

Best and Evidence-Based Practices that Enhance Safety of Children in Foster Care

Introduction

The terms “best practices” and “evidence-based practices” tend to be thrown about loosely, although there are accepted definitions of these terms.

Best practice is a superior method or innovative practice that contributes to the improved performance of an organization, usually recognized as "best" by other peer organizations. It implies accumulating and applying knowledge about what is working and not working in different situations and contexts, including lessons learned and the continuing process of learning, feedback, reflection and analysis (<http://www.visitask.com/best-practice-g.asp>)

Evidence-based practices, on the other hand, can be defined as practices that are informed by research, in which the characteristics and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome (www.evidencebasedpractices.org)

While there are many programs in the foster care field that fall into the “best practices” category, there are far fewer that meet the criteria for “evidence-based practice.”

We will begin with a review of the “best practice” programs. This will be followed by a summary of those that are regarded as “evidence-based.” Because there are many more of them, best practices are separated into the following sections: screening and assessment; recruitment and retention; foster parent training; health care issues; and workforce issues.

I. BEST PRACTICES

1. Screening and Assessment

Relationship to safety

Efforts to prevent maltreatment by a foster parent begin with a careful, thorough selection process that includes assessment of a prospective foster family's history, dynamics, caregiving skills, and motivation to provide care. A primary concern is that the declining number of foster parents can lead to less-than-adequate screening and assessment, and increase the likelihood of poor placement matches and the risk of maltreatment.¹

Best practice principles

The Child Welfare League of America² and the University of Kansas School of Social Welfare³ have identified the following best practice principles related to screening and assessment

1. Employ a comprehensive assessment: Assessments must be thorough and comprehensive and include information on motivation, family history, physical and mental health, family functioning, parenting style, family resources, social support, cultural competency, and foster readiness.
2. Include all feedback: Assessments should include feedback from all major systems in which the family is involved.
3. Maintain high standards: A shortage of foster homes must not lead to less-than-adequate screening and assessment.
4. Focus on strengths: Identifying strengths in foster parents should be a central focus of the selection and assessment process, respectfully engaging families in a strengths-based, mutual evaluation process that strives to select families in, not out.
5. Screen all family members: All members of potential foster families should be carefully screened before placement is made. Several studies have found that abuse, particularly sexual abuse, can be perpetrated by foster siblings and “other relatives.”
6. Acknowledge differences in kinship assessments: When conducted within the context of kinship care, the assessment must also incorporate a recognition of the re-established relationships unique to kinship care.

Sampler of best practice models and resources

Assessment tools

Structured Analysis Family Evaluation

The Consortium for Children in San Rafael, California, employs the “Structured Analysis Family Evaluation” (SAFE), a home study methodology that was designed to evaluate families for adoption, foster care licensure, concurrent planning, and relative placement. SAFE is built upon solid social work practice values that stress the importance of respectfully engaging families in a strength based, mutual evaluation process that strives to select families in, not out. SAFE is easily adaptable to fit the regulations and requirements of any jurisdiction.

For more information: <http://www.safehomestudy.org/>

Casey Family Programs Assessments

Casey Family Programs (Seattle, WA) * and the University of Tennessee College of Social Work have developed two standardized measures to assess foster family applicants. These tools are the *Casey Foster Applicant Inventory* (CFAI) and the *Casey Home Assessment Protocol* (CHAP). The tools complement each other. They assess a broad range of characteristics of foster parents in order to identify strengths and identify areas for needed development and support. Both tools are used during the foster family application and selection process. For more information:

<http://www.fosterfamilyassessments.org/>

Characteristic-based self-assessment

The state of Minnesota has developed a process which allows prospective foster families to explore the characteristics that may help or hinder them in being effective in their role as foster parents. Prospective families are asked a series self-assessment questions that expose vulnerabilities and assets in ways that assist families in coming to their own conclusions about their ability to be successful in this role.

For more information:

<http://www.casey.org/Resources/Archive/Publications/RecruitmentRetentionResourceFamilies.htm>

Kinship assessment tools

Confirming Safe Environments: Assessing Safety In Kinship and Foster Home Placements

ACTION for Child Protection in Charlotte, NC offers a training curriculum entitled, “Confirming Safe Environments: Assessing Safety in Kinship and Foster Home Placement.” The training workshop is designed to assist staff in their assessments of the

* Casey Family Programs is not to be confused with the Annie E. Casey Foundation. Casey Family Programs, established by United Parcel Service founder Jim Casey, is a Seattle-based national operating foundation that has served children, youth, and families in the child welfare system since 1966. Its mission is to provide and improve—and ultimately to prevent the need for—foster care.

safety of potential out of home family placement arrangements for children. The process for confirming safe environments in kin and foster placements is enumerated in a seven-step process that begins with an assessment of the child to be placed, progresses to a provider interview, and ends with monthly oversight and a six-month review. The concept of “present danger” is introduced and 16 examples are provided that illustrate when threats of harm meet the threshold requirements for “present danger.”

