

Involving Foster Parents in Permanency Planning for Adolescents in Treatment Foster Care: Evidence-Based Practices

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Table of Contents

Executive Summary.....	iv
Introduction.....	1
<i>Search Methodology</i>	2
 SECTION I: Describing Permanency Needs	
<i>Treatment Foster Care</i>	5
<i>Characteristics of TFC Youth</i>	6
<i>Permanency Planning Legislation</i>	8
<i>Permanency Planning for Adolescents in TFC</i>	9
<i>Summary</i>	22
 SECTION II: EBP for Involving TFC Parents in Permanency Planning	
Comprehensive Review of Empirical Research on Evidence-Based Practices for Involving Foster Parents in Permanency Planning	24
<i>Evidence-Based Practice</i>	24
<i>Terminology</i>	27
<i>Evidence-Based Practice Rating Scale</i>	27
<i>Purpose</i>	30
<i>Foster Parents, EBP, and Permanency Planning</i>	30
<i>Finding Permanent Families</i>	32

EBP for Involving Foster Parents in Permanency Planning

Foster Parents’ Involvement in Service Planning..... 36

Including Foster Parents in Permanency Planning..... 38

Mentoring..... 47

Visitation..... 52

Wraparound Services..... 55

Long Lasting Relationships..... 56

Summary.....57

Annotated Bibliography of Evidence-Based Practices for Involving..... 59
Foster Parents in Permanency Planning

References..... 82

Appendix I: Quick Reference Guide..... 97

**Involving Foster Parents in Permanency Planning for
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Executive Summary**

The report on evidence-based practices for involving treatment foster care parents in permanency planning for adolescents is based on a comprehensive review of empirical literature conducted between October 15, 2008 and November 30, 2008 by the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota's School of Social Work. The report was developed under the auspices of Federal Title IV-E Funding, the Center for Advanced Studies in Child Welfare, and the Foster Family-Based Treatment Association (FFTA) as part of the Technical Assistance to FFTA Project. The executive summary of this report highlights the key findings and discusses potential practice implications for treatment foster care agencies interested in implementing research-based practices for involving TFC parents in permanency planning for adolescents. The complete findings are presented in the full text of the report, which includes a comprehensive review of literature on the needs of treatment foster care adolescents and methods for involving TFC foster parents in the permanency planning process. An annotated bibliography of pertinent research is also included in the full text of the report. A Quick Reference Guide, which provides key findings and empirically-based relationships among evidence-based practices for involving foster parents in permanency planning and key child welfare outcomes, accompanies this report (see Appendix I).

Permanency Needs of Adolescents in TFC

Treatment foster care (TFC) is a rapidly expanding alternative child welfare and child mental health service for meeting the needs of youth with serious levels of emotional, behavioral, and medical needs, and their families. Approximately 11% of the 510,000 youth in out-of-home care (U.S. Department of Health and Human Services, 2008) are served by TFC (Castrrianno, 2008). TFC homes provide the stability of a home environment in combination with intensive, foster family-based, individualized services to children, adolescents, and their families as an alternative to more restrictive residential placement options. TFC has been demonstrated to be effective, is currently one of the most widely used forms of out-of-home placement for youth with severe emotional and behavioral needs, and is considered the least restrictive form of residential care (Chamberlain, 2000; Hudson, Nutter, & Galaway, 1994; Meadowcroft, Thomlison, & Chamberlain, 1994; Reddy & Pfeiffer, 1997).

The available research describing youth served by TFC reveals that youth in TFC experience many psychosocial adversities, particularly neglect. These youth often come from families who have confronted (or are currently confronting) issues of drug and alcohol abuse, marital discord, unemployment, poverty, and a history of parental emotional disturbance or psychiatric hospitalization (Hussey & Guo, 2005; James et al., 2006; Timbers, 1990). Although TFC youth are themselves a diverse group, they are united by their high level of emotional, behavioral, and/or medical needs.

Establishing permanent homes for children in foster care has become a top priority of our nation's child welfare systems, as timely and sustainable decision-making about long-term care

arrangements for youth in out-of-home placements is crucial to their future protection and well-being (Tilbury & Osmond, 2006). Recent legislation – both the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) and the Adoption and Safe Families Act of 1997 (ASFA; Public Law 105-89) – has been passed specifically to fulfill this purpose. Because TFC youth have a high level of emotional, behavioral, and medical needs that require the coordination of intensive services, permanency planning for TFC adolescents is a complex process. The needs of youth in TFC vary depending on their planned permanency outcomes.

Reunification

Fifty-eight percent of TFC youth exit out-of-home care via reunification (Castrrianno, 2008). However, these youth are at an increased risk for behavioral problems, including more legal involvement, substance abuse, self destructive behaviors, as well as internalizing and externalizing behavior problems, as compared to children who remain in foster care, even when controlling for age and gender (Taussig, Clyman, & Landsverk, 2001). The maintenance of behavioral problems after exiting foster care puts TFC youth at risk of reentry. Approximately 14% to 20% of reunified youth overall reenter out-of-home care, but the rates of reentry may be higher for TFC youth (M. E. Courtney, 1995; Festinger, 1996; Thomas, Chenot, & Reifel, 2005; Wells & Guo, 1999).

Adoption

Eleven percent of TFC youth exit the foster care system via adoption (Castrrianno, 2008). The pool of adoptive parents for adolescents is quite small, and the need for adoptive parents is greater than the supply – especially for those with significant disabilities (Testa, 2004). Once

initiated, the rate of adoption disruptions is relatively low. However, foster-adoptive parents and former TFC youth experience a range of emotions, such as shock, anger, guilt, and depression, and issues, such as youth anxiety and acting out behaviors, as they experience the ambiguity of the child welfare and legal system and the change in the youth's permanency status.

Relative Care

Approximately 12% of TFC youth live with relatives (via adoption, legal guardianship, etc.) upon discharge from TFC (Catrianno, 2008). Kinship care *during* placement offers several benefits to youth, including providing familiar caregivers to youth who can help reduce the trauma associated with out-of-home care, fewer allegations of abuse or neglect, less involvement with the juvenile justice system, and more informal, family-like contact between youth and their birth parents (Beeman & Boisen, 1999; Berrick, Barth, & Needell, 1994; Koh & Testa, 2008; Wilson & Chipunga, 1996; Winokur, Crawford, Longobardi, & Valentine, 2008). However, kinship providers note that they experience many barriers to adopting youth in their care, such as decreased services and supports, limited information about permanency options, and issues regarding child welfare procedures and altering family connections (Lorkovich, Piccola, Groza, Brindo, & Marks, 2004).

Emancipation

Although a large percentage of youth in TFC are adolescents, only a small percent of youth (6%) exit via emancipation (Catrianno, 2008). Youth in transition from out-of-home care to adulthood are a vulnerable sub-population of the foster care system. In addition to the trauma of maltreatment, experiencing termination of parental rights, separation from their birth families,

and challenges associated with out-of-home care, these youth face the premature and abrupt responsibility of self-sufficiency as they leave care for independent living. Youth transitioning from foster care are likely to experience a number of challenges, including obtaining education, housing, employment, financial stability, and meeting mental and physical health needs (Barth, 1990; Blome, 1997; Cook, 1994; M. E. Courtney & Dworsky, 2006; M. E. Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; McMillen & Tucker, 1999).

Permanency Recommendations for TFC Youth

The following recommendations have been developed to assist TFC agencies meet the permanency needs of youth in their care based on the literature reviewed in the full report, *Involving Foster Parents in Permanency Planning for Adolescents in Treatment Foster Care: Evidence-Based Practices*:

1. Provide intensive reunification and/or adoption services with longer follow-up periods. Services provided to former TFC youth and their families, such as respite care and educational services, may be tapered over time during re-integration. However, TFC youths' families may need a longer transition period to adjust to the youth's high level of emotional, behavioral, and medical needs; these needs may or may not be the same as they were before entering care.
2. Match families' strengths with youths' needs when finding permanent families, making the permanency transition, and allocating services for former TFC youth and their families. For example, foster care agencies may wish to use tools such as the *Belonging and Emotional Security Tool* (BEST; Frey, Cushing, Freundlich, &

Brenner, 2008) to deepen conversations around permanency plans which involve foster parent adoption.

3. Provide ongoing formal and informal support for kin caregivers and their children, such as support for negotiating the boundaries between the youth's birth and permanent families, information about permanency options for kinship caregivers and child welfare processes, and education about youth needs. Ongoing support may be especially important for TFC youth, as their levels of emotional, behavioral, or medical needs change.
4. Provide opportunities for TFC youth to develop life skills and build support systems which include birth relatives, foster parents, peers, and mentors.
5. Ensure that TFC youth emancipating out of care have access to their mental and physical health histories, benefits afforded to them, education about self-care, medication schedules, identifying symptoms that require medical attention, and additional emotional supports that youth may turn to in times of emotional and physical strain.
6. Assist birth, foster, and adoptive families and former TFC youth develop relationships with one another during out-of-home care, during the permanency planning process, and following the youth's exit from out-of-home care. Even when birth families cannot provide a permanent placement for TFC youth, they may continue to be sources of support for former TFC youth following adoption, relative care, and emancipation (Mapp & Steinberg, 2007).

Involving Foster Parents in Permanency Planning

Foster parents are a central figure in TFC youths’ lives. Much like traditional foster parents, TFC foster parents are responsible for providing daily care to youth placed in their homes. However, unlike traditional foster parents (who have little to no responsibility for providing treatment to their foster children) TFC foster parents are viewed as the *primary* treatment agents. TFC foster parents are responsible for providing active, structured treatment for foster children and youth within their foster family homes (FFTA, 2008). Because TFC foster parents play such a central role in providing services for the youth in their care, involvement in the permanency process is a logical way to be involved in providing care and ensuring the well-being of TFC youth.

The following methods for involving foster parents in permanency planning were reviewed in this report:

Model	Empirical Literature
<i>Finding Permanent Families</i>	
Breakthrough Series Collaborative*	Casey Foundation, 2005
NOVA Model*	Pasztor, 1985
Recruitment Methods	Geen, Malm, & Katz, 2004; Ronacher, 1997
<i>Mentoring</i>	
Co-Parenting**	Linares, Montalto, Li, & Oza, 2006; Linares, Montalto, Rosbruch, & Li, 2006
Shared Family Foster Care*	Barth & Price, 1999
Shared Parenting*	Landy & Munro, 1998
<i>Including FP in Service Planning</i>	
Foster Parent Involvement in Service Planning	Denby, Rindfleisch, & Bean, 1999; Hencry, Cossett, Auletta, & Egan, 1991; Rhodes, Orme, & Buehler, 2001; Sanchirico, Lau, Jablonka, & Russell, 1998
<i>Including FP in Permanency Planning</i>	
Family to Family**	Crea, Crampton, Abramson-Madden, & Usher, 2008; Health & Social Policy Division & Jordan Institute for Families, 1998

Ecosystemic Treatment Model*	Lee & Lynch, 1998
The Illinois Project*	Gleeson, Bonecutter, & Altshuler, 1995
Inclusive Practice*	Crea, Crampton, Abramson-Madden, & Usher, 2008; Kufeldt, Armstrong, & Dorosh, 1995; Leathers, 2002; Palmer, 1996
Intensive Family Preservation Services*	Gillespie, Byrne, & Workman, 1995; Lewis, 1994
Iowa Mediation for Permanency Project*	Landsman, Thompson, & Barber, 2003
Mediation*	Anderson & Whalen, 2004; Etter, 1993; Maynard, 2005
Visitation	
Family Reunification Project**	Simms & Bolden, 1991; University Associates, 1999
Visitation	Perkins & Ansay, 1998
Wraparound Services	
Fostering Individual Assistance Program (FIAP)**	Clark & Prange, 1994; Clark, Lee, & Prange, 1996
Wraparound Services	Bickman, Smith, Lambert, & Andrade, 2003; Bruns, Rast, Peterson, Walker, & Bosworth, 2006; Carney & Butell, 2003; Crusto, Lowell, Paulicin, Reynolds, Feinn, & Friedman, 2008; Hyde & Burchard, 1996; Myaard, Crawford, Jackson, & Alessi, 2000; Pullman, Kerbs, Koroloff, Veach-White, Gaylor, & Sieler, 2006
Life Long Connections	
General Life Long Connections	Frasch, Brooks, & Barth, 2000

*Note. Methods not starred (hereafter referred to as “practice approaches”) have not been evaluated using the evidence-based practice rating scale due to the variability in implementing these methods in practice settings. *Emerging practice. **Promising practice.*

The evidence base (supporting empirical literature) of each model reviewed in this report was evaluated using the California Evidence-Based Clearinghouse’s (CEBC) Rating Scales (California Evidence-based Clearinghouse (CEBC) for Child Welfare, 2008a). The evaluation revealed that involving foster parents in permanency planning is a new trend in child welfare. Thus, none of the practices have been found to be well-supported by current research (using randomized controlled trials). Therefore, no models for involving foster parents in permanency planning met the criteria for being deemed **effective** or **efficacious practices**.

Several models for involving foster parents in permanency planning have been rated as **promising practices**. These include Co-Parenting, Family to Family, the Family Reunification Project, and the Fostering Individual Assistance Program (FIAP). The intended effects of these models have been demonstrated in research that utilized *non-randomized* control and treatment groups. Thus, these models show potential for creating positive outcomes but are not definitive in producing the desired results.

Several other models for involving foster parents in permanency planning have been rated as **emerging practices**. These include the Breakthrough Series Collaborative (BSC), Ecosystemic Treatment Model, the Illinois Project, inclusive practice, Intensive Family Preservation Services (IFPS), the Iowa Mediation for Permanency Project, mediation, the NOVA Model, Shared Family Foster Care, and Shared Parenting. These practices have been generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers. However, either no formal evaluations of the practice have been completed to date or the research base of this practice is descriptive or exploratory in nature (i.e., does not utilize control groups).

The review of published, empirical literature on involving foster parents in permanency planning indicates that foster parents may be involved in permanency planning for TFC adolescents in a variety of ways. These include informing agency practices for working with foster parents and TFC youth, taking an active role in permanency planning, collaborating with agency workers and birth parents to ensure successful birth parent visitations, and mentoring birth families throughout the entire out-of-home placement experience. Most of the models of foster parent involvement show promise in a traditional foster care population, but relatively few

have been formally evaluated using randomized clinical trials. None have been evaluated in a treatment foster care setting.

Current research reveals that the various methods for involving foster parents in permanency planning are most useful in creating positive changes in placement stability and permanency outcomes, birth family visitation, satisfaction among families, and collaboration between birth and foster families (see the Quick Reference Guide for associations among these key child welfare outcomes and particular methods for involving foster parents in permanency planning). It will be important for foster care agencies wishing to utilize these methods to use caution when selecting foster parents to participate. When foster parents are chosen to work with birth parents, agencies should consider their experience, maturity, communication skills, their ability to handle these multiple roles, and the possible need for additional training (Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000). Although a variety of methods for involving foster parents in adolescent permanency planning currently exist, the lack of rigorous research leads us to believe that more rigorous studies are needed to evaluate the effectiveness of emerging and promising practices for involving foster parents in permanency planning, and to develop and test specific models of current practice approaches for involving foster parents in permanency planning. Additionally, more work needs to be done to evaluate these models for TFC youth.

**Involving Foster Parents in Permanency Planning for
Adolescents in Treatment Foster Care: Evidence-Based Practices**

Introduction

The report on evidence-based practices for involving treatment foster care parents in permanency planning for adolescents is intended to assist Foster Family-Based Treatment Association (FFTA) foster care agencies 1) become familiar with the needs of adolescents in TFC homes as they pertain to permanency, and 2) identify the most effective methods for involving foster parents in permanency planning, as determined by the state of current empirical research. This report is based on a comprehensive review of published empirical literature conducted by the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota's School of Social Work.

The report is organized into two main sections: 1) Describing Permanency Needs; and 2) Evidence-Based Practices for Involving TFC Parents in Permanency Planning. *Section I: Describing Permanency Needs* outlines characteristics and needs of TFC youth as they pertain to permanency planning. *Section II: EBP for Involving TFC Parents in Permanency Planning* summarizes and evaluates methods for involving TFC foster parents in permanency planning for adolescents. Section II also includes an annotated bibliography of foster parent involvement practices. The sections are followed by a bibliographic list of all references used in creating the report. A Quick Reference Guide, which provides key findings and empirically-based

relationships among evidence-based practices for involving foster parents in permanency planning and key child welfare outcomes, accompanies this report (see Appendix I).

Search Methodology

The search for empirical research was conducted between October 15, 2008 and November 15, 2008 using the following databases:

University of Minnesota Libraries

- Family and Society Studies Worldwide Database (1970 to October 2008)
- PsychArticles (1988 to October 2008)
- Social Sciences Citation Index (1975 to November 2008)
- Social Services Abstracts (1980 to October 2008)
- Social Work Abstracts (1977 to October 2008)¹

World Wide Web

- Cochrane Library (1996 to November 15, 2008) at
<http://www.mrw.interscience.wiley.com/cochrane>
- Campell Collaboration at <http://www.campbellcollaboration.org>

¹ Includes Medline 1950 – July 2008; PsycInfo 1856 – July 2008; and Social Work Abstracts 1977 – June 2008)

- Google Scholar

In conducting these searches, “treatment foster care” and “foster care” were paired with the following keywords:

- Need
- Permanency
- Reunification
- Aging out/Emancipation
- Adoption /Adoptive Placement
- Relative Placement/Kinship Care
- Legal Guardianship
- Restrictiveness of Living
- Foster Parent/Resource Parent/Caregivers/Fost-Adopt
- Recruit
- Involvement
- Inclusive Practice/Inclusive Foster Care
- Teaming
- Permanency Mediation
- Biological Parent /Birth Parent
- Collaboration
- Visitation
- Independent Living
- Mentor
- Wraparound

In addition, bibliographies of articles produced by the search methodology outlined above were inspected for relevant articles. The Social Science Citation Index was also used to locate articles that cited articles produced by the aforementioned search methodology. Finally, all databases were searched using the name of each model included in this report as keywords.

**Involving Foster Parents in Permanency Planning for
Adolescents in Treatment Foster Care: Evidence-Based Practices
Section I: Describing Permanency Needs**

This section of the report outlines characteristics and needs of treatment foster care youth as they pertain to permanency planning. Specifically, this section of the report provides a literature review of the history of TFC, legislation regarding permanency planning, characteristics of TFC youth, and needs of TFC youth across the permanency outcomes of reunification, adoption, emancipation, and relative care. It is hoped that the information provided in this literature review will inform Foster Family-Based Treatment Association (FFTA) TFC agencies' permanency planning processes.

