

# STABILITY IN FOSTER CARE

*Measuring and  
Promoting Placements  
that Lead to  
Permanent Homes*



---

Written for:

**DR. OLIVIA GOLDEN**

*Director, District of Columbia's  
Child and Family Services Agency*

and the

**CFSA SENIOR  
MANAGEMENT TEAM**



Submitted to:

**DR. JOHN MURPHY**

*Office of Planning, Policy, and  
Program Support*

**DR. HAROLD BEEBOUT**

*Child Information  
Systems Administration*

---

Written by:

**SURJEET AHLUWALIA**

**MARIE ZEMLER**

Advised by:

**DR. JULIE WILSON**

**DR. ANNE PIEHL**

*Kennedy School of Government  
Harvard University*

*Completed April 1, 2003*

Please direct correspondence to:

Surjeet\_Ahluwalia@ksg03.harvard.edu and Marie\_Zemler@ksg03.harvard.edu

---

## ACKNOWLEDGEMENTS

We extend our thanks to all of the staff at the Child and Family Services Agency (CFSA) who made this project possible—especially Harold Beebout, John Murphy, and Olivia Golden. We appreciate their willingness to open the agency to yet another review and their guidance in creating what we hope is a useful report.

Julie Wilson and Anne Piehl, our Kennedy School advisors, provided us with consistent feedback and support, for which we are grateful. We also thank Robert Behn for his helpful guidance on uses of performance measurement.

We thank Jenifer Agosti of the Casey Family Programs National Center for Resource Family Support for allowing us to attend a session of the Breakthrough Series Collaborative and participants whom we interviewed for broadening our thoughts on placement stability.

Finally, we thank the foster, adoptive, and kinship caregivers, and CFSA social workers, supervisors, and managers who took time to educate us about the work they do every day to improve the lives of children in foster care. We hope that this report accurately reflects their sentiments and synthesizes what we have learned in ways that will help guide future work on behalf of children in care.

---

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>I</b>
<b>INTRODUCTION</b>	<b>1</b>
<b>THE PROBLEM</b>	<b>2</b>
<i>Instability of Placements</i>	
<i>Stability Absent Permanency</i>	
<i>Recognizing Appropriate Stability</i>	
<b>METHODOLOGY</b>	<b>4</b>
<b>USING PERFORMANCE MANAGEMENT</b>	<b>5</b>
<i>Using Measures for Control</i>	
<i>Using Measures for Motivation</i>	
<b>VISION &amp; OBJECTIVES</b>	<b>6</b>
<i>OBJECTIVE 1. Placements are Stable</i>	
<i>OBJECTIVE 2. Moves Promote Permanency</i>	
<i>OBJECTIVE 3. Children Rarely Move</i>	
<i>OBJECTIVE 4. Group Care is Brief</i>	
<i>OBJECTIVE 5. Children Live in Families</i>	
<i>OBJECTIVE 6. Stable Families Become Permanent</i>	
<b>PERFORMANCE MEASURES</b>	<b>8</b>
<i>Addressing Knowledge Gaps</i>	
<i>A Collective Body of Measures</i>	
<b>TARGETS</b>	<b>10</b>
<i>MEASURE 1. # who moved from one placement to another in the last month</i>	
<i>MEASURE 2. Of those who moved last month, % who did not progress toward permanency</i>	
<i>MEASURE 3. Of those who moved last month, % who already had three or more placements</i>	
<i>MEASURE 4. # who lived continuously in non-therapeutic group care for six months or more</i>	
<i>MEASURE 5. % entering care last month who first entered a family</i>	
<i>MEASURE 6. # who have lived with their current family for eighteen months or more</i>	
<b>MAKING MEASUREMENT MEANINGFUL</b>	<b>12</b>
<i>Document All Placement Changes</i>	
<i>Document Reasons Placements End</i>	
<i>Document Permanency Goals</i>	
<i>Encourage Overall Accuracy</i>	
<b>PERFORMANCE &amp; INITIATIVES</b>	<b>13</b>
<i>Quantitative Evidence</i>	
<i>Qualitative Evidence</i>	
<b>PLACEMENTS ARE STABLE</b>	<b>14</b>
<i>Placements are Not Designed to Last</i>	
<i>Siblings are Often Separated</i>	
<i>Information is Not Collected at the Earliest Opportunities</i>	
<i>Available Knowledge is Underutilized</i>	
<i>Matching Practices Focus on Demographics Rather than Needs</i>	
<i>Initiatives to Reach Targets</i>	

---

<b>MOVES PROMOTE PERMANENCY</b>	<b>18</b>
<i>Resources are Unprepared to Meet Children’s Needs</i>	
<i>Critical Supports are Difficult to Access</i>	
<i>Caregivers Need Advocacy Skills, Social Support, and Commitment</i>	
<i>Social Workers Are Slow to Respond</i>	
<i>Initiatives to Reach Targets</i>	
<b>CHILDREN RARELY MOVE</b>	<b>22</b>
<i>Many Children, Including Some Who Entered Care Recently, Move Frequently</i>	
<i>Transition Placements Precede Longer Stays</i>	
<i>Children Lack Support During Moves</i>	
<i>Crisis Response is Too Delayed to Keep Placements Together</i>	
<i>Initiatives to Reach Targets</i>	
<b>GROUP CARE IS BRIEF</b>	<b>26</b>
<i>Workers are Over-Reliant on Group Placements</i>	
<i>Group Placements are Successive</i>	
<i>Children are Forgotten in Group Care</i>	
<i>Infants, Teenagers, and Boys are Over-Represented in Group Care</i>	
<i>Initiatives to Reach Targets</i>	
<b>CHILDREN LIVE IN FAMILIES</b>	<b>30</b>
<i>Workers Look for Families After Children are Placed</i>	
<i>Too Few Families are Available for Particular Populations</i>	
<i>Kinship Resources are Rarely Developed at the Outset</i>	
<i>Families Need Help Maintaining Children with Severe Mental Health Needs</i>	
<i>Initiatives to Reach Targets</i>	
<b>STABLE FAMILIES BECOME PERMANENT</b>	<b>34</b>
<i>Timely Permanency is Not a Priority</i>	
<i>Operating in Crisis Mode Means Stable Families are Forgotten</i>	
<i>Reunification Efforts Fail to Return Children or Free Them for Other Goals</i>	
<i>Gaps in Casework Slow the Adoption Process</i>	
<i>Families and Workers Do Not Understand Guardianship</i>	
<i>Permanency for Teenagers is Ignored</i>	
<i>Initiatives to Reach Targets</i>	
<b>PRIORITIES</b>	<b>39</b>
<i>PRIORITY 1. Use the Conceptual Model</i>	
<i>PRIORITY 2. Record Monthly Progress on the Measures</i>	
<i>PRIORITY 3. Improve Data Quality</i>	
<i>PRIORITY 4. Begin Critical Initiatives</i>	
<i>PRIORITY 5. Celebrate Reaching Targets</i>	
<b>ENDNOTES</b>	<b>41</b>
<b>BIBLIOGRAPHY</b>	<b>51</b>
<i>APPENDIX A. Interviews with Child Welfare Professionals</i>	
<i>APPENDIX B. Administrative Data</i>	
<i>APPENDIX C. Interviews and Focus Groups</i>	
<i>APPENDIX D. Sample Management Report Page</i>	
<i>APPENDIX E. Calculation of Performance Measures</i>	
<i>APPENDIX F. Regression Tables</i>	
<i>APPENDIX G. Initiatives by CFSA Unit</i>	

---



## EXECUTIVE SUMMARY

When children must leave their homes because of abuse or neglect, they deserve positive, healing care. Delivering this care is central to the Child and Family Services Agency's mission (CFSA). Managers and staff must create stable placements that lead to timely permanence for children—via reunification, guardianship, or adoption.

The LaShawn Remedial Order that ended the agency's years in Federal Court Receivership requires managers to use measurement to control processes and evaluate progress. Despite much success, children's placements remain insufficiently stable. However, most children do not move frequently. The majority of children have stable placements, but do not exit care—experiencing stability absent permanency.

Our contribution is a conceptualization of stability as a continuum from instability to stability absent permanency. Unfortunately, counting moves—the predominant measurement of stability—only reveals instability. To produce the kind of stability that leads to permanence, CFSA managers and staff should focus on six child-centered objectives (*see Conceptual Model*), using measures to track performance. Performance measures that articulate a vision for children's placement experiences can motivate staff to achieve excellence rather than simply meet regulatory standards. Using quantitative and qualitative evidence, we discuss current performance at CFSA with respect to these objectives.

For placements to be stable, children must live with caregivers who fully meet their short- and longer-term needs. Every placement decision effects whether subsequent moves will be necessary. Unfortunately, poorly planned placements mean instability is prevalent:

- ◆ **Placements are not designed to last.**
- ◆ **Siblings are often separated.**
- ◆ **Information is not collected at the earliest opportunities.**
- ◆ **Available knowledge is underutilized.**
- ◆ **Matching practices focus on demographics rather than needs.**

To track performance, CFSA staff should measure:

*Number of children who move from one placement to another in the last month.*

In the future, moves between placements should almost never occur, with clear justifications for moves that do occur. Making all placements with an eye toward permanency can help the agency achieve this goal. CFSA staff should place children in their home communities with their siblings, seize all opportunities to gather information about children, and provide caregivers with the information they need.



### STABILITY THAT LEADS TO PERMANENCY

### OBJECTIVE 1. PLACEMENTS ARE STABLE

---

**OBJECTIVE 2.  
MOVES PROMOTE  
PERMANENCY**

Moves promote permanency when they improve children’s situations—reducing the restrictiveness of their placements, reuniting them with siblings, or placing them with a relative or pre-adoptive parent. At CFSA, moves that do not improve children’s situations are common:

- ♦ **Resources are unprepared to meet children’s needs.**
- ♦ **Critical supports are difficult to access.**
- ♦ **Caregivers need advocacy skills, social support, and commitment.**
- ♦ **Social workers are slow to respond.**

To track performance, CFSA staff should measure:

*Of those who moved from one placement to another in the last month, the percent for whom the new placement was not a progression toward permanency.*

The goal is to eliminate moves except those that are progressions toward permanency. To make this a reality, CFSA staff must provide the services and support that children and families need to prevent lateral moves (e.g., foster family to foster family).

---

**OBJECTIVE 3.  
CHILDREN  
RARELY MOVE**

When children rarely move, unnecessary transitions are avoided. When children must move, they need support to be stable in subsequent placements. Our evidence suggests that individual children move often with little support to prevent or ease transitions:

- ♦ **Many children, including some who entered care recently, move frequently.**
- ♦ **Transition placements precede longer stays.**
- ♦ **Children lack support during moves.**
- ♦ **Crisis response is too delayed to keep placements together.**

To track performance, CFSA staff should measure:

*Of those who moved from one placement to another in the last month, the percent who have already had three or more placements.*

Over time, children with a history of movement should almost never have additional moves and have clear justifications for moves that do occur. Staff must work to reduce and ease transitions by providing intensive support to children who may or will be moving, particularly if they have experienced placement changes before.

---

**OBJECTIVE 4.  
GROUP CARE  
IS BRIEF**

Group care should be brief, as institutions can never become permanent families for children. If used, group care should be therapeutic and temporary. Unfortunately, children live in group care more often and longer than necessary:

- ♦ **Workers are over-reliant on group placements.**
- ♦ **Group placements are successive.**
- ♦ **Children are forgotten in group care.**
- ♦ **Infants, teenagers, and boys are disproportionately placed in group care.**

To track performance, CFSA staff should measure:

*The number of all children in care who have lived continuously in non-therapeutic group care for six months or more.*

Ultimately, children should never experience lengthy stays in non-therapeutic group care. The agency must avoid group care placements, except for assessment or therapy.

Children deserve to live in families when they have been removed from their homes. Federal law, fiscal responsibility, and common sense suggest that all children, including teenagers, deserve the least-restrictive placement possible. Most children in CFSA custody eventually live in families, but not until later in their time in care:

- ♦ **Workers look for families after children are placed.**
- ♦ **Too few families are available for particular populations.**
- ♦ **Kinship resources are rarely developed at the outset.**
- ♦ **Families need help maintaining children with severe mental health needs.**

To track performance, CFSA staff should measure:

*The percent of children entering care in the last month first entering a family.*

In time, nearly all children should enter families immediately, with clear justification for any children not entering a family first. To make this happen, the agency must have kinship and foster families that can meet children's needs ready when children enter care.

Placements that have been stable for long periods must become permanent. Stability absent permanency is insufficient. Children must reunify with their birth families or become a permanent part of another family. At CFSA, even children in stable families do not progress to permanency:

- ♦ **Timely permanency is not a priority.**
- ♦ **Operating in crisis mode means stable families are forgotten.**
- ♦ **Reunification efforts fail to return children or free them for other goals.**
- ♦ **Gaps in casework slow the adoption process.**
- ♦ **Families and workers do not understand guardianship.**
- ♦ **Permanency for teenagers is ignored.**

To track performance, CFSA staff should measure:

*The number of all children in care whose current placement is a family placement that has lasted eighteen months or more.*

In the future, nearly all children should achieve permanency by their eighteenth month in the same family, with clear justification for those still waiting. CFSA staff must pursue permanence aggressively, especially for children who are stable in care.

---

## **OBJECTIVE 5. CHILDREN LIVE IN FAMILIES**

---

## **OBJECTIVE 6. STABLE FAMILIES BECOME PERMANENT**



## INTRODUCTION

When children must leave their homes because of abuse or neglect, they deserve positive, healing experiences in care. Delivering this care is central to the Child and Family Services Agency's mission (CFSA). Managers and staff must create stable placements that lead to timely permanence for children—via reunification, guardianship, or adoption.

CFSA staff are rapidly improving services to children and families. The LaShawn Remedial Order that ended Federal Court Receivership has motivated reform efforts by requiring measurable improvements toward specific targets. Stability in care and timely permanence are underlying themes.

This report recommends shifting reform efforts to more directly promoting stability and permanency. By focusing on these concepts—and specifically on promoting the *kind* of stability that leads to permanency—CFSA managers can anchor change efforts and motivate workers throughout the agency, ultimately improving children's experiences in care. Specifically, our report contributes:

- ♦ **A new conceptualization of stability.** We developed a conceptual model that includes six objectives to orient efforts toward creating stable placements leading to permanent homes.
- ♦ **Performance measures.** We created measures to help managers recognize and track change and targets to promote the kind of stability that leads to permanency.
- ♦ **Evidence of current performance.** Using both quantitative and qualitative data, we describe recent successes and challenges in creating stable placements that lead to permanent homes.
- ♦ **Initiatives to improve performance.** We recommend initiatives for units throughout the agency to use to create and maintain stability that will help children achieve permanency.

## THE PROBLEM

External reviewers found insufficient stability of placements for children in CFSA care. Still, they noted that most children do not change placements frequently. Because children do not progress toward timely permanency, moves add up over their time in care. Senior management must improve performance to avoid returning to Receivership and losing federal foster care funds. They require a deeper understanding of the stability problem and a strategy for addressing it.

---

### INSTABILITY OF PLACEMENTS

CFSA fell short of the Court Monitor's goals for "assuring the stability of foster home placements and reducing placement moves." The Court Monitor required CFSA to ensure that less than one quarter of all children in care lived in three or more placements during their time away from their birth homes. However, 35 percent of the Monitor's May 2002 sample had three or more placements.<sup>1</sup>

Federal Reviewers found that CFSA was not in substantial compliance with the outcome goal that "Children have permanency and stability in their living situations."<sup>2</sup> In July 2001, CFSA exceeded the federal standard that no more than 13 percent of children should have more than two placement settings within their most recent 12 months continuously in care. Only five percent of sample children had more than two placements. Nonetheless, following in-depth examination of the files, reviewers suggested that 29 percent of the cases needed improvement with regard to placement stability. While reviewers noted that placement changes are most often initiated to meet the permanency or well-being needs of children, they found that children with mental health and behavior problems made up "a core group of children in the District's foster care population that move frequently."<sup>3</sup>

---

### STABILITY ABSENT PERMANENCY

Both the Court Monitor and Federal Review Team found children have *not* been moving rapidly from placement to placement in recent months. In both samples, more than 90 percent of children were in only one or two placements during their most recent 12 months in out-of-home care. The Court Monitor recognized that this may indicate recent improvement but maintained that CFSA needed to continue efforts to build stable placements.

The problem, according to Federal Reviewers, was the length of time children spend in CFSA care without exiting to a permanent home. As the report stated, children in the District's care experience, "placement stability absent permanency."<sup>4</sup> Further, the agency does not regularly review the appropriateness of placements. Reviewers found that the average time to permanency was 65 months. They note, "Once children were in foster care they remained in care."<sup>5</sup>

CFSA has a mandate to improve stability of placements. We conceptualize stability as a continuum (see Figure 1). At one extreme, children may experience instability via frequent successive moves. At the other extreme, children have so much stability that their permanency needs are ignored. The agency's goal must be to create the kind of stability that leads to permanency.

## RECOGNIZING APPROPRIATE STABILITY

FIGURE 1. THE STABILITY CONTINUUM



Management currently tracks the number of children who have experienced more than three placements in the last year. Measuring the number of moves that children make reveals valuable information when managers are concerned about the instability of children in care. Indeed, child welfare researchers frequently use this measure. Unfortunately, it does not capture problems at the other end of the continuum—children living for long periods of time in placements without achieving permanency, which is presently the more central concern for children in CFSA custody. In fact, measuring moves creates an incentive to keep children stable in placements, regardless of whether these placements will become permanent.

Stability is only valuable as a precursor to permanency. As CFSA staff pursue permanence for children in care, moves between placements may be necessary—even desirable. To understand whether CFSA staff are creating the kind of stable placements that ultimately lead to timely permanence, the agency needs a measurement system that captures more than just the number of moves children make in care. It must also alert them to stability absent permanency. Further, managers need a strategy for using this measurement system to enhance performance.

***Our goal is to help CFSA's senior managers change practices to reduce both instability and stability absent permanency, and recognize when they have achieved the right kind of stability that will lead children to permanent homes—with birth families, legal guardians, or adoptive parents.***

## METHODOLOGY

To develop our conceptual model, create performance measures, document evidence of the current situation, and recommend initiatives, we relied on multiple sources of information, triangulating to arrive at our conclusions:<sup>6</sup>

- ♦ **Literature Review.** Previous research on stability and permanence, as well as on policies and practices, grounded our approach.
- ♦ **Interviews with Child Welfare Professionals.** Practitioners and researchers from across the country shared their insights (*see Appendix A*).
- ♦ **Child Case Reviews.** Using FACES, we examined case histories of three groups of children (*see Appendix B*).
- ♦ **Interviews and Focus Groups with CFSA Staff.** In interviews and focus groups, we learned about CFSA from managers, supervisors, caseworkers, and caregivers (*see Appendix C*).

## USING PERFORMANCE MANAGEMENT

Reducing both instability and stability absent permanency is central to CFSA's mission for children in out-of-home care. Improving stability is also required by Federal Reviewers and the Court Monitor, who have judged current performance inadequate. Past measurement, which focused on controlling the number of moves children experience while in care, has focused only on instability and has not generated sufficient improvement.

Through completion of Court and Federal Reviews, agency staff are acquainted with "performance management,"<sup>7</sup> accustomed to the use of data, and aware of the importance of data entry. To date, managers and outside stakeholders have measured performance largely to gain control over processes and to evaluate progress. However, performance measures that are tied to a vision for children's placement experiences can motivate staff to achieve excellence rather than simply meet regulatory standards.<sup>8</sup>

To motivate high performance, managers need to translate the agency's mission into action.<sup>9</sup> In the following pages, we establish:

- ♦ **Objectives.** Child-centered, rather than process-centered, objectives are the core of our model.
- ♦ **Measures.** Linked to each objective, we propose measures that the agency can use to track performance toward this central part of its mission.
- ♦ **Targets.** We also suggest targets for improvement, setting standards for performance in both the short- and long-term.<sup>10</sup>
- ♦ **Initiatives.** Finally, initiatives that cut across all departments in the agency show how individuals can contribute to the larger vision.<sup>11</sup>

These objectives and performance measures can motivate staff to achieve results because they are value-oriented.<sup>12</sup> For example, staff are more interested in helping children to have healing experiences in care than they are in meeting requirements that they return phone calls. However, the same tasks may seem less tedious when framed as contributing to the larger goal.

Managers, supervisors, and caseworkers need to be encouraged to track progress on these measures in their own units and caseloads.<sup>13</sup> Clearly, CFSA management should continue to use other measures for evaluative purposes and regulatory compliance. Yet for children in out-of-home care, the performance measures we propose are paramount. Orienting efforts to achieve stability that leads to permanency will prompt change that will yield improvements on other measures throughout the agency.<sup>14</sup>

---

### USING MEASURES FOR CONTROL

---

### USING MEASURES FOR MOTIVATION

## VISION & OBJECTIVES

While much of the child welfare literature conceives of stability as a value in its own right,<sup>15</sup> we challenge this notion. Children ultimately need permanency; stability is a necessary, valuable precursor to permanency but never its own end. Striving for stability alone can unintentionally strand children in places that do not help them move out of care. Yet, without stability, children’s chances for permanency become slim as they continually lose meaningful connections.

Our new conception of stability includes six objectives that are fundamental to creating the desirable kind of stability—the kind that leads to permanency (see Figure 2). We recommend CFSA management and staff orient practices around our six objectives:

FIGURE 2. A CONCEPTUAL MODEL OF STABILITY THAT LEADS TO PERMANENCY



Children deserve to live in safe places with caregivers who fully meet their short- and longer-term needs. As such, placements must be carefully planned. Every placement decision directly effects whether subsequent placements are needed. When children are placed separately from siblings, into group settings rather than with families, with strangers rather than relatives, or into settings that are expressly temporary, additional placements are almost assured. Ideally, children entering care would live in a single placement before returning home or becoming part of another family permanently.

---

**OBJECTIVE 1.  
PLACEMENTS  
ARE STABLE**

Children should move only when their permanency goals require it. To prevent other moves, the places where children live need to be appropriate and supportive, such that they can stay safely as long as needed. Placement resources must be well-prepared, ready to respond to children's needs, and supported to ensure their ongoing ability to do so. Moves should always improve children's situations—reducing the restrictiveness of their placements, reuniting them with siblings, or placing them in the home of a relative or pre-adoptive parent.

---

**OBJECTIVE 2.  
MOVES PROMOTE  
PERMANENCY**

Whether because of an emergency or a well-planned goal, moving to a new placement is an unsettling and sometimes traumatizing experience for a child. Frequent movement is linked to emotional difficulties and inappropriate behaviors. For each individual child, the number of these unavoidable changes should be small. When they do occur, the child deserves intensive support to help manage the transition to a new home.

---

**OBJECTIVE 3.  
CHILDREN  
RARELY MOVE**

Institutions can never become permanent families for children. Group settings must be used on a limited basis—only when they are necessary to meet children's therapeutic needs and, in those cases, only temporarily. Unfortunately, when those making placement decisions are overworked and feel they do not have access to enough reliable family placements, children have lengthy stays in places that are convenient rather than well-matched to their permanency goals.

---

**OBJECTIVE 4.  
GROUP CARE  
IS BRIEF**

Federal law, fiscal responsibility, and common sense suggest that children should live in the least-restrictive, most family-like setting possible when in out-of-home care. Simply, this means that children—including teenagers—should go straight to a family setting in the vast majority of cases, with exceptions only when children need medical or mental health care that exceeds what can be provided in a home. Joining a family should be the short-term goal in those cases. Families must be ready and available to care for the number and types of children who need placements.

---

**OBJECTIVE 5.  
CHILDREN LIVE  
IN FAMILIES**

Keeping placements stable is a preliminary means to reaching the goal of a safe, lasting family. Efforts must help children reunify with birth parents, become a permanent part of their current caregivers' home, or be placed with another family that will become adoptive parents or legal guardians. Although stability and permanency are generally compatible, heart-wrenching decisions about whether to move a child from a stable home that will not become permanent can be avoided by remaining attentive to permanency throughout a case.

---

**OBJECTIVE 6.  
STABLE FAMILIES  
BECOME  
PERMANENT**

## PERFORMANCE MEASURES

CFSA staff and external reviewers currently measure performance with numerous indicators, including children’s permanency goals and number of past placements. Unfortunately, these measures do not consistently recognize or reward efforts that promote the kind of stability that leads to permanence. We propose a body of six new measures, corresponding to the six objectives, to reveal progress in promoting stability that leads to permanence.

---

### ADDRESSING KNOWLEDGE GAPS

Current knowledge about placement stability is primarily based on counting the number of moves experienced by a random sample of all children in care at a particular point in time. Such measures are vulnerable to criticism on several fronts:

- ♦ **Point in time samples over-represent those who stay in care the longest.**<sup>16</sup> These are the same children who are likely to have the greatest number of placements since moves are additive.<sup>17</sup> Those who exit care quickly are less likely to be included in the sample, potentially overestimating instability.
- ♦ **Counting moves fails to distinguish between placement quantity and quality.** Children with intensive therapeutic needs may require higher levels of care early on and then move into progressively less restrictive placements. The sequence of placements matters at least as much as the number.<sup>18</sup> Incentives from using this measure discourage, rather than favor, moves toward permanency.
- ♦ **Counts of moves may underestimate instability.** Past researchers have found that children recall placements that are not accounted for in their records, particularly informal or unpaid placements (such as with another family known through the community or in a hospital setting).<sup>19</sup> “Transition” stays in short-term receiving facilities are also frequently undercounted.<sup>20</sup>

In creating new performance measures, we worked to overcome criticisms of previous measures. We chose to count all moves, including transition placements, as each placement contributes to instability from a child’s perspective.<sup>21</sup>

---

### A COLLECTIVE BODY OF MEASURES

For each of the six objectives presented in the conceptual model, we recommend one measure that will indicate CFSA’s performance on that particular objective. These six performance measures, taken together, show the extent to which the agency is creating stability that leads to permanency. These measures ought to be examined as a collective body to reveal a complete picture of the agency’s performance, rather than examined individually. Emphasizing just one of these objectives and its corresponding measure is likely to create perverse incentives. For instance, an emphasis on keeping placements stable creates the incentive to ignore placements that are stable and not moving to permanency. Although these six performance measures are designed to balance one another, we recommend initially focusing on Measures #1 and #6. These two broadly capture instability and stability absent permanency, while the other four will provide a more nuanced understanding.

