



# POLICY PLAYBOOK

## 2ND EDITION







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# Introduction

## About CHAMPS

CHAMPS, which stands for Children Need Amazing Parents, is a national policy campaign to ensure bright futures for kids in foster care by promoting the highest quality parenting. The primary goal of CHAMPS is to drive improvements to foster parenting policies throughout the United States. To achieve this, we offer a policy playbook and related tools that encourage and assist policymakers in championing reforms to strengthen foster parenting in their communities.

CHAMPS partners with a wide range of organizations to increase the public's understanding of the importance of quality foster parenting in the lives of children and to encourage policymakers at the national, state and local levels to take actions to support stable, quality foster parenting.

The coalition of partners includes parent and youth-led advocacy groups, healthcare and other youth-serving professionals, faith- and community-based organizations, American Indian/Alaska Native child welfare experts, philanthropy, legal experts and others.

CHAMPS builds on research that shows that loving, supportive families—whether birth, kin, foster<sup>1</sup> or adoptive—are critical to the healthy development of all children. For children in foster care, foster parents serve

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<sup>1</sup> In this document, the terms “foster parent,” “foster family” and “resource family” refer to both kin and non-kin who care for children in the legal custody of a public child welfare agency.

as one of the primary interventions for helping children achieve better health, well-being, educational, social and economic outcomes across their life spans.

The centerpiece of CHAMPS is its policy playbook, which is grounded in research and builds on existing policy examples and best practices in the field. This second edition of the campaign's policy playbook builds on the campaign's first playbook, which was published in 2017, and showcases policy and practice examples that aim to inform and inspire ongoing state and tribal policy efforts to improve the lives of children and youth in foster care.

The CHAMPS policy playbook draws on powerful insights from child and adolescent development research that underscore the importance of family in child well-being. It also leverages the knowledge base generated by system reform efforts such as the Quality Parenting Initiative (see text box on page 5) as well as lessons learned from the experiences of diligent recruitment grantees and other public, private and tribal agency leaders. Importantly, the CHAMPS policy playbook reflects the perspectives of foster parents and youth themselves regarding what is needed to help children in foster care heal and thrive. Foundational principles that underpin the policies in the playbook include:

- All children need and **do best in families**. When a child needs foster care, quality foster parenting **must be a priority**.
- Foster parents are one of the **primary interventions** for ensuring the safety and well-being of children in foster care. Quality foster parenting helps children be safe and healthy, experience greater academic success and have more stable lives.
- **Foster parents help children and families heal** and play a central role in creating permanent families. In addition to caring for children, foster parents provide support and mentorship to birth parents, help nurture the parent-child bond, and support other family connections. This is a vital role because half of children who enter foster care return home.
- Strengthening foster families often leads to **strong and stable adoptive families**. Half of the children adopted from foster care are adopted by their foster parents.
- Establishing and prioritizing effective approaches to recruiting, retaining and supporting foster parents yield **better outcomes** for children in foster care and can be **cost-effective**.
- Foster parenting has often been **overlooked** as a solution to achieving better results for the safety, permanency and well-being children and youth.

## The Quality Parenting Initiative

The Quality Parenting Initiative, a strategy of the Youth Law Center, is an approach to strengthening foster care, refocusing on excellent parenting for all children in the child welfare system. It was launched in 2008 in Florida, and as of 2018, over 75 jurisdictions in 10 states (California, Florida, Illinois, Louisiana, Minnesota, Nevada, Ohio, Pennsylvania, Texas and Wisconsin) have adopted the QPI approach. QPI is based on five core principles:

1. Excellent parenting is the most important service we can provide to children and youth in care. Children need families, not beds;
2. Child development and trauma research indicates that children need constant, consistent, effective parenting to grow and reach their full potential;

3. Each community must define excellent parenting for itself;
4. Policy and practice must be changed to align with that definition; and
5. Participants in the system are in the best position to recommend and implement that change

QPI is a philosophy and a network of sites that share information and ideas about how to improve parenting as well as recruit and retain excellent families. It is an effort to rebrand foster care by changing the expectations of and support for caregivers. When QPI is successful, caregivers have a voice. They work as a team with agency staff to support children and youth.

Source: QPI website: <http://www.qpi4kids.org/pages/whatsQPI.html>

## The Urgent Need to Prioritize Foster Parenting Policies at the State and Local Levels

Several trends are converging that make the need for quality foster parenting more urgent than ever:

- **Increasing foster care caseloads.** News reports are filled with stories about the increase in the number of children entering and staying in foster care, driven in large part by the opioid epidemic. After years of decline, the number of children in out-of-home care increased from 397,000 in 2012 to 442,995 in 2017.<sup>2</sup>

<sup>2</sup> The AFCARS Report #25: <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>

- **Foster parent shortages.** Many jurisdictions are experiencing a severe shortage of foster families, resulting in children sleeping in hotel rooms and child welfare offices. Contributing to this shortage is the high turnover rate among foster parents, estimated to be between 30 and 50 percent annually nationwide. Foster parents often cite inadequate support and preparation as primary reasons for quitting.
- **New expectations.** The recently enacted *Family First Prevention Services Act* is a fundamental shift in child welfare policy. The law emphasizes the importance of stable, supportive family-based care, including with birth and adoptive parents, kinship caregivers and foster parents. In particular, the Act seeks to curtail the inappropriate use of congregate care for children, placing new emphasis on the importance of family foster care for children and youth and seeking to remove barriers to the licensure of kin. The Act aligns with research showing that the vast majority of children in the child welfare system neither need nor benefit from congregate care and that children fare better in family settings.
- **Promising policy and best practice examples offer evidence of what works to make a difference.** We know more now than ever before about the importance of stable, quality caregiving to the health, safety and well-being of children. The Appendix contains summaries of research supporting the CHAMPS principles and policy goals. In addition, CHAMPS has published a separate [Annotated Bibliography of Research Studies](#).

## The Importance of Policy

The CHAMPS campaign and this policy playbook emphasize policy because the critical role of foster parenting has been largely overlooked as a catalyst for driving better outcomes. There is relatively little policy at the federal, state and local levels regarding the quality of foster parenting, support and retention of foster parents and the important role that foster parents can play in the lives of birth parents. Federal law pertaining to foster care focuses on matters such as eligibility requirements for foster care maintenance payments, timelines and procedures for case review and permanency decision-making, and the like. It is left to the states and tribes to ensure quality foster parenting. State and tribal law and policy, however, are most often focused on licensing and monitoring foster parents.

## CHAMPS Policy Goals

CHAMPS has identified the following six policy goals with extensive input from child welfare experts, foster parents, foster care alumni and health policy experts. These policies reflect an abundance of research on child and adolescent development that underscores the critical importance of safe, stable families to child well-being. These policies build on innovation and

evidence of best practice from system reform efforts such as the Quality Parenting Initiative. Many of the policies are low or no cost. Importantly, these policy goals are child-centered and grounded in the understanding that children need and do best in loving, supportive families, including birth, kin, foster, guardianship and adoptive.

1. Support relationships between birth and foster families;
2. Implement data-driven recruitment and retention practices;
3. Engage foster parents in decision-making;
4. Provide timely access to trusted, dedicated staff and peer support to foster parents;
5. Prioritize placements with family members and other family connections;
6. Ensure timely access to physical and mental health services.

## **Organization of the Playbook**

For each of the six policy goals identified above, the playbook includes a discussion of the following:

**RATIONALE FOR THE POLICY GOAL;**

**WHAT THE RESEARCH SAYS;**

**RECOMMENDED POLICY APPROACHES; AND**

**EXAMPLES OF EXISTING POLICIES AND PROGRAMS.**





# Policy Goal 1:

## Support Relationships between Birth and Foster Families

*“I tell parents that I am their parent partner, that I am helping them through their times of need. And, my ultimate goal is to get the children back to them.”*

**—Peggy Kirby,**  
foster parent, Louisiana

### RATIONALE FOR THE POLICY

Supporting birth and foster family relationships has the potential to minimize the trauma experienced by children when they are removed from home; preserve and nurture the child’s relationship with birth parents, siblings and extended family; provide birth parents with mentoring and support to improve their parenting skills, facilitate reunification and prevent re-entry to out-of-home care; benefit foster parents and ensure that important relationships are preserved after reunification. Birth and foster family relationships can vary in depth from occasional phone calls to regular meetings.

### WHAT THE RESEARCH SAYS

Research has demonstrated that frequent contact between children in foster care and their birth families improves a child’s behavior and adjustment to being in care. Furthermore, positive relationships and interactions between the foster and birth families support frequent visitation, creates a sense of belonging for children and improves parenting practices.

## RECOMMENDED POLICY APPROACHES

- **Shared parenting:** The birth and the foster parents work together as partners to parent a child in foster care in the context of a trusting relationship that is supported and facilitated by a caseworker. The practice originated as part of the Model Approach to Partnerships in Parenting (MAPP) foster parent training curriculum. Shared parenting is prominently featured in the 2018 version of trauma-informed MAPP. Shared parenting often includes the following:
  - **Comfort calls:** A phone call between a foster parent and a birth parent shortly after a child's placement. Generally, the foster parent initiates the call and shares some information, such as her/his fostering experience, who lives in the home and daily routines. The call is also an opportunity for the foster parent to learn more about the child, e.g., favorite foods, how to comfort the child, and any special health needs.
  - **Icebreaker meetings:** Face-to-face meetings between birth parents and foster parents to share information about the child and to begin the process of developing a birth parent/foster parent relationship. These meetings are generally facilitated by a caseworker and take place soon after a child's placement with the foster family.
- **Recruitment of parents who are interested in mentoring and coaching birth families:** Half of the children in foster care will return home to their birth families. There should, therefore, be greater emphasis placed on recruiting foster parents willing to provide temporary care and partner with birth parents on behalf of children for whom reunification is the permanency goal.
- **Information sharing:** Policy should be clear about what information about the child—such as health and education records—must be shared with the foster parent. The more the foster parent knows about the child, the better equipped she will be to establish a child-centered relationship with the birth parent.
- **Special considerations for kinship care:** A kinship foster parent is likely to have a pre-existing relationship with the birth parent that presents unique issues, strengths and challenges. These relationships may be colored by conflicting emotions. Caseworkers need specialized training on family engagement practices, such as family team decision making and how to help caregivers and birth parents manage and leverage their relationships for the benefit of the child's safety, permanency and well-being.

