



INFORMATION FROM THE PROGRAM MANAGEMENT TEAM

The theme for this edition of Nuts & Bolts is "**Placement Stability**". And for your convenience, Nuts & Bolts is also available on the SAFE website, so you can revisit it as often as you'd like! Much of the information we share in Nuts & Bolts comes from questions we receive from staff. So please email the appropriate program administrator if you have questions or need clarifications around practice, or if you have practice tips or ideas that you'd like to share. Thank you!

This Month's Articles:

- [It All Begins with Intake and CPS](#), by Darren Burdette, CPS Program Administrator
- [DV Notes](#), by Del Bircher, Domestic Violence Program Administrator
- [Indian Child Welfare Act and Cultural Responsiveness](#)
- [All Roads Lead Home - Tips for In-Home Cases](#), by Angela Robbins, In-Home Services Program Administrator
- [Kinship Care](#), by Judy Hull, Kinship Program Administrator
- [Permanency Pointers](#), by Tanya Albornoz, Permanency Program Administrator
- [TAL Tips](#), by Jane Lewis, Transition to Adult Living Program Administrator
- [Adoption Advice](#), by Marty Shannon, Adoption Program Administrator
- [Substance Abuse and Mental Health](#), by Kenneth Brown, Substance Abuse/Mental Health Program Administrator
- [Interstate Compact for Placement of Children \(ICPC\)](#), by Scott Hodges, ICPC Program Manager

IT ALL BEGINS WITH INTAKE AND CPS

By Darren Burdette, CPS Program Administrator

Over the past several months, I have asked you to consider the impact that we have on a case at many different levels. So, it is also fitting that we consider our specific role regarding placement stability.

At Intake, we have the ability to ask additional questions regarding the protective capacities of the caregiver. From the overview of the Safety Decision-Making Model training that you received, you will recall that protective capacities include both the characteristics of the caregiver and the resources that directly manage identified threats of harm to the child. So, as we learn about and document concerns that may threaten harm to a child, you should also consider questions that will help you to understand the protective capacities of the caregiver.

When safety can be appropriately managed in the home (with or without ongoing supports and services), this is always preferable and will create placement stability for the child. However, at times, a child may not be able to remain in their home due to unmanaged threats of harm. Again, CPS can ask additional questions regarding resources or supports that can be explored to provide an alternate, but stable, out-of-home placement for the child while safety issues are being addressed.

Remember... it all begins with Intake and CPS.

I would love to hear of any tips that you have used in your Intake and CPS work or if you have any questions about your work, so please email me at DBURDETT@utah.gov.

DV NOTES

By Del Bircher, Domestic Violence Program Administrator

As we begin to look at issues of placement stability, we know that families who engage in domestic violence are also at high risk for abuse and neglect. According to Practice Guidelines; Section 600, 21-24:

There is a high, positive correlation between domestic violence and child abuse and neglect. Domestic violence is not only an act of aggression against the adult victim in the home; it is also a dangerous act that places children at risk for abuse and neglect.

This information requires that we pay special attention and caution at the time of initial placement. For example, we need to ensure that we have full knowledge about domestic violence issues prior to placement. This is especially true when looking at a potential kinship



placement. Children who have been exposed to domestic violence may be more aggressive in placements. It is necessary to educate potential foster parents of the potential for aggressive behaviors of children prior to placement. This may require special planning and preparations for Child and Family Team Meetings or writing a treatment plan to ensure safety for all involved in the case. The team may be able to identify early behaviors that may require therapeutic intervention. This is likely to be different for every family. By carefully reviewing the case prior to placement, we are more likely to maintain a child in a placement.

It is also important to consider the stability of a family during reunification. Just because a family has had difficulties with domestic violence in the past does not mean that they may not have made changes necessary to keep a child safe. The core Safety Model should always be reviewed and applied with each family.

As always, I depend on all of you who are doing the work day-to-day to give me ideas on how casework can be delivered. Please feel free to contact me directly. I appreciate your emails, dbircher@utah.gov.

INDIAN CHILD WELFARE ACT AND CULTURAL RESPONSIVENESS

We are currently in the process of hiring a new program administrator for this position.

ALL ROADS LEAD HOME - TIPS FOR IN-HOME CASES

By Angela Robinson, In-Home Services Program Administrator

Placement stability sounds like something only Out-of-Home workers need to worry about. However, In-Home workers play a key role in helping maintain placement stability. This work is done *prior* to a child needing out-of-home care.

The first priority of Child and Family Services is to keep children safe from threats of harm. Children should remain with their own family whenever it is safely possible. In-Home Services are provided to preserve the family unit and keep children safe within the context of their own family. This is the most ideal type of placement stability.

