Introduction

A systematic review of literature was conducted in order to identify articles of relevance to the residential redesign project. It was conducted between April and July of 2010. The review was completed concurrent with an extensive consultation process that gathered input from stakeholders across the Province. The themes that emerged during these consultations helped to guide the selection of articles. The review utilized the following academic databases;

- Social Services Abstracts
- Psych Info
- Google Scholar

The search term combination of "Residential Care", "Children" and "Youth" as well as "Foster Care", "Children" and "Youth" were utilized. The review examined a period of five and a half years, from January 2005 to July 2010. Although this produced a very large number of results, the intent was to increase the likelihood of finding articles relative to the broad range of themes emerging from the consultation. More than 400 abstracts were reviewed. A total of 110 articles were identified and copies were accessed. The reference lists of the most recent and salient articles were also reviewed for potential articles missed in the database search. A total of 32 articles were selected as being the most relevant to the initial findings from the consultation process. Where possible and appropriate, research conducted in Canada or published by Canadian researchers was utilized. The majority of the studies chosen were published in the last three years, reflecting the fact that research is cumulative and that recent studies often reference and expand upon previous studies. A summary of each of these articles is provided below. The relationship between the article and the emerging themes from the consultation process as well as the substantive relevance is noted for each article. A brief summary of key points from this review is provided at the end of annotated bibliography.

Article 1:

Lyons. J., Woltman, H., Martinovich, Z., & Hancock, B. 2009. An Outcomes Perspective of the Role of Residential Treatment in the Systems of Care. <u>Residential Treatment for Children and Youth</u>, 26, 71–91.

Relationship to Emerging Consultation Themes:

Assessment, Systems Coordination, Comprehensive Continuum of Placement Options and Supports

Overview:

This article reports on an analysis of the treatment trajectories of 3170 children and youth served from 2004 to 2007 in New Jersey. A state-wide common assessment tool called CANS (Child & Adolescent Strengths and Needs) was implemented and used to plan treatment, make decisions about the level of care, and monitor outcomes. CANS is a functional assessment tool that looks at both risk and protective factors.

Results/Findings:

The average level of need for admissions into residential treatment became more acute for each year of the study, suggesting that the use of residential treatment became more targeted on those children and youth with the most severe needs. Over the same period of time, the number of children served as a percentage of all children served by the mental health care systems decreased. The scores at admission also become more distinct for each level of residential care within their system of care. The rate of improvement in residential treatment increased over the periods of time, though the average length of stay did not change. The authors suggested that the tightening of placements may also reduce the risk of peer contagion by diverting at-risk youth to a more appropriate level of care.

Relevance:

The use of a common assessment tool or process appears to allow for better targeting of mental health services and better results. Having a comprehensive set of services that matches different levels of client need appears to be critical for maximizing the potential of implementing a common assessment tool.

Article 2:

Holden, E., O'Connell, S., Liao, Q., Krivelyova, A., Connor, T., Blau, G., & Long, D. 2007. Outcomes of a Randomized Trial of Continuum of Care Services for Children in a Child Welfare System. Child Welfare, 86(6), 89-114.

Relationship to Emerging Consultation Themes:

Systems Coordination, Collaboration & Team Work, Information Sharing and Communication

Overview:

The article provides an evaluation of a demonstration project intended to evaluate whether the well-being of children could be improved and lengths of stay in residential treatment reduced by providing case rate payments to community agencies to provide continuum of care services. Community agencies were required to create collaborative networks of services and to coordinate care among community partners. Each agency received a case rate to serve the child for 15 months that was equivalent to the cost

of residential treatment for 12 months. Participants were children and youth involved in the child welfare system that had been approved for residential treatment based on mental health acuity levels. 157 children and youth were randomly assigned to a demonstration site or usual services. Structured interviews were used at entry and at 6 and 12 months.

Results/Findings:

The demonstration sites were more successful at maintaining children in non-institutional settings or home settings for longer periods of time. Both groups, regardless of service model assignment, demonstrated positive outcomes. The average expenditure per child was $51,618 for the demonstration sites compared to $62,000 for usual services (17% less). The demonstration program was more effective in 1) returning children to in-home placements in the first 12 months, 2) reducing the length of stay in restrictive placements, and 3) utilizing higher levels of case management, crisis stabilization, and family support.

Relevance:

The project combined a competitive and performance oriented funding strategy with provider authority to coordinate care. The results suggest that this combination has potential for reducing costs and improving outcomes.

Article 3:

James, S., Landsverk, J., Leslie, L., Slyman, D., & Zhang, J. (2008). Entry into Restrictive Care Settings: Placements of Last Resort? Families in Society, 89(3), 348-359.

Relationship to Emerging Consultation Themes:

Foster Parent Recruitment, Training & Support, Assessment, Mental Health & Addictions Resources, Systems Coordination

Overview:

This article reported on a study examining the relative risk of entry in residential care, the specific reasons for entry, and the clinical and non clinical factors that enhanced or reduced risk. A cohort of 570 children and youth in foster care were included in the study.

Results/Findings:

Roughly 70% of children entering residential care Restrictive Care Settings (RCS) did so due to behaviour problems and entered between 3 and 4 months after first coming into care. The remaining 30% of placements occurred due to system or administrative moves. While all placements in-patient psychiatric units were due to behaviour, only slight more than half of the placements in short term groups homes were due to

behaviour even though the length of stay for both groups was the same. The relative risk of entry seems to be greatest during the first two to three months following placement in out-of-home care. Older age of entry into care increased the risk of being placed in residential care. Behaviour problems and previous episodes of care also significantly increased the risk of entering residential care. Children who spent more time in kinship care had a slightly decreased risk of entering residential care.

Relevance:

The authors point to research on parenting skills of foster caregivers suggesting that changes in the foster caregiver–child relationships during adolescence are associated with higher rates of placement disruption (Lipscombe, Moyers, & Farmer, 2004). They further suggest that significant effort should be directed toward supporting foster parents with foster children that are transitioning into adolescence in order to prevent placement breakdowns. They also suggest that the significant role of behavior problems stresses the need for comprehensive mental health assessments at time of entry into out-of-home care in order to effectively match a child or youth's needs with their placement. Further, "Results from our study suggest mental health services early in the out-of-home episode may decrease the likelihood of placement into an RCS, but that these services are less effective over time in treating the types of problems that ultimately propel children into an RCS." (pg 356). This underlines the need for early, targeted mental health services at point of entry.

Article 4:

Stott, T., & Gustavsson, N. (2010). Balancing permanency and stability for youth in foster care. Children and Youth Services Review, 32, 619-625.

Relationship to Emerging Consultation Themes:

Permanency & Concurrent Planning, Transition Planning & Supports

Overview:

The authors examine research on permanency and stability for older youth in foster care. They draw on a permanency perspective that includes three specific aspects of permanency; relational permanence, physical permanence, and legal permanence. The authors point out that the majority of youth that enter foster care after the age of 13 end up emancipating from the care system. The authors provide an extensive review of the poor life outcomes for these youth, include health, legal, housing, and relationships outcomes. These poor outcomes are compounded by the fact that youth are moved in the care system, sometimes simply due to efforts to seek legal permanence with potential adoptive parents or foster parents that might consider adopting.

Results/Findings:

The authors make the argument that the focus on legal permanence results in a lack of

attention being paid to relationship and physical permanence. The loss of relationships and connections to school and community can be damaging and further alienate youth who already have significant difficulties in forming and maintaining relationships. The authors suggest that youth's voice and desires should be respected in the process of identifying long term plans and that relational and physical permanence should be considered in the planning process.

Relevance:

While legal permanency is a desirable outcome for children and youth in care, research suggest that a different and more balanced strategy for youth entering care may be more effective.

Article 5:

Barth, R., Greeson, J., Zlotnik, S., & Chintapalli, L. (2009) Evidence-Based Practice for Youth in Supervised Out-of-Home Care: A Framework for Development, Definition and Evaluation. Journal of Evidence-Based Social Work, 6, 147-175.

Relationship to Emerging Consultation Themes:

Comprehensive Continuum of Placement Options and Supports, Foster Parent Recruitment, Training & Support, Permanency & Concurrent Planning

Overview:

This article provides an overview of research on evidence-based interventions for older foster youth, examining the evidence base for five current models. The review utilizes the California Evidenced-Based Clearinghouse for Child Welfare's Scientific Rating Scale for evidence-based practices.

Results/Findings:

Multi-dimensional Treatment Foster Care (MTFC) received the second highest possible rating – Supported Efficacious Practice. The authors also discuss interventions for the general population of foster care providers that appear to have promise. They point to a recent study on a training and support intervention for foster parents called Project KEEP that found that "Children whose foster parents participated in Project KEEP were almost twice as likely to leave foster care for reunification or adoption, while children whose foster parents were not using Project KEEP were more likely to run away, have their placement disrupt, or have another negative exit from care" (pg 155). The Teaching Family Model received a rating of Promising Practice. Small Group Home Care was given a rating of "Evidence Fails to Demonstrate Effects" based on available research evidence. Both Supervised Independent Living Programs (small apartments with on-site support and staffing) and Independent Life Skills programs were considered "Promising Practices". In the review of services for youth preparing to exit care, the authors suggest that "... the concept of permanency for older youth in foster

care can be thought of as the opportunity to have a lasting and irrevocable connection to at least one committed and caring adult who will provide lifelong support." (pg 149). They point to an initiative undertaken by the Annie E. Casey Foundation called Family to Family that identified several key themes to incorporate into permanency planning initiatives, including; every child, no matter how old, can achieve permanence and should have a case plan for permanence; kinship families are an underused resource; and older youth should be involved in their own permanency planning.