## Shared Parenting: Potential Benefits for Foster Parents

Creating supportive relationships and sharing information with birth parents may:

- Enhance child development, learning, and well-being by encouraging the child to return to the child role
- Decrease children's defiant behavior by reducing the children's desire/need to demonstrate loyalty to birth family
- Provide information and insights that enable foster parents to meet children's needs earlier and in a more effective way, thus helping children and reducing foster parent frustration
- Reduce conflict with birth parents over various issues (e.g., grooming)
- Increase birth parent support for foster parents by reassuring them their children are being well cared for and that foster parents do not seek to replace them
- Create a positive connection between the foster parents, the child, and the child's family that will not have to end, even if the placement does

Source: Fostering Perspectives, North Carolina Division of Social Services, Vol. 10, No. 1, November 2005

### EXAMPLES OF EXISTING POLICIES AND PROGRAMS

- **North Carolina Shared Parenting Policy:** North Carolina, which has a state-supervised, county-administered child welfare system with significant private agency involvement, began practicing shared parenting in 2005. Caseworkers resisted the practice at first, because they were concerned that it would add to their heavy workload. They ultimately embraced shared parenting because direct communication between birth and foster families meant they no longer had to act as middlemen. Some county child welfare administrators thought the practice was optional because it was not in policy. In response, the state Division of Social Services adopted a formal [policy](#) in 2008, which was revised in 2015.<sup>3</sup>

<sup>3</sup> North Carolina Division of Social Services, Family Services Manual, Vol. 1: Children's Services, 1201-Child Placement Services, XI. Shared Parenting.

The policy covers the purpose and strengths of shared parenting, preparation for the initial shared parenting meeting, safety, confidentiality, role of the social worker and post-permanency.

Policy now mandates that every county and private agency implement shared parenting as part of every foster care case. Shared parenting is taught to every prospective foster and adoptive parent by a team consisting of an experienced foster parent and a “MAPP leader,” a county or private agency licensing worker trained by one of three master trainers.

Shared parenting proceeds through several steps, beginning with a phone call by the foster parent to the birth parent, in which the foster parent acknowledges the fear and worry being experienced by the birth parent and asks how the birth parent would like her child to be cared for. The foster parent provides assurances that she wants the child to be reunified and that she is not hiding the child from the birth parent. The next step is a shared parenting meeting, which policy requires be held within seven days of placement, although some counties hold an initial meeting within 48 hours. This meeting, which includes the caseworker, is an opportunity for more discussion of the child’s needs and preferences, as well as the nature and extent of ongoing contact. Over time, contact may be expanded to include the birth parent’s participation in school meetings and other activities involving the child. Eventually, the birth parent may be invited to visit the child in the foster parent’s home.

Although North Carolina has not formally evaluated shared parenting, anecdotal evidence suggests that it expedites reunification, lowers rates of re-entry, and facilitates adoption by the foster parent if reunification is ultimately ruled out. Shared parenting also reduces trauma for the child and the birth parent and makes it more likely that the foster parent can maintain contact with the child post-reunification.<sup>4</sup>

Other states that have written shared parenting policies include [Illinois](#)<sup>5</sup> and [Vermont](#).<sup>6</sup>

- **Ventura County, CA Co-Parenting Policy:** Co-parenting in Ventura County represented a complete shift from prior practice, in which foster parents had little to no contact with birth parents. Co-parenting is now an integral part of foster parent training, called 21st Century Training, which includes a presentation by a foster parent, birth parent and child on how the practice made a difference in their lives. Foster parents also receive

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<sup>4</sup> Donna Foster, Master Trainer and Program Consultant, North Carolina Division of Social Services, personal communication, August 20, 2018.

<sup>5</sup> Illinois DCF Permanent Planning Procedures, Procedure 315.30, Shared Parenting.

<sup>6</sup> Vermont Department for Children and Families, Family Services Policy Manual, Policy No. 124, Family Time.

coaching on co-parenting from Caregiver Support Specialists, who are available to deal with more complex issues, such as coordinating supports to stabilize children in the home, and Peer Partner Educators, who are experienced foster parents able to answer general questions and provide coaching on day-to-day caregiving.

Other important elements of co-parenting are use of [Partnership Agreements](#) and [Child's Needs and Services Plans](#). Partnership Agreements are signed by the foster parent, agency staff and the birth parent and set forth what is expected from foster parents and caseworkers. Foster parents, for example, are expected to maintain a relationship with the child and family to support continuity and successful reunification. Child's Needs and Services Plans are provided to foster parents at time of placement and contain detailed information about the child, including traumas the child has experienced and presenting behaviors, and require foster parents to provide a phone number at which the birth parent may contact the child, as required by California [statute](#).<sup>7</sup>

Co-parenting practice is tailored to individual cases and can include icebreaker meetings, regular telephone calls and participation in school meetings, doctor's appointments and child and family team meetings. Visitation using the [Fostering Relationships in Visitation](#) model is also an integral part of co-parenting and allows the foster parent to provide encouragement and positive feedback to the birth parent.

Ventura County has seen a reduction in placement changes as a result of co-parenting. The average number of placement changes decreased from 4.89 to 2.69 between 2016 and 2018.<sup>8</sup>

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<sup>7</sup> Cal. Welfare and Institutions Code, §308.

<sup>8</sup> Renee Lodder, Program Manager, Ventura County Children and Family Services, personal communication, October 18, 2018.

## Components of a Shared Parenting Policy: Some Considerations

Although there is no “one size fits all” template for shared parenting, policy can provide a useful framework to guide development of a child-centered relationship between foster caregivers and birth families. Jurisdictions interested in adopting a shared parenting policy may want to consider including the following components, partly adapted from policy in North Carolina:

- A.** Purpose and strengths of shared parenting
- B.** Pre-meeting phone call
- C.** Initial shared parenting meeting:
  - a. Preparation**
    - i.* focus on the child
    - ii.* timing, location
    - iii.* involvement of extended family members
    - iv.* involvement of non-custodial parents: safety concerns
    - v.* confidentiality
  - b. Role of caseworker**
    - i.* communicate purpose and structure of meeting
    - ii.* monitor birth family/foster parent interaction
    - iii.* serve as resource for all parties
  - c. Conduct of the meeting**
    - i.* ground rules
    - ii.* content of discussion
      - 1. child’s preferences, routines, school progress, response to discipline, etc.
      - 2. cultural, religious practices and beliefs
      - 3. ongoing visitation and contact
  - d. Subsequent birth parent/foster parent contact, such as:**
    - i.* regular phone calls
    - ii.* participation in team meetings, school meetings, medical appointments
    - iii.* foster parent shares information, e.g., journal, lifebook, photos, schoolwork, with birth parent
  - e. Shared parenting and Child and Family Team Meetings: similarities and differences**
  - f. Maintaining relationships post-permanency, as determined by parties**



## Policy Goal 2:

### Implement Data-Driven Recruitment and Retention Practices

*“If banding out fliers and having church socials aren’t going to do it, then we need to look at the data and we need to try to figure out why we’re not retaining foster families and where our best recruitment possibilities come from or have come from in the past.”*

—Lara Bouse,  
foster parent, Michigan

#### RATIONALE FOR THE POLICY

Providing quality parenting to children in foster care requires having foster parents available who can meet the needs of the children and youth needing families. Many jurisdictions, however, lack up-to-date data on current foster families, including characteristics of successful caregivers, foster parents’ skills, interests, placement preferences, placement capacity and training. They may also lack data on which communities and neighborhoods should be targeted for recruitment efforts so that children in care remain close to home and school of origin. Information on barriers, delays and inefficiencies in the licensure/approval process is also needed to ensure that those interested and qualified to become foster parents are able to complete the process. One reason that states and tribes often lack information on foster families is that it is not required to be maintained and reported to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS). While jurisdictions may have some of these data, it is often not being used strategically for planning and implementing foster parent recruitment, retention and support. Collection and analysis of new data elements can be challenging for child welfare agencies, but can improve placement matching, promote placement stability, provide valuable insight into placement needs and inform recruitment and retention efforts. Policy can help guide these efforts and promote consistency across counties and regions.

## WHAT THE RESEARCH SAYS

Research has identified lack of data as a critical barrier to states' recruitment and retention efforts. Studies and expert guidance have consistently highlighted the need to 1) utilize data on foster parent and child characteristics in order to effectively recruit families that match the needs of children in foster care, and 2) regularly collect feedback from foster parents through surveys and other means in order to inform recruitment and retention policies and practices.

## RECOMMENDED POLICY APPROACHES

- **Foster parent census:** A census is an ongoing, periodic collection of data on licensed foster parents, including those who are not currently caring for a child. A foster parent census can help agencies assess their overall capacity in terms of foster parents trained and available to care for infants (including those prenatally exposed to substances), teens, sibling groups, children with significant behavioral or mental health needs, and or special health care needs. A census can also identify foster parents who are particularly sensitive to and knowledgeable about the needs of children from diverse cultures. As such, it can help agencies determine whether their current families are being fully utilized and if there are significant gaps in agencies' recruitment strategies. Because this information is not required for AFCARS, state and tribal policymakers may want to consider requiring and funding a periodic foster family census.
- **Market segmentation:** Data on current, successful foster families is analyzed to create statistically accurate profiles based on demographics, lifestyle choices, consumer behaviors and location, among other variables. For example, a profile could be created specifically for prospective foster parents interested in mentoring birth parents. Recruitment efforts are then targeted to reach families that fit these profiles. Market segmentation is most effective when it is based on a large number of foster families deemed to be successful. The need for a large data set, however, can be a barrier to states with relatively small populations.
- **Local/regional recruitment and retention plans:** Such plans are based on data, needs and strategies specific to a given county or region and are best developed in close consultation with local stakeholders, such as foster parents, tribal representatives, providers, youth, licensing staff, judges and guardians ad litem, among others.

## EXAMPLES OF EXISTING POLICIES AND PROGRAMS

- **North Carolina Diligent Recruitment and Retention Plan:** North Carolina's [plan](#) was published in June 2017 and is part of the state's response to its Child and Family Services Review. Prior to development of the plan, the state experienced problems with data consistency across counties. The Division of Social Services (DSS) knew how many foster families it had, but was unable to drill down for more detailed information

about actual capacity and actual need. DSS developed the new Diligent Recruitment and Retention (DRR) plan collaboratively with input provided at three regional stakeholder meetings attended by representatives of the provider community, the courts, foster parents, youth, county child welfare leaders, licensing staff, caseworkers, advocates and others. DSS continues to solicit input from stakeholders with quarterly peer-to-peer calls.

