A Review of How States are Addressing Placement Stability

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Abstract:

States are under increasing pressure to reduce the number of placements of foster children. Initial results from the federal Child and Family Service Reviews (CFSR) of 48 states found that only 40% of states met targets for placement stability. Consequently, many states have had to identify approaches to increase placement stability as a part of their Program Improvement Plans (PIPs). Semi-structured interviews were conducted with 44 state and county child welfare administrators, supervisors, managers, staff members, and/or foster parents from 33 states to gain an understanding of the range of approaches that states are using. Thematic analysis of the interviews revealed that states are using the following nine approaches to reduce the incidence of foster home disruptions: improving services to foster children, placement-matching, recruitment of foster parents, services and support to foster parents, training, consultation and collaboration, collaborative team approaches, involvement of biological parents, and prevention. Although 91% of states are using five to nine of these approaches to reduce placement disruption, few states are systematically evaluating the effects of these programs. More research is needed to focus on the effectiveness of the various approaches that states are using to address placement disruptions.

Keywords: Placement stability | Placement moves | Placement disruption | CFSR

Article:

1. Introduction

Minimizing the number of placements children experience while in foster care has long been recognized as an important child welfare issue (Webster et al., 2000). Increasing evidence suggests that placement instability has deleterious effects on children (Smith et al., 2001 and Wulczyn et al., 2003). Children who experienced multiple moves while in foster care were found to have increased emotional and behavior problems (Pardeck, 1984 and Proch and Taber, 1985), academic challenges (Webster et al., 2000), and greater difficulty in making meaningful attachments to caregivers (Leathers, 2006, Smith et al., 2001 and Wulczyn et al., 2003). Moreover, disruptions increase the likelihood of subsequent disruptions, as well as failed adoptions, and reunifications (Chamberlain et al., 2006 and Smith et al., 2001).

An estimated 22% to 70% of foster care placements disrupt in any given year (Berrick et al., 1998,Chamberlain et al., 2006, Leathers, 2006, Pardeck, 1984, Smith et al., 2001 and Staff and Fein, 1995). States are under increasing pressure to reduce the number of placement moves for reasons other than returning home, placing children with relatives or adoption. The 2007–2008 Child and Family Services Reviews (CFSRs) conducted by the Administration for Children and Families revealed that the majority of states did not meet the placement stability standard (90% of cases reviewed must experience placement stability). In response, many states had to submit Program Improvement Plans (PIPs), in which they identified placement stability approaches they were planning to use to meet performance standards.

This article presents findings from child welfare administrators, supervisors, managers, and staff from 33 states (including the District of Columbia and the states, excluding Illinois), who were interviewed about state and county efforts to reduce the incidence of foster home disruptions. Little is known about the types of services, programs, and policies that states and counties are using to increase placement stability. In addition, this article highlights innovative programs and practices that various states and counties are implementing in response to placement instability.

2. Background

Much of the literature in the area of placement stability has focused on the negative effects of placement disruption. Increasingly, studies are seeking to understand the various factors that lead to placement moves and to investigate effective ways to address this concern. Although placement disruption can occur for a variety of reasons, James (2004) found that the majority of reasons fell into four areas: system-policy related factors, foster family related factors, biological parent related factors, and child related factors.

2.1. System-policy related factors

System-policy related factors are agency-initiated disruptions to comply with personal/professional, procedural, policy, or system mandates. System-policy related disruptions can be attributed to a mismatch between child and foster family (Hartnett et al., 1999, Proch and Taber, 1985 and Staff and Fein, 1995); using temporary or emergency placements while caseworkers look for more permanent placements (Hartnett et al., 1999 and James et al., 2004);

placing too many children in one home (Lutz, 2003); and switching foster homes to place sibling groups together or move children to kinship placements (Hartnett et al., 1999 and James, 2004). Other reasons include the agency's failure to provide support and training to foster parents (Crum, 2010, Hartnett et al., 1999 and Lutz, 2003); contentious caseworker–foster parent relationships (Hartnett et al., 1999); caseworker turnover and/or foster parents' infrequent contact with the supporting agency (Crum, 2010, Lutz, 2003 and Pardeck, 1984).

Still other studies found that system-policy moves were related to inadequate information given to foster families regarding foster children (Cole & Eamon, 2007); caseworkers deciding to move children based on increasing externalizing behaviors, particularly among adolescents (Leathers, 2006); and allegations of abuse or neglect lodged against foster parents (Hartnett et al., 1999 and James, 2004).

An approach that child welfare systems have used to decrease placement moves related to system-policy factors is to decrease caseworker turnover. Rycraft (1994) found that providing flex schedules, increasing opportunities for professional development, and training as well as other supportive services increased caseworker retention. However, the association between increased retention and placement outcomes was not studied. Given the lack of research in this area, clearly more research is needed to understand both the range of strategies used by states to address system-policy factors and to develop effective approaches to decrease placement movement.

2.2. Foster family related factors

Foster family related factors result in placement disruptions when moves are initiated by foster parents or occur due to foster parent characteristics or events. Some of the foster family related disruptions are unavoidable, such as a foster parent dying or foster families moving out of the area (James, 2004). Many of the other reasons, however, were related to unrealistic expectations by foster families (Lutz, 2003), and foster parents' lack of experience (Boyd and Remy, 1978 and Rhodes et al., 2001). Also, foster parents' parenting style has been found to be related to placement stability; an authoritarian style of discipline appears to be less effective, whereas being nurturing, flexible, and able to set limits appears most effective (Crum, 2010). Finally, some disruptions occur because foster parents are not satisfied with their role as foster parents and decide to stop fostering altogether (Crum, 2010 and James, 2004).