Treatment Foster Care

Treatment foster care (TFC) is a rapidly expanding alternative child welfare and child mental health service for meeting the needs of youth with serious levels of emotional, behavioral, and medical needs, and their families. TFC began in the 1970s as a result of a public policy and judicial shift from treatment in large congregate care facilities toward community-based care. During this time child welfare agencies began experimenting with placing children who would have normally been served in residential treatment facilities into specially designed therapeutic foster care homes. These homes provided the stability of a home environment in combination with intensive, foster family-based, individualized services to children, adolescents, and their families as an alternative to more restrictive residential placement options. In the mid-1980s

federal policy mandating a continuum of mental health services for children with serious emotional disorders resulted in increased reliance on TFC as an alternative to institution-based care. Practical and conceptual factors have converged over the past two decades to lend TFC increasing appeal. Recent research on TFC indicates that it is less expensive, is able to place more children in less restrictive settings at discharge (with increased permanency), and produce greater behavioral improvements in the children served than residential treatments (Hudson et al., 1994; Meadowcroft et al., 1994; Reddy & Pfeiffer, 1997). TFC is currently one of the most widely used forms of out-of-home placement for youth with severe emotional and behavioral needs and is considered the least restrictive form of residential care (Chamberlain, 2000).

Characteristics of TFC Youth

FFTA (2004) has estimated that approximately 11% of the 510,000 youth in out-of-home care (U.S. Department of Health and Human Services, 2008) are served by TFC. Although a significant body of research has documented the mental health needs of youth in non-relative foster care settings (Heflinger, Simpkins, & Combs-Orme, 2000), less is known about youth in TFC settings. Youth in TFC are hard to identify and investigate as a distinct subgroup, given the varieties of samples and methods used in the published research, and the lack of clarity regarding the meanings of long-term, treatment, specialized, and therapeutic foster care (Reddy & Pfeiffer, 1997).

Recently, several studies have profiled characteristics of TFC youth and their birth families. This research has revealed that youth in TFC experience many psychosocial adversities

(particularly neglect) and come from families who have confronted (or are currently confronting) issues of drug and alcohol abuse, marital discord, unemployment, and a history of parental emotional disturbance or psychiatric hospitalization (Hussey & Guo, 2005; James et al., 2006; Timbers, 1990). In addition to poverty, TFC youth experience on average, 2.64 risk factors before entering care, including child abuse (neglect, physical and sexual abuse) and caregiver risk factors such as alcohol abuse, drug abuse, prostitution, mental illness, domestic violence, homelessness, and incarceration (Hussey & Guo, 2005). The accumulation of risk factors and the absence of protective factors place TFC youth at significant risk for a variety of adverse psychological outcomes.

Data from TFC programs reveal that TFC youth differ from youth in traditional foster care settings on a number of factors. TFC youth typically experience multiple out-of-home placements prior to their entry into TFC (ranging from two to five formal placements on average), with reports of an average age of first out-of-home placement ranging from five and a half to 13 years (Catrianno, 2008; Hussey & Guo, 2005; Timbers, 1990). Average lengths of stay in treatment foster care range from a few months to over a year (Catrianno, 2008; Hussey & Guo, 2005). Additionally, many TFC youth are cognitively limited or developmentally delayed, and/or have elevated levels of emotional, behavioral, and medical needs (Catrianno, 2008; Hussey & Guo, 2005; James et al., 2006). Although youth in traditional foster care settings also tend to have a high prevalence of mental health issues (Clausen, Landsverk, Granger, Chadwick, & Litrownik, 1998; McIntyre & Keesler, 1998; Pilowsky, 1995), research has suggested that TFC youth have extensive emotional disabilities and disruptive behaviors that are more severe than those found in children placed into traditional foster care settings (Handwerk,

Friman, Mott, & Stairs, 1998). For example, research has demonstrated that on average, 40% of youth who enter into TFC exhibit one to two diagnoses classifiable in the DSM-IV (Castrriano, 2008).

Permanency Planning Legislation

Timely and sustainable decision making about long-term care arrangements for youth in out-of-home placements is crucial to their future protection and well-being (Tilbury & Osmond, 2006). Thus establishing permanent homes for children in foster care has become a top priority of our nation's child welfare systems. The first federal child welfare legislation regarding permanency planning was the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272). This act established family preservation and permanency (via reunification) as priorities of child welfare agencies. Decreased foster care caseloads and lengths of stay in foster care in the mid-1980s suggested that family preservation efforts were working (Smith, 2003). However, increased placement rates and increased lengths of stay emerged in the latter part of the 1980s.

In response to concerns about foster care drift, the Adoption and Safe Families Act of 1997 (ASFA; Public Law 105-89) was passed. ASFA prioritizes permanency by instituting reduced time frames for reunification efforts and deadlines for initiating the termination of parental rights (TPR). Specifically, ASFA reduces the number of months a child can remain in foster care without a permanency hearing within 18 to 12 months and requires states to move toward TPR when children have been in foster care for 15 of the past 22 months (with some exceptions). In addition, ASFA promotes *concurrent planning* for reunification and adoption,

and provides bonuses to states with the largest increases in adoption rates. Even though the Adoption Assistance and Child Welfare Act and ASFA emphasize different priorities in child welfare practice, both pieces of federal policy have the same goals of shortening the amount of time children spend in foster care and promoting permanency.

Permanency Planning for Adolescents in TFC

Because TFC youth experience a multitude of emotional, behavioral, and developmental challenges that require the coordination of intensive services, permanency planning for TFC adolescents is a complex process. Oftentimes it requires involvement from many stakeholders, including (but not limited to) agency workers, service providers, birth parents, foster parents, the adolescent, the Guardian ad Litem, parents' attorneys, and community members. The involvement of these various stakeholders differs depending on 1) the age of the adolescent, 2) the adolescent's custody status, 3) the planned permanency outcome, 4) the agency's practice philosophy, 5) the availability and support of community resources, and especially 6) the individual needs of the adolescent and his/her birth family.

Reunification

Family reunification, or the planned process of reconnecting youth in out-of-home care with their families, is the preferred permanency plan for youth in out-of-home care under the Adoption and Safe Families Act (ASFA; Public Law 105-89). Approximately 58% of TFC youth are reunified with their families upon exiting foster care (Castrignano, 2008). However, research has suggested that reunification may be associated with an increased risk for youth behavioral

problems. Recent research suggests that youth who return home experience a multitude of problems, such as more legal involvement, substance abuse, self destructive behaviors, as well as internalizing and externalizing behavior problems, as compared to children who remain in foster care, even when controlling for age and gender (Taussig et al., 2001).

Thus it is no surprise that many of the youth who reunify with their birth families reenter the foster care system at a later point in time. Nationally, it has been estimated that the rate of reentry into foster care for children who had previously been reunified with their parents or caretakers ranges from 14% to 20% (M. E. Courtney, 1995; Festinger, 1996; Thomas et al., 2005; Wells & Guo, 1999). Reentry into out-of-home care is predicted by many child factors including older age, child's race (reflective of the racial disparities in child welfare), longer lengths of stay in out-of-home care, and youth emotional and behavioral problems (Shaw, 2006; Yampolskaya, Armstrong, & Vargo, 2007). For TFC adolescents, reentry may be predicted more directly by externalizing behavior problems. Research has shown that although adolescents in TFC improve on internalizing and extreme behavioral disturbances (e.g., psychotic behavior, fire setting, autism, etc.), they remain the same on measures of externalizing behaviors and the overall number of behaviors related to psychopathology (Hussey & Guo, 2005). The significant negative effect of behavior problems, including externalizing behaviors, on reunification from out-of-home placement has been documented (Landsverk, Davis, Granger, & Newton, 1996).

Caregiver factors have also been linked to youth re-entry into foster care. Fraser, Walton, Lewis, Pecora, and Walton (1996) argue that too frequently reunification occurs without resolution of the problems that led to placement, and assert that most often these problems are family – rather than child – centered. They argue that “the dearth of family-centered and larger

systems-focused reunification services both constrains opportunities for children to attempt reunification under supervised, supportive conditions and endangers some children who are returned to their homes without adequate safeguards” (p. 337). In fact, reentry within 12 months of leaving care has been associated with caregiver(s) who have lower parenting skills and less social support, whereas reentry during the second year has been linked to the number and severity of caregiver problems (Festinger, 1996). Other theories of reentry point to the fact that birth families are more commonly exposed to other socioeconomic risk factors, such as poverty and neighborhood problems, and stressful family life events, such as unstable living arrangements, illnesses and conflict, as compared to foster care providers (Bellamy, 2008; Lau, Litrownik, Newton, & Landsverk, 2003). Yet other theories propose that the stress associated with the reunification process *itself* may also have triggered behavior problems as children and parents work to re-establish a home life together following long-term foster care (Festinger, 1996), although this is widely debated in the literature (Bellamy, 2008; Lau et al., 2003).

The various outcomes and conclusions documented in the literature led Fraser et al. (1996) to conduct an experiment that investigated family reunification in which families whose reunification was not imminent were provided with brief and intensive family-centered services (FRS) and were compared to youth who received routine reunification services. FRS services included 1) building collaborative relationships that were supportive and motivational among parents and case workers; 2) strengthening family members’ skills in communication, problem-solving, and parenting; 3) addressing concrete needs for food, housing, employment, health and mental health care; and 4) providing in-home support after initial re-entry into the birth family and during the reconnecting process. Results of the experiment revealed that FRS was more

effective in both returning children home and at accelerating the reunification process. Ninety-seven percent of youth were reunited with their birth families as compared to 52.9% of youth in the routine services group; additionally, FRS youth were reunited an average of 24 days earlier than their routine services counterparts. At the conclusion of the study period (approximately one year following service provision) 70% of the FRS youth remained home as opposed to 47% of youth in the control condition.

Although youth in TFC were not included in the FRS study (Fraser et al., 1996), the findings of this study may inform providers who are working to reunify families of TFC youth. In the FRS study, older children with child-related causes of placement, with older parents who were more highly educated, were more quickly returned to their homes. However, these child characteristics which appear to have expedited the initial return home may also have contributed to the instability of some reunifications, since a lower rate of success was observed in families who had behaviorally disordered children. Thus long-term follow-up (including individual, family, and environmentally-focused) services may be needed to reinforce the progress and build upon it for youth with behavioral challenges, such as TFC youth (Thomas et al., 2005).

Although specific needs have not yet been detailed for TFC youth who are reunifying with their families, it is clear that TFC adolescents and their parents are in need of targeted interventions and resources post-reunification. Researchers have suggested that respite care and parent education about the youth's condition (Festinger, 1996), collaboration between resource parents and birth parents (Dougherty, 2004), as well as addressing caregiver health concerns (Bellamy, 2008) may be imperative to the success of reunification. Other researchers argue that

reentry may be prevented by helping caregivers make connections with informal and formal groups and organizations within their cultural and geographic communities (Festinger, 1996). It seems as though more intensive and lasting services may be needed for youth who are reunified with their birth parents to ensure a successful reunification and promote developmental well-being, especially for TFC youth and their families. Supervision and in-home services for reunified families may need to last for two, or even three years (Barth & Berry, 1987; Dougherty, 2004).

Adoption

When returning home is not a viable option, adoption is the primary means by which youth in out-of-home care achieve permanency. Since the 1970s, finding alternative placement families for youth in foster care who cannot not return to their birth parents has been a primary goal of the child welfare system (Testa, 2004). Since that time, significant gains have been made in helping such youth find permanent gains through adoption and guardianship. It is estimated that approximately 11% of TFC youth exit the foster care system via adoption (Castrianno, 2008).

The pool of adoptive parents for adolescents is quite small, and the need for adoptive parents is greater than the supply (Testa, 2004). Finding an adoptive placement for those who are older and those with significant disabilities is more difficult and can be expected to take more time. However, once initiated, the rate of adoption disruptions is relatively low (Coakley & Berrick, 2008; Testa, 2004). Research suggests that the process of adoption placement can be affected by the functioning of the adoptive family and youth, constraints imposed by the court

system, length of time the child has been in placement with the adoptive parent(s) prior to signing a placement agreement, and inefficiencies on the part of the placing agency and worker (McDonald, Press, Billings, & Moore, 2007).

Cowan (2004) recommends two general strategies to prevent the disruption of adoptions of older children: 1) match families' strengths with children's needs, and 2) improve supportive services for adoptive families. Children with emotional or behavioral problems, such as adolescents in TFC, have had fewer adoption disruptions in homes with single parents than homes with married spouses and/or other children (Berry & Barth, 1990). Other characteristics of families that may facilitate successful adoptions of TFC adolescents include having older mothers with college degrees, families with a strong faith, families' whose racial composition matches the youth's, and kin families (Cowan, 2004). Agencies who are pursuing adoption as a permanency option for adolescents may need to increase resources to ensure that caseworkers have adequate time and training to complete child and family assessments (Coakley & Berrick, 2008).

Although it may seem as though adoptions are relatively unproblematic, this is not usually the case. Foster-adoptive parents go through a range of emotions as they experience the ambiguity of the child welfare and legal system. Research shows that foster-adoptive parents experience shock and anger, and helplessness and depression as legal complications, resumption of visitation with the birth family, and threats to the adoption plan emerge (Edelstein, Burge, & Waterman, 2002). Children who have a concurrent plan for reunification and adoption also have issues that need to be addressed. These issues include keeping secrets from the foster-adoptive or

birth family, increased anxiety and acting out around visits, and feeling guilt over loyalty conflicts.

In addition to the issues described above, foster-adoptive parents and foster youth also must bear the burden of discussing issues around the possibility of adoption. This can be an incredibly stressful experience. As a means of facilitating the discussion of adoption in a foster-adoptive home, Several Casey Family Services has recently developed and tested a tool, the *Belonging and Emotional Security Tool* (BEST) that social workers can use to explore youth's sense of emotional security with their foster parents and foster parents' sense of claiming attachment with youth in their care (Frey, Cushing, Freundlich, & Brenner, 2008). This tool has advanced meaningful permanency conversations so that neither has to initiate or carry the full burden of raising issues that may be sensitive or difficult to discuss. It provides a framework for deepening conversations regarding youth's needs for a sense of emotional security and belonging, and provides a structure for exploring foster parents' and youth's ambivalence around making a legal or lifetime personal commitment.

Clearly, both adolescents in TFC who have adoption as a permanency option and their foster-adoptive parents face many challenges. Both foster-adoptive and TFC adolescents may experience heightened tensions and emotions during the adoption process, especially in the critical period after reunification services are stopped but before TPR has occurred. Child welfare professionals need to give special preparation and support to foster-adoptive parents who choose to take an older child, especially when the birth parent's rights have not been terminated (Edelstein et al., 2002). Additionally, all parties involved need therapeutic supports as they deal with the possibility of losing their child to another family. Finally, foster-adoptive parents and

TFC youth who are adopted will need on-going post-adoption supports, such as helping to facilitate youth contact with birth family members (if desired), and services, such as adoption assistance, formal and informal supports (e.g., therapy and support groups), educational/information services, and respite care (Gateway, 2006; McKenzie, 1993).

Kinship/Relative Care

Kinship foster care – the formal placement of a child by the juvenile court and the child welfare agency in the home of a child’s relative – has developed swiftly in response to rising child welfare caseloads, reductions in the number of available foster family care providers, and shifting philosophical notions about family-centered practice in the field of child welfare services (Berrick, 2000). Kinship caregivers have become increasingly important in the permanency equation. In fact, it is estimated that approximately 12% of TFC youth live with relatives upon discharge from foster care (Catrianno, 2008).

Kinship care during placement offers several benefits to youth, including providing familiar caregivers to youth - who can help reduce the trauma of separation, reinforce youth’s sense of identity and self-esteem, offer more stability in placement, reduce the stigma of foster care, and promote sibling relationships (Beeman & Boisen, 1999; Berrick et al., 1994; Koh & Testa, 2008; Wilson & Chipunga, 1996; Winokur et al., 2008). Studies of kinship care also show that youth in kinship care are less likely to have a new allegation of abuse or neglect or be involved with the juvenile justice system as compared to youth in non-kin care (Winokur et al., 2008).

One of the greatest advantages of kinship placement is regular contact between youth and their birth parents. A recent study of kinship foster care reported that more than half (56%) of youth in kinship foster homes saw their birth parents at least once a month, while this was true for less than a third (32%) of foster youth (Berrick et al., 1994). Additionally, nearly one fifth (19%) of kin youth saw their birth parents more than four times a month; virtually no (3%) foster youth did. Not only are visits more frequent in kinship arrangements, but they are more informal and family-like as well. Berrick et al.'s study (1994) reported that 81% of kinship foster parents had some contact with the birth parents compared to 58% of foster parents. Additionally, 79% of kinship foster parents arranged visits directly with the birth parent whereas the majority (54%) of foster parents had visits arranged by the courts or social service agency.

Early studies of kinship care found that youth in kinship foster care were less likely to achieve legal permanence, especially in the form of reunification and adoption (Barth, Courtney, Berrick, & Albert, 1994; Berrick et al., 1994; Thornton, 1991). More recent studies have suggested that youth in kinship care have equivalent *combined rates* of guardianship and adoption as do youth in non-kin care, even though youth in kin placements are more likely to end in legal guardianship and are less likely to end in adoption than are non-kin placements (Koh & Testa, 2008).

So, why don't more kinship providers adopt the youth in their care? Kinship providers note that they experience many barriers to adoption, including a lack of information about adoption; child problems (e.g., mental health, medical, etc.); housing and health problems; a complicated court and/or adoption process; bad experiences with the child welfare system; problems with birth parents; lack of a desire to adopt; background problems, such as criminal

records; cooperation with the child welfare system; and not being married (Lorkovich et al., 2004). Additionally, some kin may be reluctant to adopt as the procedures for terminating parental rights may be too painful and because kinship caregivers already experience the child as a family member (Thornton, 1991).

Practitioners developing a permanency plan for youth in kinship care need to be informed about the permanency options as well as appropriate services for youth and their families. Practitioners supporting kinship care, including adoption, should first and foremost assess the best permanency option for the youth involved. This requires workers to be knowledgeable about the options (i.e., legal custody, legal guardianship, and adoption), the criteria required to be met under each option, and the resources available with the system to provide for each option (Lorkovich et al., 2004). Practitioners also need to provide services to kinship caregivers and youth to fit the specific needs of the family. Kin providers come from a variety of backgrounds and possess different strengths and weaknesses, as do the youth in their home, and resources and services need to be designed to address this. These resources and services may include providing 1) information about managing the physical, social, or emotional effects that often accompany abuse and neglect; 2) social support and services such as financial assistance, insurance options, etc.; and 3) ongoing formal and informal support for kin caregivers and their children, such as support for negotiating the boundaries between the youth's birth and permanent families. Ongoing support may be especially important for TFC youth, as their levels of emotional, behavioral, or medical needs change.

Emancipation

Large numbers of older children reside in and emancipate from, or “age out of”, foster care in the United States every year. A recent sample of treatment foster care revealed that 42% of youth who enter TFC are aged 13 years and above (Catrianno, 2008). Although a large percentage of youth in TFC are adolescents, only a small percent of youth (6%) exit via emancipation.

