A photograph of a woman with dark hair smiling and hugging a young child with blonde hair. The child is wearing a yellow and brown plaid shirt and is also smiling. The background is a soft, out-of-focus outdoor setting.

# Supporting Lifelong Families

Ensuring Long-  
Lasting  
Permanency  
and Well-Being

APRIL 2017

# SAFE STRONG SUPPORTIVE

safe children | strong families | supportive communities

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**About Casey Family Programs**

Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America. Founded in 1966, we work in all 50 states, the District of Columbia and two territories and with more than a dozen tribal nations to influence long-lasting improvements to the safety and success of children, families and the communities where they live.

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## Additional Efforts Are Needed to Keep Families Together Safely so They Don't Re-Enter Care

Nearly one in five children currently in out-of-home care was in care previously. A significant number of families are fractured and re-fractured when children re-enter foster care. This additional system involvement can traumatize – or retraumatize – children and families. Stable and nurturing families can bolster the resilience of children and ameliorate negative developmental impacts. Child protective factors cannot be nurtured sufficiently with the instability that accompanies re-entry into foster care.

One way for foster care agencies to continue to support development of these protective factors and ensure that they endure over time is to improve services and programs dedicated to supporting families as they transition out of care. Successful programs help strengthen families by preventing child abuse and neglect and by improving well-being. Currently, the evidence base is weak for post-permanency services and consequently, a significant number of children re-enter care after discharge to reunification, adoption, or guardianship. The purpose of this brief is to draw attention to the issue of post-permanency with its focus on the family, and move attention away from re-entry, which focuses on the system. Addressing the gaps in post-permanency practices will strengthen families and prevent children from re-entering care. There are many ways to support families after exiting foster care, including establishing clear funding streams for the most effective post-permanency supports, standardizing data elements to examine who does and does not re-enter care, and conducting rigorous research to identify what has helped support permanency after exiting care.

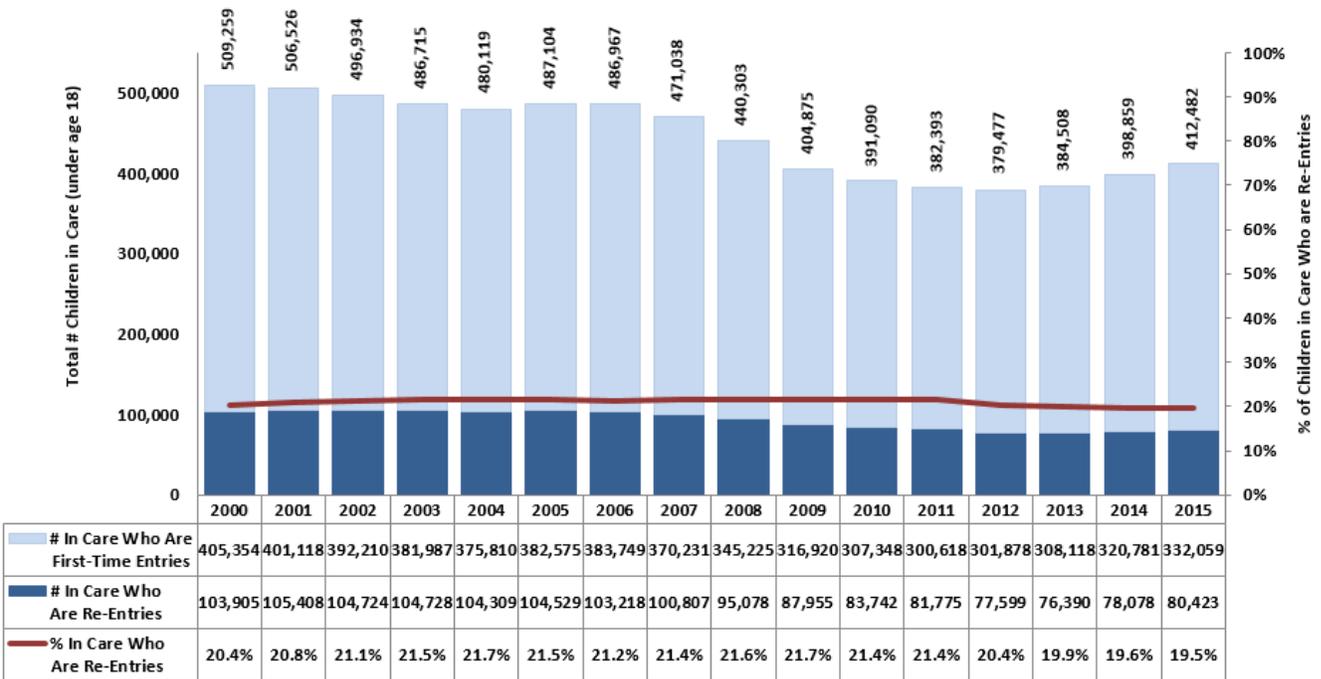
### Re-Entry Data Have Remained Consistent Over Time

