



*Central California Training Academy*

# Placement Stability in Child Welfare Services

*Issues, Concerns, Outcomes  
and Future Directions  
Literature Review*

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# **A Literature Review of Placement Stability in Child Welfare Service: Issues, Concerns, Outcomes and Future Directions**

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Northern California Training Academy  
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## INTRODUCTION

This literature review provides a summary of current knowledge and empirical research on factors that affect placement stability for children in the Child Welfare system. Placement stability is an important issue due to a high number of children remaining in foster care. A recent trend reported that 50% of youth leaving foster care in the United States have spent one year or more in care (U.S. Department of Health and Human Services, 2006). Across the United States, Canada, and Western Europe there is the grown recognition that permanent plans for children are essential for their social, emotional, and cognitive development (Leathers, 2002). Children who are in the Child Welfare Services system and experience multiple moves are at increased risks for poor outcomes in academic achievement, socio-emotional health, developing insecure attachments, and distress due to the instability and uncertainty that comes with not having a stable family environment (Gauthier, Fortin, & Jeliu, 2004).

One way of lessening the occurrence of children's displacements is permanency planning. The purpose of permanency planning is to develop and implement methods that increase the likelihood that children move out of substitute care into permanent family homes as quickly as possible. In the United States, permanency planning became part of legislation in 1980 with the Adoption Assistance and Child Welfare Act. While there is no single universally accepted definition for permanency planning, Fein, Maluccio, Hamilton, and Ward (1983) define permanency planning as, "a philosophy highlighting the value of rearing children in a family setting, preferably their biological families, [and] a theoretical framework stressing the stability and continuity of relationships to promote children's growth and functioning" (p. 497). While this definition highlights the importance of placement stability for children's positive development and well-being, the federal definition of placement stability is, "all children who have been in foster care less than twelve months from the time of the latest removal, 86.7% or more children had no more than two placement settings." Both of these definitions recognize that permanency planning is a policy, philosophy, and a technique created to return every child who enters foster care to the stability of a family as quickly as possible.

## LITERATURE SEARCH

Literature was reviewed and acquired using the following search databases: Academic Search Premier, Applied Social Science Index and Abstracts, PsychINFO, Sociological Abstracts, FirstSearch, CSA Illumina, Electronic Collections Online; and used the following search terms, "placement", "foster care", "permanence", "stability", "instability", "change", and "moves". These databases were selected to locate peer-reviewed literature.

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## **Why is placement stability an important concern?**

There is a wealth of research attesting to the importance of sustaining placement stability because experiencing multiple placement changes can have important ramifications for children's development. Placement stability is important for children to develop healthy secure relationships (Leathers, 2002) and serves to reduce the potential stressors that arise from being displaced multiple times. Frequent placement moves not only compounds the issue of being separated from one's parents, but can also result in separation from siblings, relocating to a new geographical area, and experiencing a sense of not belonging; all of which can lead to distress and have a profound negative emotional impact. As succinctly stated by Jackson and Thomas (1999), "too many children enter a system in which further damage is caused to their social, emotional, and cognitive development through its failure to provide a place where the child knows they will remain for any length of time" (p.4).

Children who are removed from their homes and then who experience placement disruption can lead to them experiencing profound distress and a sense of loss and not belonging, all of which can lead to distrust and a fear of forming secure healthy relationships. While there are few studies examining the personal perspectives of children and youth in foster care (Unrau, 2007), one study examined alumni of care's perceptions of foster care (Festinger, 1983). The results from this noted study revealed that the experience of placement disruption was unsettling and confusing. Furthermore, the more placement disruptions that the alumni experienced, the lower their satisfaction with the foster care system.

Additionally, placement stability is especially important for youth success in foster care. Youth who experience minimized placement changes are more likely to experience fewer school changes, less trauma and distress, less mental health and behavioral problems and increased probabilities for academic achievement and experiencing a lasting positive relationship with an adult (Gauthier, Fortin, & Jeliu, 2004; Rubin, Alessandrini, Feudtner, Mandell, Localio, & Hadley, 2004).

An important concern of experiencing placement instability, especially for young children, is that the stress of being moved is related to physiological changes in the brain. Placement disruptions can increase stress-induced related responses and create alterations in the brain. There is evidence that the rates for atypical hypothalamic-pituitary-adrenal (HPA) axis activity are higher for foster children than the general population. This is because the hypothalamic-pituitary-adrenal (HPA) axis is involved in responses related to physical and psychological stressors (Herman & Cullinan, 1997)). In a study looking at children in child care, evidence shows that when children are in out of home care, cortisol levels tend

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to rise over the day, and this rise in cortisol is especially great for toddlers (Gunnar & Donzella, 2002).

While the previous study relates findings from general child care issues, a recent study specifically looked at the impact that the number of placements exerts on HPA axis activity for children in foster care (Fisher, Gunnar, Dozier, Bruce, & Pears, 2006). The evidence suggested that disruptions in care altered the HPA axis due to receiving inconsistent, insensitive care and/or *frequent transitions in caregivers* (Fisher et al., 2006). Part of this study included an intervention using two trials among foster infants/toddlers and preschoolers. Specifically, the results revealed that the younger the age at first foster placement and the higher number of placements are both associated with altered HPA functioning. The promising results of this intervention were that by supporting the foster parent-child relationship, the adverse effects of early stress on the HPA axis and related neural systems changed. These positive changes are believed to increase improvements for children's social, academic and mental health outcomes. The interventions worked to improve the caregiver's ability to detect signals of distress from the child and to respond sensitively and follow the child's lead.