Youth in transition from out-of-home care to adulthood are a vulnerable sub-population of the foster care system. In addition to the trauma of maltreatment, experiencing termination of parental rights, separation from their birth families, and challenges associated with out-of-home care, these youth face the premature and abrupt responsibility of self-sufficiency as they leave care for independent living. The available research indicates that youth transitioning from foster care are likely to experience a number of challenges, including obtaining education, housing, employment, financial stability, and meeting mental and physical health needs (Barth, 1990; Blome, 1997; Cook, 1994; M. E. Courtney & Dworsky, 2006; M. E. Courtney et al., 2001; McMillen & Tucker, 1999).

It is therefore important for adolescents who are emancipating from foster care to develop life skills, such as daily living tasks, self-care, social development, career development, study skills, money management, self-determination, self-advocacy, and finding housing and community resources (Lemon, Hines, & Merdinger, 2005). Recent research has indicated that placements rated as low in restrictiveness, such as foster family homes and transitional apartments, are

probably the most effective settings in which to prepare foster youth for independence (Mech & Fung, 1999).

Expanded efforts to improve services for transitioning youth have been more apparent as a result of the Foster Care Independence Act of 1999 (Public Law 106-169). However, many youth exit care without demonstrating a readiness for independence (Maluccio, Krieger, & Pine, 1990). Thus it is important for foster agencies to foster resilience in emancipation by informing practices using broader knowledge about prevention and intervention programs designed to deter adolescents from drug use, early parenthood, and criminal behavior (Maluccio et al., 1990). Recently, Nixon and Jones (2000) suggested additional innovative ways to improve aftercare services for youth, including providing resource/drop-in centers, internet resources and access, telephone assistance and information hotlines, and independent living refresher workshops.

Beyond developing basic life skills, foster youth also need to build support systems which include birth relatives, foster parents, peers, and mentors (Maluccio et al., 1990). Foster youth cannot achieve a sense of permanency if they do not have people in their lives with whom to have a permanent connection. When a foster youth's daily circle of people are mostly child welfare professionals, attorneys, care providers, or other people associated with the foster care system, the chance is greater than when they emancipate they will have to leave these relationships behind. If they leave foster care without having created meaningful relationships with people outside the foster care system, their chances for finding permanence are greatly diminished (Sanchez, 2004).

When asked to choose between relational, physical or legal permanence, foster youth largely agree that relational permanence is the most important type of permanence that one can achieve (Freundlich, Avery, Munson, & Gerstenzang, 2006; Sanchez, 2004). Research on the experiences of youth leaving foster care as they enter adulthood has noted that they often reconnect, and sometimes live with, members of their family of origin (Collins, Paris, & Ward, 2008). This is often thought to be a curious finding because at some earlier point, the families were deemed unsafe, requiring removal of the child to foster care. However, even when birth families cannot provide permanent placements, they may be able to offer appropriate relationships with, and a sense of permanency for their children (Mapp & Steinberg, 2007). Foster parents may play an integral role in assisting adolescents develop and maintain these relationships through their daily interactions with youth and during birth family visitations.

Services need to target the special strengths and challenges of each youth (Daining & DePanfilis, 2007; Freundlich et al., 2006) since the transition from out-of-home care to adulthood is unique to each individual and his/her circumstances, resources, and strengths (Maluccio et al., 1990). When working with populations of older youth who have disabilities, such as TFC youth, Allen (2005) recommends the following:

1. Caseworkers should ensure that a youth's mental and physical health histories are obtained and provided to the youth when exiting care.
2. Caseworkers should be familiar with the benefits afforded disabled youth under various federal legislation and programs, and educate the youth about these benefits.
3. In addition to federal programs and funding, youth with disabilities should also be educated about their disability including self-care, medication schedules, and how to identify symptoms that require medical attention.
4. Finally, youth with disabilities face considerable emotional and physical strain due to their condition. Caseworkers should provide additional emotional support to these youth

and work to develop a support network, including disabled mentors or others with understanding of the youth's disability.

Summary

TFC youth experience a multitude of emotional, behavioral, and developmental challenges (FFTA, 2008). These challenges require the coordination of intensive services, making permanency planning for adolescents in TFC adolescents a complex process. Recent legislation has helped to expedite the permanency planning process and make services available to youth. However not all services are appropriate for all youth and no two youth have the same permanency planning experience.

Permanency planning should be tailored to the specific needs of the youth and family involved (Daining & DePanfilis, 2007; Freundlich et al., 2006). Additionally, incorporation of the perspectives of parents and youth into the development of planning goals is critical to strengthening the permanency process and facilitating positive outcomes for youth and families. Tailoring the permanency planning process to meet the individual needs of youth and families requires that specific emphasis be placed on the strengths and goals of consumers, that information be provided to adults regarding the developmental needs of children, and that recognition be given to the importance of supports for relationships with siblings, independent living skills, and the provision of post-permanency supports and services. No matter what the permanency planning outcome, adolescents have specific developmental needs that must be met, including stable living situations; healthy friendships with peers their own age; stable connections to school; educational skills remediation; dental, medical, and vision care; mental

EBP for Involving Foster Parents in Permanency Planning

health services; consistent, positive adults in their lives; and networks of social support (Massinga & Pecora, 2004).

**Involving Foster Parents in Permanency Planning for
Adolescents in Treatment Foster Care: Evidence-Based Practices**

Section II: Evidence-Based Practices for Involving TFC Parents in Permanency Planning

Evidence-Based Practice

Social work originated in the early twentieth century as a response to societal problems that resulted from rapid industrialization, the advent of capitalism, widespread immigration, and the overcrowding of citizens in urban areas (Trattner, 1999). These problems demanded the creation of a group of social experts trained to alleviate, and hopefully resolve, them. Even as many schools of social work opened and formalized processes for social work developed, the question as to whether social work was a profession lingered. In 1915, Dr. Abraham Flexner concluded that social work was not a profession because it lacked specialized knowledge and specific application of theoretical and intellectual knowledge to solve human and social problems. Concentrating on case work and the scientific method led to the professionalization of social work. The professionalization of social work continues to evolve even today through the reliance on, and demand for, evidence-based practice (EBP).

An *evidence-based practice* is defined as an intervention, program, procedure, or tool with empirical research to support its *efficacy* and/or *effectiveness*. Efficacy refers to the capacity of an intervention to produce the desired effect when tested under carefully controlled conditions. These conditions replicate those found in a laboratory setting; the methodology utilized in this research is highly selective in terms of the sample, the training and supervision of staff, and the implementation of the practice (Chorpita, 2003). These service environments are due in part to needed constraints imposed by research design, measurement protocols on referral

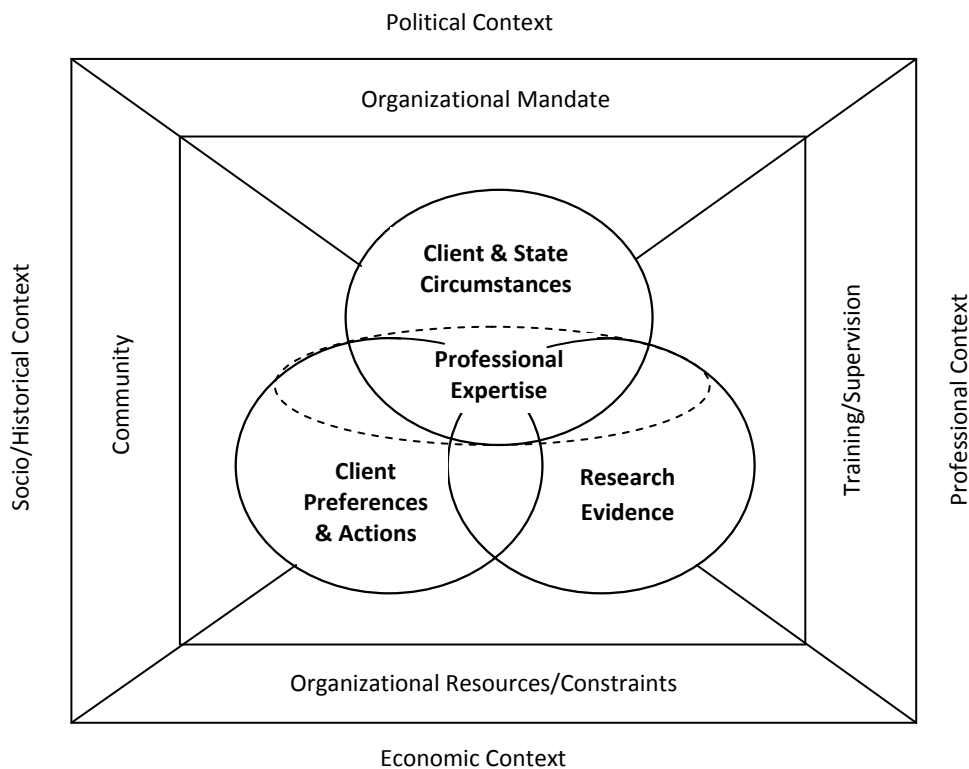
criteria, and concurrent interventions which serve as comparison groups. Effectiveness refers to the capacity of an intervention to produce the desired effect when utilized in a general practice setting, where the power to control confounding factors is reduced (Nathan & Gorman, 2002). Ideally, effectiveness trials follow efficacy trials and are an intermediate step between initial efficacy testing and widespread dissemination (Chaffin & Friedrich, 2004).

Some critics contend that EBP can be reduced to a cookbook approach that involves extracting best practices from the scientific literature and simplistically applying them to clients without regard to who the clients are, their personal motivations and goals, or other potentially complicating life situations, or without the expertise of the social worker involved (Regehr, Stern, & Shlonsky, 2007). However, it is important to think of EBP as a process of posing a question, searching for and evaluating the evidence, applying the evidence *within a client- or policy-specific context*, and *evaluating the effectiveness of the selected EBP in one's own practice* (Pollio, 2006; Regehr et al., 2007; Thayer, 2004). Thus, EBP blends current best evidence, community values and preferences, and agency, societal, and political considerations in order to establish programs and policies that are effective and contextualized (Gambrill, 2003, 2006; Gilgun, 2005). In fact, the most widely cited definition of EBP emphasizes “the integration of best research evidence with clinical expertise and patient values” (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000), p.1).

Regehr et al. (2007) proposed a model of EBP implementation that reflects the multi-faceted context of social work practice and policy (see Figure 1). This model (adapted from (Haynes, Devereaux, & Guyatt, 2002) considers the emerging research on the ecological influences that may affect moving from evidence to practice, such as intraorganizational,

extraorganizational, and practitioner-level factors, as well as the dynamic and reciprocal interactions between levels. For EBPs to be effectively implemented, this model suggests that clinical expertise and judgment are crucial. In practice, professionals must not only evaluate the research evidence supporting a practice, but they must also draw on their expertise to determine if a practice is appropriate for a given client and context.

Figure 1. Elements of Evidence-Based Policy and Practice



SOURCE: Regehr, Stern, & Shlonsky (2007)

Terminology

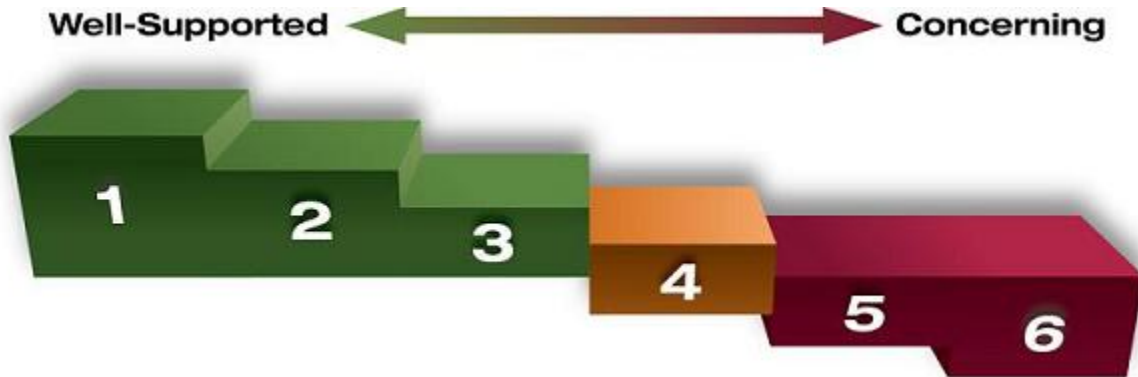
For this report, the following terms were used to describe the empirical research on involving foster parents in the permanency planning process (in order of rigor): randomized controlled trial (RCT), controlled study, exploratory study, and descriptive study. A *randomized controlled trial* refers to a study in which participants 1) were randomly assigned to experimental and control (and/or comparative treatment) groups, and 2) completed both pre-tests and post-tests. A *controlled study* is one in which the outcomes of participants from treatment, control, and/or comparative treatment groups are contrasted with one another. These studies utilize a pre-test/post-test design but do not randomly assign participants to treatment groups. An *exploratory study* refers to research that utilizes both pre- and post-tests but does not include a control or comparative treatment group in its design. *Descriptive studies* examine the outcomes of treatment; however, these studies do not utilize control groups or a pre-test/post-test design.

Evidence-Based Practice Rating Scale

Not all methods for including foster parents in the permanency planning process are equally supported by empirical research, and not all empirical research is equally valuable in determining whether or not a practice is considered to be evidence-based. This report utilizes the California Evidence-Based Clearinghouse for Child Welfare's Scientific Rating Scale as a classification system for rating the quality of empirical research supporting the various methods of involving foster parent in permanency planning (CEBC, 2008). This classification system uses criteria regarding a practice's clinical and/or empirical support, documentation, acceptance

within the field, and potential for harm to assign a summary classification score. A lower score indicates a greater level of support for the practice (see Figure 2). Specific criteria for each classification system category are presented in Table 1:

Figure 2. California Evidence-Based Clearinghouse for Child Welfare’s Scientific Rating Scale



SOURCE: (California Evidence-based Clearinghouse (CEBC) for Child Welfare, 2008a)

Some methods for involving foster parents in permanency planning do not meet the criterion for documentation set forth by CEBC (2008). That is, some methods for involving foster parents in permanency planning are highly variable in terms of their implementation within the field of child welfare; these methods’ implementation processes have not been formally manualized. Methods for involving foster parents in permanency planning that do not meet CEBC’s (2008) documentation criterion will hereafter be referred to as “practice approaches.”

Table 1. Criteria for Evaluating Evidence-Based Practice

Rating	Evidence-Base	Safety	Documentation	Research Base	Length of Sustained Effect	Outcome Measures	Weight of Research Evidence
1	Effective Practice	No substantial risk of harm	Available	Multiple Site (RCT) Replication	1 year	Reliable and Valid	Supports practice's benefit
2	Efficacious Practice	No substantial risk of harm	Available	Single Site (RCT)	6 months	Reliable and Valid	Supports practice's benefit
3	Promising Practice	No substantial risk of harm	Available	Controlled Study			Supports practice's benefit
4	Emerging Practice		Available	Exploratory or Descriptive study			
5	Evidence Fails to Demonstrate Effect		Available	Non-efficacy in 2 RCTs			Does not support practice's benefit
6	Concerning Practice		Available	Reasonable theoretical, clinical, empirical, or legal basis suggesting that the practice constitutes a risk of harm to clients			Negative effect on clients

SOURCE: adapted from the California Evidence-Based Clearinghouse for Child Welfare's Scientific Rating Scale

Purpose

The purpose of this section of the report is to assist TFC professionals expand their knowledge of relevant EBPs for involving foster parents in permanency planning. This section of the report is intended to help TFC professionals become familiar with 1) the variety of EBPs that are currently documented in the research literature, and 2) the evidence base that supports the efficacy and/or effectiveness of these EBPs. It is important to note that because this report relies solely on practices that have been documented in the peer-reviewed, published literature, some field practices may not be included.

Foster Parents, EBP, and Permanency Planning

The role of foster parents in TFC programs is complex. Much like traditional foster parents, TFC foster parents are responsible for providing daily care to youth placed in their homes. However, unlike traditional foster parents (who have little to no responsibility for providing treatment to their foster children) TFC foster parents are viewed as the *primary* treatment agents. TFC foster parents are responsible for providing active, structured treatment for foster children and youth within their foster family homes (FFTA, 2008).

Increasingly, foster parents are seen as key players in the TFC team in their work to achieve permanency for youth in foster care. The roles of foster parents in the permanency planning process are varied. As the children's primary caretakers, foster parents can have significant roles in carrying out the tasks in the permanency plan. Foster parents may also work with birth parents and support reunification efforts through both the mentoring of the birth

parents and the support of their visitation. The development of a positive relationship between the foster and birth parents may allow children to avoid the stress of divided loyalties and position foster parents to play a supportive role after reunification (Lewis & Callaghan, 1993; Andrew Sanchirico & Jablonka, 2000). Additionally, foster parents may consider adopting the children in their care if the children cannot return home.

Agosti and Morrill (2007) report that including families, youth, and others as partners in care (i.e., facilitating re-occurring Family Team Meetings) can result in supports and services that may divert placements entirely, prevent placement moves, and/or discover new placement resources for adolescents. However, when selecting foster parents to work with birth parents, agencies should consider their experience, maturity, communication skills, their ability to handle these multiple roles, and the possible need for additional training (Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000). In addition, agencies wishing to include foster parents in permanency planning should consider the evidence-base that supports the use of various models for involving foster parents in permanency planning before implementing them in practice. Maluccio, Fein and Davis state, “Decisions about permanent care arrangements need to be evidence informed, because these are high stakes decisions with far-reaching consequences for children, not only in terms of their physical safety, but also in terms of their social and emotional well-being now and in the future” (1994).

Finding Permanent Families

A substantial increase in the number of children in need of out-of-home placement and a reduction in the number of available and suitable foster families have led foster care agencies to develop new and improved efforts to recruit and retain foster and adoptive families. A variety of studies have investigated the effectiveness of various methods to find permanent resource families for children. Recently the Collaboration to AdoptUsKids developed a series of three publications designed to help States improve adoption and foster care recruitment outcomes. The first publication in this series, *Answering the Call: Getting More Parents for Children from Your Recruitment Efforts: Practitioners Guide* includes tips that individuals or agency teams can use to improve recruitment results. The guide presents the recruitment process in a series of seven steps that may be altered to fit individual agency or family circumstances and needs (McKenzie, McKenzie, & McKenzie Consulting, 2008a). The second publication, a toolkit entitled *Answering the Call: National Adoption Month 2008 Toolkit*, reviews recruitment and marketing strategies aimed at assisting agencies in promoting November as National Adoption Month (The Collaboration to AdoptUsKids, 2008). The toolkit includes step-by-step directions for agency recruitment efforts including, marketing, obtaining government and community supports, media outreach, planning special events, and evaluating and recording successes. The Collaboration to AdoptUSKids also developed *Answering the Call: Work Plan Guide for Adoption and Foster Care Program Managers* that is designed as a notebook to guide agencies in developing and evaluating recruitment techniques (McKenzie, McKenzie, & McKenzie Consulting, 2008b). Although these tools may be helpful to agencies as they develop and evaluate their recruitment efforts, the tools do not include an overview of efficacious models for recruitment efforts.

Additional models have been created to address the shortage of available families for kids in need of care.