Many of the approaches designed to increase placement stability focus on providing foster parents with the tools they need to parent children who are placed in their homes. Research has shown the potential for foster parent training to support placement stability, although effective trainings appear to be those that target specific factors related to disruptions, such as learning effective skills in child behavior management (Boyd and Remy, 1978, Chamberlain et al., 2006 and Dorsey et al., 2008). The Multidimensional Treatment Foster Care (MTFC) model is an evidence-based approach that involves placing foster children in highly trained and supervised

foster homes (Chamberlain, 2003). Fisher et al. (2005) found that children who received the MTFC intervention experienced both a reduction in both behavior problems and placement disruptions compared to children in a control group. The main concern about MFTC, however, is that it requires an intensive service delivery model that would be difficult to administer to a high proportion of children in current child welfare systems because of its cost (Leathers et al., 2009).

A less intensive approach also developed by Chamberlain and colleagues provides foster parent training and support in a cost-effective group intervention. KEEP (Keeping Foster and Kinship Parents Trained and Supported) is an evidence-based approach that focuses on teaching foster parents how to manage children's behaviors thereby reducing disruptive behaviors and mitigating the risk of multiple placements. Price et al. (2008) found that children in the KEEP intervention group were nearly twice as likely to have a positive exit (reunification or adoption) by the end of the intervention period as did children in the control group. Although KEEP did not have a strong direct effect on placement disruption, it did mitigate the effects of prior history of placement disruption in that a prior history of multiple placements was not predictive of disruptions for children whose foster parents had received the intervention.

Most of the other studies have failed to find that foster parent training focusing on general preparation has any effect on placement outcomes (Dorsey et al., 2008). For example, the Model Approach to Partnership in Parenting, Group Preparation and Selection (MAPP/GPS) training, designed to train foster parents to meet the specific needs of foster children, was found not to prepare foster parents for the difficulties associated with parenting foster children (Puddy & Jackson, 2003). Some studies, however, report that MAPP/GPS may be effective in helping foster parents decide if they want to be foster parents (Puddy & Jackson, 2003), suggesting that this training might serve as a screening tool.

In addition to training, some studies have looked at whether increasing foster parents' stipends or providing other kinds of support would increase the likelihood that foster parents would continue providing care to children. For example, Chamberlain et al. (1992) found that the combination of money, training, and support, compared to providing just a stipend, resulted in almost two-thirds fewer foster parents dropping out. Although this study was not focused specifically on placement stabilization, foster parents' decision to stop fostering contributes to placement moves. In addition, increasing the pool of available foster parents might increase placement stability by providing workers with more options when they place children.

2.3. Biological family related factors

Biological family related factors are disruptions involving the biological parents or families of the children in foster care. Children's infrequency of contact with their biological parents was related to placement instability (Hartnett et al., 1999). Some studies found that mothers' and fathers' alcohol abuse was correlated positively with placement moves (Pardeck, 1984). Hartnett et al. (1999) found that substance-abusing parents could cause problems for foster parents during

the visit or other contacts. In addition, ongoing conflicts between biological and foster parents/relative caregivers were related to placement disruptions (James, 2004).

Few studies have looked at ways to minimize conflict between foster parent/relative caregivers and biological parents, but some evidence supports collaboration between foster parents and biological parents to reduce disruptions. A study involving 184 children found that children whose biological parents prepared them for foster care were less likely to experience placement instability even after controlling for children's behavior (Palmer, 1996).

2.4. Child related factors

Child related factors are disruptions associated with certain characteristics of the child and/or result from something the child does or does not do while in foster care. Some demographic characteristics have been associated with child related disruptions, but other characteristics have yielded mixed results. Older children who have been in foster care at least 3 years appear to have the greatest likelihood for disruptions (Crum, 2010, Hartnett et al., 1999 and Pardeck, 1984). Moreover, the likelihood for placement disruption increases as children get older (James et al., 2004, Pardeck, 1984, Smith et al., 2001 and Wulczyn et al., 2003). As a whole, these studies suggest that older children are at greater risk for disruptions particularly if they have extended stays in foster care.

Some studies have found that Caucasian children had more disruptions because African American children tended to be placed in homes of relatives, which were found to be more stable (Crum, 2010, Pardeck, 1984 and Webster et al., 2000). Other studies have found that children's race and ethnicity were not related to placement disruption (Chamberlain et al., 2006 and James et al., 2004).

Gender is another characteristic with mixed results. Several studies found that males were at increased risk of disruption (Ryan and Testa, 2005 and Webster et al., 2000). But, Hartnett et al. (1999) found that girls were more likely to disrupt. Still other studies have found that the child's gender was not related to risk for placement disruption (Chamberlain et al., 2006 and James et al., 2004).

The reasons that children enter out-of-home placement also are related to placement instability. Sexually and physically abused children have been reported to have more placement disruptions (Crum, 2010, James et al., 2004 and Webster et al., 2000). The majority of studies have found that children with severe behavioral and emotional disturbance also have a higher risk of placement disruption (Chamberlain et al., 2006, Crum, 2010, Hartnett et al., 1999, Lutz, 2003, Newton et al., 2000 and Pardeck, 1984). Children who display external behaviors (aggressiveness, disruptive or destructive behavior, and/or oppositional tendencies) are more likely to experience placement instability, whereas children with greater capacity to form close relationships with caregivers are less likely to experience instability (Chamberlain et al., 2006, James, 2004,Leathers, 2006 and Newton et al., 2000).

