be honored to call her mom…she started crying — saying this is so special…I've never done that before…I felt calling her mom was a big deal."

Practice

The Quality of Home Studies and Children's Placement Stability

by Thomas M. Crea, PhD, LCSW

In foster care and adoption practice, each prospective family must undergo a home study assessment prior to receiving a child into their home. Home studies serve to prepare families for placement, to gather information for compatibility purposes, and to evaluate the fitness of the family. In finding the best placement for a child, children's workers look to home studies to determine (among other factors) whether a realistic match can be made between the child's needs and the capacities of the family and whether serious "red flag" issues have been identified that might preclude a family's ability to provide a safe and stable home.

Yet, the quality and thoroughness of home studies vary greatly across jurisdictions. In a research study currently underway through Boston College and the University of Maryland, child specific recruiters indicated that assessments can range from 3-6 pages in

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In terms of placement stability, research suggests the importance of finding the optimal placement early following a child's entry to care and that "a more in-depth assessment and profile of placement setting attributes" should facilitate a strong match between a child's needs and a family's ability to meet those needs effectively

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length to over 40 pages. This wide variability suggests that the quality of information gathered during the assessment process, and the depth of understanding of families' strengths and needs, may be severely lacking in some instances. In these cases, children's workers may be forced to reject a family who may otherwise be an excellent match for a child, based on a lack of information about the family's suitability. In terms of placement stability, research suggests the importance of finding the optimal placement early following a child's entry to care and that "a more in-depth assessment and profile of placement setting attributes" should facilitate a strong match between a child's needs and a family's ability to meet those needs effectively (Webster, Barth, & Needell, 2000, p. 629). One strategy to address this issue is to pursue a uniform home study format. The Structured Analysis Family Evaluation (SAFE) is the first such method to be used in multiple jurisdictions in the US. At the time of this writing, SAFE is being used in 14 States and 5 Canadian Provinces.

Structured Analysis Family Evaluation (SAFE)

SAFE is a method of conducting interviews with families as well as a structured evaluation of information gathered during interviews (Crea, Barth, Chintapalli, & Buchanan, 2009). SAFE draws upon information collected in structured questionnaires designed to improve the information gathering process. These tools include: (a) applicant-completed questionnaires that cover applicants' upbringing, family relationships, life experiences, habits and patterns of behavior; (b) reference letter templates; (c) a psychosocial inventory; and (4) a Desk Guide that provides anchored scales to assist the social worker in interpreting the psychosocial inventory (for more information, see www.safehomestudy.org). The questionnaires help workers identify topics that require clarification and development over the course of the interviews. These questionnaires facilitate and supplement the interview process rather than replace or direct the interview. Caseworkers are free to pursue other topics that are important to understanding applicants' situations. After gathering all relevant information, workers then determine whether past issues of concern have been mitigated by present circumstances.

SAFE Research Findings

To date, research on SAFE has examined workers' perceptions of SAFE compared with conventional methods in general and, in particular, whether SAFE is better at identifying specific issues of concern. In one survey study with 145 participants, workers trained in the SAFE method indicated that they preferred SAFE overall compared with conventional methods (Crea et al., 2009). Respondents rated SAFE significantly higher than conventional methods at facilitating concurrent planning and reducing interjurisdictional barriers to placement. Less experienced workers preferred SAFE more strongly while more experienced workers tended to be less positive. In a second study with 220 participants,

workers with experience conducting SAFE assessments as well as conventional home study assessments indicated SAFE was better at identifying issues pertaining to families' health, psychological, or psychiatric issues; illicit activities like substance abuse and inappropriate behaviors towards children; and problematic issues pertaining to relationships and behavior. Similar to the previous study, younger respondents found SAFE more useful than older workers as did those without a formal social work degree. Findings from these studies indicate that SAFE is generally being accepted as a home study practice model and is preferred as a means of identifying serious "red flag" issues within prospective applicants. The extent to which SAFE influences long-term placement stability, above and beyond its acceptance in practice, is a promising area for future research.

Conclusion

While the above research does not directly address placement stability, workers' preferences for SAFE have implications for making a child's first placement the best placement. First, if SAFE succeeds in screening families more thoroughly regarding issues of concern, this improved screening may lessen the likelihood that a placement will disrupt because of unaddressed family issues. Second, if SAFE studies produce more thorough information about a family, workers will have better information at their disposal to create a successful match between children' needs and families' preferences and capabilities. Third, if SAFE truly improves concurrent planning efforts, children will be more likely to remain in the same placement should efforts at family reunification fail. While more research is needed to explore whether SAFE positively impacts children's placement experiences, many adoption workers generally believe SAFE represents a step forward in home study assessments.

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Practice

The Potential Benefits of Inclusive Practice with Parents of Children Placed in Out-of-Home Care

by Sonya J. Leathers, PhD, and Jill E. Spielfogel

Limitations of Our Current Service Models in Promoting Permanency

When a child is removed from a parent's care, our service system would ideally surround the family and child with the most effective services possible to address the factors that led to removal and to reunify the family as soon as possible. In reality, a typical child welfare service model surrounds the child but not the parent. Child welfare service plans may address the issues that led to child placement, but the services typically provided are severely limited in their effectiveness in supporting reunification.

A key limitation of our approach to providing child welfare services is that the continuity of the parental role is severed, not only by the child's placement in foster care, but also by the separation of the parent from the child's everyday life after placement. Parents rarely see the foster home where the child is living and have little to no involvement in the everyday care of their child. Given the difficulties in fulfilling their parental role at the time of placement, this separation creates enormous obstacles to strengthening a parent's ability to adequately care for their children. Parents typically experience extreme emotional pain and shame when their children are removed (Haight, et al, 2005). One way they may attempt to avoid these feelings is by physically and emotionally detaching from the child. Our current service system may inadvertently reinforce parents' detachment by imposing a nearly complete separation from the child and by providing services that do not mitigate the consequences of child removal on the parent-child relationship (Harrison & Masson, 1994).

In most service plans, visitation is the mechanism through which the parent-child relationship is to be maintained, and parental visiting with children in placement is a strong, well-established predictor of family reunification. Children visited by their mother at the level recommended by the case manager are 10 times more likely to return home than those who were not visited regularly (Davis, Landsverk, Newton, & Ganger, 1996). However, regular visiting does not occur for a large proportion of parents. For many parents, one barrier appears to be how emotionally upsetting visiting is for both the parent and the child (Haight, Black, Workman, & Tata, 2003). Visits also occur in less than ideal settings, such as fast food restaurants and child welfare agency offices, decreasing the parent's comfort level during the visit and emphasizing the lack of a real parental role for the parent.

These types of visits also do not allow the parent to learn or practice new parenting skills. Although parent coaching models have been developed to teach these skills during visits, new parenting skills are unlikely to be generalized to settings outside the office unless the parent practices these behaviors in natural settings (Barth et al., 2005; Berry, McCauley, & Lansing, 2007).

Inclusive Practice Models: An Alternative to Excluding Parents

Inclusive practice is a model in which parents maintain their role as much as possible after a child is placed in foster care. In an ideal model, the parent would be included as often as possible in the child's parenting. In practice, this can mean relatively minor shifts, such as involving parents in medical appointments, school conferences, or clothes shopping. The parent might also visit the child in the foster home, which could facilitate positive interactions between the child, parent, and foster parent. In the most intensive version of this model, called "shared family care" or "whole family foster care," the entire family would be fostered by the foster family, thus allowing the parent to receive intensive mentoring and training from the foster parent while maintaining the primary parental role. In this model, neither parents nor children are traumatized by separation, and parents are given clear, intensive, hands on practice in improving their parenting skills.

Although little research has focused on the effects of services explicitly designed to be inclusive of parents, several projects that have included elements of inclusive practice indicate that this framework could benefit child-welfare involved families. In one small pilot study (see Berry et al., 2007), reunification rates for a program that promoted more regular contact between parents and children were higher (58%) than in a comparison group (28%).

Strengthening connections between parents and foster parents is another key aspect of inclusive practice. Research suggests that parents who feel liked by the foster parent are more likely to see their children, and children feel less torn between parent and foster parent (Mapp, 2007; Sanchiricio & Jablonka, 2000). When foster parents have contact with parents, they are more likely to include the parent in every day activities, potentially leading to a greater likelihood of reunification (Leathers, 2002) and decreasing the chances for prolonged stays in foster care.

> Inclusive practice is a model in which parents maintain their role as much as possible after a child is placed in foster care. In an ideal model, the parent would be included as often as possible in the child's parenting.

Summary

Although aspects of inclusive practice can be found in some promising programs, remarkably little research has focused on this practice model. Collaborations between child welfare agencies and researchers are needed to understand the potential of these types of models.