Relevance:

This article points to several models of providing care or supporting children and youth and their caregivers that hold promise and are worth considering in any redesign of residential services. The article also makes the argument that, at minimum, more research is needed to confirm whether or under what circumstances small community-based group homes should be utilized given the lack of evidence to support their efficacy. The principles identified by the Family to Family initiative for permanency planning are consistent with other research articles reviewed.

Article 6:

Fisher, P., Chamberlain, P., & & Leve, L. (2009). Improving the lives of foster children through evidence-based interventions. Vulnerable Children & Youth Studies, 4(2), 122-127.

Relationship to Emerging Consultation Themes:

Foster Parent Recruitment, Training & Support, Assessment, Comprehensive continuum of Placement Options & Supports

Overview:

This article provides a framework of potential intervention options derived from the evidence base that are intended to improve the lives of foster children. The options span from low to high intensity.

Results/Findings:

Option one is to screen and refer. This option includes ongoing systematic assessment at the time of placement and active (as much as daily) monitoring of placements to determine where extra supports are warranted. The authors point out that researchers in the child welfare field have called for systematic screening to address the physical, mental and developmental wellbeing of children in care. They suggest that combining this with active monitoring and support may be a cost-effective way to identify children who are unlikely to benefit from conventional foster care and/or may need additional services, and to reduce the likelihood of extremely expensive events, such as foster placement disruption and the loss of available foster parents. They also believe that this approach is likely to yield significantly better outcomes for the

children. The second option in the framework is enhanced foster care where workers have lower caseloads and receive higher salaries, and foster parents have access to enhanced support and behavioural consultation. Option three is targeted foster care interventions to address specific needs and issues. This includes Project KEEP (Keeping Foster and Kin Parents Skilled and Supported) and KITS (Kids in Transition to School), both of which show promise based on available evidence. The fourth option is Multi-dimensional Treatment Foster Care, which has an extensive evidence base. The authors conclude by suggesting that one of the greatest areas of need is a systematic approach for implementing a comprehensive set of interventions on a wide scale basis in the context of foster care.

Relevance:

This article highlights the availability of evidence-based models for supporting children and youth in out-of-home care and that using such models should be undertaken within a comprehensive and systematic approach to addressing their needs driven by early, universal assessment.

Article 7:

Cushing, G., & Greenblatt, S. (2009). Vulnerability to Foster Care Drift After the Termination of Parental Rights, Research on Social Work Practice, 19(6), 694-704.

Relationship to Emerging Consultation Themes:

Permanency & Concurrent Planning, Professional Practices

Overview:

The paper examines the characteristics of children, their families and case practice that puts them most at risk for lingering in foster care after the termination of parental rights. A total of 640 children for whom parental rights had been terminated in Connecticut were examined.

Results/Findings:

The children who were adopted were more likely to be female and younger. Children who were not adopted were more than twice as likely to have significant behavioural problems. There were no statistical differences in the frequency of medical problems among the two groups. Changes in social workers were much more frequent among those children that had not been adopted. Youth who experienced a change in case worker were 44% less likely to be adopted than those who did not experience a change in case worker. The authors note that the importance of having a consistent case worker has seldom been examined in previous research. This had been a gap in the research given that staff turnover is an all too common challenge for many child welfare organizations. Children that were not adopted were more likely to have experienced a placement change. Placement stability was associated with more rapid

adoptions. Placement in an institution or group home was much more frequent among those that were not adopted.

In cases where a foster parent was identified as a potential adoptive parent, ambivalence was a key factor in lowering rates of adoption. The reason for that ambivalence were primarily lack of resources to meet the child's needs, loss of financial support, loss of casework and services or support, the family not being ready, and child behaviours. For each year that a child spent in foster care after the termination of parental rights, the likelihood of adoption was reduced by 80%, highlighting the importance of early and effective case and concurrent planning. The results of the study suggest that plans to continue relationships with birth families do not pose a barrier to adoptions.

Given the prevalence of emotional and behaviour problems and the reasons associated with foster parent ambivalence to adopt, the authors suggest that a key component of enhancing permanency through adoption is the provision of high quality support and therapeutic services both before and after adoption. They also point out that older youth do in fact get adopted and that "While continuing to work toward a permanency goal that is unreachable would not be advisable, all youth should receive the benefit of the enhanced efforts to recruit an adoptive family within their own networks and the broader community before agencies become resigned to "next best" alternatives" (pg 702).

Relevance:

The research points to factors and child characteristics associated with increased likelihood of adoption that could be used to more effectively design and target services. Supporting placement stability and providing supports for foster parents considering adoptions appear to be key. The research also underlines the importance of having consistency in case workers. Results indicate that consistency of staff makes a difference for children waiting for adoption, even after considering the impact of obstacles from multiple domains.

Article 8:

Crea, T., Wildfire, J., & Usher, C. (2009) The Association of Team Composition and Meeting Characteristics with Foster Care Placement Recommendations. Journal of Social Service Research, 35, 297-310.

Relationship to Emerging Consultation Themes:

Collaboration & Teamwork, Placement Planning & Matching, Information Sharing & Communication

Overview:

The study reported in this article examines the use of a Team Decision Making (TDM)

model as part of the Family to Family initiative supported by the Casey Foundation. TDM is a facilitated group process that emphasizes input from family and community members to inform decision making. One of its purposes is to connect family members to supports during the meetings. Although the model is used for meetings held at different points in the case management process, this study focused on meetings involving a potential decision to move a child to less, more or same restrictive placement. The study specifically examined the association between attendance at meetings by current caregivers and placement decisions that are made during the meetings. The authors discuss the fact that while better assessments and increased support to foster parents would likely promote more stable placements, systemic factors that promote instability would not be addressed. Research on placement disruption is reviewed. Placements are at the greatest risk of disruption early in the relationship. Most moves in care happen within the first six months. Children in kinship care are at a lower risk for disruption. Behaviour problems pose a risk for placement breakdown which in turn places the child at further risk for increased behaviour problems. Caseworker turnover is associated with multiple placements, longer stays in care, and a decreased likelihood of reunification.

Results/Findings:

The attendance of a caregiver at the meetings reduced the likelihood of a placement change recommendation by more than 40%. For each additional friend or neighborhood support in attendance, teams were 25% less likely to recommend a placement change. The number of family members and relatives in attendance significantly lowered the likelihood of same level or more restrictive placement changes. Older children were more likely to be recommended for more restrictive placements and the risk of placement disruption increased with the age of the child. The authors suggest that by distributing decision making control, TDM decreased the likelihood that caseworker turnover and lack of education would negatively impact placement decisions.

Relevance:

This research provides support for implementing or expanding upon collaborative decision making models that are systematically implemented at key points in the care process.

Article 9:

Street, E., Hill, J., & Welham, J. (2009). Delivering therapeutic wraparound services for troubled adolescents in care, Adoption & Fostering, 33(2), 26-33.

Relationship to Emerging Consultation Themes:

Comprehensive Continuum of Placement Options & Supports

Overview:

This article reports on the use of a multi-level intervention for youth with significant behaviour issues. The Multi-disciplinary Intervention Service (MIST) is a team that looks after youth aged 11-21 that are in care and who exhibit significantly challenging and risk taking behaviour such that their placements are at risk of breakdown. Its original purpose was to bring young people out of residential care and into foster or relative care. With that goal achieved, it now works pro-actively to prevent young people from being moved into care. MIST takes a multi-dimensional and multi-systemic approach, employing a variety of interventions concurrently with the young person and their network. Attachment based approaches are privileged. The program attempts to promote trust, self-esteem, self-value, autonomy, and emotional literacy. MIST jointly manages four therapeutic foster care placements and a small number of regular foster care placements where the young people live. Support to foster parents is similar to that provided in the Multi-Dimensional Treatment Foster Care model. Each young person is assigned a key worker with whom they meet up to five times a week. The focus is maintained in the child's agenda. Support is provided for family relationships and for dealing with the education system, including active support in the school where necessary.

Results/Findings:

Although this article does not include an evaluation of the effectiveness of this approach, the authors point to positive results in terms of achieving placement stability for high needs youth outside of staffed residential settings.

Relevance:

The article highlights a number of critical program elements that appear to be associated with positive outcomes for children and youth exhibiting significant behavioral issues. These elements are similar to those utilized in other multi-level approaches and could be effectively incorporated into existing or new program initiatives.

Article 10:

Bettmann, J., & Jasperson, R. (2009). Adolescents in residential and inpatient treatment: A review of the outcome literature. Child & Youth Care Forum, 38, 161-183.

Relationship to Emerging Consultation Themes:

Comprehensive Continuum of Placement Options & Supports

Overview:

This article examines the outcome literature on both residential and inpatient treatment for adolescents. The literature for both types of services is considered

together due to similarities in the treatment modalities, often only distinguished by treatment duration. A total of 13 studies were identified and included in the review. The outcomes measured in the studies were symptom reduction (common in medically-based programs) and social & familial functioning (more common in programs run by social service agencies). The authors review and critique both approaches. Variation in theoretical orientation across programs made comparisons of outcome more difficult. The authors point out significant methodological issues, including lack of comparison or control groups and use of idiosyncratic measures. The available outcome literature fails to systematically define its samples by ethnicity and sexual orientation.

Results/Findings:

The authors argue that, overall, the outcome literature indicates that these settings can be successful interventions for many clients. Positive changes have been demonstrated in research looking at both behaviour changes and social/familial functioning. Factors such as parental engagement and certain client characteristics (e.g., no history of abuse) appear to positively influence treatment outcome. Methodological issues, the lack of research on specific elements of programming and the lack of a unified definition of residential treatment are deficits in the literature.

Relevance:

The results of this review support the results of previous studies and the results of the Lyons et. al articled reviewed above. Residential treatment and inpatient psychiatric care appear to be effective interventions for certain youth. The challenge in utilizing this form of intervention appears to be effective targeting, maintaining family involvement, and having access to comprehensive after-care supports.

Article 11:

Avery, R. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. Child and Youth Services Review, 32, 399-408.