**PLACEMENTS ARE STABLE**

- ♦ **Measure #1.** The number of children who moved from one placement to another in the last month.

**MOVES PROMOTE PERMANENCY**

- ♦ **Measure #2.** Of those who moved from one placement to another in the last month, the percent for whom the new placement is not a progression toward permanency (is not a move to a kinship/pre-adoptive home, a move to reunite with siblings, or a move to a less restrictive setting).

**CHILDREN RARELY MOVE**

- ♦ **Measure #3.** Of those who moved from one placement to another in the last month, the percent who have already had three or more placements (over entire histories in care, not just in the current episode).

**GROUP CARE IS BRIEF**

- ♦ **Measure #4.** The number of all children in care who have lived continuously in non-therapeutic group care for six months or more.

**CHILDREN LIVE IN FAMILIES**

- ♦ **Measure #5.** The percent of children entering care in the last month first entering a family.

**STABLE FAMILIES BECOME PERMANENT**

- ♦ **Measure #6.** The number of all children in care whose current placement is a family placement that has lasted eighteen months or more.

All six of these measures can be created using existing FACES data fields. We recommend that CISA staff begin capturing this data for use in monthly management reports (*see Appendices D and E for a sample report page and detailed calculation instructions*). We also recommend that units and supervisors be able to track their individual team's performance on these measures for the children on their caseloads.<sup>22</sup>

## PERFORMANCE MEASURES FOR THE SIX OBJECTIVES





## TARGETS

Measurement alone does not determine whether an agency's performance is sufficient. Managers need to have reference points, or benchmarks, for comparison. Historic data is useful in determining baseline performance and developing challenging, yet realistic, targets.

We used the samples we collected from FACES to provide estimates on each of these measures. Unfortunately, we are unable to provide a true baseline for any of the measures because of the size and timeframe of our data samples.<sup>23</sup> Nonetheless, we present rough baseline estimates for each measure below as a starting point. Based on these loose estimates, we suggest interim targets for improvement and define the long-term goal. After automating the calculation of these measures, we strongly recommend that CFSA staff determine actual baseline measurements for March, April, and May 2003 and modify performance targets as appropriate.

---

### MEASURE #1. NUMBER WHO MOVED FROM ONE PLACEMENT TO ANOTHER IN THE LAST MONTH

<i>Baseline Estimate:</i>	100 children
<i>Interim Targets:</i>	In June 2003, fewer than 90 children move from one placement to another.  In December 2003, fewer than 50 children move from one placement to another.
<i>Long-Term Goal:</i>	Moves between placements almost never occur, with clear justifications for moves that do occur.

---

### MEASURE #2. OF THOSE WHO MOVED LAST MONTH, PERCENT WHO DID NOT PROGRESS TOWARD PERMANENCY

<i>Baseline Estimate:</i>	66 percent
<i>Interim Targets:</i>	In June 2003, less than 60 percent of children who move do not progress toward permanency.  In December 2003, less than 30 percent of children who move do not progress toward permanency.
<i>Long-Term Goal:</i>	Moves never occur unless they are a progression toward permanency.

<i>Baseline Estimate:</i>	60 percent	<b>MEASURE #3. OF THOSE WHO MOVED LAST MONTH, PERCENT WHO ALREADY HAD THREE OR MORE PLACEMENTS</b>
<i>Interim Targets:</i>	In June 2003, less than 55 percent of children who move already had three or more placements. In December 2003, less than 25 percent of children who move already had three or more placements.	
<i>Long-Term Goal:</i>	Children with a history of movement almost never have additional moves, with clear justification for moves that do occur.	
<i>Baseline Estimate:</i>	565 children	<b>MEASURE #4. NUMBER WHO HAVE LIVED CONTINUOUSLY IN NON-THERAPEUTIC GROUP CARE FOR SIX MONTHS OR MORE</b>
<i>Interim Targets:</i>	In June 2003, fewer than 550 children have lived continuously in group care for six months or more. In December 2003, fewer than 250 children have lived continuously in group care for six months or more.	
<i>Long-Term Goal:</i>	Children never experience lengthy stays in non-therapeutic group care.	
<i>Baseline Estimate:</i>	35 percent in May 2001	<b>MEASURE #5. PERCENT ENTERING CARE LAST MONTH WHO FIRST ENTER A FAMILY</b>
<i>Interim Targets:</i>	In June 2003, more than 40 percent of children entering care first enter a family. In December 2003, more than 90 percent of children entering care first enter a family.	
<i>Long-Term Goal:</i>	Nearly all children enter families immediately, with clear justifications for any children not entering a family first.	
<i>Baseline Estimate:</i>	1272 children	<b>MEASURE #6. NUMBER WHO HAVE LIVED WITH THEIR CURRENT FAMILY FOR EIGHTEEN MONTHS OR MORE</b>
<i>Interim Targets:</i>	In June 2003, fewer than 1250 children have lived in a family placement that has lasted 18 months or more. In December 2003, fewer than 1000 children have lived in a family placement that has lasted 18 months or more.	
<i>Long-Term Goal:</i>	Almost no children have lived in a family placement for eighteen months or more without permanency, with clear justification for those lacking it.	

## MAKING MEASUREMENT MEANINGFUL

To ensure our proposed measures accurately indicate performance, administrative data needs to be improved. In interviews and focus groups, workers and supervisors admitted they often do not enter information because they lack time and have difficulties using FACES.<sup>24</sup> Most of the data on placements is entered to ensure payment to caregivers. To encourage data entry that provides descriptive information on placements, key fields and recording practices need to be adjusted.

---

### DOCUMENT ALL PLACEMENT CHANGES

To reduce under-counting, every move must be documented including even one night temporary stays. Among children entering care in May or June 2001, 56 percent of children had undocumented periods of time in care;<sup>25</sup> in a sample of those in care in November 2002, 71 percent had undocumented time. In such cases, children may have lived in unpaid placements—such as with kin, in hospitals, or at the intake center. Moves are over-counted when caregivers begin being paid or move to a higher level of payment and this gets recorded as a new placement rather than as an update. In some cases, children had visits with birth parents that were inappropriately entered as placements.

---

### DOCUMENT REASONS PLACEMENTS END

To monitor whether moves are appropriate, the reasons placements end need to be documented. Currently workers must choose one entry from a menu with ambiguous options that are not mutually exclusive. For instance, we observed placements with ending reasons such as “child request.”<sup>26</sup> This reveals little about the context of moves. Instead, we recommend a choice of yes or no to each of four items: whether a move was to reunite with siblings, to be with kin, to move to a pre-adoptive home, or to go to a less-restrictive setting. Making caseworkers responsible for closing placements rather than Fiscal Operations staff should result in progress. We also recommend requiring that exit screens be complete before new placements can be entered.

---

### DOCUMENT PERMANENCY GOALS

Among children who entered care in May or June 2001 and remain in care, one-fifth lack recorded permanency goals. In a sample of children in care in November 2002, almost half of children did not have permanency goals set within the last eighteen months. While workers likely have permanency goals for children on their caseloads, supervisors and managers are only able to track progress when those goals are documented clearly.

---

### ENCOURAGE OVERALL ACCURACY

We observed instances of duplicate cases that had dissimilar information and cases where names were spelled wrong causing them not to be linked with the family cases. Siblings’ cases also often were not obviously linked. Determining whether parents had previously had their parental rights terminated was rarely possible. In addition, data entry mistakes mean accurately determining when children have entered or exited care is impossible. At times, workers inappropriately used the removal field to indicate removal from a placement, rather than removal from home. Other times, workers recorded in FACES that a child exited care when, in fact, the child only exited a placement.

## PERFORMANCE & INITIATIVES

In the following sections, we look at the six objectives involved in creating stability that leads to permanency—contextualizing each using child welfare research. Performance measures are useful tools, but ultimately only proxies for detailed analysis, which we provide here as a foundation for reform efforts. We suggest initiatives to reach targets associated with the objectives, organized by the units to which senior managers can delegate responsibilities (*see Appendix G for all initiatives by unit*). Few of the initiatives are new ideas—many are best practices that staff are attempting, albeit inconsistently. We note recent efforts when applicable.

We present quantitative evidence from three datasets we created from FACES (*see Appendix B for tables corresponding to figures in the text and Appendix F for regression tables*):

- ♦ **Entry Cohort**—*All 178 children who entered care in May or June 2001. We tracked children from entry through January 1, 2003, for a total of 18 to 20 months in care—all under the current administration. We rely most heavily on this data set, as it was the most comprehensive. In data entry, we cross-checked information from the providers database and court screens.*
- ♦ **Exit Cohort**—*All 51 children who exited care in October 2002. We traced these children from their original entry date until they left the agency’s care to examine placement patterns for children who have completed spells in care.*
- ♦ **Point in Time Sample**—*150 children in care on November 30, 2002. We randomly selected five percent of the 3,028 children in care and recorded their histories from original entry date until November 30, 2002. The sample revealed who composes CFSA’s current caseload and contributed to understanding how the agency serves children who have been in care for various lengths of time.*

Qualitative analysis helped us to understand processes, practices, and policies. Quotations from these conversations are included as sidebars within each section. In presenting this evidence, we recognize that individual experiences vary and that the broad problems that we describe do not necessarily reflect the experiences of all.

- ♦ **Discussions with workers and supervisors**—*We spoke with 21 adoption, foster care, intake, and supervisory social workers in six small groups and four individual interviews.*
- ♦ **Focus groups with caregivers**—*We spoke with 18 adoptive, foster, and relative caregivers in three small groups.*
- ♦ **Interviews with managers**—*We interviewed managers within the Offices of the Director, Public Information, Principal Deputy Director, and Deputy Director for Administration (*for the specific units in which we spoke with managers, see Appendix C*).*

---

### QUANTITATIVE EVIDENCE

---

### QUALITATIVE EVIDENCE



## PLACEMENTS ARE STABLE

Fewer moves and greater stability in care are positively associated with achieving timely permanence for children.<sup>27</sup> Without stability, children’s chances for permanence become slim. They lose meaningful connections with their birth parents<sup>28</sup> and learn not to trust a continuing string of new caregivers. Placement decisions require careful planning so that children only live in places where they are safe, with caregivers who can fully meet their short- and longer-term needs. Early placement decisions directly influence later stability or instability.<sup>29</sup> When children are placed separately from siblings,<sup>30</sup> into group settings rather than families, with strangers rather than relatives, or into settings that are expressly temporary, a second placement is almost assured unless the family rapidly reunifies. Ideally, caregivers and workers should place children with an expectation that those children would experience only one placement before returning home or becoming a permanent member of another family. Early decisions can support this possibility.

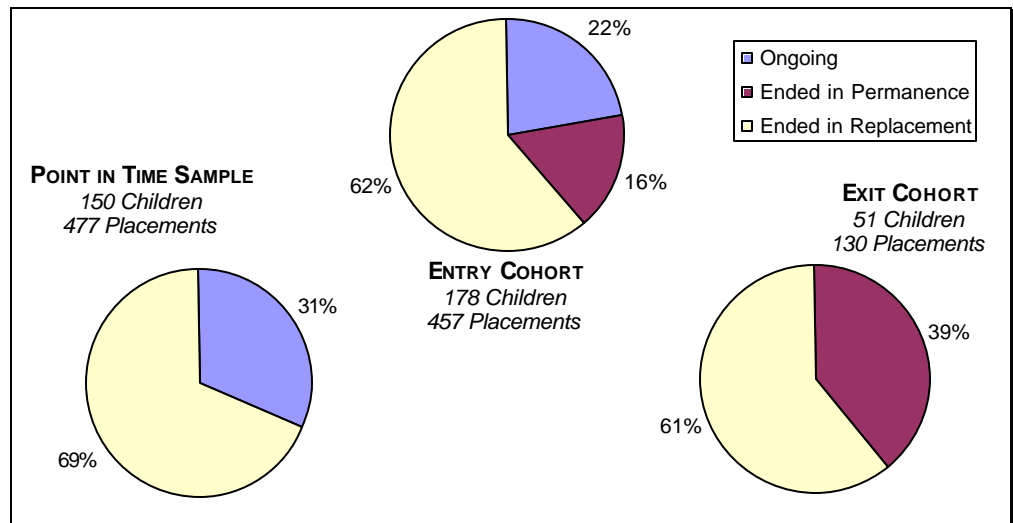
### EVIDENCE OF CURRENT PERFORMANCE

*Poorly planned placements mean instability is prevalent.*

#### PLACEMENTS ARE NOT DESIGNED TO LAST

Across our three data samples, about two-thirds of placements ultimately break up with children moving to another placement setting (see Figure 3). Most of these replacements occur within 90 days—with more than a third in the first 30 days. The combination of short placements and frequent moves strongly indicates that decisions are not based on stability, but on finding a place—any place—that will house a child. Placement staff confirm that when children need placement, their calls to providers focus on finding someone to say “yes” in the short-term, not on long-term planning for stability. Permanency is rarely discussed with the caregiver at the point of placement, even when the placement is not the child’s first.

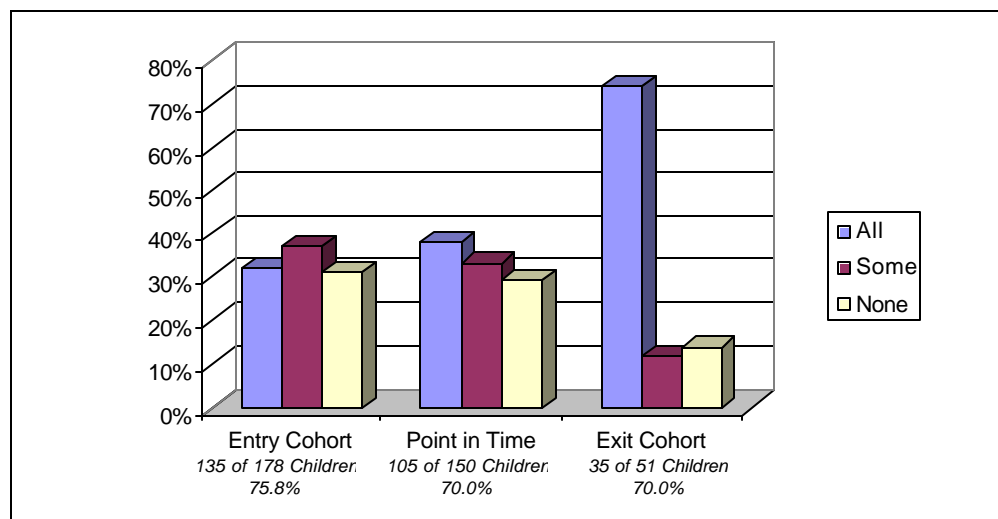
FIGURE 3. PLACEMENT OUTCOMES



Children in care are not only separated from their parents, most are separated from at least one sibling. In their current placement or final home before exiting, children in the entry cohort and point in time sample were distributed roughly equally between being with all, some, or none of their siblings. In the exit cohort, nearly three quarters of children left care with all of their siblings (*see Figure 4*).<sup>31</sup>

## SIBLINGS ARE OFTEN SEPARATED

FIGURE 4. SIBLINGS IN CARE LIVING TOGETHER IN MOST RECENT/LAST PLACEMENT



For the 135 children in the entry cohort with brothers and sisters in care, we tracked how placements united or separated sibling groups. Initially, 30 percent were placed alone. Of these 41 children, 29 were never reunited with any of their brothers or sisters. Only a quarter of children were initially placed with all of their siblings. Among the 100 children who were initially with only some of their siblings, 30 experienced a placement change that reunited them with at least one additional sibling while 19 lost at least one sibling along the way.

Entry cohort sibling groups of four or more were always initially split up. For children with non-relative caregivers, no more than three siblings ever lived together. One relative caregiver in our sample reunited a sibling group of five; another provided care for four of five siblings. Unfortunately, while foster homes reach capacity at three, families are often larger. About one quarter of entry cohort children were members of sibling groups of four or more, including a child with nine siblings in care.

After years of accepting children into their homes, families in our focus groups had collected horror stories of caring for children for months before being told about children's prior sexual abuse, birthparents' mental health histories, and in one instance, the child's HIV-positive status. Families reported making critical mistakes because of their knowledge gaps, sometimes resulting in crises that threatened children's stability.<sup>32</sup> Even for recent placements, caregivers felt that workers did not consistently collect<sup>33</sup> and reveal as much information as would be possible or helpful. Focus group participants cited knowing much more about a child when accepting a placement during regular business hours relative to at night or on weekends as evidence of the difference diligence and attention can make.

## INFORMATION IS NOT COLLECTED AT THE EARLIEST OPPORTUNITIES

While emergency removals might explain the lack of information, 60 percent of the entry cohort children’s families were previously known to the agency via past investigation, delivery of in home services, earlier episodes in care, or siblings currently or previously in care. About an additional fifth of children, although new to the agency, stayed in their home for two or more days after intake learned of them, with the vast majority staying at home for more than a week. Ultimately, only 22 percent were unknown to the agency and needed expedited placement.

---

**AVAILABLE  
KNOWLEDGE IS  
UNDERUTILIZED**

“They asked me if I could keep him while they looked for a placement. He was 11 and he stayed with me until he aged out at 21. He had experienced sexual abuse and physical abuse and all sorts of stuff that nobody told me about when they dropped him off because they were thinking he was only going to stay two days.”

Information that is available about children is not consistently used to create strong placements. At the point of first placement, intake workers know children better than anyone else in the agency. By the point of a replacement, ongoing workers typically know children quite well. However, we heard in focus groups that workers do not always take a central role in placement decisions. Instead, placement staff use information from the FACES placement request screens and conversations with the workers to locate caregivers. Placement workers are then doubly disadvantaged because they also do not know the caregivers or their skills; those who know families—training, licensing, and monitoring staff—work in a separate unit. Placement workers relay second-hand information to families whom they have never met. The process is not structured to help prospective caregivers make good decisions about their capacity to support the needs of a particular child or sibling group.

Even some of the more easily documented, transferable information is underutilized. Only five of the 178 entry cohort children had a documented first placement in the same ward of the city where they lived prior to removal.<sup>34</sup> In the 278 times children in the entry cohort were replaced, only eight children stayed in the same ward as their previous placement. While incomplete data entry plagues this measurement (44 percent of placements records did not include a ward), most placements removed children not only from their families or caregivers but also from the neighborhoods they knew as home. Geographic shifts typically bring along other forms of instability, including change of schools, child care settings, faith communities, and friends.

---

**MATCHING  
PRACTICES FOCUS ON  
DEMOGRAPHICS  
RATHER THAN NEEDS**

Children’s age and sex are the primary characteristics placement staff learn from workers and then share with prospective caregivers. Although caregivers identify the number, sex, and ages of children they would accept into their homes during licensing, they agreed in focus groups that even these factors were not consistently used for matching. They often were called to care for children outside of their preferred demographics.

While geography and capacity to keep siblings together are occasionally part of matching, more complex concerns such as selecting the caregiver best equipped to support children’s particular behavioral or emotional needs are not central. CFSA does not have a strategy outside of trial and error to help caregivers learn which types of special needs they are best equipped to support. While caregivers tell CFSA staff if they are unwilling to accept particular behaviors (for example, no substance abusers), these preferences are not always grounded in experiences—especially for newly licensed caregivers.

**SENIOR MANAGEMENT**

- ◆ **Separate siblings only in extraordinary circumstances.** Review all separations before they occur. While siblings' harmful interactions with each other constitute reason for separation, the challenge of finding homes for large groups does not.

**PLACEMENT**

- ◆ **Keep children in their home communities to facilitate reunification.** Unless safety is a concern, children need to maintain connections. Living with relatives or staying close to home facilitates visitation and maintains consistent school attendance and community involvement (e.g. child care or after school settings).<sup>35</sup>
- ◆ **Employ qualitative, rather than demographic matching criteria.** Improved matching requires information from the worker to truly understand what particular children need from caregivers. It also requires consulting monitors who know the caregivers to ensure children placed with them will be well-supported.
- ◆ **Help caregivers make good decisions about supporting particular children.** Share all information known about children with caregivers, using information shared by monitors to help them reflect on their abilities to meet particular needs.

**INTAKE**

- ◆ **Add questions about children's needs and relatives to the intake process.** Learn of children's emotional and behavioral needs and their network of relatives—maternal and paternal, by blood and fictive—before the first placement.<sup>36</sup> Parents and others interviewed in the investigation process can contribute, if asked.

**CHILDREN'S WORKERS**

- ◆ **Take a central role in designing appropriate placements.** Put first hand knowledge of the child to use by talking directly with prospective caregivers *prior* to final selection. Sharing information with placement workers is insufficient.
- ◆ **Share all information a second time when moving children to new homes.** Reveal all of children's needs and history when a match is being considered. Repeat and provide written documentation when physically moving to the home.<sup>37</sup>

**LICENSING & MONITORING**

- ◆ **Provide qualitative information about caregivers.** Placement workers never meet caregivers or see their homes. Children's workers only meet them once children are placed. Ensure good matches by being a knowledgeable conduit of information about particular caregivers for the rest of the agency.
- ◆ **Help families know their interests and abilities.** Techniques like training along with parents who successfully care for children with special needs, using realistic scenarios to discuss parenting practices, employing new families as respite providers, and visiting before placements increase caregivers' self-awareness.

**INITIATIVES TO REACH TARGETS****MEASURE #1.**

*The number of children who moved from one placement to another in the last month.*

**BASELINE ESTIMATE:**

100 children

**INTERIM TARGETS:**

In June 2003, fewer than 90 children move from one placement to another.

In December 2003, fewer than 50 children move from one placement to another.

**LONG-TERM GOAL:**

*Moves between placements almost never occur, with clear justifications for moves that do occur.*

## MOVES PROMOTE PERMANENCY



Children should move only when their permanency goals require it. At times, moves can promote future stability and, more important, future permanence. Moves that get children into less restrictive settings, reunite them with siblings, place them into relatives' homes, or make them part of an adoptive family make children better off. However, other moves disrupt children's well-being, interrupting their progress toward their permanency goal.<sup>38</sup> Research suggests that most disruptions occur within six months of placement, happen to older children,<sup>39</sup> and are related to children's behaviors.<sup>40</sup> To prevent moves that are unrelated to permanency, placement resources need to be well-prepared, ready to respond to children's needs, and consistently supported to ensure that children can stay safely as long as needed.<sup>41</sup>

### EVIDENCE OF CURRENT PERFORMANCE

*Moves that do not improve children's situations are common.*

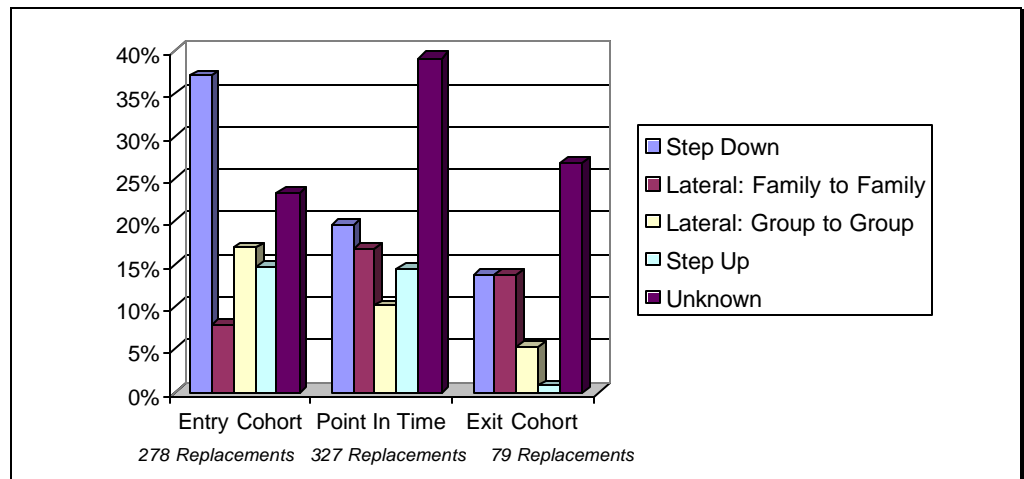
#### RESOURCES ARE UNPREPARED TO MEET CHILDREN'S NEEDS

In focus groups, workers and supervisors suggested that caregivers, especially those new to fostering, often have unrealistic expectations about the needs of the children who will be placed with them and the parenting skills that are required in response. They also cited inconsistencies in the abilities of group care and residential treatment settings to meet children's needs, especially older youth with mental health problems.

"I don't want to hear another foster parent calling to say, 'I can't stand it when they curse me out.' To me, that's so basic. What are you going to do with the child that spits on you? What about a nine-year-old that does drugs?"

Unfortunately, the FACES fields tracking reasons placements ended are often blank, inaccurate, or non-descriptive.<sup>42</sup> Still, tracking sequence—where children went after leaving placements—reveals a great deal. A lateral move, leaving one family to go to another or one group home to go to another without changing the therapeutic level of care, indicates a child did not need a different intensity of care. Rather, the worker or provider believed the caregiver could not continue to support the child. About one quarter of all moves in the entry cohort and point in time samples were lateral, while lateral moves were less common among children who exited care (see Figure 5).

FIGURE 5. WHERE CHILDREN MOVED UPON REPLACEMENT



Fewer than 15 percent of replacements experienced by children in the entry cohort and point in time sample were a step up in care—either moving from a family to a group setting or moving to a higher level of therapeutic or family-based care. Interestingly, only one child in the exit cohort ever experienced a step up in the level of care. Children exiting care rarely had therapeutic placements. The frequency of lateral moves—those that occurred because children were placed in settings that were ultimately unable to meet their needs—is especially concerning because it is likely an underestimate. Across the three analysis groups, data on placement type was missing in from 23 to 39 percent of replacements.