In an effort to reduce some of the foster children's behavioral and emotional problems, parent mediated interventions, such as the MTFC and KEEP interventions previously discussed, have been developed (Chamberlain et al., 2006). Parent and Child Interaction Therapy (PCIT) is another evidence-based intervention that treats children's disruptive behaviors through an intervention provided to foster parents. Timmer et al. (2006) found that PCIT reduces children's problematic behaviors and decreases foster parents' distress associated with parenting children who have externalizing behavior problems. These interventions also have been studied with relative caregivers and been found to have positive effects with these families as well (Chamberlain et al., 2006, Cole and Eamon, 2007 and Timmer et al., 2006).

A great deal of research has been conducted in an attempt to understand the factors that lead to placement moves. A limited number of studies have been aimed at developing programs that are effective in reducing disruptions. Previous research, however, has not examined the range of policies, programs, and services that various states are currently using to increase placement stability. Given the significant concerns about the deleterious effects of placement instability on foster children, it is important to understand how states are conceptualizing and addressing this problem. Our study focused on providing descriptive data that provides a basis for future research focused on the effectiveness of current programs and policies.

3. Method

In this study, state and/or county administrators, supervisors, managers, staff, and foster parents from 49 states and the District of Columbia were contacted about services or programs being used to increase placement stability. Illinois was excluded from the study, as researchers were familiar with Illinois' practices. Initially, key state administrators and staff members were identified by reviewing the final report of the second round of Child and Family Services Reviews (CFSR). The CFSR lists the sites that took part in the review (refer to the Child and Family Services Procedures Manual November 2006; http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/procedures/manual.pdf).

Using the Internet, research assistants then found contact information for each site and contacted the site by phone. They asked to speak to the administrator/supervisor/manager in charge of the foster care department. When research assistants were unable to reach participants, they left a message on the individual's voicemail. The research assistants called participants 1–9 times and also called a general information number and asked to speak to an administrator/supervisor/manager/staff member in the foster care unit or department.

After initiating contact, the research assistants described the purpose of the call and confirmed that the individual was an administrator/supervisor/manager/staff member in the foster care department. Some participants indicated that another person would be better suited to answer the questions, and in these situations the research assistant contacted this individual. Once participants agreed to participate in the study, they were asked for their consent to audiotape the

interview. If participants did not want the conversation to be recorded, the research assistants instead took notes during the interview.

The structured interviews lasted 15–45 min and consisted of 10 open-ended questions. Open-ended questions were used to determine the range of things participants identified as reducing placement moves without leading them toward any particular area. Follow-up questions were asked about foster parent recruitment and how placement decisions are made. Participants also were asked whether any of these services or programs that they had discussed were evidence-based or had been evaluated by the state. Finally, the participants were asked if they could suggest someone else for the research assistant to talk to regarding placement stability in their state or county (refer to Appendix 2 — The Interview Guide). When additional people were identified, the research assistants contacted them and repeated the process.

After each interview, the research assistants completed a summary of the interview. All of the audio-recorded interviews were transcribed verbatim by a professional transcription service. The interviews and summaries were uploaded into NVIVO, a qualitative software program. Axial coding was used to code the transcribed interviews and state summaries. As a group, the entire team coded two interviews to ensure that the research assistants were coding passages in the same way. All of the research assistants coded the interviews they conducted, and then another research assistant independently coded each interview. When discrepancies in codes occurred, the research assistants discussed their differences and made a final decision about the best codes to use by consensus. Throughout this process, codes were refined.

Thematic analysis was used to identify the most salient approaches to increase placement stability. Once identifiable patterns began to emerge based on the literature, codes and sub-codes were combined to create themes. These themes, together, formed a comprehensive picture of states' collective efforts to reduce placement instability.

3.1. Sample

Participants in 50 states (including the District of Columbia and the states, excluding Illinois) were contacted. Forty-four telephone interviews were completed with participants from 33 states. In 12 states, two to four interviews were completed with multiple participants. Participants from two states were not recorded because these participants did not feel comfortable being recorded or because of technical difficulties with the recorder. Participants from nine states talked with us about placement stability, but did not want to complete the interview. The research assistants were unable to talk with someone from 9 states even after multiple attempts to contact additional participants. In our analysis, we only included the 33 states that completed the interview. The other 18 states were excluded from the results.

4. Results

Participants from the 33 states identified a range of approaches being used in their county and/or state to increase placement stability and prevent placement moves. In our analysis, eight approaches to reduce placement moves emerged. These approaches discussed below from the most-identified to the least-identified, include: (1) services to foster children, (2) placement/matching, (3) recruitment/selection of foster parents, (4) ongoing support and services to foster parents, (5) training, (6) consultation and collaboration, (7) collaborative team approaches, (8) involving biological parents, and (9) prevention. The approaches that participants identified could potentially be counted in one or more categories. For example, if a participant talked about a collaborative team approach to provide a service to meet foster children's needs, this would be coded as both collaborative team approach and services to foster children. Participants from two states indicated that they were using all nine approaches to increase placement stability in their county or state. Participants from 13 states indicated that they were using seven to eight approaches to increase placement stability. Participants from 15 states indicated that they were using five to six approaches. Participants from three states identified two to four approaches.

Within each approach, an innovative program or approach is highlighted to give readers an idea of the range of programs and services that states are using. Innovative practice was defined as practice that was unfamiliar to the research assistants and/or the team agreed was a new way of approaching practice based on our collective experience in child welfare. Collectively, the research team had more than 40 years of experience working in child welfare direct practice and administration in seven states, so there was extensive knowledge of typical practices.

Participants were asked whether the county or state was evaluating or participating in research to determine the effectiveness of these approaches. Participants from 20 states (60%) reported that they were participating in research and/or evaluation projects to assess parts of their foster care system that might be contributing to placement disruption. Further, participants often were not able to identify particular programs or general approaches that were evidence-based. Data on perceptions of the use of evidence-based practices are presented in a final section and generally for each approach rather than for each program described.