Relationship to Emerging Consultation Themes:

Collaboration & Teamwork, Permanency & Concurrent Planning

Overview:

This article examines current practice with regards to achieving permanency for teens in out-of-home care. The authors argue that Independent Living programs have proven inadequate to prepare youth for independence. Their review of the available research indicated that youth who age out of foster care to "independent living" are more likely to experience homelessness, unemployment, unplanned pregnancy, legal system involvement, substance abuse, and are less likely to have a high school diploma, earn enough to support themselves, or participate in post-secondary education or training.

They further suggest that little or no attention has been paid to well established theories of child development that shed serious doubt on the assumption that being 18 is an appropriate age for transitioning to adulthood and launching foster youth into independence. The authors point out that adolescents on the path to adulthood continue to rely on their families for supports that are critical to development and future life outcomes.

Results/Findings:

The paper reviews developmental literature examining the general population which suggests that transition into adulthood is a gradual process for the majority. The research suggests that young people in the US are not ready to assume adult roles and live independently until their mid twenties. Developmental trajectories are significantly influenced by familial relations throughout this period. Significant portions of youth in care have no or few relations of connections with parents or extended family members that can provide the needed social support. The authors argue that "The absence of strong "social scaffolding" in the lives of foster youth aging out of care is, no doubt, the critical predictor of the deleterious post-foster care outcomes that research has recently uncovered." (pg 401). The article then reviews research regarding the efficacy and adequacy of independent living programs for youth and calls into question the goal of independence for any youth in care. Evaluations of independent living programs have found few impacts on measurable outcomes. The paper then reviews a new conceptualization of youth permanency, reframing the concept of permanency for youth in terms of lifelong connections to kin and fictive kin. The authors highlight a demonstration project that used a Social Capital Building model for youth ageing out of care called "Permanent Parents for Teens". The project sought to find permanent adoptive parents or committed permanent parents that would morally adopt teens. Specialized case-work activity focused on a child-specific recruitment approach called Permanency Action Recruitment Teams (PART). PART meetings brought together all parties involved in the permanency planning process for the teen, including the teen and individuals in the teen's life who could potentially be a permanency resource for them. The process included scouring the case files for potential names of individuals who previously had been foster parents, friends, teachers, etc. Through the life of the project, 98 of 199 teens referred were successfully placed in permanent situations. There was no comparison or control group for this research. The authors argue that the pursuit of enduring relationships, alongside the delivery of support services, is essential in "permanency oriented" child welfare services.

Relevance:

This article argues for a re-thinking of how permanency is approached for youth, emphasizing life-long relationships and the need to ensure that family-based supports are in place for youth well into their early twenties. The article highlights the potential of targeted, team-based interventions for finding permanent arrangements for youth in their late adolescence preparing to exit formal care.

Article 12:

Landsverk, J., Burns, B., Stambaugh, L., & Reutz, J. (2009). Psychosocial interventions for children and adolescents in foster care: Review of research literature. <u>Child Welfare</u>, 88(1), 49-69.

Relationship to Emerging Consultation Themes:

Mental Health and Addictions Resources, Assessment, Systems Coordination, Access to Service

Overview:

The paper is a condensed and updated version of a technical report provided to Casey Family Programs in 2005 that looks at evidence based and promising interventions for the most prevalent mental health conditions found amongst children in foster care. Current research suggests that between one half and three quarters of children enter foster care exhibiting behaviour or social competency problems that warrant mental health care. The research has also found a high rate of developmental problems for children entering foster care prior to the age of seven.

Results/Findings:

Research suggests that the most prevalent conditions among children in foster care are PTSD and abuse related trauma, disruptive behavior disorders, depression and substance abuse. The authors suggest that providing individual therapy for most of these conditions has been shown to be of limited value. The article highlights research suggesting that there are effective interventions (both brief clinic-based and group-based models) to address commonly diagnosed conditions. Further, the available research on more comprehensive interventions for youth with more complex needs suggests that "... longer term and intensive interventions offer alternatives to institutional care for many youth in foster care." (pg 52). Three treatments emerged as best practice for PTSD. They are reviewed in the technical report, but not in this article. In general, treatment is more effective when it is brief and when parents are involved. Two models emerged for the treatment for disruptive behaviors – Parent Child Interaction Therapy (PICT) and Multi-Systemic Therapy (MST). The paper points to the technical report for a review of the most strongly supported interventions for depression. Controlled trials using Selective Serotonin Reuptake Inhibitors (SSRI's) are also showing significant positive findings. Brief interventions including cognitive-behavioral therapy and family-based interventions have been successfully utilized in the treatment of substance abuse. Pharmacological interventions for addiction are not recommended for adolescent populations. The recommendations based on the review include "... (a) informing child welfare workers about the importance of early identification and treatment, (b) instituting a standard protocol for screening and assessment to identify need for mental health care on entry into the child welfare system, (c) educating child welfare workers about local resources and creating a liaison with mental health providers to facilitate rapid referrals into mental health services,

and (d) monitoring referrals and following up with foster parents to ensure that youth receive services." (pg 64). The authors suggest that the provision of specific mental health interventions within the child welfare system may be a more effective and innovative approach than accessing services through a separate mental health services system.

Relevance:

This article underlines the critical importance or early mental health assessment/ screening for children and youth entering care. It also highlights the availability of effective interventions. Assessing and intervening early could have significant positive effects in terms of reducing placement breakdowns and supporting better long term health and mental health outcomes for children and youth. The fact that BC currently has mental health services and child welfare within the same administrative structure may provide a solid base for more integrated service delivery.

Article 13:

Dorsey, S., Farmer, E., Barth, R., Greene, K., Reid, J., & Landsverk, J. (2008). Current status and evidence base of training for foster and treatment foster parents, <u>Children and Youth Services Review</u>, 30, 1403-1416.

Relationship to Emerging Consultation Themes:

Foster Parent Recruitment, Training & Support

Overview:

The paper provides a comprehensive research synthesis on training of caregivers for children and youth in out-of-home settings. The paper reviews the literature from both treatment foster and regular or traditional foster care due to the fact that there is significant blurring of these models in real life application. Professional standards for foster parent training have been largely operationalized through training curricula developed by professional associations in the child welfare arena. The article points out that two curricula - Model Approach to Partnerships in Parenting Group Preparation and Selection of Foster and/or Adoptive Families (MAPP/GPS) and Foster Parent Resources for Information, Development, and Education (PRIDE) - are widely used and viewed as the 'gold standards' for the field. MAPP was developed by the Child Welfare Institute (Mayers-Pastzor, 1987). PRIDE was developed by the Child Welfare League of America. Both are similar in length. MAPP focuses on 12 key skills and PRIDE focuses on 5 competencies. Both have been criticized for being overly focused on policies and procedures and not paying enough attention to meeting the needs of emotionally troubled youth. MAPP, PRIDE and the training curricula used in Multi-Dimensional Treatment Foster Care (MTFC) were included in this review. MTFC's training includes 3 days of orientation followed by extensive supervision and in-the-moment problem solving.

Results/Findings:

Despite MAPP and PRIDE's widespread use, there is virtually no evidence to support their use. Two published evaluations of MAPP showed no or limited gains. There is little research in the literature on training of kinship caregivers and most of the research available is more than 20 years old. The types of training included in the 29 studies reviewed varied widely. Most studies looked at foster parent knowledge and attitudes following training as the primary outcome with little or no assessment of skill or behavior changes art later points in time. More recent studies examining the impact of training on child behaviors have shown mixed results. Studies in the last five years using interventions originally developed for other populations showed promising results, including Multi-Dimensional Treatment Foster Care (MTFC) for pre-school age children, The Incredible Years, and Parent-Child Interaction Training (PCIT). A recently developed intervention called Attachment and Bio-behavioral Catch-up (ABC) showed positive results with infants and toddlers residing in foster care. More recent directions in foster parent training and support hold promise, including The Keeping Foster Parents Trained and Supported (KEEP) program. This 16-week training program accompanied by weekly homework and telephone calls focusing on tailoring behavioral interventions showed significant improvements in parenting skills, child behavioral problems, placement stability and family reunification. The authors conclude by suggesting a two-pronged approach that includes the basic messages about expectations and preparation for being a foster parent delivered prior to taking a child and providing skills-based training for managing difficult and wide ranging behaviors. Two critical characteristics of the second prong appear to be providing the support after the child is placed in the home (not before) and providing opportunities to receive coaching and feedback on the skills that are being practiced.

Relevance:

The paper highlights characteristics of effective foster parent training and support interventions based on an emerging evidence base. This research points to the importance of both content and timing of education and support.

Article 14:

Crum, W. (2010). Foster parent parenting characteristics that lead to increased placement stability or disruption, Children and Youth Services Review, 32, 185-190.

Relationship to Emerging Consultation Themes:

Foster Parent Recruitment, Training & Support, Information Sharing & Communication

Overview:

The purpose of the study was to illuminate parenting characteristics of foster parents who successfully maintain long term placement. Foster parents recruited to the study

had to have been foster parenting for at least two years. The researcher hypothesized that high parental support (the emotional and social support a parent receives), effective communication, effective limit setting, high satisfaction with parenting and high parent alliance between foster parent couples would significantly predict long term placements. 151 foster homes were included in the study.

Results/Findings:

In the final analysis only two parenting characteristics - parenting support and limit setting - were significant. These two independent variables accounted for the most variance in placement stability. Communication, parenting satisfaction, and parenting alliance did not significantly predict the outcome. For limit setting, there was in inverse relationship where those parents that were more firm in their limit setting tended to have longer placements. The study did not account for characteristics of the foster child and relied on a voluntary sample.