Every worker we spoke with reported a dearth of services, both within CFSA and in the DC area. Not a single caregiver reported feeling well-supported, although some felt their children’s needs were manageable without professional assistance. All six staff focus groups raised concern that whether a family receives needed services frequently depends on the individual worker’s knowledge of community-based resources. Whether families are matched with a worker who knows about the type of services they need in the neighborhood where they live is largely left to chance.

Medicaid reimbursement, in particular, causes problems, especially for those in need of mental health care. Because caregivers are not the legal parents of children, they have children’s Medicaid numbers but they do not hold the cards. This creates problems with some providers. Further, caregivers reported difficulty finding therapists who accept Medicaid. Among those that do, caregivers are often disappointed with the quality of services and the providers’ lack of knowledge about the specific needs of children in foster care. Staff and families agreed that the absence of quality services means children move through care without real healing. Their behaviors often escalate, increasing the challenge of maintaining stability.

Both groups of adoption workers lamented the disappearance of post-adoption supports. One worker mentioned the unfairness of being able to provide support services to families that adopt children who appeared on Wednesday’s Child, but not to other families. Families and workers also needed transportation to ensure children can stay in school, especially right after a move. For young children, particularly infants, inability to access child care prevents caretakers from accepting these children into their homes. Finally, families agreed that respite care would greatly enhance their ability to continue to care for difficult children. Unfortunately, no families we spoke with were able to obtain this service.

Workers and families agreed that, in most cases, they can access tutors and mentors. Still, the time and administrative burden of obtaining these services may mean children wait several months to begin receiving the support. Further, the approval is for three months at a time, resulting in the continued need to re-process the paperwork. On the whole, workers were unconvinced that tutoring and mentoring are especially effective services out of the range of children’s needs—particularly if these interventions are time-limited.

“The staff at the group home don’t know about psychological issues with children, they don’t know medication. They take on the position of being the child’s friend instead of the caretakers. That’s where a lot of problems come in.”

## CRITICAL SUPPORTS ARE DIFFICULT TO ACCESS

“They say, ‘call these places for medical care and dental care’. When you call, half the people tell you they haven’t accepted Medicaid for two or three years. It was a nightmare trying to get this child the medical, dental, and psychotherapy care he needed.”

♦ ♦

“I had one child who had very severe problems and also his three brothers. We requested respite once a month and I was denied. Ultimately he was removed, put into a therapeutic home. Now he’s separated from his brothers. And the agency is paying twice as much. All of that might be alright if he was sitting in his new placement happy as a lark. But he’s not happy to be there. His brothers are not happy for him to be gone. Respite would have stopped that disruption.”

## CAREGIVERS NEED ADVOCACY SKILLS, SOCIAL SUPPORT, AND COMMITMENT

“I have worked with foster parents where they really do so much and the child is really bonded. Caretakers who don’t do as much and really rely on CFSA, that child really doesn’t want to be there because they don’t show any kind of love or family-type setting.”

Participants in all three caregiver focus groups agreed that to succeed in caring for children from CFSA, they need to “be the squeaky wheel,” continually pushing to get services for themselves and their children. Families unanimously agreed they rely on the support of their family, neighbors, faith community, bosses, and wider community in raising their children. Workers in four of the groups explained that families need independent problem solving skills to succeed with children; some worried that caregivers are too dependent on CFSA support.

Particularly given the limited ability of agency staff to provide frequent clinical support to caregivers, recruiting with an eye to later placement stability means finding good advocates with social support networks. In each of the three caregiver focus groups, participants spontaneously cited the pre-service training they received as very helpful—to unanimous agreement. The data supports the notion that agency involvement may make families better equipped to keep children stable. Relative to unlicensed placements, placements in the entry cohort where the caregivers were licensed either continually or partially were significantly less likely to end with children being replaced.<sup>43</sup> Families and workers agreed that the personal qualities of the parent are also important determinants of whether placements will succeed.<sup>44</sup> They suggested that the agency must focus on finding families that know how to advocate for themselves and their children.

## SOCIAL WORKERS ARE SLOW TO RESPOND

“One had the nerve to tell me, ‘I don’t worry about you. I don’t have to come out here and I don’t have to call you because I know you’re going to do the right thing.’ Sure I am going to the right thing, but you still have to do your job, too.”

♦ ♦

“We never called until we needed them. If you’ve done it all by yourself, put out all the little fires along the way, when you ask for the help, you expect somebody to help you.”

♦ ♦

“When we reached out for help, it wasn’t there. I had to have a fit, ‘Okay! I need you to call me back now!’”

While caregivers reported positive experiences with some caseworkers, parents in all three focus groups cited a pervasive lack of responsiveness. Caregivers who had turned to CFSA for help unanimously agreed that repeated calls were required to get a response from most workers they encountered. A few parents noted having had some excellent, responsive workers along the way; however, in the constantly changing cycle of workers, these were memorable exceptions. A few workers acknowledged their difficulty returning calls, reporting that they are constantly responding to families in crisis. All six groups of staff members agreed that they are often consumed by ‘crises’ created by managerial practices: bureaucratic hoops and daunting amounts of paperwork. Each of the focus groups involving ongoing workers and supervisors independently raised concern and disappointment that they are master’s level clinicians but rarely get time to move beyond case management into a therapeutic role. Fortunately, care providers largely took pride in their self-sufficiency. They reported that the workers are too busy, they do not find agency staff a responsive source of support, and they simply do not want or need excessive agency involvement in their day to day lives. Still, many expressed frustration that on the rare occasions when they do seek help, they do not receive timely return calls.

**SENIOR MANAGEMENT**

- ◆ **Provide formal respite.** Caregivers need breaks from challenging children. At the same time, children need to be safe and well-cared for. To make this system work, a reliable system of referral and payment needs to be in place.<sup>45</sup>
- ◆ **Develop back-up sources of immediate support.** A 24-hour phone line staffed by experienced caregivers or trained clinicians can help families access needed resources and emotional support when workers are not at their desks. In urgent situations, phone staff could locate workers or supervisors for help.

**RECRUITMENT**

- ◆ **Emphasize realistic expectations in recruitment messages.** Materials must accurately portray the populations of children who need care and communicate both challenges and rewards of parenting them.
- ◆ **Involve foster and kinship parents in recruitment and retention.** Caregivers can reach out to others like themselves—people with a love of children, strong advocacy skills, and solid social support networks.<sup>46</sup> These caregivers can offer realistic messages to new families.

**LICENSING & MONITORING**

- ◆ **Clarify expectations of group homes and give workers documentation.** Continue to ensure that required services and skilled staff are present in congregate facilities, including on the overnight shift. Make workers aware of these expectations; they can report service gaps and avoid spending valuable time completing tasks that a contractor is being paid to do.<sup>47</sup>
- ◆ **Share accurate documentation on services.** Widely disseminate a comprehensive list of services that CFSA and the greater community currently offer. Include mental health, child care, and respite resources. Detail procedures for obtaining services, divide them by geographic area, and focus on providers that accept Medicaid. Update this list quarterly.
- ◆ **Ensure families have the skills to access help.** At every contact with a family, discuss a handful of supports that fit their children's needs. Talk through how families can connect with services, providing assistance if needed.

**CHILDREN'S WORKERS**

- ◆ **Return calls within 24 hours.** Voice mail must always contain back up contact information and have space to leave a message. Tell families to expect a response within one business day and keep this promise. Families should not be expected to call multiple times if they want assistance.

**INITIATIVES TO REACH TARGETS****MEASURE #2.**

*Of those who moved from one placement to another in the last month, the percent for whom the new placement is not a progression toward permanency (is not a move to a kinship/pre-adoptive home, a move to reunite with siblings, or a move to a less restrictive setting).*

**BASELINE ESTIMATE:**

66 percent

**INTERIM TARGETS:**

In June 2003, less than 60 percent of children who move do not progress toward permanency.

In December 2003, less than 30 percent of children who move do not progress toward permanency.

**LONG-TERM GOAL:**

*Moves never occur unless they are a progression toward permanency.*



## CHILDREN RARELY MOVE

Whether because of an emergency or a well-planned goal, moving is traumatizing for children.<sup>48</sup> Frequent movement is linked to attachment difficulties, emotional trauma, low self-esteem, and behavior problems<sup>49</sup> as well as difficulty interacting with caregivers.<sup>50</sup> Moreover, those who move frequently are more likely to experience poor outcomes such as running away or incarceration.<sup>51</sup> For an individual child, the number of moves should be small—both when looking at his or her current episode in care and over the entire care history if the child has exited and reentered.<sup>52</sup> Researchers have attempted to determine which children move most frequently—for example, older children<sup>53</sup> with more previous disruptions<sup>54</sup> are most likely to have failed placements. We did not focus on predicting which children are most likely to move, as children’s workers have little control over the demographics of the children on their caseload.<sup>55</sup> Staff can, however, ensure that when children might be or are moving that they received the intensive support they deserve during the transition.<sup>56</sup>

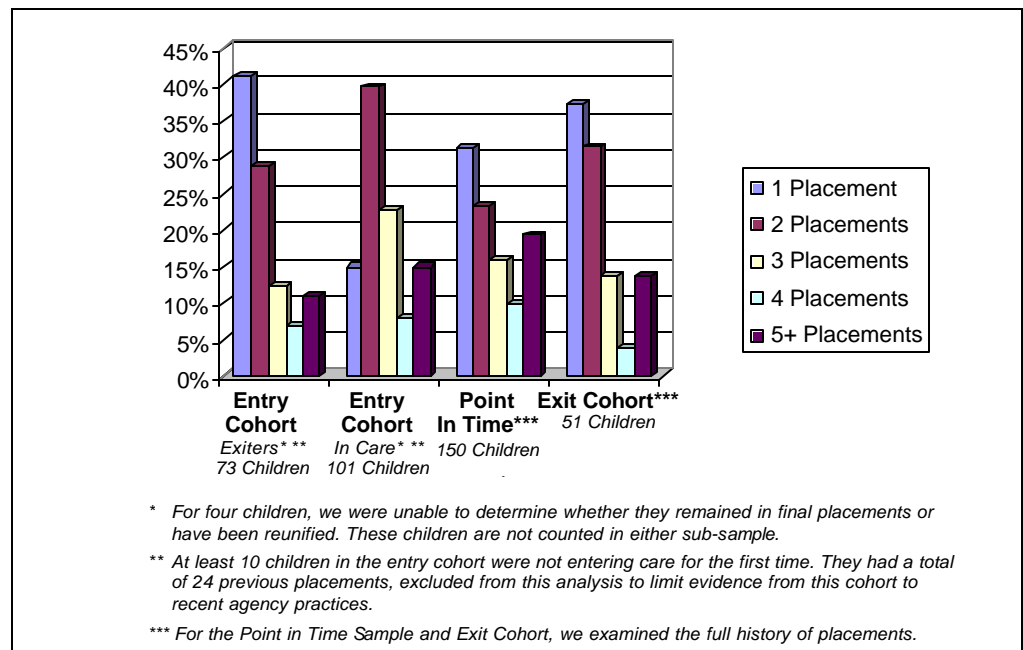
### EVIDENCE OF CURRENT PERFORMANCE

*Individual children move often with little support to prevent or ease transitions.*

#### MANY CHILDREN, INCLUDING SOME WHO ENTERED CARE RECENTLY, MOVE FREQUENTLY

Even the best practices today cannot undo the number of placements children already experienced; however, evidence suggests moves are not simply historic. Looking across the three data samples reveals that the point in time sample is weighted towards a higher number of placements (*see Figure 6*). Still, even among children in the entry cohort, only 15 percent of those with an ongoing case have remained stable in one setting. More than a fifth have lived in four or more placements.

FIGURE 6. TOTAL NUMBER OF PLACEMENTS/PLACEMENTS TO DATE



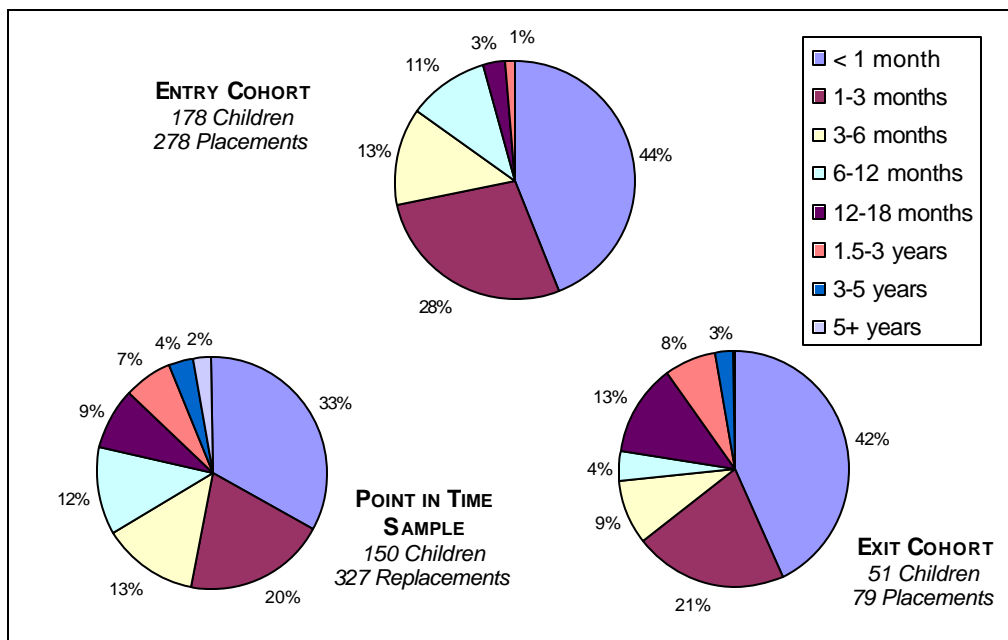
For a few frequent movers, the number of placements is extremely high. The entry cohort included a child who had already experienced eight placements. Two more had experienced seven. Among the point in time sample, one child had 24 placements and another 15. Seven had eight or more. Unfortunately, for these children the number of placements is likely to grow, as they remain in care. In contrast, the exit cohort included just one child with more than six placements; after living in 14 settings, she was the only one in the exit cohort to emancipate.

“Removing the child cannot be your first solution to everything.”

The type of placement a child needs may not be there when he or she needs it. Thus, placement staff must find a temporary placement until the desired spot is open. Data reveal that the majority of moves children experienced took place after only short stays. Across all three data samples, a third or more of all placements that ended did so within 30 days. Many more ended within three months (see Figure 7).<sup>57</sup>

## TRANSITION PLACEMENTS PRECEDE LONGER STAYS

FIGURE 7. TIMING OF REPLACEMENTS



The data does not suggest whether short placements were intended to last but failed or were expressly transitional. In the entry cohort, at least 13 of 179 children initially stayed in the Intake Center—a placement that is certainly transitional—for at least one night. In this sample, 49 more children had a gap of more than one day<sup>58</sup> between removal from home and initial placement. Presumably some of these children also stayed in intake or another transitional setting, but do not have this placement recorded in FACES. A sizable portion of children in the point in time sample (20 percent) and exit cohort (16 percent) also experienced lags of more than a day between recorded home removal and first placement dates.

We found evidence that transitional placements—and with them, the overall number of placements—are substantially undercounted. In the entry cohort, in-depth reviews of placement dates and court records allowed us to create continuous placement

records for children, with no dates unaccounted for as we tallied placements. However, the absence of historic data for many children in the exit cohort and point in time sample made court record reviews impossible. When relying only on placement start and end dates, we frequently found gaps between one recorded placement and the next (*see Table 1*). Excluding gaps of only a day, which are likely the result of inconsistent data entry, about one in five placements may not have been counted (as many as 94 placements beyond the 477 recorded in the point in time sample and as many as 28 beyond the 130 recorded in the exit cohort may be missing).

**TABLE 1. LENGTH OF TIME PLACEMENTS WERE UNDOCUMENTED**

	<i>A day</i>	<i>2-7 days</i>	<i>8-30 days</i>	<i>1-3 months</i>	<i>3-6 months</i>	<i>6-12 months</i>	<i>A year or more</i>
<b>POINT IN TIME SAMPLE</b>	130	22	14	12	12	9	25
<b>EXIT COHORT</b>	40	1	3	1	4	1	18

## CHILDREN LACK SUPPORT DURING MOVES

“They were going to pick him up from school and they moved him. He did not come home. He didn’t say good-bye. We didn’t get a chance to talk to him. I got to say good-bye to him three weeks later. And only because I stayed on top of it because I didn’t like the way things happened.”

Transitions can happen in ways that will promote eventual permanency for children. If transitions are made too rapidly with insufficient planning, however, children may have more problems adjusting to their new living arrangements, delaying permanence or prompting another move.<sup>59</sup> No workers we spoke with felt that they were providing excellent support while moving children to new placements.<sup>60</sup> They reported not having adequate time to speak with children about transitions or to deal with issues of grief and loss—let alone involve children in planning for their own futures.<sup>61</sup> In fact, intake and ongoing workers shared supervisors’ concerns that social service assistants who are usually strangers to the children are often the ones who facilitate moves to new placements.

Foster, adoptive, and kinship caregivers all reported that they do not receive enough timely information to help make a smooth transition for children coming into or moving out of their homes. Without support from the worker in the transition, caregivers reported that primary responsibility to smooth transitions for children falls to them. Unfortunately, when children must move because the caregiver no longer wants to care for them, the transition is particularly difficult.

## CRISIS RESPONSE IS TOO DELAYED TO KEEP PLACEMENTS TOGETHER

“When we said, ‘This is it,’ then all of a sudden CFSA was trying to scrape services together. We were not happy. Kids are really getting a rough deal.”

Parents in focus groups spoke of fighting an uphill battle with children, courts, service providers, and finally workers. Over time, they feel worn down and alone to the point where they cannot take anymore. When parents feel unsupported, they are inclined to simply end placements when crises occur.

Four of the six focus groups of staff members raised the newly instituted disruption conferences as a welcomed intervention, which they were aware of and expected would help them and the children on their caseloads. Workers appreciated having specialists to consult. Still, timing is critical for these interventions to succeed. As one worker explained, by the time disruption conferences are organized, caregivers have “already made up their minds; the child is going to move.”

**SENIOR MANAGEMENT**

- ◆ **Do not permit Social Service Assistants to move children.** The skills of social work staff can particularly help children through the traumatic period of moving. Moreover, in moments of change, children need as much continuity as possible.
- ◆ **Build a concurrent planning program.** Prevent moves by identifying families who are least likely to reunify.<sup>62</sup> Trained caregivers can then provide intensive, front-loaded services including mentoring and frequent visitation,<sup>63</sup> and be willing to adopt, if needed.<sup>64</sup>

**PLACEMENT**

- ◆ **Eliminate transition placements.** Collaborate with recruitment to communicate the types of placement settings that are needed but missing. Improve tracking to know what families are actually available at a given time.
- ◆ **When replacing children, take advantage of increased information.** Ensure second and subsequent matches are strong. Talk with workers and previous caregivers—and the child—to avoid disruption of future placements.

**CHILDREN'S WORKERS**

- ◆ **Turn crisis moves into an opportunity to reexamine permanency.** Since the placement unit is not responsible for relative searches or pre-adoptive matches, unplanned moves are rarely used as opportunities to move toward permanence. Personally embrace the responsibility to find these potentially permanent homes.
- ◆ **Accept that some placements will end, but secure time for transition.** Use the 30-days-notice policy to negotiate time to find a new home—and perhaps allow a crisis to pass and then keep the placement intact. Use the time wisely, matching quickly then making a gentle transition including pre-placement visits.
- ◆ **Involve children in making placement decisions.** Children of all ages are more likely to understand moves, accept their new placements, and work to keep their own placements stable when they live in places they helped select.
- ◆ **Help children prepare for and process transitions.** In non-emergency situations, discussions and visits can happen before moves. Even in crises, take time to talk in at a comfortable place before arriving at a new placement. Share information about why placements end and what new caregivers are like.

**CLINICAL PRACTICE**

- ◆ **Provide 48-hour response to requests for disruption conferences.** In crisis situations, being timely is more important than being comprehensive. If some stakeholders cannot immediately attend, schedule a second follow-up conference.
- ◆ **Hold staffings for children at every move, from the third placement onward.** Building on current practices, automatically hold a staffing at every move, without a special worker request, from the third placement until permanency is achieved.<sup>65</sup>

**INITIATIVES TO REACH TARGETS****MEASURE #3.**

*Of those who moved from one placement to another in the last month, the percent who have already had three or more placements.*

**BASILINE ESTIMATE:**

60 percent

**INTERIM TARGETS:**

In June 2003, less than 55 percent of children who move already had three or more placements.

In December 2003, less than 25 percent of children who move already had three or more placements.

**LONG-TERM GOAL:**

*Children with a history of movement almost never have additional moves, with clear justifications for moves that do occur.*



## GROUP CARE IS BRIEF

Institutions can never become permanent families for children. In fact, living in group care can lead to greater instability in placements<sup>66</sup> and can delay timely permanence.<sup>67</sup> When working towards stability that promotes permanency, group settings must be used on a very limited basis—only when they are necessary to meet children’s therapeutic needs and, in those cases, only temporarily.<sup>68</sup> Unfortunately, when those making placement decisions are overworked and feel they do not have access to enough reliable family placements, children end up with lengthy stays in places that are convenient rather than well-matched to their permanency goals.

### EVIDENCE OF CURRENT PERFORMANCE

*Children live in group care more often and longer than necessary.*

### WORKERS ARE OVER-RELIANT ON GROUP PLACEMENTS

Although managers have recently focused on reducing reliance on group care, three-quarters of children in the entry cohort lived in a group setting at some point (*see Table 2*). For two-thirds of the entry cohort children, their first placement was into group care. Substantially fewer children in the point in time sample and exit cohorts experienced a first or subsequent group placement, although group care was still common. Differences in use of group care could be partially due to gaps in historic data for children who entered care years ago.

**TABLE 2. CHILDREN’S EXPERIENCES WITH GROUP PLACEMENTS**

	ENTRY COHORT	POINT IN TIME SAMPLE	EXIT COHORT
<i>TOTAL CHILDREN</i>	178	150	51
<i>First Placement</i>	118 66.3%	26 17.3%	10 19.6%
<i>Current/Final Placement</i>	43 24.2%	27 18.0%	8 15.7%
<i>Any Placement</i>	134 75.3%	67 44.7%	13 25.6%
<i>Every Placement</i>	40 22.5%	10 6.7%	8 15.7%

While some children may benefit from living in group settings that assist with therapeutic needs, the use of placement settings expressly designed for healing are rare. In the entry cohort, seven placements were hospitalizations and an additional 11 were residential therapy—constituting four percent of the total number of placements (457) and eight percent of the total number of group placements (214). The point in time sample included 12 therapeutic placements out of the total of 478 placements (three percent) and out of the 116 group placements (10 percent). Two of the 130 total placements (two percent; nine percent of the 22 group care placements), experienced by children in the exit cohort were therapeutic. Across all data samples, the vast majority of group placements were not designed to respond to children’s intensive special needs.

In the entry cohort, children experienced 164 group placements that ended in replacement. Of them, 32 percent (53 replacements) were followed by another group placement, while another 18 percent (30 replacements) were moves into undocumented settings, at least some of which were also group placements.<sup>69</sup> Among the point in time sample, 87 group placements ended in replacement, of which 52 percent (45 replacements) put children back into group care. Seven out of 12 children in the exit cohort who were replaced following group care moved into another congregate care setting.

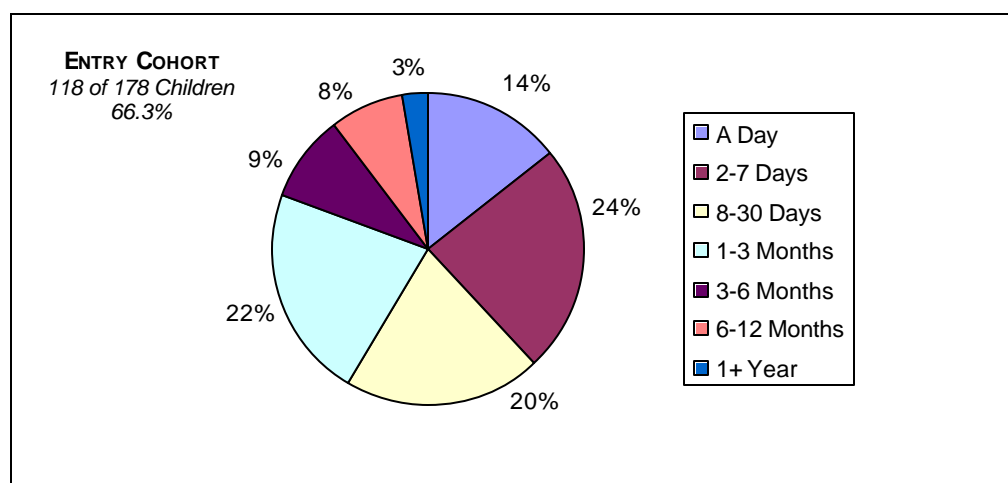
Among the 11 entry cohort children who are presently in group care, examining only the length of their current placement would miscalculate the length of continuous time in group care for five of them. Out of the 179 children in the entry cohort, 34 (19 percent) experienced back-to-back placements in congregate care during their time with CFSA to date.

For the two-thirds of the entry cohort who went first to group care, the stay was most often transitional (*see Figure 8*). However, for 20 percent of the 118 children who first went to group care, the stay was for more than 90 days.

## GROUP PLACEMENTS ARE SUCCESSIVE

## CHILDREN ARE FORGOTTEN IN GROUP CARE

FIGURE 8. LENGTH OF FIRST PLACEMENT INTO GROUP CARE



The entry cohort includes 11 children who were living in group care as of January 1, 2003. Two of these children have been in the same group placement since their case with CFSA opened; four more have lived in group care continuously, but experienced multiple placements. Only two have had documented placements into a family setting, although three others have time in care where their placement setting is unrecorded. Although these 11 are only six percent of the entry cohort, a handful of children entering each month having these experiences creates a sizable portion of forgotten children over time. Placement staff reported that once a child has been placed in group care, only a request from that child's worker would trigger seeking another placement setting.