Thus, while there are many adverse affects of experiencing multiple moves for children's psychosocial well-being, there are also effective strategies and interventions to help caregivers provide higher quality of care. Some of these interventions and strategies aimed at promoting placement stability are discussed at the end of this review.

## **EMPIRICAL EVIDENCE: FACTORS THAT INFLUENCE PLACEMENT STABILITY**

This literature review builds upon previous reviews that have examined how children's behavioral issues and problems are associated with placement disruptions and also outcomes related to placement stability (Children and Family Research Center, 2004; Redding, Fried, & Britner). Information from more recent data is examined and incorporated with the information attained from the previously mentioned literature reviews.

In discussing the empirical research some terms will be referred to which are related here:

- *Control or rigorous* refers to studies that randomly assign participants to experimental/treatment and control/comparison groups or a comparative treatment group.
- *A descriptive or exploratory study* refers to studies where research was conducted but the study did not employ a controlled experiment.

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- Commonly used in child welfare services are “*case review record studies*”. This refers to studies where data analysis was performed on the data gathered from existing case files from foster parents and children.

### ***Timing in Placement***

Research finds that the initial phase of placement is when children are at greatest risk for experiencing placement instability, especially in the first six to seven months (Terling-Watt, 2001; Wulczyn, Kogan, & Harden, 2003). Evidence also suggests that infants experience the most placement moves during the first month of their placements as compared to older children (Newton et al., 2000). While there are many reasons for why children can experience placement instability during the initial phase of placement, lessening the chances for placement disruption is very important for children to develop trust and not feel lost in the “system”.

### ***Characteristics of the Home***

Children are more likely to experience instability when children are placed with other children who are close to their age and if placed in a foster home where the foster parents have children of their own under the age of five (Berridge & Cleaver, 1987). Children who are placed to similarly aged children may experience more conflicts over belongings and this may create more stress for the both foster parents and the child which can then result in a child being removed from the home.

### ***Children’s Characteristics***

- ❖ **Gender:** Presently there is not conclusive evidence concerning children’s placement stability and gender. However, research that addresses this issue examining placement stability in treatment foster care programs, finds that adolescent girls experience a greater probability of placement instability than adolescent boys (55 % compared to 13%) (Smith, Stormshak, Chamberlain, & Whaley, 2001). A more recent study corroborated these findings in a foster care study conducted in Kentucky which found females between the ages of 12-15 to be at greater risk of experiencing four or more moves than their male counterparts (Huebner, 2007). One reason suggested for adolescent females experiencing greater placement disruption is that they may exhibit great relational aggression.
- ❖ **Age:** There are many studies identifying that increased age is related to the risk of placement instability (Kemp & Bodonvi, 2000). In a recent meta-analysis it was found that an increase in the child’s age at time of

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placement is positively associated with placement disruption (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007). Infants are more likely to exit foster care to adoption, and each year an increase with age reduces the odds of adoption by 22% (Barth, 1997). Additionally, older children are more likely to reenter foster care after reunification (Wells & Guo, 1999). One study found that infants, however, experience more moves during the first month of placement than older children. While age is commonly cited as having a strong association with placement stability, one study found that when behavior problems are accounted for than age is not a factor in predicting disruption in one's current placement (Newton et al., 2000). While there are some mixed findings it appears that as children get older it is increasingly difficult to locate stable placements.

- ❖ **Race/Ethnicity:** Another factor that appears to influence placement stability is the race/ethnicity of the child. Research finds that while children of color are more likely to be placed in kin care (Beeman et al., 2000; Rittner, 1995), African American children are less likely to be reunified and more likely to enter foster care than Caucasian children (Becker et al., 2002; Wells & Guo, 1999). However, while there is some consistent evidence that being African American is a predictor of unsuccessful permanency planning, other evidence suggests that African American race predicts greater stability (Webster, Barth, & Needell, 2000). Evidence also suggests that Latino children have lower rates of parent child reunification than Caucasian children (Davis, Landsverk, & Newton, 1997). One reason for these racial differences for the risk of placement disruption may be attributed to African American children receiving fewer mental health services (Leslie, Hulburt, Landsverk, Barth, & Sylmen, 2004). Future studies need to account for additional factors that may link race to placement instability, such as type of placement and services received.
- ❖ **Children's mental and behavioral health:** In both descriptive and comparison studies child behavior problems is cited as one of the strongest predictors of placement instability and a common reason that foster parents request the removal of a child in their care (Bradley, 2004; Lindhiem & Dozier, 2007; Pardeck, 1984; Stone & Stone, 1983). Furthermore, the risk of experiencing placement disruption due to a behavioral problem is greater for children over the age of 4 (Strijker, Zandberg, & van der Meulen, 2002). Newton et al. (2000): found that externalizing behavior problems using the CBCL (Achenbach, 1991) was the greatest predictor of placement changes for a sample of 415 youth residing in San Diego County. Additionally, experiencing multiple placements was associated to an increase in internalizing and externalizing behavior problems of foster children, and this association stands when controlling for previous levels of behavior problems.