Breakthrough Series Collaborative

The Breakthrough Series Collaborative (BSC) is a method for achieving system-wide change across child welfare agencies focused on recruiting and retaining resource families (Lutz & Agosti, 2005). The main objective of BSC is to achieve notable system-wide changes, such as organizational culture, improvements in outcomes for children and families, improved and increased community partnerships, and better opportunities for resources families and birth families to communicate and collaborate in a timely manner so as to best utilize resources through small-scale agency implementations. If such small-scale tests are deemed to be effective in recruiting and retaining resource families, they are expanded throughout the jurisdiction for replication and implementation. In a “survival of the fittest” manner, only the best of practices are expanded for use in participating agencies, as those that unsuccessfully make improvements in recruitment efforts are eliminated.

In practice, the BSC model is implemented by the development of an interdisciplinary team that consists of child welfare staff, resource families, community members, and foster care children (Lutz & Agosti, 2005). The team collaborates to develop innovative ways to improve the recruitment and retention of resource families such that the problem of the foster family shortage can be addressed. A specialized faculty team is recruited for the purposes of providing their expertise and generating insightful ideas. The group of experts and interdisciplinary professionals meet for the purposes of information sharing, encouragement, and collaboration.

The BSC model of recruitment is rated as an *emerging practice*. There is evidence that successful practices can indeed spread across agencies and BSC left agencies with improved systems of recruitment and retention of resource families that have potential to be maintained over time. There is potential for other agencies and the systems in which agencies operate to build a base of information about the activities that contribute directly to successful recruitment and retention. Some specific recruitment strategies suggested by Lutz and Agosti at the Casey Foundation (2005) include partnering with existing resource families of color to improve engagement of families of color, developing and using culturally sensitive recruitment materials, building relationships with faith community leaders, targeting recruitment efforts using data, learning about targeted communities' needs and beliefs, engaging the business community and other community partners, conducting a campaign in targeted communities/neighborhoods, and engaging youth in identifying possible caregivers.

NOVA Model

The Nova model was developed as part of the Foster Parent Project at Nova University (Pasztor, 1985). The Foster Parent Project was based on four main principles: 1) agency language, recruitment strategies, and foster parent support need to change in order for foster parents to learn to work in ways that are more compatible with permanency planning goals, 2) foster parents should be involved as team members in permanency planning agencies, 3) the role of the foster parent should be clearly defined regarding permanency planning responsibilities, and 4) foster parent retention depends on the degree to which they are supported by others in the system. The goal of this project was to develop a model of service that could be replicated by

foster care agencies of all types (i.e., large, small, urban, and rural). The model has been used in 22 states, as well as in sections of Ontario, Canada.

The recruitment efforts component of the Nova model includes an orientation meeting followed by six group training sessions (Pasztor, 1985). These sessions last approximately three hours each and include up to 30 participants. The group-based foster parent pre-service training is combined with a home study process. Session content includes: 1) foster care program goals, and agency strengths and limits in achieving those goals; 2) foster parent roles and responsibilities; and 3) the impact of fostering on foster families, and on children and parents who need foster care services. The training uses learner-centered, nondirective teaching methods to help prospective foster parents assess their own strengths and limits in working with children and parents who need foster care services. Role playing and guided imagery are heavily utilized.

The Nova model is rated as an *emerging practice*. The Nova model has been associated with increases in licensing rates and placement stability (Pasztor, 1985). Additionally, parents who report this training to be useful also report higher satisfaction with foster parent role demands (Fees et al., 1998). This model has not been tested in a treatment foster care population; however the principals of the Foster Parent Project are conducive to working closely with treatment foster parents and might be improved if its intersection with permanency outcomes is studied, particularly in association with youth that demonstrate high emotional and/or medical needs.

Recruiting Strategies

Ronacher (1997) studied the effectiveness of various practice approaches for recruiting foster parents for a treatment foster care program. The findings indicated that utility bill inserts, local newspaper advertisements, social service professional referrals, and resources that reached large audiences were the most effective ways to increase recruitment rates. Word of mouth and major newspaper article advertisements were somewhat impactful on the number of inquiry calls by interested potential resource families. Less effective recruiting strategies were the distribution of brochures and posters. TFC agencies wishing to recruit foster and adoptive families may wish to take these findings into consideration (in combination with the recommendations from Lutz and Agosti (2005) and the Answering the Call series (McKenzie et al., 2008a, 2008b; The Collaboration to AdoptUsKids, 2008) when considering how to maximize the outcomes of their recruiting efforts. More research needs to be conducted in the area of internet-recruiting strategies, such as using websites with a broad audience base or social networking websites given the recent interest in, and reliance on, internet-based information searches and social networking websites.

Foster Parent Involvement in Service Planning

While the recruitment of foster families is an area in need of increased attention, more importantly is the retention of qualified caregivers, particularly for youth who demonstrate high emotional, behavioral, and medical needs that require an integration of myriad services (Foster Family-Based Treatment Association (FFTA), 2004; A. Sanchirico, Lau, Jablonka, & Russell,

1998). A substantial decline in the number of qualified foster homes and a sharp increase in the number of children in need of foster care have led child welfare professionals to place greater emphasis on foster parent retention (A. Sanchirico et al., 1998). While agencies can do little to retain foster parents who leave the system for personal reasons, those who leave because of dissatisfaction with agency policies and practices may be retained if the reasons for their dissatisfaction are identified and eliminated. One factor commonly identified as one of the strongest influences on foster parents' satisfaction is involvement in service planning (Denby, Rindfleisch, & Bean, 1999; Rhodes, Orme, & Buehler, 2001; A. Sanchirico et al., 1998).

Collaboration among foster care providers and agency workers is especially important in foster parent satisfaction and retention. Foster parent involvement, which has been shown to increase retention, can be achieved through involvement in service planning. In response to the recent legislation that emphasizes the importance of permanency planning, models of permanency planning that involved foster parents are needed. Once developed these models may serve two functions: 1) to increase foster parents' satisfaction, and therefore retention, and 2) to ensure timely, well-informed permanency plans for TFC youth. One recent study found that even though directors reported that the agency informed foster parents of previous sexual abuse prior to placement, only half of all foster parents in the study admitted knowledge of the children's abusive experiences prior to placement (Henry, Cossett, Auletta, & Egan, 1991). When asked about specialized training and education for this population, agency staff indicated that they provided adequate training and education to foster parents, but foster parents noted that the services were not adequate for their needs. Currently, no specific models exist for foster parents' involvement in service planning. Clearly, collaboration in service planning and agency

processes is imperative to retaining experienced treatment foster care providers. There is a need for collaborative models to be developed and tested as a means of 1) retaining foster parents, and 2) investigating how their involvement in permanency planning is manifested in the context of practice realities.

Including Foster Parents in Permanency Planning

Several methods of involving foster parents in permanency planning currently exist. These include the Family to Family Model, Ecosystemic Model, Illinois Project, Intensive Family Preservation Services, Inclusive Practice, and the Iowa Mediation for Permanency Project. The involvement of foster parents in these various methods ranges from simply informing permanency planning practices to being active participants in co-creating the permanency plan.

Family to Family

The Family to Family model emerged in 1992 in a response to criticisms that the child welfare system was failing numbers of children, as the numbers of children in need of protective services grew and the availability of foster homes experienced a comparable decline (Crea, Crampton, Abramson-Madden, & Usher, 2008). The Casey Foundation (DeMuro & Rideout, 2002) believed that a comprehensive reform approach, which included policy and program changes and effective use of resources, could meet the growing challenges of out-of-home placement. The Family to Family model has been tested in a variety of child welfare communities across the United States, including Alabama, New Mexico, Pennsylvania, Ohio,

and Maryland. In practice, at both the county level and the state level, workers from various agencies related to, and involved with, the child welfare system were expected to be actively involved in the execution of the Family to Family principles and guidelines (Health and Social Policy Division & Jordan Institute for Families, 1998). It was expected that ineffective policies would be revamped, eliminated, or completely replaced by new ones, so as to achieve the objective of reaching system-wide change for the benefit of families and children.

One of the hallmarks of the Family to Family initiatives is Team Decision Making (TDM). TDM is a method of bringing together all parties who have a stake in the welfare of the child to make informed decisions regarding placement, service provision, and permanency planning. Oftentimes, TDM includes birth and foster parents, adolescents, the child welfare worker, as well as a facilitator. The underlying principle is that TDM creates space for all voices involved in the youth's life to participate in a collaborative, informed decision making process that ensures the youth's well-being.

The Family to Family model is rated as a *promising practice*. It has been linked to successful outcomes for a myriad of child welfare communities (DeMuro & Rideout, 2002) in terms of “showing that good foster families can be recruited and supported in the communities from which children are coming into placement” (p.6). Furthermore, a significant finding has been that the Family to Family model has led to an increase in placement stability through a decrease in the number of placements for children in out-of-home placement (Health and Social Policy Division & Jordan Institute for Families, 1998). Further research, however, is warranted as this program continues to expand. The Family to Family model, and TDM in particular, may

be particularly useful for TFC agencies given the central role that TFC providers serve in the lives of the adolescents in their care.

Ecosystemic Treatment Model

The ecosystemic treatment (visitation centered) model uses weekly, court-ordered, supervised visitation sessions to engage the foster care triad - birth family, foster family, and agency- in a collaborative effort to prevent foster care drift (Lee & Lynch, 1998). Birth parents, foster parents, the foster care worker, and a marital and family therapist meet in anticipation of each month's visitation schedule to decide what would best serve family reunification and permanency planning for the stage of model in which they currently reside. Stage 1 ensures that the child and biological family are in secure places; Stage 2 stabilizes the family; Stage 3 addresses the long-term needs of the family; and Stage 4 refers the parents to appropriate classes and approaches them about using psycho-educational interventions. Social workers, marital and family therapists, and child psychologists are available to the families.

The Ecosystemic Treatment Model is rated as an *emerging practice*. Preliminary results of the program suggest that overcoming resistance by biological families, foster families, and agency staff is an ongoing struggle (Lee & Lynch, 1998). The partnerships formed between foster families, biological families, and the agency seemed to have positive outcomes for the children and their families, although formal evaluations have not yet been conducted. Once the efficacy of this program is demonstrated, the Ecosystemic (visitation centered) treatment model may be a helpful support for treatment foster care providers who wish to work in collaborative efforts with biological families. Additional research is warranted in the area of foster parent

involvement in permanency planning for children in care, as well as how youth with high needs in TFC may be served by the Ecosystemic Treatment Model.

The Illinois Project

The Illinois Project developed in response to a research request for proposals intended to improve the likelihood that children in kinship placements would exit the child welfare system to permanent homes. The need for improvement in permanency efforts for youth placed in kinship care was driven by research findings that youth placed with kinship are less likely to reunify with their birthparents or to be adopted than youth in traditional family-based foster care (Gleeson, Bonecutter, & Altshuler, 1995). Since permanency is a goal towards which all child welfare agencies and those employed by them should strive, the Illinois project decided to investigate ways to facilitate permanence in kinship care so as to increase the likelihood of children reunifying with their birthparents or being adopted.

Gleeson et al. (1995) describe the three phases conducted as part of The Illinois Project that were based on the principle of involving kinship providers in the permanency planning process. The first phase consisted of a variety of in-depth interviews with caseworkers, children in kinship care, kinship providers, and supervisors. A review of 12 kinship care cases was completed by a panel of experts with a wide range of knowledge and experience. A combination of the interviews and the results of the panel review led to the identification of practice principles and strategies with which the facilitation of kinship care permanency could be accomplished. In Phase 2, child welfare workers underwent a training curriculum developed from the findings from Phase 1. Four half-day training sessions and three to five half-day follow-up consultations

were provided to workers who had children in kinship foster care in their cases. Staff was expected to implement the practice suggestions and was asked to provide feedback about barriers to successful implementation. The third phase involved evaluating the practice principles to determine the effectiveness of the project in reaching the goal of facilitating permanency for children placed with relatives.

The Illinois Project is rated as an *emerging practice*. Currently, the research findings indicate that there is no difference in permanency outcomes for children whose workers completed the training curriculum and those whose workers did not (Gleeson et al., 1995). However, it was also found that there were low implementation rates of the practice principles by child welfare workers and high turnover rates at the supervisory level, limiting the findings. Therefore, it is important for the training curriculum to be replicated and evaluated at additional child welfare agencies and in special populations before further recommendations can be made for the program's implications for TFC youth.

Inclusive Practice

Inclusive practice is a broad conceptual method that encompasses a range of practices which include parental involvement while children are in out-of-home placement; foster parent involvement in reunification efforts and permanency planning; and collaboration among families, parents, and workers on behalf of the youth's best interests. One goal towards which inclusive practice strives is successful permanency planning for youth in care. Although the current literature centers largely on outcomes other than permanency planning, its success in

various related child welfare outcomes holds promise for permanency planning for children in out-of-home placement.

Inclusive practice is a practice approach that has been associated with increases in parental visiting and family reunification (Leathers, 2002) and creating positive effects on youths' ratings of their birth families (Kufeldt, Armstrong, & Dorush, 1995). Placement stability has also increased for children whose birthparents were involved in inclusive practices, such as preparing their children for placement and being actively involved in placement decisions (Palmer, 1996).

Intensive Family Preservation Services (IFPS)

Intensive Family Preservation Services (IFPS) was originally developed to prevent out-of-home placement for children involved in the child welfare system and reunification (Lewis & Callaghan, 1993). Recently, the IFPs model has been adapted to improve reunification rates for children placed in out-of-home care (Gillespie, Byrne, & Workman, 1995). The adaptation of the IFPS model combines IFPS and foster care-related services.

IFPS is provided to families in the home eight to ten hours a week (Lewis & Callaghan, 1993). The specific services that are provided include therapy, parent education, crisis intervention, liaison with community agencies, referrals, and monetary assistance to cover basic needs. Services are provided for a span of 12 to 16 weeks. Additionally, foster parents meet twice a month in a group format to undergo training about grief and loss, child development, substance abuse, etc., discuss cases, and to provide mutual support to one another. Weekly meetings are arranged between foster parents and birthparents to create a visiting schedule and to

share information about the child, discuss discipline strategies, and communicate about parenting styles. Increased visitation is also an important component of this model. Families are encouraged to visit weekly and progress to more frequent visits. The Child Welfare Worker communicates with foster parents at least every two weeks as a way to build rapport and provide support.

The IFPS model is rated as an *emerging practice*. IFPS has been linked to an increased likelihood of reunification with birth families and the reduction and maintenance of a reduced maltreatment risk one year after case closure (Gillespie et al., 1995). Additionally, IFPS has demonstrated efficacy in reducing out-of-home placement when the services are appropriately targeted (Kirk & Griffith, 2004), and leading to birth family gains that notably predict placement outcomes (Berry, Cash, & Brook, 2000). Families who receive IFPS have their children home longer, utilize more comprehensive services, and are more satisfied with Child Protective Services; child welfare workers note that there is better decision making, more strengthened families, and greater job satisfaction when using an IFPS model (Walton, 2001). Thus, the IFPS model should be reviewed in terms of its potentially effective intersection with permanency planning for out-of-home youth. Its effectiveness with alternative child welfare outcomes thus far provides strong hope that the IFPS has potential to expand to permanency planning and other child welfare objectives across populations of youth, including adolescents in TFC.

Mediation

Mediation was developed in response to a 1993 United States Department of Health and Human Services funded initiative to increase family preservation, prevent child maltreatment,

and decrease the number out-of-home placements that children in care experience (Anderson & Whalen, 2004). It is a process by which families in the child welfare system use a neutral third party to identify the points of contention and disagreement for the purposes of facilitating a successful and collaborative resolution to permanency planning (Maynard, 2005). In child welfare, mediation is used to c the traditionally adversarial practice of teaming up against the birthparents of youth in care into a practice that involves collaboration around the youth's safety, permanency, and positive outcomes (Landsman, Thompson, & Barber, 2003).

Mediation has been used as a practice approach to facilitate adoption openness and collaboration between birthparents and adoptive parents at post-adoption (Etter, 1993), as well as permanency outcomes for children whose parents received a Termination of Parental Rights (TPR) in a number of states. Results of these tests reveal that permanency is achieved in a more timely fashion for children whose families utilize the mediation process than for families who did not undergo mediation processes (Maynard, 2005).

The general processes, goals, and other outcomes of mediation are dependent upon the dynamics and values of an agency, as well as the style and values of the mediator. However, one specific model of Mediation, the Iowa Mediation for Permanency Project (IMPP), has actualized successful permanency outcomes for children in care. Specific details of this model follow below.

Iowa Mediation for Permanency Project (IMPP)

Such principles are what led to the development of the Iowa Mediation for Permanency Project (IMPP), which is a non-adversarial mediation program intended to achieve permanency for children in the child welfare system.

This model is unique as compared to general mediation models in that it expands the permanency concept to include reunification and guardianship (Landsman et al., 2003). Key concepts of the IMPP model include permanency as a key goal, recognition the importance of attachments, including birth family, flexibility, a non-adversarial approach, and collaboration among parties. It also differs from other models in that IMPP introduced mediation at a myriad of points along the permanency continuum, and IMPP also used a more extended model involving as many sessions as needed over a longer period of time.

The IMPP process includes four stages: recruitment and screening, assessment, mediation, and follow-up. In Stage 1, referrals from the Department of Human Services are sent for eligibility determination, which includes families referred for mediation at different points along the permanency continuum (Landsman et al., 2003). Eligible families are assigned to a mediator whose task is to contact the family, the DHS Case Manager, and legal professionals to provide information about the mediation service. In Stage 2, families are assessed by the mediator to establish whether the IMPP program is of interest to them. In Stage 3, mediators serve as a neutral intermediary, whose role is to guide families in the process of delineating an agreed upon permanency plan. Mediation is then terminated either through signed agreements, a letter of understanding about the reached consensus, an informal commitment to improve the

relationship and communication across parties, or the request of participating families. Stage 4 is the follow-up stage at which time the DHS worker contacts the family six months after mediation termination to examine the status and effectiveness of the identified agreements.

The IMPP model is rated as an *emerging practice*. It is a unique model that has linked the practice of mediation to timely permanency outcomes for youth, expanded views of permanency by child welfare workers, and earlier provision of alternative permanency options for families (Landsman et al., 2003). The positive outcomes of this model lead us to believe that IMPP, and mediation as a general practice, may be useful to other public child welfare staff, attorneys, judges, birth parents, and adoptive parents involved in permanency planning for youth (Landsman et al., 2003). Mediation may be particularly important for kinship providers due to their many options (i.e., legal guardianship, adoption, etc.) for helping youth in their care establish permanency. Additionally, due to the complexity of the services needed by TFC youth, mediation models, such as IMPP, may be beneficial for permanency providers.

Mentoring

Sometimes the role of a foster parent in permanency planning exceeds simply being involved in creating the permanency plan. In these cases, foster parents may help to facilitate permanency by being active participants in the youth's permanent family. For example, foster parents may go outside of their normal provision of services to foster youth, and instead provide fostering services to the youth's entire birth family. This type of mentoring may help birth

families re-integrate the lives of all persons involved in permanency planning, and facilitate the transition from foster life.