**INFANTS, TEENS, AND  
BOYS ARE OVER-  
REPRESENTED IN  
GROUP CARE**

“She is in a group home now and doesn’t want to be there. She says she would do a lot better in a foster home. She’s 15 years old. Well, I would love to see all of my kids in a foster home if that was possible. I don’t even think I did the referral for placement, I just talked to the girl and we’re looking at reunifying her with her mother.”

Among the youngest children in the entry cohort—the 16 children entering care before their first birthdays—11 were initially placed into congregate care. Among the 62 one- to five-year-olds, 39 (63 percent) also began in group care.<sup>70</sup> Placement staff report that, although it is hard to believe, infants and toddlers are among the most difficult children to place.

Adolescents, however, appeared to be the most likely of entry cohort children to be placed into group care—more than 80 percent of children over age 11 had a first institutional placement, compared with 51 percent of six- to ten-year-olds. Several workers with caseloads of teenagers mentioned that older youth are more stable in family settings; however, space is more readily available for them in group rather than foster care. All three of the specialized teen care workers we spoke with found the idea of having most teenagers in families an unrealistic goal.

Finally, boys appear more likely than girls to live in group care for the first placement. In the entry cohort, 61 percent in the sample initially lived in a congregate care facility, compared to 73 percent of males. In this sample, girls were significantly more likely to enter families first.<sup>71</sup>

**LICENSING & MONITORING**

- ◆ **Phase out slots in group care.** In an environment of chronic stress and crisis, reducing availability is the only way to realistically reduce reliance. Ease tension with private congregate care providers by clearly articulating the remaining role for and expectations of group settings via contracting.<sup>72</sup>
- ◆ **If group placements are unavoidable, they must be assessment tools.** When contracting slots with group care providers, include specific requirements related to assessment as well as communication with placement staff, who can then use better information to find the right family.<sup>73</sup>
- ◆ **Use therapeutic placements to prepare children for family life.** If children are truly not ready for family life, a therapeutic placement—not a group home—can help them prepare. Communicate with group homes to help them step up their level of care as slots in group care disappear.

**PLACEMENT**

- ◆ **Do not wait for a placement request to continue family-finding efforts.** When children's immediate needs for a family cannot be met and a group placement is unavoidable, efforts should not cease or be suspended.

**CHILDREN'S WORKERS**

- ◆ **Set goals for children in group care, moving them to families quickly.** All children—and teenagers—should only be in group care for therapeutic reasons. Set goals they must work toward to prepare for living in families.
- ◆ **Regularly make placement requests on behalf of children in congregate care.** Spaces in families are constantly changing; however, placement staff do not look for families for children without a request. Placement workers agreed that persistent workers are likely to get even difficult children into family settings.

**TRAINING**

- ◆ **Discuss the consequences of relying on group care.** Workers must continue to learn about the consequences of putting children in congregate care settings. They need information about the importance of family connections, even for adolescents. Workers must be reminded that they owe the same level of commitment to boys, teenagers, and infants as to girls and school-aged children.

**CLINICAL PRACTICE**

- ◆ **Trigger action for children who lived for 45 continuous days in group care.** To ensure that children do not linger in group care, ongoing workers need help attending to children with extended stays in congregate care. Monitor length of group stays and prompt action for children who belong in families.<sup>74</sup>

**INITIATIVES TO REACH TARGETS****MEASURE #4.**

*The number of all children in care who have lived continuously in non-therapeutic group care for six months or more.*

**BASELINE ESTIMATE:**

565 children

**INTERIM TARGETS:**

In June 2003, fewer than 550 children have lived continuously in group care for six months or more.

In December 2003, fewer than 250 children have lived continuously in group care for six months or more.

**LONG-TERM GOAL:**

*No children should have long stays in non-therapeutic group care.*



## CHILDREN LIVE IN FAMILIES

Federal law, fiscal responsibility, and common sense tell us that children should live in the least-restrictive, most family-like setting possible during their time in out-of-home care. Simply, this means that children—including teenagers—should go straight to a family setting in the vast majority of cases, with exceptions only when children need intensive medical or mental health care<sup>75</sup> that exceeds what can be provided in a home. Joining a family should be the short-term goal for all children who do not immediately live in family settings. This requires having families—including relative caregivers<sup>76</sup> or other community members—ready and available to care for the number and types of children who need placements.<sup>77</sup> Anticipation and planning are key.

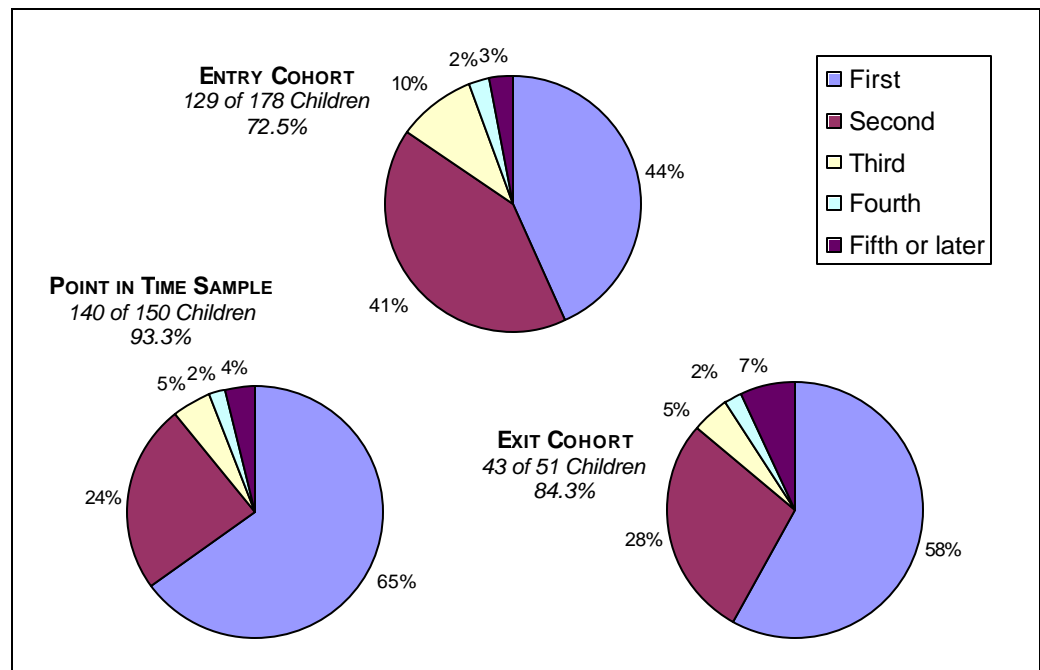
### EVIDENCE OF CURRENT PERFORMANCE

*Most children live in families,  
but not until later in their time in care.*

### WORKERS LOOK FOR FAMILIES AFTER CHILDREN ARE PLACED

Ultimately, 73 percent of children in the entry cohort (129 of them) did have at least one family placement. However, of all children who did eventually live in a family, the majority did not become part of a family until their second placement or later. In the point in time sample and exit cohort, children appeared to experience family placements sooner during their time in care (*see Figure 9*). CFSA staff may have placed more children directly into families historically, less information about transitional placements may have been entered in data systems, or both.

FIGURE 9. PLACEMENT IN WHICH CHILDREN FIRST ENTERED FAMILIES



As previously reported, infants, teenagers, and boys in our samples disproportionately end up in group care. Sibling groups, especially of four or more children, are separated. Children move out of the ward they lived in with their birth parents and, upon replacement, out of the wards of their previous caretakers. Focus groups and interviews resoundingly repeated the reason for less than ideal placements: not enough families are available to care for the populations of children in care.

To reduce movement in foster care, the agency needs more families—specifically, placement workers need access to families that are ready, willing, and available to parent the types of children that most often need homes. When a child enters care, finding the best match for that child is only realistic if the influx of families offsets attrition—which is likely to grow as foster families become permanent caregivers to the children in their homes. Families and workers alike mentioned that some care providers are parenting for the wrong reasons. Unfortunately, when resources are scarce, reducing reliance on low-quality foster homes is unlikely.

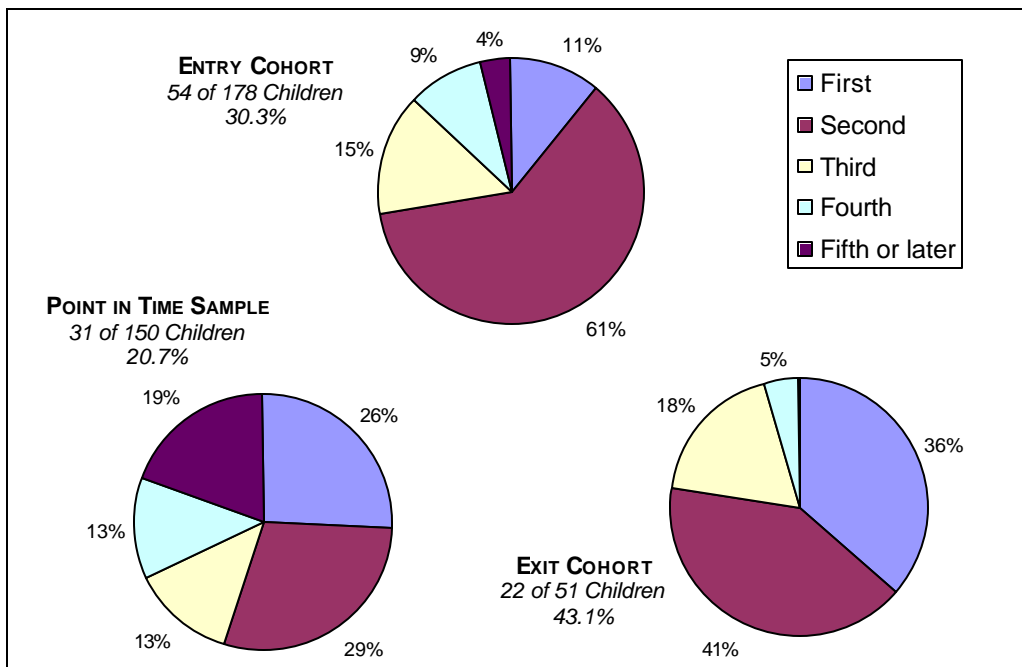
Staff have demonstrated success licensing more foster homes. Still, we heard reports that the bulk of the increase in newly licensed care providers came from licensing kinship caregivers who had already had children living in their homes. The net gain of families may be as low as two dozen.

Eventually, 30 percent of our entry cohort lived with relatives for at least some portion of their time in care. Yet only six of the 54 children (11 percent) who lived with kin went there initially. In the point in time sample, fewer children ever lived with kin, while in the exit cohort, living with relatives was more common (*see Figure 10*). Both these groups were placed with kin earlier in their progression of placements.

## TOO FEW FAMILIES ARE AVAILABLE FOR PARTICULAR POPULATIONS

## KINSHIP RESOURCES ARE RARELY DEVELOPED AT THE OUTSET

FIGURE 10. PLACEMENT IN WHICH CHILDREN FIRST ENTERED KINSHIP CARE



“When these children were first taken in, I immediately said, ‘I’ll take the children.’

They placed them in a foster home for four months. I was allowed to see them, but it broke my heart. Whenever we went near the foster home the four-year-old would start crying so hard that she would throw up.”

### **FAMILIES NEED HELP MAINTAINING CHILDREN WITH SEVERE MENTAL HEALTH NEEDS**

“My daughter sexually abused a neighbor. I was thinking at that point, ‘She’s got to go. I can’t be responsible if she’s going to hurt people.’ You ask, ‘Am I equipped to handle this?’ I loved this girl so it was really hard. What helped me was going to therapy with her. We talked all this out. I let her know that even though she had done these things, that I was still going to be there.”

♦ ♦

“Every foster home should be considered therapeutic.”

We heard from workers and families that kinship care providers keep children better connected to their extended families and communities than do non-relative caregivers. Further, many we spoke with believed that relatives provide more stable care and are less likely to give up on children with difficult behaviors. Still, practices are not designed to actively reach out to relatives early in the case unless those relatives seek agency involvement of their own accord. The responsibility for locating relatives rests with intake and ongoing workers and is not completed with consistent diligence. In particular, paternal relatives can be excellent resources for children—including fathers themselves.<sup>78</sup> Unfortunately, paternal relatives may be the last to know that children are in CFSA custody. Often, they only hear of their grandchild, niece, nephew, or godchild in care through the grapevine, not the agency.

Before a placement ends and children move to a different setting, workers should ensure that care provided in the next setting could not simply be added to the current one. For example, in our focus group conversations, we heard from supervisors, workers, and families that limiting access to therapeutic care levels to families with private agencies increases instability. First, if greater knowledge and skills are available via training, this information should be available to all families. Second, if children begin to present greater needs when they are already in a family setting, those families should be able to obtain greater training and support as therapeutic care providers—even if they were previously trained and supported by CFSA or a private agency that does not include therapeutic care.

Some children are placed in private agency therapeutic families specifically because CFSA recognized their major behavioral, emotional, or physical challenges. Entry cohort children experienced a total of 33 therapeutic family placements. Of the 33, seven are ongoing, five transitioned the children back into their birth homes, and three helped the children step down into a foster or kinship caregiver’s home. However, in 12 of the 20 instances where therapeutic placements ended in replacement (60 percent of these cases), even the more highly trained family was unable to care for children with intensive needs—passing the child to a group setting or another therapeutic family. Three focus groups of CFSA staff discussed expectations for therapeutic foster families, noting that they are not clearly articulated. Because of the enormous variation in the intensity of services provided in therapeutic homes, workers remain uncertain whether a particular therapeutic home will be ready for children with intensive needs.

**SENIOR MANAGEMENT**

- ◆ **Petition fathers as well as mothers in legal case files.** Routinely include non-resident fathers in neglect petitions. This can help find fathers who can be primary caregivers to their children, locate paternal relatives, and prevent later delays in adoption or guardianship by documenting absent fathers upfront.
- ◆ **Dedicate staff to rapid location and screening of kinship care providers.** Searching on behalf of specific children—when they are coming into care or already placed, not just at the point of adoption—reduces the need to recruit non-relative providers. Often, families who know the children are easier to engage.

**RECRUITMENT**

- ◆ **Use data to set targeted recruitment priorities.** Given limited recruitment resources, efforts and messages must be targeted to focus on families for populations with the greatest need: young children, teenagers, and sibling groups. Investment in a general media presence should be secondary to targeted efforts.<sup>79</sup>

**INTAKE**

- ◆ **Check out relatives even before children are entering care.** As soon as relatives are identified, track them down, ask about their interest in becoming caregivers, and clear them through preliminary criminal background checks. Children who are previously known to the agency or have lengthy intake processes should not go to foster or group settings before moving in with kin.

**PLACEMENT**

- ◆ **Improve systems to know which families are available.** Currently, licensed families must call to report their willingness to receive placements. Better coordination with children's workers could reduce lag time between children leaving placements and notifications of openings.

**LICENSING & MONITORING**

- ◆ **Contract to upgrade existing caregivers to “therapeutic” levels when needed.** When children's emotional or behavioral problems escalate, give families an opportunity gain skills and support, even if they are public agency families. Create a special contract with agencies that recruit and prepare therapeutic care families to “convert” caregivers who are already licensed for traditional care.
- ◆ **Define precise requirements for therapeutic families.** Ensure that families who care for children with the most difficult needs are consistently skilled and supported. Develop contracts with private agencies to mandate that therapeutic families have a demonstrated capacity to care for children with special needs, via past employment, training, or previous experience foster parenting.

**INITIATIVES TO REACH TARGETS****MEASURE #5.**

*The percent of children entering care in the last month first entering a family.*

**BASELINE ESTIMATE:**

35 percent

**INTERIM TARGETS:**

In June 2003, more than 40 percent of children entering care first enter a family.

In December 2003, more than 90 percent of children entering care first enter a family.

**LONG-TERM GOAL:**

*Nearly all children enter families immediately, with clear justifications for any children not entering a family first.*

## STABLE FAMILIES BECOME PERMANENT



Keeping placements stable is a preliminary means to reaching the goal of a safe, lasting family. Caregivers and agency staff need to unite in efforts to keep children in placements<sup>80</sup> as well as to help children achieve their permanency goals in order to reduce the length of their stay in foster care.<sup>81</sup> Efforts must focus on reunifying birth families,<sup>82</sup> finalizing adoptions,<sup>83</sup> or legalizing relative placements through permanent guardianship.<sup>84</sup> Although stability and permanency are generally compatible goals, a tension can develop when placements stabilize without attention to permanency. CFSA staff can avoid heart-wrenching decisions about whether to move a child from a stable home that does not support permanency by remaining attentive to progress toward permanency through the length of a case. Long placements in settings that will never become permanent are ultimately undesirable—stability is valuable only as a precursor to permanency.

### EVIDENCE OF CURRENT PERFORMANCE

*Even children in stable families  
are not progressing to permanency.*

#### TIMELY PERMANENCY IS NOT A PRIORITY

All 101 children in the entry cohort who are still in care have spent at least 18 months out of their birth homes. Not one has experienced guardianship or adoption, although 34 presently reside with relatives and three with pre-adoptive families. For more than three-quarters of the point in time sample, the stay in care to date exceeds 18 months. Three children have stayed more than 15 years—effectively their entire childhood.

The timing of exits for those who achieved permanency offers little encouragement (*see Table 3*). Among the exit cohort, children either reunified very rapidly after being removed from home or spent years in CFSA care before exiting to another goal. For the entry cohort, 73 children exited the system within 18 months of entry—64 to reunification and nine to less favorable or unknown exits.<sup>85</sup> For these children, attention to permanency appears relatively steady, with a few children exiting each month. Still, they represent just over a third (36 percent) of those who entered care in the same months.

TABLE 3. TIME TO EXIT

	<1 month	1-3 months	3-6 months	6-12 months	1-2 years	2-5 years	5-10 years	10+ years	TOTAL CHILDREN
<b>ENTRY COHORT</b>	12 16.4%	17 23.3%	11 15.1%	24 32.9%	17 23.3%	-	-	-	73 of 179 40.8%
<b>EXIT COHORT</b>	5 9.8%	0 0.0%	4 7.8%	1 2.0%	1 2.0%	15 29.4%	21 41.2%	4 7.8%	51

For some children, the lack of attention to permanence is especially obvious. A fifth of children from the entry cohort who remain in care have no permanency plan (*see Figure 11*). Only seven percent of children in the point in time sample have no documented plan (including some who entered care in the last weeks), but for more than a quarter, their last permanency goal was set more than two years ago (*see Figure 12*).

FIGURE 11. MOST RECENT PERMANENCY PLAN

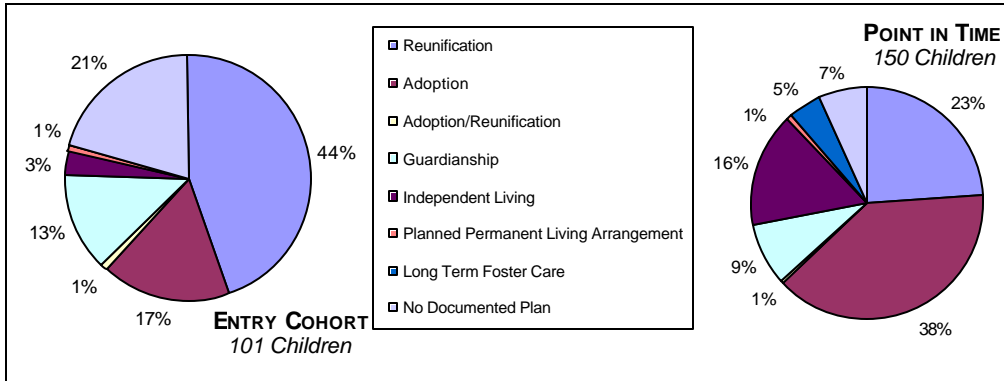
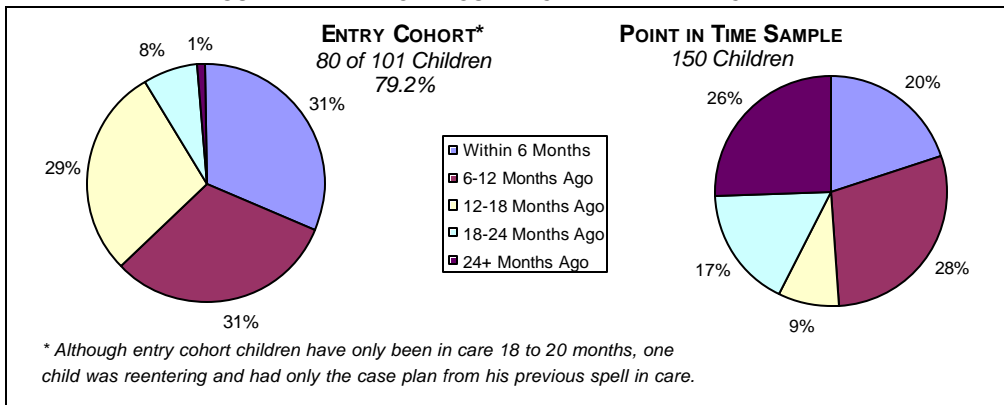


FIGURE 12. DATE OF MOST RECENT PERMANENCY PLAN



In interviews and focus groups, workers and supervisors reported several barriers to focusing on permanence. Four of the six focus groups repeated the theme that caseloads are too high, particularly for children’s ongoing workers, prompting inattention to cases and creating problems that relate to both instability and delayed permanency. In addition, some reported that they had unnecessary amounts of paperwork and “running around” that takes away from casework, including completing transfers that would send cases to other units for permanency. One worker was so overwhelmed by her many tasks that she even questioned why monthly visits for stable children are required.

Caregivers agreed that when they do well with children, the agency pays little attention to them. They reported hearing little from their workers about the role they could play in helping a child achieve permanency, and remained skeptical about whether the agency itself is actively pursuing that end. Many did not have frequent contact with workers, but participants in all three groups noted that the week before a court hearing they could usually expect a call.<sup>86</sup> Frequent changes in caseworkers upset families and were cited as an additional barrier in moving toward permanence.

**OPERATING IN CRISIS  
MODE MEANS  
STABLE FAMILIES  
ARE FORGOTTEN**

“They trust you, ‘So you’ve had these kids for a while. You’re fine. I don’t have to spend all my energy checking in with you.’ And they don’t. I have a baby who has been with me for 10 months and his social worker has seen him one time in his life. What does she do for him? She doesn’t do anything. She doesn’t know him.”

“Kids get dropped off on your door step and that’s it until maybe two days prior to going to court. Then they want all of this information so they can compile their report to the judge.”

Across both data samples that include children presently in care, more than half have lived in the same placement for longer than a year (*see Table 4*). More than a third of children in the point in time sample have lived for multiple years in the same place, including two children who have spent more than a decade in one home. Stability in placements does not prompt progress towards permanency and, in fact, may detract from efforts to exit children from care. Although ignoring stable placements may seem harmless, in the point in time sample, six percent of replacements were of children who had been in one home for more than three years. Even lengthy placements can disrupt when staff do not pay attention to legal permanence.

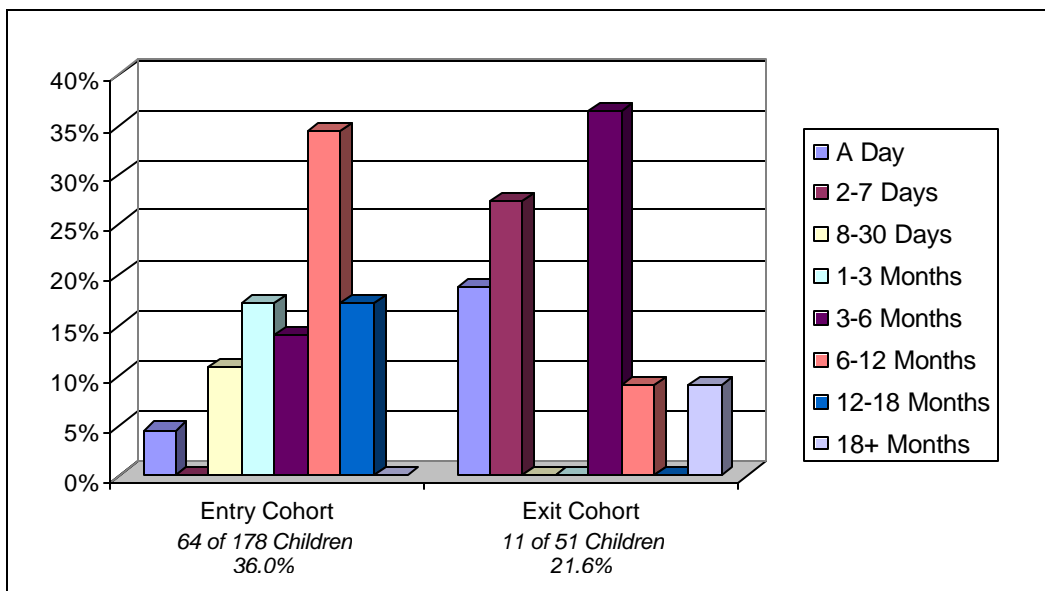
**TABLE 4. TIME IN CURRENT PLACEMENT**

	<1 month	1-3 months	3-6 months	6-12 months	12-18 months	18-36 months	3-5 years	5-10 years	10+ years	TOTAL CHILDREN
<b>ENTRY COHORT</b>	3 3.0%	4 4.0%	12 11.9%	24 23.8%	27 26.7%	30 29.7%	-	-	-	101 of 178 56.7%
<b>POINT IN TIME SAMPLE</b>	3 2.0%	14 9.3%	22 14.7%	27 18.0%	16 10.7%	32 21.3%	19 12.6%	15 10.0%	2 1.4%	150

**REUNIFICATION EFFORTS FAIL TO RETURN CHILDREN OR FREE THEM FOR OTHER GOALS**

The court requires solid attempts to reunify before changing children’s permanency goals, often including frequent visitation.<sup>87</sup> However, several caregivers discussed their unwillingness to interact with birth parents, when presumably some of the children in their care have had the goal of reunification. Several workers expressed frustration that judges kept cases open pending further reunification efforts.<sup>88</sup> This may explain why not one child in the entry cohort appeared to have had the rights of his or her parents terminated, although less than half presently have reunification as their permanency goals. Children who do reunify are likely to do so quickly. In both cohorts, the majority of reunifications occurred within a year (*see Figure 13*).<sup>89</sup>

**FIGURE 13. TIME TO REUNIFICATION**



Adoption workers explained that they support families to keep them stable while processing the adoption; however, the unit becomes “a dumping ground” for past mistakes. Workers must complete tasks that have been skipped or undocumented earlier in the child’s care history. Nearly two-thirds of those in the exit cohort who were adopted had been in care more than five years (21 of 34 children).