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A more promising finding is that the link between adolescent behavior problems and placement instability (being removed from the foster home) is lessened when the adolescent forms a strong positive relationship with his or her foster family (Leathers, 2006). Also there are some effective programs and interventions that help foster parents and caregivers to effectively deal with child behavior problems. These interventions are discussed later in this review.

### ***Type of Placement***

Growth in kinship care has increased considerably in order to sustain permanency planning since the Adoption and Safe Families Act of 1997. Some research finds that children placed in kinship care fare better than children placed in foster care. Though not a heavily studied topic, research finds that children placed with kin experience fewer moves, with one study finding that kinship placements had a 70 percent lower rate of disruption than non-kin placements (Webster, Barth, & Needell, 2000). The contributing factors for why children placed with kin tend to do better is because they are more likely to remain in the same neighborhood, be placed with siblings, and have consistent contact with their birth parents as compared to children in foster care, and these contributing factors are believed to lead to more positive outcomes for children because there are less disruptions in the child's life.

Placing children with kin also appears to lead to individual positive outcomes. In a recent study looking at the effect of the type of placement (parental versus nonparental care) for infants prenatally exposed to drugs, results revealed among a sample of 1092 children that externalizing behavior problems for children in relative care placement were lower (better) than those in parental care (Henrietta et al., 2008). Children in parental or relative care had higher (better) scores in communication and daily living than children placed in foster care. Also behavior problems scores increased 2.3 and 1.3 points with each move per year while in Child Protective Services involvement.

While the previous results relate to young children (infants), the results were corroborated among a sample of older children. Specifically, it was found that children placed in kinship care had a lower estimated risk of behavior problems than children placed in foster care, even when controlling for increased placement stability and lower baseline risk scores (Lacalio, 2008). This study used a prospective cohort design, using data from the National Survey of Child and Adolescent Well-Being, October 1999-March 2004, looking at how the placement (kinship care versus general foster care) for 1,309 children following a maltreatment report affected child behavior problem outcomes. The evidence suggested that children placed in kinship care had fewer behavior problems 3

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years after placement than children placed into foster care (32% as compared to 46%). However, this study used the Child Behavior Checklist (a self-report measure and it is possible that foster parents rate the children in their care more negatively. In order to more rigorously substantiate these results, a study could use a controlled study, using random assignment. However, such studies are difficult to conduct due to ethical considerations and time constraints.

While there appears to be benefits to placing children with kin, conflicting evidence exists reporting that children who reside in kinship care can face additional familial risks, such as caregivers having poorer health, lower SES, and fewer supportive resources.

### ***Foster Parent Characteristics***

In examining the literature related to parent characteristics and placement stability it appears that without adequate preparation, training, and support for foster parents, children will experience disruptions in their placements (Walsh & Walsh, 1990; Redding et al., 2000). Foster parents who have greater social support systems, such as extended family (Walsh & Walsh, 1990), are more likely to provide a stable placement for the child (Redding et al., 2000). Additionally, foster parents who hold appropriate expectations and understand causes and reasons for a child's behavior is predictive of placement stability (Butler & Charles, 1999).

### ***Worker and Agency Characteristics***

Characteristics of the caseworker are also related to issues of placement stability. In one study looking at out-of-home placements in Illinois in 1995, the results revealed that children who were assigned to a caseworker with a Master's degree in Social Work spend approximately 5.15 months less in foster care than children who had a caseworker without a MSW level degree (Ryan, Garnier, Zyphur, & Zhai, 2006).

### ***Worker Retention***

While child behavior problems are commonly linked to placement stability, research cites the importance of worker stability for lessening the risk for placement disruption (James, 2004; Potter & Klein-Rothschild, 2002). In one study there was evidence that "system or policy" related reasons accounted for 70% of the reasons for children being moved (James, 2004), and that the fewer workers that a child has is related to an increased probability that the child will be reunified with their parents (Potter & Klein-Rothschild, 2002). In part this relationship between caseworker turnover and placement disruption is attributed to both foster children and the foster parents receiving less contact and support,

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which can lead to a weakened relationship with a case worker (Unrau & Wells, 2005).

## **SUMMARY OF KEY FINDINGS**

While there is research and some existing literature reviews on the topic of placement stability, the research looking at factors related to placements is limited and typically looks at “foster care placements” as a blanket statement without delving into the complexity of these placements. For example, such complexities can be the differences between kin and non-kin placements. Additionally, much of the research on the topic of placement stability has used case review record studies. However, more recently the empirical literature is beginning to dissect the complexities inherent in child welfare, such as looking at the perspectives of children experiencing multiple moves. While more studies and work is needed in the area of placement stability, there are key findings worth highlighting that can lessen placement disruption. These include:

- ❖ Both descriptive and controlled (rigorously designed) studies find that child behavior problems, especially aggressive behavior, is a strong predictor of placement disruption and a common reason that foster parents request that the child be removed from the home.
- ❖ High rates of case turnovers is related to increases in children experiencing multiple placements
- ❖ Evidence suggests that the type of placement is importantly related to placement stability, with kinship care and treatment foster care being related to increased stability.
- ❖ The first 6 months of initial placement is the greatest time with which children experience disruption, with 70% of disruptions occurring during this time and infants experiencing more disruptions during the first month of initial placement.
- ❖ As the number of placements increases for children the more likely it is that they will experience later placement disruptions. This is even true for children who were not initially identified as having behavioral problems. In fact children who experience multiple placements can begin to exhibit behavior problems, which leads to more displacements, creating a dysfunctional cycle.