Co-Parenting

Co-parenting is a two-component intervention for birth and foster parent pairs which aims to improve parenting practices, co-parenting, and child externalizing problems (Linares, Montalto, Li, & Oza, 2006). The co-parenting intervention includes both a parenting and a co-parenting component. The parenting component is offered to groups of four to seven parent pairs for 2-hr sessions using the manualized *Parents and Children Basic Series Program* (IY; Webster-Stratton & United, 2000). This course meets two days a week for a duration of 12 weeks. The co-parenting component is offered to individual families (birth and foster parent pair, and target child) in a separate session using a curriculum developed by, and available from, L. Oriana Linares. During this session, parent pairs have the opportunity to expand their knowledge of each other and their child, practice open communication, and negotiate inter-parental conflict regarding topics such as family visitation, dressing and grooming, family routines, and discipline.

Co-parenting is rated as a ***promising practice***. It has been associated with improvements in positive parenting skills, clear expectations of children, and child externalizing problems (Linares et al., 2006). Increases in parent-to-parent cooperation have been linked to increases in positive discipline and decreases in harsh discipline for both birth and foster parents. This relationship was observed even after controlling for child (e.g., age, gender, conduct problems) and parent (e.g., age, education, ethnicity, and marital status) characteristics. Co-parenting is a

service that may serve to support treatment foster parents of youth with a goal of family reunification by helping birth families transition to the role of provider for youth who have a high level of emotional, behavioral, and medical needs, and who require collaborative intensive services.

Shared Family Foster Care

Shared Family Care refers to the planned provision of out-of-home care to *parent(s) and their children* so that the parent(s) and host caregivers simultaneously share the care of the children and work toward independent in-home care by the parent(s) (Barth & Price, 1999). SFC combines the benefits of in-home and out-of-home child welfare services. SFC has been used to prevent the separation of parents from their children, and to reunify families by providing a safe environment in which to bring together families and children who have been separated, and hence can be linked to permanency planning. SFC may also promote more expedient decision-making by helping parents make the choice to terminate their parental rights; it provides stability for children while alternative permanency plans are being made.

Whereas traditional out-of-home care requires family separation and typically offers little support to assist parents in becoming better caregivers, SFC involves "reparenting," in which adults learn the parenting and living skills necessary to care for their children and maintain a household while concurrently dealing with their own personal issues and establishing positive connections with community resources (Barth & Price, 1999). SFC allows parents to receive feedback about their parenting styles and skills on a 24-hour basis and across many and diverse parenting tasks in a safe, family environment. SFC can help families learn to make better

decisions, to handle typical day-to-day stresses, and to live together as a family. By simultaneously ensuring children's safety and preserving a family's ability to live together, SFC may be effective at preventing unnecessary family separation, decreasing the number of children reentering the child welfare system, and expediting permanency for children.

In the SFC model, one social worker works with approximately eight to nine families at a time, and participates, along with each client and host family, in developing a written contract outlining each party's responsibilities (Barth & Price, 1999). Clients generally maintain primary responsibility for the care of their children, and the host families serve as advocates, resources, and mentors in parenting and daily living skills. Host families are licensed child family foster homes.

SFC is rated as an *emerging practice*. Although several models of Shared Family Foster Care have been developed and are currently in operation (e.g., Adolescent Mothers' Resource Homes Project of the Children's Home and Aid Society of Illinois, Whole Family Placement Program, and A New Life Program), none have been formally evaluated (Barth & Price, 1999). Preliminary results revealed that of the 110 families that had participated in HSA's Whole Family Placement Program, 53 parents moved with their children as a family unit on to independent living; 24 parents placed their children for adoption; 19 parents left their children in care where they remained until alternative plans were made; and 14 families were still in placement. Of the 53 families who moved on to independent living, none of them had subsequent involvement with child protective services within six months after placement termination. This is in contrast to a 12% reentry rate for children who were reunified with their families after a regular non-relative foster care placement in the same state. Because of the intensity of these

programs, good matching between foster and birth families is imperative. SFC may be one way for TFC providers to be more involved with birth families and the permanency planning process. SFC may be an alternative to step-down and may help to alleviate some of the placement instability and re-entry that TFC youth experience. More research on the efficacy of SFC is warranted.

Shared Parenting

The Shared Parenting program is an innovative model of foster care in which the role of the foster family gradually becomes one of an extended rather than a substitute family (Landy & Munro, 1998). In the Shared Parenting program the role of foster care families is to offer support, advice, and guidance as a means of enhancing the parenting skills of natural parents, as well as enhance permanency goals for children. Birth and foster families are intended to work as a team with the family service and foster care workers in order to develop and plan strategies to best meet the child and family needs. Although the child remains in a traditional foster care setting, on-going contact between the child and the birth families is encouraged at all times. Earlier forms of contact tend to occur in the foster home, with more of the child's time spent in the birth family's home later on in the program. Family interactions are thought not only to benefit the child through reducing his/her separation anxiety, but to provide foster parents with the opportunity to assist the birth parents to transfer knowledge and skills to their own environment.

The objectives of the Shared Parenting program are to: 1) reduce the number of placement breakdowns of children and to reduce time in foster care either by earlier return of

children to their natural parents or by earlier permanency planning decisions, such as adoption; 2) enhance birth parents' existing parenting abilities, modify inappropriate skills, and learn more effective approaches; 3) improve family functioning so that birth parents are able to create a stable home environment to which the child will gradually return; and 4) enhance the retention and recruitment of foster parents by recognizing their expertise as vital change agents for natural families (Landy & Munro, 1998).

Much like SFC, Shared Parenting may be one way for treatment foster care providers to be more involved with birth families, and with permanency planning. Shared Parenting may be an alternative to step-down and may help to alleviate some of the placement instability and re-entry that TFC youth experience. Additionally, Shared Parenting offers a gradual re-introduction of children back into the birth family, possibly helping to ease the transition on both parents and children. Preliminary evidence has shown that approximately one third of families completed this program (i.e., were reunified); half of the other families had successful permanency planning. More stable families were likely to have success (Landy & Munro, 1998). This program may not be more beneficial than traditional family-based foster care and is rated as an *emerging practice*; more research on the efficacy of Shared Parenting is needed.

Visitation

Visitation, by definition, is the provision of opportunities for contact between birthparents and their children in the presence of a third party (Perkins & Ansay, 1998), and often occurs in the context of an open child protection case in which the parents are attempting to

regain custody of their child who is in out-of-home foster care. A variety of visitation models have emerged out of this practice that aim to achieving reunification and/or permanency for such children.

Although much of the published research literature has investigated the predictors and outcomes of increased visitation for youth in out-of-home care, the focus of the models of visitation outlined below is the involvement of foster parents in visitation, as this may be one way for foster parents to be involved in permanency planning. The argument can be made that visitation is a practice by which families can achieve successful permanency planning in a timely manner that is sensitive to children's safety and needs. Birth parent visitation models been associated with a number of positive outcomes for youth in out-of-home care, such as positive parent-child interactions during visitation sessions (Simms & Bolden, 1991), better follow up outcomes, less reentry into care, and success in abuse, neglect, and delinquency cases (University University Associates, 1999), and an increase in the number of visits between children in care and their birthparents (Perkins & Ansay, 1998).

Family Reunification Project

The goals of the Family Reunification Project (FRP) are to: 1) provide a neutral, nurturing, and educational environment for foster children, foster parents, and birth parents in which regular visits can take place while the children are in foster home placement; 2) help birth parents and foster children maintain their relationships during the placement period; 3) assist birth parents in improving their parenting skills; 4) assist foster parents in understanding their roles in the foster care system; 5) provide educational and supportive services to foster parents in

order to enhance the stability of foster home placements; 6) provide access, after reunion, to those services necessary for the family to function appropriately; and 7) accumulate data that could be used by agencies and courts in making reunification decisions (Simms & Bolden, 1991).

In FRP each visit lasts two hours (Simms & Bolden, 1991). The first hour consists of a structured session (group activity facilitated by an art therapist) for the foster children and their birth parents. During these visits, short (20-minute) individual family therapy sessions are conducted by the staff social worker. Each parent and child leaves the group to be observed as a family unit. Upon completion of this segment, the child is sent back to the group and the parent has a short conference with the social worker to reinforce positive changes in his or her style of parenting. During the structured birth family session, a foster parent support and training group meets in a separate location. At the conclusion of the visit the foster parents and the children leave and a second hour consists of a support group for the birth parents.

No formal evaluations of FRP have been reported; therefore it is rated as an *emerging practice*. If this project's efficacy can be established it may provide TFC providers with a great opportunity to ease the stress associated with visitation and provide support for other problems the parents are encountering. Moreover, insight into the impact of foster parent involvement on permanency planning outcomes would be beneficial to child welfare workers interested in implementing FRP. Although this program has been developed for children up to 12 years of age, adaptations of the FRP model may help TFC providers and birth families with the complex re-integration of youth who are in the process of reunification.

Wraparound Services

Wraparound is a collaborative planning process designed to provide individualized and coordinated family-driven care (California Evidence-based Clearinghouse (CEBC) for Child Welfare, 2008b). It is designed to meet the complex needs of youth who are 1) involved with multiple child and family-serving systems (e.g. mental health, child welfare, juvenile justice, special education, etc.); 2) at risk of placement in institutional settings; and 3) experience emotional, behavioral, or mental health difficulties. The Wraparound process requires collaboration amongst families, service providers, and key members of the family's social support network as a means of creating a plan that responds to the particular needs of the youth and family, permanency included. These team members then implement the plan and continue to meet regularly to monitor progress and make adjustments to the plan as necessary. The team continues its work until members reach a consensus that a formal Wraparound process is no longer needed.

Wraparound (as a practice approach) has received consistent support in the empirical literature and is associated with reductions in foster parent stress, and improvements in foster child attitudes, behavior, and mental health (Bickman, Smith, Lambert, & Andrade, 2003; Bruns et al., 2004; Carney & Butell, 2003; Crusto et al., 2008; Myaard, Crawford, Jackson, & Alessi, 2000). Wraparound has also been associated with improved educational outcomes for foster youth (Carney & Butell, 2003; Hyde, Burchard, & Woodworth, 1996), less restrictive placements (Bruns et al., 2004; Hyde et al., 1996), and reduced criminal activity (Pullman et al., 2006). Treatment foster parents may benefit from the involvement of foster parents in service and permanency planning and collaboration with other team members using this approach.

Fostering Individual Assistance Program (FIAP)

The Fostering Individualized Assistance Program was developed at the University of South Florida to provide individualized wraparound supports and services to foster youth with emotional and/or behavioral disturbance (EBD) and their families, including birth, adoptive, and foster families (Clark & Boyd, 1992). The goals of FIAP are to 1) stabilize placement in foster care and develop viable permanency plans, and 2) improve foster youth's behavioral and emotional adjustment. These goals are achieved through four major intervention components: strength-based assessment, life-domain planning, clinical case management, and follow-along supports and services - natural supports found within families' homes, schools, and community settings. FIAP is rated as a ***promising practice*** and is associated with improvements in youth's behavior, reductions in delinquent behavior, and placement stability (Clark & Prange, 1994). FIAP implementation might be particularly effective with high needs youth in TFC and might serve to expand the foster parent's role and inclusion in permanency planning. More research is warranted in this area.

Long Lasting Relationships

The establishment of lifelong relationships has important implications for TFC youth. Maintaining connections with people with whom youth in out-of-home placement value and identify is an important role that foster parents can play as part of their involvement in permanency planning, particularly with high need TFC youth. Research has shown that having a caring relationship with at least one adult (regardless of whether that adult is the youth's parent)

is one of the most important protective factors youth may have in their lives. In fact, developing relationships with mentors (formal or informal) has been associated with lower levels of youth depression, more optimism about life, participation in career-related activities, better relationships with parents, better social skills and school attendance, greater likelihood of pursuing higher education, improved attitudes toward school, and less likelihood of engaging in problem and delinquent behaviors (Massinga & Pecora, 2004). Although no formal models of foster parent mentorship currently exist in the published literature, the importance of the foster parent roles of developing long-term relationships with youth formerly in their care, and supporting youths' long-term relationships with birth family members, may be of utmost importance in permanency planning, especially for youth with high needs, such as TFC youth, and youth who emancipate from out-of-home placements.

Summary

The role of TFC foster parents, as primary treatment agents, is complex. Increasingly, foster parents are seen as key players in the TFC team in their work to help youth in their care achieve permanency. However, their roles in the permanency planning process vary from simply helping to inform agencies' permanency planning processes to being active participants in creating and carrying out the permanency plan.

As the children's primary caretakers, foster parents can have significant roles in carrying out the tasks in the permanency plan. Foster parents may be active participants in helping develop the permanency plan, such as in inclusive practice and Team Decision Making. They

may also work with birth parents and support reunification efforts through both the mentoring of the birth parents, such as in Shared Family Care and Shared Parenting, and through their support of birth parent visitation. Additionally, foster parents may choose to serve as mentors for youth after they achieve permanency by maintaining a life-long connection with youth who were formerly in their care. No matter how foster parents choose (or are allowed) to participate in the permanency process, the outcomes of such participation are beneficial to foster youth.

It is important to note that the involvement of foster parents in permanency planning can create a complex relationship network for all parties involved. Support and clear communication are necessary to enable children to develop a manageable relationship with the foster family while retaining primary attachments to their own family. This is essential if their needs for affective involvement are to be met (Kufeldt et al., 1995). Additionally, when selecting foster parents to work with birth parents, agencies should consider their experience, maturity, communication skills, their ability to handle these multiple roles, and the possible need for additional training (Lewis & Callaghan, 1993; Andrew Sanchirico & Jablonka, 2000).

Involving Foster Parents in Permanency Planning for Adolescents in Treatment Foster Care: Evidence-Based Practices

Section II: EBP for Involving TFC Foster Parents in Permanency Planning

Annotated Bibliography

Citation	Study
<i>Finding Permanent Families</i>	
Breakthrough Series Collaborative	
<p>Agosti, J., & Morrill, S. (2007). Breakthrough series collaborative on adolescent permanency: Promising practices and lessons learned: Massachusetts Department of Social Services.</p> <p>Population: Public child welfare agencies</p>	<p>Method: This descriptive study examined the effectiveness of the Breakthrough Series Collaborative (BSC) on achieving system wide child welfare change by assessing the impact of an innovative project, BSC, on making dramatic improvements in the way child welfare agencies recruit and retain families. The sample included public child welfare agencies from across the country, representing over 94,000 children in out-of-home placement.</p> <p>Findings: The findings indicate that participating agencies demonstrated over 400 small changes, shared learning with other participating teams, and rapidly spread successes throughout their entire jurisdictions. There is evidence that successful practices spread across agencies and BSC left agencies with improved systems of recruitment and retention of resource families. In addition to attaining measurable improvements in outcomes for children and families, the public child welfare agencies made remarkable organizational culture changes in a little over a year.</p> <p>Limitations: The lack of a control group limits the generalizability of the findings.</p>
General Recruitment	
<p>Geen, R., Malm, K., & Katz, J. (2004). A study to inform the recruitment and retention of general applicant adoptive parents. <i>Adoption Quarterly</i>, 7(4), 1-28.</p> <p>Population: Adoptive and Foster Parents</p>	<p>Methods: This study utilized a meta-analysis format to document interest in foster care nationally, the characteristics of general applicants, adoptive parents and the children they adopt, the experiences general applicants have had with the adoption process, and factors that influence the success of general applicants in having a child placed with them. The sample included potential adoptive and foster parents.</p> <p>Findings: Data from a national survey of adoption managers suggest that there are approximately 240,000 calls each year from persons seeking to adopt children in foster care.</p>

	<p>The vast majority drop-out early in the process. Results suggest that any effort to increase the number of waiting children who are adopted must focus not only on improving recruitment efforts, but on improving elements of the adoption process. Overall, most of the prospective adoptive parents had a positive experience with their public agency, but most frustrations occurred at the beginning and the end of the process-when applicants were first trying to contact the agency for information and after completing the home study and waiting for a match.</p> <p>Limitations: Some of the data may not be accurate, as drop-out rates often were based on impressions rather than hard data. The participants were not selected to be representative of adoption workers or persons who have inquired about adoption. The sample size limits the ability to identify some factors that may be predictive of an adoptive placement.</p>
<p>Ronacher, C. (1997) Development and implementation of a foster parent recruitment strategy in a treatment foster care program.</p> <p>Population: Foster parents in family-based foster care</p>	<p>Method: This exploratory study examined whether a practicum recruitment project would increase the pool of potential foster parents in a treatment foster care program, thus, addressing the problematic shortage of foster homes. The sample included potential foster parents.</p> <p>Findings: After implementation of the recruitment strategy, the number of inquiry calls from people interested in foster parenting increased an average of 400% in a three month data collection period. The number of contacts with recruitment resources increased over 1000%. It was expected that referrals from current foster parents would also increase; however, this objective was not met. The most effective recruitment resources were utility bill inserts, articles in community newspapers, and social service professionals. Least effective methods were brochures and posters.</p> <p>Limitations: The author noted time limitations and implementation of the recruitment intervention during a busy holiday season. Also, many requests made to potential recruitment resources were not granted until after the data collection and therefore were not captured in the findings.</p>
NOVA Model	Emerging Practice
<p>Pasztor, E. M. (1985). Permanency planning and foster parenting: Implications for recruitment, selection, training and</p>	<p>Method: This article discusses the changing role of foster parents in regards to permanency planning. It describes the Foster Parent Project from Nova University; specifically recruitment, selection, training and retention of foster parents. The project goal was to</p>

<p>retention. <i>Children and Youth Service Review</i>, 7, 191-205.</p> <p>Population Family-based foster care</p>	<p>develop a model that could be replicated by large, small, urban and rural agencies. The model has been used either statewide or in parts of 22 states, as well as sections of Ontario, Canada. This article gives an overview of exploratory research that has been conducted in these areas.</p> <p>The model has four main premises: 1) agency language, recruitment strategies and foster parent support need to change in order for foster parents to learn to work in ways that are more compatible with permanency planning goals, 2) involve foster parents as team members in permanency planning agencies, 3) the role of the foster parent should be clearly defined regarding permanency planning responsibilities, and 4) foster parent retention depends on the degree to which they are supported by others in the system.</p> <p>The training component of the Nova model includes an orientation meeting, followed by six sessions (approximately three hours each and including up to 30 participants) to combine foster parent pre-service training with the home study process. Session content includes: 1) foster care program goals and agency strengths and limits in achieving those goals; 2) foster parent roles and responsibilities; and 3) the impact of fostering on foster families and on children and parents who need foster care services. Learner-centered, nondirective teaching methods are used to help prospective foster parents assess their own strengths and limits in working with children and parents who co-need foster care services. Role playing and guided imagery are heavily utilized.</p> <p>Findings: A study of this model in Florida found: 1) licensing rates increased by 21%, 2) placement disruptions decreased by almost 50% in Nova-training foster homes. A study of this model in Texas found that placement disruptions statewide fell to 169 from 280.</p> <p>Limitations: Data provided for the studies are not published in peer-reviewed journals; their design is exploratory in nature.</p>
<p>Mentoring</p>	
<p>Co-Parenting</p>	<p>Promising Practice</p>
<p>Linares, L. O., Montalto, D., Li, M. & Oza, V. S. (2006). A promising parenting intervention in foster care. <i>Journal of</i></p>	<p>Method: This study utilized an RCT to examine the effects of the Incredible Years (IY) program intervention in an effort to improve parenting practices (positive discipline, setting clear expectations), co-parenting (the extent to which parents function as partners or</p>