Although there has been a recent upward trend in the number of children in care, overall there has been a significant decline in the out-of-home care population since 2000. This decline has resulted in nearly 25% fewer children in care with total numbers of such children under the age of 18 just over 412,000.<sup>1,2</sup> What remains unchanged is the rate of re-entry, which, if addressed effectively, has the potential to keep families together and reduce the number of children in care even further. What's more, while recent trends have seen an increase in the number of children coming into care, the percent in care who are re-entries has not changed. Between 2000 and 2015, almost 97,000 fewer children were in out-of-home care in the U.S. (Figure 1). Meanwhile, the percentage of children in care who are re-entries has remained stable at nearly 20%.<sup>3</sup> In other words, 80,000 children who are currently in out-of-home care have previously been in care. These re-entry numbers clearly demonstrate that community conditions and service delivery systems are not providing the supports necessary for a significant number of children and families to remain together safely.

Although Figure 1 depicts a stable re-entry rate, it also represents a significant opportunity. Even modest progress made to improve programs dedicated to supporting families through their transition from the foster care system could result in (1) a

significant increase in children’s safety and well-being and (2) a significant reduction in the number of children and families who re-enter care. Based on a review of the literature and recent data about foster care re-entries, this brief highlights some considerations for beginning to address the post-permanency gaps that exist in practice, funding, and data/research.

Figure 1. The number of children in care and the re-entry rate since 2000.



Note. The definition of re-entry used is the percent of all children entering care who have been in care before, at any point in the past.

Data Source: AFCARS National File; available from NDACAN at Cornell University; data pulled 4/21/2017

## Achieving and Maintaining Permanency Is a Primary Aim of Child Welfare Services and Policies

Child welfare in the U.S. has three aims that are inseparable and intertwined—safety, permanency, and well-being.<sup>4</sup> A child’s sense of all three is challenged upon entering foster care even as agencies act quickly to address the reasons for removal and to minimize the effects of the trauma associated with removal.

A child may re-enter the foster care system for any of a number of reasons. For example, a failed reunification may indicate that a child was returned to his or her family too soon or without

Permanency represents a stable, healthy, culturally appropriate, and lasting living situation with at least one committed adult. It also involves reliable, continuous, and healthy connections with siblings, birth parents, extended family, and a network of other significant adults identified by the child(ren) and the family.

enough support. Alternatively, a child may re-enter the system because even with support, the caregiver(s) was not able to provide an adequate home for the child. Lastly, a child may re-enter foster care because of unforeseeable changes in family circumstances, family composition, or the health of caregiver(s).<sup>5</sup> With the exception of youth aged 13-17 years re-entering for behavior problems, the reasons for re-entry mirror those for first entry into care regardless of age (see Appendix A).

These data may indicate that for those youth re-entering the foster care system, many of the issues that led them into care originally have not been sufficiently addressed. Families must have the time to address the issues that led to removal in the first place. Research supports this fact as it has been found that the odds of re-entering foster care are lower when a child and his or her family are not rushed toward reunification.<sup>6</sup> Therefore, child welfare agencies need to focus their efforts on providing families with time and support to deal with the issues that led to removal and to find adequate services to properly support these families after care. With a clear safety plan, the right resources, and supports, caregiver(s) will be more prepared to provide a safe and stable home environment.

### Keeping Families Together Benefits Children and Families

Research has firmly established the positive effects of consistent family relationships on children's health, mental health, school achievement, and social development.<sup>7</sup>

Conversely, placement instability is associated with attachment disorders, impaired cognitive development, poor educational outcomes, mental health and behavioral problems, poor preparation for independent living, and negative adult outcomes.<sup>8</sup> With this in mind, child welfare tries to keep families stable and children safely in the home.