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Practice

Parenting and Family Support in and out of the Child Welfare System: The Triple P (Positive Parenting Program) System
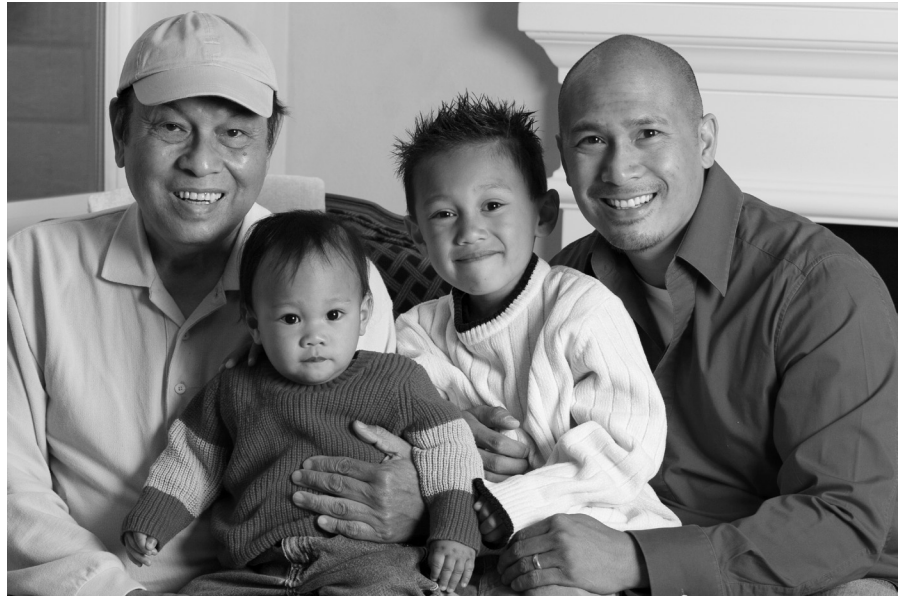
by Ron Prinz, PhD, and Matthew Sanders, PhD

Foster and adoptive parents, undoubtedly, face issues that most biological parents do not typically encounter in their children related to the aftermath of child maltreatment and removal from the family of origin. That said, parenting and family support needs are generally ubiquitous. Children in foster care like all children can have problems at mealtime and bedtime, express fears and apprehensions, benefit from skill development, and need nurturing and encouragement.

Excellent assistance on parenting issues helps to promote the stability of child placements. Foster parents can benefit from exposure to practical and evidence-supported parenting strategies that promote healthy child development and address common and uncommon problems of childhood and adolescence. To be of optimum utility, parenting interventions for foster parents should provide flexible program length and delivery formats, tailoring to individual families, and a non-stigmatizing approach that is appealing to foster and non-foster parents alike.

The Triple P—Positive Parenting Program, developed by Sanders and colleagues at the University of Queensland in Australia, provides a promising example (Sanders, 2000; 2008). Triple P is a multi-level system of parenting and family support that incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children from birth to age 16. The system aims to prevent or mitigate behavioral, emotional and developmental problems in children and adolescents by enhancing the knowledge, skills and confidence of parents. Triple P is grounded in five principles of positive parenting: providing a safe and engaging environment, promoting a positive learning environment, using assertive discipline, adopting realistic expectations, and including parental self-care. The array of parenting strategies in Triple P covers enhancement of the parent-child relationship, encouraging desirable behavior, teaching new skills and behaviors, managing misbehavior, and anticipating and planning for situations. All of these can reduce child social, emotional and behavioral problems, and build parental confidence—which promotes placement stability.

Foster parents vary in their need for parenting support, depending on the children's development level, severity of problems, and parental confidence. Some parents might need a little help occasionally while others might need more intensive assistance at first and then later access to additional help. The lower levels of Triple P feature light touch programming such as brief and flexible consultation at the initiation of parents on such topics as tantrums, bedtime, bedwetting, or nightmares. More intensive levels of Triple P include 10-session Standard Triple P delivered to individual families and a parallel version of Triple P delivered to groups of families. For Group Triple P, the groups can be composed entirely of foster parents or a mixture of foster and non-foster parents. The groups can also be organized around families with similar aged children. Other Triple P variants are set up specifically for parents of children with developmental disabilities (Stepping Stones Triple P) or for parents of adolescents (Teen Triple P).

Triple P has relevance to parents in and out of the child welfare system, including cost-effective prevention of child maltreatment, reduction in foster-care placements, treatment of parents who are at risk or have engaged in child abuse, and intervention for broad segments of the population experiencing child and parental difficulties (Foster, Prinz, Sanders, & Shapiro, 2008; Prinz, 2009; Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009; Sanders, Pidgeon, Gravestock, Connors, Brown, & Young, 2004). Specifically, the Prinz et al. (2009) population trial showed that community-wide implementation of the Triple P system resulted in substantially fewer children in the birth to 8-year-old age range entering foster-care placement.

The Triple P system reduces foster-care placement preventively and also provides stabilizing assistance to foster parents. The caregivers of children in foster care need flexible, evidence-supported, practical parenting and family support. Triple P provides a community-wide system that integrates foster parents with the rest of the parent population in a de-stigmatizing manner to create practical and cost efficiency while still meeting the needs of this important segment of the population and promoting placement stability. Foster parents who are empowered and less stressed in their parenting are able to derive more satisfaction from their family relationships, which in turn reduces the likelihood of a child moving from home to home.

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Practice

Promoting Placement Stability in Foster Care Through Training and Support

Summary article by Kristine N. Piescher, PhD

Providing foster care to youth — especially youth with emotional, behavioral, and/or medical needs — requires time, patience, skill, and endurance. Meeting youth's needs greatly impacts the foster carers' personal and social life (Cliffe, 1991). In light of these challenges, foster parents often voice that they are unprepared to meet the demands of youth in their care (Henry, Cossette, Auletta, & Egan, 1991; Rhodes, Orme, & Buehler, 2001; and Sanchiricho, Lau, Jablonka, & Russell, 1998), which can then result in placement disruption and negatively impact the well-being of foster youth. For example, placement disruptions and frequent changes of foster parents can undermine children's capacity for developing meaningful attachments, disrupt friendships, and contribute to discontinuities in education and health care (Macdonald, 2005). Additionally, unplanned terminations of placements may drain the field of experienced carers, a much needed but

An adaptation of the California Evidence-Based Clearinghouse for Child Welfare's Scientific Rating Scale was used to evaluate the quality of research supporting models of

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Research suggests that training programs are most able to create positive changes in parenting knowledge, attitudes, self-efficacy, behaviors, skills, and, to a lesser extent, child behaviors

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limited resource, and compound the problems of finding and training an adequate supply of foster parents (Turner, Macdonald, & Dennis, 2007). Taken together these challenges require the identification of practices designed to better prepare and support foster parents in their caretaking role and promote placement stability. [1]

Evidence Based Practice (EBP)

Not all models of foster parent training and support are equally supported by empirical research, and not all research is equally valuable in determining whether or not a practice is considered to be evidence-based.

foster parent training and support (CEBC, 2008). The rating scale is a four-tiered scale and takes into consideration the ability of each model to produce the desired results, sustained effects, risk of harm, research rigor, and documentation to guide using the model in practice. For the purposes of this article, practices rated most highly will be reported[2].

Foster Parent Training

Effective foster parent training can help foster parents manage youth's needs and avoid disruptions (Boyd & Remy, 1978; Gibbs, 2005; Proch & Taber, 1985; Redding et al., 2000; Reddy & Pfeiffer, 1997). Research suggests that training programs are most able to create positive changes in parenting knowledge, attitudes, self-efficacy, behaviors, skills, and, to a lesser extent, child behaviors. Effective training programs are also linked to foster parent satisfaction and retention, increased licensing rates, placement stability,

and permanency. *Effective training practices (most highly-ranked practices)* include Incredible Years (IY), Multi-dimensional Treatment Foster Care (MTFC), and Parent-Child Interaction Therapy (PCIT); *efficacious training practices (those ranked second highest)* include 1-2-3 Magic and MTFC-Preschool. Surprisingly, some of the most widely used training models (i.e., MAPP and PRIDE) lacked a strong research basis demonstrating their efficacy and were therefore rated as *emerging practices.*

Effective elements of training programs include: increasing positive parent-child interactions (in non-disciplinary situations) and emotional communication skills; teaching parents to use time out; and teaching disciplinary consistency (Kaminski, Valle, Filene, & Boyle, 2008). Training programs that incorporate many partners (teachers, foster parents, social workers, etc.) with clearly defined roles appear to be most promising in producing long-term change (i.e., MTFC, IY). Additionally, training that is comprehensive in nature and incorporates education on attachment and training in behavior management methods appears promising at addressing the complex needs of foster parents.

Foster Parent Support

Foster parents' primary motivation is to make a positive difference in children's lives (MacGregor, Rodger, Cummings, & Leschied, 2006; Rodger, Cummings, & Leschied, 2006). However, this cannot be successfully accomplished without a variety of supports from agencies, community and family

Promoting Placement Stability for Native American Children

by Kathy Deserly

The essence of "placement stability" for Native American children is actually the ***prevention of placement*** through active efforts, preserving and supporting the stability of the child's birth family whenever possible.

While many child welfare professionals equate the Indian Child Welfare Act (ICWA) with its placement preference requirements — assuring that Native children are placed with Native foster families — ICWA actually speaks <u>first</u> to the **prevention** of out-of-home placement. When there is no alternative to placement, ICWA mandates specific placement preferences: 1) extended family, 2) foster families of the same tribe, 3) foster families of another tribe, and last, 4) an institution approved by the child's tribe. No matter which placement is utilized, placement stability is always paramount.

Research on kinship foster care shows that placement with kin, after appropriate safety checks, is the safest and most stable form of substitute care that we can make available to children who are moved from parental custody (Testa, 2003). Placement with kin also preserves connections to culture and fits explicitly with ICWA requirements.

Unfortunately, although Native American children are reported in the Statewide Automated Child Welfare Information System (SACWIS) as overrepresented in several state child welfare systems, Native children continue to be placed in non-Native foster homes in spite of ICWA's requirements, due in part to the lack of licensed Native foster parents. While research correlates placement *instability* with poorer outcomes, there is often a dilemma surrounding placement stability for Native American children. A child may be in a 'stable' placement, but when concurrent active reunification efforts have not been made, the resulting stable, permanent placement may be with non-Native foster families who want to adopt the child they've had for so long in direct conflict with the intent of ICWA.

No matter where a Native child is placed, the efforts to actively engage the birth family, both maternal and paternal when reunification is the planned outcome, will have a profound impact on permanent, ICWA-compliant placement stability for the child. Anecdotal stories by Indian child welfare workers have shown that the longer a Native child remains in a stable foster care placement without intense family reunification efforts, the more likely it is that their foster families may seek and be granted adoption, often outside of ICWA's required placement preference.