One of the goals of the new DRR plan is that “the state, counties and child placing agencies have the capacity to use data to inform and monitor recruitment and retention efforts.” The plan requires each county department of social services to submit its own individualized plan annually. The state also requires each county to create, maintain, update monthly and submit to the state annually a data profile that includes the following: characteristics of children in care, characteristics of families available for placement, average length of time from initial inquiry to licensure, total number of licensed beds, total number of available beds, number of children placed out of county due to lack of available beds, and number of placement disruptions or changes. Although private agencies are not required to submit data profiles, larger agencies have that capacity and the state encourages them to do so.

Data profiles are considered program tools rather than report cards and will be used by DSS to guide its technical assistance efforts, including informational websites, training, [webinars](#), and publications such as [“Treat Them Like Gold: A Best Practice Guide to Partnering with Resource Families”](#). The data are also intended to increase transparency and consistency of messaging across public and private agencies.<sup>9</sup>

<sup>9</sup> Britt Cloudsdale, formerly with the North Carolina Division of Social Services, personal communication, August 24, 2018.

## Data Elements That Support Effective Recruitment and Retention

Ideally, jurisdictions would have the capacity to collect and analyze the following data elements on foster families for purposes of recruitment and retention:

- place of residence
- age
- placement preferences (infants, teens, sibling groups, medically fragile children)
- placement capacity (number of licensed beds, number of available beds)
- placement agency or agencies with which the family works
- ages and special needs of children fostered
- special skills, interests and training
- interest and skills in mentoring birth parents
- length of service
- licensure status
- reasons given by former foster parents for quitting

- **Washington State Foster Care Funding Collaborative (FCFC):** FCFC is a public/private partnership in which a consortium of foundations is funding 14 private provider agencies to work with the Washington state Department of Children, Youth and Families (DCYF) to recruit, train and license 2,500 new foster families in three years, beginning in January 2019. The project is coordinated by the Washington Association for Children and Families (WACF), the state's private agency membership organization, and consists of three components:
  - **Market research and segmentation:** WACF engaged a consultant and market research firm to identify the characteristics and motivations of the 4,000 current foster families in the state, where and how similar families are likely to be found, and gaps in foster family recruitment efforts. Each private agency will tailor its recruitment efforts to reach and serve the families most likely to foster the type of children (medically fragile, sibling groups, infants, teens, etc.) in which it specializes. This approach will help connect prospective foster families to agencies that will best support them, and it will encourage agencies to collaborate and not compete with one another for foster families. The project will develop some specific messaging to emphasize the expectation that foster parents mentor birth parents and support reunification. New recruitment marketing that leverages this research is expected to begin in January 2019.
  - **A centralized portal for prospective foster parents:** WACF and its partners have created a single online point of entry that will match prospective foster parents with the appropriate private agency or with DCYF based on the inquirer's geographic location, placement preferences, strengths and other characteristics. The premise is that by making good matches between families and agencies, there will be improved satisfaction and retention of foster parents. This approach differs from common practice, in which prospective families are provided a list of available agencies and must find their own best match.
  - **Data collection:** The project has created a customer experience dashboard, which tracks an applicant's progress from initial inquiry through licensure, in order to identify barriers, obstacles and inefficiencies in the process. This information will help the private agencies and DCYF to identify points in the process at which applicants are most likely to become discouraged and drop out. WACF plans to expand data collection to reach foster families' experiences post-licensure, including retention, placement stability and birth parent engagement. The data will help agencies identify best practice.<sup>10</sup>

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<sup>10</sup> Jill Marshall May, Executive Director, Washington Association for Children and Families, personal communication, October 26, 2018.



## Policy Goal 3:

### Engage Foster Parents in Decision-Making

*“I think it’s important that states provide funding to support peer networks of foster parents. Mentoring services and support groups help give a real understanding of what you’re going through. And foster parents can learn a few tips and tricks that you didn’t learn in training.”*

**—Jim Hatch,  
foster parent, Maine**

#### RATIONALE FOR THE POLICY

Foster families spend more time with children in foster care than any other professional partner. Foster parents have valuable, child-specific information that is important to share with courts and agencies, information that should assist with case planning, permanency planning, and health care and education decision-making. Accordingly, foster parents should be treated as priority partners on the child’s care and treatment team and their input should be considered as seriously as that of professionals such as clinicians, attorneys and caseworkers. Caregivers also have first-hand experience with the effects of agency foster care policies and procedures and thus can play an important role in foster care policy development.

#### WHAT THE RESEARCH SAYS

Research has shown that foster parent involvement in case planning is linked to increased foster parent satisfaction and intent to continue fostering. Foster parents report wanting to be part of a professional team that is planning for the child’s future, and often cite the lack of involvement in decision-making as one reason for being dissatisfied and even quitting.

## RECOMMENDED POLICY APPROACHES

- **Include foster parents in team meetings:** Policy should be clear that foster parents are essential members of the team of experts supporting the child and family. As such, foster parents should be invited and expected to attend and participate in meetings concerning the child. Every effort should be made to facilitate such participation, including allowing foster parents to participate by phone, if necessary.
- **Notification and follow-up regarding court hearings:** Federal law requires foster parents to be notified of court hearings and be provided an opportunity to be heard. This requirement, however, is not always complied with. State policy should reinforce the importance of foster parents' participation in court hearings and require caseworkers to facilitate such participation.
- **Foster parent advisory boards:** State and regional advisory boards are a vehicle for foster parents to be active participants in policy development and refinement at the agency as well as legislative levels. Advisory boards also serve to raise public awareness of the important service that foster parents provide, promote foster parent involvement in local child welfare-related planning, promote the statewide exchange of information and recommend improvements to foster parent training and support.
- **Training and policy guidance for caseworkers on required information sharing:** Federal law requires that foster parents be provided certain information regarding children's health and education. Such information is crucial to enable foster parents to engage in decision-making and provide quality care for children. Sometimes, however, this information is not shared because of misconceptions about confidentiality restrictions and for other reasons. Policy and caseworker training should clarify what must be shared and what cannot be shared so that foster parents get the information they need.

## EXAMPLES OF EXISTING POLICIES AND PROGRAMS

- **Illinois Foster Parent Law and Statewide Foster Care Advisory Council:** In 1995, Illinois enacted Public Act 89-19, which ensures that foster parents have a role in decision-making both in individual cases and in statewide policy development. The [Foster Parent Law](#) consists of extensive legislative findings regarding the essential role of foster parents, as well as a list of foster parents' rights and responsibilities. Included in the list of rights is the right to participate in case planning and decision-making regarding the child, to provide input into the service plan and to have that input be given full consideration "in the same manner as information presented by any other professional on the team."<sup>11</sup>

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<sup>11</sup> 20 ILCS 520/Article 1

The law requires the Department of Children and Family Services (DCFS) and each private provider of foster care to prepare an annual plan for implementing the law. These plans are taken seriously by DCFS and its private providers. For example, Children’s Home and Aid, one of the largest providers of foster care in the state, seeks input into its plans from foster parents and direct service staff through surveys, individual interactions and group meetings. An internal agency task force monitors progress in meeting plan goals.

The [Statewide Foster Care Advisory Council Law](#) created a 22-member council consisting of foster parents, foster care professionals, the president of the Illinois Foster and Adoptive Parent Association and four non-DCFS foster care experts to advise and make recommendations regarding foster care law and policy.<sup>12</sup> In addition, the council is tasked with reviewing, approving and monitoring the implementation plans required by the Foster Parent Law. The council scores each plan based on a set of criteria developed by the council and conducts on-site agency reviews to determine adherence to the rights and responsibilities enumerated in the Foster Parent Law. In addition to the statewide council, each DCFS region has its own council. The statewide council has had a significant impact on policy development in a number of areas, including normalcy for foster youth, differential response, shared parenting, foster parent training, and monthly foster care board rates, among others.

- **Missouri Foster Parents’ Professional Status and Foster Care and Adoption Board:** In 2007, Missouri enacted into law a [Foster Parents’ Bill of Rights](#).<sup>13</sup> In addition to other rights, the law formally established foster parents as colleagues on the child welfare team, requiring that foster parents be engaged in a manner consistent with the National Association of Social Workers’ Ethical Responsibilities to Colleagues. This designation recognizes foster parents as professionals whose expertise is on par with caseworkers, mental health providers, and other members of the team, and also provides them with access to formal appeal processes that are established in law. In 2011, the state legislature enacted the [Missouri State Foster Care and Adoption Board](#).<sup>14</sup> Comprised of foster and adoptive parents from across the state, the Board is charged by law with providing consultation and assistance to the Department of Social Services on policies and procedures related to foster care and adoption, and also determining the nature and content of in-service training. Board members are reimbursed by the state for expenses related to their board duties. In addition, the Board interfaces with the Family Resource Centers that provide an array of supports to foster and adoptive families across the

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<sup>12</sup> 20 ILCS 525/Article 5

<sup>13</sup> MO Rev Stat 210.566

<sup>14</sup> MO Rev Stat 210.617

state. In the course of working with families, the Family Resource Centers identify issues and challenges that arise for foster and adoptive families. Issues that appear to be systemic in nature are brought to the Foster Care and Adoption Board for their review and recommendations.

