STRATEGY BRIEF

STRONG FAMILIES

casey family programs

How can we improve placement stability
for children in foster care?

Placement in out-of-home care is our field's most routine intervention to keep children safe, yet research and experience have shown that removal is itself another significant, traumatic experience in the life of a child. When we make the difficult decision to separate a child from his or her parents, we must ensure that it is the best intervention to keep children safe from harm, and we owe it to them — and the public at large — to ensure that they are placed in better circumstances than the one from which they were removed. **Moving children around keeps them in limbo, increasing the chances of extending their time in care, as well as the likelihood of aging out to adulthood without the support of a lifelong family.** That means that the child protection agency's initial safety decisions impact whether they get it right: one placement in a stable, caring family that leads to timely exit to a permanent, lifelong home.

Placement moves are traumatic and destructive, but strategies exist to improve the decision-making process and promote placement stability. This brief is the second in a series that explores the importance of stability and the challenges that prevent it, designed to highlight promising approaches that have demonstrated a positive impact.

Key strategies to improve placement stability in foster care

State and local child protection agencies have implemented a number of strategies to improve placement stability for children in foster care. A recent survey of child welfare leaders and professionals from 44 states and counties identified a range of jurisdictional approaches to increase placement stability, including:[1]

- Placing children with relatives or family members when possible

- Placement matching to make optimal first placements for children

- Improving services to children in care

- Programs that support foster caregivers to better address children's needs

- Caseworker retention

- Staff training

In many cases, these strategies overlap with strategies that improve time to permanency, thus attending to permanency can also improve placement stability. A selection of key strategies are detailed in the sections below.

Prioritizing placement with kin

A systematic review of research studies on kinship care[2] found that the behavior, mental health, and well-being of children placed in kinship care is better than that of **children placed in traditional/non-relative foster care, and that children placed with relatives are least likely to experience placement instability.**[3] As a result, many agencies have implemented relative preference policies to restrict non-relative placements

and modified caseworker decision-making practices to prioritize routine placement with kin. When used in multiple counties in California, family search and engagement (FSE) connected 76 percent of the participating youth with a permanent relationship.[4] Agencies have also created **dedicated kinship support staff and** family finding **units** to support locating and engaging relatives and fictive kin for both emergency and planned placements, along with other innovative, proven FSE strategies.

Tools for prompt and well-informed placement decisions and matching

If kin placement is not feasible, several tools and methods have been developed to help child protection agencies find the right placement to best meet a child's needs and minimize subsequent placement moves. Agencies have instituted various **assessment tools and decision-making supports** for achieving swift and optimal placements, such as the Child and Adolescent Needs and Strengths, Treatment Outcomes Package and the Structured Decision Making (SDM®) Model in Foster Care and Placement Support. The latter is a complement to the SDM® Model in Child Protection and is specifically designed to improve placement stability through a standardized set of tools that help caseworkers assess children at critical points in their care.

Every Child a Priority (ECAP) matches children and foster families using a series of algorithms that combine preference and availability matching. In one study evaluating the impact of ECAP, placement stability improved nearly 25 percent and the median time to permanency dropped by 53.16 days.[5] Research has demonstrated that children placed

In New Jersey, Mobile Response and Stabilization Services (MRSS) have consistently maintained over 94% of children in their placement at the time of service, including children who are involved with the child welfare system.[9]

using ECAP spent 12 percent less time in foster care, moved less often, and had placements that lasted longer than other similar children not placed through ECAP.[5] Many agencies also utilize **child and family team meetings** to increase placement stability, by ensuring that placement decisions are a shared responsibility and in the best interest of children and families.[6]

Supports for children's behavioral health needs

Children's individual behavioral issues and physical and mental health challenges have been linked to greater placement instability.[7] Specialized behavioral health supports and services should be available to children and their caregivers throughout the placement process, including **wraparound services**,[8] **in-home and community-based therapy**, and psychiatric supports when needed. One example is that of **mobile crisis response**, which delivers needed services into the home, often around the clock, for families with a child experiencing an emotional or behavioral health crisis.