## **COSTS ASSOCIATED WITH PLACEMENT INSTABILITY**

Placement stability is not only beneficial for children’s overall well-being and sense of safety but research also finds that it is more cost effective. In a retrospective study examining costs associated with multiple placements among a sample of 1635 adjudicated dependent children (greater than 2 years of age and had spent at least nine months in foster care), it was found that multiple

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placements increased the probability of high mental health service use (Rubin, Alessandrini, Feudtner, Mandell, Localio, & Hadley, 2004).

Finding placements for children also requires quite a bit of time from case workers. Price (2007) conducted focus groups with caseworkers and caseworker supervisors in San Diego County and found that each placement change required at least 25 hours of casework time to process the change in placement (e.g., staff meetings, court reports, identifying a placement and placing a child in the new setting, and other paperwork). Thus, not only are children experiencing greater distress, exhibiting more emotional and behavioral problems, but case workers have to expend more time for finding these placements, which begins to require more time as the child's emotional and behavioral issues increase.

## **EFFECTIVE WAYS TO LESSEN PLACEMENT INSTABILITY**

### **❖ PROVIDE SUPPORT AND TRAINING FOR FOSTER PARENTS:**

#### **Providing Training to the Caregiver (e.g, Foster Parent):**

In the past five years there has been some proactive strategies tested to bring about greater placement stability for children. One positive and effective method that appears to promote greater stability is providing foster parents with support and training in handling and understanding the behavioral problems of the children in their care (Chamberlain et al., 2006; Grimm, 2003). One such approach is based on *the Multidimensional Treatment Foster Care (MTFC)* model which involves placing youth in a well-trained and supervised foster home. One study using the MTFC approach with preschoolers found that who received the MTFC-P approach experienced significantly fewer failed placements as compared to children in the regular foster care group (receiving traditional services) (Fisher, Burraston, & Pears, 2005). The rigorous design of this study and the promising results of using the MTFC approach suggest that intensive supports provided to foster families can mitigate the chances of children experiencing multiple moves.

A similar approach is termed, *KEEP (Keeping Foster and Kinship Parents Trained and Supported)*. One of the goals of KEEP is to reduce placement changes for children in foster care. In a very recent study, researchers examined the impact of the KEEP intervention on risks associated with child placement disruptions (Price, Chamberlain, Landsverk, Reid, Leve, & Laurent, 2008). These risks were identified as the number of prior placements and the group status (if in the intervention group (receiving KEEP services) or the control group)). This rigorously designed study controlled for the type of relationship between the child and placement

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status (kinship or nonkin foster parent), child's age, gender, primary language spoken, and the number of days in the placement at baseline. The evidence suggested that a child's placement history increased his/her risk of placement instability by 6%. The more promising results revealed that children in the KEEP intervention group were about twice as likely to experience a positive exit as children in the comparison group. These positive exits were any exit from the foster or kinship placement home, made for a positive reason (e.g., reunion with biological family, being placed with a relative, or getting a suitable family to adopt).

Both the MTFC and KEEP interventions offer supportive services to foster families that appear to help foster parents (and kin) to more effectively work with the children in their care and provide greater insight and understanding into the child's inner world. Such increased understanding and learning more effective ways to support children then reduces children's behavior problems, which then leads to a greater probability of maintaining one's current placement.

Another promising method of providing support and education to foster parents are web-based and multi-media trainings. In a randomly assigned study using an interactive DVD that provided training on anger and behavior management, *Anger Outbursts*, with 74 foster parents in Colorado, the results suggested that parents who watched the DVD attained significant increases in confidence to handle difficult behavior (Pacifi, Delaney, White Cummings, & Nelson, 2005). Using multimedia to support foster parents by providing them with understanding and psycho-education may be especially beneficial for harder to reach populations, such as rural communities.

### **Providing Training to Both the Child and Caregiver:**

While the above approaches focus on providing training, education, and support directly to the caregiver, another intervention, termed Parent Child Interaction Therapy (PCIT) provides support and training to both the child and the caregiver. Specifically, PCIT uses a live therapist to coach the caregiver during a treatment session in order to bring about more positive parenting and decrease externalizing behavior in children between the ages of 2 and 7 years (Timmer, Urquiza, & Zebell, 2006). The results of using PCIT with non-relative foster parent-child dyads indicate that PCIT is effective for decreasing child behavior problems and caregiver distress from pre- to post-test (Timmer et al., 2006).