4.1. Services to foster children

Participants in 32 states (97%) indicated that they were directing their efforts to improve services to foster children as part of an overall approach to decrease placement disruptions. These types of services included home-based therapeutic services (10 states); counseling or therapy (8 states); and therapeutic foster care (4 states). In addition, five states described specialty services such as trauma specific services (3 states); creating life books with children to help them document their life experiences; and the 3- 5–7 model, which prepares children for permanency by helping them grieve losses and establish new relationships. Participants did not indicate that there was evidence to suggest that these types of services actually reduce placement disruptions. Moreover, none of the states mentioned interventions supported by the literature that we reviewed, although

some participants, indicated that their state were using interventions that have been found in general populations to reduce trauma symptoms and behavior problems.

4.1.2. Innovative practice

Tennessee provides a good example of a therapeutic service designed to address children's problematic behaviors that can interfere with placement stability. Contracted agency staff meets once a week to identify children at risk for placement disruption because of increasing problematic behaviors. In-home therapists, who have been trained in trauma-focused cognitive behavioral therapy, meet with foster children and the rest of the family a minimum of once a week, and as frequently as every day if needed to stabilize the placement. This team provides therapy to address depression, anxiety, trauma, or whatever else children may be experiencing while in care. In addition, they work with foster parents to increase their skills to help them manage behaviors. They work with the foster parents to create individualized behavior plans to use on an ongoing basis.

4.2. Placement/Matching

This approach is directed primarily to matching children's needs with foster parents/placements that can meet those needs. The thinking behind matching is that by understanding the child's needs and the foster parents' capabilities, caseworkers can make better choices in placing children and, thereby reduce placement disruptions. Participants from 31 states (94%) indicated that they were directing their efforts to the best possible placements, as well as matching the needs of children with the needs of foster parents.

Finding an optimal first placement through either informal or formalized matching programs is a key feature of states' placement stability efforts. Placement-matching approaches included the use of specific workers for placement *(*11 states); placement of children based on foster home availability (5 states); use of assessment tools, such as the Child and Adolescent Needs and Strengths-CANS (4 states); placement based on capabilities of foster parents (3 states); use of a placement matrix system (3 states); and use of specialized placement units (2 states).

Participants from 20 states indicated that they place children with kin/family to increase placement stability. In Oklahoma, 53% of foster homes and almost 30% in Maryland are kinship placements. The participants said they believed that kinship placements are better and more stable than traditional foster placements. Several states directed their placement efforts on kinship/family placements. For example, some counties in Tennessee initiated a pilot study where they are mandated to show efforts to place children in kinship care placements prior to placing children in traditional foster homes. Hawaii's *Relative Placement Preference State Statute 2008,* states that if all things are equal children, should be placed with relatives. Participants identified kinship care as a common placement strategy to reduce foster home disruptions.

4.2.1. Innovative practice

To assist with placement matching, Participants in Delaware indicated that they use a computer program that assigns a level of care (1–5) rating to every child who enters out-of-home placement and each foster parent/family. This rating is based on elements such as the form of abuse or neglect the child experienced, the child's demographic information, and any special needs the child may have. For foster parents, the rating is based on their years of experience, amount of training completed, skill set, willingness to take children to appointments, and willingness and ability to manage difficult and challenging behaviors. Caseworkers enter data for each child, then children and foster parents are matched using these levels of care whenever possible.

4.3. Recruitment/selection of foster parent

This approach targets services or efforts toward recruiting potential foster parents. Recruitment approaches were identified by participants in 23 states (85%). Specific approaches included targeting recruitment for specific populations of children such as African Americans, Latinos, teens, special needs children (18 states); marketing and use of media (18 states); sponsoring special events for foster parents (12 states); using a specialized recruitment specialist or agency (11 states); and including current foster parents in recruitment (7 states).

4.3.1. Innovative practice

The participants from Delaware indicated that they identified the top six zip codes in the state from which children come into care. Then they enlisted faith-based organizations and churches in those zip codes areas to help identify potential foster families living in those communities. They spoke at church services and asked congregants to become involved to help these children. They asked each congregation to identify one family in their faith-based community that was willing to become a foster parent or adoptive parent, and then asked the faith-based organization to support the family in caring for the foster child/children. The staff indicated that ongoing support of the foster family from the faith-based organizations was an important component of the program. This faith-based initiative has been ongoing for about 5 years. Participants suggested that this program is working because it has increased the pool of and support to foster parents, although no formal evaluation has been conducted to support this conclusion.

4.4. Ongoing support and services to foster parents

In this approach, services are provided to foster parents to increase their capacity to handle difficult children, to give foster parents a break from caregiving, or to increase access to services to meet the needs of children in their care. Participants from 28 states (85%) aimed their efforts at providing ongoing support and increasing services to foster parents. The range of approaches included respite services (28 states); providing a specific caseworker to each foster parent/family (23 states); making available a 24-hour crisis line (24 states); setting up foster parent support

groups (22 states); foster parents' mentoring of other foster parents (15 states); and showing appreciation to foster parents by providing special activities or events (12 states). Again, in most cases, these approaches did not include any evidence-based approaches that were discussed previously.