Other challenges also impact placement stability for Native American children. When asking Native caregivers, both unrelated foster parents as well as kinship caregivers, why placements were disrupted, a common response is "lack of services and support." Behavioral issues are another frequently cited reason for placement disruption, yet some Native caregivers have stated that they faced barriers to accessing necessary mental health services. A Native adoptive parent shared that after "begging the system" for mental health services for her adoptive daughter, the placement disrupted and the child went on to receive mental health services in her new (non-Native) foster placement. Others stated that social workers, both state/county and tribal, placed a relative child with them and said, "being with family is the best kind of therapy and now they'll be fine." According to the family, the workers rarely made visits or supported parent or sibling visitation to facilitate reunification.

Family visiting is a critical, yet often underutilized, reunification service. Some agencies engage foster families to help facilitate family reunification efforts. And sometimes foster families take matters into their own hands as was the case with Anna and Charles*.

Anna and Charles, a Native American couple, became foster parents out of their great love of family, for their own family as well as those who they hardly knew. When 2

> Time and financial resources are the enemies of placement stability. The challenges are great and the work can be overwhelming, but nothing short of heroic efforts are necessary when the life and the future of each child depends on all of us.

When do you think it is in a kid's interest to move?

"...it depends, if they have a really disrespectful family and does not respect me or my culture..."

Practice

When do you think it is in a kid's interest to move?

"... people that just take care of you because they get that check or just take care of you so they can feel good about themselves... with foster kids it's a big deal about how you treat us compared to how you treat your other kids.

Promoting Placement Stability in Foster Care Through Training and Support

members, and policymakers. The review of literature indicates that the following are all sources of foster parent support —

- benefits (e.g., health insurance, increased stipends, etc.),
- opportunities for foster parent collaboration with agency staff and birth families,
- interventions for facilitating changing levels of care,
- respite,
- enhanced social support,
- inventories to assess needs and sources of support, and
- training which includes on-going support components.

Effective programs utilizing these supports currently include MTFC; *efficacious programs* include Family-Centered Intensive Case Management (FCICM), MTFC-P, and Positive Peer Culture.

Conclusion

More research is needed on foster parent training curriculum that effectively improves foster parents' ability to address children's challenging behavior and thus reduce potential disruptions. Additionally, specific models of many supports have not yet been developed (e.g., stipends, respite, etc.). However, the provision of effective training and support to foster parents is associated with improved foster parent and child outcomes, including placement stability.

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Promoting Placement Stability for Native American Children

years old, Thomas,* was placed with them. The home of his birth family was more than 40 miles away making placement stability and family reunification challenging.

In the tradition of many tribal cultures, Anna and Charles not only took Thomas as a foster child, they later 'adopted' his parents into their family as well. They moved an old trailer onto their property so that the parents could spend weekends with their son. They mentored the parents to help them maintain

their bond with their boy. They provided support and guidance to a young family who were far from their own tribal community. Within six months the family reunified, yet bonds remained strong between these two families.

Of course every case is unique and not all foster placements can have the idyllic outcome we hope for, but the message of Thomas' story is that placement stability and family reunification may require heroic efforts on the part of all involved — the social services agency, the foster family, extended family and birth family.

Time and financial resources are the enemies of placement stability. The challenges are great and the work can be overwhelming, but nothing short of heroic efforts are necessary when the life and the future of each child depends on all of us.

Strategies for Improving Placement Stability for Native American Children in Out-of-Home Care

The following recommendations are based on input from those who have been involved in successful placements involving Native American children —

- Search for family "like it's a medical emergency" — finding appropriate placement resources in the child's family tree can reduce dependence on unrelated foster homes
- Actively involve fathers and paternal family in placements and reunification efforts
- Actively facilitate visitation between birth family, child and siblings whenever reunification is planned
- Provide counseling and mental health services to the child in care
- Provide ongoing training and support services to kinship and foster parents
- Assure that non-Native foster families understand and support the Indian Child Welfare Act and tribal culture before placing Native children in care
- Actively engage tribal community in finding grassroots solutions for at-risk children
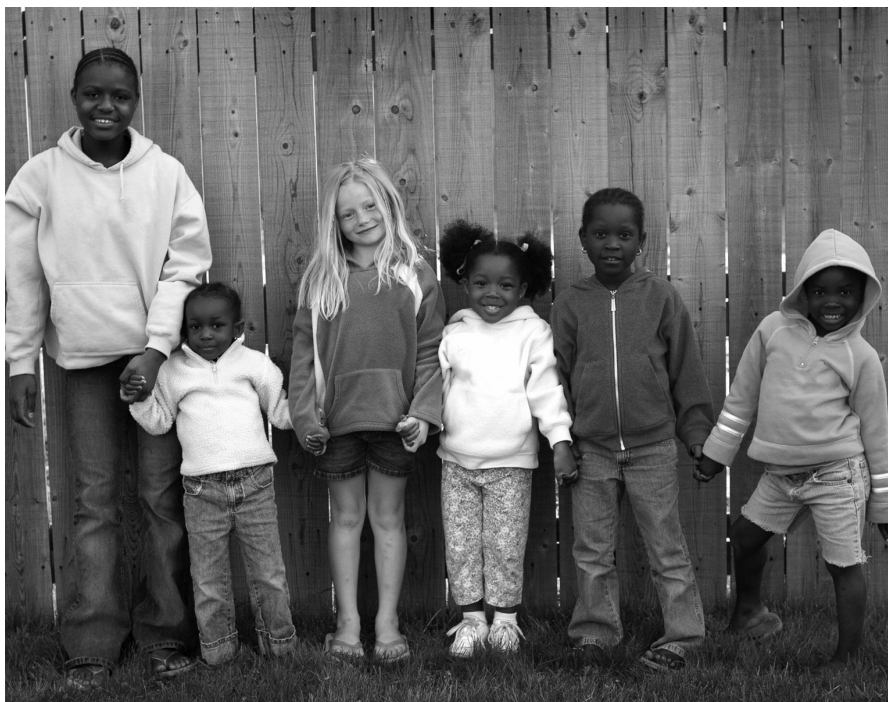
* Not their actual names.

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An Insider's Look at Placement Stability

by Jennifer Hastings, MSW, LGSW

I entered foster care at the age of six. My older sister and younger brother were also placed. My sister was nine and my brother was three. I think now of how little my brother was and it just makes me sad. I remember taking care of him; my brother and I have always had a close relationship. James would have to sleep with me at night because otherwise he would cry for his "mommy," and he didn't understand why she wasn't there to comfort him. My brother was lucky though; his dad took custody of him after approximately one month of being at the foster home. My sister and I were not as fortunate; we remained in that home for five years.

The one thing that my sister and I had going for us was each other. We were able to remain together in the same foster home for five years. I think that the stability we had in our foster placement has made a huge difference in who my sister and I have become as adults. Our foster home was far from roses and sunshine; however, our foster mom was able to teach us some core values. The stability of that placement allowed us to learn to trust people and to grow up in a somewhat normal way. My sister and I were lucky to know where we were going to be sleeping every night and where we would be attending school. As much as we wanted to have a family, I remember being torn by the idea of being adopted. That would mean we

home, and they kept my sister in a therapeutic foster home two hours away from me. It was horrible to be without her. One positive thing was that I was placed in a home near my aunt and uncle's home, and they decided they were going to fight for custody of me and my sister. My sister was finally moved to the same foster

> It felt like a fairytale for me, to be with my "true" family and to be a family together. I knew that I was safe and I no longer had the sense of longing to belong to a family or wait for mine.

would have to start all over and have to leave the family we did have. My sister was 13 and I was 11 when our social worker told us we had to say goodbye to our aunts, grandparents, and cousins…forever. It was one of the most difficult things I have ever gone through. Looking back now, it just doesn't make sense to me. How does a social worker really expect that to be a successful adoption? It wasn't, my sister rebelled, and the adoptive mother wanted to keep me but not my sister. They separated my sister and me, which was a huge mistake. I could not live without my sister as much as we fought and sometimes hated each other; she was my everything…my constant in life.

After we were separated, I pulled away from any type of connection I was building with my pre-adoptive family. I told them I would rather be in foster care than without my sister. I was moved into a new foster

home about three months after I was placed there. After being denied once through the courts, my aunt and uncle refused to give up. They were finally successful in having us placed with them and eventually adopted us.

Moving in with my aunt, uncle and cousins was a feeling that is almost impossible for me to put into words. It felt like a fairytale for me, to be with my "true" family and to be a family together. I knew that I was safe and I no longer had the sense of longing to belong to a family or wait for mine. My mother would always be in my heart and I would always love and long for her, but at least I had a family. My aunt and uncle made it clear that they were our "forever" family and that they would never get rid of us or give up on us.

I am now a social worker in child protection. My personal life experiences play a vital role in the work that I do every day with families. I understand what it feels like to be

taken away from your family and to have to say good-bye to them, to move into different homes with strangers, and to attend different schools. I know what it feels like to start over when it was not your fault to begin with. I believe that placement stability is crucial to a child's development and unfortunately that is often forgotten. Children need stability in order to gain healthy attachments with others. They need stability in order to learn to trust and love others and themselves. I understand that kids will purposely try to sabotage a placement just to test the family. Social workers need to work very hard at building relationships with the foster kids they are working with. They need to learn how the kids are truly feeling about things and do their best to find families that will provide stability to kids at the initial placement.