Relevance:

The article reinforces other research findings that stress the need to provide effective emotional and socials support in order to maintain placement stability. It also highlights the importance of firm limits-setting as a factor in maintaining longer placements. This appears to be consistent with fostering models such as Multi-dimensional Treatment Foster Care that focus intensively on the application of specific behavioral interventions.

Article 15:

Nash, J. & Flynn, R. (2009). Foster-parent training and foster-child outcomes: An exploratory cross-sectional analysis. <u>Vulnerable Children and Youth Studies</u>, 4(2), 128-134.

Themes:

Foster Parent Recruitment, Training & Support

Relationship to Emerging Consultation Themes:

The study reported in this paper utilized cross-sectional data from a larger study of child welfare outcomes in Ontario to explore whether foster parent exposure to various types of training would be associated with foster child outcomes. MAPP or PRIDE are used by 26 of 50 states and PRIDE has been incorporated into the new Ontario practice model. The evidence base for MAPP and PRIDE is sparse. A recent Campbell Collaborative review of controlled studies concluded that training interventions did not improve foster parents' behaviour management skills, attitudes or psychological functioning, and did not enhance the foster children's psychological functioning, extent of behavioural problems or interpersonal functioning. The authors note that the KEEP program appears to be the only foster parent training intervention that has shown

positive impact on child behaviors and placement stability. The sample included 603 foster children and adolescents aged 10-17 and their foster parents in Ontario. The data was gathered as part of the Ontario Looking After Children (OnLAC) study. Thirty different regression analyses were conducted examining the relationships between five foster child outcome variables (total child difficulties as rated by the foster parent, developmental assets scale as rated by the child welfare worker, child's relationship with foster mother and father and child's satisfaction with their placement as rated by the foster child) and 4 categories of foster parents training (agency specific, OnLAC specific, PRIDE training, and community college training).

Results/Findings:

In most (25) of the regressions, foster parent training was unrelated to child outcome variables. The authors suggest that, consistent with other findings in the literature, it is difficult to connect foster parent training that is mainly philosophical and procedural to child outcomes. While these elements may be essential to screening and orienting foster parents, they will likely need to be supplemented with specific interventions targeted at child behavioral difficulties that are common among children and adolescents in foster care. In the five analysis that were significant, the effect was opposite to what was expected. A foster parent's exposure to a greater number of different types of training predicted more foster child behavioral difficulties and fewer developmental assets. Exposure to a greater amount of OnLAC training predicted more child difficulties. Exposure to some (as opposed to no) OnLAC training or some (vs. no) PRIDE training predicted fewer child assets. The authors suggest that exposure to the training may have a sensitizing effect on foster parent's perception of their foster children. The effect may derive from heightened expectations of the child that are communicated during training, especially in the case of OnLAC training received by both foster parents and child welfare workers. The authors conclude that foster-parent training cannot simply be assumed to be effective and that it requires much greater research attention than it has received to date if it is to justify the considerable resources expended on it.

Relevance:

The finding that increased exposure to training for foster parents may be associated with a more negative view of foster child behavioral issues and developmental assets highlights the need for caution in how training curriculum is chosen and implemented. Implementation should be accompanied by evaluation to monitor for unintended negative consequences.

Article 16:

Osborn, A., Delfabbro, P., & Barber, J. (2008). The psychosocial functioning and family background of children experiencing significant placement instability in Australian out-of-home care. Children and Youth Services Review, 30, 847-860.

Relationship to Emerging Consultation Themes:

Permanency & Concurrent Planning, Assessment

Overview:

The study extends previous research to obtain a more comprehensive profile of children with high levels of placement instability in Australia. The previous study found that children who had experienced two or more placement breakdowns within a two-year period due to behavior challenges had a less than 5% chance of stability over the subsequent two years. Simple baseline measures of a child's behavioural adjustment and age in conjunction with a placement profile reliably predicted outcomes over a 2 year period and allowed the identification of the children particularly at risk of sustained placement instability. The study also found that "Although baseline behavioural problems were strongly predictive of placement instability over time, placement instability itself was found to have a separate or independent (and negative) effect on behavioural adjustment 18 months later, even amongst children who had entered care with few behavioural problems." (pg 848). The authors point out that whereas most children and foster caregivers only required monthly contact, children with long term patterns of instability required almost daily contact from caseworkers, significantly impairing their ability to support and plan for other children. The authors argue that successful solutions developed for higher needs children and youth may benefit the majority of children in care by freeing up resources that are currently concentrated in only a small number of children and youth. The sample for the current study included 364 young people between the age of 4 and 18 that had experienced two or more unplanned placement breakdowns due to child behavior in the previous two years.

Results/Findings:

Older children were found to have significantly more placement breakdowns than younger children. In terms of family history, there was a strong association between domestic violence, substance abuse, physical abuse and parental mental health problems, meaning that the existence of any one of these factors was a strong predictor for the others. Around two thirds of the sample were affected by five or more factors. Close to two thirds of the sample fell in the abnormal range for overall difficulties measured by the Strengths and Difficulties Questionnaire (SDQ). Children in the abnormal range were found to experience significantly more placement disruptions than children in the borderline or normal groups. Children from backgrounds of domestic violence, substance abuse and sexual abuse experienced significantly more placement disruptions. The highest levels of placement stability are for children between 12 and 13 years of age who have experienced 10 or more placements in their lifetime. The authors suggested that the existing foster care system in Australia is not appropriate or sufficient to provide care for these children and that additional supports and interventions are needed to prevent future placement instability. The authors suggest that given the high rates of conduct disorder and social problems in the sample, innovative interventions (such as MST and MTFC) and models that emphasize

stabilization and regulation of children's social environments may be useful.

Relevance:

The research highlighted previous findings that a placement move has a significant negative impact on children and youth in care even for youth with no or few pre-existing behavioral issues. It also confirmed that those children with behavioral issues, older children, and children with certain backgrounds are more likely to experience placement instability. This information could be used in helping to create appropriate assessment tools and targeting supports for children and youth entering out-of-home care.

Article 17:

Strijker, J., Knorth, E., & Knot-Dickscheit, J. (2008). Placement history of foster children: A study of placement history and outcomes in long term family foster care. <u>Child Welfare</u>, 87(5), 107-124.

Relationship to Emerging Consultation Themes:

Permanency & Concurrent Planning

Overview:

The research examined the relationship between placement history and age, duration of care, and problem behavior. The sample consisted of a cohort of 419 children and youth admitted to long term foster care in the Netherlands. In the Netherlands, children can be admitted to short term or long term foster care, the later of which is designed to provide continuity of care through to the age of 18.

Results/Findings:

In 45% of cases, the child's current placement was their first. First time placements are twice as common in kinship care as opposed to regular foster care. Children with attachment disorders experienced more than twice as many placements on average. Externalizing behavior was also associated with number of placements. Foster children who had previously experienced a breakdown precipitating their current placement had a higher mean number of placements. A model that included previous history of placements, age and behavior problems, was associated with placements that were identified as at risk of breakdown, explaining 14% of the overall variance.

Relevance:

This research adds to the evidence base regarding the relationship between mental health issues and experiencing a greater number of placements for children and youth in out-of-home care. Consistent with previous research in other jurisdictions, previous placement history, anger and behavioral issues are associated with greater risk of

placement breakdown. This information can support the development and targeting of interventions designed to prevent placement breakdowns.

Article 18:

Ryan, J., Garnier, P., Zyphur, M., & Zhai, F. (2006). Investigating the effects of caseworker characteristics in child welfare. <u>Children and Youth Services Review</u>, 28, 993-1006

Relationship to Emerging Consultation Themes:

Professional Practices

Overview:

Caseworkers in child welfare have considerable discretion over the nature, quality and amount of sanctions as well as eligibility for services. This study attempts to test a multi-level model regarding the association between key child welfare outcomes and caseworker characteristics. The study sample included 5726 children in foster care.

Results/Findings:

Caseworker turnover was associated with a significant increase in the length of stay in care and a significant decrease in the likelihood of achieving reunification. Children associated with MSW level caseworkers spent significantly less time in care than those with non-MSW workers.

Relevance:

While significant attention is paid to the characteristics of children, caregivers and the care process that are associated with placement instability, this study focuses attention on the critical importance of having consistency in the staff that are responsible for decisions regarding care. Efforts to minimize turnover and stress related absences, as well as designing the care process so that system generated transitions between workers are minimized, appears likely to support more positive outcomes.

Article 19:

Pennell, J., Edwards, M., & Burford, G. (2010). Expedited family group engagement and child permanency, <u>Children and Youth Services Review</u>, 32, 1012-1019

Relationship to Emerging Consultation Themes:

Collaboration & Teamwork, Information Sharing & Communication

Overview:

This article examines the outcomes of an expedited family group engagement process

called "family team meetings" (FTMs). They were used to create plans shortly after an emergency placement in care and before the court hearing on whether the children would remain in care. The findings are based on a comparison of cases where FTM's were held with cases where they were not held. The authors review international research and consistently find that "When family groups take part in child welfare decisions, the plans tend to keep children at home or with their relatives." (pg 1013). Policy in the jurisdiction where the study tool place defined FTMs as "structured planning and decision-making meetings that use skilled and trained facilitators to engage families, family supports, and professional partners in creating plans for children's safety and in laying the groundwork for permanency." (pg 1013). Coordinators that were separate from caseworkers prepare participants in advance for a meeting facilitated by another worker and lasting between one and two and half hours. The principles include meaningful family participation in planning and decision making and promoting the involvement of the community of origin in planning with families and children. FTM is considered a hybrid of family group conferencing and team decision making. The authors discuss these models as well as the rapid response family case planning conferences used in Minnesota and the expedited family group conferences used in Nebraska as part of their review. The study sample included 789 children that had been removed from their home. Three study groups were established: a baseline group of cases that occurred before roll-out of the program, a no-FTM group for families that declined to participate, and an FTM group.