4.4.1. Innovative practice

Arizona works with the Arizona Association for Foster and Adoptive Parents (AZAFAP), a non-profit organization of volunteers who are all foster and adoptive parents. The main goal of the organization is to retain and empower foster parents by providing them with information, connecting them to other foster/adoptive/kin caregivers and advocating for the needs of foster parents and children in the state. AZAFAP provides respite for foster families, offers education and mental health resources for children and their families, plan events for foster families throughout the year, and host a family camp every year. This group also worked to pass a foster care bill of rights. Although there is no empirical evidence, participants believe this model works, because it provides foster parents with the support they need to care for Arizona's most vulnerable children.

4.5. Training

In this approach, training is provided to new foster parents as well as experienced foster parents to teach them how to deal with or meet foster children's behavioral, emotional, and psychological needs. In many cases, states are requiring foster parents to participate in training as part of being or continuing to be a foster parent. The amount of required training varies by state, ranging from 10 h to 9 weeks. Participants from 27 states (82%) identified training as a way to increase placement stabilization. The training emphasized working with special populations (5 states) and specific training often dealt with children's behavioral issues/mental health issues (5 states) and/or trauma-related trainings. Overall, the participants did not report that these training efforts were being evaluated systematically.

4.5.1. Innovative practice

Participants from Wyoming stated that they are working with the National Child Traumatic Stress Network (NCTSN) to create trauma-informed child welfare practice. Wyoming also is looking at a new curriculum produced by the National Child Traumatic Stress Network (www.NCTSN.org). *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* is a PowerPoint-based training curriculum to be taught by a mental health professional and a foster parent. It includes nine case studies of representative foster children from age 8 months to 15 years, as well as cases of secondary traumatic stress in parents. With a combination of didactic information and exercises, the training is designed to help foster parents understand the link between trauma and children's often baffling behavior, feelings, and attitudes. It gives foster parents practical tools to recognize and reduce the impact of trauma on foster children and seek useful support from other professionals/foster parents. The participants

believed that some evaluation had been done because the training program had been in place for 4 years, but we were unable to confirm this.

4.6. Consultation and collaboration

Participants from 25 states (76%) indicated that they were consulting and collaborating with other states, organizations, researchers, or individual consultants to look at ways by which they could change and improve aspects of their foster care delivery system. These sites consulted and collaborated with a variety of entities: participants from nine states indicated that they collaborated with social service organizations to provide training and in-home services to foster children and foster parents. Participants from four states consulted and collaborated with National Resource Centers concerning permanency and shifting the practice model to include foster parents as part of the team. Participants from seven states indicated that they were focusing on building interagency collaborations with government entities such as Medicaid, juvenile justice, and mental health/children health to better coordinate services for foster children and families. Participants from three states indicated that they were consulting with universities to implement trauma systems and move away from emergency placements. Finally, participants from four states indicated that they were working with independent consultants looking at existing statistics to see what they might reveal regarding placement stability.

4.6.1. Innovative practice

The participants from Connecticut indicated that they consult with Adoptuskids to examine its existing foster parent data and identify specific characteristics associated with being a successful foster parent. Foster parent characteristics were entered into a data system and cross-referenced through an external marketing agency's database of information collected on individuals for the purpose of marketing to identify the behavior patterns of those most likely to be successful foster parents. The participant indicated that these characteristics were used for recruitment and as a screening tool for potential foster parents.

4.7. Collaborative team approaches (CTA)

Participants from 21 states (64%) indicated that they utilize some kind of collaborative team approach to increase placement stability. The states referred to these collaborative team approaches as child and family team meetings (CFTMs), wraparound teams, Team Decision Making (TDM) meetings and multidisciplinary teams. This approach is a structured way to bring together interested parties (family members, community members, and professionals) to problem-solve and create a plan to ensure child safety and meet the family's needs. CTAs have been used at different points (entry, initial placement, assessment of services, throughout out-of-home care) in the placement process.

4.7.1. Innovative practice

Milwaukee, Wisconsin, received a $700,000 two-year grant from the Department of Health and Family Services to provide mental health services to foster children and their families living in Milwaukee. The new initiative uses wraparound services to assist foster parents with foster children who have behavioral challenges. A 24-hour crisis team titled Mobile Urgent Treatment Team (MUTT) was created with a mission of preventing unnecessary moves by helping foster parents cope with crisis situations. Foster parents call a phone number to access the team, and MUTT has responded to about 500 calls per year. Following a crisis call, the collaborative wraparound team develops a 21-day response plan to provide crisis intervention and follow-up services to families. In addition, a long-term crisis stabilization plan is developed for children who seem to be at risk for recurring mental health, emotional, or behavioral problems. These kinds of large grants typically include an evaluation component. The participants, however, did not mention anything specific being done to evaluate the program. MUTT is a service that has been available for in-home cases. The grant extends these services to foster care placements.

4.8. Involvement of biological parents

Participants from 10 states (30%) indicated that they involve biological parents in the placement process by soliciting their input into placement decisions, gleaning personal information about their children's likes and dislikes to make placements proceed more smoothly and introducing biological parents to foster parents so they know who is caring for their children. Some states even have what they call “shared parenting programs” or mentoring programs in which foster parents mentors the biological parent. Participants from other states such as North Carolina, New York and North Dakota indicated that introducing the biological parent to the foster parents is required within 48–72 h of placement. Involving biological parents in the process provides foster parents with more information about the child and reduces the likelihood that biological parents will disrupt the placement because they are included in the process.

4.8.1. Innovative practice

The participant from Idaho indicated a real shift in practice from the traditional role of the foster parent as a substitute care provider to the child, to a model in which foster parents serve as mentors and coaches to birth families. Foster parent mentors are assigned to biological parents who may be struggling with parenting issues, an unmet need, or lacking community resources. Training is provided to help foster families learn about how and what it means to be a mentor to biological and/or prospective adoptive families. Idaho also is in the process of developing a training plan for program managers to promote, an understanding of family-centered practice, engage biological families, and help foster children maintain connections to their families of origin.