- **Clark County, Nevada Information Sharing Brochure:** In 2016, the Clark County Quality Parenting Initiative Child Welfare Workgroup collaborated with the District Attorney's Office to address the issue of inconsistent information sharing. The workgroup created a [brochure](#) that summarizes law and policy governing information sharing in federal law, Nevada Revised Statutes, Nevada Administrative Code and Clark County Department of Family Services policy. The brochure highlights the benefits of sharing information, which includes building meaningful partnerships between caseworkers, birth families and foster caregivers. It outlines the types of information that must be shared with care providers, such as children's health and education information, case plans, permanency plans and visitation plans, as well as information that cannot be shared, such as mandated reporter information, court reports, birth parents' financial records, and HIPAA protected health information, e.g., parents' drug test and psychological evaluation results. The QPI lead in Clark County reports that the brochure has been helpful in dispelling confusion on the part of caseworkers and supervisors about what information must be shared with foster parents.<sup>15</sup>
- **Tennessee Child and Family Team Meeting Protocol:** Tennessee Department of Children's Services (DCS) works to ensure that foster parents can attend Child and Family Team Meetings (CFTMs). First, foster parents are able participate in the CFTMs in person or by phone, which helps working parents or parents with other children to stay involved. DCS also has a detailed CFTM [protocol](#) that clarifies roles, decisions to be made, and explicitly gives any member of the team, including foster parents, the right to call a CFTM. Foster parents, in particular, can call a CFTM when they feel like they need additional help and/or don't have all the information they need in order to care for the child placed in their home. If at any time foster parents feel as though they need support in a CFTM, they can request a foster parent advocate to attend the meeting with them. (For more on Tennessee's Advocacy Program, see following section on dedicated staff and peer support).
- **Quality Parenting Initiative/Florida Partnership Plan:** The Quality Parenting Initiative (QPI) is a statewide approach to strengthening foster care in Florida, and in numerous other jurisdictions. Launched in Florida in 2008, QPI focuses on implementing policies and practices that support excellent parenting for all children in the child welfare system. One important policy related to ensuring excellent parenting is Florida's

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<sup>15</sup> Denise Parker, Clark County QPI Coordinator, Clark County Department of Family Services, personal communication, August 29, 2018.

[partnership plan](#), which is being implemented across the state as part of regular case practice. The partnership plan exists in [administrative policy](#)<sup>16</sup> and key components are reflected in Florida statute. The partnership plan is also embedded in pre-service foster parent training (MAPP and Pride).

The partnership plan is a signed statement that articulates a shared understanding between caregivers and agency staff of the goals and responsibilities they each have to ensure excellent parenting for each child in foster care. The partnership plan is a clear framework to guide a strong working partnership between caregivers and agency staff on behalf of the child's well-being. Among other things, the partnership plan emphasizes the importance of information sharing and inclusion of foster parents in team meetings and court hearings.

Since its inception, the partnership plan has evolved in both practice and policy to reflect input from stakeholders. The initial design of the framework began in 2011 with the convening of a statewide workgroup that included foster parents and community-based care providers as well as casework and licensing staff from the Department of Children and Families. Developed collaboratively, the partnership plan and the accompanying assessment instruments serve as a guide to licensing, case management, and support of foster families.

Use of the partnership plan is a work in progress. QPI representatives indicate that implementation of the partnership plan is a high priority, particularly with regard to incorporating it into caseworkers' training and notifying court staff about the plan. QPI staff point out that the partnership plan is a shared responsibility; therefore, it is important to ensure it is implemented in both foster parent and caseworker training, which ideally should be joint training.

Other states that have a partnership plan include Nevada and California.

- **Alaska Resource Family Advisory Board (RFAB):** RFAB is a collaboration between the State of Alaska Office of Children's Services (OCS) and the Alaska Center for Resource Families (ACRF). The mission of the [RFAB](#) is to provide education, understanding and guidance to resource families and OCS for the benefit of all through open and continuing communication with OCS workers and administration to create a better environment for all children. The RFAB is led jointly by a foster parent and a representative of OCS.

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<sup>16</sup> Fla. Admin. Code, 65C-13.025, 65C-14.023, 65C-28.004

The RFAB developed the Resource Family Bill of Rights in cooperation with OCS. Finalized in 2018, the [bill of rights](#) is provided to all foster parents and social workers and covers 13 key areas, including communication, information, notice, involvement, placement, religion, and permissions. It is intended to be a useful tool for families and provide clarification on day-to-day questions.

The priority initiatives of the RFAB for 2019 include (1) establish and promote awareness of a new bill of rights for resource parents in Alaska; (2) seek resource parent feedback and share with OCS management; (3) make recommendations regarding licensed foster family investigations; (4) support regional support networks amongst resource parents; and (5) help encourage a system of recognition and appreciation for experienced resource parents.<sup>17</sup>

## Opportunities to Engage Foster Parents in Decision-Making

- State and regional advisory boards of foster parents
- Case planning
- Team meetings
- Court hearings and follow-up
- Development of Diligent Recruitment and Retention Plans
- Development of foster parents' rights and responsibilities

<sup>17</sup> Aileen McInnis, Director, Alaska Center for Resource Families, a Division of Northwest Resource Associates, personal communication October 29, 2019



## Policy Goal 4:

### Provide Timely Access to Trusted, Dedicated Staff and Peer Support

*“As part of the foster parent/agency partnership, foster parents need to be encouraged—not penalized—to advocate for the child in their home. When agencies view foster parents as a key member of the team, they understand that this advocacy is all about helping the child succeed.”*

**— Phyllis Stevens,**  
foster parent, Pennsylvania

#### RATIONALE FOR POLICY

Foster parents commonly report that the single most important factor in their ability to care for children (and the factor that most influences their desire to continue fostering) is the ability to connect with someone they trust to discuss how best to meet the needs of children in their care. Thus, policy should provide that every foster parent has access to someone who can provide needed support and advice in a timely way. The people who can best fill that role are often other experienced, successful foster parents.

#### WHAT THE RESEARCH SAYS

Research has demonstrated that children in foster care achieve better outcomes when they experience stable placements. Importantly, research has also shown that support to foster parents is associated with improved foster parent retention and decreased placement failure. The types of support identified as being critical to foster parents include timely support from caseworkers, effective training, support during crisis and peer support.

#### RECOMMENDED POLICY APPROACHES

- **Dedicated peer support workers:** Some jurisdictions contract with licensed and experienced foster parents, on either a paid or volunteer basis, to mentor new caregivers, prevent problems from becoming

crises, intervene when crises do occur, and help foster parents navigate the complexities of the child welfare, judicial, educational and healthcare systems.

- **Dedicated agency caseworkers:** Some child welfare agencies employ dedicated caseworkers who support foster families through all phases of the fostering process, including home studies, training, placement matching and ongoing support.
- **Support groups:** Policy can encourage the formation and maintenance of support groups and require frontline staff to inform current and prospective caregivers about local, statewide and national groups. Online support groups, such as private Facebook groups, are often a convenient way for foster parents to connect with peers and avoid scheduling and transportation barriers.
- **Telephone support:** Many jurisdictions have toll-free helplines available to assist foster parents with a wide range of concerns and to connect them to the right person within a child welfare agency.
- **Kinship navigator programs:** These programs provide information, referral and follow-up services tailored to the needs of relative caregivers and the children they raise, both inside and outside of the foster care system. Navigator programs can link kin with a wide variety of resources, including support groups, financial assistance, legal services, recreational opportunities, healthcare providers and more. These programs often work best when the navigators are peers.

## EXAMPLES OF EXISTING POLICIES AND PROGRAMS

- **Clark County, Nevada Foster Parent Champions:** The program was started in 2012-13 in response to a need for peer support of foster parents. It employs ten part-time champions who work about 20 hours a week at \$20.00 per hour. Minimum qualifications include being a licensed foster parent for at least two years with no disruptions or investigations. Each champion has a unique set of skills, interests and experience, and so the program is able to support families with teens, infants, medically fragile children and sibling groups. The program was initially funded with a federal diligent recruitment grant. When the grant ended, the county Department of Family Services continued the program with its own funds after seeing the program's results, which included a decrease in placement disruptions.

Champions perform a wide variety of functions. A champion will call a foster parent within 24 hours of placement to ask if she needs help or support. Kin caregivers receive the same call, followed up with help with licensure and connection to a kinship service provider. Kin receive a second call at 30 days, since the county's experience is that, while most relative placements are stable, disruptions that do occur are most likely to

occur around 45 days after placement. Champions are available to attend case staffings and court hearings, provide in-home assistance, and help with school issues, among other things. Champions intervene when a foster parent gives a 10-day notice to have the child removed. An intervention includes an assessment of the situation, identification of needed support, or in some cases a need to change the foster parent's placement preferences such as age range.

The Champions program has received buy-in from the county system of care. Although caseworkers were initially concerned that champions were taking over their jobs, they now support the program. Champions support caseworkers as well as foster parents because they handle some tasks that would otherwise have fallen to caseworkers.<sup>18</sup>

- **Children's Home and Aid Foster Parent Mentors:** Children's Home and Aid is one of the largest statewide private providers of child welfare services in Illinois. The foster parent mentoring program was begun in March 2017, after a series of focus groups across the state revealed that foster parents were supporting one another informally but sometimes exchanging inaccurate information about state policy and procedure. The mentoring program was started to formalize such support and ensure that foster parents were receiving up-to-date information.

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<sup>18</sup> Denise Parker, Clark County QPI Coordinator, Clark County Department of Family Services, personal communication, August 29, 2018.

## Starting a Foster Parent Peer Support Program: Advice from the Field

- **Assess needs:** Determine through surveys, focus groups and informal communications what foster families need in the way of support. Decide if peer mentors are best suited to provide such support.
- **Obtain buy-in from front-line staff and supervisors:** Ensure that caseworkers understand the role of peer support workers and how peer workers can support caseworkers as well as foster parents.
- **Determine qualifications, duties and training:** Determine what kinds of experience, knowledge and skills are required of peer support workers, what they will be expected to do and the type of training they will receive.
- **Plan for administration and funding:** Assess agency capacity to administer, oversee and fund a program of peer support.
- **Design evaluation plan:** Decide on the outcomes the program is intended to achieve, how they will be measured and what data will need to be collected and analyzed.

The program has trained 223 volunteer mentors and between 160 and 170 are currently active. Volunteers are current or former licensed foster parents, and most are kinship caregivers, as are their mentees. Prospective mentors must have at least two years of experience and must be referred to the program by agency licensing staff. Mentors receive seven hours of training over two days on topics such as licensing criteria and DCFS policy.

A newly-licensed foster parent is given the option to pair up with an appropriate mentor, who is then assigned to the foster parent for a minimum of six months and a maximum of 12 months. Mentors meet monthly with their mentees and maintain ongoing contact through emails, texts and phone calls. Mentors take on this role without compensation because they want to support other foster parents, be recognized as outstanding caregivers and to receive support themselves.