All six adoption workers across both focus groups mentioned instances when delays in the adoption process, caused by lapses earlier in the child’s foster care history, deeply frustrated caregivers—sometimes to the point where they contemplated withdrawing applications. Adoptive parents concurred; redoing expired clearances and having continued court involvement were particularly troubling. Adoption worker and adoptive parent focus groups raised concerns that lengthy delays mean that birth parents’ situation sometimes improve while an adoption is pending. Adoption workers then get pushed by the courts to be involved in visitation and other reunification efforts. Adoptive parents reported feeling angry and afraid as birth families restarted visits with children, sometimes making promises that the child would return to the birth home in the future, upsetting the child and the family in their progression towards permanence.<sup>90</sup>

Although living with relatives is common for CFSA children, few have plans of guardianship (13 percent of the entry cohort and nine percent of the point in time sample). Five children in the exit cohort left care to this permanency option, all after more than three years. One took more than a decade. Across every focus group, workers expressed suspicion about kinship care providers. They worried that intergenerational abuse may leave children vulnerable<sup>91</sup> and sometimes preferred the agency remain involved.

Families noticed that workers were reluctant to reveal sources of financial support, particularly when the relatives came to CFSA looking for help. Although workers were concerned that kinship providers could be “in it for the wrong reasons,” every relative caregiver we spoke with had children in their home for months before receiving reimbursement. Some workers seemed to want little involvement with kinship families. One kinship care provider was uncertain if she even had a worker anymore even though she had not become a guardian or adoptive parent. Guardianship, in particular, seems hidden from families. One grandmother referred to the option as “a trade secret.” During our focus group, a kinship care provider who had parented two children for more than two years heard about guardianship for the first time.

All three of the teen service workers we spoke with felt adoption was impossible for the youth on their caseloads. At least one adoption worker agreed adoption is simply unrealistic for older children.<sup>92</sup> Workers felt that few families would welcome teenagers into their homes, even for foster care, let alone permanent relationships. Our evidence suggests that adolescents were less likely to have permanency goals at all, including goals of reunification.<sup>93</sup>

## **GAPS IN CASEWORK SLOW THE ADOPTION PROCESS**

## **FAMILIES AND WORKERS DO NOT UNDERSTAND GUARDIANSHIP**

“It’s not even about the money. It’s about them deciding to give you the money. They’d rather let me wait until they see, ‘Well, maybe you aren’t just in it for the money. You are taking good care of these kids.’”

## **PERMANENCY FOR TEENS IS IGNORED**

“My kids don’t leave. I take teenage boys; that’s not a population that usually gets reunified or adopted. Their goal is often long-term foster care with me.”

## INITIATIVES TO REACH TARGETS

### MEASURE #6.

*The number of all children in care whose current placement is a family placement that has lasted eighteen months or more.*

#### **BASELINE ESTIMATE:**

1272 children

#### **INTERIM TARGETS:**

In June 2003, fewer than 1250 children have lived in a family placement that has lasted 18 months or more.

In December 2003, fewer than 1000 children have lived in a family placement that has lasted 18 months or more.

#### **LONG-TERM GOAL:**

*Almost no children have lived in a family placement for eighteen months or more without permanency, with clear justification for those lacking it.*

## SENIOR MANAGEMENT

- ♦ **Continue to reduce caseloads via hiring and redistribution.** Be attentive to the overall average caseload as well as the number of workers with excessive numbers of cases. Workers with greater tenure are particularly burdened.<sup>94</sup>
- ♦ **Delineate support responsibilities for Social Service Assistants.** Challenge workers' beliefs that SSAs are not helpful by motivating the SSAs and requiring them to perform. Help workers understand the occasions and processes for delegating time-consuming, non-clinical tasks to support staff.
- ♦ **Consider the time implications of every potential policy.** Paperwork and process requirements should be weighed against lost time with clients and limited to what is most essential. Asking everyone to complete bureaucratic tasks is not an effective method for managing the inconsistent performance of a few.

## CLINICAL PRACTICE

- ♦ **Help workers make difficult choices.** A backlog of children who have already been stable in their current placement for more than 18 months need attention to check that permanency goals are being pursued. Work as a team to resolve difficult situations that may require choosing between maintaining stability or pursuing permanence in another setting. Favor permanency in most cases.
- ♦ **Trigger action once children live in the same home for a year.** To prevent other children from increasing the length placements that will never become permanent, reexamine the appropriateness of settings at the 12-month mark.<sup>95</sup>

## LICENSING & MONITORING

- ♦ **Foster appropriate contact between caregivers and birth parents.** Messages in pre-service and continuing training can make this happen. Children who have benefited from ongoing contact with birth parents and birth parents who have positive relations with caregivers can communicate this message effectively.<sup>96</sup>
- ♦ **Spread facts about guardianship.** Kinship care providers need to be informed about permanency options not just by their children's workers, but at the points of training, licensing, monitoring, and licensing renewal. Caregivers' knowledge will, in turn, push workers to stay attuned to the need for permanency.

## TRAINING

- ♦ **Orient workers towards stability as a precursor to permanency.** Workers need to be reminded that federal law and clinical best practice both require more than just a stable placement for a child. Safely exiting care is the central goal.
- ♦ **Dispel myths about relative caregivers.** Stereotypes about relatives perpetuating cycles of abuse or attempting to live off government money must be actively confronted. The expectation that workers remain as involved and supportive of kinship care providers as any other family must also be reinforced.

# PRIORITIES

We conclude by identifying key priorities to help managers and staff achieve a central tenet of CFSA’s mission. Children who are removed from their families deserve stable placements that will lead to permanency—through reunification or by becoming part of another family permanently. Stability is essential to having a positive experience in foster care, but a safe, timely exit constitutes real success.

Orienting work to achieve stability that leads to timely permanency is the highest priority. Using the conceptual model will ground many changes taking place in the agency around a central meaningful goal for children in care. The use of the model will constitute a shift from measuring performance with the aim of controlling processes to an aim of motivating staff.

## PRIORITY #1. USE THE CONCEPTUAL MODEL

- ♦ Share the model at all levels throughout the agency.
- ♦ Use the child-centered objectives that are part of the model to motivate staff to make improvements that will help CFSA pursue its mission.

The six performance measures are a body of measures designed to be used together:

- ♦ Begin with the two measures that indicate performance on the stability continuum—Measure #1 addresses instability and Measure #6 addresses stability absent permanency. Add the other four measures, which help determine whether the agency is creating the right kind of stability as a second step.
- ♦ In addition to sharing monthly reports with senior managers, make the measures part of each administration’s work by breaking down data to the level of the individual worker and supervisory unit.
- ♦ Set achievable initial targets. Early success is key to encouraging staff that they can reach later targets.<sup>97</sup>

## PRIORITY #2. RECORD MONTHLY PROGRESS ON THE MEASURES



<p><b>MEASURE #1.</b> <i>The number of children who moved from one placement to another in the last month.</i></p>	<p><b>MEASURE #3.</b> <i>Of those who moved from one placement to another in the last month, the percent who have already had three or more placements.</i></p>	<p><b>MEASURE #5.</b> <i>The percent of children entering care in the last month first entering a family.</i></p>
<p><b>MEASURE #2.</b> <i>Of those who moved from one placement to another in the last month, the percent for whom the new placement is not a progression toward permanency.</i></p>	<p><b>MEASURE #4.</b> <i>The number of all children in care who have lived continuously in non-therapeutic group care for six months or more.</i></p>	<p><b>MEASURE #6.</b> <i>The number of all children in care whose current placement is a family placement that has lasted eighteen months or more.</i></p>

---

**PRIORITY #3.  
IMPROVE DATA  
QUALITY**

Before the six performance measures will provide an accurate picture of performance, data quality must improve. Focus improvement efforts to:

- ♦ Avoid under- and over-counting moves by documenting all placement changes.
- ♦ Document reasons that placements end.
- ♦ Document permanency goals.
- ♦ Make clear distinctions between entering and exiting a placement versus entering and exiting care.

---

**PRIORITY #4.  
BEGIN CRITICAL  
INITIATIVES**

To make performance improvements happen in the short- and long-term, managers and staff across the agency need to change policies and behaviors. Begin with the following critical initiatives:

**SENIOR MANAGEMENT**

- ♦ Consider the time implications of every potential policy.
- ♦ Delineate support responsibilities for Social Service Assistants.

**RECRUITMENT**

- ♦ Use data to set targeted recruitment priorities.

**LICENSING & MONITORING**

- ♦ Phase out slots in group care.
- ♦ Ensure families have the skills to access help.

**INTAKE**

- ♦ Add assessment and questions about relatives to the intake process.

**CHILDREN'S WORKERS**

- ♦ Take a central role in designing appropriate placements.
- ♦ Help children prepare for and process transitions.

**PLACEMENT**

- ♦ Eliminate transition placements.
- ♦ Employ qualitative, rather than demographic matching criteria.

**CLINICAL PRACTICE**

- ♦ Provide 48-hour response to requests for disruption conferences.

**TRAINING**

- ♦ Orient workers towards stability as a precursor to permanency.

---

**PRIORITY #5.  
CELEBRATE  
REACHING TARGETS**

All staff must know the status of these performance measures to be motivated to make improvements. Reward staff for efforts as they reach the targets. Repeatedly demonstrate to staff that managers value stability that leads to permanency.

---

## ENDNOTES

<sup>1</sup> For the *Progress Report on Termination of the LaShawn Receivership and CFSA's Progress in Meeting Probationary Period Performance Standards*, the Center for the Study of Social Policy (2002) reviewed case records of 186 randomly sampled children of the population of children in care on May 31, 2002.

<sup>2</sup> *Child and Family Services Review: District of Columbia Summary of Findings* (2002) reports on a random sample of 50 children who were active in the system from April 1, 2000 to July 29, 2001 and the review was conducted the week of July 29, 2001.

<sup>3</sup> *Child and Family Services Review*, p. 27.

<sup>4</sup> *Child and Family Services Review*, p. 28.

<sup>5</sup> *Child and Family Services Review*, p. 5.

<sup>6</sup> George & Wulczyn (1994) recommend triangulation to protect against errors from relying on only one source of information.

<sup>7</sup> As discussed in Behn (2002a), "performance management" is known by a variety of names including "reinventing government" and "outcome-oriented management"—all of which denote the concept of management focused on results.

<sup>8</sup> Behn (2002b) describes eight purposes for performance measurement in public agencies. Three of his purposes applied here are to control ("ensure that . . . subordinates are doing the right thing" p. 5), to motivate ("motivate line staff [and] middle managers . . . to do the things necessary to improve performance" p. 6), and to evaluate ("how well is this government agency performing?" p. 3). The other purposes that he describes are measuring performance to budget, to promote, to celebrate, to learn, and to improve.

<sup>9</sup> The concept of articulating a vision, then translating it into objectives, measures, targets, and initiative comes from Kaplan and Norton's work on the Balanced Scorecard (1996). While we do not borrow their full framework of dividing organizational goals into financial customer internal processes and learning and growth categories, we do use their language and steps for creating an action strategy.

<sup>10</sup> Hatry (1999) notes that outcome data is not useful without standards to achieve. He suggests using benchmarks. One option is comparing to previous periods of time.

<sup>11</sup> Carney (1999).

<sup>12</sup> O'Reilly and Pfeffer (2000) note that high performing organizations are "based on a set of values that energize their people and unleash the intellectual capital potentially available in all organizations" (p. 7). They note that nearly all employees can be high performers if motivated.

<sup>13</sup> When caseworkers can measure their own performance, they have a much greater stake in making sure they carefully and consistently enter data from which these measures are calculated. As Schoech, Quinn, & Rycraft (2000) report, to obtain more accurate data, those collecting the data need to be able to use it themselves and to see how others use it to make decisions. Moreover, Gibbs (1997), as reported in Usher, Wildfire, & Gibbs (1999), found in focus groups that caseworkers feel overwhelmed by their work and feel unsupported in their efforts. Because of this, workers may be reluctant to enter data that may be used later to criticize them. English, Brandford, & Coghlan (2000) discuss that if data use is only about what workers are *not* doing, they will be less interested in making sure data is of high quality. If measurement is more about motivation than control, then perhaps workers can become more attuned to data quality.

<sup>14</sup> After CFSA begins to use the measures we propose internally, they may prove useful as part of the evaluation of contracted agencies. As Wulczyn, Orlebeke, & Melamid (2000) discuss, most child welfare agencies struggle with how to measure the performance of contracted agencies. Using performance indicators is one approach.

<sup>15</sup> For instance, see Taber and Proch (1987), Proch and Taber (1985), Smith, Stormshak, Chamberlain, and Bridges Whaley (2001), and Webster, Barth, and Needell (2000).

<sup>16</sup> In their seminal research, Bane and Ellwood (1986; 1994) determined this with respect to spells of poverty and welfare receipt. This idea has been applied to foster care by Lancaster (1990), as reported in George & Wulczyn (1994) and Wulczyn (1996).

<sup>17</sup> Usher, Randolph, and Gogan (1999) note that “from the standpoint of public policy, reliance on measures based on point in time data obscures improvements and makes it appear that efforts to improve are futile.” (p. 25)

<sup>18</sup> Usher, Randolph, and Gogan (1999) followed children’s placement patterns to gain a qualitative understanding of their experiences in care, then quantified results by tracking frequency of patterns. They determined that most children do not move from placement to placement often, but advocated focusing on children entering their third or greater placement if those placements are not progressively less restrictive.

<sup>19</sup> Penzerro and Lein (1995) compared conversations with adolescent boys in residential settings to the documentation in their case files. The boys reported many more moves than recorded. Subsequent conversations with caseworkers suggested that the boys were likely correct, as agency policy did not require tracking hospitalizations or informal placements. Moreover, some workers confessed that they did not enter placements that were not intended to be permanent.

<sup>20</sup> Newton (2000) found that some studies of placement stability did not count short-term evaluative stays or transitions in and out of “receiving facilities” when adding up total number of placements.

<sup>21</sup> Smith, Stormshak, Chamberlain, and Whaley (2001) were similarly interested in how children perceived moves as a foundation for performance measurement decisions.

<sup>22</sup> Staff have already demonstrated an interest in using unit-level data to improve their work. The Placement Unit staff independently have been documenting their practices off and on since 1996.

<sup>23</sup> Our estimate for Measure #5 may be closest to a baseline because this measure examines children entering care in the previous month. As our entry cohort is made up of all families entering care in May and June 2001, we can provide an approximate baseline from May 2001 and one follow-up estimate from June 2001. For the other performance measures that require a measurement of the universe of children in care at a point in time, we can only provide a rough estimated baseline for an average recent month. Using our point in time sample from November 30, 2002, we calculated the measures for November, as well as estimates for September and October. While some children in care in these months are not in our point in time sample, the estimates we calculated would only increase if we could include these children. Because of the variation we found in these three months, we calculated an average to represent a sample from a typical month and then report an estimate based on the proportions we calculated for this sample. Also, in creating our detailed datasets for the more complete picture of agency performance (which we present in the following sections), we collected data from multiple FACES screens and reconciled data errors in a way not possible by automation—making our estimates different from what CISA staff would determine using our samples.

<sup>24</sup> The Federal Reviewers also found that staff did not enter data into FACES consistently.

<sup>25</sup> Often, we found documentation of placements in court records when it was unclear from the placement screens in FACES where children had been.

---

<sup>26</sup> Common placement ending reasons such as "invoice discrepancy" or "client left" show that Fiscal Operations staff are completing exit fields in ways that reflect their responsibilities, but reveal little about children's experiences.

<sup>27</sup> Potter and Klein-Rothschild (2002).

<sup>28</sup> Researchers have demonstrated that visitation decreases as children stay longer in care and live in more placements (Cantos and Gries, 1997).

<sup>29</sup> Webster, Barth, and Needell (2000) discovered that children who lived in more than one or two placements during their first year in care were significantly more likely to have a high number of moves during their subsequent time in care.

<sup>30</sup> Staff and Fein (1992) studied 109 sibling pairs who were placed by a nonprofit agency over a period of 14 years. Pairs placed together were significantly more likely to stay in their first placement without disruption relative to the pairs who were separated. Folman (1998) conducted interviews with 90 children in foster care in inner-city Detroit; many of these children discussed the additional loss they felt when they were removed from their siblings in addition to being removed from their parents.

<sup>31</sup> Our unit of analysis is each child, not each sibling group. If two brothers and one sister from the same family (three children total) entered care together but lived in two separate homes, they counted as one child "placed with none" of his or her siblings and two children "placed with some" of their siblings. Because most children who have siblings in care enter together or within a few days of one another, the entry cohort includes multiple members of a given sibling group, but not necessarily all of them. The point in time sample was selected randomly; therefore, most sibling groups have only one member in the sample. In six instances, a second sibling from the same family was included via random selection. The exit cohort includes all members of a sibling group who exited together.

<sup>32</sup> In several studies, parents have reported how important it is to receive all available information about the children they are welcoming into their homes: Barth and Berry (1991), Berry and Barth (1989), Brooks, Allen, and Barth (2000), and Commonwealth of Kentucky (1993), as in Barth and Miller (2000).

<sup>33</sup> Early assessment usually focuses on whether to place children, not on where to place them if they are being removed. Jagannathan and Camasso (1996) note that the findings of early assessment processes precipitate execution of certain behavior patterns from social workers, such as more or less frequent calls and visits. Other authors have focused on content of assessment models (English and Pecora, 1994), factors that effect removal decisions (Zuravin and DePanfilis, 1997; Lindsay 1991 and 1992a), differential use of information by legal professionals versus social workers (Britner and Mossler, 2002) and the reliability of placement decisions across different assessors (Lindsay, 1992b). Researchers do not appear to have considered how information collected in early assessments can be used for making placement decisions, although our interviews with child welfare professionals suggested it is both possible and useful.

<sup>34</sup> Wards are used to track from where CFSA receives abuse calls, removes children, recruits caregivers, and places children, albeit inconsistently. Adding to this, FACES unfortunately does not automatically insert ward numbers based on addresses that workers enter. Often, fields are left blank.

<sup>35</sup> The Community Collaboratives are an enormous step toward neighborhood-based services. Continuing efforts need to focus on ensuring that caregivers are in the same communities as birth parents, such that children can get services at the same collaborative while in out-of-home care and during their transitions back to their birth homes.

<sup>36</sup> Recent efforts to hold family conferences when children first enter care will help. Not only will relatives get involved early on because of these meetings, but also Quality Improvement staff are available to collaborate with Intake workers in finding, notifying, and talking with kin.

<sup>37</sup> Sharing of information with families occurs consistently when children move to pre-adoptive homes, but not when moving between foster placements.

<sup>38</sup> In a study of children in therapeutic foster families, Smith, Stormshak, Chamberlain, and Whaley (2001) defined placement disruption as "any change in treatment foster home placement that interrupted stabilization or treatment efforts." Specifically, these moves were the result of judgments by the program staff or foster parents themselves that the child could not stay in the home.

<sup>39</sup> Smith, Stormshak, Chamberlain, and Whaley (2001) studied 90 youth ages 12 to 18 living in therapeutic foster families. Controlling for gender and number of previous placements, they found that younger children were significantly less likely to disrupt placements compared to older children. When looking at the combined effect of gender and age, older girls were the most likely group to experience placement disruption.

<sup>40</sup> In a study of 19 foster children in Northern Ireland, McAuley and Trew (2000) found that foster mothers' assessments of the severity of children's externalizing behaviors significantly predicted the whether the placement would disrupt by the end of two years.

<sup>41</sup> For instance, in interviews with kinship providers in Lucas County, Ohio, Davidson (1997) found that these families needed such services as respite care, day care, counseling for children, as well as caseworker visits, to support placements.

<sup>42</sup> FACES includes a field on each placement record to track ending reasons, with options including "unable to care," "contract ended," "less restrictive setting," and "move to kinship" or "move to pre-adoptive home." The responses in this field are most often incomplete or inaccurate. For example, the field was blank for some children whose next placement was kinship. In other instances, the field anticipated a move to kinship when, in fact, the child moved to a group or foster placement. Sometimes multiple choices would have been valid—for example, for a child leaving a residential therapy setting to be with relatives, both "move to kinship" and "less restrictive setting" are accurate. Choices between dual options were not made systematically.

<sup>43</sup> See Appendix F for the regression model. Controlling for a variety of child and placement characteristics, a family placement that was continually or partially licensed was significantly less likely to end in replacement (continually licensed placements were significant at the 10 percent level, while partially licensed placements were significant at the 1 percent level).

<sup>44</sup> Vuchinich, Ozretich, Pratt, and Kneedler (2002) observed interactions between foster parents and children during a problem solving activity. They discovered that when foster parents were more positive in interactions with children, the children displayed less negative externalizing behaviors.

<sup>45</sup> Most therapeutic care families can access respite care through their private agency. CFSA foster families and relative care providers cannot access a formal respite program.

<sup>46</sup> Baum, Crase, and Crase (2001) interviewed 189 foster parents about their reasons for becoming caregivers. About 20 percent cited being influenced by personal connections, many of whom specifically cited their friends' positive experiences as foster parents prompting their own decision.

<sup>47</sup> The recently developed process for licensing group care facilities is an important step toward this goal. The second step is to share the requirements of licensing and the specific contracted services with the workers who interact with the staff at group facilities.

<sup>48</sup> Geiser (1973, in Folman, 1998) reported that removing children from their homes leads to feelings of abandonment, loss of self-esteem, and helplessness.

---

<sup>49</sup> Newton (2000) attempted to distinguish the role placement changes play in creating behavior problems from the role behavior problems play in precipitating placement changes. She recorded scores on a behavioral index as well as the number of placements children experienced at the end of five and the end of 18 months in care. Children who initially displayed more troubled behaviors had more total placements than those who did not. When controlling for initial behavioral problems, the number of placements was a significant predictor of behavioral problems after 18 months in care. Lyman and Bird (1996) and Fein, Maluccio, and Kluger (1990) and Hicks and Nixon (1989) (in Lyman and Bird, 1996) found multiple placements to be associated with lower self-esteem for children in care.

<sup>50</sup> Dozier, Higley, Albus, and Nutter (2002) developed a theoretical program model to improve caregivers' responses to infants in foster care, based on their previous empirical studies that demonstrated infants who experienced early relationship disruptions were significantly more distressed than other infants. They report that children who have experienced disruptions may send messages to caregivers that they do not want nurturing. Caregivers need to understand this behavior is protective, learn to nurture despite it, and develop predictable patterns so children feel safe and become attached.

<sup>51</sup> In a sample of 252 children from the Missouri Division of Family Services who were age 17 or older when their cases closed, McMillen and Tucker (1999) found that children with fewer placements were more likely to exit care for a "planned" reason such as reunification versus an "unplanned" reason such as going to jail or running away.

<sup>52</sup> Frame, Berrick, and Brodowki (2000) found nearly a third of reunified infants reentered foster care. Factors associated with increased likelihood of reentry were: mother's criminal history and/or substance abuse, first placement within a month of birth, and placement with non-relative parents while in foster care. Courtney, Piliavin, and Wright (1997) found the opposite—that a final placement with a relative before exiting care was associated with an increased reentry rate. They also found that children who had experienced fewer placements while in care were less likely to reenter. Both studies were conducted in California.

<sup>53</sup> Holloway (1996) found that in a sample of 108 children, placement disruptions were associated with children being older at the time of placement. In a study of 45 gay, lesbian, and transgendered youth in foster care, Mallon, Aledort, and Ferrera (2002) found that 80 percent experienced multiple placements, including some youth with 40 or more placements.

<sup>54</sup> Barth, Berry, Yoshikami, Goodfield, and Carson (1998) found that the likelihood of an adoption disruption is significantly related to whether the child has had previous adoption disruptions. Adoption disruption is also more likely if the family adopting had not previously fostered the child, if the adoptive mother had a higher education level, if the child was older at the time of adoption, if the child was male, and if the child displayed a greater number of problems.

<sup>55</sup> Palmer (1996) advocates researching agency practices associated with placement stability, rather than child characteristics, as practices "may be amenable to workers' influence." (p. 591).

<sup>56</sup> Through interviews with children in foster care, Folman (1998) found that when children were removed from home by police, "children saw police as threatening and themselves as targets, not as victims whom the police were rescuing" (p. 17). Children felt similarly when removed by caseworkers. Folman argues that children can handle transitions better when they are told in advance what may happen, when they are told truthful information during the transition, when they have the opportunity to visit potential families before placement, and when they can contact birth families soon after removal.

<sup>57</sup> In this figure, each of the categories breaks after the last day of the month. For instance, the category of 1-3 months includes the period from one month plus one day to the completion of the third month. The category of 3-6 months includes the period from three months plus one day to the completion of the sixth month. In figures and charts that have dates as categories, we use this same notation throughout the document.

<sup>58</sup> We were less concerned about time gaps of only one day, assuming most were attributable to data entry practices rather than gaps in services or missing placements. Children may be moved during the night, such that they leave a placement on one date and go to the next on another date. We also felt that workers may record placement dates based where children slept on a given night, not based on the day a move occurred. This would also leave a one-day gap between placements, yet children would have been cared for continuously.

<sup>59</sup> Palmer (1996) suggests that children who are removed from their birth parents' homes without support "may feel they have been kidnapped." (p. 592). She found that "inclusive practice" such as birth parent involvement in the placement process—by asking them to prepare children to move and accompanying children to their foster home—was a significant predictor of fewer numbers of placements while in care.