4.9. Prevention

Participants also described approaches that are not generally viewed as placement stabilization services as important in their efforts to decrease placement disruption. Participants from 8 states

(24%) identified work with biological families to keep children in their homes by providing support and services to families before the children enter care. Participants from two states mentioned alternative response or diversion programs so children are able to stay in their homes. Participants from other states talked about identifying problems early and putting services in place so problems do not rise to a level at which out-of-home care is needed.

4.9.1. Innovative practice

Participants from California indicated that the state was implementing a proactive approach to addressing placement stability by preventing children from coming into care in the first place. California's child welfare system has three tiers of preventive services to help families whose children are at-risk for entering out-of-home care. Primary prevention services are designed to help families prior to any alleged abuse/neglect and include public education activities such as parenting classes, family support programs, public awareness campaigns, and the like.

Secondary prevention services target families having one or more risk factors, including substance abuse or domestic violence issues, teenage parents, parents of special-needs children, single parents, or low-income families. These services include parent education classes for at-risk parents, respite care, home-visiting programs, and crisis nurseries, among others.

Tertiary prevention services target families in which abuse has occurred already. At that time, the following services are extended: individual, group, and family counseling; parenting education; parent–child interactive therapy (PCIT); community and social services referrals for substance abuse treatment, domestic violence services, psychiatric evaluations, and mental health treatment to families.

4.10. Identification of evidence-based interventions

Participants from only nine states (27%) identified one or more of their programs as evidence-based. In fact, several approaches that were identified by participants were believed to have some empirical support. For example, one participant from Kansas stated “The Trauma Systems Treatment Model has been used nationally and a study has been done in California that tested it as well.” Overall, there were three types of evidence-based interventions that states indicated were being used or considered for use: trauma informed practice models, coordinated systems of care/wraparound services, and parenting programs. Participants also described attempts to evaluate programs and services. However, there is a clear need for the development and use of evidence-based interventions. Based on the data, it appears that no state has fully implemented an evidence-based program that has been shown to reduce placement disruptions.

5. Discussion

Placement instability results from multiple factors throughout a child's placement history, and services can be conceptualized as providing critical support at each juncture. States have

responded to the pressing need to reduce placement disruption through a wide range of approaches. The approach used most often by the majority of states to address placement instability was to improve services to foster children at risk of disruption. Many states also believed that providing respite and support services to foster parents, such as designating foster parents with a specific worker, could increase foster parents' ability to handle children with difficult behaviors. About two-thirds of states used some sort of collaborative team approach to either assess or develop a plan for meeting the child and foster parents' needs, in some cases proactively and in other cases when foster parents threatened disruption.

For some states, preventing placement in foster care is conceptualized as potentially reducing disruptions, because entry into foster care creates the potential for instability. Placement prevention also conserves the availability of high-quality foster homes to meet the special needs of children in need of placement. Some states identified foster parent recruitment as essential, to ensure that enough foster parents are available to optimize the chances of finding a good placement. How effective these services are in preventing disruptions is unclear, though.

Foster parent training also is viewed as having an important role in preventing disruption. Several studies identified the need for agencies to provide foster parents with more intensive training and support that would increase their ability to deal with foster children's challenging behaviors (Chamberlain et al., 2006 and James, 2004). States, however, rarely identified use of evidence-based training for foster parents to address, for example, how the foster parent should work with a child with particular behavioral needs. Again, the effectiveness of many of the training curriculums currently in use is unknown, but existing research does not support that the most commonly used foster parent training programs change parenting behavior or increase the success of a parent in fostering (Puddy & Jackson, 2003).

Evidence-based interventions are receiving considerable attention in the field of social work in part because, multiple studies have shown over time that these practices effectively address certain problems (Thyer, 2004). Despite the growing popularity, many social service programs rely heavily on anecdotal information instead of establishing a rigorous research and evaluation evidence base (Tranfield et al., 2003). We asked participants directly about evidence-based practices because we wanted to understand the extent that states were emphasizing evidence-based practice and implementing empirically supported services or programs. Participants from only nine states identified one or more of their programs as evidence-based.

Further, in the field of social work, there is not a clear agreement about what is meant by evidence-based practice (Thyer, 2004). Our findings indicate that this confusion is also prevalent in the foster care practice arena. The majority of programs and services that were discussed were described as “evidence-based practice,” meaning that these services were known to be effective based on previous research. When asked whether the services and programs had been evaluated and whether we could obtain a copy of the evaluation, participants revealed that no evaluation had been conducted. When asked how they know the program works, participants indicated that

it works because placement moves have decreased. Participants who respond affirmatively to our questions about evidence-based practices often did not understand the term and offered general assurances that the program or approach was evidence-based; respondents also did not generally know of any current efforts to evaluate innovative practices. There is a need to establish clear guidelines and what makes an approach or service evidence-based and work with agencies and programs to meet that standard.

Considerable creativity and innovation have resulted in the development of many interesting programs. For example, Delaware created a computerized system that assigns a care level for every foster parent and child entering out-of-home placement. Delaware also instituted a foster home recruitment system emphasizing not only the recruitment of families through churches but also the church community's support of the placement over time. More than half of the states assign a worker specifically to the foster parent with the goal of having this worker provide ongoing support to the foster parent. Several states have included work with biological families in order to prevent children from coming into care in the first place or making children's transition into foster care more smoothly. These types of practice innovations offer models for promising practices that need more rigorous evaluation efforts to understand their effectiveness in reducing placement moves and their potential for replication in other states.