### **❖ CONCURRENT PLANNING:**

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One proposed way to speed up the process of permanency for children is concurrent permanency planning. This is a type of permanency planning whereby reunification services are provided to the family while their child is in foster care, but at the same time an alternative permanency plan is developed and put into place if reunification is not possible (Katz, 1999). Results suggest that when concurrent planning is used effectively and as designed then it can facilitate the success of achieving permanency in 12 months and it can reduce the amount of time that children spend in foster care (Kemp & Bodonyi, 2002; Martin et al., 2002). However, if concurrent planning is not implemented as designed then placement outcomes are found to be less beneficial for children. For example, one study looked at how concurrent planning was implemented in six counties in California. It was found that concurrent placements typically occurred relatively late in the case, with social workers reporting that concurrent placements are made when a hearing to terminate parental rights is made (D'Andrade, A., Frame, L., & Berrick, J.D., 2006). Thus, when such concurrent plans are made quickly and do not include the child and/or the family in the decision making process than efforts for placement stability may be less effective.

❖ **PROVIDE PLACEMENT-SPECIFIC SERVICES**

- Transportation assistance
- Respite Care
- Foster-family counseling

❖ **CHILD SPECIFIC SERVICES**

- Mental Health Services
- Recreational/after school programming

❖ **INCREASE CASEWORKER RETENTION**

As cited previously, high caseworker turnover is related to greater placement disruptions for children (Unrau & Wells, 2005). Thus, one way to promote placement stability is to provide caseworkers with support from the agency. Some supports positively related to worker retention are flexible working conditions (such as flex-time schedules), providing opportunities for professional development, and providing automobile allowances (Rycraft, 1994).

**PLACEMENT STABILITY RATES IN CALIFORNIA FOR CHILDREN IN CHILD  
WELFARE 2003-2006  
(by number of placements)**

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Source: Needell, B., et al. (2008). Child Welfare Services Reports for California. Retrieved 07/24/08, from University of California at Berkeley Center for Social Services

California					
Number of Placements	2002	2003	2004	2005	2006
Two or Less Placements	79.4%	79.3%	80.7%	81.3%	81.7%
Three or More Placements	20.6%	20.7%	19.3%	18.7%	18.3%

## IMPORTANT CONSIDERATIONS

For child where placement moves are inevitable, there are some important considerations to attend when deciding to move. These include:

- ❖ Recognizing the importance that children place on their possessions. For many of these children this is their link to the past (Holstrom, 1999). In previous studies children have stated that their belongings go missing or are stolen by other residents, or gifts and items given to children are taken away when they are moved (Skuse & Ward, 2003).
- ❖ When possible allow children the opportunity to participate and represent their decisions. Children who feel that their desires and feelings are heard related to placement outcomes, such as the risk of disruption. Some important questions to ask, that can to monitor the affect a child's placement is having on him/her are:
  - How are they doing in their family, school, and emotional adjustment?
  - Do they remain in their permanent homes?
  - What services do families need, and use, to maintain permanency?
- ❖ Early intervention: providing detailed assessments of children and identifying risk factors should be an important component of the early stages of placement planning.
- ❖ Properly screen and recruit foster parents. Foster parents who have the knowledge and skills to manage aggressive behaviors is associated with greater stability for children. Foster parents need to have the understanding for why children act out or show aggressive and delinquent behaviors and the skills to effectively manage these behaviors.

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- ❖ Place children who have severe emotional and/or behavioral problems in placements where there are no other children.
  - ❖ Include the family in the decision-making process for finding placements, as the initial placement is of great importance for children's functioning, relationships, and overall well-being.

## **SUGGESTED TOOLS TO MONITOR AND EVALUATE PLACEMENTS**

- ❖ Using standardized measures and questionnaires is one way to support the endeavor of ensuring placement stability for children. These assessment tools and questionnaires can facilitate communication, provide accountability, reduce subjectivity, provide guidance as to pertinent information to consider, and generate further understanding to promote positive changes. Some of these tools and assessments can also involve parents in providing their opinions and voices concerning the child welfare services they receive. Involving parents may help to enhance their competency and lead to children returning to a stable family placement more quickly. These are some of the available measures and tools to assist with efforts for placement stability:

- **Casey Foster Applicant Inventory-Worker Version (CFAI-W, Buehler, Orme, Cuddeback, & Le Prohn, 2007) & the Casey Foster Applicant Inventory-Applicants (CFAI-A):**

The CFAI-W is intended to assess the potential of foster family applicants to serve as foster parents and provide quality foster care. The CFAI-W is an 82 item measure and shows good validity and reliability. The CFAI-A is a 74 item measure that asks foster applicants to respond to questions about their feelings, personal beliefs and family characteristics. The CFAI for both applicants and workers typically is completed in 30 minutes.

The CFAI-W measures 12 domains: Providing children with safe and secure environments, Providing children with nurturing environments, Promoting children's educational attainment and success, Meeting children's physical and mental health needs, Promoting children's social and emotional development, Supporting children's cultural needs, Supporting permanency planning by connecting children to safe nurturing relationships intended to last a lifetime, Managing ambiguity and loss for the foster child and foster family, Growing as a foster parent by pursuing training, developing



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needed skills, and managing complexities of the fostering role, Managing the demands of fostering on personal and familial well-being, Supporting relationships between foster children and their birth families, Working in partnership with other members of the foster care team.