The goals of the mentoring program are to improve retention of foster parents, increase placement stability, improve partnerships among workers, birth parents and foster parents, increase opportunities for shared parenting and improve foster parent recruitment, among others. Mentors focus on preventing crises and have achieved positive results. Ninety-three percent of 14-day notices submitted by foster parents have been retracted or extended after a mentor became involved. According to Ashley Akerman, Statewide Foster Parent Support Coordinator for CH&A, such notices are almost never about the child; rather, they are about some service, training or support that is missing.<sup>19</sup>

- **The Confederated Tribes of the Umatilla Indian Reservation, Policy on Treatment of Foster Parents:** The Umatilla Tribe's Department of Children and Family Services (DCFS) Policies and Procedures Manual describes expectations for agency staff in working with foster parents . DCFS staff seek regular input from foster parents in decision making affecting the foster child and participate in team meetings as well as court reviews and permanency hearings. In addition, DCFS staff provide support for foster parents to develop effective relationships with medical, educational, and other service providers to ensure that foster parents understand issues affecting children's well-being. DCFS case workers have cell phones that foster parents can call 24 hours a day, seven days a week when they have questions or concerns.
- **Iowa One Caseworker Model:** Iowa's Department of Human Services (DHS) contracts for foster parent recruitment and retention in each of the state's five regions. In the most recent [contracts](#), DHA stipulates that the contractors must use the One Caseworker Model,<sup>20</sup> which requires

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<sup>19</sup> Ashley Akerman, Statewide Foster Parent Support Coordinator, Children's Home and Aid, Illinois, personal communication, September 24, 2018.

<sup>20</sup> Iowa Department of Human Services. Contract for Resource Family Recruitment, Retention, Training, and Support (RRTS) services. ACFS 18-007.

that the same staff person is assigned to work with each resource family through the recruitment and retention process -- from training to licensing and approval, through matching, and on to support and closure. The caseworkers become very familiar with their resource families, which allows them to recommend better placement matches, introduce enhanced child management techniques, tailor the training that the foster parent receives, and provide background knowledge to help the family meet the child's needs. Caseworkers are also charged with knowing the resource families' ability to work with a child's birth parents, extended family, and how the family supports a child's connections to birth family, siblings, culture, and community. Caseworkers maintain familiarity with each family's history of fostering and know the needs, ages, and behaviors of children with whom they have had success. Importantly, they understand each resource family's current situation and judge their ability to parent another child given their immediate circumstances.

- **Tennessee Advocacy and Mentorship Program:** The Tennessee Advocacy and Mentorship Program is designed to support foster parents in times of crisis or special needs. Advocates are experienced foster parents who receive training to provide assistance, support and representation in grievances and appeals with DCS. The Tennessee [Foster Parent Bill of Rights](#)<sup>21</sup> established in law that any foster parent under

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<sup>21</sup> Tennessee Code Annotated Section 37-2-415, Foster Parents' Rights

## Umatilla Tribe Policy on Treatment of Foster Parents

In executing the Program, DCFS employees shall remember that foster parents should:

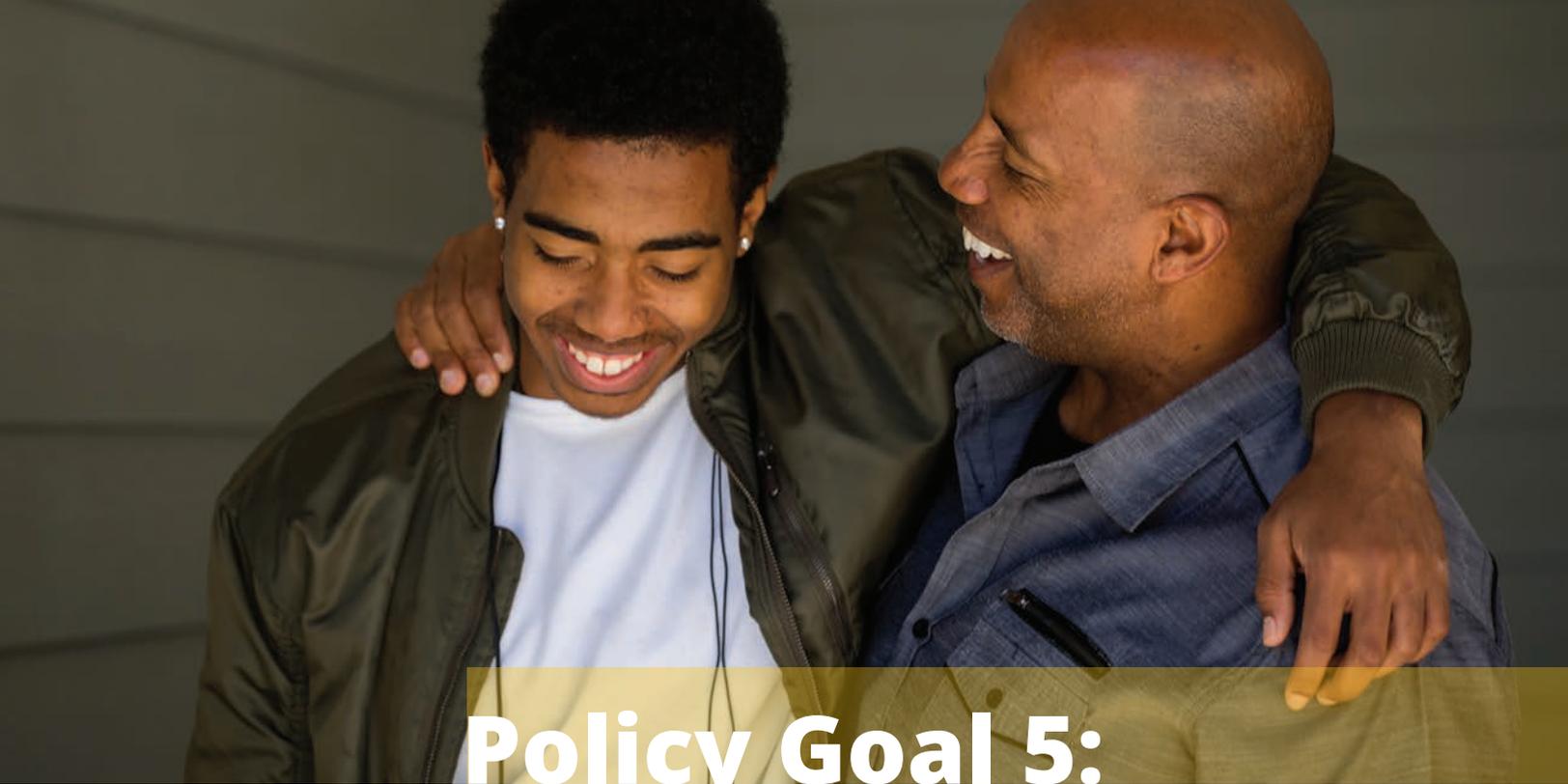
1. Be treated with dignity and respect as a member of the team trying to provide minors with stable, safe, and nurturing environments to grow up in;
2. Be included as a valued member of a team that provides care and planning for children placed in their homes;
3. Receive support services, when they qualify, from DCFS;
4. Be promptly informed of any condition that relates to a child placed in their care that may jeopardize the health or safety of the foster parent or other people in their home;
5. Have input into permanency planning;
6. Receive assistance from DCFS regarding loss and separation when a child is removed from their home;
7. Be informed of all DCFS policies and procedures; and
8. Be informed about how to receive services and have access to DCFS personnel or service providers 24 hours a day, seven days a week.

investigation has the right to be represented by an Advocate. Advocates support the foster parent through the process while promoting the safety and well-being of the child above all else. Each of the twelve DCS regions has an assigned advocate. The advocates are volunteers who receive a \$400 monthly stipend and reimbursement for travel expenses. In 2007, foster parent mentors, who are separate from advocates, were added to the program. Mentors are volunteers that provide support, understanding, and knowledge to foster parents, and help families through crisis. DCS provides funding to the Tennessee Community Services Agency, created by the state General Assembly, to administer the Advocacy and Mentorship Program.

- **A Second Chance, Inc. (ASCI):** ASCI, based in Pittsburgh, Pennsylvania, specializes in supporting child welfare-involved kinship families while providing parents with services to help them regain custody of their children. As part of its comprehensive approach, ASCI provides kinship care training specially designed to address the dynamics of kinship families; intensive in-home services, emergency assistance, including a clothing bank and flexible funding for other necessary expenses; respite services; and transportation. ASCI also assigns different social workers to work with the caregiver and the parent to ensure that immediate service needs, as well as longer-term reunification and permanency goals, are being met.
- **Children’s Home Network (CHN) Florida Kinship Navigator Program:** CHN’s program serves both “informal” kinship arrangements with no child welfare involvement and “formal” kinship families with children placed by a court. The program includes peer navigators equipped with laptop computers who provide in-home assistance with applying for benefits and services.<sup>22</sup> The program also features interdisciplinary teams of professionals available to consult with navigators, assist with service delivery and help solve complex problems. Services include an array of standardized assessments, case management, educational workshops, support groups, legal services, respite care, and counseling. The CHN program is one of only a few navigator programs to have been evaluated with a randomized control trial as part of a 2012 federal kinship navigator grant. The evaluation found that kinship caregivers enrolled in the treatment group scored higher in family functioning, social supports, concrete supports, child development, and nurturing and attachment. The program also increased TANF application and enrollment rates, with 75 percent of caregivers in the treatment group applying and over 50 percent enrolling, compared to a 20 percent application rate and 6 percent enrollment in the comparison group. The study suggests that traditional child welfare services provided to foster parents may not be sufficient to meet the complex needs of kinship caregivers.

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<sup>22</sup> Larry Cooper, Chief of Intervention and Prevention Services, Children’s Home Network, personal communication, November 9, 2018.



## Policy Goal 5:

### **Prioritize Placements with Family Members and Other Family Connections**

#### **RATIONALE FOR POLICY**

Relative placements have been shown to reduce the trauma of removal, maintain connections with family and community, and promote placement stability and child well-being. It is federal policy as well as policy in most, if not all, states that relatives are the preferred placement for children removed from home. Actual practice, however, does not always reflect this policy. Accordingly, policy should go further than merely stating a preference for relative caregivers; it should actively remove barriers, create incentives and facilitate such placements.

#### **WHAT THE RESEARCH SAYS**

Research has shown that, overall, children in foster care experience more stability and better outcomes when they are placed with relative caregivers. Children placed with kin are also more likely to experience fewer placement disruptions and exhibit improved behavior.

## RECOMMENDED POLICY APPROACHES

- **Kinship Firewalls:** Some jurisdictions require staff to seek special approval to place children with non-kin, ensuring that they have taken all steps necessary to make the first placement a kinship placement.
- **Provisional licensing protocols:** Children are typically placed with relatives prior to licensure. Once a relative has been located, policy should streamline the necessary approval process, including criminal background checks and home safety inspections and put the relative on a path to full licensure.