Formal integration between child welfare and behavioral health agencies has been found to improve placement stability for youth involved with both service systems. In one study, locating behavioral health care in the same agency as child protective services facilitated communication between caseworkers and counselors and reduced administrative barriers, leading to a 19 percent reduction in placement changes for adolescents who had been receiving behavioral health services at home and subsequently required out-of-home placement.[10]

Resource parent programs that help children achieve placement stability

A number of evidence-informed programs support foster parents caring for children with behavioral and trauma-related challenges that are most associated with risk of placement disruption. The **Treatment Foster Care Oregon (TFCO)** practice model treats adolescents, preschoolers, children, and youth with mental health issues who are in foster care. Designed to decrease negative behaviors while increasing positive social behavior, TFCO is shown to significantly increase successful placements and to decrease the number of placement moves.[11] **Keeping Foster and Kin Parents Supported and Trained (KEEP)**[12] trains resource caregivers to cope with challenging behaviors and to help children decrease problem behaviors by setting limits and encouraging positive behaviors. Studies have found that KEEP decreases child behavior issues and placement changes and increases stability.[13]

SAFECHILDRENSTRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDRENSTRONGFAMILIES SUPPORTIVECOMMUNITIESSAFECHILDRENSTRONGFAMILIESSUPPORTIVECOMMUNITIES STRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDRENSTRONGFAMILIESSAFECHILDRENSTRONG

casey.org | **3**

Attachment and Biobehavioral Catch-Up (ABC) assists birth, foster, and adoptive parents and primary caregivers of young children who have experienced adversity by teaching caregivers how to nurture children and provide safe, stable environments.[14] ABC is associated with increased attachment security, decreased attachment disorganization, and other improved child symptoms.[15] It has also been shown to reduce stress for resource parents and to improve their ability to provide nurturing, committed care for their foster children.[16] **Parent Child Interaction Therapy (PCIT)** is a parent-training program based on attachment and social learning theory that can be used in the foster care context for young children with emotional and behavioral challenges.[17] PCIT has resulted in reductions in children's behavioral problems at home and at school[18] and risk for child physical abuse;[19] improvements in how parents and caregivers listen, talk, and interact with their children,[20] including reductions in corporal punishment and physically coercive parenting approaches[21] and parental stress;[22] and increased resource parent tolerance of child problems over time.[23]

Studies have also shown that embedding the resource family within a **broader network of social support** is associated with fewer placement disruptions.[24] As a result, agencies have taken steps to develop and implement foster parent buddy systems, peer support groups, help lines, and mentoring programs.[25]

Caseworker retention
Caseworker turnover disrupts this continuity of relationships and exposes children to risk factors associated with placement instability.[26] Caseworkers play a critical role in placing children in homes where they will receive excellent care and support. Staff continuity enables caseworkers to build rapport with children, resource parents, and birth families; track the experiences of both children and caregivers as they adjust to new placements; and make informed decisions about effective services and case planning.

To **promote caseworker retention**,[27] agencies have sought to provide flexible scheduling, telecommuting options, and opportunities for professional development and recognition; tools and resources to ensure reasonable caseloads and workloads; and address agency climate and culture factors that undermine organizational commitment and job satisfaction.[28]

Casework teaming can also help support retention and placement stability. In this model of casework practice, staff share responsibility in supporting children living in out-of-home care and in meeting the needs of their families. Teaming is generally used for complex cases with children at high risk of removal[29] and offers resource families a larger network of trusting relationships bolstered by more frequent communication. With a focus on developing creative solutions, teaming can support children with histories of multiple placements.[30]

Staff training
Prioritization of placement stability and timely permanency are core values that must be consistently communicated to all staff and enhanced by strong training and coaching that helps them put these values into action. **Pre-service and ongoing training** can help caseworkers understand the interaction of factors that result in multiple placement moves and what can be done to support placement stability as a key component to the achievement of permanency. Agencies can also provide training on attachment theory and behavioral signs so that they can explain children's needs and connect foster parents to appropriate services and resources.[31] Training can help caseworkers better understand **key trends and placement dynamics that impact stability and permanency**, including that kinship placement is associated with fewer placement moves, and that infants are more likely to be adopted than older children but endure more placement instability in the first six months.[32] Training may also help staff understand that placing infants in receiving centers and crisis nurseries

How can we improve placement stability for children in foster care?

is only a temporary fix, one that often initiates a domino effect of multiple placements that impact neurological development and exacerbate attachment disorders. Training can also emphasize the importance of creating a plan for placement and goals for permanency upfront,

rather than during a crisis, given the multiple benefits: better partnership with parents, better assessments of children's needs, better service plans, and, most importantly, better placements that support the achievement of timely permanency.

To learn more, visit Questions from the field at Casey.org.

1   Blakey, J.M., Leathers, S.J., Lawler, M., Washington, T., Natschke, C., Strand, T. & Walton, Q. (2012). A review of how states are addressing placement stability. *Children & Youth Services Review, 34*, 369-378.