There is a manual that can be retrieved at no cost and it is highly recommended that this manual be read and used prior to administering and scoring the CFAI:

*Buehler, C., Orme, J. G., Cuddeback, G. S., Le Prohn, N. Cox, M. E. (2006). Casey Foster Applicant Inventory (CFAI): User's manual, (2nd ed.). Knoxville, TN: University of Tennessee, Children's Mental Health Services Research Center.*

The measures can be retrieved at no cost at:

<http://utcmhsrsrc.csw.utk.edu/caseyproject/tools.htm>

These tools are also web-based and can be accessed at:

<http://www.fosterfamilyassessments.org>

- **The Parents With Children in Foster Care Satisfaction Scale**  
Poertner, J., Harris, G., & Joe, S. (2004). This 24 item scale assess parental satisfaction with services for families who have children in out-of-home placements. The scale demonstrated high reliability with a Cronbach's alpha of .97. Validity was examined through the inclusion of a general satisfaction scale.
- **The Parent Satisfaction with Foster Care Services Scale**  
Stephen A. Kapp & Rebecca H. Vela, 2004. (see Appendix A).
- **Placement Stability Survey** (see Appendix B). The Ohio Department of Job and Family Services (ODJFS) developed this survey to examine agency practices and activities that impact placement stability. This survey attains information concerning: Agency use of supplemental/concurrent planning, number of workers assigned to a care, average caseload, case transfer process, services provided to children and substitute caregivers, efforts to preserve family connections, and resources strategies for recruiting families.
- **Workers Role: Visits with Children** (see Appendix C): These questions are to be asked of children residing in foster care to better facilitate children's involvement in the process of maintaining stable placements. These questions are compiled by the Children and Family Services Division, Iowa Department of Human Services

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## CONCLUSIONS

While placement changes for children in the Child Welfare System are inevitable and at times circumstances make it more beneficial and needed, the review highlights how important it is to minimize the number of changes children experience. Held (2005) identified some of the key components for improving practices for increasing the probability for placement stability. These include (but are not limited to):

- 1) Strong tracking and case planning to ensure that “foster drift” is avoided to achieve permanence
- 2) Early intervention
- 3) Increasing the availability and use of placement choice
- 4) Increasing multi-agency support

It is essential that children being moved in and out of their placements are moved because of the child's identified needs not because of the unavailability of placements (Gillen, 2005). Also there is strong and conclusive evidence that providing support to foster parents (and kin) reduces the likelihood that a placement disruption will occur (Gibbs, 2005).

While there is a great deal of research examining placement stability for foster children, many of these studies rely on case review studies, which may not reliably represent a particular perspective, such as foster children or birth parents. As recommended by Unrau (2007), in order to adequately understand why and how placement instability or stability occurs, future research needs to understand the diverse perspectives of all groups involved in placements. Taking heed to this recommendation means understanding the implications of placement stability from multiple areas, not just relying on frequency or rates of placement moves. It is hoped that the provided measures in this review as well as other measures will lead to a richer understanding for how and why placement stability affects children.

## ADDITIONAL RESOURCES

- ❖ National Resource Centre for Family-Centered Practice and Permanency Planning – [www.hunter.cuny.edu/socwork/nrcfcpp/](http://www.hunter.cuny.edu/socwork/nrcfcpp/)
- ❖ Oregon Social Learning Centre – [www.oslc.org](http://www.oslc.org)
- ❖ Child and Adolescent Services Research Centre – [www.casrc.org](http://www.casrc.org)
- ❖ California Evidence Based Clearinghouse for Child Welfare – [www.Cachildwelfareclearinghouse.org](http://www.Cachildwelfareclearinghouse.org)

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**APPENDIX A:**  
**The Parent Satisfaction with Foster Care Services Scale**

*Stephen A. Kapp & Rebecca H. Vela, 2004*

**Please circle the appropriate response next to the question.**

<b>My worker treats me with respect.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My worker is clear with me about what she/he expects from me and my family.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My worker is working with me to get my child/children back.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My worker helps prepare me for meetings and court hearings.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>In meetings, my worker stands up for me and my children.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My worker respects my values and beliefs.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>Overall, I am satisfied with my worker.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>_____ (agency) has realistic expectations of me.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>Overall, I am satisfied with the services I have received from the agency.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>If I could, I would refer other families who need help to this agency.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My worker asked for my opinion about the problem my family and were having.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My worker asked for my opinion about the services my family and I needed.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My worker has included me in decision-making</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>The agency or my worker has told me my rights.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>I knew who to call if I felt that my rights had been ignored.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>

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<b>The services and resources provided helped me/will help me get my child/children back.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>The case goals will prevent future out-of-home placement of my child/children.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>____(agency) has helped my family do better.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My worker was respectful of my family's culture/ethnic background.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>I felt comfortable talking with my worker about what my culture and race have do with my situation</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My worker spoke the language most appropriate for me and my family.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>Overall, I am satisfied with the services I received/am receiving.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>My social and rehabilitation services (SRS) social worker treats/treated me with respect.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>
<b>Overall, I am satisfied with my SRS worker.</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>

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## APPENDIX B: Placement Stability Survey