However, there are times when children are not able to safely remain in their own homes. In these situations, In-Home workers play a key role in working with the family and the Child and Family Team in identifying the most appropriate place for the children to go until they can safely return to the home.

In-Home workers begin identifying the most appropriate Out-of-Home placement when selecting the Concurrent Plan for the permanency goal. Ensuring that this is a viable option saves time and confusion, should the need arise to remove the child from the home. This also



allows the person(s) identified as the Concurrent Plan placement to be involved in the Child and Family Team and to be part of the decision-making process from the beginning.

Do you have “new” ideas to freshen up casework? Do you have any “out of the box” tips that other In-Home workers can try? I’m looking for tried and true ideas from the field to share with other caseworkers. Please send any of your engaging, teaming, assessing, planning, intervening, or organizational tips to AROBBINS@utah.gov. Thank you in advance!

KINSHIP CARE

By Judy Hull, Kinship Program Administrator

The Federal Government defines placement stability as the percentage of children who have been in foster care less than 12 months and have had up to two placements during their stay in foster care.

Child Welfare for the 21st Century (Mallon and Hess, 2005)* describes placement instability as the percentage of children that remain in foster care long-term, who have begun to exhibit a pattern of placement disruption, older youth, and children in treatment placements.

Kinship care can help with placement stability. Kinship care can provide an opportunity to keep family and/or friends together through a time of crisis and allow the child to continue to grow up in a familiar environment, absorbed by the cultural values and affection that family and/or friends can provide.

Child and Family Services workers can help with placement stability by following Practice Guidelines to assure that the appropriate steps and assessments are complete before and during the case to help maintain the child in the placement and provide long-term care for the child. Supporting the kinship caregiver is another major factor involving placement stability for a child.

Kinship Practice Guidelines can be found at <http://www.hspolicy.utah.gov/dcfs/pdf/500.pdf> and include:

- 501. Kinship Services - Philosophy, Active Search, And Preferences For Placement
- 502. Kinship Services - Preliminary Placement
- 503. Kinship Services - Evaluation and Support For Ongoing Care Of A Child
- 504. Kinship Background Screening Process

Additional Kinship Tools and Job Aides can be found in SAFE under Kinship. Kinship Questions and Answers can be found on the SAFE website.



* Mallon, Gerald P. (2005). *Child Welfare for the 21st Century*. New York, Chichester, West Sussex: Columbia University Press.

I would love to hear from you about your work with kinship families. Please email me at JUDYMILLER@utah.gov.

PERMANENCY POINTERS

By Tanya Alborno, Permanency Program Administrator

More than ever before, we need to make placement stability for the children in our care a priority issue. Recent research has proven that there is a correlation between the number of placements a child has and the incidence of mental health issues that a child may experience during their lifetime. Over time, research has also clearly demonstrated that the fewer placements a child has, the more successful the child will be in the long run. Research has also shown how detrimental multiple moves are, especially to children 5 and under who are in crucial stages of brain development and learning how to form healthy attachments. What is clear is that we need to do better at finding stable placements for our children, and decrease the amount of moves that a child has while they are in the foster care system.

The standard set by the federal government for placement stability on the Child and Family Services Review (CFSR) is that a child should only experience two placements while in foster care. While to some that may seem impossible to achieve, if each person on the Child and Family Team made placement stability a meaningful goal, the outcomes would undoubtedly be better for the children we serve.

Recently, we have been exploring ways of decreasing the number of placements our foster children experience, which in turn will lead to better outcomes for the children we serve. The recent changes in the law that allow us to immediately place in kinship homes will help us place children with family that know them and with whom they already have relationships. In addition to the kinship changes, we are also exploring ways to improve respite for foster families, and ways to improve our process of placement when a child first comes into our custody.

So what are some things that you as a foster care worker can do right now to improve the placement stability of the children you serve?

1. Take extra time to engage with the foster parent and child at each home visit.
2. Allow the foster parent to read the file and give them any relevant information that will help them to effectively prepare for caring for the child. We are required to give this information prior to placing the child as well as any time we may discover new information regarding the child.