Jennifer Hastings, MSW, LGSW, is a child protection social worker. She can be contacted at jennifer.hastings@ co.dakota.mn.us or 952-891-7386

Collaborations & Perspectives

From Mission to Action: A Journey to Increase Rates of Child Permanence

by Amelia Franck Meyer, MS, MSW, LISW, APSW

In 2006, 40% of the youth discharged from Anu Family Services' treatment foster care program were discharged to permanent families (reunified with their families or adopted). Although at the time accurate comparison data was not readily available, we knew anecdotally that our success rate for permanence was average or better for our field. At a 2006 leadership retreat, we began the conversation that 40% "success" still meant that 60% (6 of 10) of the children we served were not discharged to permanence. This meant that those children went to a more restrictive setting (juvenile detention, another foster home, etc.), homelessness, or some other non-permanent setting. In effect, 6 in 10 of the children we served left us without going to a permanent home.

It was after this realization of what happened to "the other 6" children that staff at Anu decided that we did not want to be one in a line of many placements that our children experienced. Instead, we recommitted ourselves to *creating permanent connections to loving and stable families.* During that retreat, we set a goal "to be the last placement prior to permanence for 90% of the children we serve." We defined permanence very narrowly and only counted towards our goal those children who were either reunified or adopted after they were discharged from our Treatment Foster Care program. At a time when the children being referred to us were coming with more significant challenges, we knew that a simple statement of commitment would not bring the change we needed, so we applied for and were awarded a 3-year grant from the Otto Bremer Foundation to support our goal. We used that grant to support a research partnership with the University of Minnesota Center for Advanced Studies in Child Welfare (CASCW). During the first year, we asked CASCW to research the factors that promoted placement stabilization. Our intention was to stop placement disruptions long enough to identify permanent resources for our children in out-of-home care.

CASCW completed a literature review on current research which promotes placement stabilization and then used it to identify key practices from the literature that promoted stabilization. CASCW charted all key practices in comparison with what we were doing at Anu. This comparison form is available for use with your agency, along with the full literature review and report, on the CASCW website. Anu then made any practice changes necessary to achieve complete alignment with the research. Changes in our practice and our culture helped us get to a 49% rate of permanence the following year.

Although we have seen significant increases in the number of children going to permanent homes and families after leaving our care, it became evident early on that we would not see our children discharged to permanence if we did not actively try to create permanent options for our children. Therefore, in year two of our partnership with CASCW, we implemented a pilot project to use the Hunter College Family Search and Engagement (FSE) model.

Family Search and Engagement is a model to help social workers identify loving and supportive adult resources for children, both from their past and new connections as well. It's our hope that, with the use of the FSE model, we will be able to increase the number of permanent resources available for children. Our goal is to connect children with those who have cared for them but with whom they have lost contact through out-of-home placement or multiple moves such as: former teachers, neighbors, coaches, foster parents and youth ministers as well as members of their extended family.

We have found that in using the FSE model some youth are not yet ready to connect with permanent relationships. They have suffered so many disappointments and losses, and have such grief over their separation from their loved ones, that they are often not yet ready to open themselves to the risk of reconnections or new relationships. To help children through these challenges, Anu has begun using the 3-5-7 Model by Darla Henry. This model helps children process their grief and loss to be prepared to accept permanent relationships into their lives.

Other changes we have implemented have been to our organizational culture, processes and procedures. We began thinking of unplanned disruptions as announcements that we could have done more. We put in place practices such as on-call log reviews and placement stabilization staffings to allow us to intervene and to quickly team a child who was at risk of disruption. During these placement stabilization staffing calls, we provide new ideas or new resources to try to stabilize the child. We also began asking for significant connections and contact information for each child at the time of referral. We made a commitment to connect each child with a significant person in their lives within 24 hours of placement.

We set a goal "to be the last placement prior to permanence for 90% of the children we serve." We defined permanence very narrowly and only counted towards our goal those children who were either reunified or adopted after they were discharged from our Treatment Foster Care program.

In the past three years, we have seen a 19% increase in the number of children who are discharged with a legal commitment from permanent families, and Anu now discharges 59% of children from our treatment foster care program to loving and stable families. If we counted "emotional permanence" or children who were discharged with a sense of emotional connection and commitment, that number would be substantially higher. It is our hope that fully implementing the FSE

Children Discharged to Permanency

37%   40%   49%   57%   57%   59%
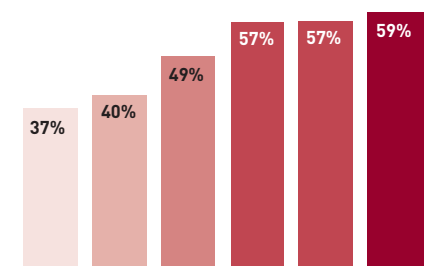
*Permanency is Family Reunification or Adoption

and 3-5-7 Models will bring us even closer to our 90% goal. Knowing the impact to each child has created an even greater intensity of commitment to reaching our goal!

Amelia Franck Meyer, MS, MSW, LISW, APSW, is the CEO of Anu Family Services where she has been since 2001. Ms. Franck Meyer can be reached at afranckmeyer@anufs.org or (715) 386-1547 ext. 302. At Anu Family Services, "we create permanent connections to loving and stable families."

Collaborations & Perspectives

The Child Attorney's Role in Promoting Placement Stability

Lori D. Semke, Esq.

An attorney representing a child in out-of-home care is in a unique position to impact and improve placement stability. Through the attorney-client relationship, the attorney can build trust, get to know the child, and understand the child's needs and wishes then advocate for placement and services consistent with those preferences. The health, safety and best interests of the child should be the paramount considerations in child protection proceedings. The child's best interests are met by conducting an individualized determination of the child's needs and how a suggested placement serves those needs (see e.g., Minn. Stat. §260C.001; §260.212). This child-centered approach is the key to making placement decisions that will provide stability. The child's attorney must therefore work to ensure the child's preferences are clearly expressed and considered.

> Children who are able to weigh in on whether a placement is right for them may be more invested in attempting to make a placement work when challenges arise in that home.

Most jurisdictions list factors that should be considered when making placement decisions based on best interests (see e.g., Minn. Stat. § 260C.212, subd. 2(b)). The child's functioning and behaviors, medical, educational and developmental needs, and reasonable preferences are factors integral to making good placement decisions. These and other factors should be addressed in every placement plan and guide all court reviews. For each factor, the child's attorney should ask —

- What are my client's thoughts and feeling about this issue?
- What does my client believe she needs to deal with the issue and feel stable in her placement?

Using that knowledge, the attorney works strategically with other parties to make placements that fit the child and are supported by appropriate services. The attorney acts as a watchdog ensuring that all relevant factors and reasonable options are considered and that the services ordered are provided. Continually reviewing the client's position on placement factors helps the attorney identify when modifications are necessary.

Other ways Attorneys can Impact Placement Stability

Get Child Input Prior to Placement

Arranging a pre-placement visit so the child can meet the potential caregiver and get a feel for where they may be living will help identify any major concerns the child may have. Children who are able to weigh in on whether a placement is right for them may be more invested in attempting to make a placement work when challenges arise in that home.

Advocate for Sibling Contact

Most jurisdictions place high priority on placing children with their siblings in out-of-home care (see e.g., Minn. Stat. § 260C.193). When that is not possible, efforts to facilitate visitation or contact with siblings must be taken unless it is contrary to the safety or wellbeing of any siblings (see Minn. Stat. §260C.178). Maintaining sibling bonds can help a child deal with the loss of their family structure, cope with separation while attempts to reunify the family continue, or ease the transition to a new permanent living situation. Attorneys should be familiar with the laws governing sibling placement and visitation, and continually advocate for sibling contact.

Encourage Support for Foster Care Providers

Foster parents should be fully informed about the child's case plan and be advised of all of the child's emotional, mental health, developmental and educational needs so they are prepared to handle issues as they arise. Attorneys for children should watch for situations in which the child or foster parent feel frustrated about issues in the home; often the problem can be remedied—and a disruption avoided—by providing additional support services, respite, or information to the care provider.

Prepare for Possible Disruptions

Maintaining regular contact with the child can help the attorney identify potential problems early allowing time to resolve problems in a positive way without disruption. Still, disruptions can happen in even the best placements. Most courts have a policy for handling disruptions with prompt hearings. Upon notice of a disruption hearing, the attorney should quickly gather information from the client and other parties to make sure all options for a new placement are being considered and evaluated. The child may have good ideas about a placement that could be more successful so the child's views should be brought to the forefront.

Counsel the Client

Often the child disagrees with placement decisions or recommended services. An attorney's counseling skills are useful when a client is feeling frustrated and upset. The confidential nature of attorney-client discussions provides a safe environment for candid discussion of the client's feelings, the pros (or cons) of the court's decision, and can lead to development of constructive ideas for seeking case plan changes that may work better for the child.

The child's attorney plays a key role in helping the court maintain a child-centered focus when making placement decisions. When all relevant information and placement stability factors are properly considered, the chances of placing a child in an environment that will be appropriate, comfortable and successful for the child are considerably greater.

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Collaborations & Perspectives

Judicial Perspectives on Placement Stability

by Ann Stiehm Ahlstrom, JD

Collaborations & Perspectives

Placement stability is an oxymoron. This assertion is not meant to deprecate all of the work that the child welfare system does to keep children in foster care safe and to minimize the number of moves they experience. Foster care is necessary. But my opening assertion recognizes two basic tenets: foster care placement is not ideal for children because it is not stable; children are most stable when they live with parents or guardians.

Articles on placement stability analyzing data from the federal Child and Family Services Reviews (CFSR) report that the longer a child is in foster care, the more likely it is that the child will experience multiple moves and the more moves the child experiences, the more likely it is the child will move again (Wells and Jones, 2008). The term "foster care drift" has been used for years to warn of the dangers of children staying in foster care too long and developing a predictable set of problems. In DSM-IV (1994), the American Psychiatric Association began naming foster care drift as a cause of Reactive Attachment Disorder. Today the DSM-IV-TR (American Psychiatric Association, 2000) recognizes the serious consequences for a child's mental health due to repeated changes of primary caregivers.