<sup>60</sup> Interview with Patsy Buida, HHS, suggested the importance of workers being with children during moves and visiting them frequently shortly thereafter. Johnson and Yoken (1995) conducted interviews with 59 children in foster care in Cook County, Illinois, and these children similarly reported that caseworkers were very important to them during their time in care.

<sup>61</sup> Taber and Proch (1987) profiled a Chicago program designed to promote stability by providing services to adolescents, including youth involvement in planning. It proved successful in drastically reducing disruptions, even for frequent movers. They served 51 youth and found, "adolescents in an aggregated 605 months of life before service experienced 243 moves; they experienced only 93 moves in the same length of time after service." (p. 441).

<sup>62</sup> Katz and Robinson (1991) developed a risk assessment matrix for the state of Washington, which has proven more than 90 percent accurate in identifying behaviors that accurately predict a family will not be able to reunify.

<sup>63</sup> Katz (1999) explains that in concurrent planning, assessment early in a case is central. She notes that concurrent planning is not "mere window dressing for expedited adoption," but an expedited period of intensive work. As such, staff must recognize that although they assess early on that a family is unlikely to reunify, they must not assume that this prediction will prove true.

<sup>64</sup> Edelstein, Burge, and Waterman (2002) caution that concurrent planning is distinct from simply making a legal-risk placement where children live with pre-adoptive parents before their birth parents' rights are terminated. Rather than having adoption as their sole goal and "stretching their preferences" to accept a child who is not yet legally free, concurrent planning families must commit to working towards reunification, facilitating visits, and mentoring the birth parents. This is a difficult role that requires excellent training and support services.

<sup>65</sup> Presently, workers can (and ought to) request a staffing for any child who is "disrupting" a placement—defined as any situation in which the worker believes the child may need to make an unplanned move. Clinical Practice staff are also conducting staffing for any child who has already lived in three or more places. Both of these efforts are extremely helpful. We suggest that additional staffings for children who have had two past placements occur whenever they are being replaced. These staffing would occur even if the move was a planned move, even if the child already had a staffing as one of the children who had lived in three or more places, and even if the worker does not put in a request.

<sup>66</sup> In administrative data samples in California, Berrick, Barth, Needell, and Jonson-Reid (1997) found evidence suggesting that children in group care have greater instability in placements than children in family settings.

<sup>67</sup> In evaluating a Colorado project to expedite permanency for children entering care under age six, Potter and Klein-Rothschild (2002) found that children who entered a group "receiving home" first were less likely to achieve timely permanence than children whose first placement was into a foster family.

<sup>68</sup> George and Wulczyn (1994) report that children in foster care are often placed in group homes “as their first mental health service treatment” (p. 12), even though at times, these may not be therapeutically appropriate (Bush, 1980).

<sup>69</sup> Missing placements seemed most likely to be intake, hospitalization, or kinship care. Because placement screens are used by Fiscal Operations Administration staff to pay caregivers, gaps likely indicate the child lived in a setting that did not receive reimbursement from CFSA.

<sup>70</sup> In contrast, using a sample of 348 children in California, Courtney (1998) found that “workers were less likely to consider young children appropriate for group care than older children” (p. 294).

<sup>71</sup> See Appendix F for the corresponding regression. Controlling for several child characteristics, being female was associated with being placed in families first (significant at the 1 percent level). Also, being between 11 and 15 years of age was associated with being less likely to be placed in families first (significant at the 10 percent level).

<sup>72</sup> The recent policy change that requires group care placements to be approved by the Clinical Practice staff will have a similar effect and is clearly a step in the right direction. Current processes to reformulate contracts with congregate care providers will also forward this goal. Recent efforts on behalf of very young children placed in congregate care are an excellent illustration of the possibilities. Staff from the group home and CFSA meet weekly to discuss plans to move children into families, working to keep all stays under one week.

<sup>74</sup> Newly instituted 15 and 90 day reviews will help trigger action for children who newly entered CFSA care and are in group placements.

<sup>75</sup> Research suggests that many children in foster care need mental health services but these needs are often unmet: Rosenfeld et al. (1997), Institute for Research on Women and Families (1988), and Klee, Soman, and Halfon (1992), as in Zima, Bussing, Yang, & Belin (2000).

<sup>76</sup> Using administrative data from California, Grogan-Kaylor (2000) found that in her sample, infants, children with health problems, and those removed from families receiving AFDC were less likely to be placed with kin. Courtney and Barth (1996a) found that among youth who exited foster care as teenagers, those who were placed with kin were the most likely to have a positive discharge—avoiding incarceration, hospitalization, abscondence, abduction, and death or otherwise refusing services. Usher, Randolph, and Gogan (1999) found that children whose first placements were with relatives had fewer moves during their time in foster care compared to children placed in strangers’ foster homes. Benedict and Zuravin (1992), Berrick, Barth, & Needell (1994) (as in Benedict and Zuravin, 1996), and Iglehart (1994) also found that children placed with kin experienced fewer moves than those placed with non-relative caregivers.

<sup>77</sup> Wulczyn, Hislop, and Harden (2002) used the Multistate Foster Care Data Archive to track 693,231 children admitted to foster care in 11 states from 1990 to 1997. They found that 21 percent of children entering foster care were less than a year old, with children ages one and two the next two largest groups.

<sup>78</sup> Franck (2001) examined data on cases of 143 children in New York City, working with three nonprofit foster care agencies, for whom both parents were identified and located. Workers provided more services to mothers than fathers at statistically significant level, even after accounting for the level of the parent’s responsiveness. The author explains, “the fathers had to demonstrate for the caseworker their connection to the child in care whereas caseworkers took for granted the mothers’ connection. ...The expectation that fathers would be hard to engage appears to be another self-fulfilling prophecy” (p. 393).

<sup>79</sup> Baum, Crase, and Crase (2001) found that the most commonly cited reason to become a foster parent (30.7 percent of the 189 parents interviewed) was to help alleviate the perceived need for families for children. Interestingly, media influences were the least commonly cited reason to become a foster parent, cited by 4.2 percent of caregivers.

<sup>80</sup> White, Albers, and Bitoni (1996) found that both the frequency of social worker contact and the frequency of parent-child visitation were significantly related to shorter stays in foster care. Unfortunately, as children stayed in care longer, the frequency of social worker contact declined.

<sup>81</sup> In a study conducted in Maryland, Benedict and White (1991) found that children who did poorly in school, who were placed with a relative, had developmental delays, whose families were considered uncooperative by agency staff, or whose families needed to learn improved parenting had the longest stays in foster care. Children whose families expressed a strong desire to reunify had the shortest stays in care.

<sup>82</sup> Grigsby (1994) found that the attachment needs of children in foster care are often disregarded, as children do not visit with family members or otherwise stay connected to them while in care. He suggests that workers may not perceive maintaining attachments as important, suggesting additional training in the attachment theory.

<sup>83</sup> Barth (1997) found that African American children in California were twice as likely to stay in care than to be adopted, compared to white children, who were twice as likely to be adopted as they were to stay in care, controlling for age.

<sup>84</sup> Following a cohort of nearly 9,000 California children for three and a half years, Courtney (1994) discovered that children placed with kin have lower rates of reunification in their first months in care than do children in traditional foster care or group homes. Ultimately, fewer children in kinship care ever reunify. In a sample of 525 children in Erie County, New York, in 1991, Link (1996) found that when adoptions occurred, the length of time to adoption was long for children in kinship care. Part of the reason that children in kinship families have a more difficult time reaching permanence may be that these families seem to receive fewer services and less case monitoring than non-relative caregivers. Berrick, Barth, and Needell (1994, in Everett, 1995) and the Task Force on Permanency Planning for Foster Children, Inc. (1990, in Iglehart, 1994) found that kinship caregivers had less contact with caseworkers. Iglehart (1994) also reported that those in kinship care were less likely to be offered services than those in traditional foster families.

<sup>85</sup> One of the nine emancipated, another ran away, a third child went into juvenile detention, and the remaining six exited for undocumented reasons.

<sup>86</sup> Courtney (1994) also found evidence that court hearings prompt action that was previously being forgotten. Reunification rates spike at the six-, 12-, and 18-month in care markers: at the points where the children had permanency hearings.

<sup>87</sup> The central role visitation plays in maintaining bonds between parents and children and creating timely reunifications is well documented in child welfare literature. See White, Albers, and Bitoni (1996); Leathers (2002); and Grigsby (1994). Visitation efforts also play an important role in revealing the safety concerns of returning some children home, allowing them to be legally freed for other permanency goals (see Ansay and Perkins, 2001). Visitation is most successful when specific programs or training are in place to ensure consistent delivery (see Kessler and Greene, 1999 and Perkins and Ansay, 1998).

<sup>88</sup> In developing a practice model for engaging neglecting parents to work towards permanency, Petras, Massat, and Essex (2002) note that, "Although the law requires the assessment of [birth parents'] reasonable progress toward permanency, this assessment is rarely performed in a systematic fashion. Therefore, the results of the assessment of reasonable progress are sometimes disputed and may be difficult to defend." (p. 241).

---

<sup>89</sup> This is consistent with Courtney's (1994) finding that of those children who will ever reunify, half return home within six months and 70 percent return home within less than a year. The rate of reunification declines rapidly from the fourth month in care onward.

<sup>90</sup> Schmidt, Rosenthal, and Bombeck (1988) interviewed 15 adoptive families that disrupted before finalization. They discovered that children's difficulties letting go of their birth families was one of six major reasons adoptive parents reported for the placement's failure.

<sup>91</sup> Zuravin, Benedict, and Somerfield (1993) found that over a five year period in Baltimore, relative caregivers were 2.4 times less likely to have a substantiated allegation of maltreating a child in their homes than were traditional foster care homes.

<sup>92</sup> Mallon, Aledort, and Ferrera (2002) note that the "generally held belief that the best child welfare can offer to adolescents is a goal of independent living" (p. 412) is being challenged by practitioners in light of research overlapping a large portion of the homeless population to the adolescent foster care population.

<sup>93</sup> See Appendix F for the corresponding tables. The regression analysis revealed that children 16 or older were less likely to have a goal of reunification (at the .10 level in the point in time analysis and at the .05 level in the entry cohort analysis).<sup>93</sup> Further, being over age 11 was associated significantly with having no permanency plan at all—at the five percent level for 11-15 year olds and one percent level for those 16 and older in the point in time sample.

<sup>94</sup> Recent efforts to hire, train, and retain staff are certain to help.

<sup>95</sup> The reviews completed by the Quality Assurance staff, especially the new pre-administrative review process, help to trigger action. These reviews follow a regular biannual schedule for all children in care, based on the date their case opened. We recommend a separate review triggered by the time in a particular home, as a special concerted effort on behalf of stable children who lack permanency. The singular goal is to determine what needs to be done to obtain permanence within the next six months.

<sup>96</sup> The recent decision to use the new edition of MAPP training, which includes a greater focus on "shared parenting," will help. However, the presence of these messages in the curriculum is not enough. Trainers must focus on teaching families about their role in helping with reunification (or at least not hindering efforts).

<sup>97</sup> Performance Management class lecture 3/12/2003, Robert Behn.



---

## BIBLIOGRAPHY

- Ansary, S. J. & Perkins, D. F. (2001). Integrating Family Visitation and Risk Evaluation: A Practical Bonding Model for Decision Makers. *Family Relations*, 50(3), 220-229.
- Bane, M. J., & Ellwood, D. T. (1986). Slipping Into and Out of Poverty: The Dynamics of Spells. *The Journal of Human Resources*, 21(1), 1-23.
- Bane, M. J., & Ellwood, D. T. (1994). *Welfare Realities: From Rhetoric to Reform*. Cambridge, MA: Harvard University Press.
- Barth, R.P. & Berry, M. (1991). Preventing Adoption Disruption. *Prevention in Human Services*, 9, 205-222.
- Barth, R. P. & Miller, J. M. (2000). Building Effective Post-Adoption Services: What is the Empirical Foundation? *Family Relations*, 49(4), 447-456.
- Barth, R. P. (1997). Effects of Age and Race on the Odds of Adoption Versus Remaining in Long-Term Out-of-Home Care. *Child Welfare*, 76(2), 285-309.
- Barth, R. P., Berry, M., Yoshikami, R., Goodfield, R. K., & Carson, M. L. (1988). Predicting Adoption Disruption. *Social Work*, 33(3), 227-233.
- Baum, A. C., Crase, S. J., & Crase, K. L. (2001). Influences on the Decision to Become or Not Become a Foster Parent. *Families in Society: The Journal of Contemporary Human Services*, 82(2), 202-213.
- Behn, R. D. (2002a). The Psychological Barriers to Performance Management. *Public Performance and Management Review*, 26(1), 5-25.
- Behn, R. D. (2002b). *Why Measure Performance? Different Purposes Require Different Measures*. Revision of a paper prepared for the Twenty-Second Annual Research Conference of the Association for Public Policy Analysis and Management. Seattle: November, 2000.
- Benedict, M. I. & White, R. B. (1991). Factors Associated with Foster Care Length of Stay. *Child Welfare*, 70(1), 45-59.
- Benedict, M. I. & Zuravin, S. (1992). *Factors Associated with Maltreatment by Family Foster Care Providers*. Final Report Submitted to DHHS, ACF, NCCAN, Grant #90-CA-1367. Washington, DC: Clearinghouse of Child Abuse and Neglect Information.
- Benedict, M. I. & Zuravin, S. (1996). Adult Functioning of Children who Lived in Kin Versus Nonrelative Family Foster Homes. *Child Welfare*, 75(5), 529-549.
- Berrick, J. D., Barth, R. P., & Needell, B. (1994). A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation. *Children and Youth Services Review*, 16, 33-63.

- Berrick, J. D., Barth, R. P., Needell, B., & Jonson-Reid, M. (1997). Group Care and Young Children. *Social Service Review*, 71(2), 257-273.
- Berry, M., & Barth, R. P. (1989). Behavior Problems of Children Adopted When Older. *Children and Youth Services Review*, 11, 221-238.
- Britner, P. A. & Mossler, D. G. (2002). Professionals' Decision-Making about Out-of-Home Placements Following Instances of Child Abuse. *Child Abuse and Neglect*, 26(4), 317-332.
- Brooks, D., Allen, J., & Barth, R. P. (2000). Adoption Services Use, Helpfulness, and Need: A Comparison of Public and Private Agency and Independent Adoptive Families. Manuscript submitted for publication.
- Bush, M. (1980). Institutions for Dependent and Neglected Children: Therapeutic Option of Choice or Last Resort? *American Journal of Orthopsychiatry*, 50, 239-255.
- Cantos, A. L. & Gries, L. T. (1997). Behavioral Correlates of Parental Visiting During Family Foster Care. *Child Welfare*, 76(2), 309-330.
- Carney, K. (1999). Successful Performance Measurement: A Checklist. *Harvard Management Update*. HBS Case U9911B.
- Center for the Study of Social Policy (2002). *Progress Report on Termination of the LaShawn Receivership and CFSA's Progress in Meeting Probationary Period Performance Standards*.
- Commonwealth of Kentucky (1993). *Strategic Plan for Post Legal Adoption Services in Kentucky*. Frankfort, KY: Department of Social Services.
- Courtney, M. E. (1994). Factors Associated with the Reunification of Foster Children with Their Families. *Social Services Review*, 68(1), 81-108.
- Courtney, M. E. (1998). Correlates of Social Worker Decisions to Seek Treatment-Oriented Out-of-Home Care. *Children and Youth Services Review*, 20(4), 281-304.
- Courtney, M. E. & Barth, R. P. (1996). Pathways of Older Adolescents Out of Foster Care: Implications for Independent Living Services. *Social Work*, 41(1), 75-83.
- Courtney, M. E., Piliavin, I., & Entner Wright, B. R. (1997). Transitions From and Returns to Out-Of-Home Care. *Social Service Review*, 71(4), 652-667.
- Davidson, B. (1997). Service Needs of Relative Care-Givers: A Qualitative Analysis. *Families in Society: The Journal of Contemporary Human Services*, 78(5), 502-510.
- Dozier, M., Higley, E., Albus, K. E., & Nutter, A. (2002). Intervening with Foster Infants' Caregivers: Targeting Three Critical Needs. *Infant Mental Health Journal*, 23(5), 541-554.
- Edelstein, S. B., Burge, D., & Waterman, J. (2002). Older Children in Preadoptive Homes: Issues Before Termination of Parental Rights. *Child Welfare*, 81(2), 101-121.

- English, D. J. & Pecora, P. J. (1994). Risk Assessment as a Practice Method in Child Protective. *Child Welfare*, 73(5), 451-473.
- English, D. J., Brandford, C. C., & Coghlan, L. (2000). Data-Based Organizational Change: The Use of Administrative Data to Improve Child Welfare Programs and Policy. *Child Welfare*, 79(5), 499-515.
- Everett, J. E. (1995). Relative Foster Care: An Emerging Trend in Foster Care Placement Policy and Practice. *Smith College Studies in Social Work*, 64(3), 239-254.
- Fein, E., Maluccio, A., & Kluger, M. (1990). *No More Partings: An Examination of Long-Term Foster Family Care*. Washington, DC: Child Welfare League of America.
- Folman, R. D. (1998). "I was Taken:" How Children Experience Removal from Their Parents Preliminary to Placement into Foster Care. *Adoption Quarterly*, 2(2), 7-35.
- Frame, L., Berrick, J. D., & Brodowski, M. (2000). Understanding Reentry to Out-of-Home Care for Reunified Infants. *Child Welfare*, 79(4), 339-369.
- Franck, E. J. (2001). Outreach to Birthfathers of Children in Out-of-Home Care. *Child Welfare*, 80(3), 381-399.
- George, R. & Wulczyn, F. (1994). A Foster Care Research Agenda for the '90s. *Child Welfare*, 73(5), 525-549.
- Geiser, R.L. (1973). *The Illusion of Caring: Children in Foster Care*. Boston: Beacon Press.
- Gibbs, D.A. (1997). *Implementing Change in Child Welfare: Lessons from Family to Family*. Research Triangle Park, NC: Research Triangle Institute.
- Grigsby, K. R. (1994). Maintaining Attachment Relationships Among Children in Foster Care. *Families in Society: The Journal of Contemporary Human Services*, 75(5), 269-278.
- Grogan-Kaylor, A. (2000). Who Goes into Kinship Care? The Relationship of Child and Family Characteristics to Placement into Kinship Foster Care. *Social Work Research*, 24(3), 132-142.
- Hatry, H. (1999). *Performance Measurement: Getting Results*. Washington, DC: Urban Institute Press.
- Hicks, C., & Nixon, S. (1989). The Use of a Modified Repertory Grid Technique for Assessing the Self-Concept of Children in Local Authority Foster Care. *British Journal of Social Work*, 19, 203-216.
- Holloway, J. S. (1997). Foster and Adoptive Mothers' Assessment of Permanent Family Placements. *Archives of Disease in Childhood*, 76, 231-235.
- Iglehart, A. P. (1994). Kinship Foster-Care: Placement, Service and Outcome Issues. *Children and Youth Services Review*, 16(1-2), 107-122.

- Institute for Research on Women and Families. (1988). *Code Blue: Health Services for Children in Foster Care*. Sacramento: Center for California Studies, California State University.
- Jagannathan, R. & Camasso, M. J. (1996). Risk Assessment in Child Protective Services: A Canonical Analysis of the Case Management Function. *Child Abuse and Neglect*, 20(7), 599-612.
- Johnson, P. R. & Yoken, C. (1995). Family Foster Care Placement: The Child's Perspective. *Child Welfare*, 74(5), 959-975.
- Kaplan, R. S. & Norton, D. P. (1996). *The Balanced Scorecard: Translating Strategy Into Action*. Boston: Harvard Business School Press.
- Katz, L. & Robinson, C. (1991). Foster Care Drift: A Risk-Assessment Matrix. *Child Welfare*, 70(3), 347-359.
- Katz, L. (1999). Concurrent Planning: Benefits and Pitfalls. *Child Welfare*, 78(1), 71-87.
- Kessler, M. L. & Greene, B. F. (1999). Behavior Analysis in Child Welfare: Competency Training Caseworks to Manage Visits Between Parents and Their Children in Foster Care. *Research on Social Work Practice*, 9(2), 148-170.
- Klee, L., Soman, L.A., & Halfon, N. (1992). Implementing Critical Health Services for Children in Foster Care. *Child Welfare League of America*, 71, 99-111.
- Lancaster, T. (1990). *Econometric Analysis of Transition Data*. Cambridge, England: Cambridge University Press.
- Leathers, S. J. (2002). Parental Visiting and Family Reunification: Could Inclusive Practice Make a Difference? *Child Welfare*, 81(4), 595-616.
- Lindsey, D. (1991). Factors Affecting the Foster Care Placement Decision: An Analysis of National Survey Data. *American Journal of Orthopsychiatry*, 61(2), 272-281.
- Lindsey, D. (1992). Adequacy of Income and the Foster Care Placement Decision: Using an Odds Ratio Approach to Examine Client Variables. *Social Work Research and Abstracts*, 28(3), 29-36.
- Lindsey, D. (1992). Reliability of the Foster Care Placement Decision: A Review. *Research on Social Work Practice*, 2(1), 65-81.
- Link, M. K. (1996). Permanency Outcomes in Kinship Care: A Study of Children Placed in Kinship Eri County, New York. *Child Welfare*, 75(5), 509-528.
- Lyman, S. B. & Bird, G. W. (1996). A Closer Look at Self-Image in Male Foster Care Adolescents. *Social Work*, 41(1), 85-97.
- Mallon, G. P., Aledort, N., & Ferrera, M. (2002). There's No Place Like Home: Achieving Safety, Permanency, and Well-Being for Lesbian and Gay Adolescents in Out-of-Home Care Settings. *Child Welfare*, 81(2), 407-439.

- McAuley, C. & Trew, K. (2000). Children's Adjustment Over Time in Foster Care: Cross-Informant Agreement, Stability and Placement Disruption. *British Journal of Social Work*, 30(1), 91-107.
- McMillen, J. C. & Tucker, J. (1999). The Status of Older Adolescents at Exit from Out-of-Home Care. *Child Welfare*, 78(3), 339-360.
- Newton, R. R. (2000). Children and Youth in Foster Care: Disentangling the Relationship Between Problem Behaviors and Number of Placements. *Child Abuse and Neglect*, 24(10), 1363-1374.
- O'Reilly, C. A. & Pfeffer, J. (2000). *Hidden Value: How Great Companies Achieve Extraordinary Results with Ordinary People*. Boston: Harvard Business School Press.
- Palmer, S. E. (1996). Placement Stability and Inclusive Practice in Foster Care: An Empirical Study. *Children and Youth Services Review*, 18(7), 589-601.
- Penzerro, R. M. & Lein, L. (1995). Burning Their Bridges: Disordered Attachment and Foster Care. *Child Welfare*, 74(2), 351-366.
- Perkins, D. & Ansay, S. J. (1998). The Effectiveness of a Visitation Program in Fostering Visits With Noncustodial Parents. *Family Relations*, 47(3), 253-258.
- Petras, D. D., Massat, C. R., & Essex, E. L. (2002). Overcoming Hopelessness and Social Isolation: The ENGAGE Model for Working with Neglecting Families Toward Permanence. *Child Welfare*, 81(2), 225-248.
- Potter, C. C. & Klein-Rothschild, S. (2002). Getting Home on Time: Predicting Timely Permanence for Young Children. *Child Welfare*, 81(2), 121-150.
- Proch, K. & Taber, M. A. (1985). Placement Disruption: A Review of Research. *Children and Youth Services Review*, 7(4), 309-320.
- Rosenfeld, A. A., Pilowsky, D. J., & Fine, P. (1997). Foster Care: An Update. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 448-457.
- Schmidt, D. M., Rosenthal, J. A., & Bombeck, B. (1988). Parents' Views of Adoption Disruption. *Children and Youth Services Review*, 10(2), 119-130.
- Schoech, D., Quinn, A., & Rycraft, J. R. (2000). Data Mining in Child Welfare. *Child Welfare*, 79(5), 633-650.
- Smith, D. K., Stormshak, E., Chamberlain, P., & Bridges Whaley, R. (2001). Placement Disruption in Treatment Foster Care. *Journal of Emotional and Behavioral Disorders*, 9(3), 200-205.
- Staff, I. & Fein, E. (1992). Together or Separate: A Study of Siblings in Foster Care. *Child Welfare*, 71(3), 257-270.
- Taber, M. A. & Proch, K. (1987). Placement Stability for Adolescents in Foster Care: Findings From a Program Experiment. *Child Welfare*, 66(5), 433-445.

Task Force on Permanency Planning for Foster Children, Inc. (1990). *Kinship Foster Care—The Double Edged Dilemma*. Rochester, NY.

U.S. Department of Health and Human Services, Administration for Children and Families, Region III. (2002). *Child and Family Services Review: District of Columbia Summary of Findings*. Washington, DC.

Usher, C. L., Randolph, K. A., & Gogan, H. C. (1999). Placement Patterns in Foster Care. *Social Service Review*, 73(1), 22-36.

Usher, C. L., Wildfire, J. B., & Gibbs, D. A. (1999). Measuring Performance in Child Welfare: Secondary Effects of Success. *Child Welfare*, 78(1), 31-51.

Vuchinich, S., Ozretich, R. A., Pratt, C. C., & Kneedler, B. (2002). Problem-Solving Communication in Foster Families and Birthfamilies. *Child Welfare*, 81(4), 571-594.

Webster, D., Barth, R. P., & Needell, B. (2000). Placement Stability for Children in Out-of-Home Care: A Longitudinal Analysis. *Child Welfare*, 79(5), 614-632.

White, M. E., Albers, E., & Bitonti, C. (1996). Factors in Length of Foster Care: Worker Activities and Parent-Child Visitation. *Journal of Sociology and Social Welfare*, 23(2), 75-84.

Wulczyn, F. (1996). A Statistical and Methodological Framework for Analyzing the Foster Care Experiences of Children. *Social Services Review*, 70(2), 318-329.

Wulczyn, F., Hislop, K. B., & Harden, B. J. (2002). The Placement of Infants in Foster Care. *Infant Mental Health Journal*, 23(5), 454-475.