For more information: <http://www.actionchildprotection.org/>

Assessing adult relatives as preferred caregivers in permanency planning: a competency-based curriculum

This curriculum is designed to prepare child welfare supervisors to provide the educational and administrative support social workers will need as they identify and assess relatives who could be considered as first placement resources for children in need of out-of-home care, protection and permanency. It provides an overview of the key knowledge and skills needed to respectfully and effectively work with birth families and extended family resources, and it identifies family assessment categories that are different for relatives from the traditional family assessment or home study criteria used with non-relatives coming forward as potential foster or adoptive resources for children. The curriculum was developed by the National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work

Available from: <http://www.hunter.cuny.edu/socwork/nrcfcpp>

Assessing families for kinship care

This federally funded videotape from the Idaho Child Welfare Research and Training Center describes a model for assessing the ability of relatives to serve as kinship caregivers for a child in need of temporary or permanent placement. The assessment model also helps to determine the services and support that a family would need to improve their qualifications to be kinship parents.

Available from: <http://www.icwrtc.org/>

2. Recruitment and Retention of Foster Families

Relationship to safety

In a study of factors that contribute to maltreatment in care, researchers have suggested that a shortage of qualified foster homes (due in part to low pay to both relative and non-relative foster parents) can create pressure to license marginal foster placements.⁴ However, the recruitment of foster resource families is a tremendous challenge to child welfare systems.

Best practice principles

Casey Family Programs conducted a major study on this topic titled: “Recruitment and Retention of Resource Families: the promise and the paradox. Addressing the need for innovative and effective strategies to recruit foster and adoptive families.” Thirty state foster care managers responded to a survey on promising practices in foster care recruitment and retention.⁵ The best practice principles that emerged are summarized below.

Best practice principles: recruitment

1. Respond to inquiries quickly and with adequate information: Agencies should respond to foster parents' inquiries in a timely manner, providing information that fully explains the initial application and training process.
2. Provide competency-based pre-service training: Foster parents should receive competency-based pre-service training, which clearly defines the requirements and challenges of foster care.
3. Create powerful impact messages: Agencies should convey a message of the impact foster parents have on the children and their families (exercising caution with "rescuing" messages).
4. Target recruitment efforts: Targeted recruitment has proven to be the most effective in attracting the right kinds of families for the particular kinds of children and teens an agency has in its care.
5. Recognize that recruitment is a community activity: The Casey study notes: “The foundation of successful recruitment is building strong relationships with visible, influential community members. Successful recruitment is not something that can occur in a bubble. The most successful efforts were those where the community took ownership for meeting the needs of children in care. Community stakeholders must be engaged in the goal setting and recruitment process.”

Best practice principles: retention

1. Communication is the key: Foster parents must experience a relationship with the agency that is typified by sharing of information and ready access to worker support, within the framework of respect and positive regard.

2. Define roles clearly: Foster parents must be clear and confident about their rights and responsibilities and agency expectations.
3. Provide ongoing training: Foster parents should have access to a supportive network of caseworkers and other more experienced foster parents when challenges and crises occur. They should also have access to planned respite care and quality training events.
4. View as a team: Foster parents should always be regarded as part of the team that is responsible for making decisions about the child and family.

Surveys of foster families repeatedly find that the primary reason foster families leave fostering is a lack of agency responsiveness, communication and support.⁶ A study from the National Commission of Family Foster Care⁷ found that 60 percent of foster families withdraw from the program within the first 12 months for the following reasons:

- lack of agency responsiveness;
- insufficient emergency, weekend or vacation respite;
- inadequate consultation and support for social workers;
- poor agency response to crisis situations;
- disrespect for foster families as partners and team members; and
- few opportunities to provide input into training or services for foster parents.

Sampler of best practice models and resources

Performance-based contracting

Some states tie reimbursement for recruitment to specified outcomes. In Missouri, in addition to expenses, contractors are only paid for recruitment of families who go through the entire process from the point of the in-home consultation to training and licensure.

For more information:

<http://www.casey.org/Resources/Archive/Publications/RecruitmentRetentionResourceFamilies.htm>

Targeted recruitment

Utah Targeted Neighborhood Recruitment

The Utah Foster Care Foundation targets neighborhoods for two months of recruitment. During that time, they contact newspapers where press releases and articles are published, and contact foster families who assist in hosting open houses where community members come to learn more about foster parenting. One extremely effective neighborhood recruitment strategy has been the partnerships that have been created with schools in the communities. The schools agree to distribute flyers announcing open houses and other community recruitment efforts.

For more information:

<http://www.casey.org/Resources/Archive/Publications/RecruitmentRetentionResourceFamilies.htm>

Family to Family

Family to Family is an initiative of the Annie E. Casey Foundation that is currently operating in eight states, including Michigan and Ohio. It promotes a neighborhood-based system of foster care, which involves finding and maintaining foster and kinship homes that can support children and families in their own neighborhoods. In this model, recruitment efforts target those communities where foster parents are needed most.

For more information:

<http://www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx>

Corporate partnerships

The State of Illinois has developed partnerships with corporations for the purpose of recruitment of families willing to adopt children in the child welfare system. The state has contracted with community-based organizations to conduct the recruitment and licensure efforts in these corporations.

For more information:

<http://www.casey.org/Resources/Archive/Publications/RecruitmentRetentionResourceFamilies.htm>

Faith-based approaches

One Church One Child

“One Church One Child” is a national adoption education and recruitment model that originated in Chicago. The original mission of the program, for "each church in the Black community to find at least one family to adopt at least one waiting child or sibling group," has since expanded to other states, denominations and communities. In 2003, the National Network of Adoption Advocacy Programs was founded with funding from the Children's Bureau to support, network, and develop the One Church One Child model nationally.