Results/Findings:

Children that had received an FTM had a higher percentage of kinship foster care placements than either of the other groups. Almost 70% of the FTM group ended up with family-type permanency goals such as return to home, while less than half of the other two groups had such goals. The length of stay in care measured up to eight months following placement found that those with an FTM spent less time in care, with 35% exiting within six months in comparison to 12% for the other two groups. Upon exit from care, there was no significant difference between the three groups in terms of likelihood to move home or with other relatives. This lack of differences is explained by the fact that nearly all of those that exited care during this initial period ended up moving home or with relatives. The authors discuss the importance of honest and direct communication with families by workers, kin and community about the issues to be addressed as well as affirmation of their strengths as partners in change efforts.

Relevance:

Consistent with the findings of the Crea et. al. study reviewed above, this research provides support for implementing or expanding upon collaborative decision making models that are systematically implemented at key points in the care process. These processes can reduce the length of stay in care and facilitate decisions resulting in increased kin placements which are shown to be associated with more positive outcomes for children and youth.

Article 20:

Ruaktis, M., McCarthy, S., & Krackhardt, D., & Cahalane, H. (2010). Innovation in child welfare: The adoption and implementation of Family Group Decision Making in Pennsylvania, <u>Children and Youth Services Review</u>, 32, 732-739.

Relationship to Emerging Consultation Themes:

Collaboration & Teamwork, Information Sharing & Communication, Systems Coordination

Overview:

This paper examines the adoption of Family Group Decision Making (FGDM) in Pennsylvania. The research looked at system level of need, characteristics of the child welfare agencies and neighborhood factors. A mixed methods design was utilized for the study, using geographic autocorrelation modeling and an analysis of qualitative information about adoption and implementation of FGDM. The authors believed that this approach would enable a more complete understanding of the factors that may be at play when child welfare agencies adopt new and innovative practices. The authors suggest that although FGDM appears to be a common sense approach to working with troubled families, it actually requires a tremendous paradigm shift in that it alters the power differential. Families (as opposed to professionals) describe their needs and design and implement the solutions. The authors view this as "… a move away from child saving, the historical role of child welfare, to partnering with and empowering families." (pg 733). Further, they suggest that FGDM may not be in the best interests of professionals because it shifts the power to the family yet leaves the child protection worker responsible for the outcomes (i.e., child safety). The article reviews research on the adoption of innovations in multiple contexts and concludes that the assimilation of new innovations is often organic and messy, with a shifting back and forth through stages of imitation, implementation, setbacks and surprises.

Results/Findings:

The level of child welfare need in a county (operationalized as poverty level, population density, children under 18, and reported maltreatment per 1000 citizens) had no impact on implementation of FGDM. However, all of the variables related to the characteristics of the child welfare agency (whether they had received a start up grant, whether they participated in a System of Care Initiative, population density of the county and number of case workers in the agency) were significantly associated with FGDM implementation. The authors suggest that a system of care approach is philosophically consistent with FGDM. System of Care philosophies support a strengths-based approach to care, something strongly promoted by the FGDM model. The level of implementation in neighboring counties also significantly predicted implementation. Established adopters were more likely to mention the importance of leadership in implementing FGDM than those that were new adopters. The qualitative findings support the need for consistent leadership throughout the adoption and implementation process.

Established adopters were also more likely to mention caseworker attitudes as a significant barrier to successful implementation. For new adopters, the most commonly identified barriers were lack of resources (money, time, staff). The authors conclude that additional resources in the form of training and funding are helpful at the start of an implementation process. The geographic autocorrelation data also suggested a more subtle approach to encouraging the adoption of an innovative practice that would involve targeting certain counties that may be "ripe" for adoption due to their locations.

Relevance:

The article points to the importance of considering the potential impact or influence of systems level factors in the implementation of any new or innovative practices. Regardless of the merit of the model, approach or intervention being implemented, factors such as resource availability, leadership, the level to which there is philosophical consistency between what is being implemented and the existing approach to service delivery, can impact success.

Article 21:

Snow, K. (2009). The case for enhanced educational supports for children in public care: An integrative literature review of the educational pathway of children in care, Vulnerable Children and Youth Studies, 4(4), 300-311.

Relationship to Emerging Consultation Themes:

Access to Services

Overview:

The article examines educational and social outcomes of children transitioning out of child protective services. The purpose was to examine factors that might impact on educational pathways of children in care in order to demonstrate their need for enhanced educational supports.

Results/Findings:

Maltreated children are more likely to repeat grades and to experience disciplinary actions. Even children that experience exemplary care have educational lags, suggesting that early deprivation and maltreatment experiences can have lasting effects well into adulthood. Children living in foster care are five times more likely to require special education services. Research conducted by BC's Children's Representative and the Provincial Health Officer found that children in care were twice as likely to be scored as "not ready for school" and that 75% were identified as having special needs before the age of 16. Special education services were put in place mainly to address behavioural and mental health issues. Systems factors, including the lack of natural advocates, instability and placement type, all have an impact on educational achievement. Children in care change schools as much as 5 times more frequently

than their peers. Children who were placed in foster care showed improved attendance at follow up, but were also more likely to have a special educational placement and to have poor school performance which is a similar profile to non-placed children. In a study that matched children in care with maltreated children not in care, those in care were significantly more likely to be classified as emotionally disturbed. Children in care are morel likely than their peers to repeat grades. A Swedish study found the worst educational outcomes for children placed in care in their teens. A study looking at children in care in Washington and Oregon found that high school completion rates were similar to the general population, but that a GED was more common and that post secondary education rates were less than the general population. In a similar study in North Carolina, money was the most common barrier to continuing education. However, a BC study found that 80% of children in care do not graduate. The author suggests that pathways for educational achievement be addressed from the point of contact with child protective services and included as part of long term planning. Services should make continuity, consistency and appropriateness the priorities for educational planning for children in care.

Relevance:

This review, which included research from British Columbia, points to the need to ensure that educational needs of children in care be addressed. This will likely require specific approaches or interventions and enhanced coordination with the public school system.

Article 22:

MacDonald, G., & Turner, W. (2007). Treatment foster care for improving outcomes in children and young people. Campbell Systematic Reviews, 9.

Relationship to Emerging Consultation Themes:

Comprehensive Continuum of Placement Options and Supports, Mental Health and Additions Resources

Overview:

This review which was conducted utilizing a specific methodology articulated for systematic reviews published by the Campbell Collaborative and available in the Campbell and Cochrane libraries. It sets out to assess the impact of Treatment Foster Care on a range of outcomes for children and young people. The review looked at a number of treatment outcomes, including behavioural outcomes, psychological functioning, educational outcomes, interpersonal functioning, mental health status, the skill and interpersonal functioning of carers, and agency outcomes including placement stability, attainment of goals and level of restrictiveness of post-discharge placements. Information on costs and cost benefit was also reviewed where it was available. Three of the included studies were of Multi-Dimensional Treatment Foster

Care. Because only five studies met inclusion criteria and because four of the five were connected to the Oregon Social Learning Centre, the applicability of the evidence to other geographic areas and cultural contexts may be limited.

Results/Findings:

The authors found that Treatment Foster Care programs that had been studied varied greatly in terms of: children served; treatment parent selection, training, and supervision; staff expertise; involvement of children's families; and frequency and types of interventions used to help children adjust. The research was not able to clearly identify which treatment elements of the foster care programs contributed to the positive results. Although the inclusion criteria resulted in fewer studies being included than in previous reviews of treatment foster care, the results are similar to those reviews. The authors consider TFC a promising intervention for children and young people experiencing mental health problems, behavioural problems or delinquency and at risk of placement in more restrictive, institutional or group settings. The review was unable to come to any conclusions regarding the cost benefit because of the lack of reported available information in the included studies. Given the promising results shown for the MTFC model, the authors suggest that rather than doing more research into general models of Treatment Foster Care, research should seek to test the generalizability of MTFC findings. It would also be desirable to test it with other multi-faceted interventions.

Relevance:

While this review points to gaps in the research base for Treatment Foster Care, it is consistent with the findings of the evidence-based practice review conducted by Barth et. al. (2010) and discussed above, asserting that Treatment Foster Care, and specifically the MTFC model, is a promising practice for children and youth exhibiting challenging behaviors.

Article 23:

Snowden, J., Leon, S., & Sieracki, J. (2008. Predictors of children in foster care being adopted: A classification tree analysis. <u>Children and Youth Services Review</u>, 30, 1318-1327.

Relationship to Emerging Consultation Themes:

Permanency & Concurrent Planning, Mental Health and Addictions Resources

Overview:

Prior research on adoption has primarily investigated 'main effects' in regards to adoption rates. These studies have identified a number of variables that are significant in predicting adoption. Age is the most frequently studied variable in predicting adoption. In general, older children are the least likely to be adopted. Some studies

have also found an association between race/ethnicity and adoption though this research is inconclusive. The results of studies looking at mental and physical health status variables have also varied. Some studies have found that having a diagnosed disability lessens the likelihood of adoption, while others have not. Having a diagnosed emotional or behavioral disorder appears to lessen the likelihood of adoption. Increased levels of poverty in the birth family have been associated with lower likelihood of adoption and children who had been sexual abused also appear less likely to be adopted. Placement in a setting other than foster care appears to lessen the likelihood of adoption. Both the number of increased removals and increased length of time in care have been associated with lower likelihood of adoption. Foster parents who were specialized appear to be more likely to consider adopting. The current study utilizes national adoption data from the United States to examine and uses a Classification Tree Analysis to understand adoption rates in the context of youth and family demographic and clinical variables. This approach allows for a deeper understanding of the influence of multiple factors related to adoption, with the assumption that the decision or choice to adopt must be understood as an inherently contextual phenomenon.