<p><i>Consulting and Clinical psychology, 74, 32-41.</i></p> <p>Population: Family-based foster care</p>	<p>adversaries in their parenting roles), and child externalizing problems. 128 parents (biological and foster) were recruited from one child welfare agency in New York City. Children were between the ages of three and 10 years and had been placed in foster care for an average of 8.4 months. Biological and foster parents were randomly assigned to an intervention (Incredible Years) or control (usual care) conditions.</p> <p>The IY group participated in a two-component intervention consisting of parenting courses and a co-parenting program. The parenting component used the <i>Parents and Children Basic Series Program</i>; covering topics such as play, praise and rewards, effective limit setting, and handling behavior. During the co-parenting component, parents were encouraged to practice open communication and negotiate conflict.</p> <p>Findings: The study found that biological and foster parents in the IY group reported significant gains in use of positive parenting and co-parenting. At follow-up (approximately 3 months after training), IY parents sustained greater improvement in positive parenting, showed gains in clear expectations, and reported a trend for fewer child externalizing problems than parents in the control group.</p> <p>Implications: The study claims that “manualized” interventions used by foster care staff are superior to standard care interventions with regarding to co-parenting. The study also shows the feasibility and cost-effectiveness of a joint format for parent education among biological and foster parents. The study has strong support of the use of co-parenting between parents.</p> <p>Limitations: Study results were based on self reports. Sample was somewhat selective as it screened out kinship foster parents, biological parents with histories of sexual abuse, and families in which the goal was not reunification with biological parents. Replication is warranted.</p>
<p>Linares, L. O., Montalto, D., Rosbruch, N., & Li, M. (2006). Discipline practices among biological and foster parents. <i>Child Maltreatment, 11</i>, 157-167.</p>	<p>Method: This exploratory study examined the supportive role of parent-to-parent cooperation on positive discipline practices for biological and foster parents with children in foster care. 124 parents (62 pairs of biological and foster parents) of children (aged 3 – 10) with a substantiated history of maltreatment (80% were neglected), resided in a non-kin foster home, and had a goal of family reunification participated. Children with substantiated reports of sexual abuse and those suffering from developmental disabilities or profound</p>

<p>Population: Family-based foster care for children (aged 3-10)</p>	<p>sensory impairment were excluded. Children were identified by one foster care agency in NYC.</p> <p>Findings: There was a positive association between parent-to-parent cooperation and effective discipline strategies. Quality of parent-to-parent relationship increased positive discipline and decreased harsh discipline for both biological and foster parents. This association was found even after controlling for child characteristics (e.g., age, gender, conduct problems) and parent characteristics (e.g., age, education, ethnicity, and marital status).</p> <p>Limitations: Current results may not generalize to parents with histories of abusive parenting, or to families with differing characteristics, such as those with infants or adolescents, in kinship arrangements, in long-term placement, living in a different geographical area than NYC, and with other than a family reunification permanency goal. Also, given the social ecology of foster care, self-reports or direct observations of parenting practices are likely to be influenced by measurement issues related to social desirability and response reactivity.</p>
<p>Shared Family Foster Care</p>	<p>Emerging Practice</p>
<p>Barth, R. P., & Price, A. (1999). Shared family care: Providing services to parents and children placed together in out-of-home care. <i>Child Welfare</i>, 78, 88-107.</p> <p>Population: Family-based foster care (including TFC)</p>	<p>Method: The National Abandoned Infants Assistance (AIA) Resource Center at the School of Social Welfare of the University of California at Berkeley has developed <i>Shared Family Care Program Guidelines</i> and has helped to establish seven pilot programs to determine if shared family foster care can become a viable alternative to traditional family foster care. Results are yet to be published.</p> <p>Findings: SFFC is not appropriate for everyone although it shows promise in protecting children and preserving families. Parents must demonstrate a real desire to care for their children and a readiness to participate in a plan to improve their parenting skills. Other factors influencing the effectiveness of the program are the quality of the mentors and the matching process. Equally important is the match between the participant family and the mentor. But it is too early to tell how SFFC will operate when it is more fully implemented.</p> <p>Limitations: Parents must demonstrate a real desire to care for their children and a readiness to participate in the plan to improve their parenting skills and life situation. Parents who are</p>

	<p>actively using drugs, involved in illegal activity, violent, or severely mentally ill (and not receiving treatment) are unlikely to benefit. Parents in recovery, those with developmental disabilities, those who are socially isolated and those with poor parenting skills, are good candidates for SFFC. Mentors must be of high quality and well-matched with their foster parents. Family services and supports should remain in place for the parents. Costs are higher than traditional FC but less than TFC.</p>
<p>Shared Parenting Emerging Practice</p>	
<p>Landy, S., & Munro, S. (1998). Shared parenting: Assessing the success of a foster parent program aimed at family reunification. <i>Child Abuse and Neglect</i>, 22 305-318.</p> <p>Population: Family-based foster care</p>	<p>Method: This study attempted to (1) assess the effectiveness of the Shared Parenting Project, a model of family reunification, which united the role of parent aide and foster parent; and (2) determine which characteristics of the families with children in care were associated with reunification. Participants were recruited from five child protection agencies in Ontario, Canada. Foster parents were to act as extended family rather than as a substitute family. Because of strict criteria, only 13 families were eligible to participate (n=13).</p> <p>Findings: Very few families who met the program criteria could be reunited. Only 31% of families completed the entire program. Permanency planning was successful for 50% of other cases. More stable families were more likely to have success.</p> <p>Limitations: The authors suggest that the program may not work for many families because of their high number of risk factors. Parents were reluctant to participate in the study. The sample was only 13 families (of which only four families were actually successfully reunified).</p>
<p>Including FP in Permanency Planning</p>	
<p>Family to Family Promising Practice</p>	
<p>Crea, T. M., Crampton, D. S., Abramson-Madden, A., & Usher, C. L. (2008). Variability in the implementation of Team Decisionmaking (TDM): Scope and compliance with the Family to Family practice model. <i>Children and Youth Services Review</i>, 30(11), 1221-1232.</p>	<p>Methods: This descriptive study compared three communities that had different experiences in their implementation of Team Decision Making (TDM) to look at the broader commitment of agencies to achieve patterns that conform to the Family to Family practice model. The sample included focus groups comprised of agency staff, legal professionals, and community partners.</p> <p>Family to Family is a systemic reform model intended to improve and change child welfare practice on a broad, multilayered level. It is encompassed by a group of strategies that are implemented by administrators, managers, and field workers. Family to Family operates</p>

<p>Population: Child welfare communities utilizing family-based foster care</p>	<p>from a neighborhood-centered approach that commits to developing family-centered, neighborhood-based child welfare and foster care service systems within one or more local areas. Main principles include child welfare agency partnerships with the community, team decision making, and centrality of a safe, stable, and permanent family life for all children.</p> <p>Team Decision Making (TDM) is a core strategy of the Family to Family child welfare reform initiative. Key elements include a TDM meeting that involves birthparents and youth for all decisions involving child removal before it occurs, a neighborhood based community representative who is invited by the public agency to participate in TDM meetings, a skilled facilitator, an ongoing evaluation of the TDM process, and an “icebreaker” family team meeting to facilitate a birth-foster parent relationship.</p> <p>Findings: The results suggest that when the leadership of an agency promotes TDM and allocates sufficient resources to implement TDM, over time placement patterns tend to follow the desired outcomes of TDM. Fewer children enter care and more are placed in family-like settings. In addition, by comparing three agencies with varying experiences with TDM implementation, the desired placement patterns appear to follow the degree of TDM implementation at each site.</p> <p>Limitations: The primary limitation is that the study is descriptive, rather than inferential. No relational conclusions can be made between TDM and the outcomes.</p>
<p>Health and Social Policy Division, & Jordan Institute for Families. (1998). Evaluation of Family to Family: Executive Summary. Baltimore, MD.</p> <p>Population: Families in child welfare systems</p>	<p>Method: This controlled study relied on pre and post comparisons to examine the impact of the Family to Family initiative on the operation and impact of the child welfare systems in which it was implemented. The sample included a variety of child welfare systems across different states, its workers, foster parents, and families.</p> <p>Findings: It was difficult to measure whether Family to Family increased the number of placements in close proximity to the child’s home, as most child welfare information systems do not retain the address of the home from which children were removed, thereby making it difficult to make an assessment of progress in this area. But there was a reduction in the number of placements children experienced. Also, the findings suggest reduced lengths of stay and that the schedule for case reviews strongly affects when children leave care. Overall, some of its objectives were accomplished in some sites and a few objectives were</p>

	<p>not accomplished in any site.</p> <p>Limitations: Systems across states varied, thereby limiting effective comparisons among them and therefore limits broader generalizations to some degree.</p>
Foster Parent Involvement in Service Planning	Practice Approach
<p>Denby, R., Rindfleisch, N., & Bean, G. (1999). Predictors of foster parents' satisfaction and intent to continue to foster. <i>Child Abuse and Neglect</i>, 23, 287-303.</p> <p>Population: Family-based foster care</p>	<p>Method: This descriptive study examined foster parents' satisfaction and its relationship to their continuation to provide foster care services. 544 active foster parents from the eight largest counties in Ohio participated in the study.</p> <p>Findings: Results revealed a high overall level of satisfaction with foster parenting and intent to continue as a licensed foster home. The study found that 1) parenting competencies, 2) feeling drawn to foster care, 3) accepting of investments in foster care, 4) age of foster mother, 5) support and collaboration from the social worker had the strongest influences on foster parents' satisfaction.</p> <p>Limitations: This study was descriptive in nature and did not utilize any controls (i.e., comparison groups, confounding variables, etc.).</p>
<p>Henry, D., Cossett, D., Auletta, T., & Egan, E. (1991). Needed services for foster parents of sexually abused children. <i>Child and Adolescent Social Work</i>, 8, 127-140.</p> <p>Population: Family-based foster care</p>	<p>Method: This article reports on a descriptive study of the service provided to foster parents who care for sexually abused children. Agency directors, social workers and foster parents were asked to respond to mailed questionnaires, which focused on the foster parents' knowledge of the abusive events, their responses to the children's most problematic symptoms, and available and needed services. Subjects were selected from the first 100 cases of children referred over a two year period to The Child Sexual Abuse Diagnostic and Treatment Center. Thirty of these children were identified as foster children. Telephone contact was initiated with 21 foster families. Eight foster agencies, 12 social workers (for 16 sexually abused children) and 8 agency directors were identified.</p> <p>Findings: All directors reported that the agency informed foster parents of previous sexual abuse prior to placement, but only half of foster parents in the sample admitted knowledge of the children's abusive experiences prior to placement. All respondents agreed that foster parents of sexually abused children needed specialized training and education. Agency staff indicated that they provided adequate parent training and education to foster parents; foster parents noted the services were not adequate for their needs. More than half of the foster</p>

	<p>parents in the sample indicated the need for more training. Foster parents expressed a need for ongoing support and training throughout the entire placement period. Results suggest that more collaboration is needed between foster parents and agency workers in agency processes.</p> <p>Limitations: The manner in which the questionnaires were written allowed the possibility of multiple interpretations of questions.</p>
<p>Rhodes, K. W., Orme, J. G., & Buehler, C. (2001). A comparison of family foster parents who quit, consider quitting, and plan to continue fostering. <i>Social Service Review</i>, 75, 84-114.</p> <p>Population: Family-based foster care</p>	<p>Method: This descriptive study examined why some foster families continue to foster whereas others do not. Data for the analysis were from the National Survey of Current and Former Foster Parents (NSC&FFP), which was conducted in 1991. Only current foster homes started by 1985 are examined in the study. Of the total sample of 1,048 current foster homes, 336 were approved in 1985 or after. Of these 317 completed the long interview form (94%). Of the sample of 265 former foster homes, 144 completed the long interview form (54%).</p> <p>Findings: Most foster parents cited more than one reason for discontinuing foster care. Common reasons included lack of agency support, poor communication with workers, and children’s behaviors. The findings from comparing former foster parents with those who planned to quit soon suggest that several variables are more critical to current parents who are planning to quit than to foster parents who already quit. Frequent reasons included health problems, full time employment, inadequate reimbursement, lack of day care, not having a say in child’s future, seeing children leave, and problems with biological families. Less than one third of foster parents reported having enough information about the legal aspects of foster care, or about working with children who were of a different race, handicapped, or sexually abused.</p> <p>Limitations: Use of a point-in-time sample might have led to overrepresentation of current foster families with longer services. Study focused only on nonkinship foster family retention. NSC&FFP used a retrospective rather than prospective research design.</p>
<p>Sanchirico, A., Lau, W. J., Jablonka, K., & Russell, S. J. (1998). Foster parent involvement in services planning: Does it increase job satisfaction? <i>Children and</i></p>	<p>Method: This descriptive study examined the impact of foster parent involvement in service planning on foster parent job satisfaction. In addition, this study examined the effects of foster parent training and the role of caseworkers in the relationship between involvement and satisfaction. Data was drawn from a survey of 1500 current New York State foster</p>

<p><i>Youth Services Review</i>, 20, 325-346.</p> <p>Population: Family-based foster care</p>	<p>parents. 616 foster parents completed the mailed questionnaire.</p> <p>Findings: Parents who had in-person contact with the child’s caseworker reported a higher quality of involvement in service planning than those who lacked such contact. While both pre-service training and in-service training were both related to quality of involvement, only pre-service training produced a statistically significant effect. Educational attainment had a negative effect on both the quality of involvement in service planning and job satisfaction. Respondents who cared for special needs children reported a lower quality of involvement in service planning than those who had not cared for such children.</p> <p>Limitations: The low response rate threatens internal validity of the study due to the possibility that respondents differed from non-respondents. The data was obtained from a survey conducted in a single state.</p>
Ecosystemic Treatment Model	Emerging Practice
<p>Lee, R. E., & Lynch, M. T. (1998). Combating foster care drift: An ecosystemic treatment model for neglect cases. <i>Contemporary Family Therapy</i>, 20, 351- 370.</p> <p>Population: Family-based foster care</p>	<p>Method: The Ecosystemic model used the weekly court-ordered, supervised visits to bring all the players together at one table, in addition to the family’s working with the foster family and the agency. This program made social workers, marital and family therapists, and child psychologists available to the families. The steps involved in the Ecosystemic program included:</p> <p>Making sure the child and biological family are in secure places; Stabilizing the family; Addressing the long-term reality needs of the family; and Referring the parents to appropriate classes and approaching them about using psycho-educational interventions.</p> <p>Findings: Overcoming resistance to the program by biological families, foster families, and agency staff was an ongoing struggle. The agency, however, was dedicated to seeing this program succeed and trained staff and foster families accordingly. According to anecdotal evidence, the partnerships between foster families, biological families, and the agency seemed to have positive outcomes for the children and their families. Program evaluation will be conducted in the future.</p>

The Illinois Project	Emerging Practice
<p>Gleeson, J.P., Bonecutter, F.J., & Altshuler, S.J. (1995). Facilitating permanence in kinship care: The Illinois project.</p> <p>Population: Children in kinship foster care</p>	<p>Methods: This exploratory study tested a practice model designed to improve the “permanency outcomes” for children placed in foster care with relatives. The Illinois Project attempted to develop and test a practice model which would improve the chances that children in kinship foster care would exit the child welfare system through: safe return to birthparents, adoption by relatives currently acting as foster parents, adoption by other family members, transfer of legal guardianship to a relative, or adoption by non-relatives. The sample included children in state custody that were living with relatives.</p> <p>Findings: The study’s findings suggest that permanency planning for children in kinship care is dominated by the formal social service system’s service providers with little involvement of persons in the child’s kinship network. Persons in the child’s kinship system are more likely to be part of the child’s permanent informal helping system if the child returns home, is adopted, or if legal guardianship is transferred to the kinship caregiver. Considerable support is required at the child welfare, court, and agency levels to allow an adequate test of these principles and methods.</p> <p>Limitations: The study was exploratory in nature and did not utilize a control group.</p>
Intensive Family Preservation Services (IFPS)	Emerging Practice
<p>Gillespie, J. M., Byrne, B., & Workman, L. J. (1995). An intensive reunification program for children in foster care. <i>Child and Adolescent Social Work Journal</i>, 12, 213-228.</p>	<p>Method: This exploratory study sought to determine whether application of elements of the Intensive Family Preservation Services model (IFPS), when enhanced with frequent visiting schedules, specialized foster parent training, frequent supportive worker contact with foster families, and linkage of foster families and children’s families, would prove effective at family reunification. The sample included children in foster care (aged 0-17).</p> <p>Findings: Families that were in the IFPS program had a greater chance of reunification, 79% over the typical, less than 60% rate. At follow up 91% of reunified children were still living</p>

<p>Population: Children in family-based foster care (aged 0-17)</p>	<p>with their family. The support of IFPS was considered sufficient to alleviate significant risk.</p> <p>Limitations: There was no control group, and therefore other explanations may be responsible for the outcomes.</p>
<p>Lewis, R. (1994). Application and adaptation of intensive family preservation services to use for the reunification of foster children with their biological parents. <i>Child and Youth Services Review</i>, 16, 339-361.</p> <p>Population: Families attempting to reunify</p>	<p>Method: This RCT study compared the application of IFPS to reunify children in out-of-home placement with their birthfamilies with the same service as originally used for preventing the need for such placements. The sample included families with children at risk of placement.</p> <p>Findings: The usage of specific services and service goals confirmed the essential continuation of the original intervention model, which is a synthesis of three major practice approaches: Rogerian relationship-building techniques, behavioral interventions including parent skill-building, behavioral modification, and cognitive treatment, and the provision of concrete services. Adaptations in the use of the services model appear to be consistent with differences in circumstances of reunification clients and may define critical ingredients for successful application of the IFPS technology to the field of reunification.</p>
<p>Inclusive Practice</p>	<p>Practice Approach</p>
<p>Crea, T. M., Crampton, D. S., Abramson-Madden, A., & Usher, C. L. (2008). Variability in the implementation of Team Decisionmaking (TDM): Scope and compliance with the Family to Family practice model. <i>Children and Youth Services Review</i>, 30, 1221-1232.</p> <p>Population: Child welfare communities utilizing family-based foster care</p>	<p>Methods: This descriptive study compared three communities which had different experiences in their implementation of Team Decision Making (TDM) to look at the broader commitment of agencies rolling out TDM to achieve patterns of usage that conform to the Family to Family practice model and the level of support expressed by senior administrators as well as evidence of the allocation of sufficient resources and support from frontline staff. The sample included focus groups comprised of agency staff, legal professionals, and community partners.</p> <p>Findings: The results suggest that when the leadership of an agency promotes TDM and allocates sufficient resources to implement TDM, over time placement patterns tend to follow the desired outcomes of TDM. Fewer children enter care and more are placed in family-like settings. In addition, by comparing three agencies with varying experiences with TDM implementation, the desired placement patterns appear to follow the degree of TDM</p>