For more information: <http://www.nnaap-ococ.org/>

Fostering Hope

Fostering Hope is the result of a collaborative effort of two non-profit organizations, Faith Partners and the Fostering Hope Foundation. The latter was created in 2006 by the board of Colarelli Family Foundation (The Colarelli Family Foundation was established in 1998 to serve as a vehicle for the charitable and social service interests of the Colarelli family). One of the members of the Fostering Hope Foundation Board is Angela Colarelli Carron M.D., who is currently a pediatrician at the Child Protection Center at the Children’s Hospital of Wisconsin in Milwaukee. Fostering Hope is currently a Colorado-based program with the goal of enabling a team of volunteers from a faith community to come together as a “quasi-extended family” to assist and support foster parents in their task of caring for foster children. Over the last 9 years the program has mentored 400 families, with teams of church volunteers who are trained and supervised to be advocates, friends, and resources to the families.

For more information: <http://www.fosteringhopeprogram.org/home.html>

"Journey Home" Bus Tour

To increase public awareness and generate exposure to the issue of children in foster care, several West Virginia organizations gave a bus tour for over 30 community leaders, including members of the media and state legislature. The "Journey Home" project, organized by Mission West Virginia, a faith-based adoption program, and with the assistance of other social service agencies, tried to recreate the experiences of a child in foster care. Stops were made at the local hospital emergency room, state offices and at the courts. Participants were often times unaware of where they were going next and what was in store, mirroring the confusion and anxiety of children entering foster care. For more information: <http://frameworks.missionwv.org/frameworks/>

Foster parents as mentors

Rhode Island's Foster Parent Mentor Program offers much needed direction and personal support in order to improve foster parent retention rates. Mentors are experienced foster parents who work on developing a relationship with newly licensed foster parents during their first year of service. In that time, new foster parents learn much about accessing services and finding resources. They also benefit from having a foster parent mentor with whom to share their fears, frustrations and joys. Similar programs can be found in Oregon, California, Kentucky, Virginia, and New Mexico.

For more information: <http://www.rifpa.org/programs/mentor-program.htm>

Kinship Support Services Program

Kin caregivers may have a greater need for services and supports than non-kin foster caregivers, yet kinship caregivers usually receive fewer services for themselves and for the children in their care when compared to non-kin foster parents.⁸ California's Kinship Support Services Program (KSSP) provides support groups, respite, information and referral, recreation, mentoring/tutoring, provision of furniture, clothing, and food, transportation, legal assistance, and many other support services needed by kin families. West Virginia has a similar program that includes a toll-free support or "warmline" for kinship caregivers.

For more information: <http://www.dss.cahwnet.gov/cfsweb/PG1351.htm>

Foster Parent Bill of Rights

A number of states have created a Bill of Rights for foster parents that outline the rights and responsibilities of foster parents. They include Alabama, Arkansas, California, Georgia, Illinois, Kentucky, Louisiana, Maryland, Missouri, Mississippi, New Mexico, Oklahoma, Oregon, Pennsylvania, Tennessee, and Washington. Wisconsin is currently considering developing a Foster Parent Bill of Rights.

For more information: <http://www.nfpainc.org/faq.asp?page=69#Q5>

3. Training for Foster Parents

Relationship to safety

Foster parents must have the training necessary to meet the challenges that arise when caring for foster children. Insufficient or inadequate training can contribute to elevated levels of stress, which can, in turn, increase the risk of maltreatment.

Best practice principles: foster parent training

Foster parent training must be competency-based and address the following topics:

- The agency's expected standards of care.
- The desired roles that foster parents perform as members of the permanency planning team.
- Positive methods of behavior management that are most effective with children who have been exposed to maltreatment and trauma.
- Examples of methods of discipline that are abusive, neglectful, or otherwise inappropriate.
- How the difficult and traumatic experiences of foster care children affect their development and behavior.
- Anger management techniques.
- How to create structure, patterns, and routines that increase the child's safety and comfort.
- Resources that are available to foster parents and children.
- The importance of advocacy – empowering foster parents to ask for what they need.
- What to expect if an allegation of maltreatment is made.

Also keep in mind that:

- Training can be enriched by participation of youth who have been in foster care, as well as birth parents.
- Joint training of foster parents and social workers can ensure common understandings.

Best practice principles: kinship-specific training

There are some important differences between traditional foster parents and kinship caregivers that may impact their training experiences. Traditional foster parents have made a conscious decision to provide care to vulnerable children, many of whom have suffered physical and/or emotional abuse. They generally have made preparations to be foster parents, have become familiar with the child welfare agency and its requirements as they made the decision to take on this role, and are eager for information about how they can be most effective as foster parents. They also understand and accept that training is one of the major requirements to become a foster parent and begin caring for a child.

Kinship caregivers may feel they already know the child well and that they don't need to be "trained" to continue providing care. Some kin see the requirement for foster parent training as an intrusion, even though they may have little preparation in terms of learning about the child welfare system, their new role as kinship caregivers, or how to access support.⁹

The Child Welfare League of America, in its *Standards of Excellence for Kinship Care Services*, outlines the specific issues that should be addressed differently in kinship-specific training. They include:

- Recognizing issues specific to the stresses and dynamics of full-time parenting for the second time;
- Being an active participant in permanency planning;
- Attending to the relationships among kinship siblings and other children in the household;
- Resolving family conflict, including mediation approaches;
- Understanding and managing the effects of chemical dependency, parental incarceration, and HIV/AIDS;
- Addressing children's specific medical, educational, emotional and sexuality needs;
- Accessing and addressing financial and resource issues;
- Addressing cultural, ethnic, and religious orientations as appropriate; and
- Working as a member of a team, including participating in case reviews, court involvement, counseling sessions, medical services, school meetings, and agency team meetings, as appropriate.