Source: Ohio Department of Job and Family Services, Office for Children and Families

1) Agency Name

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2) Contact Person, Title, and E Mail Address

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3) What type of children experience the greatest number of placement moves in your agency? **(Please rank from greatest to least number of moves; 1=greatest and 5=least.)**

TYPE OF CHILDREN	RANKING
Physically Abused	
Neglected Children	
Sexually Abused Child	
Dependent Children	
Unruly/delinquent Children	
Other (specify)	

4) In your agency, on average how many workers are assigned to a child/family substitute care case? **(Check as appropriate to your agency).**

TYPE OF WORKER	NUMBER OF WORKERS
Child Caseworker	
Child Caseworker/Family Caseworker	
Family Caseworker	
Resource Caseworker (Placement Caseworker)	
Generic Caseworker	
Other (specify) _____	

5) If your agency has multiple caseworkers involved with the child, family and foster caregiver, do you think this has had an adverse impact on achieving stability of the placement?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please describe:



6) For each type of worker identified in #4 above, what is the average caseload size?

TYPE OF WORKER	AVERAGE CASELOAD
Child Caseworker	
Child Caseworker/Family Caseworker	
Family Caseworker	
Resource Caseworker (Placement Caseworker)	
Generic Caseworker	
Other (specify) _____	

7) Does your agency have a written policy or procedure for case transfer?

☐ Yes

☐ No

8) What is the average length of time it takes to transfer the case from one section to another? (**Complete as appropriate to your agency**)

SECTION	DAYS TO TRANSFER
Assessment/Investigation to Substitute Care	
In-home/Protective Supervision to Substitute Care	
Substitute Care to Adoption	

**\*\*This does not include foster-to-adopt placements**

9) Is a new case worker assigned when a child is transferred from one section to another? (**Complete as appropriate to your agency**)

	From Assessment/ Investigation to Sub Care	From In home/Protective Supervision To Substitute Care	From Substitute Care To Adoption	From Generic To Substitute Care	From Generic To Adoption
New Case Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10) What type of communication occurs when a case is transferred?

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**(Please check all that apply.)**

\_\_\_\_\_ Face to Face between caseworkers

\_\_\_\_\_ Written Communication

\_\_\_\_\_ Face to Face including the Family

\_\_\_\_\_ Face to Face between supervisors

\_\_\_\_\_ Phone Contact between caseworkers

\_\_\_\_\_ Phone Contact between supervisors

\_\_\_\_\_ E-mail

\_\_\_\_\_ None

\_\_\_\_\_ Other

11) When the case of a child in substitute care is transferred from one caseworker to another, what is the average length of time between the last face-to-face contact with the child by the original caseworker and the first face-to face contact with the child by the new case worker? **(Please check response)**

☐ 1-3 days   ☐ 4-7 days   ☐ 8-14 days   ☐ 14-30 days   ☐ more than 30 days

12) When the case of a child in substitute care is transferred from one caseworker to another, what is the average length of time between the last face-to-face contact with the substitute caregiver by the original caseworker and the first fact-to-face contact with the substitute caregiver by the new caseworker?  
**(Please check response)**

☐ 1-3 days   ☐ 4-7 days   ☐ 8-14 days   ☐ 14-30 days   ☐ more than 30 days

13) Does your agency require a joint, introductory visit by both caseworkers to the child and substitute caregiver when a case is transferred?

☐ Yes      ☐ No

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14) Does your agency require the use of genograms to assist in identifying potential relative caregivers?

☐ Yes      ☐ No

15) If yes, when is this genogram completed? (Please check all applicable boxes)

- ☐ As part of intake  
☐ As part of the assessment/investigation  
☐ Following case transfer

16) Does your agency have staff other than case workers whose responsibility is to address the issues related to substitute care placement changes and/or disruptions?

☐ Yes      ☐ No

If yes, what are their responsibilities?

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17) What type of foster care placements does your agency utilize in placing children? Rate them from type that is made to the type used least. (1=type most used, 5=type used least)

PLACEMENT TYPE	RANKING
Relative/extended family placements	
Licensed foster families	
Residential facilities	
Foster care network	
Out of county placements	
Out of state placements	
Non-custodial mother	
Non-custodial father	
Parent	
Guardian	
Custodian	
Other (specify)	

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18) Please share one successful recruitment strategy for resource families (foster caregivers) used in your county.

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19) Who is involved in the initial placement decision in your agency? (Please check all that apply)

Case Worker(s)	<input type="checkbox"/>	Court Officials	<input type="checkbox"/>
CW Supervisor(s)	<input type="checkbox"/>	GAL/CASA	<input type="checkbox"/>
Foster Care Specialist(s)	<input type="checkbox"/>	Mental Health Worker(s)	<input type="checkbox"/>
Parent	<input type="checkbox"/>	Family Case Conference	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	Agency Legal Advisor	<input type="checkbox"/>
Custodian	<input type="checkbox"/>	Agency Administrator	<input type="checkbox"/>
Non-Custodial Mother	<input type="checkbox"/>	Service Providers	<input type="checkbox"/>
Non-Custodial Father	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Relatives	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

20) If your agency has a formalized group which always meets to make recommendations on the initial placement of children, who are the members of the group? (Please check all that apply)