	<p>implementation in each site.</p> <p>Limitations: The primary limitation is that the study is descriptive, rather than inferential. No relational conclusions can be made between TDM and the outcomes.</p>
<p>Kufeldt, K., Armstrong, J., & Dorush, M. (1995). How children in care view their own and their foster families: A research study. <i>Child Welfare</i>, 74, 695-715.</p> <p>Population: Children in family-based foster care</p>	<p>Methods: This descriptive study tested the assumption that children in care carry with them an idealized picture of their parents and examined the effects of aspects of inclusive care on children’s ratings of their own and their foster families.</p> <p>Findings: The study found support for inclusive care, but it demonstrated the complex relationship network established. Children need help, support, and good communication to maintain manageable relationships with both families. Children rated the functioning of their foster families well within normal range, but rated their own families as closer to the norms for problem families. Visits once or twice a month seemed to be most helpful. Inclusive care has positive effects on children’s ratings of their families, although tending to depress ratings of foster parents in some areas.</p> <p>Limitations: The sample size was small, limiting generalizability. Also, there is no way of knowing the direction of effect.</p>
<p>Leathers, S. J. (2002). Parental visiting and family reunification: Could inclusive practice make a difference. <i>Child Welfare</i>, 81, 595-616.</p> <p>Population: Children in family-based foster care</p>	<p>Methods: This exploratory study sought to address the question of whether inclusive practice, or parental involvement in foster children’s lives while in placement, is correlated with more frequent visiting and a greater likelihood of reunification. The study included 230 boys and girls who had been placed in non-relative foster care.</p> <p>Findings: The results suggest that among young adolescents who have been placed in foster care longer than a year, inclusive practice is associated with more frequent visiting, which substantially increases a child’s chances for reunification. Visiting in the mother’s home was a highly significant predictor of the expectation that the child would be reunified. Children who visited in their mother’s homes experienced an average of 18.9 more visits over a period of six months.</p> <p>Limitations: Lack of random assignment limits generalizability. The study also did not include children who had just entered care and may not be generalizable to children who enter and exit care within a year.</p>

<p>Palmer, S. E. (1996). Placement stability and inclusive practice in foster care: An empirical study. <i>Children and Youth Services Review</i>, 18, 589-601.</p> <p>Population: Children in foster care, age 4 and over</p>	<p>Method: This study used an exploratory format to examine the degree to which workers are engaging in inclusive practice, and if so, which inclusive practices (if any) are associated with placement stability. The study participants were children (aged 4-17).</p> <p>Findings: The research provided support for an inclusive approach to foster care. The difficulty of the child's behavior and parental preparation for placement explained 20% of the variance in placement stability. The findings emphasize the importance of children being prepared for placement by their parents and for parents to be actively involved, as placement stability is increased.</p> <p>Limitations: 18 months may not have been a long enough time to determine placement stability. Also, those who reunited with their families or aged out of care were not included in the analysis.</p>
Mediation	Emerging Practice
<p>Anderson, G.R., & Whalen, P. (2004). Permanency planning mediation pilot program: Evaluation final report.</p> <p>Population: Families referred for mediation</p>	<p>Methods: This exploratory study examined the process and outcome measures of a Permanency Planning Mediation Pilot Program, which include the impact of mediation on the time it takes for a child protection case to reach permanency, parental compliance with the service plan, participant perceptions of mediation, the relationships of the stakeholders in the child welfare system, perception of referral sources, and cost or time saving efforts. The sample included cases referred from courts throughout Michigan State.</p> <p>Findings: The program evaluation affirms the usefulness and cost effectiveness of mediation in child protection cases. The program was successfully implemented using two mediators at each session, mediation agreements were finalized in the majority of cases, and there was a large increase in the number of cases disposed. A significantly greater proportion of mediated cases reached a permanency outcome of some type, as compared to non-mediated cases, and time from petition to permanency was shorter for mediated cases.</p> <p>Limitations: Portions of the data were self-reported, which may have led to bias. There was no control group or experimental design, which limits definitive statements about the effectiveness of mediation.</p>
<p>Etter, J. (1993). Levels of cooperation and satisfaction in 56 open adoptions. <i>Child</i></p>	<p>Methods: This descriptive study examined the ability of birthparents and adoptive parents to cooperate in post-adoption contact. The sample included 129 birthparents and adoptive</p>

<p><i>Welfare</i>, 72, 257-267.</p> <p>Population: Open adoptive families</p>	<p>parents in 56 open adoptions.</p> <p>Findings: An average of 4.5 years after the adoption, there were high levels of compliance with adoption agreements and satisfaction with having their adoptions open. Safeguards were provided by choice of level of openness, preparation, and a written mediated agreement. These high levels of satisfaction and compliance suggest that the mediation process provides some critical elements that meet clients’ basic needs.</p> <p>Limitations: There was no control group, which limits the extent to which mediation can be implied to cause the level of cooperation and satisfaction.</p>
<p>Maynard, J. (2005). Permanency mediation: A path to open adoption for children in out-of-home care.</p> <p>Population: Birthparents in child protection</p>	<p>Methods: This exploratory study examined the experiences of birthparents, permanent parents, and mediators in permanency mediation following a state child welfare agency’s recommendation for termination of parental rights. The sample included 15 birthparents.</p> <p>Findings: Findings suggested that permanency mediation has the potential to be a successful practice. Participants, however, need additional support during and after mediation to help them understand open adoption and deal with the changes in family structures and boundaries, address their own feelings and concerns, and establish reliable means of communication with each other. The most powerful experience in mediation for birthparents was meeting, talking, and beginning to form a cooperative relationship with their counterparts. Concerns, however, remained about the future of the relationship with the adoptive parents.</p> <p>Limitations: The sample size was small, limiting the generalizability. Participants were voluntary, in which case they may not be representative of the entire population.</p>
<p>Mediation-IMPP Emerging Practice</p>	
<p>Landsman, M.J., Thompson, K., & Barber, G. (2003). Using mediation to achieve permanency for children and families. <i>Families in Society: The Journal of Contemporary Human Services</i>, 84, 229-239.</p>	<p>Methods: This descriptive study looked at the outcomes of the IMPP program to determine a descriptive profile of the participating families, measures of the progress of mediation, and outcomes. The sample included families at various points along the permanency continuum that had been referred for mediation.</p> <p>The Iowa Mediation for Permanency Project (IMPP) is a nonadversarial mediation-based approach founded on the principles of attachment and empowerment and is a promising way</p>

<p>Population: Families referred for mediation</p>	<p>to achieve permanency for children. The IMPP is unique in that it expands the permanency concept to include reunification and guardianship. Key concepts of this model include permanency as a key goal, recognizing the importance of attachments, including birthfamily, flexibility in timing, a non-adversarial approach, and collaboration among parties. It also differs from other models in that IMPP introduced mediation at a variety of points along the permanency continuum, and IMPP also used a more extended model involving as many sessions as needed over a longer period of time.</p> <p>Findings: The IMPP has provided a new option for child welfare practitioners to work toward permanency. By training case managers to expand their view of permanency, they began to work with parents on alternative options at an earlier point in the life of a case. IMPP has demonstrated that nonadversarial dispute resolution can be used successfully to achieve timely and respectful permanency for children. This also suggests that public child welfare staff, attorneys, judges, birthparents, adoptive parents, and others might find this approach to be an innovative and effective way to resolve complex issues regarding permanency for children.</p> <p>Limitations: There was no control group with which to assess conclusively the effectiveness of mediation.</p>
<p><i>Visitation</i></p>	
<p>Family Reunification Project</p>	<p>Promising Practice</p>
<p>Simms, M. D. & Bolden, B. J. (1991). The Family Reunification Project: Facilitating regular contact among foster children, biological families, and foster families. <i>Child Welfare, 70</i>, 679-690.</p> <p>Population: Family-based foster care</p>	<p>Method: The aim of this pilot project was to create a neutral setting for structured visits with biological parents, children in placement, and foster parents with structured activities. A total of eight foster children (aged 5-9), three biological mothers, one biological father, and four foster mothers participated in the project.</p> <p>The Family Reunification Project included 16 weekly sessions (visits) that lasted for two hours. The first hour consisted of a structured session for the foster children and their biological parents. A foster parent support and training group met concurrently in a separate location. After the children left the second hour consisted of a support group for the biological parents. The structured visit included, group activities facilitated by an art therapist and free play, with two or three staff members observing and providing assistance to parents. The space included toys, books, a small playground with a swing and slide. A</p>

	<p>clinical social worker conducted the group for foster parents in a separate room from the visiting area. After the foster parents took the children home, the biological parents met as a group with the social worker.</p> <p>Findings: This project provided a unique provision of direct services for foster parents, foster children, and their biological parents in a single coordinated program. The use of both group and individual activities stimulated useful parent-child interactions. Observations of parent-child interactions during the sessions were collected and given to agency caseworkers, but because too few families were involved for a relatively short amount of time, effect on case planning was not determinable.</p> <p>Limitations: This study utilized a very small sample. No clear outcome measures were available to determine pre-program and post-program functioning; the study relied on self-report of participants.</p>
<p>University Associates. (1999). <i>Evaluation of Family Reunification Program: Results of the Family Reunification and Foster Care Comparison Study, Final Report</i>. Wilson, MI: Author</p> <p>Population: Families in family-based foster care</p>	<p>Methods: This controlled study compared child placement outcomes and potential cost savings in two groups: children who received family reunification services and similar children who returned home from foster care during the same time without services. The sample included 705 families and 2,299 children in the child welfare system.</p> <p>Findings: The study found that the treatment group had better follow-up outcomes: 12.6% of children in the treatment group reentered care, while 31.5% of the 12 county comparison group reentered care. Also, there was success for child abuse and neglect cases and for delinquent cases: 80% remained in the home in child abuse & neglect cases. The program costs were equivalent to the cost of having a child remain in foster care.</p> <p>Limitations: This study is not in a peer reviewed journal and therefore its rigor is up to interpretation</p>
<p>General Visitation</p>	<p>Practice Approach</p>
<p>Banuelos, R. & Kleinpeter, C.(2005). The effects of an educational presentation on the behaviors of foster parents during a parental visitation. Long Beach, CA: California State</p>	<p>Methods: This controlled study examined whether an intervention given to foster parents would enhance their efforts to promote a positive relationship between themselves and the biological parents and the relationship between the foster children and their biological parents. The sample included 25 foster families who had foster children that had recently</p>

<p>University.</p> <p>Population: Family-based foster parents</p>	<p>been removed and placed in the foster care system.</p> <p>Findings: The study found that the presentation given to the experimental group in fact had a negative effect on their attitudes toward foster care. These foster parents were less likely to agree that foster children should be reunited with their biological parents and less likely to agree that their actions, words, and attitudes affect foster children’s visits with their biological parents.</p> <p>Limitations: A small sample size limits the generalizability of the findings. Also, the sample included foster parents who appeared to be the “cream of the crop.”</p>
<p>Perkins, D. F. & Ansay, S. J. (1998). The effectiveness of a visitation program in fostering visits with noncustodial parents. <i>Family Relations</i>, 47, 253-258.</p> <p>Population: Children in family-based foster care</p>	<p>Methods: This descriptive study examined whether a visitation program would help to foster visits between children in care and their birthparents. Sample participants included 101 families that had entered the child welfare system.</p> <p>Findings: Participating families are more likely to have visitations occur and have several visits than non-participating families. These results provided evidence for positive impacts of the program on the families it serves (e.g., closing cases more quickly).</p> <p>Limitations: There was no control group against which the researchers could compare. The sample size was also relatively small.</p>
Wraparound Services	
Fostering Individual Assistance Program (FIAP) Promising Practice	
<p>Clark, H. B., Prange, M. E. (1994), Improving adjustment outcomes for foster children with emotional and behavioral disorders: Early findings from a controlled study on individualized services. <i>Journal of Emotional and Behavioral Disorders</i>, 2, 207-218.</p> <p>Population: Family-based foster care for at-risk children (aged 7-15)</p>	<p>Method: This study evaluated the efficacy of the Fostering Individualized Assistance Program (FIAP) using a controlled design. The program is driven by permanency and family-focused values and involves the wrapping of services around children, based on their individual needs and the needs of their families. Participants included children (aged 7-15) in the state foster care system who were living in a regular foster home or in an emergency foster shelter facility and having behavioral and emotional disturbances (or at risk of such). A total of 132 foster children participated.</p> <p>The FIAP program’s goal is to: a) stabilize placement in foster care and develop viable permanency plans, and b) improve the behavior and emotional adjustment of the children receiving FIAP services. These goals are achieved through four major intervention</p>

	<p>components: strengths-based assessment, life-domain planning, clinical case management, and follow-along supports and services.</p> <p>Findings: There were somewhat better adjustment outcomes for children with EBD who were served by an individualized services approach than for children in standard foster care. Of the children in designated permanency home placements, the FIAP subsample showed significantly better emotional and behavioral adjustment. The children in the FIAP were significantly less likely to run away, engage in serious criminal activity, or be incarcerated.</p> <p>Limitations: This study used a small sample. Additionally, during the study, state regulations and policies changed which limited the amount of time children could remain in temporary care.</p>
<p>Clark, H. B., Lee, B., Prange, M. E., & McDonald, B. A. (1996). Children lost within the foster care system: Can wraparound service strategies improve placement outcomes? <i>Journal of Child and Family Studies</i>, 5, 39-54.</p> <p>Population: family-based foster care – high behavioral/emotional disturbance</p>	<p>Method: This study used an RCT to test the efficacy of the FIAP as compared to standard practice foster care (SP). 132 children (aged 7-15 years) who were determined by caseworkers to be at-risk, due to substance use, or to situational indicators such as failed placement or more restrictive placement in the past 6 months were randomly assigned to receive wraparound services or to standard practice conditions.</p> <p>Findings: The FIAP group experienced a decrease in placement changes (whereas standard practice placement changes increased) during the two and a half year time period. Additionally, the FIAP group had significantly fewer placement changes than the SP group following placement (2.2 vs. 4.9 changes per year, respectively). For those children who ran away while in care, the FIAP group spent fewer days away from the foster home during runaway periods (38.7 vs. 110.9 days, respectively). Children who experienced incarceration while in care were 1.6 times more likely to have been incarcerated for more than half the time. FIAP children were significantly more likely to be placed in a permanency home than the SP children (44.4% vs. 37.2%, respectively).</p>
<p>General Wraparound Services</p>	<p>Practice Approach</p>
<p>Bickman, L., Smith, C., Lambert, E. W., & Andrade, A. R. (2003). Evaluation of a congressionally mandated wraparound demonstration. <i>Journal of Child and</i></p>	<p>Method: This study utilized a controlled design to test the efficacy of the wraparound process in a sample of youth (aged 4-16) who were dependents on members of the military and were referred for services. The study compared a sample of families who had been referred to a Department of Defense mandated wraparound demonstration (n=71) to a sample who were referred to the demonstration and refused or were ineligible on some criteria</p>

<p><i>Family Studies</i>, 12, 135-156.</p> <p>Population: Military youth (aged 4-16) who were referred for services</p>	<p>(n=40). Criteria for ineligibility for wraparound services included long-term residential treatment, persistent substance abuse, persistent, untreatable antisocial behavior and conviction of sexual perpetration or predatory behavior.</p> <p>Wraparound is a team-based planning process intended to provide individualized and coordinated family-driven care. Wraparound is designed to meet the complex needs of children who are involved with several child and family-serving systems (e.g. mental health, child welfare, juvenile justice, special education, etc.); who are at risk of placement in institutional settings; and who experience emotional, behavioral, or mental health difficulties. The Wraparound process requires that families, providers, and key members of the family’s social support network collaborate to build a creative plan that responds to the particular needs of the child and family. Team members then implement the plan and continue to meet regularly to monitor progress and make adjustments to the plan as necessary. The team continues its work until members reach a consensus that a formal Wraparound process is no longer needed.</p> <p>Findings: Both groups showed some improvement, but there were no differences between groups on functioning, symptoms, life satisfaction, or serious events. Wraparound costs were greater, due to the use of expensive traditional services and the addition of nontraditional services.</p> <p>Limitations: This study utilized a short time span. Also the authors questioned the fidelity of the demonstration project.</p>
<p>Bruns, E. J., Rast, J., Peterson, C., Walker, J., & Bosworth, J. (2006). Spreadsheets, service providers, and the statehouse: Using data and the wraparound process to reform systems for children and families. <i>American Journal of Community Psychology</i>, 38, 201-212.</p> <p>Population: Children with severe emotional disorders who were involved</p>	<p>Method: This study utilized a controlled design to evaluate the efficacy of the wraparound process. 97 children with severe emotional disorders who were involved with child welfare services participated in the study. Children who were placed into a wraparound process were matched with a comparison group receiving traditional casework on age, sex, race, current residential placement and severity of mental health problems.</p> <p>Findings: Youth receiving wraparound services moved to less restrictive placements more often than those in the comparison groups after 18 months (82% versus 38%) and more comparison group youth moved to more restrictive placements than wraparound group youth (22% versus 6%). The severity and impact of mental illness were lower for the wraparound</p>

with child welfare services	group after 6 months than for the comparison group.
<p>Carney, M. M., & Butell, F. (2003). Reducing juvenile recidivism: Evaluating the wraparound services model. <i>Research on Social Work Practice, 13</i>, 551-568.</p> <p>Population: Delinquent youth (mean age 15 years) entering the juvenile justice system</p>	<p>Method: This study utilized a RCT to evaluate the efficacy of the wraparound process on a group of delinquent youth who were entering the juvenile justice system. Youth were randomly assigned to the wraparound services (n=73) or conventional services (n=68) conditions.</p> <p>Findings: Youth in the wraparound group had fewer absences and suspensions from school, and fewer incidents of running away from home. They were also less assaultive and less likely to be picked up by police. No significant differences were found in arrests or incarceration during the course of the evaluation at 6, 12, and 18 months.</p>
<p>Crusto, C. A., Lowell, D. I., Paulicin, B., Reynolds, J., Feinn, R., & Friedman, S. R. et al. (2008). Evaluation of a wraparound process for children exposed to family violence. <i>Best Practices in Mental Health, 4</i>, 1-18.</p> <p>Population: Children (aged 5 or younger) enrolled in the Child FIRST program who had been exposed to violence and/or received services for family violence</p>	<p>Method: This exploratory study utilized a pre-test/post-test design to assess the efficacy of wraparound services in a sample of 82 children (aged 5 or younger) who were enrolled in the Child FIRST program and who had been shown to have been exposed to violence and/or received services for family violence.</p> <p>Findings: Both family and non-family violence events significantly decreased following wraparound service receipt, as did overall traumatic events. Children showed significant reductions in post-traumatic stress-intrusive thoughts and avoidance. Parents also reported reductions in total stress, parental distress, parent-child dysfunctional interaction, and child difficulty levels. Many of these outcomes were positively correlated with number of service hours and/or length of time in the program.</p> <p>Limitations: This study did not utilize randomization or control groups.</p>
<p>Hyde, K. L., Burchard, J. D., & Woodworth, K. (1996). Wrapping services in an urban setting. <i>Journal of Child and Family Studies, 5</i>, 67-82.</p> <p>Population: Youth (ages 15-20) at risk for out-of-home placements and youth diverted from out-of-state residential treatment</p>	<p>Method: This study utilized a controlled design to test the efficacy of the wraparound process in an urban setting. 121 youth who were at risk for out of home placements and youth who were diverted from out-of-state residential treatment centers participated in the study. Four groups of youth were compared. Two groups received wraparound services. Both groups were diverted from out-of-state residential treatment centers.</p> <p>Findings: Higher percentages of youth in both wraparound groups were rated as Good or Fair (as opposed to Poor) in adjustment than in the other two groups. (Adjustment included restrictiveness of living, school attendance, job/job training attendance, and harmful behaviors.) Those in the NR group had the poorest ratings, with none achieving a rating of</p>