Training specific to maltreatment

As part of its "Keeping Kids Safe In Care" series, the University of Kansas School of Social Welfare highlights training that should occur around issues of maltreatment:

- Train foster parents about sexual, physical, and emotional abuse and its symptoms in children.
- Help foster parents deal with abuse reactive behaviors in the home, especially sexual acting out or provocative behaviors from sexually and physically abused kids.
- Train foster parents to recognize the signs of sibling abuse in foster care—particularly sexual abuse from siblings.
- Educate the kids themselves about overcoming the clinical and day-to-day effects of abuse or neglect—and how to report ongoing abuse.¹⁰

Sampler of best practice models and resources

Training curricula

Information from the National Resource Center for Family-Centered Practice and Permanency Planning at Hunter College in New York shows that states use a variety of curricula in training foster parents. PRIDE and MAPP appear to be the most common.¹¹

PRIDE

The Child Welfare League of America (CWLA) endorses the PRIDE program, stating: “PRIDE represents the state of the art in foster and adoptive parent preparation, development, and support. The content of the products is consistent with the *CWLA Standards of Excellence for Family Foster Care*, which specify the competencies and training approach provided by the PRIDE program.” PRIDE stands for Parent Resources for Information, Development and Education. It has three major training components: (1) Foster PRIDE/Adopt PRIDE Pre-service Training; (2) Foster PRIDE Core Training; and (3) Foster PRIDE Advanced and Specialized Training. Trainings are all designed to teach knowledge and skills in five essential competency categories:

1. Protecting and nurturing children;
2. Meeting children's developmental needs, and addressing developmental delays;
3. Supporting relationships between children and their families;
4. Connecting children to safe, nurturing relationships intended to last a lifetime; and
5. Working as a member of a professional team.

The program was developed through a multiyear project initiated by the Illinois Department of Family and Children's Services and CWLA. The project involved the collaboration of 14 state child welfare agencies, one private family foster care agency operating in several states, two national resource centers, one foundation, and several universities and colleges. Through its work with the collaborating PRIDE states, CWLA's Trieschman Center is experienced in helping agencies design and carry out an agency-wide plan for implementing the PRIDE training program.

For more information: <http://www.cwla.org/programs/trieschman/pride.htm>

MAPP/GPS

MAPP/GPS is an acronym for Model Approach to Partnerships in Parenting/Group Preparation and Selection. The purpose of MAPP/GPS is to inform potential foster and adoptive parents about the children who are waiting for a home and their needs. It is also designed to help them make an informed decision as to whether they want to and can parent these children and work in partnership with the agency, birth families, and foster families to meet the needs of the children. MAPP/GPS is a ten-week/thirty-hour training. Some states offer a version of the training known as “PS-MAPP,” which stands for Partnering for Safety and Permanence Model Approach to Partnerships in Parenting. For more information: <http://www.gocwi.org/catalog/index.htm>

4. Health Care of Foster Children

Relationship to safety

To ensure a child's safety in foster care settings, parents, caregivers, agencies and providers must have a clear understanding of a child's health care needs, as well as the services and supports required to meet those needs. Research indicates that up to forty percent of foster children have chronic medical conditions. They also have a higher incidence of developmental delays and a lower incidence of medical care.¹²

The American Academy of Pediatrics recommends that:

- All children entering foster care should have an initial physical examination before or soon after placement. This examination should focus on identifying acute and chronic conditions requiring expedient treatment.
- All children in foster care should receive comprehensive physical and mental health and developmental evaluations within one month of placement.¹³

Best practice principles

In 2002, the Georgetown University Center for Child and Human Development completed a study to describe promising approaches for meeting the health care needs of children in the foster care system.¹⁴ The study details the critical components of a framework for a comprehensive approach to health care of foster children. These components are:

- Initial screening and comprehensive health assessment;
- Access to health care services and treatment;
- Management of health care data and information;
- Coordination of care;
- Collaboration among systems;
- Family participation;
- Attention to cultural issues;
- Monitoring and evaluation;
- Training and education;
- Funding strategies;
- Designing managed care to fit the needs of children in the child welfare system;
- Recognition that nurses play a significant role in the foster care system.