Results/Findings:

A child's age at removal was determined to be the strongest predictor of whether or not the child would be adopted. Children removed under the age of 5 were significantly more likely to be adopted. Age of the child was the second strongest predictor, with children under the age of 11.7 years being significantly more likely to be adopted. The classification tree approach identified groups of variables that strongly predicted adoption status. The group identified as the least likely to be adopted were over the age of 11.7 at removal and had a Hispanic multi-racial foster parent who was part of an unmarried couple. The children classified as most likely to be adopted were between the ages of 5 and 11.7 at removal, have married foster parents, and were previously adopted prior to the age of 2 or over the age of 5. The State within the United States in which a child lived was a significant predictor in a number of the groupings of predictor variables. The family structure of the foster family also appeared in a number of groupings. It was the third highest predictor overall, with married and unmarried couples having the highest rates of adoption. The authors underline the importance of not viewing the factors that impede adoption in isolation and understanding that their impact varies by context.

Relevance:

The article adds to existing research on variables that influence adoption rates by identifying contextual factors. Knowing the martial status and family structure of foster parents may assist in case planning and decision making regarding placements for children that are or are likely to become available for adoption.

Article 24:

DeGarmo, D., Chamberlain, P., Leve, L., & Price, J. (2009) Foster parent intervention engagement moderating child behavior problems and placement disruption, <u>Research on Social Work Practice</u>, 19(4), 423-433.

Relationship to Emerging Consultation Themes:

Foster Parent Recruitment, Training & Support

Overview:

The goal of the article is to examine the differential effectiveness of a group based intervention for foster parents aimed at reducing foster child behaviour problems by examining the level of engagement foster parent achieved in the parent intervention groups. The intervention being examined was Project KEEP (Keeping Foster Parents Trained and Supported), a model based on Multi-dimensional Treatment Foster Care (MTFC) and Parent Management Training (PMT). The results from previous studies of KEEP found that having six or more child behaviour problems reported by foster parents during daily telephone interviews significantly increased the likelihood of a negative placement disruption and that KEEP significantly reduced the rates of reported daily behaviour problems. Families that reported more baseline behaviour problems reported benefiting more from the intervention. Although prior placement history was predictive of negative placement disruptions in previous studies, KEEP was able to buffer this effect. A sample of 700 foster child families (359 intervention and 341 services as usual, randomly assigned) was chosen in San Diego Country, California. There were no significant differences in children's behaviour problems, prior risk factors, age or sex. No differences were obtained for caregivers with the exception of age; older caregivers were more likely to attend the groups. Participants in the study group received 16 weeks of training, supervision and support in behaviour management methods. The intervention was implemented by para-professionals with no prior experience with the MTFC model. Interventionists were trained during a five-day session and provided with weekly supervision. If foster parents missed a session, the material was delivered during a follow-up home visit. Incentives were provide to attend, including child care, credit towards annual licensing requirements, reimbursing travel expenses, and providing refreshments. A Parent Daily Report Checklist was used during repeated telephone interviews and assessed 30 different potential behaviour problems. Kin or foster parent engagement was rated after each session by group leaders.

Results/Findings:

For children with a number of previous placements, the KEEP intervention was more effective if foster parents had high levels of engagement and not as effective if they had low levels of engagement.

Relevance:

This article highlighted previous positive findings for the KEEP program and added to an understanding of variables influencing its effectiveness. The successful delivery of KEEP was impacted by the degree to which foster parents were engaged, which

suggests that gaining their buy in and support as well as providing incentives or other motivational strategies, might serve to further increase the effectiveness of this intervention.

Article 25:

Zinn, A. (2009) Foster family characteristics, kinship and permanence. <u>Social Services Review</u>, June, 185-219.

Relationship to Emerging Consultation Themes:

Permanency & Concurrent Planning

Overview:

The study reported in this article uses administrative data describing the out-of-home care histories of children in Illinois to examine the relationship between various foster family characteristics and the disposition and timing of permanence. The characteristics include foster parent age, race or ethnicity, wage income, and fostering history. The study also investigates the extent to which the relations between foster family characteristics and children's permanency outcomes for kinship foster family placements differ from those relations for non-kinship foster family placements. Studies to date indicate that children placed with kin exit to family reunification and adoption more slowly than children placed with non-kin. There have been no peer-reviewed studies of the relationship between family reunification and foster family characteristics. The final sample examined 22,311 foster family placements of 11,142 children in 15,845 distinct foster families. Slightly less than half of the sample of foster families were kinship foster-carers. Of the remaining, 40% were classified as traditional foster families and 13% were classified as treatment foster families.

Results/Findings:

Foster family wage income was considerably lower then than the average in the State. Kinship foster carers differed on most characteristics, being older, more likely to be African American, more likely to be headed by single adults and more likely to have a lower wage income. Traditional and treatment foster families were similar on all characteristics measured. Children placed with kinship families were more likely to be African American and more likely to have been the subject of a substantiated allegation of substance exposure. During the five year period of time that the cohorts were observed, 70% of children exited to some form of permanency. The probability of reunification is highest in the first 12 months but is eclipsed by the probability of adoption by 24 months. The estimated rates of reunification and adoption were not statistically different for kinship care and traditional foster care, a result that differs from other studies of kinship care and permanence. This may be due to the fact that foster family demographics have been controlled for. The rates of reunification were found to be significantly lower for children placed in treatment foster care homes.

This may reflect differences in child characteristics not measured and accounted for in this research (i.e., treatment foster parents serve a higher needs population that is less likely to achieve permanency). Foster parent age was positively associated with reunification, suggesting that reunification may be facilitated by traits that accrue with age. Children placed with African American traditional and treatment foster families have lower rates of adoption than those placed with non-kinship white foster families. The number of adults in a foster home does not appear to be associated with permanency outcomes. As foster family wage income increases, the rate of adoption increases and the likelihood of reunification decreases. This held for all groups of foster carers. This suggests that as household income increases, the real and perceived ability of a family to assume long term responsibility increases. Neither foster family tenure nor rate of placements in a foster home (ie. turnover) was found to be associated with permanency outcomes.

Relevance:

The implication of this study is that child welfare agencies could potential affect the course and timing of children's permanency outcomes through a combination of selective placement decisions, foster family recruitment, and efforts to provide foster families with support as well as training.

Article 26:

Montgomery, P., Donkoh, C., & Underhill, K. (2006). Independent living programs for young people leaving care: The state of the evidence. Children and Youth Services Review, 28, 1435-1448.

Relationship to Emerging Consultation Themes:

Transition Planning & Supports, Comprehensive Continuum of Placement Options and Supports

Overview:

There is little evidence to gauge the effectiveness of Independent Living Programs (ILP's) for youth leaving care. Furthermore, the basic premise of ILP programs, that youth who acquire skills will experience a smoother transition to self-sufficiency, is unproven. A systematic review conducted through the Campbell Collaboration found no randomized or quasi-randomized controlled trials of such programs worldwide. Despite the lack of randomization, the available research may be useful. This paper reviewed available evidence on the effectiveness of ILP programs that met all of the criteria for inclusion in a Campbell Systematic Review apart from being randomized. These studies compared ILP programs to usual care or no intervention, or another intervention. The paper reviewed the literature on outcomes for children and youth emancipating from care. Young people leaving care are more likely than their counterparts to be homeless, unemployed and/or depending on public assistance. This is compounded by the fact

that young people in care transition earlier than their counterparts, and retain little or no financial, emotional or social support from their family. Independent living skills programs general employ skills training techniques to focus on personal development (e.g., communication skills, anger management, decision making) and independent living skills (e.g., job skills, budgeting, household tasks, seeking housing, utilizing community resources). In the years before transitioning to independence, ILP's often offer supervised living spaces. Eight studies were identified for inclusion – seven from the United States and one from the United Kingdom.

Results/Findings:

The study groups consistently differed in age, ethnicity, gender, placement history and support networks. This underlines the issue of external validity of the results. The studies relied on case records and self-reported data. Few studies measured program level outcomes and follow-up times varied. There was little information on implementation fidelity, making it difficult to assess which program or elements of program are effective. Notwithstanding the limitations, there were significant baseline differences between control or comparison groups and the study groups in most studies. All but one study reported favorable results for educational attainment, with participants being more likely to complete high school and to carry on to vocational, technical or college training. A number of studies also reported positive employment outcomes. Every study reported favorable outcomes for housing. The strength of the evidence in these areas must be tempered by the weak evaluation methodology. Although two of the studies showed that participants were more likely to be utilizing public assistance at follow-up, this could be considered a measure of ability to access available resources. The authors note that outcomes of the ILP participants compared favorably with the outcomes of the general population of youth exiting care. However, ILP participants still had extensively poorer outcomes when compared to the general population.

Relevance:

The lack of studies evaluating independent living programs that utilize random assignment or matched samples underscores the need for more research into the effectiveness of these commonly used programs. While there is some evidence of positive results, the methodological issues limit their applicability. The fact that even those youth achieving positive outcomes are lagging behind the general population suggests that more needs to be done to effectively plan and provide services to youth exiting care.

Article 27:

Cheers, D., & Mondy, S. (2009). Enhancing placement stability via a continuum-of-care approach: Reflection form the Australian context. Vulnerable Children and Youth Studies, 4(2), 148-153.

Relationship to Emerging Consultation Themes:

Comprehensive Continuum of Placement Options and Supports

Overview:

This article presents a brief overview of the nature of children in care in Australia. It focuses attention on a group of children with high and complex needs and reflects on the experiences of one agency – Centacare Broken Bay (CBB) in New South Wales (NSW) – in providing a continuum-of-care approach to reducing placement instability. In Australia, the rate of children in care is 5.8 per thousand children, a rate that had increased sharply between 1997 and 2000. Responsibility for children in care is at the State level in Australia. Although indigenous people make up only 3% of the population in NSW, they represent over 30% of children in care. In 2002, the NSW government announced additional funding of $1.2 billion over 6 years to strengthen the NSW child protection system. A significant part of that initiative was directed at a subset of children in care (about 200) known as "High Needs Kids" (HNKs), who had significant and complex needs and for whom traditional residential and foster-care options had failed. Although these children and young people represented only about 2% of children in NSW care, they accounted for 26% of the children in care budget. These high needs kids were mostly adolescents with intellectual disabilities and serious challenging behaviors and most had at least one mental health diagnosis. However, this group of kids usually failed to meet the threshold for intensive long term intervention by any particular service delivery system (e.g., juvenile justice, mental health). Most have long histories of placement instability. Although at least one State in Australia has secure care options, NSW does not have any provision for secure care.