Wulczyn, F., Orlebeke, B., & Melamid, E. (2000). Measuring Contract Agency Performance with Administrative Data. *Child Welfare*, 79(5), 457-474.

Zima, B. T., Bussing, R., Yang, X., & Belin, T. R. (2000). Help-Seeking Steps and Service Use for Children in Foster Care. *Journal of Behavioral Health Services & Research*, 27(3), 271-286.

Zuravin, S. J. & DePanfilis, D. (1997). Factors Affecting Foster Care Placement of Children Receiving Child Protective Services. *Social Work Research*, 21(1), 34-43.

Zuravin, S. J., Benedict, M., & Somerfield, M. (1993). Child Maltreatment in Family Foster Care. *American Journal of Orthopsychiatry*, 63(4), 589-597.

## APPENDIX A

### INTERVIEWS WITH CHILD WELFARE PROFESSIONALS

To gain an understanding of the relationship between stable placements and permanency from a variety of perspectives, we attended the first Learning Session of the Casey Family Programs National Center for Resource Family Support (CNC), Recruiting and Retaining Resource Families Breakthrough Series Collaborative. The session was held December 3-4, 2002 in Baltimore, Maryland.

The Breakthrough Series Collaborative is a project to improve practices to recruit and retain resource families. Participants in the Collaborative include practitioners, researchers, and advocates, and teams of administrators and foster families working for public child welfare agencies across the country. Jenifer Agosti, Research Analyst with the CNC, made it possible for us to attend this Session.

In addition to attending the first Learning Session of the Collaborative, we interviewed many of the participants to help us to distinguish moves that promote permanency from those that interfere with it. We identified policies and processes that agencies around the country employ to promote stable placements on the path to permanence. Participants also identified particular populations and windows of time where placement instability is likely and offered ideas for minimizing disruptions.

We spoke with the following having national-level expertise:

- ♦ *Sydney Duncan, founder of the National Center for Homes for Black Children*
- ♦ *Lorrie Lutz, President of L3P Associates, LLC and former Commissioner for New Hampshire*
- ♦ *Patsy Buida, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services*
- ♦ *Donald Cohon, Director of Research and Training, Edgewood Center for Children and Families*

We spoke with team members from the following jurisdictions (a total of 22 people):

- ♦ *Massachusetts*
- ♦ *Carver County, Minnesota*
- ♦ *Ramsey County, Minnesota*
- ♦ *Catawba County, North Carolina*
- ♦ *Hamilton County, Ohio*
- ♦ *Oklahoma*
- ♦ *Wyoming*

The next page is a list of questions that we used to guide our interviews.

## INTERVIEW QUESTIONS

### 1. *Stability and Permanency*

Do you see a relationship between moves/instability and achieving timely permanency?

When/how do moves hinder efforts to achieve timely permanency?

Do moves ever promote permanency?

### 2. *Vulnerability to Instability*

For which populations of children is it the most difficult to achieve timely permanence?

For which populations of children is maintaining stable placements most challenging?

Are there particular windows of time during which children in care are the most likely to experience moves?

### 3. *Promoting Stability*

What are you doing to help promote placement stability?/As a parent, how have you been supported?

a. Structurally—policy and program level

b. Services to families

c. Services to children

♦ When placements are in crisis, what are the most effective services?

♦ What are the most effective services/policies to head off disruptions/crises?

♦ What are some effective services for populations most at risk?

♦ Thinking beyond what your program offers, what services are beneficial?

### 4. *Tensions*

Are there ever times where you feel a tension between placement stability and permanence (i.e. where you have to sacrifice one for the other)?

How do you decide between the two?

Are there cases in which stability is a more important goal for children than permanence?

### 5. *Measurement*

Do you measure the number of moves that children make in care?

What counts as a move in your measurement system?

How do you use this information?

What information could you use to help you understand if your agency was improving placement stability as a means of achieving timely permanence?

### 6. *Can you recommend others that we should talk to?*

## INTERVIEW RESULTS

Interviews at the Breakthrough Series Collaborative greatly shaped our thinking on placement stability and permanency. Some of the ideas that emerged include:

### *Reasons for Moves Between Placements*

- ♦ A history of moves—often because moving damages children’s mental health
- ♦ Separated siblings
- ♦ Inexperienced foster parents
- ♦ The use of intake facilities
- ♦ Finding kin after initial foster placements

### *What Can Prevent Moves?*

- ♦ Assessment—good information means making better matches
- ♦ More experienced foster parents, those with strong advocacy skills
- ♦ Support for children in school
- ♦ Pre-placement visits
- ♦ Birthparent interaction with foster parents
- ♦ Personal network of caregivers
- ♦ Workers being available and following through on delivery of services
- ♦ Planning for the first placement to be the last placement
- ♦ Addressing children’s grief and loss
- ♦ Full disclosure of information to foster families (before placement and ongoing)
- ♦ Children being able to call the social worker
- ♦ Children being told why they have been placed/moved
- ♦ Keeping children involved in activities/in the community
- ♦ Foster parents understanding how to discipline children with abuse histories
- ♦ Strong recruitment to be selective in matching
- ♦ Finding and supporting kinship families
- ♦ One worker, one family approach

### *Characteristics of Positive Moves*

- ♦ Stepping down in care
- ♦ Reuniting with siblings
- ♦ Out of an initial short-term assessment placement
- ♦ Placed into a higher level of care, but returned to the same family afterwards
- ♦ Moves that are planned and discussed before they occur

### *Characteristics of Children that Move Frequently*

- ♦ Ages 8-11, teenagers
- ♦ Unmet treatment needs
- ♦ Drug problems
- ♦ Severe behaviors
- ♦ Multiple diagnoses
- ♦ Conduct disorders
- ♦ Children who cannot reason cause and effect
- ♦ Long histories in care
- ♦ Little or no connection with previous caregivers, birth family

***When Moves are Most Likely to Occur***

- ♦ 8-20 months after placement, once children have settled in
- ♦ Just after being placed
- ♦ Following a change with children's significant connections
- ♦ Anniversaries
- ♦ When the caseworker changes
- ♦ Just before finalization of adoptions

***Helpful Services to Prevent Moves***

- ♦ Respite care
- ♦ 24-hour support line
- ♦ Buddies/mentors for families
- ♦ Team meetings/multidisciplinary team decision making
- ♦ Family group conferencing
- ♦ Crisis intervention services
- ♦ In-home observation
- ♦ Wrap-around services
- ♦ Child care
- ♦ Support groups for children
- ♦ Support groups for families
- ♦ Adoption/Foster care competent mental health services
- ♦ Concurrent planning

***Factors Delaying Permanence***

- ♦ Foster parents sometimes discourage children
- ♦ Foster parents sometimes disapprove of nontraditional adoptive parents
- ♦ Courts favor stability over permanency
- ♦ Teenagers sometimes reluctant to consent
- ♦ Minority status
- ♦ Children's needs for expensive, high levels of treatment

---

## APPENDIX B

### ADMINISTRATIVE DATA

Before beginning our data collection work, we participated in a one-day training session on the information included in FACES and how to navigate the system. With the help of staff working on FACES, we were able to access the data remotely.

We requested client identification numbers from Child Information Systems Administration staff to create to allow us to create three separate datasets. If the fields in FACES from which these samples were created were not filled in for children (i.e., the removal date and exit date), these children would not have been selected into our samples except for the children we were able to identify because their siblings had been selected.

#### *An Entry Cohort*

We analyzed an entry cohort of children entering care following the agency's return to local control to examine relatively current CFSA practices and to trace children's paths through care. At the same time, we wanted a cohort that entered at least 15 months ago, so that at least some children in the sample would have achieved permanence.

We selected an entry cohort of all children entering care in May or June 2001. CISA staff sent us 180 client identification numbers for children entering care in these months. We added six children to our sample because, through accessing their siblings' cases, we determined that they also entered care in May or June 2001. We dropped eight children from our sample: one was a duplicate client ID, one child's birth date was after the entry dates of our sample, and six children had removal dates of May or June 2001, but these were actually removals from placements rather than removal from home. Workers appeared to have misused the removal field, entering their placements there instead of in the placement screens. Therefore, our entry cohort is comprised of:

- ♦ The universe of children who *entered* care in May or June 2001 (178 cases).

#### *An Exit Cohort*

We selected a recent cohort of children who had achieved permanence and exited care to examine placement patterns for children who had entered, then exited care recently and for children who had been in care for several years.

CISA staff sent us the client identification numbers of 138 children who had exited care in October, November, and December 2002. We chose to analyze the children exiting care in one of these months: October 2002. We dropped five children who

were marked as exiting care in October 2002: three were in pre-adoptive homes but the adoption was not finalized in October, one entered and exited care in the month without spending a night in care, and one moved to a placement with someone who would become a permanent guardian, but had not done so in October 2002. The exit cohort consists of:

- ♦ The universe of children who *exited care* in October 2002 (51 cases).

#### ***A Point In Time Sample***

We chose a point in time sample to allow us to examine how CFSA is serving children with various experiences in care. This type of sample is what the agency typically uses to track its performance, though we traced children's experiences in care from their entry up to the point in time, which allowed us to gather more information than is usually available from point in time samples.

CISA staff sent us the client identification numbers of all 3,028 children who were in CFSA's care on November 30, 2002. To create our dataset, we randomly selected 150 children (through a random number generator in Excel). Therefore, our point in time sample consists of:

- ♦ A random sample of *all children in care* on November 30, 2002 (150 cases).

#### ***Limitations of the Administrative Data***

We were limited in the conclusions we could draw based on our data samples for several reasons. First, our samples were small because we created our own datasets. Second, much of the data is not high quality—we recorded information in our datasets from wherever we found it documented in the case and could not verify whether it was accurate. The section on Improving Data Accuracy provides evidence that pieces of the data are inaccurate or incomplete. Third, we did not include clinical and interpersonal issues in our datasets, as this information was generally not available in FACES. Clearly, these issues do and should drive decisions of social workers and families, yet we were not able to capture such qualitative information.

Because we created our datasets based on information throughout clients' records (such as in the court documents and in the records of placement settings), a dataset compiled by automation in the FACES system would yield slightly different results in some categories.

## DESCRIPTIVE STATISTICS

SAMPLE DEMOGRAPHICS					
ENTRY COHORT		EXIT COHORT		POINT IN TIME	
All Children Entering Care May and June 2001		All Children Exiting Care October 2002		Random Sample of Children in Care November 30, 2002	
N = 178		N = 51		N=150	
GENDER					
<i>Female</i>	101	56.7%	27	52.9%	72 48.0%
<i>Male</i>	77	43.3%	24	47.1%	78 52.0%
RACE					
<i>Black</i>	150	84.3%	45	88.2%	132 88.0%
<i>Hispanic</i>	4	2.2%	0	0.0%	0 0.0%
<i>Asian</i>	3	1.7%	0	0.0%	0 0.0%
<i>White</i>	0	0.0%	0	0.0%	1 0.7%
<i>Unknown</i>	21	11.8%	6	11.8%	17 11.3%
AGE AT REMOVAL * **					
<i>Less than 1 year</i>	16	9.0%	13	25.5%	10 6.7%
<i>1 – 5 years</i>	62	34.8%	23	45.1%	57 38.0%
<i>6 - 10 years</i>	43	24.2%	12	23.5%	41 27.3%
<i>11 - 15 years</i>	47	26.4%	1	2.0%	33 22.0%
<i>16 years and older</i>	10	5.6%	2	3.9%	8 5.3%

\*These age categories are the same used in AFCARS reporting.

\*\*The age of one child in the point in time sample could not be determined.

PLACEMENT OUTCOMES					
ENTRY COHORT		POINT IN TIME SAMPLE		EXIT COHORT	
<i>TOTAL CHILDREN</i>	178		150		51
<i>TOTAL PLACEMENTS</i>	457*		477		130
<i>Ongoing</i>	101	22.1%	150	31.4%	-
<i>Ended for Permanency</i>	73	16.0%	-	-	51 39.2%
<i>Ended in Replacement</i>	278	60.8%	327	68.5%	79 60.7%

\* In five cases, whether the last placement ended in replacement or for permanency was impossible to determine.

<b>SIBLINGS LIVING TOGETHER IN LAST/MOST RECENT PLACEMENT</b>						
	<b>ENTRY COHORT</b>		<b>POINT IN TIME SAMPLE</b>		<b>EXIT COHORT</b>	
<i>TOTAL CHILDREN WITH SIBLINGS IN CARE</i>	135 of 178 75.8%		105 of 150 70.0%		35 of 51 70.0%	
<i>With All</i>	43	31.6%	40	38.1%	26	74.3%
<i>With Some</i>	50	36.8%	35	33.3%	4	11.4%
<i>With None</i>	42	30.9%	30	28.6%	5	14.3%

<b>WHERE CHILDREN MOVED UPON REPLACEMENT</b>						
	<b>ENTRY COHORT</b>		<b>POINT IN TIME SAMPLE</b>		<b>EXIT COHORT</b>	
<i>TOTAL REPLACEMENTS</i>	278		327		79	
<i>Step Down</i>	103	37.1%	64	19.6%	18	13.8%
<i>Lateral: Family to Family</i>	22	7.9%	55	16.8%	18	13.8%
<i>Lateral: Group to Group</i>	47	16.9%	33	10.1%	7	5.4%
<i>Step Up</i>	41	14.7%	47	14.4%	1	0.8%
<i>Unknown</i>	65	23.4%	128	39.1%	35	26.9%

<b>TOTAL NUMBER OF PLACEMENTS/NUMBER OF PLACEMENTS TO DATE</b>					
	<b>ENTRY COHORT* **</b>		<b>POINT IN TIME SAMPLE***</b>	<b>EXIT COHORT***</b>	
	<i>Exited</i>	<i>In Care</i>			
<i>TOTAL CHILDREN</i>	73	101	150	51	
<i>1 placement</i>	30	15	47	19	37.3%
<i>2 placements</i>	21	40	35	16	31.4%
<i>3 placements</i>	9	23	24	7	13.7%
<i>4 placements</i>	5	8	15	2	3.9%
<i>5 or more</i>	8	15	29	7	13.7%

\* For four children, we were unable to determine whether they remain in their final placement or have been reunified. These children are not counted in either sub-sample.

\*\* At least 10 children in the entry cohort were not entering care for the first time. They had a total of 24 previous placements. We excluded this from our analysis because we used evidence from this cohort to understand recent agency practices.

\*\*\* For the Point in Time Sample and Exit Cohort, we examined the full history of placements.

## TIMING OF REPLACEMENTS

	1-30 days	1-3 months	3-6 months	6-12 months	12-18 months	1.5-3 years	3-5 years	5+ years	TOTAL REPLACEMENTS
<b>ENTRY COHORT</b>	122 43.9%	77 27.7%	37 13.3%	30 10.8%	9 3.2%	3 1.1%	-	-	278
<b>POINT IN TIME SAMPLE</b>	108 33.0%	65 19.9%	44 13.5%	39 11.9%	29 8.9%	22 6.7%	22 6.7%	8 2.4%	327
<b>EXIT COHORT</b>	34 43.0%	17 21.5%	7 8.9%	3 3.8%	10 12.7%	6 7.6%	2 2.5%	0 0.0%	79

## LENGTH OF TIME PLACEMENTS WERE UNDOCUMENTED

	A day	2-7 days	8-30 days	1-3 months	3-6 months	6-12 months	1+ year	TOTAL UNDOCUMENTED PLACEMENTS
<b>POINT IN TIME SAMPLE</b>	130	22	14	12	12	9	25	224
<b>EXIT COHORT</b>	40	1	3	1	4	1	18	68

## CHILDREN'S EXPERIENCES WITH GROUP PLACEMENTS

	ENTRY COHORT		POINT IN TIME SAMPLE		EXIT COHORT	
<b>TOTAL CHILDREN</b>	178		150		51	
<i>First Placement</i>	118	66.3%	26	17.3%	10	19.6%
<i>Current/Final Placement</i>	43	24.2%	27	18.0%	8	15.7%
<i>Any Placement</i>	134	75.3%	67	44.7%	13	25.6%
<i>Every Placement</i>	40	22.5%	10	6.7%	8	15.7%

## LENGTH OF FIRST PLACEMENT INTO GROUP CARE

	A day	2-7 days	8-30 days	1-3 month	3-6 months	6-12 months	A year or more	TOTAL CHILDREN
<b>ENTRY COHORT</b>	17 14.4%	28 23.7%	24 20.3%	26 22.0%	11 9.3%	9 7.6%	3 2.5%	118 of 178 66.3%

<b>PLACEMENT IN WHICH CHILDREN FIRST ENTERED FAMILIES</b>			
	<b>ENTRY COHORT</b>	<b>POINT IN TIME SAMPLE</b>	<b>EXIT COHORT</b>
<i>TOTAL CHILDREN WITH FAMILY PLACEMENTS</i>	129 of 178 72.5%	140 of 150 93.3%	43 of 51 84.3%
<i>First</i>	56 43.4%	91 65.0%	25 58.1%
<i>Second</i>	53 41.1%	34 24.3%	12 27.9%
<i>Third</i>	13 10.1%	7 5.0%	2 4.6%
<i>Fourth</i>	3 2.3%	3 2.1%	1 2.3%
<i>Fifth or later</i>	4 3.2%	5 3.6%	3 6.9%

<b>PLACEMENT IN WHICH CHILDREN FIRST ENTERED KINSHIP CARE</b>			
	<b>ENTRY COHORT</b>	<b>POINT IN TIME SAMPLE</b>	<b>EXIT COHORT</b>
<i>TOTAL CHILDREN WITH KINSHIP PLACEMENTS</i>	54 of 178 30.3%	31 of 150 20.7%	22 of 51 43.1%
<i>First</i>	6 11.1%	8 25.8%	8 36.4%
<i>Second</i>	33 61.1%	9 29.0%	9 40.9%
<i>Third</i>	8 14.8%	4 12.9%	4 18.2%
<i>Fourth</i>	5 9.3%	4 12.9%	1 4.5%
<i>Fifth or later</i>	2 3.7%	6 19.4%	0 0.0%

<b>TOTAL DAYS IN CARE TO DATE</b>									
	<i>&lt;1 month</i>	<i>1-3 months</i>	<i>3-6 months</i>	<i>6-12 months</i>	<i>1-2 years</i>	<i>2-5 years</i>	<i>5-10 years</i>	<i>10+ years</i>	<i>TOTAL CHILDREN</i>
<b>POINT IN TIME SAMPLE</b>	1 1.3%	3 2.0%	8 5.3%	8 5.3%	26 17.3%	59 39.3%	36 24.0%	8 5.3%	150

<b>TIME TO EXIT</b>									
	<i>&lt;1 month</i>	<i>1-3 months</i>	<i>3-6 months</i>	<i>6-12 months</i>	<i>1-2 years</i>	<i>2-5 years</i>	<i>5-10 years</i>	<i>10+ years</i>	<i>TOTAL CHILDREN</i>
<b>ENTRY COHORT</b>	12 16.4%	17 23.3%	11 15.1%	24 32.9%	17 23.3%	-	-	-	73 of 179 40.8%
<b>EXIT COHORT</b>	5 9.8%	0 0.0%	4 7.8%	1 2.0%	1 2.0%	15 29.4%	21 41.2%	4 7.8%	51

**CURRENT PERMANENCY GOALS**

	<b>ENTRY COHORT In Care</b>	<b>POINT IN TIME SAMPLE</b>
<b>TOTAL CHILDREN</b>	101	150
<i>Reunification</i>	45 44.6%	36 24.0%
<i>Adoption</i>	17 16.8%	58 38.7%
<i>Adoption/Reunification</i>	1 1.0%	1 0.7%
<i>Guardianship</i>	13 12.9%	13 8.7%
<i>Independent Living</i>	3 3.0%	24 16.0%
<i>Planned Permanent Living Arrangement</i>	1 1.0%	1 0.7%
<i>Long Term Foster Care</i>	0 0.0%	7 4.7%
<i>No documented plan</i>	21 20.8%	10 6.7%

**DATE OF MOST RECENT PERMANENCY PLAN**

	<i>Within 6 months</i>	<i>6-12 months ago</i>	<i>12-18 months ago</i>	<i>18-24 months ago</i>	<i>24+ months ago</i>	<i>TOTAL CHILDREN</i>
<b>ENTRY COHORT</b>	25 31.3%	25 31.3%	23 28.8%	6 7.5%	1 <sup>*</sup> 1.3%	80 of 101 79.2%
<b>POINT IN TIME SAMPLE</b>	28 20.0%	40 28.6%	12 8.6%	24 17.1%	36 25.7%	140 of 150 93.3%

\* Although entry cohort children have only been in care 18-20 months, one child was reentering and had only the case plan from his previous spell in care.

**TIME IN CURRENT PLACEMENT**

	<i>&lt;1 month</i>	<i>1-3 months</i>	<i>3-6 months</i>	<i>6-12 months</i>	<i>12-18 months</i>	<i>18-36 months</i>	<i>3-5 years</i>	<i>5-10 years</i>	<i>10+ years</i>	<i>TOTAL CHILDREN</i>
<b>ENTRY COHORT</b>	3 3.0%	4 4.0%	12 11.9%	24 23.8%	27 26.7%	30 29.7%	-	-	-	101 of 178 56.7%
<b>POINT IN TIME SAMPLE</b>	3 2.0%	14 9.3%	22 14.7%	27 18.0%	16 10.7%	32 21.3%	19 12.6%	15 10.0%	2 1.4%	150

**TIME TO REUNIFICATION**

	<i>A day</i>	<i>2-7 days</i>	<i>8-30 days</i>	<i>1-3 month</i>	<i>3-6 months</i>	<i>6-12 months</i>	<i>12-18 months</i>	<i>18+ months</i>	<i>TOTAL CHILDREN</i>
<b>ENTRY COHORT</b>	3 4.7%	0 0.0%	7 10.9%	11 17.2%	9 14.1%	22 34.4%	11 17.2%	0 0.0%	64 of 178 36.0%
<b>EXIT COHORT</b>	2 18.8%	3 27.3%	0 0.0%	0 0.0%	4 36.4%	1 9.1%	0 0.0%	1 9.1%	11 of 51 21.6%

EXIT COHORT TIMING TO PERMANENCY FOR THOSE WHO DID NOT REUNIFY							
	<2 years	2-3 years	3-5 years	5-7 years	7-10 years	10+ years	TOTAL CHILDREN
<b>ADOPTION</b>	0	3	10	12	7	2	34 of 51 66.6%
<b>GUARDIANSHIP</b>	0	0	2	2	0	1	5 of 51 9.8%
<b>EMANCIPATION</b>	0	0	0	0	0	1	1 of 51 2.0%

---

## APPENDIX C

### INTERVIEWS AND FOCUS GROUPS

#### *Interviews with Management*

We conducted interviews with managers throughout CFSA who are involved in strategic planning, data collection and analysis, and program management to understand current processes and goals for the future. We spoke with managers from the following offices, divisions, and administrations:

- ♦ Office of the Director
- ♦ Office of Public Information
- ♦ Office of the Principal Deputy Director
- ♦ Intake & Investigations Administration
- ♦ Adoptions Division
- ♦ In-Home & Reunification Services Administration I and II
- ♦ Office of the Deputy Director for Planning, Policy, and Program Support
- ♦ Family Resources Division
- ♦ Placement Services Division
- ♦ Clinical Support & Health Services Administration
- ♦ Quality Improvement Administration
- ♦ Quality Assurance Division
- ♦ Training Academy
- ♦ Child Information Systems Administration

#### *Focus Groups and Interviews with Caseworkers and Supervisors*

We conducted a series of focus groups and interviews with workers and supervisors from the Intake & Investigations Administration, the two In-Home & Reunification Services Administrations, and the Adoptions Division. The interviews and focus groups provided information on current practices within the agency from those on the frontlines.

Managers in each administration and division provided us with the full list of workers and supervisors in their units. We invited all of these workers and supervisors via e-mail to participate in our focus groups. We had the following numbers of participants:

- ♦ Intake & Investigations Administration: two workers and one supervisor, all in individual interviews.
- ♦ In-Home & Reunification Services Administrations I and II: seven workers in three pairs and in one individual interview, one focus group of five supervisors.
- ♦ Adoptions Division: six workers in two groups.

### ***Focus Groups with Caregivers***

We conducted three separate focus groups with foster parents, adoptive parents, and kinship caregivers. These caregivers expressed their needs and their thoughts about what CFSA staff are doing well and where they have room to improve.

Managers in the Family Resources Division provided us with full lists of current foster parents and kinship caregivers, while managers in the Adoptions Division provided us with lists of adoptive parents. Out of the 170 foster families on the list from DC, we randomly selected 78 households to send letters of invitation to participate. Out of the 394 foster families from Maryland, we invited 22. Of the 211 kinship families, we invited 70 to participate. Out of the 280 adoptive families on the list we received, we invited 82. We had the following numbers of participants in the focus groups:

- ♦ Foster families: four participants.
- ♦ Kinship families: seven participants.
- ♦ Adoptive families: seven participants.

### ***Limitations of Focus Group and Worker/Supervisor Interview Data***

We can draw only limited conclusions from our focus groups and interviews because we spoke with a small number of caregivers, workers, and supervisors. In addition, those we interviewed self-selected to participate, further limiting the extent to which their thoughts can be generalized to the larger populations of caregivers, workers, and supervisors.

### ***Consent Form and Focus Group Questions***

The following pages show an example of the consent form we used with focus group participants and the types of questions that we asked. Both the consent form and the questions were modified as appropriate for each of our groups of caregivers, workers, and supervisors. These were reviewed and approved by the Kennedy School of Government's Institutional Review Board.

## CONSENT FORM

### Participation in Research Conducted by Surjeet Ahluwalia and Marie Zemler Kennedy School of Government, Harvard University

Purpose of the Research: This research aims to help the Child and Family Services Agency (CFSA) to provide better support for stability in placements and to establish permanent homes for more children in the agency's care.