Mental health

Integrating physical health and mental health care for foster children can be a challenge. Foster children have a higher incidence of mental health disorders: “Anywhere from 40 to 85% of kids in foster care have mental health disorders, depending on which report you read,” according to Stephen Hornberger, director of behavioral health for the Child Welfare League of America. Although it is clear that a large number of children and

youth in foster care are in need of mental health care, studies show that less than one-third receive mental health services.¹⁵

Sampler of best practice models and resources

Health Passports

The Academy of Pediatrics notes that: “Up to one quarter of children placed in foster care experience three or more changes in foster homes. Furthermore, up to 35% of children reenter the foster care system after being returned to their families. Placement changes are usually accompanied by changes in physicians. As a result, available health information about these children is often incomplete and spread across many different sites.” To enhance continuity of care, several states have developed an abbreviated health record, often called a medical passport, which provides a brief listing of the child’s medical problems, allergies, chronic medications, and immunization data as well as basic social service and family history. Foster parents are instructed to keep this document for the child and bring it to all health visits. As the child’s condition changes, health care providers should update the information on the form. If the child changes foster homes or returns to his or her birth family, the medical passport should also be transferred to the child’s new caregiver. One note of caution: the Georgetown study, mentioned earlier, found that even though a health passport system may exist, it is difficult to ensure that the passports will be filled in. Texas has been a leader in the development of health passports for foster children. A link to the website appears below.

For more information: <https://www.fostercaretx.com/portal/public/fc>

Foster care health manual

The Academy of Pediatrics has developed a comprehensive resource manual that outlines areas of health concerns and sets forth guidelines for evaluating foster children’s physical, developmental, mental health, and educational needs. *Fostering Health: Health Care for Children in Foster Care*, published in 2001 by District II of the AAP, details practice parameters for primary health care, developmental and mental health care, child abuse and neglect, and health care management.

Available at: <http://www.aap.org/healthtopics/fostercare.cfm>

Mental health care volunteer project

An organization called A Home Within is supporting and enhancing the emotional well-being of children in foster care by addressing the low numbers of available mental health providers. Their innovative Children’s Psychotherapy Project (CPP) offers long-term individual psychotherapy with experienced clinicians to foster children and adolescents. With 10 chapters nationwide and one in Australia, directors are actively recruiting experienced therapists who are willing to volunteer their time. Therapists are asked to take one foster child into weekly psychotherapy for as long as that child needs treatment. For more information: <http://www.ahomewithin.org/>

5. Workforce Issues: Training and Turnover

Relationship to safety

Workforce issues, including training and retention, are essential aspects of preventing maltreatment in foster care. In one study, heavy caseloads were identified as a contributor to abuse in care, since overloaded caseworkers spend less time supporting foster parents, responding to crises, and monitoring placements and visitation.¹⁶ A study by the National Council on Crime and Delinquency found that high staff turnover rates in child welfare systems are significantly related to higher rates of maltreatment recurrence.¹⁷

Training

Best practice principles

The Child Welfare League of America has identified core competencies that should be included in training for all child welfare workers who will be involved in the response to and investigation of maltreatment. These core competencies are presented below, followed by specialized skills that should be addressed in training programs for staff who will be working with foster families.

Table

Core competencies for child welfare workers	
Value	Knowledge required
Teamwork	<ul style="list-style-type: none"> • Understand importance and dynamics of collaboration and teaming. • Understand importance of involving birthparents, youth in care, and foster parents in assessment, service planning and problem resolution.
Healing/easing effects of harm	Understand potential effect of placement on children and foster families.
Safety	<ul style="list-style-type: none"> • Understand risk and safety factors for children residing in foster care. • Understand risk of maltreatment by other children placed in foster homes.
Meet basic needs Healing/easing effects of harm Nurturing relationships	<ul style="list-style-type: none"> • Understand challenges of caring for children who have been maltreated. • Know types of supports that can be effective in addressing stress in foster families.
Optimal development Self-determination	Understand need for open communication with children in placement.
Nurturing	Understand importance of parent/child visitation in maintaining continuity and

relationships Permanence	culture and achieving permanence.
Nurturing relationships Permanence Optimal development	Understand importance of strengths-based, child-centered, family-focused practice.

Source: Child Welfare League of America

Table

Specialized skills for family foster care workers		
Assessment and placement	Providing support	Foster parent development
Conduct an inclusive foster parent selection and assessment process that leads to mutual understanding of foster parent strengths and identifies concerns about inadequate caregiving.	Form supportive relationships with foster families.	Help foster parents develop caregiving strengths and effectively address any caregiving capacity concerns.
Make sound decisions regarding licensing of foster families.	Recognize signs that a foster parent may be under stress and mutually develop strategies to lower stress.	Develop a plan for visitation with foster families based on their unique needs for support and monitoring.
Make appropriate placements based on the foster family's capacity to meet the unique needs of a child.	Identify and access supports that can be effective in addressing stress within foster families.	Develop a corrective action plan to address any concerns regarding the standard of care being provided in a foster home.

Source: Child Welfare League of America

Turnover

Best practice principles

Major studies on turnover of child welfare workers have been conducted by the Child Welfare League of America,¹⁸ General Accounting Office (GAO)¹⁹, and the California Social Work Education Center.²⁰ The best practice principles that emerge from these studies are:

1. Prospective employees need a clear understanding of what to expect: There is evidence to suggest that new hires who are not given a realistic and clear understanding of the true nature of the job are much more prone to leave.
2. Salaries should be competitive: Some child welfare agencies pay their child welfare workers competitively, but many do not. As a general rule, public jurisdictions pay better than private, non-profit agencies. Recent research conducted by the Annie E. Casey Foundation documents that social services jobs consistently rank among the five worst-paying professional jobs tracked by the U.S. Bureau of Labor Statistics for both men and women. In a 2003 California study the average minimum salary in child welfare agencies with the lowest