## How to Create a Kin First Foster Care System

- Lead with a Kin First Philosophy: Leadership is a key ingredient to creating a kin first culture. Leaders can promote the belief that children belong with family, ensure that resources, tools and training are aligned with the underlying values of a kin first culture, and hold all levels of the agency accountable for prioritizing placement with and connections to kin.
- Develop written policies and protocols that reflect equity for children with kin and recognize their unique circumstances: Well-drafted policies and protocols will streamline the placement process and make it easier to place children with kin.
- Identify and engage kin for kids at every stage: Kin first states are ones that begin identifying a child's extended family network from the moment the child comes to the attention of the child welfare system.
- Create a sense of urgency for making the first placement a kin placement: Kin first agencies invest necessary resources and align their policies, practices and staff to make the child's first placement with kin whenever possible.
- Make licensing a priority: Kin first agencies seek to remove all barriers to licensing kin who can provide a safe and stable placement for the child.
- *Support permanent families for children: Kin should support the goal of a safe return home, but remain willing to provide a permanent family if that goal cannot be met.*
- Create a strong community network to support kin families. Community partnerships can ensure that kin have access to the tailored services *and supports they need for the child.*

Source: <http://www.grandfamilies.org/wikiHow-for-Kinship-Foster-Care>

Please see [Grandfamilies.org](http://www.grandfamilies.org), a national legal resource, for technical assistance on implementing federal child welfare laws.

- **Removal of licensing barriers:** State licensing policy should allow for more flexibility regarding home studies, square footage requirements, number of available bedrooms and bathrooms, certain disqualifying criminal history and training in order to remove impediments to licensure of kin caregivers.
- **Family-finding at first contact:** Policy should require that caseworkers not wait until the child is removed before seeking relatives who could support a family and, if necessary, serve as a placement resource for the child. Rather, relative search should begin when a family is first brought to the attention of the child welfare agency and continue throughout the life of the case until permanency is achieved.

## EXAMPLES OF EXISTING POLICIES AND PROGRAMS

- **Tennessee Kinship Firewall:** Tennessee has a [kinship exception request protocol](#), which requires management-level approval for any non-kin placement when, after a diligent search, relatives who meet agency standards cannot be located or are unavailable.<sup>23</sup> Connecticut and Denver County, Colorado have similar policies. Connecticut requires its kinship specialists to use a checklist to ensure that caseworkers have made every attempt to locate maternal and paternal relatives.
- **District of Columbia Expedited Placement Policy:** In 2012, the Child and Family Services Agency (CFSA) launched the KinFirst strategy to engage and support birth and kinship families. Child protection workers begin engaging parents to identify relatives as potential caregivers while CFSA investigates a concern and arranges a Family Team Meeting. The Kinship Licensing Unit is immediately notified to contact relatives, while the Diligent Search Unit reviews databases to find other relatives. All removal notices must include a list of identified relatives, with comments explaining why they could not be immediate placement resources. When a willing relative is found, CFSA's goal is to complete the expedited licensing process in four to six hours.

Kin receive a [temporary license](#) pending completion of the full licensure process.<sup>24</sup> CFSA altered the work schedules of Kinship Licensing, Family Team Meeting and Diligent Search workers to accommodate around-the-clock searches and procedures, making multiple moves of children less likely. CFSA also established an emergency flexible fund to pay for furniture, clothing, food and moving expenses.

<sup>23</sup> Tennessee Department of Children's Services, Protocol for Kinship Exception Request, Supplemental to DCS Policy 31.9, Conducting Diligent Searches.

<sup>24</sup> District of Columbia Child and Family Services Agency, Policy Title: Temporary Licensing of Foster Homes for Kin

- **Nebraska Statute on Removal of Licensing Barriers:** In 2013, Nebraska enacted a [statute](#) that calls for new foster family licensing requirements that ensure children’s safety but minimize use of licensing mandates for non-safety issues. The statute requires that licensing rules provide alternatives for non-safety issues regarding housing. The legislation also requires the department to provide assistance to families in overcoming licensing barriers, especially in child-specific relative and kinship placements.<sup>25</sup>
- **Pennsylvania Statute on Family Finding at First Contact:** In 2013, the Pennsylvania General Assembly enacted [H.B. 1075](#), which included a requirement that family finding be conducted for a child when the child is accepted for service and at least annually thereafter. “Accepted for service” is defined as a decision to admit or receive an individual as a client of the county agency or as required by court order.<sup>26</sup> Workers are now expected to be fully invested in finding and maintaining children’s important family connections.
- **Port Gamble S’Klallam Tribe Definition of Extended Family:** Recruitment and retention of relative foster families are key elements of the Port Gamble S’Klallam foster care program. The term “extended family” is defined broadly in policy to include family ties that are based on bloodlines, marriage, friendship and caring. All women in the community become “auntie” or “grandma” when they reach a certain age, regardless of blood relationship. In fact, any member of the tribe who is reliable, responsible, loving and willing to care for a child may be considered extended family. In order to encourage kin to serve as foster parents, the tribe developed a simplified licensure process that provides families with specific, easily understood information accompanied by support services.

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<sup>25</sup> Nebraska LB 269 (2013). The Family First Prevention Services Act requires states to report on their efforts to reduce licensing barriers for kin.

<sup>26</sup> Codified at Pa. Stat., Tit. 62, §1302.1



## Policy Goal 6:

### Ensure Timely Access to Physical and Mental Health Services

*“Pediatricians know that children do best in caring and stable families, and children in foster care are no different. Policies that improve timely access to quality health services for children in foster care ensure that foster families have the critical support they need and children can thrive.”*

— American Academy of Pediatrics President  
**Kyle Yasuda,**  
MD, FAAP

#### RATIONALE FOR THE POLICY

Many children in foster care have experienced significant trauma and have complex physical and behavioral health care needs. Quality foster parenting is a therapeutic intervention that promotes children’s health and well-being. A core aspect of this role is being an effective partner in ensuring children receive the health services they need. Meeting those needs, however, can be frustrating for foster parents because of systemic barriers in the areas of medical consent, information sharing, access and coordination of services, and training. Policy should, to the extent possible, eliminate those barriers so that children receive the care they need.

#### WHAT THE RESEARCH SAYS

Research has consistently identified that children in foster care have high levels of physical and mental health needs. Foster parents report that addressing those needs is often a challenge and even a reason for discontinuing to foster. Further, the inability of foster parents to manage the physical and mental health needs of the children in their care has been linked to placement disruption. Studies also show that when foster parents receive appropriate supports, including access to children’s physical and mental health services, their retention improves.

## RECOMMENDED POLICY APPROACHES

- **Authorize foster parents to consent to routine medical care:** Requiring birth parent or agency consent for all medical treatment, even routine care, can delay treatment for minor conditions such as head lice or scabies, which can keep children out of school and away from activities such as team sports.
- **Facilitate sharing of health information through electronic information exchange:** Providing foster parents with paper copies of health records is burdensome and inefficient. The information in such records is likely to be out-of-date and incomplete. Electronic exchange can ensure that information is current. It can also allow for tiered access to maintain appropriate privacy protections while promoting coordination.
- **Develop and implement federally-required Health Oversight and Coordination Plans (HCOPs) that provide for medical homes and trauma-informed care:** The Fostering Connections to Success and Increasing Adoptions Act, as amended, requires state child welfare and Medicaid agencies to develop HCOPs in consultation with pediatricians and other healthcare and child welfare experts. These plans must ensure a coordinated strategy to identify and respond to the health care needs of children in foster care, including mental and dental health needs. Development and implementation of these plans is an opportunity to improve care coordination and quality.
- **Establish a mobile crisis response program:** Mobile crisis response provides immediate help to families, including resource families, with children who are experiencing escalating emotional symptoms and behaviors. These services promote placement stability by preventing the need for higher intensity interventions, such as residential treatment.
- **Ensure that foster parents are prepared to understand and manage children's physical and behavioral health needs:** Foster parents should receive training and support that addresses the effects of trauma, developmental delays, prenatal substance exposure and care for medically fragile children. Foster parents need baseline knowledge and a sense of self-efficacy regarding management of children's complex needs.
- **Require child welfare agencies to have medical directors:** When feasible, agency leadership should include pediatricians and/or child psychologists to bring a medical perspective to agency decision-making and policy formulation.

## EXAMPLES OF EXISTING POLICIES AND PROGRAMS

- **California Medical Consent Statute:** Under California [law](#), a licensed caregiver providing residential foster care may give consent for ordinary medical and dental treatment, including but not limited to immunizations, physical exams and x-rays.<sup>27</sup>

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<sup>27</sup> Cal. Health and Safety Code, §1530.6

- **Ventura County, CA Foster Health Link:** This public/private initiative, launched in 2015, provides caregivers secure electronic access to up-to-date health information about the children in their care. Prior to 2015, caseworkers were required to deliver to foster parents paper copies of health records that were often out of date and fragmentary. Foster Health Link is a website and mobile application that pulls current health and education data from the state's Child Welfare Services Case Management System (CWS/CMS) and the county health care agency regarding children's immunizations, allergies, medical conditions, medications, well child physical and dental exams, Medi-Cal enrollment, as well as educational records. Ventura County developed the system in collaboration with the Children's Partnership and several private foundations and technology companies.
- **Minnesota Statute on Mental Health and FASD Training:** Minnesota [law](#) requires foster caregivers to complete training on children's mental health issues and fetal alcohol spectrum disorders.<sup>28</sup>
- **Massachusetts DCF Healthcare Reforms:** In 2014, the state Department of Children and Families (DCF) convened a Task Force on Medical Services for children in foster care. As a result of the task force's recommendations, DCF hired a medical director and medical social workers for each of the 29 DCF area offices. The medical social workers ensure that children receive a screening medical exam and comprehensive medical visit within one month of entering foster care, verify that visits are documented in the DCF database, provide care coordination, arrange medical follow-up, address insurance issues and provide support to foster caregivers. As a result, compliance with medical visit policy increased from 22 percent to 85 percent. In addition to medical social workers, each of the five DCF regions employs a full-time nurse who provides consultation on individual cases, is a liaison to healthcare providers and leads training for caseworkers and managers.
- **New Jersey Mobile Response and Stabilization Services (MRSS):** Under the MRSS intervention, administered by the New Jersey Department of Children and Families (DCF) as part of the Children's System of Care, a behavioral health worker is available to any family in the state at any time, 24 hours a day, seven days a week, 365 days a year. Services offered include crisis de-escalation, in-home counseling, behavioral assistance, caregiver therapeutic support, intensive community-based services, skill-building and medication management. The services are available to all families--birth, kinship, foster, guardianship and adoption. In April 2017, DCF adopted a [policy](#) that assigns an MRSS worker to every child newly placed in out-of-home care within 72 hours after removal. The worker meets with the child individually and also with the caregiver to discuss

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<sup>28</sup> Minn. Stat. §245A.175

how the worker can support the family and strategies the caregiver can use to respond to difficult behaviors.<sup>29</sup> The MRSS program has achieved impressive results. During the period from 2014 to 2018, between 95 and 98 percent of children served have remained in their current living situations.<sup>30</sup> Other jurisdictions that have adopted mobile response as part of their children's system of care include Connecticut; Delaware; Milwaukee, Wisconsin; Nevada and Oklahoma.