<p>centers</p>	<p>Good and 60% being rated as Poor. The same patterns held for ratings of the number of youth with more than 10 days of community involvement.</p> <p>Limitations: The levels of statistical significance for differences were not reported. Also this study utilized a small sample that was predominantly African American and the lacked normative data for the measures used.</p>
<p>Myaard, M. J., Crawford, C., Jackson, M., & Alessi, G. (2000). Applying behavior analysis within the wraparound process: A multiple baseline study. <i>Journal of Emotional and Behavioral Disorders</i>, 8, 216-229.</p> <p>Population: Youth (aged 14-16) with severe emotional and behavioral problems</p>	<p>Method: This exploratory study utilized a case study with a multiple baseline design to explore the efficacy of wraparound services in a sample of four youth (aged 14-16) with severe emotional and behavioral problems who were referred to wraparound services.</p> <p>Findings: All 4 youths demonstrated improvement in compliance, peer interaction, reduction of physical aggression, and reduction of alcohol and drug use. (One of the participants had no aggressive incidents or alcohol/drug use prior to introduction of wraparound.)</p> <p>Limitations: Measures were subjective in nature. Additionally, the sample size was small, and randomization and control groups were not used.</p>
<p>Pullman, M. D., Kerbs, J., Koroloff, N., Veach-White, E., Gaylor, R., & Sieler, D. (2006). Juvenile offenders with mental health needs: Reducing recidivism using wraparound. <i>Crime and Delinquency</i>, 52, 375-397.</p> <p>Population: Youth (aged 15 at intake) involved in the juvenile justice and mental health systems</p>	<p>Method: This study utilized a controlled design to test the efficacy of the wraparound process in a sample of youth involved with the juvenile justice and mental health systems. Youth receiving Wraparound services (n=106) were compared to youth who had been in the same system prior to implementation of Wraparound (n=98).</p> <p>Findings: Youth in the comparison group were significantly more likely to commit an offense and to commit an offense sooner after entering services than the Wraparound group. This pattern was repeated when only considering felony offenses as well. All of the comparison group youth served detention at some point in the follow-up time, compared to 72% of youth receiving wraparound services.</p>
<i>Life Long Connections</i>	
<p>Frasch, K., Brooks, D., & Barth, R. (2000). Openness and contact in foster care adoptions: An eight-year follow-up. <i>Family Relations</i>, 49, 435-446.</p> <p>Population: Foster and adoptive families</p>	<p>Method: This descriptive study examined openness and contact in 231 foster care adoptions from the California Long-Range Adoption Study (CLAS), an eight year prospective longitudinal study. The sample included children adopted from foster care.</p> <p>Findings: The study suggests that while the practice of openness continues to evolve for most families, there is remarkable stability in levels of contact and communication with the</p>

involved in family-based foster care	child's biological family, especially in the last four years of the study. Limitations: The descriptive nature of this study necessitates further studies on the important themes. Also, the sample is primarily Caucasian and middle-class. Selection bias may have occurred for those families who volunteered to participate.
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**Involving Foster Parents in Permanency Planning for
Adolescents in Treatment Foster Care: Evidence-Based Practices**

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**Involving Foster Parents in Permanency Planning for
Adolescents in Treatment Foster Care: Evidence-Based Practices**

APPENDIX I - Quick Reference Guide

The report on evidence-based practices for involving treatment foster care parents in permanency planning for adolescents is intended to assist Foster Family-Based Treatment Association (FFTA) foster care agencies 1) become familiar with the needs of adolescents in TFC homes as they pertain to permanency, and 2) identify the most effective methods for involving foster parents in permanency planning, as determined by the state of current empirical research. This report is based on a comprehensive review of published empirical literature conducted by the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota's School of Social Work. The report provides a literature review of the history of TFC, legislation regarding permanency planning, characteristics of TFC youth, and needs of TFC youth across the permanency outcomes of reunification, adoption, emancipation, and relative care. It also outlines evidence-based practices for involving foster parents in permanency planning, including recruiting resource families, involving foster parents in permanency planning, mentoring, and visitation. It is hoped that the information provided in this literature review will inform Foster Family-Based Treatment Association (FFTA) TFC agencies' permanency planning processes.

The Quick Reference Guide provides a brief summary of findings from the full report. Included in this guide are key findings and tables outlining empirically-based relationships among evidence-based practices for involving foster parents in adolescent permanency planning, and key child welfare outcomes. Descriptions of the various methods for involving foster parents

in permanency planning, and a complete description of the scales utilized in rating the level of effectiveness of the various methods are presented in the full text of the report.

Defining Evidence-Based Practice

It is important to think of EBP as a *process* of posing a question, searching for and evaluating the evidence, and applying the evidence within a client- or policy-specific context (Regehr, Stern, & Shlonsky, 2007). EBP blends current best evidence, community values and preferences, and agency, societal, and political considerations in order to establish programs and policies that are effective and contextualized (Gambrill, 2003, 2006; Gray, 2001).

The Quick reference guide assists practitioners with one important step in this process by outlining the effectiveness of various models for involving foster parents in permanency planning. Two things are important to note: 1) because this guide relies solely on practices that have been documented in the peer-reviewed, published literature, some field practices may not be included, and 2) the effectiveness of models presented in this guide may not have been developed for, or tested in, all populations of foster care youth. Practitioners wishing to utilize one of the models in this guide should draw on their expertise to determine if a practice is appropriate for a given client and context.

Characteristics and Needs of Adolescents in Treatment Foster Care

Treatment foster care (TFC) is a rapidly expanding alternative child welfare and child mental health service for meeting the needs of youth with serious levels of emotional, behavioral, and medical needs, and their families. TFC homes provide the stability of a home environment in combination with intensive, foster family-based, individualized services to children, adolescents,

and their families as an alternative to more restrictive residential placement options. TFC has been demonstrated to be effective and is currently one of the most widely used forms of out-of-home placement for youth with severe emotional and behavioral needs and is considered the least restrictive form of residential care (Chamberlain, 2000; Hudson et al., 1994; Meadowcroft et al., 1994; Reddy & Pfeiffer, 1997).

FFTA (2004) has estimated that approximately 11% of the 510,000 youth in out-of-home care (U.S. Department of Health and Human Services, 2008) are served by TFC. Although a significant body of research has documented the mental health needs of youth in non-relative foster care settings (Heflinger et al., 2000), less is known about youth in TFC settings. The little research that is available on TFC youth reveals that youth in TFC experience many psychosocial adversities (particularly neglect), and come from families who have confronted (or are currently confronting) issues of drug and alcohol abuse, marital discord, unemployment, and a history of parental emotional disturbance or psychiatric hospitalization in addition to poverty (Hussey & Guo, 2005; James et al., 2006; Timbers, 1990). TFC youth differ from youth in traditional foster care settings on a number of factors, including:

- Multiple out-of-home placements prior to their entry into TFC (ranging from two to five formal placements on average (Catrianno, 2008; Hussey & Guo, 2005; Timbers, 1990).
- Average age of first out-of-home placement ranges from five and a half to 13 years (Catrianno, 2008; Hussey & Guo, 2005; Timbers, 1990).
- Average lengths of stay in TFC range from a few months to over a year (Catrianno, 2008; Hussey & Guo, 2005).

- Many TFC youth are cognitively limited or developmentally delayed, and/or have elevated levels of emotional, behavioral, and medical needs which are greater than those experienced by youth in traditional foster care (Catrianno, 2008; Hussey & Guo, 2005; James et al., 2006).

Timely and sustainable decision making about long-term care arrangements for youth in out-of-home placements is crucial to their future protection and well-being (Tilbury & Osmond, 2006). Thus establishing permanent homes for children in foster care has become a top priority of our nation's child welfare systems. The Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) and the Adoption and Safe Families Act of 1997 (ASFA; Public Law 105-89) have been passed as a means of finding permanent families for foster care youth. Because TFC youth experience a multitude of emotional, behavioral, and developmental challenges that require the coordination of intensive services, permanency planning for TFC adolescents is a complex process. The needs of youth in TFC vary depending on their planned permanency outcomes.

Fifty-eight percent of TFC youth exit out-of-home care through reunification with birth parents (Catrianno, 2008). However, these youth are at an increased risk for behavioral problems, including more legal involvement, substance abuse, self destructive behaviors, as well as internalizing and externalizing behavior problems, as compared to children who remain in foster care, even when controlling for age and gender (Taussig et al., 2001). The maintenance of behavioral problems after exiting foster care puts TFC youth at risk of reentry. Currently reentry rates of youth who had previously been reunified with their parents or caretakers ranges from 14% to 20% (M. E. Courtney, 1995; Festinger, 1996; Thomas et al., 2005; Wells & Guo, 1999).

TFC youth who are reunifying with their birth families may need intensive family reunification services with long-term follow-up (including individual, family, and environmentally-focused) to reinforce progress made in TFC and build upon it (Thomas et al., 2005). Additional sources of support that may be necessary for TFC youth reunifying with their birth families include respite care and parent education about the youth's condition (Festinger, 1996), collaboration between resource parents and birth parents (Dougherty, 2004), addressing caregiver health concerns (Bellamy, 2008), and helping caregivers make connections with informal and formal groups and organizations within their cultural and geographic communities (Festinger, 1996). Supervision and in-home services for reunified families may need to last for two, or even three years (Barth & Berry, 1987; Dougherty, 2004).

Eleven percent of TFC youth exit the foster care system via adoption (Catrianno, 2008). The pool of adoptive parents for adolescents is quite small, and the need for adoptive parents is greater than the supply – especially for those with significant disabilities (Testa, 2004). However, once initiated, the rate of adoption disruptions is relatively low. The rate of adoption disruption may be kept to a minimum by matching families' strengths with children's needs and improving supportive services for adoptive families (Cowan, 2004). Although it may seem as though adoptions are relatively unproblematic, this is not usually the case. Foster-adoptive parents and TFC youth go through a range of emotions and experience issues surrounding youth anxiety and acting out behaviors as they experience the ambiguity of the child welfare and legal system. Several supports have been recommended for helping TFC youth and their foster families through the adoption process:

- *Belonging and Emotional Security Tool* (BEST) – a tool that social workers can use to deepen conversations regarding youth’s needs for a sense of emotional security and belonging and provide a structure for exploring foster parents’ and youth’s ambivalence around making a legal or lifetime personal commitment.
- Giving special preparation and support to foster-adoptive parents who choose to take an older child, especially when the birth parent’s rights have not been terminated (Edelstein et al., 2002).
- Providing therapeutic supports to families involved as they deal with the possibility of losing their child to another family.
- Providing on-going post-adoption supports to TFC youth and their families, such as helping to facilitate youth contact with birth family members (if desired), and services, such as adoption assistance, formal and informal supports (e.g., therapy and support groups), educational/information services, and respite care (Gateway, 2006; McKenzie, 1993).

Approximately 12% of TFC youth live with relatives (via adoption, legal guardianship, etc.) upon discharge from foster care (Castrianno, 2008). Kinship care *during* placement offers several benefits to youth, including providing familiar caregivers to youth who can help reduce the trauma associated with out-of-home care, fewer allegations of abuse or neglect, less involvement with the juvenile justice system, and more informal, family-like contact between youth and their birth parents (Beeman & Boisen, 1999; Berrick et al., 1994; Koh & Testa, 2008; Wilson & Chipunga, 1996; Winokur et al., 2008). However, kinship providers note that they experience many barriers to adoption of youth in their care. Thus, practitioners developing a permanency

plan for youth in kinship care need to be informed about the permanency options as well as appropriate services for youth and their families. Practitioners should keep in mind that kin providers come from a variety of backgrounds and possess different strengths and weaknesses, as do the youth in their home, and resources and services need to be designed to address this. These resources and services may include providing:

- Information about managing the physical, social, or emotional effects that often accompany abuse and neglect
- Social support and services such as financial assistance, insurance options, etc.
- Ongoing formal and informal support for kin caregivers and their children, such as support for negotiating the boundaries between the youth's birth and permanent families. On-going support may be especially important for TFC youth, as their levels of emotional, behavioral, or medical needs change.

Although a large percentage of youth in TFC are adolescents, only a small percent of youth (6%) exit via emancipation (Cagrianno, 2008). Youth in transition from out-of-home care to adulthood are a vulnerable sub-population of the foster care system. In addition to the trauma of maltreatment, experiencing termination of parental rights, separation from their birth families, and challenges associated with out-of-home care, these youth face the premature and abrupt responsibility of self-sufficiency as they leave care for independent living. Youth transitioning from foster care are likely to experience a number of challenges, including obtaining education, housing, employment, financial stability, and meeting mental and physical health needs (Barth, 1990; Blome, 1997; Cook, 1994; M. E. Courtney & Dworsky, 2006; M. E. Courtney et al., 2001; McMillen & Tucker, 1999). It is therefore important for adolescents who are emancipating

from foster care to develop life skills, for which programs have proliferated upon the passing of the Foster Care Independence Act of 1999 (Public Law 106-169). Beyond developing basic life skills, foster youth also need to build support systems which include birth relatives, foster parents, peers, and mentors (Maluccio et al., 1990). Research on the experiences of youth leaving foster care as they enter adulthood has noted that they often reconnect, and sometimes live with, members of their family of origin (Collins et al., 2008). It is important to note that even when birth families cannot provide permanent placements, they may be able to offer appropriate relationships with, and a sense of permanency for their children (Mapp & Steinberg, 2007). Because many TFC youth must live with disabilities, caseworkers should ensure that TFC youth emancipating out of care have access to their mental and physical health histories, benefits afforded to them, education about self-care, medication schedules, and identifying symptoms that require medical attention, and additional emotional supports that youth may turn to in times of emotional and physical strain.

Evidence-Based Practice for Involving Foster Parents in Permanency Planning

Table A provides an overview of evidence based practices for involving foster parents in adolescent permanency planning. The table gives the evidence-based rating for each model of involvement as well as empirically-based relationships among practices in foster parent involvement and key child welfare outcomes. For reference, the levels of EBP for given practice models reflect the following (CEBC, 2008):

1 = Effective Practice: a practice which is well-supported by research that utilizes multiple site replication and random assignment of participants to control and treatment groups;

the practice's intended effects (e.g., improvements in child behavior, parenting skills, etc.) have been sustained for at least one year.

2 = *Efficacious Practice*: a practice which is well-supported by research that utilizes random assignment of participants to control and treatment groups; the practice's intended effects have been sustained for at least six months.

3 = *Promising Practice*: a practice which is supported by research that utilizes non-randomized control and treatment groups; the intended effects of the practice have been demonstrated.

4 = *Emerging Practice*: a practice which is generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers; no formal evaluations of the practice have been completed or the research base of this practice is descriptive or exploratory in nature (i.e., does not utilize control groups).

Some methods for involving foster parents in permanency planning do not meet the criterion for documentation set forth by CEBC (2008). That is, some methods for involving foster parents in permanency planning are highly variable in terms of their implementation within the field of child welfare; these methods' implementation processes have not been formally manualized. Methods for involving foster parents in permanency planning that do not meet CEBC's (2008) documentation criterion will hereafter be referred to as "practice approaches."

Table A. Outcomes of Evidence-Based Practices for Involving Foster Parents in Permanency Planning

Evidence-Based Practice	Outcome																
	Level of EBP	Birth Parent Satisfaction	Adoptive Parent Satisfaction	Foster Parent						Foster Child							
				Recruitment	Satisfaction	Retention	Collaborative Skills	Birth Parent Collaboration	Positive Attitudes	Reunification	Overall functioning	Mental Health	Delinquency	Education	Placement Stability	Birth Family Contact/Visitation	Permanency
Breakthrough Series Collaborative (BSC)	4			X		X											
Co-Parenting	3	X										X					
Ecosystemic Treatment Model	4							X				X					
Family to Family	3									X				X			
Family Reunification Project	3						X			X						X	
Fostering Individual Assistance Program (FIAP)	3										X		X		X		X
Foster Parent Involvement in Service Planning	*				X	X	X	X	X								
Life Long Connections	*	X						X									
Visitation	*				X			X	X							X	
Wraparound	*										X	X	X	X	X		
Illinois Project	4									X							X
Inclusive Practice	4							X		X					X	X	X
Intensive Family Preservation Services (IFPS)	4									X							
Mediation	*	X	X														X
Mediation-IMPP	4							X									X
NOVA Model	4			X		X	X	X						X			
Shared Family Foster Care	4									X							X
Shared Parenting	4									X							X

Note. * Practice approach.

Overall, the review of research shows that there are multiple ways that foster parents may be involved in permanency planning for adolescents. These include informing agency practices for working with foster parents and TFC youth, taking an active role in permanency planning, collaborating with agency workers and birth parents to ensure successful birth parent visitations, and mentoring birth families throughout the entire out-of-home placement experience. Most of the methods of foster parent involvement show promise in a traditional foster care population, but relatively few have been formally evaluated using randomized clinical trials.

The methods of involvement outlined in the report are most useful in creating positive changes in placement stability and permanency, birth family visitation, satisfaction among families, and collaboration between birth and foster families. Because TFC foster parents play such a central role in providing services for the youth in their care, involvement in the permanency process seems like a natural step. The development of a positive relationship between the foster and birth parents may allow children to avoid the stress of divided loyalties and position foster parents to play a supportive role after reunification (Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000). However, when selecting foster parents to work with birth parents, agencies should consider their experience, maturity, communication skills, their ability to handle these multiple roles, and the possible need for additional training (Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000). In addition, agencies wishing to include foster parents in permanency planning should consider the evidence-base that supports the use of various models for involving foster parents in permanency planning before implementing them in practice.