- turnover was \$56,000. In agencies with the highest turnover, it was \$32,000. However, the cost of living in Los Angeles is 47.1% higher than in Milwaukee (according to www.salary.com). The point being made is that salaries at agencies with the lowest turnover were about 43 percent higher than salaries at agencies with the highest turnover.
3. Caseloads should conform to accepted standards: High caseloads lead to increased turnover, which in turn leads to even higher caseloads and further increases turnover. The Child Welfare League of America (CWLA) recommends that caseloads be between 12 and 15 children per worker, and the Council for Accreditation for Children and Family Services (COA) suggests they not exceed 18 children per worker.
 4. Administrative requirements must be kept to a manageable level: The GAO research indicates that child welfare workers and supervisors feel frustrated by overwhelming administrative burdens, such as paperwork and court appearances, that take up a large portion of their time.
 5. Good supervision is key: Good supervision is key to reducing turnover. Supervisory support can motivate child welfare workers to stay despite the stress and frustration of the job. Lack of supervisory support, on the other hand, is often cited as a critical factor in an employee's decision to leave.
 6. Adequate training is crucial: Training opportunities are often inadequate to ensure that new hires are properly prepared for the challenges of their new jobs. In the California study, new workers at agencies with the lowest turnover had an average of 48 days of training. At agencies with the highest turnover, the average was 14 days.
 7. Evening and/or weekend hours contribute to job dissatisfaction: State agency administrators ranked worker dissatisfaction with the requirement for working evening and weekend hours as a major problem.
 8. Having an approved case plan makes a difference: Agencies with the lowest turnover in the California study also had a greater percentage of cases with an approved case plan—approximately twice the percentage of approved case plans compared to agencies with the highest turnover.
 9. Personal characteristics are important: Increasingly, research is exploring personal characteristics of staff to determine their relationship to retention or turnover. Factors identified through these studies as being positively linked with retention include better coping skills and greater commitment, investment, and sense of mission. A statewide study of public child welfare personnel in Georgia identified professional commitment as the strongest predictor of employees' intention to remain employed in the agency.

Sampler of best practice models and resources

To promote new models of workforce development, the U.S. Department of Health and Human Services Children's Bureau funded projects in 2003 through the "Developing Models of Effective Child Welfare Staff Recruitment and Retention Training" grants. The five-year grants were awarded to eight projects around the country that proposed to develop, test, revise, implement, evaluate, and disseminate training curricula for

recruiting and retaining child welfare workers. The grantees are beginning to share their results. Those that are available are summarized below.

Staff retention workbook series

Michigan State University's School of Social Work developed a series of workbooks to "increase child and family service agencies' effectiveness in developing and retaining their staff by applying information from research and best retention practices." A workbook is provided for each of the following subjects in the core curriculum series: (1) The Role of Leaders in Staff Retention; (2) Practice of Retention-Focused Supervision; (3) Working with Differences; (4) Communications Skills; (5) The First Six Months; (6) Recruiting and Selecting the Right Staff in Child and Family Services. For more information: http://www.socialwork.msu.edu/outreach/childwelfare_curriculum.html

Recruitment toolkit

In North Carolina, the Jordan Institute has developed a recruitment toolkit that includes flyers, posters, brochures and two public service announcements designed for distribution to local television stations to encourage interest in applying for child welfare work. For more information: <http://ssw.unc.edu/jif/rr/>

SMARRT Manual

The Butler Institute at the University of Denver Graduate School of Social Work developed the SMARRT Manual (Strategies Matrix Approach to Recruitment and Retention Techniques), a tool to enhance capacity for more effective child welfare recruitment, selection, training, and retention practice. The manual includes research-based findings, as well as a wide range of experiential information and practical "how-to" information from published literature and internet sites. The SMARRT Manual is organized into four domains: recruitment, selection, training, and retention. Within each domain, conditions or factors that affect that domain are presented, along with strategies for addressing that condition.

For more information: http://www.thebutlerinstitute.org/projects_wrrrp.cfm

Realistic Job Preview

Several states, including Nebraska, Delaware, Michigan, New York, North Carolina, and Colorado, have developed videos to provide a Realistic Job Preview (RJP) of the position of child welfare caseworker. Research has shown that some job turnover in the first year can be linked to an insufficient and unrealistic understanding of the job. Preliminary findings from the Michigan video indicates that the realistic depiction of the job led about ten percent of prospective recruits to abandon the application process, caused about 20 percent to give more intentional, honest thought to their ability to handle the challenges and left 70 percent still interested and feeling better prepared.

For more information:

http://portal.cornerstones4kids.org/stuff/contentmgr/files/b0dc9183b6b7bfe3baa9a4d25caef9c1/folder/rjp_toolkit_final.pdf

Maine training model

In 2003, the Maine Child Welfare Training Institute was awarded funding from the Children's Bureau for a five year project to develop and implement a comprehensive training model to increase recruitment and retention of child welfare staff. The model includes a mix of well-coordinated strategies and approaches to address recruitment and retention in the categories of recruitment, screening, supervisor support, professional development, agency support, and resources.

For more information: <http://www.cwti.org/RR/index.htm>

II. EVIDENCE-BASED PRACTICES

Center for Advanced Studies in Child Welfare

The Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota's School of Social Work conducted a comprehensive review of published empirical literature and released the following report in 2008: *Evidence-Based Practice in Foster Parent Training and Support: Implications for Treatment Foster Care Providers October 30, 2008 Center for Advanced Studies in Child Welfare.*²¹ Programs were categorized according to the following rating scale:

1 = Effective Practice: a practice which is well-supported by research that utilizes multiple site replication and random assignment of participants to control and treatment groups. The practice's intended effects have been sustained for at least one year.