Results/Findings:

In NSW, the Department of Children's Services contracts with NGO's to develop a response for the HNK's. The Department retains responsibility for case management. CBB provided 12 residential placements in four homes along with six foster care placements. The residences provided care for a maximum of three young people and provided close supervision as well as structured activities to minimize negative peer interactions. Staff facilitated a staged entry into the placement. Residential staff with whom the children had made significant attachments were able to remain with them as they moved through the care system. Individualized treatment plans were overseen by psychologists that were exclusively assigned to each residence and foster placement. CBB maintained a close collaborative relationship with the department in order to present a consistent and united approach to young people. The authors argue that a continuum-of-care approach leads to enhanced placement stability which in turn offers "… the possibility of consistent, targeted therapeutic interventions that address trauma, lead to the establishment of better attachments and social functioning, and in turn stabilize behaviours contributing to placement breakdowns." (pg 152). The authors suggest that a policy implication of a continuum of care approach is that sufficient government funding is needed to enable youth to transition seamlessly within agencies. In terms of practice, they suggest that contracted providers need to have the flexibility

to adjust programs, staffing and resources to meet a youth's changing needs while still maintaining continuity in the relationships developed within their placements.

Relevance:

Although this paper does not specifically test a treatment intervention or explain in detail exactly how the continuum worked, the similarity to the context in BC and approach of contracting with one agency to provide a continuum of flexible supports to very high needs kids is noteworthy.

Article 28:

Pine, B., Spath, R., Werrbach, G., Jensen, C., & Kerman, B. (2009). A better path to permanency for children in out of home care. <u>Children and Youth Services Review</u>, 31, 1135-1143.

Relationship to Emerging Consultation Themes:

Comprehensive Continuum of Placement Options and Supports, Permanency & Concurrent Planning, Collaboration & Teamwork

Overview:

This study examines the outcomes of a family reunification program operated by a non-profit organization under contract to a state child welfare agency. The model targets families experiencing a first time removal and receives referrals within 15 days of placement. The service is intensive, home-based, tailored to the family's needs. It includes frequent visits, group work, and individual, couple and family therapy delivered by a team that includes a Masters level Social Worker, a family support worker, and the case worker from the State agency. Caseload size is between five and seven families. This review focuses on whether or not families are being reunified and whether or not the program is more effective in reunifying or achieving permanency than standard reunification services offered by other partner State agencies. Previous studies have found that children coming from two parent households are more likely to reunify and that children placed with kin are less likely to reunify and remain in care twice as long. Lower rates of reunification are also related to length of time in care, number of prior removals, and number of previous placements. Children with multiple caseworkers' experienced significantly longer stays and were less likely to reunify. Those with Master level caseworkers reunified more quickly. Previous studies of intensive home-based services have shown positive associations with rates of reunification. The study looked at a sample of 135 families that received the program and a matched sample of 135 families that received regular reunification services. The families were matched on eight criteria and all had first time removals. The data was collected through case record reviews.

Results/Findings:

The rates of reunification were similar for both groups. There were also no significant differences in rates of other placement outcomes, such as adoption or permanent foster care. However, families in the program experienced greater stability and safety once they were reunified. They experienced fewer re-referrals to authorities and less likelihood that new reports to authorities would be substantiated. Program children also spent significantly less time in care than the comparison group regardless of the placement outcomes and experienced fewer moves in care. In terms of time to adoptive placement, comparison group children spent a considerably longer period of time in care (94 weeks compared to 54 weeks) prior to placement. The authors suggest that although intensive services and low caseloads require more resources, they may be more cost effective in the long run if children spend less time in care and are less likely to return to care after reunification.

Relevance:

This research highlights the importance of intensive, targeted supports to children in out-of–home care and their families in order to successfully reunify or move quickly to another permanency option and minimize the length of time spent in care.

Article 29:

D'Andrade, A. (2009). The differential effects of concurrent planning practice elements on reunification. Research on social work practice, 19(4), 446-459)

Relationship to Emerging Consultation Themes:

Permanency & Concurrent Planning

Overview:

Concurrent planning attempts to shorten the length of time that children stay in care before returning home or finding a new permanent home by making efforts towards adoption concurrent with reunification efforts. In the United States, some States require concurrent planning and some states allow concurrent planning. Concurrent planning practice has a number of distinct elements, including the development of a concurrent plan (an alternative plan for permanency for the child), a reunification prognosis (a determination of the likelihood of reunification of a family), full disclosure (explaining to parents the process of concurrent planning and the consequences of failing to complete their case plans), discussions of voluntary relinquishment as an option for parents, and "post-adopt placement" (placement of the child in a foster home willing to adopt the child should reunification fail). These elements are intended to reduce time in care and confront parent ambivalence. This approach requires a redefining of success in child welfare to include a broad array of permanent outcomes. The development of plan B serves as a constant reminder of an alternative goal and the means to attain it. There is little research on the effects of concurrent planning, although findings from the few published studies have been positive. This study

examines 885 children entering out-of-home care in 6 counties in California comparing children who received elements of concurrent planning with children that did not receive these elements. Although concurrent planning is mandated in California, a substantial portion of children entering care after the passage of the law did not receive it. The study utilized an observational design examining children who either had or had not received elements of concurrent planning. The model attempted to control for variables of social worker bias in choosing which cases they targeted for concurrent planning.

Results/Findings:

The concurrent planning element of "full disclosure" was associated with a lower likelihood of reunification. No other concurrent planning variables were associated with reunification. It may be that the practice of full disclosure is difficult to do well and that it disheartens parents and hinders reunification. The concurrent planning element of discussion of voluntary relinquishment was associated with an increased likelihood of adoption. No other concurrent planning variables were associated with this outcome. Discussing relinquishment almost doubled the likelihood of adoption, supporting the idea that specifically discussing this option with parents facilitates their best use of it. In this study, the articulation of a concurrent plan was not associated with either reunification or adoption. However, because the source of this data was court reporting, this may not reflect true engagement in a concurrent planning effort. A number of recent qualitative studies on concurrent planning suggest that effective planning is complex and involves skillful social work and intensive service provision as well as systems changes such as structured collaboration between adoption and reunification workers. The authors state that current State policy in California does not facilitate such practice.

Relevance:

The mixed results from this study suggest that implementing concurrent planning should be undertaken cautiously. The elements that should be included, the timing of their use and the level of training and support needed to effective utilize the practice should all be considered.

Article 30:

Tarren-Sweeney, M. (2008). Retrospective and concurrent predictors of the mental health of children in care. Children and Youth Services Review, 30, 1-25.

Relationship to Emerging Consultation Themes:

Mental Health and Addictions Resources

Overview:

This study examines retrospective and concurrent predictors of children's baseline

mental health problems and proposes some likely developmental mechanisms related to their mental health. Previous research has demonstrated that children in out-of-home care have an exceptional frequency and severity of emotional and behavioral difficulties that more closely resembles children and youth clinically referred through other means than children at large. Previous studies have been limited in their designs because they looked at mental health outcomes without reference to their developmental histories. The Children in Care Study in New South Wales, Australia was an attempt to address some of these limitations. The study data included carer-reported estimates of mental health for children in care as well as retrospective data on potential risk and protective factors. The study sample included 347 children aged 4 to 11.

Results/Findings:

Children in the study were reported to have exceptionally poor mental health and socialization, both in absolute terms and in comparison to their peers. More than half of both boys and girls had at least one score on the Child Behavior Check List (CBCL) in the clinical range. About one third were on prescribed medications of which psychotropic medications and asthma medication were the most common. Boys were prescribed psychotropic medications at a much higher rate than girls. In this sample, 22% of children were reported to have speech language difficulties, with the highest prevalence found among younger boys; 36% were reported to have reading difficulties. A third of children encountered formal disciplinary measures in school in the past year. There was a strong relationship with age of entry into care and the mental health of children who entered care beyond 7 months of age, with older age of entry related to increased mental health issues. Those entering care before the age of seven months enjoying substantially better mental health. Children with a history of sexual abuse had high scores on a scale of sexual behavior, but were not different on other scales or measures. Confirmed history of physical abuse was associated with attachment problems, anxiety problems, delinquency, and aggressive behavior. Exposure to emotional abuse was associated with a number of mental health issues including self-injury, social problems, anxiety problems, attention problems and aggressive behavior. Witnessing domestic violence and verbal assault/threats of violence were not associated with any measures of mental health. Developmental and pre-care histories predicted about two thirds of variance in mental health issues in this sample. The strongest predictors were age of entry into care, reading difficulties, reported intellectual disability, young maternal age at birth, and exposure to certain types of maltreatment or adverse life events in the year preceding entry into care. The mental health issues most strongly associated with pre-care adversity were attachment difficulties, aggression, defiance and age-inappropriate sexual behavior. The author proposed that the current study provides partial support for the cumulative risk model of psychopathology, with those exposed to longer periods of maltreatment likely to experience more and greater difficulties. The findings from the current study are also consistent with current knowledge on attachment development that suggests infants entering care are more likely to develop secure attachments to their foster or kinship caregivers. The study found that placement security was a strong predictor of mental

health when controlling for other confounding variables.