6. Limitations of the study

A limitation of the study is that some states may be using approaches other than those reported in this article. The questions were open-ended and not exhaustive of all the possible programs or approaches that states might be using. Therefore, participants could have highlighted some approaches while leaving out others. Moreover, participants from 18 states were not included in this study. We spoke with participants from nine states. We were able to ask them about different approaches being used in their state. However, they did not want to participate in the interview. We decided to only report on those states that participated in the interview. Participants from the other 9 states did not return phone calls. Thus, there may be important perspectives or information about what states are doing missing.

Another limitation of the study is that participants were at varying levels within the states. It was not always clear whether participants were talking about approaches that were used statewide or whether these approaches were site specific. Our questions asked participants to focus on statewide, but it is possible that some of these approaches are not occurring statewide, despite our prompting.

Despite these limitations, the participants did seem to talk about the most promising initiatives or approaches being implemented in their state. This review suggests that an essential next step will be to systematically study these new initiatives and the outcomes of different types of approaches. Given the limited evidence concerning the effectiveness of specific programs and

service models, the following recommendations highlight areas in which additional research is critically needed to decrease moves in placement.

7. Next steps

Although this study provided some answers about what states are doing to address placement disruption, future studies should continue to build on this study by addressing the following issues:

1. The efficiency of various foster parent recruitment approaches: Which approaches result in the highest yield of successful foster parents?

2. The use of social marketing data and foster parent behavioral characteristics in selection criteria: What data do we need to successfully select foster parents, and how can we best collect and use this information?

3. Foster parent training: What type of foster parent training would be more effective than current curricula in addressing instability? Foster parent training programs represent an enormous lost opportunity to support placements given the number of states that expect foster-parent training programs to reduce disruptions and the lack of evidence concerning their effectiveness.

4. Placement matching: What are the most effective matching procedures (including possible use of “matrices” and level-of-care assignment), and how can matching processes be standardized through electronic databases so agencies are able to place children with the best foster parent across agencies, not solely on the basis of availability within a given agency?

5. Community support of placements: How effective is community investment in maintaining placement through faith-based or other organizational entities?

6. Family and child team meetings: How can the effectiveness of the family and child team assessment and service planning approach be optimized? Can existing evidence-based practices be integrated into these services to address child and foster parent needs more effectively?

7. Inclusive practice: What are the effects of supporting a positive relationship between biological parents and foster parents, including use of foster parents as mentors and inclusive practice models, on reunification, stability, and child well-being?

8. Proactive services: What are effective ways to proactively address risk for instability? (For example, use brief assessment data to identify children at risk for disruption and provide proactive services to foster parents and children with a focus on addressing effects of trauma and effective behavioral management by foster parents.)

9. Crisis intervention: Can effective crisis intervention models be developed, emphasizing integration of evidence-based practices to identify service needs and better meet child and family needs during periods of crisis?

For many states, it may not be feasible to conduct randomized studies to understand the effects of each program initiated, but comparison of outcomes in different regions that implement different programs could result in valuable data that could be used to understand which models should be selected for dissemination. Of particular value would be partnerships with researchers who could help to identify the specific components of programs, their effectiveness, and how to best replicate them.

8. Conclusion

Concerns about placement instability surfaced in the 1970s as practitioners, researchers and policymakers became worried about foster care drift (Unrau et al., 2010). Although a lot of research has been conducted on the factors (agency/system related, child related, foster parents related, etc.) that contribute to placement moves, more research is needed to understand the effectiveness of various approaches. There are a variety of ways that states have addressed placement stability. While many of these approaches seemed to be based on the state's unique characteristics, there are some commonalities amongst the approaches that states used to address placement disruption. This study identified some logical next steps based on its descriptive results. Nevertheless, more research is needed to focus on the effectiveness of the various approaches that states are using to address placement disruptions.

Appendix 1. Table of states who participated in the study

Participant contacts: states with completed interviews				
State	Title	# of attempts	Referral	# of approaches used
Arizona	Foster care policy specialist	2	No	7 approaches
Arizona	Supervisor foster/adoptive department	1	No	
Arizona	Recruitment specialist	1	No	
Arizona	President of private foster care agency	1	No	
California	Director of foster care placement	2	No	7 approaches
California	Social services program manager	4	No	
Connecticut	Director of foster care and adoption	1	No	6 approaches
Connecticut	Foster care program supervisor	2	No	

Connecticut	Manager of foster care	1	Yes	
Connecticut	Communication director	1	Yes	
Delaware	Foster care program manager	2	No	6 approaches
Georgia	Program Director — Foster care	1	No	5 approaches
Hawaii	Administrator for child welfare	2	Yes	2 approaches
Idaho	Foster care and adoption manager	1	No	5 approaches
Idaho	Foster care program manager	1	No	
Indiana	Foster care worker	1	No	6 approaches
Indiana	Administrator of foster care programs	1	Yes	
Indiana	Federal grants manager	3	No	
Indiana	Family care manager supervisor	2	No	
Kansas	Foster care adoption program manager	2	No	5 approaches
Kansas	Supervisor of foster home recruitment	1	Yes	
Maine	Manager of foster home licensing	1	Yes	8 approaches
Maine	Family resources supervisor	2	No	
Maryland	Program manager	2	Yes	8 approaches
Michigan	Foster care supervisor	4	No	6 approaches
Mississippi	Program manager	1	No	7 approaches
Mississippi	Director of permanency planning and placement	1	No	
Missouri	Administrator of children services	1	Yes	6 approaches
Missouri	County level family development specialist	1	No	
Nebraska	Administrator in child welfare	1	Yes	6 approaches
Nebraska	Administrator of foster care and adoption	1	No	
New Hampshire	CPS worker/resource worker	2	No	9 approaches
New Hampshire	Manager at Casey family services	1	No	
New Hampshire	Administrator Casey family services	2	No	
New Jersey	Foster parent	3	No	7 approaches