3. Keep the foster parents informed of the permanency and concurrent plan for the child and encourage them to actively participate on the Child and Family Team.
4. If a foster parent calls you with concerns regarding the child placed with them, take the time to listen to their concerns and try to problem solve with them. If you are unable to offer any suggestions, contact the RFC or a clinical worker in the region that may be able to help. Also, contact the child's therapist and talk with them regarding the situation. Make every effort to support the foster parent. Depending on the severity of concerns, you may want to convene a Child and Family Team Meeting to discuss what is happening and help the foster parent feel supported. Chances are if you wait to take action, the situation will get worse and may eventually lead to the foster parent requesting that the child be removed from their home.
5. If a foster parent is struggling, you may also refer them to their cluster facilitator and/or another foster parent that may be more experienced in working with the types of issues that the child is experiencing. The Foster Care Foundation has information on the clusters as well as excellent trainings on specific issues (such as attachment, ADHD, etc.) that a foster parent can access to help them better understand the issues that our children face and how to deal with those issues.
6. Sometimes on cases where you are working with a family towards adoption with a child, the family may express to you that they are not ready or willing to adopt the child. If this happens, explore with the family their willingness to have the child remain with them until you can find another potential family for the child. Create a meaningful transition plan with the old foster family and new family. Please do not feel that you need to immediately remove a child from a home if they are not willing to adopt. In addition, if a foster family has expressed that they are not willing to adopt, avoid pressuring them regarding the situation.

I invite you to email me your experiences and/or questions at TALBORNO@utah.gov for inclusion in a future edition of Nuts and Bolts.

TAL TIPS

By Jane Lewis, TAL Program Administrator

Permanence—the word brings to mind thoughts of forever...safety...security. When the word permanence is integrated into child welfare policy language, it suggests long-term and meaningful connections—an attachment—between a child and a caring adult. However, the reality is that children in foster care, who have been victims of abuse and neglect, move—a lot.

There is consensus among many of us that too many children experience too many different placements in foster care. Multiple placement moves disrupt the continuity of children's relationships with caregivers and community, their education, and their medical care.



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Several studies have indicated that older children are more likely to experience placement disruptions than younger children. This may possibly be due to lower tolerances among caseworkers and foster parents dealing with the developmental needs and risk-taking behaviors of an adolescent deteriorating relationship with caregivers, which can initiate placement breakdown. Caseworker turnover, too, has a negative association with placement stability, prohibiting the development of strong relationships between youth, foster families, and partner agencies.

There is no single perfect solution that will immediately improve the stability of young people who we look after; however, research has found that greater caseworker contacts and rapport building with foster parents is associated with increased placement stability. Throughout the year, caseworkers and foster parents will complete a parallel training relating to youth in transition, thus increasing our understanding of the issues of the young people in our care.

This relationship is key to improved placement stability!

Please share your casework ideas, successes, and struggles related to TAL Services by emailing me at JHLEWIS@utah.gov.

ADOPTION ADVICE

By Marty Shannon, Adoption Program Administrator

Stability for children in Utah's foster care system has decreased in recent years. The program administrators were asked to think of ways to improve this crucial factor for children. As you are well aware, multiple moves and instability is extremely detrimental for a child's emotional well-being. Attachment disorders are highly correlated with childhood instability. A vicious cycle begins when past instability creates attachment issues, then a foster family does not feel able to keep the child, and finding another foster family who can provide stability becomes harder and harder. Multiple moves for the child are often the result.

When a child in foster care is not able to safely reunite with their family and adoption is the permanency goal, there are many things that lead to better stability outcomes in the new family.

- Resource Family Consultants (RFCs) and caseworkers can be instrumental in helping prepare prospective adoptive parents about common and anticipated challenges they may expect to encounter when raising children who have experienced abuse, neglect, and instability. Let prospective families know that it is common for children in foster care to be angry or aggressive. It is not uncommon for children in foster care to exhibit reactive or inappropriate sexual behaviors. Adoptive parents should prepare to deal with extreme anger outbursts,



aggression, as well as sexually inappropriate behaviors that may be encountered while parenting.

- Train foster parents, who are not going to adopt children, to help with the adoption transition. The negative effects of moving children can be greatly reduced by thoughtful transition planning. Help foster parents think of ways they can help a child deal with the anxiety and fear of moving in with a new adoptive family. A transition book with pictures of the new family, new house, new neighborhood, and new school is one example to help the child explore their worries before they actually meet the family. Help the foster parents understand they will most likely see increased acting out as the child feels the fear of another new family and the grief of losing the current and past families. Providing transition visits with the adoptive family is helpful for the child as well as the new family, but will most likely be difficult for the foster family as the child's anxiety is often exhibited. Encourage the foster family to make a picture book for the child to take with them as a remembrance. Always plan to stay connected so the child does not lose another family.
- Help youth prepare for a permanent family. **DO NOT ASK YOUTH;** "Do you want to be adopted?" There are many myths and misconceptions about adoption and you have no idea what the question or the answer means to a young person. The meaning of having a family needs to be explored. It requires countless conversations over time about what having supportive adults in their life can mean. The Permanency Pack can be a helpful tool to explore the subject. This can be found on the website at <http://www.fosterclub.com/pdfs/PermPact.pdf>. Youth need to have caring adults to help them answer questions, explore concerns, and allow them to continue to love their biological family as well as grieve their losses. By allowing them to do this, they are better able to become part of a new permanent family. It is critical to allow a young person time and offer support in understanding what it means to have an additional family in their life. Caseworkers can be the critical support a young person needs to better equip them in becoming part of a new and permanent family.