Along with the child welfare agency, courts have a major role in affecting the stability of children. There are several strategies the courts can use that help promote placement stability for children in foster care:

Judicial Review of Placement Decision

The court provides a safety net for child stability through review of the agency's determination that a child must be removed from home. Timely and careful review, of the danger to the child and of the agency's determination that there are no services that could ameliorate the danger so the child could remain at home, helps ensures the agency's due care in requesting removal (See *42 U.S.C.§§ 620 et seq.* and *670 et seq)*. The court's obligation to ensure timely and fair access to court means *both* parents of the child will be notified of every hearing and of their due process rights. It also gives parents an opportunity to meaningfully participate in the decisions the court must make.

Judicial Review of Agency

Once a child is removed, the court is the decision-maker about the length of time the child spends in foster care and must ensure that placement is as short as possible. The child's time in foster care can be shortened by holding the agency accountable for timely and skillfully carrying out its duties —

- to identify and notify relatives of the child's placement in foster care and to place the child with suitable relatives as soon as possible

- to put siblings together at the very first moment possible and in each sibling's best interests

- to start assessments and services as soon as the child is removed so that parent has a fair chance to fully utilize available resources to reunify

- to ask workers about ongoing contact with the child, the parent, and the foster care provider recognizing that placement stability and successful outcomes for children are directly connected to the frequency and quality of the contact the social worker has with those persons (National Resource Center for Permanency and Family Connections ([NRCPFC], 2008).

- to document for the court the reasons the agency selected a particular placement for the child and how the placement is going to meet the child's need for stability, including services to the foster parent to help anticipate and manage destabilizing behaviors of the child ([NRCPFC], 2008)

Judicial Review of Parents

The court can also shorten the child's time in foster care by supporting the parents' participation in case planning, asking parents to identify barriers to utilizing offered services, supporting the parents' efforts, and, where appropriate, sanctioning the parents' lack of effort. When the parent is unable to utilize services to achieve reunification, the judge can support the parents' participation

> Judges must employ strategies that enable the parents to meaningfully participate in court hearings, support the parent in utilizing services and making alternative permanency plans for the child, hold the agency accountable for quality work on behalf of the child and parents, and enable timely permanency decisions.

in developing an alternative permanency plan for the child. This can help the parent acknowledge that inability and make a decision to voluntarily permit permanent placement in the child's best interests.

Regular Reviews at Short Intervals

Regular review at short intervals of progress toward the permanency goal for the child is an important responsibility of the court for maintaining the efforts of all on a quality outcome for the child. The review should include: a fair report of each person's progress in fulfilling statutory or familial obligations toward the child; the opportunity for each person to be heard by the court on the

Looking for Love in all the Right Places: Promoting Placement Stability for Children and Youth with Disabilities

by Nancy Rosenau, PhD, Lisa Sheppard, MSSW, MPAFF, and Elizabeth Tucker, BA

James was removed from his family at age four due to abuse and neglect. He had a severe intellectual disability, was aggressive, and self-abusive. He was placed in an institution until age 16. His residence was stable, but his relationships were not. Everyday life consisted of rotating staff, peers, and caseworkers—no individual he could count on long-term; that is, except for Ken, an aide at his off-campus school. Five years ago James went to live with Ken's family. Ken translated an emotional connection with James into a practical commitment by becoming his psychological family. The most important test of stability, not met by twelve years of specialized residential care, was the continuity and commitment of an emotionally responsive adult who could be expected to remain so into adulthood.

Disproportional Vulnerability

Stability is elusive for many children in care but particularly for children with disabilities. They are over-represented and more likely to experience multiple abuses, placement instability, institutionalization, and longer time in care (United Cerebral Palsy, 2006; National Council on Disability, 2008). For some, the explanation is obvious: if we can't find stable homes for non-disabled kids, we surely can't find them for children with

wasn't looking to adopt or parent a child. He simply met James and came to love him.

Looking for Love in All the Right Places

At EveryChild, Inc. we help kids with intellectual and developmental disabilities find enduring family homes. In our experience, there are other Kens out there. We've found that promoting stability is part love, part hard work, and part supportive environment.

Stability is about love. Love involves commitment — an emotional state of mind and a sense of purpose that sustains through difficulties — and the means, time, and energy to act on it. The good news is we know a thing or two about "committers" from disability research.

Success has a lot to do with what we *think*. Research examining case files of hardest-to-place kids, many with disabilities, found limited staff efforts based on low expectations (Avery, 2000). By contrast, another study found committed carers of individuals with severe intellectual disabilities shared four very different perspectives (Bogdan & Taylor, 1989 —

- seeing their unique individuality
- attributing thinking to them no matter the severity of disability

with disabilities. Rather than self-selected cyber-connections, we use super-conductors, people who know kids with disabilities and have a knack for relentless linking, to electrify connections. They know families and workers alike conjure up pictures of disability in their heads that don't fit their image of someone who would fit into their (or any) family. We help them imagine differently. We've often coaxed a skeptical family into meeting a child only to have them say with surprise, "He's so adorable!" In that simple reaction is a potential spark. They weren't hooked by assessments with scary-sounding diagnoses but by looking into the eyes of *this* uniquely individual child. With the hook set, we help reshape their imagination to see how this child could be one of them, a part of their family.

Whatever the spark of first connection, stability requires sufficient interaction and
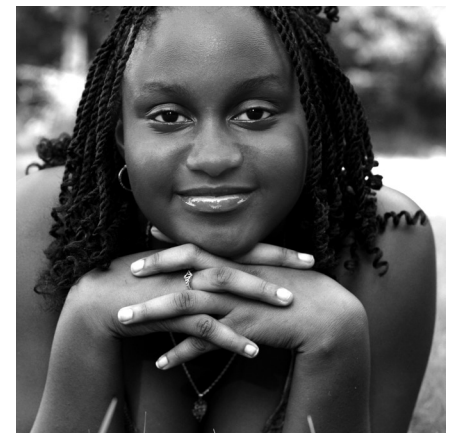
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We've found that promoting stability is part love, part hard work, and part supportive environment.

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disabilities. But for every child whose needs are seen as too complex or too intensive for family life, another child with the same characteristics lives in a family home with stable relationships. Disability doesn't explain the former any more than the latter. What matters is context.

Any Port in a storm

Instability is cultivated in foster care — by definition a way station on the road to somewhere else. Thank goodness for families and facilities that offer desperately needed emergency rescue. But these first responders are not settings that foster stability. Not that it can't happen — witness how many foster families adopt, but foster parent recruiting strategies miss families who are not interested in a revolving door. Ken wasn't looking to become a foster parent. For that matter, he

- viewing them as reciprocating no matter its limited expression
- defining a social place for them in relational terms as one of us

Work that Works

This research aligns with EveryChild's practice model which applies different expectations and thinking to the inter-linked work of recruiting, assessing, matching, developing, and supporting potential committers. Two examples with powerful payoff are "super-conductors" and "imagination-makeovers."

At Every Child we learned from practices in internet dating: daters don't commit and then meet, they meet and then commit. The key is a vehicle for connecting potential families through lots of exposure opportunities. Too often, potential families don't make their own connection to kids

When do you think it is in a kid's interest to move?

"...someone to love me and respect me for who I am... show signs of caring when I need it most...if I need a hug, they'll hug me..."

Collaborations & Perspectives

Therapeutic Family Foster Program and Promoting Placement Stability for Children and Youth in Out-of-Home Care with Special Needs

by Paul D. Brylske, MSW, Megan Rogers, MSW, and Harolyn Blecher, MD, MHS

<div style="writing-mode: vertical-rl">Collaborations & Perspectives</div>

Nearly 800,000 children are victims of child maltreatment annually in the United States (CDC, 2007). Exposure to child maltreatment, including physical abuse, sexual abuse, emotional abuse and neglect exist on a spectrum of adverse childhood experiences (ACE) that are associated with parental

delinquent activities and increasing placement stability (Chamberlain & Reid 1998).

At the Kennedy Krieger Therapeutic Foster Care Program we have developed a specific approach to treatment foster care called the Trauma Integrative Model (TIM). TIM is a long term trauma-informed

child working through the trauma of adverse childhood experiences. Treatment parents are trained and supervised by the clinical social worker in techniques supporting the child working through trauma related emotions and behaviors. The clinical social worker, along with the treatment parent, integrate various community and team members in supporting the child's mastering of developmentally appropriate tasks which support the development of permanent family and community relationships.

At the Kennedy Krieger Therapeutic Foster Care Program we have developed a specific approach to treatment foster care called the Trauma Integrative Model (TIM).

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risk factors such as drug abuse, mental health disorders, domestic violence, and incarceration. ACE may place the child with special needs at increased risk to experience foster care and challenges with maintaining placement stability.

Children with disabilities are often at higher risk for abuse and subsequent foster care placement than their peers without a disability (NCD, 2008). Palmer (1996) evaluated the placement experiences of 184 children and found that the two strongest predictors contributing to the number of placements experienced by the child were difficulty with the child's behavior and the biological parent's preparation for placement. Fine (1993) looked at the overall severity of psychological impairment in 30 individuals enrolled in a therapeutic foster care setting and found the highest correlation between the global rating of psychopathology and the total number of placements experienced in foster care and institutions . Thus, children with ACE and co-occurring mental disorders may require more intensive and integrated mental health services, available largely through treatment foster care (TFC) (Jamora et al. 2009).