New Jersey	Trainer/Education development for foster parents	2	No	
New Mexico	Foster care worker	1	No	6 approaches
New Mexico	Supervisor foster care and adoption	1	No	
New York	Foster care supervisor	1	No	9 approaches
New York	Senior caseworker	2	No	
North Carolina	Children program supervisor — State	2	No	7 approaches
North Carolina	Researcher foster care project	3	Yes	
North Dakota	Supervisor of family base service unit	5	No	5 approaches
Ohio	Director of foster care national youth advocate program	6	Yes	7 approaches
Oklahoma	Program manager for foster care	5	No	7 approaches
Pennsylvania	Foster care worker	1	No	4 approaches
Pennsylvania	President of private agency	3	Yes	
Pennsylvania	Info and referral specialist	1	No	
Pennsylvania	Director of foster care agency	2	No	
South Carolina	Program coordinator of foster care	2	No	4 approaches
South Dakota	Foster care program specialist — State	2	No	5 approaches
Tennessee	Foster care supervisor	2	No	8 approaches
Tennessee	Research analyst for agency	1	No	
Tennessee	Program director private agency	3	No	
Utah	Foster care administrator	1	No	6 approaches
Virginia	FC supervisor	1	No	8 approaches
Washington, DC	Director of private foster care agency	1	No	6 approaches
Washington, DC	Children's administration for public affairs	7	No	
West Virginia	Statewide director of private agency	1	Yes	6 approaches
West Virginia	Children's home society	1	No	

West Virginia	DHHR	1	Yes	
Wisconsin	Out-of-home care specialist — State	2	No	7 approaches
Wyoming	Social service program analyst	2	No	7 approaches
Participant contacts: states that chose not to complete the interview				
State	Title(s)	# of attempts	Referral	
Alaska	Community care licensing specialist II	1	Yes	
Florida	Program manager	6	No	
Florida	Foster care program manager	6	No	
Iowa	Resource information manager	9	No	
Massachusetts	Greater Boston HHS foster care supervisor	1	Yes	
Massachusetts	Regional Boston office — Foster care department	1	No	
Massachusetts	Ombudsmen office	1	Yes	
Massachusetts	Foster care manager	1	Yes	
Massachusetts	Arlington regional office	1	No	
Massachusetts	MAFF foster parent	1	No	
Montana	Foster care program director	6	No	
Oregon	DHS/Foster care program manager	7	Yes	
Rhode Island	RI Foster parent association coordinator	9	No	
Texas	Division administrator for foster home development	3	Yes	
Texas	Foster care redesign	1	No	
Texas	Foster care manager	3	Yes	
Texas	Foster care supervisor	1	Yes	
Texas	Foster care supervisor	4	No	
Vermont	Deputy commissioner	1	No	
Vermont	Foster care manager	1	No	

Appendix 2. Stabilization services interview guide

Date:

Name of researcher:

State/County/Agency:

Contact:

My name is _____. I am working on a research project at the University of Illinois Jane Addams College of Social Work. We are reviewing foster care services provided at the state, county or private agency level that increase foster care stability. We are also interested in the ways that your agency/state/county selects, retains and supports foster parents. This research will help us better understand innovative state/county/agency practices developed to improve placement stability for foster children. The University of Illinois IRB has approved all materials.

The information collected will be used for research purposes and your confidentiality will be maintained. The survey will take about 15–20 min to complete and will ask about any services used in your state/agency/county that are utilized to improve placement stability.

Do you give your permission to participate in this questionnaire and have your responses used solely for research purposes? Y N

If yes, do you give your permission to audio tape this conversation? Y N

Innovative strategies

1. What strategies or services has your state developed to improve placement stability for foster children? (Can you briefly describe what these services involve?)

    a. How does the state (or county) provide the services — for example, is this a service provided by every child welfare agency across the state, or do certain agencies have a contract to provide it?

    b. How has your state funded these strategies?

    c. Has there been any program evaluation on these strategies or are there plans to evaluate these strategies?

    d. Is there a report that you can send to me or provide me with a link to access?

    e. How have these services changed over time?

2. What agencies in your state would you say excel in stabilizing placements or have the least amount of placement disruptions? Why do you think this is?

3. How important is it to utilize evidenced-based strategies to improve placement stability for foster children? What evidence-based strategies are being used to improve placement stability?

4. What kinds of innovative strategies are you utilizing or attempting to implement to address placement stability for foster children? Do you know of any innovative strategies other states are utilizing or attempting to implement to address placement stability for foster children?

Foster parents

5. What strategies do you utilize to recruit foster parents? Are there any special recruitment strategies to increase neighborhood based placements?

6. What strategies are utilized to retain foster parents?

7. What types of supportive services do foster parents receive (i.e. home-based services, respite, day care, 24 h access to staff, support groups, on-going training)?

8. What is the process for handling concerns with parenting practices of foster parents?

9. How do foster parents access services for their foster children? Would you say foster parents are knowledgeable of the services available to assist with placement stability?

Assessment

10. How are placement decisions made? Are standardized assessment tools utilized? If so, which ones? Are multi-disciplinary teams utilized?

    a. Are any tools utilized to match foster parents and foster children? If yes, what are they? (Ask for access to.)

Demographic Information

11. What is your gender?

12. What is your position/role?

13. What is your highest level of education?

14. How long have you been employed in child welfare?

Referral to Others

15. Is there anyone else you would recommend we speak with regarding this project?

Thank you for your participation.

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