- **Health Oversight and Coordination Plans:** Several states have used their HOCP process to develop innovative approaches to managing and improving access to care for children in foster care. Missouri, Ohio, and Washington are key examples of collaboration and demonstrated ability to overcome challenges in care delivery. A key feature of all three states is partnership with their state chapter of the American Academy of Pediatrics. Engaging AAP chapters in the HOCP development process offers agencies health expertise and the perspective of professionals currently caring for children in foster care. Missouri's HOCP emphasizes trauma-informed care, data collection and sharing, and ongoing quality improvement. Ohio's HOCP also adopts a trauma-informed approach and incorporates responses to parental opioid use and FASD. The Ohio HOCP outlines partnering with school health systems, medical homes, Medicaid managed care plans, and the Fostering Connections Program at Nationwide Children's Hospital. The Washington state HOCP reflects strengths in data and information sharing, upcoming integration of physical and behavioral health systems, and formal psychotropic medication utilization review.
- **Texas 3 in 30:** Texas requires that all children entering foster care receive three critical health assessments within 30 days. Known as 3 in 30, this new initiative requires that all children entering foster care receive timely assessments related to their medical, behavioral, and developmental health. Within three days of entering care, children must receive an initial medical exam, to assess for injuries and illness and receive any related treatment.<sup>31</sup> Within 30 days, children must also receive a Child and Adolescent Needs and Strengths (CANS) assessment, a tool that can help professionals determine the level of trauma a child has experienced, the services that may help them, and the strengths they currently have to build upon.<sup>32</sup> Also required within 30 days is a complete check-up with lab work in accordance with the state's Early and Periodic Screening, Diagnosis and Treatment program, known as Texas Health Steps. This

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<sup>29</sup> New Jersey Department of Children and Families Policy Manual, Child Protection and Permanency, Vol. IV, Chapter B, Subchapter 8, Child Protection and Permanency Access to MRSS Process for Placements and Replacements in Resource Care and Kinship Homes

<sup>30</sup> Casey Family Programs, Strategy Brief: What is New Jersey's Mobile Response and Stabilization Services Intervention?, May 2018.

<sup>31</sup> Texas S.B. 11 (2017), codified at Tex. Fam. Code § 264.1076

<sup>32</sup> Texas S.B. 125 (2015), codified at Tex. Fam. Code § 266.012

is critical for identifying health needs, assessing whether a child is experiencing any developmental delay, and ensuring a child's caregivers know how to support their growth and development.

- **Fond Du Lac Tribe Child Care Guidance:** A tribal ordinance provides guidance on daily activities that promote optimal physical, social, mental and emotional health and development of children in care, including activities that enhance children's appreciation of their cultural heritage. For example, the ordinance requires that infants have ample opportunities for freedom of movement every day in order to promote large-muscle development. For toddlers, the ordinance requires that each child be provided with limits consistent with age and understanding in order to protect the child's and others' safety. Similar requirements exist for preschool, school-age and adolescent children. The ordinance also includes a daily food guide, including food groups, average serving sizes and recommended number of servings for children in each age group.





# Conclusion

The need for stable, quality foster parenting has never been more urgent. A compelling body of research has emerged about the importance of quality parenting to the well-being of children, especially for children who have suffered the trauma of abuse, neglect and abandonment. Unfortunately, far too many foster parents give up because they lack needed support, services, information and recognition as key partners in promoting children's safety and well-being. Some states, localities and tribes are beginning to put into place a wide variety of policies and programs to meet the need for quality foster parenting. A few of these policies and programs are highlighted in this Policy Playbook. CHAMPS will continue documenting examples and disseminating best practice information as the campaign progresses. Accordingly, we invite all who are interested in this critical issue to get involved with CHAMPS and share their ideas, knowledge and experience. Please visit our website, [www.fosteringchamps.org](http://www.fosteringchamps.org), for ways to get in touch.

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A PDF copy of this Playbook is available on the CHAMPS website.

In addition, an interactive version of the CHAMPS Policy Playbook is available online at <http://playbook.fosteringchamps.org>

# CHAMPS Policy Goals:

## Research Highlights

CHAMPS identifies six policy goals that will help ensure that all children in foster care experience stable, quality foster parenting. Below are research highlights supporting the CHAMPS policy goals.

### 1. Support relationships between birth and foster families

*Research has demonstrated that frequent contact between children in foster care and their birth families improves a child's behavior and adjustment to being in care. Furthermore, positive relationships and interactions between the foster and birth families support frequent visitation and can also create a sense of belonging for children and improve parenting practices.*

- Children who had at least weekly contact with their biological parents demonstrated the lowest levels of depression and externalizing problems compared to children with less frequent contact with their biological parents.<sup>1</sup>
- Where reunification is the goal, young children with more consistent and frequent contact

with their biological parents have more secure attachments and are better adjusted than children who have less frequent contact.<sup>2</sup>

- Foster parents' sensitivity, empathy, and values of accepting birth families made contacts with birth families more successful and supported the child in maintaining a sense of belonging to both families.<sup>3</sup>
- The quality of parent-to-parent relationship between birth and foster parents increased positive discipline approaches and decreased harsh discipline.<sup>4</sup>
- Where reunification is the goal, research on parent-child attachment suggests that regular visits between birth families and children should be encouraged; families need to be supported before, during and after visits; and the attachment relationships between children, their foster, and biological parents should be supported.<sup>5</sup>

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- <sup>1</sup> McWey, L.M., Acock, A., & Porter, B. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Child and Youth Services Review*, 32(10), 1338-1345.
  - <sup>2</sup> McWey, L.M. & Mullins, A.K. (2004). Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations*, 53(3), 293-300.
  - <sup>3</sup> Neil E., Beek M., & Schofield G. (2003). Thinking about and managing contact in permanent placements: The differences and similarities between adoptive parents and foster carers. *Clinical Child Psychology and Psychiatry*: 8, 401-418.
  - <sup>4</sup> Linares, L. O., Montalto, D., Rosbruch, N., & Li, M. (2006). Discipline practices among biological and foster parents. *Child Maltreatment*, 11, 157-167.
  - <sup>5</sup> Haight, W.L., Kagle, J.D. & Black, J.E. (2003). Understanding and supporting parent-child relationships during foster care visits: Attachment theory and research. *Social Work*, 48(2), 195-207.

## 2. Implement data-driven recruitment and retention policies

*Research has identified lack of data as a critical barrier to states' recruitment and retention efforts. Studies and expert guidance have consistently highlighted the need to 1) utilize data on foster parent and child characteristics in order to effectively recruit families that match the needs of children in foster care, and 2) regularly collect feedback from foster parents through surveys and other means in order to inform recruitment and retention policies and practices.*

- States' lack of recruitment information and performance indicators meant that they were unable to measure the success of their recruitment efforts. The study recommends using data to determine trends and needs for foster parents, and to link those data to targeted recruitment strategies and goals.<sup>6</sup>
- States lack the data needed to improve retention and should collect retention data in order to accurately assess why families choose to discontinue fostering.<sup>7</sup>
- There are opportunities to use data to inform recruitment and retention including collecting data on the types of foster families needed at a local level, descriptive data regarding children entering care or moving within care, and the corresponding pool of foster parents.<sup>8</sup>
- In order to improve recruitment and retention, it is critical to understand foster parents' motivations, rewards, challenges and characteristics. Foster parent councils and

regular surveys can help incorporate foster parent feedback into agency retention and recruitment policies.<sup>9</sup>

- Agencies rarely keep records of successful recruiting efforts or track the family development process from intake through licensing. One of the most helpful tools in recruitment and retention is a data collection system that understands which children are the most in need of homes, the current composition of the foster family pool, and where foster families get stuck or lost in the system.<sup>10</sup>

## 3. Engage foster parents in decision-making

*Research has shown that foster parent involvement in planning is linked to increased foster parent satisfaction and intent to continue fostering. Foster parents report wanting to be part of a professional team that is planning for the child's future, and often cite the lack of involvement in decision-making as one reason for being dissatisfied and even quitting.*

- An analysis of quantitative and qualitative data found that when foster parents are involved as part of the child welfare team and included in decision making about the child's care their desire to continue fostering increases. In addition, a lack of efficacy and sense of helplessness were cited as primary reasons foster parents considered discontinuing providing care.<sup>11</sup>
- Foster parents are satisfied in their role when their relationship with agency social workers

<sup>6</sup> Office of the Inspector General, U.S. Department of Health and Human Services. (2002). Recruiting foster parents. Retrieved from: <https://oig.hhs.gov/oei/reports/oei-07-00-00600.pdf>

<sup>7</sup> Office of the Inspector General, U.S. Department of Health and Human Services. (2002). Retaining foster parents. Retrieved from: <https://oig.hhs.gov/oei/reports/oei-07-00-00601.pdf>

<sup>8</sup> Marcenko, M.O., Brennan, K.D., & Lyons, S.J. (2009). Foster parent recruitment and retention: Developing resource families for Washington state's children in care. Seattle: Partners for Our Children. Retrieved from: [https://partnersforourchildren.org/sites/default/files/2009\\_foster\\_parent\\_recruitment\\_and\\_retention.pdf](https://partnersforourchildren.org/sites/default/files/2009_foster_parent_recruitment_and_retention.pdf)

<sup>9</sup> Child Welfare Initiative. (2013). Extraordinary foster parents in Los Angeles County: Child Welfare Initiative's implementation of best practices in recruiting and retaining new therapeutic foster parents. Retrieved from: <http://www.extraordinaryfamilies.org/wp-content/uploads/2015/08/ITFC.pdf>