If you have any other information you'd like to share with everyone related to adoption services, or if you have any questions, please email me at MSHANNON@utah.gov.

SUBSTANCE ABUSE AND MENTAL HEALTH

By Kenneth Brown, Substance Abuse/Mental Health Program Administrator

In the last issue of Nuts & Bolts I noted that substance abuse alone is not sufficient cause for removal of children and that we need to look at the three criteria of the Safety Model when making that decision. The same holds true for placement stability during reunification. The Child and Family Plan has the ability to address the options for early intervention that mitigate the threats of harm to the children and provide protection instead of prompting another removal. By including the details of a Relapse Prevention Plan in the minutes of the



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Child and Family Team Meeting, the team can address the possibility of relapse and identify ways to predict, prevent, and manage a crisis without it becoming part of a court order. Especially since research shows that relapse is an expected part of recovery and those parents affected by substance abuse are likely to experience a relapse at the critical and stressful time of reunifying with their families.

Having the substance abuse treatment provider at the team meeting to help with the details of the Relapse Prevention Plan is invaluable. A good plan includes personal warning signs (thoughts, feelings, and behaviors - example, cravings) and triggers (persons, places, and things - example, sight/smell of drugs) that may set the individual up for use. It also lists how to manage those warning signs (such as cravings) and how to avoid triggers, like old friends that the individual used with in the past. It's helpful for the plan to contain the names of people to call for support when needed and where to go to feel and be safe. Of course, assuring the safety of the children is our first priority so the plan needs to discuss where the children can go to be safe or who can provide care for the children if necessary.

It's essential the plan includes what to do in the event all else fails and relapse occurs. After all, when a mugger demands your money, you only give him what's in your pocket. You don't take him down to the bank and clean out your savings account. The objective is not to let a relapse drag an individual down until they hit bottom but to recognize a slip and get them back into treatment - whether it's contacting a sponsor or attending AA meetings.

Expecting that relapse is probable and planning for it in a manner that provides for the safety of the children can improve placement stability.

If you need more information regarding substance abuse and mental health issues, please feel free to contact me at 801-538-4509 or email KHBrown@utah.gov.

INTERSTATE COMPACT FOR PLACEMENT OF CHILDREN (ICPC)

By Scott Hodges, ICPC Program Manager

A little bit of preparation goes a long way in insuring that an ICPC placement will remain stable. Interviewing the proposed placement resource helps them understand their responsibilities and expectations. It is strongly recommended that this interview take place before the ICPC is requested. This will help identify problems or issues early in the process before the child is placed, insuring that the child's needs are addressed and the placement will not fail. Below are suggested questions that will help determine if the placement is willing and able to provide a stable placement for the child.

When interviewing a placement resource, determine:

- Interest



- Capacity
- Type of placement: parent, relative, foster, or adoptive

Suggested questions:

1. What is your relationship to the child (degree of relationship)?
2. How well do you know this child? Have you had recent contact with the child? Have you previously cared for this child? How familiar are you with this child's needs? (Capacity to deal with any emotional, physical, educational handicaps, etc.).
3. What resources are available in your area, i.e., mental health centers, physical rehabilitation centers, etc., to meet the special needs of this child?
4. Do you have the means to transport this child to any therapy appointments that may be required, and are you willing to do so?
5. What is the quality of your relationship with the child's parent(s) in particular, and with the child's other relatives in general?
6. (If applicable) If there is a court order prohibiting contact with (a specified person, including one or more of the parents), how will you enforce the court order?
7. Do you have the "space" to accommodate the child in your home? How many other children are presently in the home?
8. What kind of disciplinary strategies do you employ in dealing with your own children, and is this the technique you will continue to utilize if this child is placed in your care? (If they are not within the specified degree of relationship.)
9. Can you assume the financial and medical costs of caring for this child without public assistance? If necessary, are you willing to become licensed foster parents? Are you willing to complete the required training? Will you contact your local TANF unit to determine if there are any available financial assistance programs for you to care for children from Utah?
10. Are you prepared to work with the local agency in achieving reunification or other permanency for the child?
11. If all the adults in the household work, what are your childcare arrangements?

If you need more information regarding ICPC, please feel free to contact me at 801-538-4093 or email SRHODGES@utah.gov or Danelle England, ICPC Coordinator, at 801-538-4513 or by email at DENGLAND@utah.gov.