Case Worker(s)	<input type="checkbox"/>	Court Officials	<input type="checkbox"/>
CW Supervisor(s)	<input type="checkbox"/>	GAL/CASA	<input type="checkbox"/>
Foster Care Specialist(s)	<input type="checkbox"/>	Mental Health Worker(s)	<input type="checkbox"/>
Parent	<input type="checkbox"/>	Family Case Conference	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	Agency Legal Advisor	<input type="checkbox"/>
Custodian	<input type="checkbox"/>	Agency Administrator	<input type="checkbox"/>
Non-Custodial Mother	<input type="checkbox"/>	Service Providers	<input type="checkbox"/>
Non-Custodial Father	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Relatives	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

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21) What are primary criteria utilized by your agency in arriving at a placement when the need for placement is an emergency, the decision to place is made by:

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22) What criteria is utilized in determining the most appropriate placement setting for the child? Rank them according to the importance to your agency. (1= being the most important and 5 being the least important).

CRITERIA	RANKING
Matching Process	
Availability of Foster Care Placement	
Availability of Relative Placement	
Utilizes an assessment tool (specify)	
Other (specify)	
Other (specify)	

23) Does your agency establish a Supplemental/Concurrent Plan for the children who were removed from their homes (Check the appropriate box)

☐ Yes      ☐ No

If yes, at what stage does your agency establish a Supplemental/Concurrent Permanency Plan? (Please check all that apply)

Initial Placement	<input type="checkbox"/>
First SAR	<input type="checkbox"/>
Annual Review	<input type="checkbox"/>
Other	<input type="checkbox"/>

24) What type of supportive services are available for child(ren)/foster caregivers in your county? Rank what services assisted in maintaining the stability of the placement. (1 being the most important, 5 being the least important. You may rank more than one service as a number 1).

SERVICES	RANKING
Paid/subsidized respite care	
Paid/subsidized day care	
Trained staff to help foster caregivers	
Regular training for foster families	
Supportive multi systems (MH, Substance Abuse etc.)	

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Foster caregiver organization/buddy system	
Foster caregiver picnic/get together	
Foster caregiver newsletter	
Provide transportation	
24 hour access to resource staff	
Prepare child(ren)/foster families for new experience	
Foster caregiver support group	
Other (specify)	
Other (specify)	

25) In addition to supportive services, what other practices have impacted placement stability?

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26) Please share one effective practice for working with non-custodial fathers to preserve connections for the child(ren).

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27) Please share one effective practice for working with non-custodial mothers to preserve connections for the child(ren).

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28) Please share one effective practice for working with parental relatives to preserve connections for the child(ren).

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29) Please share one effective practice for working with extended family members to preserve connections for the child(ren)

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30) Following placement into substitute care, when does the first parent/child visit typically occur? (Please check applicable timeframe)

☐ 1-3 days   ☐ 4-7 days   ☐ 8-14 days   ☐ 14-30 days   ☐ more than 30 days

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31) On average, how many visits per month does a child in substitute care have with his or her parent/guardian/custodian in your county? (Please check applicable timeframe)

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5 or more

32) Are substitute caregivers involved with parent/child visitation? (Please check appropriate box)

☐ Yes      ☐ No

If yes, please explain: \_\_\_\_\_

33) Do parents/guardians/custodians have contact with substitute caregivers other than parent-child(ren) visitation? (Please check appropriate box)

☐ Yes      ☐ No

If yes, please explain: \_\_\_\_\_

34) Do non-custodial parents and foster parents have contact other than parent-child(ren) visitation?

☐ Yes      ☐ No

If yes, please explain: \_\_\_\_\_

35) In addition to the caseworker, are there any other staff within or outside the agency that are responsible for visiting the child? (Please check appropriate box)

☐ Yes      ☐ No

If yes, please explain: \_\_\_\_\_

36) Please share the greatest challenge facing your agency in maintaining placement stability.

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37) Any other comments:

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**Thank you for in this survey. The results will be analyzed and a report will be written based on the results to demonstrate certain practices that may or may not reflect stability in foster care.**



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**APPENDIX C:**  
**WORKERS ROLE: VISITS WITH CHILDREN**  
**QUESTIONS TO ASK RELATED TO PLACEMENT**

Compiled by the Children and Family Services Division, Iowa Department of Human Services

- 1) How are you and your foster family getting along?
- 2) Do you think you and your foster family are a good match?  
Why or why not?
- 3) Are there any other children or adults who live here? If yes, how do you get along with them?
- 4) What are some things you and your foster family do for fun?
- 5) Do your parents live together?
- 6) Do you ever get to see your parents? Mother? Father?
- 7) Do you get along with your mother and father during these visits?
- 8) Have there been any big changes between you and mom or dad in the last year?
- 9) Where do you visit your parents? Mother? Father?
- 10) Do you know why you are not living with your parents? Mother? Father?
- 11) Do you want to live with your parents? Mother? Father?
- 12) What help does your family need so you can live together or what would need to be different for you to live with your parents? Mother? Father?
- 13) Where do you think you will be living in the next year?
- 14) Is there anything else you would like to tell me about you and your parents?  
Mother? Father?