<sup>10</sup> The Annie E. Casey Foundation. (2012). Building successful resource families practice guide: A guide for public agencies. Baltimore, MD: Denise Goodman and Frank Steinfield. Retrieved from: <https://www.aecf.org/m/resourcedoc/aecf-BuildingSuccessfulResourceFamilies-2008.pdf>

<sup>11</sup> Geiger, J.M., Hayes, M.J. & Lietz, C.A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. *Children and Youth Services Review*, 35(9), 1356-1365.

and other personnel is characterized by sharing of information, respect, and positive regard. A reconceptualization of foster parents as para-professionals would afford a higher degree of trust, regard, and respect.<sup>12</sup>

- Foster parents report wanting to be a part of the collective, professional team.<sup>13</sup>

- One commonly cited reason for foster parents' dissatisfaction is lack of involvement in case planning. Foster parents who identified themselves as a formal part of the service planning team had higher job satisfaction.<sup>14</sup>

- A key challenge to retaining foster parents is that foster parents desire a greater opportunity to voice their perspectives or concerns. Foster parents shared that they have many expectations placed on them but are frustrated that they have no voice in many important decisions regarding the lives of the foster children in their care.<sup>15</sup>

- The most common concern raised by foster parents was poor communication between child welfare staff and families, as well as between different service providers. Foster parents felt there was a major strength in bringing together professionals with foster families in an effort to collaborate and make decisions.<sup>16</sup>

#### 4. Provide timely access to trusted, dedicated staff and peer support to foster parents

*Research has demonstrated that children in foster care achieve better outcomes when they experience stable placements. Importantly, research has also shown that support to foster parents is associated with improved foster parent retention and decreased placement failure. The types of support identified as being critical to foster parents include support from caseworkers, effective training, support during crisis and peer support.*

- Using National Survey of Child and Adolescent Well-Being data and taking into account children's initial behavioral status, placement instability was found to have a significant negative impact on children's well-being.<sup>17</sup>

- An analysis of placement stability and disruption found the amount of emotional and social support a foster parent received had a significant impact on increasing foster placement stability.<sup>18</sup>

- Foster mothers who reported high levels of helpfulness from their formal and informal networks were more likely to report low parenting stress and higher quality co-parenting relationships.<sup>19</sup>

<sup>12</sup> Denby, R., Rindfleisch, N., & Bean, G. (1999). Predictors of foster parents' satisfaction and intent to continue to foster. *Child Abuse and Neglect*, 23, 287-303.

<sup>13</sup> Cooley, M.E., Thompson, H.M. & Wojciak, A.S. (2017). *Risk, resilience, and complexity: Experiences of foster parents*. *Children and Youth Services Review*, 76, 35-41.

<sup>14</sup> Sanchirico, A., Lau, W., Jablonka, K., & Russell, S. (1998) Foster parent involvement in service planning: Does it increase job satisfaction? *Child and Youth Services Review*, 20, 325-346.

<sup>15</sup> Office of the Inspector General, U.S. Department of Health and Human Services. (2002). Retaining foster parents. Retrieved from: <https://oig.hhs.gov/oei/reports/oei-07-00-00601.pdf>

<sup>16</sup> Barnett, E.R., Jankowski, M.K., Butcher, R.L., Meister, C., Parton, R.R., & Drake, R.E. (2018). Foster and adoptive parent perspectives on needs and services: A mixed methods study. *The Journal of Behavioral Health Services & Research*, 45(1), 74-89.

<sup>17</sup> Rubin, David M., O'Reilly, Amanda, Luan, Xianqun, and Localio, A. Russell, "The Impact of Placement Stability on Behavioral Well-Being for Children in Foster Care, *Pediatrics*, 119 (2007): 336-44.

<sup>18</sup> Crum, Wes. (2010) Foster Parent Parenting Characteristics That Lead to Increased Placement Stability or Disruption. *Child and Youth Services Review*, 32, 185-190.

<sup>19</sup> Richardson, E., Futris, T., Mallette, J., & Campbell, A. (2018). Foster mothers' parenting stress and co-parenting quality: An examination of the moderating role of support. *Children and Youth Services Review*, 89, 77-82.

■ Accessibility of staff was identified as an important element affecting a parent's intent to continue fostering. For example, foster parents need their calls returned and questions answered in a timely fashion, within 24 hours in times of crisis.<sup>20</sup>

■ Foster parents who use supports tend to be more successful in managing the demands of fostering and minimizing potential negative effects of fostering.<sup>21</sup>

■ Foster and adoptive parents shared that child welfare staff with expertise, such as permanency specialists and resource workers, were helpful in navigating the process and providing support. Parents also noted the strength of parent support groups, particularly in helping to meet their emotional needs.<sup>22</sup>

## 5. Prioritize placements with family members and other family connections

*Research has shown that, overall, children in foster care experience more stability and better outcomes when they are placed with relative caregivers. Children placed with kin are also more likely to experience fewer placement disruptions and exhibit improved behavior.*

■ Children in kinship care experience better outcomes in regard to behavior problems, adaptive behaviors, psychiatric disorders, well-being, placement stability, number of placements, guardianship and institutional abuse than other children in foster care.<sup>23</sup>

■ Children in kinship care are less likely to experience placement disruption than children in non-kinship placements in foster care.<sup>24</sup>

■ Findings from one study indicate that about 25 percent of children placed in out-of-home care experience some form of disruption, and that being placed with kin decreased the likelihood of disruption for the majority of the children.<sup>25</sup>

■ Older children in kinship care had significantly lower levels of externalizing, internalizing and overall behavior problems.<sup>26</sup>

■ Average number of foster care placements children experience could be effectively reduced by placing them with relatives at entry to care, which would provide the stability of a relative's home without a subsequent change in placement.<sup>27</sup>

<sup>20</sup> Hudson, P., & Lvasseur, K. (2002). Supporting foster parents: Caring voices. *Child Welfare: Journal of Policy, Practice, and Program*, 81(6), 853-877.

<sup>21</sup> Rindfleisch, N., Bean, G. & Denby, R.W. (1998). Why foster parents continue and cease to foster. *Journal of Sociology and Social Welfare*, 25(1), 5-24.

<sup>22</sup> Barnett, E.R., Jankowski, M.K., Butcher, R.L., Meister, C., Parton, R.R., & Drake, R.E. (2018). Foster and adoptive parent perspectives on needs and services: A mixed methods study. *The Journal of Behavioral Health Services & Research*, 45(1), 74-89.

<sup>23</sup> Winokur, M.A., Holtan, A., & Batchelder, K. E. (2018). Systematic review of kinship care effects on safety, permanency, or well-being. *Research on Social Work Practice*, 28(1), 19-32.

<sup>24</sup> Koh, E. (2010). Permanency outcomes of children in kinship and non-kinship foster care: Testing the external validity of kinship effects. *Children and Youth Services Review*, 32(3), 389-398.

<sup>25</sup> Helton, J.J. (2011). Children with behavioral, non-behavioral, and multiple disabilities, and the risk of out-of-home placement disruption. *Child Abuse & Neglect*, 35(11), 956-964.

<sup>26</sup> Wu, Q., White, K.R., & Coleman, K. (2015). Effects of kinship care on behavioral problems by child age: A propensity score analysis. *Children and Youth Services Review*, 57, 1-8.

<sup>27</sup> Zinn, A., DeCoursey, J., Goerge, R.M., & Courtney, M.E. (2006). A study of placement stability in Illinois. Chapin Hall.

## 6. Ensure timely access to physical and mental health services

Research has consistently identified that children in foster care have a high level of physical and mental health needs. Foster parents report that addressing those needs is often a challenge and even a reason for discontinuing to foster. Furthermore, the inability of foster parents to manage the physical and mental health needs of the children in their care has been linked to placement disruption.

- Children entering foster care have increasingly high physical and mental health needs, and the need for quality and accessible services has increased significantly. Foster parents find it difficult to receive support services like respite, child care, dental, medical and mental health they need for the children in their care.<sup>28</sup>

- The American Academy of Pediatrics classifies children in foster care as a category of children with special health care needs as a result of their significant health needs and disparities compared to children who are not in out-of-home care.<sup>29</sup>

- Foster parents rated mental health needs of children in their care as the top challenge to the well-being and functioning of their family. Seventy-seven percent of parents had cared for children referred to or receiving mental health care.<sup>30</sup>

- Foster parents are not receiving the role clarity, training, information and support they need to responsibly address increasingly complex health and mental health challenges of the children in their care. Foster parents' lack of understanding of behavioral and emotional problems can result in multiple disruptions and a revolving door of placements before children are referred for mental health assessments or interventions.<sup>31</sup>

- Foster parents reported the lack of timely access to needed physical and mental health services as a reason to discontinue fostering.<sup>32</sup>

- A major cause of premature placement disruption is the foster parent's dissatisfaction, associated with a lack of preparation for the type and severity of problems presented by children in their care, and their lack of ability to effectively manage those challenges.<sup>33</sup>

<sup>28</sup> Office of the Inspector General, U.S. Department of Health and Human Services. (2002). *Retaining foster parents*. Retrieved from: <https://oig.hhs.gov/oei/reports/oei-07-00-00601.pdf>

<sup>29</sup> American Academy of Pediatrics (2015). Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. Retrieved from: <http://pediatrics.aappublications.org/content/136/4/e1131>

<sup>30</sup> Barnett, E.R., Jankowski, M.K., Butcher, R.L., Meister, C., Parton, R.R., & Drake, R.E. (2018). Foster and adoptive parent perspectives on needs and services: A mixed methods study. *The Journal of Behavioral Health Services & Research*, 45(1), 74-89.

<sup>31</sup> Pasztor E.M., Hollinger D.S., Inkelas M., & Halfon N. (2006). Health and mental health services for children in foster care: The central role of foster parents. *Child Welfare*, 85(1), 33-57.

<sup>32</sup> Geiger, J.M., Hayes, M.J. & Lietz, C.A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. *Children and Youth Services Review*, 35(9), 1356-1365.

<sup>33</sup> Spielfogel, J. E., Leathers, S. J., Christian, E., & McMeel, L. S. (2011). Parent Management Training, Relationships with Agency Staff, and Child Mental Health: Urban Foster Parents' Perspectives. *Children and Youth Services Review*, 33(11), 2366-2374.