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

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

4 = Emerging Practice: a practice which is generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers. No formal evaluations of the practice have been completed or the research base of this practice is descriptive or exploratory in nature.

The following programs could be employed in the training and support of foster parents:

Triple P (Positive Parenting Program)

Evidence-Based Practice Level Rating: 1

The only program to meet the criteria for a level one rating, Triple P is an internationally acclaimed system or suite of parenting interventions intended for the prevention of social, emotional and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence. It is supported by strong and growing evidence, and tailorable to family needs through flexible formats and delivery. It has been shown to prevent maltreatment as recently as 2009.

For more information: <http://www.triplep-america.com/>

1-2-3 Magic

Evidence-Based Practice Level Rating: 2

This program presents an effective and positive way to discipline children ages 2 through 12 without arguing, yelling, or spanking. This simple, yet powerful, approach to disciplining kids is said to have won rave reviews from parents, educators and professionals alike.

For more information: <http://www.parentmagic.com/>

Foster Parent Skills Training Program

Evidence-Based Practice Level: 3

The 10 program sessions of this program uses demonstrations, role playing and other types of practice as the predominant tools. The program has consistently resulted in increased parental ability to reduce the use of parental responses considered unconstructive or destructive in their impact on children. For more information:

<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.18702>

Keeping Foster Parents Trained and Supported (KEEP)

Evidence-Based Practice Level: 3

KEEP is a less intensive version of the training component of Multidimensional Treatment Foster Care (MTFC), an evidence-based approach to treatment foster care. KEEP offers manualized training, supervision and support for foster parents over a 16-week period. It teaches foster parents about the techniques and benefits of positive reinforcement of their foster children. For more information:

<http://www.preventionaction.org/reference/keeping-foster-parents-trained-and-supported-keep>

Nurturing Parenting Programs

Evidence-Based Practice Level: 3

The Nurturing Parenting Programs are a family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long term goals are to prevent recidivism in families receiving social services, lower the rate of multiparent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors. The Nurturing Programs target all families at risk for abuse and neglect with children birth to 18 years. The programs have been adapted for special populations, including Hmong families, military families, Hispanic families, African-American families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children with health challenges.

www.nurturingparenting.com

Parenting Wisely

Evidence-Based Practice Level: 3

Parenting Wisely is a parenting skills education system designed to facilitate the learning of necessary skills for the healthy well-balanced raising of children from age 3 to 18.

Extensive research and clinical tests show that use of Parenting Wisely resulted in increased knowledge and use of good parenting skills, as well as reduced spousal violence and violence toward children. Success of the program has earned it the ranking as a SAMHSA (Substance Abuse and Mental Health Services Administration) “Model Program” and an OJJDP (Office of Juvenile Justice and Delinquency Prevention) “Exemplary Program.” For more information:

<http://www.familyworksinc.com/index.html>

PRIDE**Evidence-Based Practice Level: 4**

Although this program is endorsed by the Child Welfare League of America, it is considered an “emerging” practice, i.e. no formal evaluations have been completed. The trainings are all designed to teach knowledge and skills in five essential competency categories for foster parents and adoptive parents: (1) protecting and nurturing children; (2) meeting children's developmental needs, and addressing developmental delays; (3) supporting relationships between children and their families; (4) connecting children to safe, nurturing relationships intended to last a lifetime; and (5) working as a member of a professional team.

California Evidence-Based Clearinghouse for Child Welfare

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides information about selected child welfare related programs. Each program is reviewed and rated utilizing the CEBC Scientific Rating scale to determine the level of research evidence for the program. The scale is as follows:

1. Well-Supported by Research Evidence
 2. Supported by Research Evidence
 3. Promising Research Evidence
 4. Fails to Demonstrate Effect
 5. Concerning Practice
- NR. Not Rated

The following two programs relate to recruitment and training of foster parents.

Family to Family**Scientific Rating: 3**

Family to Family is an initiative of the Annie E. Casey Foundation that has worked for 14 years to change child welfare systems. A core strategy of this program is Resource Family Recruitment, Development, and Support, which involves finding and maintaining foster and kinship homes that can support children and families in their own neighborhoods.

For more information: <http://www.cachildwelfareclearinghouse.org/program/120>

Foster Parent College**Scientific Rating: 3**

FPC is an online training venue for foster, adoptive, and kinship parents. Interactive multimedia courses offered through the site provide resource parents with in-service training on clinical aspects of and parent interventions for their child's behavior problems. Instructional content is based on social learning theory and attachment theory. There are currently 23 courses on **FPC**, 14 of which address specific child behavioral and emotional problems. Course topics also include safe parenting, positive parenting, resource parents' marriage relationships, working with schools and birth parents, home safety, and kinship care.

For more information: <http://www.cachildwelfareclearinghouse.org/program/124>

Children’s Research Center: a “transferrable” practice?

Structured decision-making

Structured decision-making (SDM) is a process created by the Children’s Research Center²² to provide child welfare workers with the best tools possible to help in making critical case assessments and decisions. It was initially used to help assess whether to leave an abused or neglected child in the home while services to reduce the risk of harm are implemented. A study conducted in three Wisconsin counties demonstrated that intensive services to the highest risk families substantially reduced the rate of subsequent referrals for abuse and neglect.