TFC is specialized foster care designed to address the comprehensive physical and mental health needs of children who no longer require institutional care but are unlikely to remain stable at home or in a regular foster home (Rosenfeld et al., 1997). A survey of the literature on treatment foster care found one of the largest beneficial effects to be increased placement stability (Reddy and Pfeifer 1997). Multidimensional Treatment Foster Care (MTFC) is a short term evidence-based treatment model developed for adolescents in the juvenile justice system that was effective in reducing

treatment foster care model that targets children who experienced multiple adverse childhood experiences (ACE) and their biological families. The TIM integrates the basic elements found in traditional treatment foster care (proactive behavioral interventions, supervision, support and training of the treatment parent) with elements which address complex trauma, the needs of transition aged youth, and permanency. TIM integrates the Attachment, Regulation, and Competency (ARC) framework developed by Kinniburg, Blaustein et al. (2005) for the treatment of ACE and the Transition to Independence Process (TIP) developed by Clark & Davis (2000) with best practices in achieving permanency. The basic tenet

in a preliminary study of the placement stability of 138 children receiving the trauma integrative model, the mean age of the children served was 8.9 years (Royes et al., 2007). The majority of the children served were African American (84.8%) and male (65.2 %). The four most prevalent child maltreatment experiences for children were physical abuse (65.9%), sexual abuse (50.0%), abandonment (39.9%), and emotional abuse (21%). Approximately one third of biological mothers had a history of alcohol abuse, one fifth had a history of mental health disorders, over two thirds had illicit substance abuse and nearly two third had a history of incarceration. The children, on the average, experienced over five ACEs. The rate of placement change during TFC was 53% lower than the rate of placement change prior

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Comprehensive integrated TFC models, such as the TIM, may promote successful reunification or transition to a less restrictive caregiving environment.

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of TIM is that ACE must be treated in the context of the family. The treatment parent is essential for the development of a safe and secure holding environment for the child as well as working with the child's biological family to support their relationship with the child. A unique feature of the TIM is the integration of the roles of clinical social workers (clinician, case manager, parent supervisor, team leader, and trainer) as they work therapeutically with the treatment foster parents, child, and child's biological family/kin to promote permanency. This is seen as the primary "Focus of Change" in the TIM. In the TIM "Focus of Change", the clinical social worker is the primary clinician, engaging the child's family along with the treatment parent, in the development of a therapeutic relationship which supports the

to TFC (Royes et al., 2007). Parental mental health and mood disorders increased the risk of placement change. The rate of placement change was 49% lower for children with a history of parental illicit drug use history compared to children without a history of parental drug abuse. While this appears counterintuitive, it suggests that services provided in the TIM address the needs of children with a history of parental drug use.

The majority of children (60%) enrolled in the TIM TFC program were discharged to less restrictive placements with nearly half of those going to biological families and kin (Jamora et al., 2009). Of the children coming from more restrictive placements 60% were also discharged to less restrictive placements.

Post-Permanency Supports: Helping Stabilize Families

by Ginny Blade and Diane Martin-Hushman, MSW

Before they enter adoptive or permanent kinship placements, most foster children and youth experienced neglect, substance abuse, and/or physical, emotional or sexual abuse. This early trauma often has significant, long-term (often lifelong) effects. Many of these children have serious special needs, disabilities, and behaviors such as fetal alcohol spectrum disorder, mental health issues, attachment disorder, sexual acting out, and difficulties in school. In addition, these children have had significant personal losses — their birth families, homes, foster families, friends, schools, even entire communities — resulting in ongoing issues with trust and attachment.

Soon after placement, these children's complex needs surface and become the complex needs of the family. To meet the children's and family's needs after placement, and beyond, post-permanency supports are necessary for the stability and well-being of the adoptive or kinship family.

Virginia's Adoptive Family Preservation program recently conducted in-depth interviews with 500 adoptive families and found that families found the most helpful supports provided were peer support, adoption-competent mental health services, and respite (Atkinson & Gonet, 2007). Other studies have echoed parents' need for these and other supportive services.

Parent-to-Parent Support

Adoptive and kinship families have a strong belief that all children need and deserve a permanent family. This belief helps create a bond that makes these parents uniquely qualified to support and care for each other and to share the experiences of parenting children not born to them. Simply put, adoptive and kinship parents speak the same language.

Parent-to-parent support typically consists of parent support groups and one-on-one peer support from experienced adoptive parents. By sharing firsthand knowledge, adoptive parents help other new or struggling parents solve problems, address behaviors, understand special needs, feel less isolated, brainstorm and implement solutions, and prevent or address crises.

Research on adoption disruption and dissolution has shown that one of the key predictors of stability is parents' ability to develop realistic expectations. Working with other parents enables families to do just that. As the Virginia post-adoption program evaluation showed, "The most significant

changes described were not in the children but in the capacity of parents to understand, love, and cope with their children" (Atkinson & Gonet, p. 98).

In a review of post-adoption services, Howard and Smith (1999) report that one evaluation found "support groups were identified as the single most effective intervention," while another concluded that "[c]ontact with other families through groups was rated even more highly than direct postlegal services…." (p. 214). Evaluation of Kentucky's parent-to-parent support program found that 38 percent of parents served by the

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To meet the children's and family's needs after placement, and beyond, post-permanency supports are necessary for the stability and well-being of the adoptive or kinship family.

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network had avoided an adoption disruption. As the evaluators concluded, "Peer-led adoption support programs, such as the one described, provide a much needed emotional support and information resource for adoptive families. These services can provide a cost-effective strategy for promoting adoption success" (University of Kentucky, 2007, p. 20).

Respite

Decades of research and evaluation of programs funded and administered by the Department of Health and Human Services (HHS) found that respite care helps families safely care for children with special needs. HHS found that respite care is less costly than other types of out-of-home placements, helps parents rejuvenate, reduces stress for the parent and child, stabilizes crises, and can help prevent disruption. Specifically, an HHS

report noted "that the services had helped to improve family relationships, and that their family's stress level had been reduced. … Some families indicated that the respite services had prevented adoption disruptions" (Child Welfare Information Gateway, 2002, p.3).

Studies have also shown that respite care is too often unavailable. Recent research conducted as a part of the HHS-funded Collaboration to AdoptUsKids identifies the lack of post-adoption services such as respite care as a barrier to adoption. The report concludes: "When asked to offer advice to

adoption agencies, adoptive families suggested that adequate resources and services, such as respite, subsidy, support groups and counseling, should be provided to both the family and the child" (McRoy, 2007, p. 9).

In an effort to expand respite opportunities, AdoptUs Kids created a program that currently funds 53 grants to develop respite services for foster, adoptive, and kinship families.

Adoption Competency

Many adoptive and kinship families also struggle to find adoption-competent professionals who truly understand complex adoption issues. Social workers and mental health providers need information and training on topics such as the core issues of adoption, impact of trauma and abuse or

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individual's perspective on the child's needs; reasonable questioning by the court about why necessary progress has not occurred; and hearing participants' specific plans or commitments to achieve progress. The discussion should include any anticipated problems with placement stability and a plan to address the issue.

Timely Decisions

The court is required to implement federal and state timelines for making permanency decisions. These timelines have been criticized because of the relatively short time limits imposed on parents trying to ameliorate very difficult life problems in order to regain custody of their children. However, the judge is required to focus on the best interests of the child (See *Minn. Stat. § 260C.001, subd 2*) and to recognize that the purpose of the timelines is to help the child find a permanent family.

When courts must remove a child, the judge becomes a key decision-maker about the length of the child's placement which directly impacts stability. Judges must employ strategies that enable the parents to meaningfully participate in court hearings, support the parent in utilizing services and making alternative permanency plans for the child, hold the agency accountable for quality work on behalf of the child and parents, and enable timely permanency decisions. Judges must ensure that children are raised in permanent families which can provide the safety and stability that is often lacking in foster care

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time to grow into commitment buttressed by sufficient resources to sustain it. Our work is anchoring budding connections by linking to new knowledge, accessible experts, emotional allies, and, most importantly, the stability of a trustworthy warranty of ongoing whatever-it-takes support.

Stability means belonging not just somewhere but to someone. We've found stability by different thinking and a lot of linking.

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The odds of having a more restrictive placement at entry were 2.6 times greater than a more restrictive placement at discharge.

In summary, comprehensive integrated TFC models, such as the TIM, may promote successful reunification or transition to a less restrictive caregiving environment. Improved placement stability may optimize the child's attachment and emotional regulation leading to healthier life decisions and relationships. TIM is a promising model to address ACE exposure in children with special needs.

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neglect, attachment, fetal alcohol spectrum disorder, grief and loss, complex family dynamics, and challenges of parenting children with special needs. As the National Consortium for Post Legal Adoption Services (1996) concluded, "Services are most effective when made available by providers who understand the differences that are inherent in families created through adoption" (p. 12).

Adoptive and kinship families face many challenges as they welcome a child or youth with special needs into their home. Post-placement services such as parent-to-parent support, respite care, and adoption-competent support services are critically important to ensuring that these placements succeed and that children and youth have the resources they need to grow and thrive in their new, loving family.

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Collaborations & Perspectives

Placement Stability: A Foster Parent's Perspective

by Sandy Paholski

I am a veteran foster parent who has been involved with my local child welfare agency for 23 years and has had many foster children. During this time I have seen many Acts passed concerning children in placement — the Multi-Ethnic Placement Act, the Adoption and Safe Families Act of 1997 and others. These Acts were passed so that children would have a better chance of permanency after they enter the foster care system. The Adoption and Safe Families Act was passed to shorten the length of time children and youth spend in foster care by speeding up the process of terminating parental rights and freeing children for adoption. This still isn't happening in a timely fashion. Some children are still in care too long. There seems to be plenty of responsibility to be shared in this circumstance, from the agencies to the Courts who make the decision that are not always in the best interest of children.

