Research Highlights

CHAMPS Policy Goals

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

1. Support relationships between birth and foster families

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

■ Children who had at least weekly contact with their biological parents demonstrated the lowest levels of depression and externalizing problems compared to children with less frequent contact with their biological parents.[1]

■ Where reunification is the goal, young children with more consistent and frequent contact with their biological parents have more secure attachments and are better adjusted than children who have less frequent contact.[2]

■ Foster parents' sensitivity, empathy, and values of accepting birth families made contacts with birth families more successful and supported the child in maintaining a sense of belonging to both families.[3]

■ The quality of parent-to-parent relationship between birth and foster parents increased positive discipline approaches and decreased harsh discipline.[4]

■ Where reunification is the goal, research on parent-child attachment suggests that regular visits between birth families and children should be encouraged; families need to be supported before, during and after visits; and the attachment relationships between children, their foster, and biological parents should be supported.[5]

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[1] McWey, L.M., Acock, A., & Porter, B. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Child and Youth Services Review, 32(10)*, 1338-1345.

[2] McWey, L.M. & Mullins, A.K. (2004). Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations, 53(3)*, 293-300.

[3] Neil E., Beek M., & Schofield G. (2003). Thinking about and managing contact in permanent placements: The differences and similarities between adoptive parents and foster carers. *Clinical Child Psychology and Psychiatry:* 8, 401–418.

[4] Linares, L. O., Montalto, D., Rosbruch, N., & Li, M. (2006). Discipline practices among biological and foster parents. *Child Maltreatment*, 11, 157-167.

[5] Haight, W.L., Kagle, J.D. & Black, J.E. (2003). Understanding and supporting parent-child relationships during foster care visits: Attachment theory and research. *Social Work, 48(2),* 195-207.

2. Implement data-driven recruitment and retention policies

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

■ States' lack of recruitment information and performance indicators meant that they were unable to measure the success of their recruitment efforts. The study recommends using data to determine trends and needs for foster parents, and to link those data to targeted recruitment strategies and goals.[6]

■ States lack the data needed to improve retention and should collect retention data in order to accurately assess why families choose to discontinue fostering.[7]

■ There are opportunities to use data to inform recruitment and retention including collecting data on the types of foster families needed at a local level, descriptive data regarding children entering care or moving within care, and the corresponding pool of foster parents.[8]

■ In order to improve recruitment and retention, it is critical to understand foster parents' motivations, rewards, challenges and characteristics. Foster parent councils and regular surveys can help incorporate foster parent feedback into agency retention and recruitment policies.[9]

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

3. Engage foster parents in decision-making

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

■ An analysis of quantitative and qualitative data found that when foster parents are involved as part of the child welfare team and included in decision making about the child's care their desire to continue fostering increases. In addition, a lack of efficacy and sense of helplessness were cited as primary reasons foster parents considered discontinuing providing care.[11]

■ Foster parents are satisfied in their role when their relationship with agency social workers

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

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

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

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

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

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

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

■ Foster parents report wanting to be a part of the collective, professional team.[13]

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

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

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

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

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

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

■ An analysis of placement stability and disruption found the amount of emotional and social support a foster parent received had a significant impact on increasing foster placement stability.[18]

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

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

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

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

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

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

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

[18] Crum, Wes. (2010) Foster Parent Parenting Characteristics That Lead to Increased Placement Stability or Disruption. *Child and Youth Services Review*, 32, 185–190.

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

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

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

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

5. Prioritize placements with family members and other family connections

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

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

■ Children in kinship care are less likely to experience placement disruption than children in non-kinship placements in foster care.[24]

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

■ Older children in kinship care had significantly lower levels of externalizing, internalizing and overall behavior problems.[26]

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

[20] Hudson, P., & Levasseur, K. (2002). Supporting foster parents: Caring voices. *Child Welfare: Journal of Policy, Practice, and Program, 81*(6), 853-877.

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

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

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

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

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

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

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

6. Ensure timely access to physical and mental health services

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

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

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

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

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

■ Foster parents reported the lack of timely access to needed physical and mental health services as a reason to discontinue fostering.[32]

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

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

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

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

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

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

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