2   Winokur, M., Holtan, A., Batchelder, K. (2014). *Kinship care for the safety, permanency and well-being of children removed from the home for maltreatment*. Retrieved from https://www.cochrane.org/CD006546/BEHAV_kinship-care-for-the-safety-permanency-and-well-being-of-maltreated-children

3   See https://www.campbellcollaboration.org/library/download/707_b578ba9f5c7e8f1207fce9b74aaa451d.html

4   Casey Family Programs. (2018). What are some examples of effective family search and engagement? Seattle, WA.: Author. Retrieved from: https://www.casey.org/effective-family-search-engagement/

5   Foster Care Technologies. (n.d.). *ECAP* [Video]. Retrieved from https://www.fostercaretech.com

6   The Annie E. Casey Foundation. (2014). *Team Decision Making case study: Engaging families in placement decision*. Baltimore, MD: Author. Retrieved from http://www.aecf.org/m/resourcedoc/AECF-TeamDecisionMakingCaseStudy-2014.pdf

7   Wedeles, J. (2016). PARTicle-Placement stability in child welfare. Practice and Research Together. Retrieved from http://www.oacas.org/wp-content/uploads/2016/08/PARTicle-Placement-Stability-in-Child-Welfare-FINAL.pdf

8   See https://jjie.org/2015/08/19/wraparound-services-surround-foster-youth-families-with-help/

9   Casey Family Programs. (2017). *What is New Jersey's Mobile Response and Stabilization Services intervention?* Seattle, WA.: Author. Retrieved from: https://www.casey.org/nj-mobile-response-stabilization-services/

10 Wells, R. & Chuang, E. (2012). Does Formal Integration Between Child Welfare and Behavioral Health Agencies Result in Improved Placement Stability For Adolescents Engaged With Both Systems? *Child Welfare, 9*(1), 79-100.

11 Fisher, P. A., Kim, H. K., & Pears, K. C. (2009). Effects of Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) on reducing permanent placement failures among children with placement instability. *Children and Youth Services Review, 31*(5), 541-546. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19430545

    Fisher, P. A., Burraston, B., & Pears, K. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment, 10*(1), 61-71. Retrieved from https://pdfs.semanticscholar.org/6930/d1d05d55d0c149610f799a288ba1ed7fa213.pdf

    Carnochan, S., Moore, M., & Austin, M. J. (2013). Achieving placement stability. *Journal of Evidence-Based Social Work, 10*(3), 235-253. Retrieved from https://mackcenter.berkeley.edu/sites/default/files/publications/achieving_placement_stability.pdf

12 Casey Family Programs. (2017). *Is Project KEEP a meaningful support for resource parents?* Seattle, WA: Author. Retrieved from https://www.casey.org/project-keep/

13 Chamberlain, P., Moreland, S., & Reid, K. (1992). Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for children. *Child Welfare: Journal of Policy, Practice, and Program, 71*(5), 387–401.

    Price, J. M., Chamberlain, P., Landsverk, J., Reid, J. B., Leve, L. D., & Laurent, H. (2008). Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment, 13*(1), 64-75. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2441918/

    Carnochan, S., Moore, M., & Austin, M. J. (2013). Achieving placement stability. *Journal of Evidence-Based Social Work, 10*(3), 235-253. Retrieved from https://mackcenter.berkeley.edu/sites/default/files/publications/achieving_placement_stability.pdf

14 California Evidence-Based Clearinghouse for Child Welfare. (2018). *Attachment and Biobehavioral Catch-up*. Retrieved from http://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/

    Carnochan, S., Moore, M., & Austin, M. J. (2013). Achieving placement stability. *Journal of Evidence-Based Social Work, 10*(3), 235-253. Retrieved from https://mackcenter.berkeley.edu/sites/default/files/publications/achieving_placement_stability.pdf

15 Dozier, M., Barnard, K., & Roben, C. Attachment and Biobehaviroal Catch-Up, in Handbook of Attachment-Based Interventions, 2018 ed. Howard Steele and Miriam Steele.

    Carnochan, S., Moore, M., & Austin, M. J. (2013). Achieving placement stability. *Journal of Evidence-Based Social Work, 10*(3), 235-253. Retrieved from https://mackcenter.berkeley.edu/sites/default/files/publications/achieving_placement_stability.pdf

16 Dozier, M., Bick, J., & Bernard, K. (2011). Intervening with foster parents to enhance biobehavioral outcomes among infants and toddlers. *Zero to three, 31*(3), 17.