From my experience in fostering, children continue to have too many moves. When kids have to move they often have to change schools and that impacts their ability to function well academically. Reducing placement moves would likely improve academic achievement for these children and also increase the likelihood that they would maintain positive relationships with friends and caring adults. When a child leaves your home, for whatever the reason, it is difficult if not impossible to maintain contact with that child. To some degree that is by design as we (foster parents) provide temporary care for kids. Still, there are times in which we are the only caregiver or parental figure which the child has a connection to and it seems unfair and unhealthy to expect that

Foster parents that I know who receive specialized training are able to provide care for a variety of children and when the child has emotional or behavioral problems, those parents are more likely able to help those children. It has often been my experience that foster families lack the support they need from child welfare agencies, and they lack services that would allow them to best parent the children in their care. I believe that child welfare agencies could help prevent disruptions with more frequent contact between workers and foster families. Child welfare agencies need a teaming effect with everyone involved: foster parents, biological parents, workers, supervisors, and mental health agencies. There needs to be adequate support services available, and the team needs to have some say in the case planning for these children. Foster parents know

if that isn't possible, the pre-adoptive family and the child would have the opportunity to maintain their relationship and move to adoption without the child having to move to yet another home. Obviously criteria for those placements would need to be set with great consideration.

In my experience, I think that families who do foster care need to limit the number of children in their homes. The more unrelated children you put together in a home, the greater their possibility of experiencing a placement disruption. There should be foster homes reserved for the placement of sibling groups so these children do not have to experience the disruption of yet another important relationship. Sibling groups placed together already have an established bond and don't have to worry as much about finding their place in a new home.

Children also do better in foster care, and experience more stability, when foster parents are able to work with the birth parents. The child is able to see that everyone involved cares and that they are able to work together to help that child. There is no "choosing" of one parent or the other. The child sees that everyone loves them and they are better able to deal with being in placement.

Child welfare has come a long way in the 23 years that I have been a foster parent, particularly in the last ten years, but with the lack of services, worker turnover, lack of time to properly assist families, and seemingly ongoing changes in policies at the agencies, there is still a great deal of work to be done.

> I would like to see more stability in the placements of children in foster care and any decision to move a child should be made for the explicit goal of promoting permanency.

this connection end for the child the day they leave our homes. The more moves I've seen a child experience, the less they seem to be able to survive the system. I have known of many — too many children who have become homeless or involved in the criminal justice system after foster care. I would like to see more stability in the placements of children in foster care and any decision to move a child should be made for the explicit goal of promoting permanency.

Foster families could benefit from better training and preparation to work with and care for the children who enter their homes.

these children very well and yet we often feel unheard and feel that children's needs subsequently are left unaddressed. Too often, parents and foster parents are left out of the loop.

As a foster parent and a professional foster parent advocate, I believe that child welfare agencies should consider promoting placement stability by broadening the use of their pre-adoptive homes as the first placement for some children being placed out of their home. Pre-adoptive families could be trained and prepared to accept children who may be reunified with their parents; however,

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A Parent Perspective on Full Family Foster Care

by Leah Pederson (as told to Tracy Crudo)

One day, when my daughter was about 3 months old I came home to find her distraught and inconsolable. She had been watched by her father overnight, but he claimed not to know what the matter was. I took her to the emergency room immediately where they reported that my daughter had 7 broken bones and what appeared to be several healing older fractures. The fractures allegedly were caused by her father during the times he would watch her on his own (no finding of maltreatment was ever made against him due to a plea bargain that had him plead guilty to a drug related offense in exchange for dropping the maltreatment charge). As soon as I found out about the abuse, I broke off my relationship with him immediately.

My daughter spent the next couple of days in the hospital receiving care for her injuries during which time an order for child protection was filed with the county. I was allowed to bring her home but was contacted by the county soon after we returned and asked to come in with my daughter for questioning. At this time she was removed from me and placed in a foster home, and I was told I could have a one-hour visitation with her twice a week. Needless to say, I was devastated.

I contacted the foster parents, Laura and Paul, who my daughter was placed with, as soon as possible to set up my first visit. After this visit in their home, Laura and Paul spoke with my social worker, Jean, to tell her that they were open to having me move into their home to stay with my daughter under a new program the county was trying out called Full Family Foster Care (FFFC). I jumped at the chance to be with my daughter again. This was such a huge opportunity for me, and I feel that I am in-debt to them forever for giving me this chance.

I feel that FFFC really helped to provide stability for me and my daughter. By not having her ripped from the only family she had ever known at such a young age, we were able to maintain and strengthen our bond. With FFFC she didn't become attached to another set of caregivers that she would have to leave when the placement ended. Her primary connection with a caregiver

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I feel that FFFC really helped to provide stability for me and my daughter. By not having her ripped from the only family she had ever known at such a young age, we were able to maintain and strengthen our bond.

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was always with me, yet we received lots of support from Laura and Paul.

We remained in FFFC for nine months. During that time, what I found most helpful was the support we received from Laura and Paul. They bent over backwards to make the situation less stressful, and they really made us feel like a part of their family. They included us in every family activity from trips to meals to chores. Laura and Jean (my social worker) helped connect me with programs to help me provide stability for myself and my daughter once we transitioned out of care as well. I became enrolled in the Women, Infants, and Children (WIC) food program and the Minnesota Family Investment Program,

programs I didn't even know I was eligible for.

Laura and Jean were also good at keeping me in the loop. They prepared me for every step of the process from what would happen in court to their expectations of me to how long we might remain in FFFC. Because of their open communication with me the preparation and transition out of FFFC and back home was seamless.

I think FFFC would be a great way to help increase stability for the kids of teen moms who often find themselves cycling in and out of the child protection system. A lot of times these young moms don't have any role models for how to be good parents or take care of the basic tasks of parenting. In FFFC, foster parents like Laura and Paul are there to teach the basics of child care and provide a role model for healthy family interactions. They provide a safe environment to "practice" parenting skills and are there for support during the stressful times.

I think, overall, FFFC is a great program that should be made available to more parents in the child welfare system to promote stability for kids. If FFFC isn't possible, I think another strategy, that could help preserve the parent-child bond and improve stability for kids, is to make supervised visits more "family-friendly." For example, children and parents should be able to have supervised visitation in a home they are comfortable in, like their own home or a friend or family member's home. Since it is intimidating, especially in the beginning, to be supervised by a social worker or Guardian ad Litem, I think that social workers and parents should work together to find a trusted family or community member (like a grandparent or neighbor) who can be trained to supervise parent child visits. When kids have more regular and stable contact with their parents, it can help to provide security that might prevent them from acting up in a foster home and possibly having a placement disruption.

Leah Pederson, Full Family Foster Care (FFFC) participant. She can be contacted at leahpederson@gmail.com.

Promoting Placement Stability: Conclusions

by Joan Riebel, LICSW

Long thought to be the sole responsibility of social services, placement stability clearly illuminates the need for relationship and connectedness that goes well beyond the child welfare system. As a non-profit based in the Twin Cities, we have carefully examined our practice in order to promote placement stability. What we have found, not surprisingly, is that kids need caring adults and peer friendships in every aspect of their lives. Those who experience these connections are more likely to have stability. In order for that to happen, foster families need adequate preparation and supports. We know that foster parents are more successful when they have an understanding of the needs of their children and the knowledge and skills to respond to those needs while at the same time having their own support systems. As well, kids need advocates who can accurately assess their needs and help develop necessary resources. There is no better advocate for a child than an adult who cares.

Mutuality, openness and safety, all critical aspects of relationships, are essential for placement stability. This is particularly important for kids who have experienced trauma and loss. Yet, in our traditional child welfare model, where the social worker is the expert and foster parents are to carry out the "plan," connectedness and closeness are antithetical. Our youth report that they often don't feel listened to, that adults think they

look beyond the academic schedule to the social needs of each young person. Again, kids who feel connected to others do better in every aspect of their lives.

This is not to say that what happens in the foster home is not important. Kids in care want to feel a part of the family not simply an addition to it, and we know that kids who feel they're a part of the family do better than those who don't. Kids who are held accountable for family rules and expectations tend to be more successful than

found that also to be true for those who have been adopted from the child welfare system. The more permission youth are given to explore and grieve disrupted connections, the more likely they are to establish a healthy sense of themselves, which leads to more successful, long term outcomes.

All of us want kids to be successful, to feel confident and competent. We have found that kids who are in relationships they experience as mutual and open feel more secure and safe. They are more likely to develop the necessary skills to form and maintain relationships in all aspects of their lives. And they are more able to realize and articulate when a relationship isn't working for them. It's our responsibility to provide the information, advocacy and support necessary for them to develop safe and secure relationships essential skills for successful adult living.

Joan Riebel, LICSW, is the Executive Director of Family Alternatives.

> Not surprisingly, when kids feel a part of the community in which they live, they also have more successful placements.

know what's best. Our mission is to help youth make their voices heard. Kids in care have amazing potential and resiliency, which is important, but we know that ongoing, supportive relationships are critical for all of us.

Not surprisingly, when kids feel a part of the community in which they live, they also have more successful placements. Children and youth who are involved in volunteer activities, their church, and neighborhood centers have more successful outcomes. Being involved helps kids feel they are a part of a group; they feel like they belong. School success is a significant variable in placement stability. Yet, kids have told us that few caseworkers pay attention to the importance of the social elements of school like needing friends in the lunchroom or positive recognition from a teacher. Whenever we enroll kids in a new school, it's important to

kids who don't feel as if they are accountable. We honor youth and children when we hold them accountable, when we teach and model respect and responsibility. In our placement support plans, we actually delineate everyone's accountabilities to the youth/child so they learn they can rely on us, that we're all in this together.

