

**Susan FitzGerald**

for the William Penn Foundation

## FROM EVIDENCE TO ACTION

**“The question is how can we promote stability and get children more quickly into a permanent, stable placement, whether that be at home with their parents or, if necessary, through a kinship or foster care placement?” — Dr. David Rubin, Director, PolicyLab**



**Marie had watched enough friends and family members raise children that she knew without a doubt that becoming a foster parent would be a challenge.** But nothing truly prepared her for the ups and downs that began to unfold when she took 4-year-old Brianna and 18-month-old Tommy into her home.

“I didn’t go into this thinking it would be a walk on the beach,” Marie says, “but it can be really stressful.”

Brianna, now 5, began to act out—lying about whether she had brushed her teeth or washed her face, refusing to eat breakfast, and laughing when she was corrected instead of taking to heart that she had done something she wasn’t supposed to do.

“When Brianna is good and lovable and kind and compassionate, she’s all of that,” Marie says. “The one time she does not get her way or you challenge her, she does a complete turn.”

Marie lives in a Philadelphia suburb and requested that pseudonyms be used to refer to her and her foster children. She is now learning some new parenting techniques that seem to be helping. She is taking part in an intensive parent-child intervention program that grew out of a research initiative funded by the William Penn Foundation, aimed at identifying strategies to increase

the chances that foster children achieve stable placements instead of bouncing from home to home.

Studies have shown that children in foster care are at elevated risk for behavior and health problems, and long term they are at risk for homelessness, school drop-out, and incarceration. Brianna and her little brother Tommy are lucky. They have been cared for by Marie and her long-time boyfriend for a year and a half and Marie said she and her partner would be interested in adopting the children if the opportunity presents itself. But many foster children accumulate a string of addresses, with each move meaning new adults with which to forge relationships, a new school, and adjusting to a new set of circumstances and expectations. The disruption is a lot for any kid to handle.

“Things can get complicated very quickly for foster children,” says Dr. David Rubin, a pediatrician and director of PolicyLab at The Children’s Hospital of Philadelphia, a research center that focuses on children’s health and well-being and is dedicated to using research findings to drive changes in real-world practice and policy. “The question is how can we promote stability and get children more quickly into a permanent, stable placement, whether that be at home with their parents or, if necessary, through a kinship or foster care placement?”

*Susan FitzGerald is a Philadelphia-area writer who specializes in children’s health issues. She is co-author of a new parenting book, Letting Go with Love and Confidence: Raising Responsible, Resilient, Self-Sufficient Teens in the 21st Century, to be published by Avery in August 2011.*





**PolicyLab's Rubin says that despite the public's perception that troubled parents likely have troubled relatives, research shows that foster children are more likely to settle into a stable situation early on when they are placed with relatives, perhaps because they can maintain more family relationships and relatives are often more vested in making the arrangement work.**



To get at that question, the Foundation funded researchers at PolicyLab to conduct The Children's Stability and Well-Being (CSAW) Study, under Rubin's leadership. In partnership with the city of Philadelphia, the researchers tracked 410 foster children ages three to eight to see what happened to them during their first 18 months in foster care. The researchers interviewed caregivers and caseworkers each time a child changed placement to understand what issues led to their movement. According to Sarah Zlotnik, Senior Strategist at PolicyLab, researchers looked at factors such

as the timing of moves; how quickly children were placed in a permanent living situation; the number of children in the foster home; the relationship of the foster parent to the children (relative or non-relative); the child's behavior; and the stress level of the caregiver. The CSAW study recently expanded to look at how children's experience in foster care affects their educational achievement. With input from teachers and the Philadelphia School District, researchers are analyzing such factors as classroom behavior, absenteeism, and disciplinary problems at school.

While study results on the experience of the 410 children will not be fully analyzed until later this year, researchers used preliminary findings to issue an “Evidence to Action” report in 2009, including recommendations on ways to improve foster care policies and practices to better promote the stable placement of children. They called on state and federal administrators involved in child welfare to require more aggressive identification of relatives who might serve as kinship caregivers right from the start; lower the limit on the number of unrelated children allowed in foster homes; and provide more investment in “therapeutic parenting interventions” to increase caregivers’ capacity to support children in their care. PolicyLab researchers have already begun to assist in responding to these recommendations by working with officials at Philadelphia’s Department of Human Services (DHS) to strengthen policies to promote the transition of children into kinship care. The researchers are also working with Philadelphia’s DHS and Department of Behavioral Health to pilot a therapeutic parenting intervention program at two Philadelphia foster care agencies.

The payoff of such efforts could be huge. In Philadelphia alone, about 3,200 children are placed in the foster care system. Across the United States, about half a million children are in foster care. National statistics show that two-thirds of the children in foster care for more than a year experience three or more placements.