Focus Group Procedures: You have been asked to participate in a discussion about supports for stable placements and the relationship between stability and permanence. Participation involves speaking in a small group of about ten [CFSA caseworkers, supervisors, or caregivers] with the discussion led by Surjeet Ahluwalia and Marie Zemler of Harvard University. The discussion will last approximately one hour.

**Participation is completely voluntary. You may decide not to answer a particular question or may stop participating at any time.**

Risks and Anonymity: You may find that some of the questions ask you to critique practices of CFSA and to provide information that you would be uncomfortable sharing directly with the agency. **All information that you share will be strictly anonymous.** We will not inform personnel at CFSA which [caseworkers, supervisors, or caregivers] participated in the discussion. Your name and any other identifying information will not be linked to any comments you make. Although we are completing this research on behalf of CFSA, we work independently from the agency and its staff.

Recording: We would like to audiotape the discussion to assist in our note taking. If you do not want to be taped, let us know and we will not tape the discussion.

#### SIGNATURES:

##### **Researchers**

I have discussed with \_\_\_\_\_ the above procedures, explicitly pointing out potential risks or discomforts. I have asked whether any questions remain and have answered these questions to the best of my ability.

\_\_\_\_\_ Surjeet Ahluwalia or Marie Zemler  
(date) (researcher's signature)

##### **Participant**

The nature and purpose of this discussion have been satisfactorily explained to me and I agree to become a participant in the research as described above. I understand that I am free to discontinue participation at any time if I so choose. I may remain silent during any question if I so choose. The researchers will answer any questions that arise during the discussion.

\_\_\_\_\_ (date) \_\_\_\_\_ (subject's signature) \_\_\_\_\_ (print name)

### CASEWORKER FOCUS GROUP QUESTIONS

- ♦ Overall, how do you feel the agency is doing in terms of creating and maintaining stable placements for children in out-of-home care?
- ♦ Overall, how do you feel the agency is doing in terms of achieving timely permanence (by this we mean returning home, finding a legal relative guardian, or completing an adoption)?
- ♦ What messages do you hear from your supervisor and other managers about the stability/instability of children? What messages do you hear about time to permanency?  
*Do you hear about the numbers for your caseload and the agency?*
- ♦ What techniques do you use to create stable placements?  
*Matching? Assessment? Intake's role?*
- ♦ On an ongoing basis, what do you do to prevent disruptions/crises from occurring?  
*Role of support services?*
- ♦ When placements are in crisis, what are the most effective services?
- ♦ When children must move, how do you facilitate the transition?
- ♦ Are moves occurring that should not be? How could these have been prevented?
- ♦ Are there moves that should be occurring but are not? What is preventing them?
- ♦ How do you make decisions about moves for children, particularly when you feel a tension between maintaining a stable placement vs. achieving permanence?  
*How do relations with the court effect decision making?*
- ♦ Now we are going to discuss different practices and challenges associated with different permanency goals:  
For kids who will ultimately be reunified with their parents, what are the challenges to reaching that goal in a timely fashion and maintaining stability along the way?
  - ♦ How about for adoption?
  - ♦ Permanent Legal Guardianship with a relative?
- ♦ Are there particular windows of time during which children in care are the most likely to experience moves?
- ♦ Are there any barriers that stand in the way of doing your best work to achieve stability and permanency for the children on your caseload?  
*Are there policies, organizational practice, resources constraints, etc.?*
- ♦ Does FACES help you to do your work? How do you use the system?
- ♦ What can the agency do to support you and the families you work with better?

---

### CAREGIVER FOCUS GROUP QUESTIONS

- ◆ What do you want/need to know to make a decision about whether to welcome a child into your home?  
*Do you feel like you can say no?*
- ◆ Once children are in your home, what services do you receive to help you successfully care for them and maintain them in your family?
- ◆ Sometimes, challenging and even crisis situations occur. What has helped you (or could have helped you) to get through those challenging times?
- ◆ Sometimes, situations are so difficult that you consider the possibility that children should be placed elsewhere. How do you make decisions about whether you continue the placement?
- ◆ When kids do move under difficult circumstances, what does (or could) CFSA do to help facilitate the transition for the child and your family?
- ◆ When kids have moved out of your home under other circumstances (not because of crises), what role have you played in the decision and transition?
- ◆ When children move into your home after having been in previous foster placements or group care, what can you and the agency do to make this transition successful? What circumstances make these transitions more challenging?
- ◆ What characteristics of children make it most challenging for you to maintain stable placements?
- ◆ Are there particular events or windows of time during which it is particularly challenging to keep children in your home? (If something is going to go wrong, when would it most likely be?)
- ◆ What would you hope for as the best permanency outcome for children in your home? What are the next best options?
- ◆ In cases where it is an appropriate goal, what role do you play in helping a child quickly and safely return permanently home with the birth family?
- ◆ In cases where it is an appropriate goal, what role do you play in helping a child become part of a permanent adoptive family?
- ◆ What do CFSA staff tell you about the role you as a foster parent play in helping children have a beneficial experience in and successful exit from foster care?
- ◆ What else can the agency do to support you and the children you provide care for?



## APPENDIX D

### SAMPLE MANAGEMENT REPORT PAGE

The following page is an example of a page that can be used in monthly management reports. We strongly recommend using all six measures collectively. Integrating Measure #1 and Measure #6 is the highest priority. Begin using these measures in May 2003, but calculate them for at least March, April, and May 2003 to gain a sense of month-to-month variation. Because of the variation by month, quarterly averages will also be helpful for measuring the agency's progress toward the targets.

## STABILITY THAT LEADS TO TIMELY PERMANENCE

	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03
1. # of children who moved from one placement to another in the last month												
	Quarter Average:			Quarter Average:			Quarter Average:			Quarter Average:		
2. Of those who moved, % who did not progress toward permanency												
	Quarter Average:			Quarter Average:			Quarter Average:			Quarter Average:		
3. Of those who moved, % who have already had 3 or more placements												
	Quarter Average:			Quarter Average:			Quarter Average:			Quarter Average:		
4. # of children who have lived continuously in group care for 6 months or more												
	Quarter Average:			Quarter Average:			Quarter Average:			Quarter Average:		
5. % of children entering in the last month who first entered a family												
	Quarter Average:			Quarter Average:			Quarter Average:			Quarter Average:		
6. # of children currently in a family placement that has lasted 18 months or more												
	Quarter Average:			Quarter Average:			Quarter Average:			Quarter Average:		

These measures correspond to the following objectives:

1. Placements are Stable. *By June 2003, fewer than 90 children. By December 2003, fewer than 50 children.*
2. Moves Promote Permanency. *By June 2003, less than 60 percent. By December 2003, less than 30 percent.*
3. Children Rarely Move. *By June 2003, less than 55 percent. By December 2003, less than 25 percent.*
4. Group Care is Brief. *By June 2003, fewer than 555 children. By December 2003, fewer than 250 children.*
5. Children Live in Families. *By June 2003, more than 40 percent. By December 2003, more than 90 percent.*
6. Stable Families Become Permanent. *By June 2003, fewer than 1250 children. By December 2003, fewer than 1000 children.*

## APPENDIX E

### CALCULATION OF PERFORMANCE MEASURES

**Measure #1.** *The number of children who moved from one placement to another in the last month.*

To obtain this measure, select placement end dates in the last month from the placement exit screens in FACES. If the placement end date matches the date of the child's exit from care, do not include it in the count of moves. This measure is of the number of children moving *between placements*; it does not include removal from home into the first placement and moves to reunification or other moves out of care.

**Measure #2.** *Of those who moved from one placement to another in the last month, the percent for whom the new placement is not a progression toward permanency (is not a move to a kinship/pre-adoptive home, a move to reunite with siblings, or to a move to a less restrictive setting).*

For this measure, the denominator is the number in Measure #1. To calculate the numerator, select the field that denotes why the placement ended as in Measure #1. Moves do not count as progress toward permanency *unless* the placement ended for a move to kinship, to a pre-adoptive home, to be with siblings, or to a less restrictive setting. Improved exit fields will improve reliability of this measure. However, it can be calculated with existing fields.

**Measure #3.** *Of those who moved from one placement to another in the last month, the percent who have already had three or more placements.*

For this measure, the denominator is the number in Measure #1. To calculate the numerator, continue to use the placement screens. Children should be added to the count if they have had at least four placements (including the move to a new placement in the last month).

**Measure #4.** *The number of all children in care who have lived continuously in non-therapeutic group care for six months or more.*

Using the placement screens, select all children placed in non-therapeutic group care. Check for cases when children's prior placements were in group care. If the consecutive time in group care in the current and prior placements totals six months or more, include the child in the count.

**Measure #5.** *The percent of children entering care in the last month first entering a family.*

Using the removal date, select all children who have entered care in the last month. Of those children, identify those whose first placement was with a family, using the placement screens. If there is a gap of more than one day between the removal date and the first placement start date, do not include that child in the count of children first entering a family even if the first documented placement was with a family.

**Measure #6.** *The number of all children in care whose current placement is a family placement that has lasted eighteen months or more.*

Using the placement screens, identify the current placements of all children in care. Select children with family placements and calculate the total number of days in the placement. If children entered placements eighteen months ago or before, include them in the count for this measure.



# APPENDIX F

## REGRESSION TABLES

In this appendix, we present the regressions that we ran that provide the evidence noted in the text. Because our dependent variables are dichotomous and all have means that are not close to zero or 100 percent, we ran linear probability models. Independent variables in the models are also dichotomous variables, unless otherwise noted.

**Table F1. Placements Ending in Additional Placements, Entry Cohort**

	PLACEMENTS ENDING IN REPLACEMENT	
	Coefficients	Standard Error
(Constant)	.890	.115
CHILD AGED 1 TO 5	-.070	.090
CHILD AGED 6 TO 10	.022	.092
CHILD AGED 11 TO 15	.014	.090
CHILD AGED 16 OR OLDER	-.064	.109
SEX, FEMALE=1	.010	.042
PLACEMENT IN SAME WARD AS BIRTH PARENT	-.126	.105
PLACEMENT WITH KIN	-.155*	.093
FOSTER FAMILY PLACEMENT	.090	.123
GROUP CARE PLACEMENT	-.012	.072
NUMBER OF DAYS IN THIS PLACEMENT	-.001***	.000
PLACED WITH ALL SIBLINGS	-.020	.055
PLACED WITH SOME SIBLINGS	.030	.056
PLACED WITH NO SIBLINGS	-.073	.056
PLACEMENT WITH FAMILY FROM A PRIVATE AGENCY	-.051	.077
PLACEMENT WITH FAMILY WITH EXPERIENCE ≥ 1 YEAR	-.070	.079
FAMILY CONTINUALLY LICENSED DURING PLACEMENT	-.153*	.080
FAMILY PARTIALLY LICENSED DURING PLACEMENT	-.259***	.078

Note: N=457.

\*\*\* denotes significance at the 1-percent level,

\*\* denotes significance at the 5-percent level,

\* denotes significance at the 10-percent level.

Number of days in placement is a continuous variable.

**Table F2. Moved to a Family for the First Placement, Entry Cohort**

	MOVED TO A FAMILY FOR THE FIRST PLACEMENT	
	Coefficients	Standard Error
(Constant)	.176	.206
CHILD AGED 1 TO 5	.009	.125
CHILD AGED 6 TO 10	.164	.131
CHILD AGED 11 TO 15	-.223*	.132
CHILD AGED 16 OR OLDER	-.201	.185
SEX, FEMALE=1	.185***	.070
REASON FOR ENTERING CARE: PHYSICALLY ABUSED	-.100	.180
REASON FOR ENTERING CARE: SEXUALLY ABUSED	-.137	.221
REASON FOR ENTERING CARE: NEGLECT	-.085	.157
REASON FOR ENTERING CARE: MORE THAN ONE TYPE OF ABUSE	.296	.225
FAMILY KNOWN TO CFSA BEFORE REMOVAL DATE	.063	.082
CHILD HAD PREVIOUS SPELL IN CARE	-.084	.165
HAVE ONE SIBLING IN CARE	.127	.104
HAVE TWO SIBLINGS IN CARE	.127	.091

Note: N=178.

\*\*\* denotes significance at the 1-percent level,

\*\* denotes significance at the 5-percent level,

\* denotes significance at the 10-percent level.

**Table F3. Have the Goal of Reunification, Entry Cohort**

	HAVE THE GOAL OF REUNIFICATION	
	Coefficients	Standard Error
(Constant)	.328	.217
CHILD AGED 1 TO 5	.042	.136
CHILD AGED 6 TO 10	.114	.142
CHILD AGED 11 TO 15	-.069	.143
CHILD AGED 16 OR OLDER	-.404**	.197
SEX, FEMALE=1	.219***	.076
HAVE ONE SIBLING IN CARE	-.192*	.113
HAVE TWO SIBLINGS IN CARE	-.024	.091
CHILD HAD PREVIOUS SPELL IN CARE	.300*	.177
REASON FOR ENTERING CARE: PHYSICALLY ABUSED	.352*	.189
REASON FOR ENTERING CARE: SEXUALLY ABUSED	.146	.234
REASON FOR ENTERING CARE: NEGLECT	.060	.170
REASON FOR ENTERING CARE: MORE THAN ONE TYPE OF ABUSE	-.324	.236

Note: N=178.

\*\*\* denotes significance at the 1-percent level,

\*\* denotes significance at the 5-percent level,

\* denotes significance at the 10-percent level.

**Table F4. Have the Goal of Reunification, Point in Time Sample**

	HAVE THE GOAL OF REUNIFICATION	
	Coefficients	Standard Error
(Constant)	.430	.150
SEX, FEMALE=1	.053	.074
CHILD AGED 1 TO 5	-.248*	.145
CHILD AGED 6 TO 10	-.201	.151
CHILD AGED 11 TO 15	-.178	.154
CHILD AGED 16 OR OLDER	-.341*	.208
HAD PREVIOUS EXIT FROM CARE	-.049	.124
HAVE ONE SIBLING IN CARE	-.016	.098
HAVE TWO SIBLINGS IN CARE	.017	.092

Note: N=150.

\*\*\* denotes significance at the 1-percent level,

\*\* denotes significance at the 5-percent level,

\* denotes significance at the 10-percent level.

Because many children in the point in time sample entered care several years ago, data on the reason for their entry into care (abuse type) was not available in FACES. These variables were included in the previous regression for the entry cohort, but could not be included here.

**Table F5. Without a Recorded Permanency Goal, Point in Time Sample**

	WITHOUT A RECORDED PERMANENCY GOAL	
	Coefficients	Standard Error
(Constant)	.101	.146
SEX, FEMALE=1	-.024	.072
CHILD AGED 1 TO 5	.096	.141
CHILD AGED 6 TO 10	.210	.147
CHILD AGED 11 TO 15	.311**	.150
CHILD AGED 16 OR OLDER	.792***	.203
HAD PREVIOUS EXIT FROM CARE	-.151	.120
HAVE ONE SIBLING IN CARE	-.000	.095
HAVE TWO SIBLINGS IN CARE	.003	.090

Note: N=150.

\*\*\* denotes significance at the 1-percent level,

\*\* denotes significance at the 5-percent level,

\* denotes significance at the 10-percent level.

---

# APPENDIX G

## INITIATIVES BY CFSA UNIT

### SENIOR MANAGEMENT

- ♦ **Separate siblings only in extraordinary circumstances.** Review all separations before they occur. While siblings' harmful interactions with each other constitute reason for separation, the challenge of finding homes for large groups does not.
- ♦ **Provide formal respite.** Caregivers need breaks from challenging children. At the same time, children need to be safe and well-cared for. To make this system work, a reliable system of referral and payment needs to be in place.
- ♦ **Develop back-up sources of immediate support.** A 24-hour phone line staffed by experienced caregivers or trained clinicians can help families access needed resources and emotional support when workers are not at their desks. In urgent situations, phone staff could locate workers or supervisors for help.
- ♦ **Do not permit Social Service Assistants to move children.** The skills of social work staff can particularly help children through the traumatic period of moving. Moreover, in moments of change, children need as much continuity as possible.
- ♦ **Build a concurrent planning program.** Prevent moves by identifying families least likely to reunify. Trained caregivers can then provide intensive, front-loaded services including mentoring and frequent visitation, and be willing to adopt, if needed.
- ♦ **Petition fathers as well as mothers in legal case files.** Routinely include non-resident fathers in neglect petitions. This can help find fathers who can be primary caregivers to their children, locate paternal relatives, and prevent later delays in adoption or guardianship by documenting absent fathers upfront.
- ♦ **Dedicate staff to rapid location and screening of kinship care providers.** Searching on behalf of specific children—when they are coming into care or already placed, not just at the point of adoption—reduces the need to recruit non-relative providers. Often, families who know the children are easier to engage.
- ♦ **Continue to reduce caseloads via hiring and redistribution.** Be attentive to the overall average caseload as well as the number of workers with excessive numbers of cases. Workers with greater tenure are particularly burdened.
- ♦ **Delineate support responsibilities for Social Service Assistants.** Challenge workers' views that SSAs are not helpful by motivating and requiring SSAs to perform. Help workers understand the occasions for delegating time-consuming, non-clinical tasks.
- ♦ **Consider the time implications of every potential policy.** Paperwork and process requirements should be weighed against lost time with clients and limited to what is most essential. Asking everyone to complete bureaucratic tasks is not an effective method for managing the inconsistent performance of a few.

### **RECRUITMENT**

- ◆ **Emphasize realistic expectations in recruitment messages.** Materials must accurately portray the populations of children who need care and communicate both challenges and rewards of parenting them.
- ◆ **Involve foster and kinship parents in recruitment and retention.** Caregivers can reach out to others like themselves—people with a love of children, strong advocacy skills, and solid social support networks. These caregivers can offer realistic messages to new families.
- ◆ **Use data to set targeted recruitment priorities.** Given limited recruitment resources, efforts and messages must be targeted to focus on families for populations with the greatest need: young children, teenagers, and sibling groups. Investment in a general media presence should be secondary to targeted efforts.

---

## PLACEMENT

- ♦ **Keep children in their home communities to facilitate reunification.** Unless safety is a concern, children need to maintain connections. Living with relatives or staying close to home facilitates visitation and maintains consistent school attendance and community involvement (e.g. child care or after school settings).
- ♦ **Employ qualitative, rather than demographic matching criteria.** Improved matching requires information from the worker to truly understand what particular children need from caregivers. It also requires consulting monitors who know the caregivers to ensure children placed with them will be well-supported.
- ♦ **Help caregivers make good decisions about supporting particular children.** Share all information known about children with caregivers, using information shared by monitors to help them reflect on their abilities to meet particular needs.
- ♦ **Eliminate transition placements.** Collaborate with recruitment to communicate the types of placement settings that are needed but missing. Improve tracking to know what families are actually available at a given time.
- ♦ **When replacing children, take advantage of increased information.** Ensure second and subsequent matches are strong. Talk with workers and previous caregivers—and the child—to avoid disruption of future placements.
- ♦ **Do not wait for a placement request to continue family-finding efforts.** When children's immediate needs for a family cannot be met and a group placement is unavoidable, efforts should not cease or be suspended.
- ♦ **Improve systems to know which families are available.** Currently, licensed families must call to report their willingness to receive placements. Better coordination with children's workers could reduce lag time between children leaving placements and notifications of openings.

## LICENSING & MONITORING

- ◆ **Provide qualitative information about caregivers.** Placement workers never meet caregivers or see their homes. Children's workers only meet them once children are placed. Ensure good matches by being a knowledgeable conduit of information about particular caregivers for the rest of the agency.
- ◆ **Help families know their interests and abilities.** Techniques like training along with parents who successfully care for children with special needs, using realistic scenarios to discuss parenting practices, employing new families as respite providers, and visiting before placements increase caregivers' self-awareness.
- ◆ **Clarify expectations of group homes and give workers documentation.** Continue to ensure that required services and skilled staff are present in congregate facilities, including on the overnight shift. Make workers aware of these expectations; they can report service gaps and avoid spending valuable time completing tasks that a contractor is being paid to do.
- ◆ **Share accurate documentation on services.** Widely disseminate a comprehensive list of services that CFSA and the greater community currently offer. Include mental health, child care, and respite resources. Detail procedures for obtaining services, divide them by geographic area, and focus on providers that accept Medicaid. Update this list quarterly.
- ◆ **Ensure families have the skills to access help.** At every contact with a family, discuss a handful of supports that fit their children's needs. Talk through how families can connect with services, providing assistance if needed.
- ◆ **Phase out slots in group care.** In an environment of chronic stress and crisis, reducing availability is the only way to realistically reduce reliance. Ease tension with private congregate care providers by clearly articulating the remaining role for and expectations of group settings via contracting.
- ◆ **If group placements are unavoidable, they must be assessment tools.** When contracting slots with group care providers, include specific requirements related to assessment as well as communication with placement staff, who can then use better information to find the right family.
- ◆ **Use therapeutic placements to prepare children for family life.** If children are truly not ready for family life, a therapeutic placement—not a group home—can help them prepare. Communicate with group homes to help them step up their level of care as slots in group care disappear.
- ◆ **Contract to upgrade existing caregivers to “therapeutic” levels when needed.** When children's emotional or behavioral problems escalate, give families an opportunity gain skills and support, even if they are public agency families. Create a special contract with agencies that recruit and prepare therapeutic care families to “convert” caregivers who are already licensed for traditional care.

- ♦ **Define precise requirements for therapeutic families.** Ensure that families who care for children with the most difficult needs are consistently skilled and supported. Develop contracts with private agencies to mandate that therapeutic families have a demonstrated capacity to care for children with special needs, via past employment, training, or previous experience foster parenting.
- ♦ **Foster appropriate contact between caregivers and birth parents.** Messages in pre-service and continuing training can make this happen. Children who have benefited from ongoing contact with birth parents and birth parents who have positive relations with caregivers can communicate this message effectively.
- ♦ **Spread facts about guardianship.** Kinship care providers need to be informed about permanency options not just by their children's workers, but at the points of training, licensing, monitoring, and licensing renewal. Caregivers' knowledge will, in turn, push workers to stay attuned to the need for permanency.

### **INTAKE**

- ◆ **Add questions about children's needs and relatives to the intake process.** Learn of children's emotional and behavioral needs and their network of relatives—maternal and paternal, by blood and fictive—before the first placement. Parents and others interviewed in the investigation process can contribute, if asked.
- ◆ **Check out relatives even before children are entering care.** As soon as relatives are identified, track them down, ask about their interest in becoming caregivers, and clear them through preliminary criminal background checks. Children who are previously known to the agency or have lengthy intake processes should not go to foster or group settings before moving in with kin.
- ◆ **Also see CHILDREN'S WORKERS.**

---

## CHILDREN'S WORKERS

- ♦ **Take a central role in designing appropriate placements.** Put first hand knowledge of the child to use by talking directly with prospective caregivers *prior* to final selection. Sharing information with placement workers is insufficient.
- ♦ **Share all information a second time when moving children to new homes.** Reveal all of children's needs and history when a match is being considered. Repeat and provide written documentation when physically moving to the home.
- ♦ **Return calls within 24 hours.** Voice mail must always contain back up contact information and have space to leave a message. Tell families to expect a response within one business day and keep this promise. Families should not be expected to call multiple times if they want assistance.
- ♦ **Turn crisis moves into an opportunity to reexamine permanency.** Since the placement unit is not responsible for relative searches or pre-adoptive matches, unplanned moves are rarely used as opportunities to move toward permanence. Personally embrace the responsibility to find these potentially permanent homes.
- ♦ **Accept that some placements will end, but secure time for transition.** Use the 30-days-notice policy to negotiate time to find a new home—and perhaps allow a crisis to pass and then keep the placement intact. Use the time wisely, matching quickly then making a gentle transition including pre-placement visits.
- ♦ **Involve children in making placement decisions.** Children of all ages are more likely to understand moves, accept their new placements, and work to keep their own placements stable when they live in places they helped select.
- ♦ **Help children prepare for and process transitions.** In non-emergency situations, discussions and visits can happen before moves. Even in crises, take time to talk in at a comfortable place before arriving at a new placement. Share information about why placements end and what new caregivers are like.
- ♦ **Set goals for children in group care, moving them to families quickly.** All children—and teenagers—should only be in group care for therapeutic reasons. Set goals they must work toward to prepare for living in families.
- ♦ **Regularly make placement requests on behalf of children in congregate care.** Spaces in families are constantly changing; however, placement staff do not look for families for children without a request. Placement workers agreed that persistent workers are likely to get even difficult children into family settings.

#### CLINICAL PRACTICE

- ◆ **Provide 48-hour response to requests for disruption conferences.** In crisis situations, being timely is more important than being comprehensive. If some stakeholders cannot immediately attend, schedule a second follow-up conference.
- ◆ **Hold staffings for children at every move, from the third placement onward.** Building on current practices, automatically hold a staffing at every move, without a special worker request, from the third placement until permanency is achieved.
- ◆ **Trigger action for children who lived for 45 continuous days in group care.** To ensure that children do not linger in group care, ongoing workers need help attending to children with extended stays in congregate care. Monitor length of group stays and prompt action for children who belong in families.
- ◆ **Help workers make difficult choices.** A backlog of children who have already been stable in their current placement for more than 18 months need attention to check that permanency goals are being pursued. Work as a team to resolve difficult situations that may require choosing between maintaining stability or pursuing permanence in another setting. Favor permanency in most cases.
- ◆ **Trigger action once children live in the same home for a year.** To prevent other children from increasing the length placements that will never become permanent, reexamine the appropriateness of settings at the 12-month mark.

**TRAINING**

- ♦ **Discuss the consequences of relying on group care.** Workers must continue to learn about the consequences of putting children in congregate care settings. They need information about the importance of family connections, even for adolescents. Workers must be reminded that they owe the same level of commitment to boys, teenagers, and infants as to girls and school-aged children.
- ♦ **Orient workers towards stability as a precursor to permanency.** Workers need to be reminded that federal law and clinical best practice both require more than just a stable placement for a child. Safely exiting care is the central goal.
- ♦ **Dispel myths about relative caregivers.** Stereotypes about relatives perpetuating cycles of abuse or attempting to live off government money must be actively confronted. The expectation that workers remain as involved and supportive of kinship care providers as any other family must also be reinforced.