Relevance:

The findings regarding the mental health of children and youth in care add to the body of evidence documenting poor outcomes. The findings related to developmental impact of accumulated risk factors points to the need for courts and caseworkers to consider mental health implications of decisions relating to the care of children young people being exposed to adverse conditions.

Article 31:

Oosterman, M., Schuengel, C., Slot, N., Bullens, R., & Doreleijers, T. (2007). Disruptions in foster care: A review and meta-analysis. <u>Children and Youth Services Review</u>, 29, 53-76.

Relationship to Emerging Consultation Themes:

Placement Planning and Matching

Overview:

The purpose of the review was to provide a summary of factors that are associated with placement outcome in the form of placement breakdown in order to identify risk and protective factors. The review also examines the relative size of the effects based on multiple studies and the heterogeneity of the findings across findings. A total of 26 studies satisfied the inclusion criteria. They were published between 1960 and 2005. A meta-analytic approach was utilized to examine combined effect sizes of factors that were included in five or more studies. This included age, placement history (residential care, previous placements), behaviour problems and kinship care.

Results/Findings:

The results of the relation between age and placement breakdown revealed a small but significant effect. The effect sizes were small for multi-variate studies that controlled for other risk factors. It appears that children in care for reasons of abuse had more placement breakdowns than children in care for reasons of neglect. This may reflect the fact that children placed for neglect tended to be younger and have fewer behaviour-related issues. Most biological family and parent characteristics were not related to placement breakdown. There was a moderately strong association between a history of residential placement and placement breakdowns. In terms of time in care, the first six months of placement pose the greatest risk of placement breakdown. Behavior problems were a robust predictor of breakdowns when other factors are controlled for. The evidence reviewed did not support an association between mental or developmental disability and placement breakdown. There does appear to be a relationship between the presence of biological children in the family and placement breakdown, though other factors may also help to explain this finding. Placement with

siblings appears to be associated with fewer placement breakdowns.

Relevance:

Consistent with other studies on placement disruption, behavioral issues and a previous history of residential care are robust predictors. Combined the finding that placements are at greatest risk of breakdown in the first six months in care, this suggests targeting and front-loading intensive supports for care providers.

Article 32:

D'Angiulli, A. & Sullivan, R. (2010). Early specialized foster care, developmental outcomes and home salivary cortisol patterns in prenatally substance-exposed infants. Children & Youth Services Review, 32, 460-465.

Relationship to Emerging Consultation Themes:

Foster Parent Recruitment, Training and Support, Collaboration & Teamwork

Overview:

The paper reports preliminary findings on the developmental outcomes associated with the Safe Babies Program in prenatally substance-exposed infants. The purpose was to examine whether the postnatal environment provided by specialized early foster care would be associated with signs of positive developmental outcomes in the most vulnerable infants. The Safe Babies program is operated through the BC Ministry of Children and Family Development – Vancouver Island Region. The main component of the program is the recruitment of experienced and highly qualified foster parents, including people with relevant professional qualifications in social work, paediatric medicine and nursing in addition to their experience as foster parents. The emphasis of this program is on early admission to care and on the stability of care making these placements more like adoption placements. The other key component is the inclusion of various forms of support for the foster parents including an assigned community health nurse, resource workers assigned to the program, an advisory committee, and six sessions of training for prospective foster parents and their relief covering a range of care related topics such as understanding the impact of substance abuse exposure on the infant health, safety considerations, infant CPR, partnerships with birth parents, and care for the caregivers. Monthly meetings with a support group are facilitated for foster parents and a biannual newsletter is produced. Standardized measures of psychological development were compared among foster infants who were preterm or full-term. Basal cortisol levels were measured across two days in the prenatally-exposed foster infants. The research participants were volunteer foster families and 22 infants. All infants had been taken into care within four months of birth. None of the infants experienced placement changes or transiency.

Results:

The scores on the standardized measure of development did not indicate clinically significant atypical development for the study group. Preterm infants showed significantly lower fine motor skills than their full term counterparts but were at norm in all other developmental domains and sub-domains. The authors argue that the developmental assessment findings suggest an association between the Safe Babies Program and positive developmental outcomes in foster infants, especially on the preterm group. The cortisol level values of the prenatally substance exposed infants overlapped with the typical range comparison values. Infants who had higher cortisol levels in the evening also had higher receptive communication and interaction abilities. When average cortisol concentrations were corrected for number of months spent in foster care, the differences between preterm and full-term groups were no longer significant. This suggests that early specialized foster care may be associated with some correction of the adverse effects of prenatal substance exposure observed in these preterm infants. The authors suggest that the professional background of the foster parents supports more responsivity and communication in the infants. Early admission in care (within four months of birth) and careful screening and recruitment are also considered critical to success.

Relevance:

This BC-based research provides further evidence that having specialized and supported foster caregivers is associated with positive outcomes for children and youth in care.

Summary of Themes

- The literature firmly supports the use of common assessments for all children and youth entering care in order to identify potential mental health and developmental issues and to assist in the targeting of support services.

- Poor outcomes, high incidence of mental health issues, and an increased likelihood of placement breakdown in the first six months of care suggest the need to ensure early access to comprehensive support services for children and youth entering care, especially with regards to mental health services and services to support stability and achievement in the school environment. For mental health services, a body of literature on effective treatment approaches for the most common mental health concerns presented by children and youth in care exists and can be utilized in the creation of specialized supports.

- There is evidence that specialized and targeted reunification programs that work aggressively from the time of placement have positive outcomes for expediting a safe and stable return home or to another permanent option.

- A growing body of literature supports the use of specialized care models for higher needs children and youth, such as Multi-Dimensional Treatment Foster Care,

Wrap-Around programming, Safe Babies, and Treatment Family Homes. These models are intended to target the specific needs of the populations they serve and have demonstrated positive outcomes. There was little evidence in the available literature to support the use of non-specialized community-based group care models serving multiple high needs children and youth.

- For general or traditional foster care providers, there is evidence that ongoing, pro-active support combined with monitoring of child/youth behavioral issues can significantly enhance outcomes. Several models have shown promise, including KEEP and KITS. The current evidence base suggests that age (being older), having behavioral issues and a history of placement breakdowns increases the likelihood of future placement breakdowns and overall negative outcomes. This information can support pro-active targeting of support services. In general, ongoing social and emotional support for foster parents is associated with more positive outcomes. The current evidence regarding training for foster parents suggests that pre-service training, while necessary for administrative and procedural purposes, has no or potentially negative impacts on child outcomes and that more attention should be paid to active post-placement support and training.

- High rates of placement disruption for children in foster care during the transition to adolescence suggest that additional, pro-active supports are required during this period to reduce the likelihood of placement breakdown.

- Although the evidence-base for the effectiveness of residential and in-patient treatment has some limitations, there appears to be general support for this intervention, both in terms of outcomes and meeting a community need. There is evidence that it is most effective when it is targeted to the very highest needs children and youth and utilized as part of a more comprehensive system of care and support.

- An emerging body of literature on youth permanency suggests that permanency in the form of stable and secure connections/relationships with caring adults should always be an objective and that the approach must include the youth's voice. Focusing solely on legal permanency may result in damaging disruptions to the youth's existing relationships and their physical environment (neighborhood, school, etc.). There is some emerging research suggesting that targeted specialized interventions can be successful in achieving permanency for older youth in foster care.

- There is a lack of evidence firmly supporting the efficacy of Supported Independent Living Programs for youth emancipating from care. More research is needed in this area. Poor life outcomes for youth that have emancipated from foster care and the acknowledgement that youth in the general population remain reliant on their parents well into young adulthood has led some researchers to advocate for more extensive family-based supports available for foster youth into their mid-twenties.

- The prevalence of foster parents that ended up adopting and the research highlighting some of the barriers to such adoptions suggests a need for more comprehensive financial and social-emotional supports for foster parents considering adoption. There is also an emerging body of evidence on the characteristics of parents that are more likely to adopt that can be used in matching children with caregivers earlier in the care process, reducing the likelihood of placement disruptions.

- There is strong evidence that collaborative practice approaches such as Family Group Decision Making and Team Decision Making can have positive outcomes, especially when utilized at key points in the care process (e.g., immediately following placement and at any point when a placement change is being considered). A team-based approach coupled with meaningful engagement of birth parents, family members and alternate care providers appears to expedite a successful return home, placement with kin, or adoption as well as prevent placement breakdowns. Implementing such approaches requires an acknowledgement of the time and resources required; the impact of existing organizational cultures and need for strong leadership; and the challenges for case workers who remain responsible for the outcomes of decisions and/or arrangements that come out of group-based collaborative processes.

- Two of the articles reviewed highlighted situations where contracted providers took on greater responsibility for comprehensive care of high needs children and youth and were given some level of authority to create collaborative networks and to make decisions about how to best use resources and organize care. Positive child/youth outcomes and decreased costs were noted as benefits of this type of approach to contracting for services.

- Having a stable, consistent and well trained/educated child protective services workforce (i.e., case workers, resources workers, foster care supports) appears to be associated with more positive outcomes for children and youth in care. Research suggests that children and youth who have a consistent caseworker and/or Masters level caseworker move home or to another permanency option more quickly. Researchers studying foster care outcomes have suggested that enhanced foster care support through lower support worker caseloads is a critical aspect of a comprehensive framework to improve the lives of foster children. While discussing the specific strategies that would reduce worker turnover and absenteeism is beyond the scope of this review, any efforts to improve leadership, culture/work environment, and caseworker's perceived satisfaction with their job would likely yield positive results. In addition, reducing changes in caseworkers associated with work flow or administrative demands would increase consistency and improve outcomes.

- While there is research evidence that supports the positive impact of concurrent planning initiatives, recent research from California suggest that mandating and implementing concurrent planning should be undertaken with caution.

Comprehensive training and careful thought regarding which elements of this approach to use, as well as the timing and context of their use, would likely enhance the potential for positive outcomes.