“CSAW gives us an opportunity to use data and research to inform policy and practice,” says DHS Commissioner Anne Marie Ambrose. “Philadelphia is proud of its use of kinship

care, and (CSAW’s) data support the benefits of placing children with family. We are encouraged by our collaboration with the Philadelphia Department of Behavioral Health, which has led to trauma-informed parent-child interventions. I believe the work we are doing could have a long-term impact on the children we serve.”

To understand the issue of stability, CSAW uses three measures: early stability, meaning a child achieves stable placement within 45 days; later stability, where a stable placement is achieved between 45 days and nine months; and instability, where a child does not achieve permanent placement. PolicyLab’s Rubin says that despite the public’s perception that troubled parents likely have troubled relatives, research shows that foster children are more likely to settle into a stable situation early on when they are placed with relatives, perhaps because they can maintain more family relationships and relatives are often more vested in making the arrangement work.

Preliminary findings from the CSAW study showed that only 15 percent of children who entered kinship care became unstable compared to more than 30 percent of children who entered non-relative foster care. Kinship homes were also more likely to have fewer children—a factor that increases the chances a foster child will settle into a stable placement.

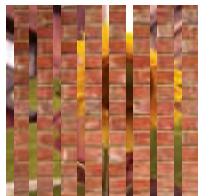
Susan Dougherty, a psychologist and research scientist with PolicyLab and the CSAW study, says behavioral issues are often the reason foster parents cite for why they want to end a placement arrangement. It is not that foster

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#### TO ACTION:

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kids are bad or foster parents are inadequate, but the children are coming into the foster care system with complicated family histories and emotional or mental health issues that have been unattended or perhaps misdiagnosed. A lack of available mental health services may prompt doctors to more quickly prescribe psychotropic drugs to foster children instead of trying non-pharmaceutical interventions first.

Dougherty says foster children often experience not only the trauma of having to leave a

familiar home, but also the stress of whatever circumstances led to their being placed in protective services. She says the traumatized feelings can exhibit in different ways, including tantrums, aggressiveness, mood swings, sleep issues, inattention, distractibility, being hesitant to attach to a new caregiver, or being clingy. Preliminary data from the CSAW study found that nearly a third of children entering their first placement have behavioral health issues, which sometimes went unrecognized and untreated. These behavioral and emotional issues can become worse when

a child experiences disruption in care, such as being moved from one foster home to another. Other children entering the foster care system with no emotional or behavioral issues may develop such concerns due to the disturbance of being moved from one foster home to another. Unfortunately, children with behavioral issues can be hard to place and difficult to keep in a stable placement. As a result, an escalating cycle continues between placement instability and increasing behavioral problems.

Christine Nichols, clinical director at Bethanna, a Philadelphia agency that provides foster care services, says some children come into the foster care system with family histories that are almost impossible to piece together. A recent case involved two young brothers who had lived in multiple settings, including a homeless shelter.

“We have little information about what happened to the children during that time. What we do have is how the children are in the moment,” Nichols says. The boys needed constant supervision and reassurance. Their behaviors mirrored their anxiety about the chaos in their lives. The foster mother told the caseworker, “I don’t know if I can do this. I don’t know if I can handle tantrums every night.” Nichols and her colleagues helped the foster mother through her feelings of despair by developing interventions to support her in continuing to care for the boys.

Rubin says the CSAW study points to the need for more funding for mental health services for children in foster care as well as additional help for the foster parents. The project

has expanded to include a pilot therapeutic parenting intervention program, funded by The Annie E. Casey Foundation, that teaches foster parents how to interact with the child in a way that promotes good behavior and better bonding. That program, offered at Bethanna and Jewish Family and Children’s Services, includes two components: a six-hour skills training for foster parents, kinship parents, and agency social workers in adult-child relationship enhancement, and a weekly evidence-based therapy (Parent-Child Interaction Therapy) with the child and caregiver delivered to a subset of children with higher behavioral health needs.

For Marie, the Montgomery County foster parent, these parent-child intervention programs are providing some new ideas and reinforcing some instincts she already had. She is learning to focus on positive behaviors rather than getting caught up in negative ones and to use praise in specific ways to reinforce her foster children’s good choices.

“These little guys have been through so much,” Marie says. “Sometimes when we say our prayers, I think of how hard it must be for a little kid to go to sleep in a house with people you just met.”

Some afternoons Marie will stretch out on the couch and close her eyes for a few minutes, allowing the quick break to reenergize her for the rest of the day. Brianna likes to tip-toe up and plant a kiss on her cheek.

“I love you,” the little girl will say. For Marie, that is proof positive that she is making a difference as a foster parent.

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## TO ACTION:

PolicyLab called on state and federal administrators involved in child welfare to lower the limit on the number of unrelated children allowed in foster homes and provide more investment in “therapeutic parenting interventions” to increase caregivers’ capacity to support children in their care.