Carnochan, S., Moore, M., & Austin, M. J. (2013). Achieving placement stability. *Journal of Evidence-Based Social Work, 10*(3), 235-253. Retrieved from https://mackcenter.berkeley.edu/sites/default/files/publications/achieving_placement_stability.pdf

17 Herschell, A. D., Calzada, E. J., Eyberg, S. M., & McNeil, C. B. (2002). Clinical issues in parent-child interaction therapy. *Cognitive and Behavioral Practice, 9*(1), 16–27. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.529.7651&rep=rep1&type=pdf

18 Brinkmeyer, M., & Eyberg, S. M. (2003). Parent-child interaction therapy for oppositional children. In A.E. Kazdin & J. R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 204-223). New York: Guilford.

Gallagher, N. (2003). Effects of parent-child interaction therapy on young children with disruptive behavior disorders. *Bridges: Practice-Based Research Syntheses, 1*, 1-17. Retrieved from https://www.researchgate.net/publication/228356427_Effects_of_Parent-child_Interaction_Therapy_on_young_children_with_disruptive_behavior_disorders

Hembree-Kigin, T. L., & McNeil, C. B. (1995). *Parent-child interaction therapy*. New York: Plenum Press.

McNeil, C., Eyberg, S., Eisenstadt, T., Newcomb, K., & Funderburk, B. (1991). Parent-child interaction therapy with behavior problem children: Generalization of treatment effects to the school setting. *Journal of Clinical Child Psychology, 20*, 140-151.

19 Borrego, J., Jr., Urquiza, A. J., Rasmussen, R. A., & Zebell, N. (1999). Parent-child interaction therapy with a family at high risk for physical abuse. *Child Maltreatment, 4*, 331-342.

Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., Jackson, S., Lensgraf, J., & Bonner, B. (2004). Parent–child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology, 72*, 500–510.

20 Hembree-Kigin, T. L., & McNeil, C. B. (1995). *Parent-child interaction therapy*. New York: Plenum Press.

21 Chaffin, et al, 2004.

22 McNeil, C., Herschell, A. D., Gurwitch, R. H., & Clemens-Mowrer, L. C. (2005). Training foster parents in parent-child interaction therapy. *Education and Treatment of Children, 28*(2), 182-196.

Timmer, S. G., Urquiza, A. J., & Zebell, N. M. (2005). Challenging foster caregiver-maltreated child relationships: The effectiveness of parent-child interaction therapy. *Child and Youth Services Review, 28*, 1-19.

23 Topitzes, J., Mersky, J.P., McNell, C.B. (2015). Implementation of Parent Child Interaction Therapy within foster care: An attempt to translate an evidence-based program within a local child welfare agency. *Journal of Public Child Welfare, 9*(1), 22-41.

24 Redding, R.E., Fried, C., & Britner, P.A. (2000). Predictors of placement outcomes in treatment foster care: Implications for foster parent selection and service delivery. *Journal of Child and Family Studies, 9*(4), 425-447.

25 See http://www.nccwe.org/toolkits/placement-stability/component-two.htm

26 Stone, N. M., & Stone, S. F. (1983). The prediction of successful foster placement. *Social Casework 64*(1), 11-17.

Teather, E.C., Davidson, S.D., & Pecora, P.J. (1994). *Placement disruption in family foster care: The Casey Family Program*. Seattle, WA:Casey Family Program Headquarters & The Honolulu Division.

27 Casey Family Programs. (2017). *How does turnover affect outcomes and what can be done to address retention?* Seattle, WA: Author. Retrieved from https://www.casey.org/turnover-costs-and-retention-strategies/

28 Pennsylvania Caseworker Retention Workgroup. (2017). *2017 State Roundtable Report: Caseworker Retention Workgroup*. Retrieved from http://ncwwi.org/files/Retention/2017_State_Roundtable_Report_Caseworker_Retention_Workgroup.pdf

29 National Child Welfare Workforce Institute. 2013. Casework teaming to reduce workload, enhance effectiveness & boost morale. Webinar presentation. (held January 30, 2013) Retrieved from http://files.ctctcdn.com/fa43a05f001/4fc1b0ed-dc5d-4682-a669-afd33b4c3d15.pdf

30 New York State Office of Children and Family Services. (2015). *Teaming in child welfare: A guidebook*. Retrieved from https://ocfs.ny.gov/main/cfsr/Teaming%20in%20CW%20A%20Guidebook%20Complete.pdf

31 Eggertsen, L. (2008). Primary factors related to multiple placements for children in out-of-home care. *Child Welfare, 87*(6), 71–90. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19534354

32 Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child abuse & neglect, 24*(10), 1363-1374.