Strong connections to foster families and communities, however, cannot replace a youth's desire to stay connected to their family. Research has clearly linked the relationships between foster families, birth families and social workers to placement stability. The youth's sense of security and stability is stronger when they see that these relationships are bridged and honored. Identifying even one relationship in a youth's family that can be safely sustained helps the youth move more securely through adolescence and into adulthood. We have

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Resource List

Programs and Resources

- Children's Bureau: *www.acf.hhs.gov/programs/cb/stats_research/index.htm*
- Foster Family Assessments: *www.fosterfamilyassessments.org*
- National Data Analysis System: *ndas.cwla.org/research_info/nwg/*
- Results-Oriented Management in Child Welfare: *www.rom.ku.edu/ebp_stab.asp*
- National Resource Center for Permanency and Family Connections: Placement Stability listing of resources: *www.hunter.cuny.edu/socwork/nrcfcpp/info_services/placement-stability.html*
- SAFE Homestudy: *www.safehomestudy.org*
- Transition to Independence Process System: *tip.fmhi.usf.edu*
- Evidence-Based Practice in Foster Parent Training and Support: Implications for Treatment Foster Care Providers (Piescher, K., Schmidt, M. & LaLiberte, T.): *www.cehd.umn.edu/SSW/cascw/attributes/PDF/publications/Quick%20Reference%20Guide%20Final.pdf*
- Child Welfare Information Gateway: Placement Stability Info: *www.childwelfare.gov/outofhome/placement/stability.cfm*
- A Study of Placement Stability in Illinois 2006 Chapin Hall: *www.chapinhall.org/research/report/study-placement-stability-illinois*
- Placement Stability in Child Welfare Services training guide: by Northern California Training Academy (Aug. 2008): *www.dss.cahwnet.gov/cfsweb/res/pdf/PlacementStability.pdf*
- Child Welfare Outcomes 2003 US DHHS placement stability: *www.acf.hhs.gov/programs/cb/pubs/cwo03/chapters/chapterfour2003.htm*
- Hennepin County Stability/Instability Study: *www.cehd.umn.edu/SSW/cascw/research/learningModules/stability/*
- California Evidence-Based Clearinghouse for Child Welfare: *www.cachildwelfareclearinghouse.org*

Notable Organizations

- ANU Family Services: *anufs.org*
- Casey Family Services: *http://www.caseyfamilyservices.org/index.php*
- Family for Every Child: *http://everychildtexas.org*
- Kennedy Krieger Institute: *www.kennedykrieger.org*
- Children's Law Center of Minnesota: *www.clcmn.org*
- Chapin Hall at the University of Chicago: *www.chapinhall.org*
- Oregon Social Learning Center: *www.oslc.org*
- Child and Adolescent Services Research Center, San Diego: *www.casrc.org*
- Parenting and Family Support Centre, University of Queensland: *www.pfsc.uq.edu.au*
- Family Alternatives: *familyalternatives.org*
- Children's Rights: *www.childrensrights.org*
- Child Welfare League of America: *www.cwla.org*
- AdoptUsKids: *adoptuskids.org*
- The Guidance Center: *www.guidance-center.org*
- Children's Justice Initiative: *www.mncourts.gov/?page=173*
- Children and Family Research Center University of Illinois-Urbana-Champaign: *www.cfrc.illinois.edu/mission.htm*

Articles

- Barber, J. G., & Delfabbro, P. H. (2006). Psychosocial well-being and placement stability in foster care: Implications for policy and practice. In R. F. Flynn, P. M. Dudding, & J. G. Barber (Eds.). *Promoting resilience in child welfare* (pp. 157-172). Ottawa: University of Ottawa Press.
- Leathers, S. J. (2006) Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behavior problems. *Child Abuse and Neglect, 30,* 307-324.
- Turner, K. M. T., & Sanders, M. R. (2006). Dissemination of an evidence-based, population-level parenting and family support strategy: Our experience with the Triple P-Positive Parenting Program. *Aggression and Violent Behavior, 11*(2), 176-193.
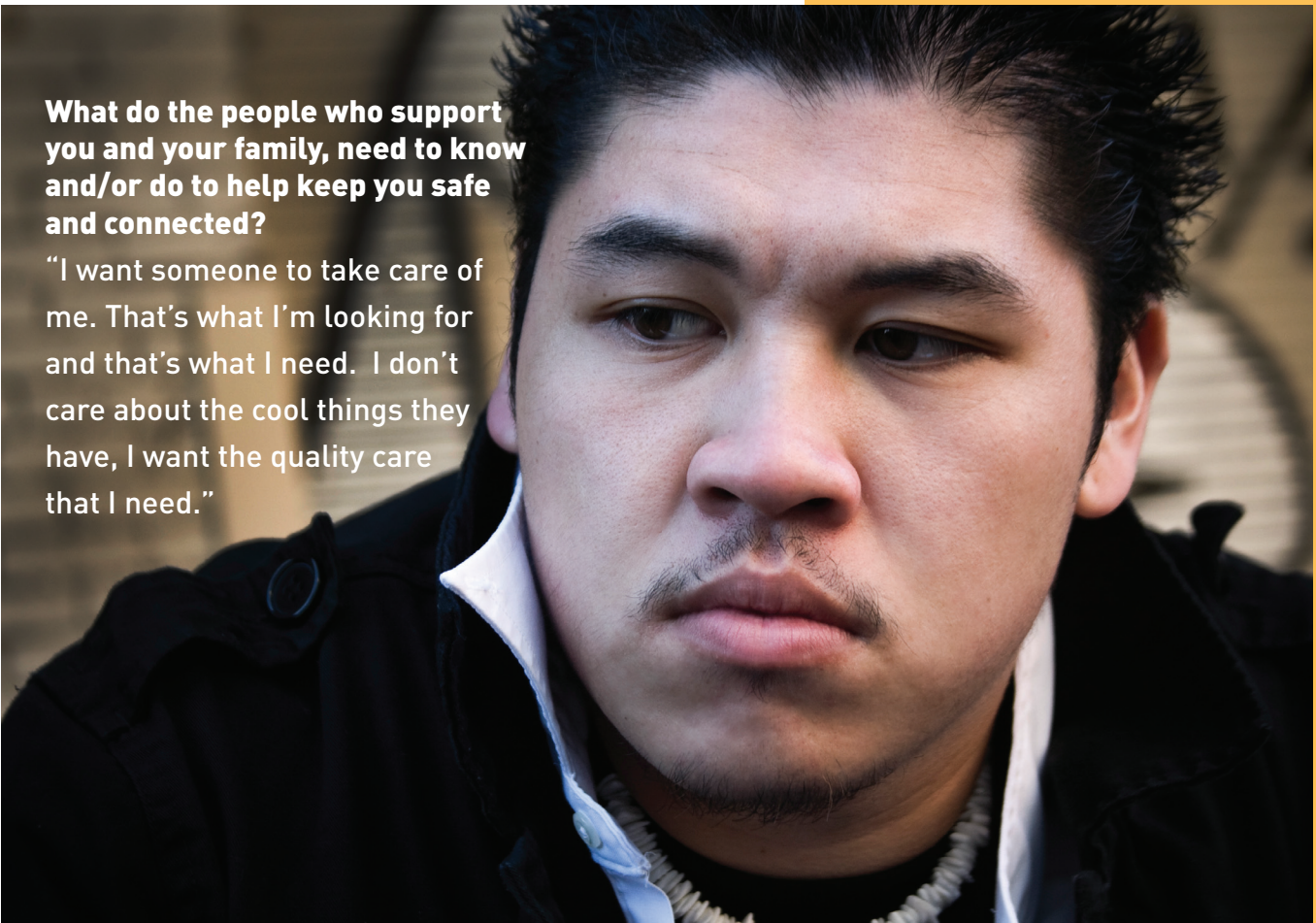
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About CW360º

Child Welfare 360º (CW360º) is an annual publication that provides communities, child welfare professionals, and other human service professionals comprehensive information on the latest research, policies and practices in a key area affecting child well-being today. The publication uses a multidisciplinary approach for its robust examination of an important issue in child welfare practice and invites articles from key stakeholders, including families, caregivers, service providers, a broad array of child welfare professionals (including educators, legal professionals, medical professionals and others), and researchers. Social issues are not one dimensional and cannot be addressed from a single vantage point. We hope that reading CW360º enhances the delivery of child welfare services across the country while working towards safety, permanency and well-being for all children and families being served.
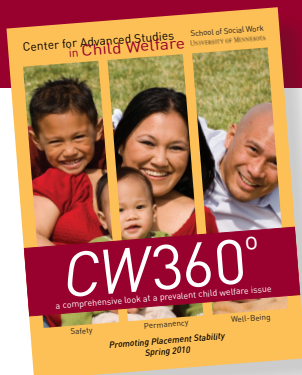
What do the people who support you and your family, need to know and/or do to help keep you safe and connected?

"I want someone to take care of me. That's what I'm looking for and that's what I need. I don't care about the cool things they have, I want the quality care that I need."

In This Issue of *CW*360⁰

- National outcomes from the most recent CFSR on placement stability

- The consequences of placement instability on the mental health of young children

- Understanding the emotional journey of the placement experience for youth in out of home foster care through qualitative research

- Research presenting the factors that predict placement change and instability, and conversely, the factors that promote placement stability

- The relationship between educational outcomes and placement stability

- Evidence-based approaches to promoting placement stability, through treatment foster care, foster parent training, foster parent rating scales, wrap-around services, and more

- Perspectives of organizations committed to improving the placement stability of children in out-of-home care and promoting permanency

- The story of a child protection social worker who experienced out of home foster care as a youth

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