SDM for foster care was initially piloted in nine Michigan counties. A 12-month follow-up evaluation revealed structured decision-making resulted in 27 percent fewer new abuse/neglect referrals, 54 percent fewer new substantiated allegations, 40 percent fewer children removed to foster care, and 42 percent fewer child injuries that required medical assistance.

Five California counties (Los Angeles, Fresno, San Diego, Riverside, and San Bernardino) contracted with the Center to assist them in developing an assessment system that will result in improved procedures for assessing foster and relative providers. A key component of the system is an actuarial assessment used to classify foster and relative providers by the likelihood that they will provide inadequate care to a child. The study showed that provider characteristics related to future maltreatment or inadequate caregiving can be identified. Although only 5.4% of the providers were classified as high by the support assessment, the rate of negative outcomes among these providers was at least *twice* that of providers classified as moderate, and at least *six times greater* than the rate among those classified as low. This indicates that focusing support efforts on providers with a high support classification is likely to be very effective and has the potential to reduce maltreatment and/or inadequate care of a foster child. For more information: http://www.nccd-crc.org/crc/c_sdm_about.html

¹ Best Practice Guidelines for Child Maltreatment in Foster Care. Child Welfare League of America, 2003.

² Ibid.

³ University of Kansas School of Social Welfare. Keeping Kids Safe in Care, 2003 2004. Access at: http://www.rom.ku.edu/ebp_safe.asp#

⁴ Rosenthal, J., et al., (1991). A descriptive study of abuse and neglect in out-of-home placement. *Child Abuse and Neglect* 15(1): 47-49.

⁵ Recruitment and Retention of Resource Families: The Promise and the Paradox: Addressing the need for innovative and effective strategies to recruit foster and adoptive families. Casey Family Programs, 2002.

Can be accessed at: http://www.casey.org/NR/rdonlyres/7B3995DE-D05A-4B5B-922C-8C5068AFC534/85/casey_recruitment_and_retention_promise_paradox.pdf

⁶ Barbell, K. and Freundlich, M. (2001). Foster Care Today. Casey Family Programs National Center for Resource Family Support. Washington D.C.

⁷ National Commission of Family Foster Care. (1991). A blueprint for fostering infants, children and youths in the 1990s. Washington DC: Child Welfare league of America.

⁸ Boots, S. W. & Green, R. Family care or foster care? How state policies affect kinship caregivers. Washington, DC: The Urban Institute, July 1999.

⁹ Training Kin to be Foster Parents: Best Practices from the Field. Child Focus. July 2008.

¹⁰ Keeping Kids Safe in Care. University of Kansas School of Social Welfare, 2003, 2004. Access at: http://www.rom.ku.edu/ebp_safe.asp#

¹¹ Can be accessed at: http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/Foster_Parent_Preservice_Training.pdf

¹² Evidence-Based Practices in Foster Care. Marianne Berry, Ph.D. Professor of Social Welfare, University of Kansas.

¹³ Policy Statement. Health Care of Young Children in Foster Care. American Academy of Pediatrics. Committee on Early Childhood, Adoption, and Dependent Care. Pediatrics Vol. 109 No. 3 March 2002, pp. 536-541.

¹⁴ Meeting the Health Care Needs of Children in the Foster Care System. Summary of State and Community Efforts, Key Findings. Georgetown University Child Development Center. September 2002. Can be accessed at:

¹⁵ Reported in The Connection (Winter 2004, Vo. 20, No. 4) Quarterly Magazine of the National Court Appointed Special Advocate (CASA) Association.

¹⁶ Rosenthal, J., et al., (1991). A descriptive study of abuse and neglect in out-of-home placement. Child Abuse and Neglect 15(1): 47-49.

¹⁷ Relationship Between Staff Turnover, Child Welfare System Functioning, and Recurrent Child Abuse. National Council on Crime and Delinquency, 2006. Access at: http://www.cornerstones4kids.org/images/nccd_relationships_306.pdf

¹⁸ *Workforce Recruitment and Retention in Child Welfare, A Review of the Literature*. Child Welfare League of America in consultation with the Pennsylvania Department of Public Welfare, Office of Children, Youth, and Families and the Pennsylvania Child Welfare Training Program. 2005. Access at: <http://www.pacwcbt.pitt.edu/Organizational%20Effectiveness/Practice%20Reviews/CWLA%20wkfrce.DOC>

¹⁹ HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff. General Accounting Office. March 2003. Access at: <http://www.gao.gov/new.items/d03357.pdf>

²⁰ California Social Work Education Center. Weaver, D., Chang, J., & Gil de Gibaja, M. (2006). *The Retention of Public Child Welfare Workers*. Can be accessed at: http://www.csulb.edu/projects/ccwrl/Weaver_module.pdf

²¹ Access at: <http://cehd.umn.edu/ssw/cascw/attributes/PDF/EBP/EBPappendix.pdf>

²² Children's Research Center, located in Madison, Wisconsin, is a division of the National Council on Crime and Delinquency (NCCD). The NCCD is an Oakland-based nonprofit organization dedicated to the improvement of decision-making systems in the field of corrections and, for the last 12 years, in the child welfare field.