Family stability depends on the health and well-being of caregiver(s), the quality of the relationship between caregiver(s) and their children, parenting knowledge and skills, emotional availability and connection, stimulation and opportunities for learning in day-to-day activities, as well as the consistency and cohesiveness of family relationships. These positive familial attributes have the potential to buffer against the impact of other harmful and destructive influences in

#### Promising Practices

The MiTEAM, Michigan's Child Welfare Practice Model, is one example of how inclusion of post-permanency values into a practice model may help lead to better outcomes for children and families. Their model is rooted in teaming, engagement, assessment, and mentoring, which accompanies concurrent planning with families. Concurrent permanency planning is implemented within 30 days of the child's initial removal. Key supports include active engagement through intentional interventions, individualized services, targeted assessment and screening, plus youth mentoring, parent coaching, and linking families to community services. Establishing such a framework would go a long way to better supporting families both during their time in care and upon exiting the foster care system. For more information, see: [http://www.michigan.gov/documents/mdhhs/MiTEAM\\_Child\\_Welfare\\_Case\\_Practice\\_Model\\_3rd\\_editi on\\_3-22-13\\_507322\\_7.pdf](http://www.michigan.gov/documents/mdhhs/MiTEAM_Child_Welfare_Case_Practice_Model_3rd_editi on_3-22-13_507322_7.pdf)

the surrounding environment such as material hardship and community violence.<sup>9</sup>

Nurturing relationships are defined by the concept of family stability. Families are responsible for providing a safe, nurturing, and stable environment to support healthy development for their child. However, research has found that maltreatment is more likely to occur in homes that lack nurturing skills, homes where parents hold inappropriate expectations of the child, lack empathy to the child’s needs, believe in the value of physical punishment, and reverse parent-child roles.<sup>10</sup> Conversely, stable and nurturing families can bolster the resilience of children and ameliorate negative impacts on their developmental outcomes.

## Post-Permanency Funding Streams Are Fragmented

One way for jurisdictions to better support post-permanency efforts is by taking advantage of available funding. However, gaining fluency in funding streams that are available to support children and families in post-permanency is challenging. A 2010 Annie E. Casey report provided important details about which post-permanency services can be covered by various funding streams, while explanations of funding complexities have been described elsewhere.<sup>11</sup> One challenge that all states face is having to decide where to delegate scarce funding. Support for post-permanency may not be the top priority. For example, during an innovative group care reform project phase in four California counties (Residentially-Based Services or RBS), group care providers were given additional funding for aftercare services to help youth as they reunified with their families or stepped down to a less restrictive placement. In the new state-wide child welfare reform based on RBS, this funding was not continued.

Table 1 highlights the funding streams, which post-permanency supports are covered, and the conditions to which they can be applied.

Table 1. Post-Permanency Funding Sources

Funding Source	Post-Permanency Supports Covered <sup>12,13</sup>	Limitations/Challenges
<b>Child Welfare Funding</b>		
Title IV-E General of the Social Security Act	<ul style="list-style-type: none"> <li>Adoption: Ongoing services are available post-adoption if they are included in the negotiated adoption assistance agreement.</li> <li>Guardianship: Ongoing services are available after legal guardianship if they are included in the negotiated relative guardianship assistance agreement.</li> </ul>	<ul style="list-style-type: none"> <li>Assistance payments are low.</li> <li>Reunification: Case management services and supports are not covered once a child is reunified.</li> </ul>



Funding Source	Post-Permanency Supports Covered <sup>12,13</sup>	Limitations/Challenges
Waiver Demonstrations	<ul style="list-style-type: none"> <li>• Can be used to cover post-permanency supports. [Waivers allow states to use the Title IV-E funds more flexibly. Currently, New York, DC, and Rhode Island are implementing post-permanency supports.<sup>14</sup>]</li> </ul>	<ul style="list-style-type: none"> <li>• The flexibility of this funding is only available to waiver states.</li> </ul>
Title IV-B of the Social Security Act	<ul style="list-style-type: none"> <li>• Can be used to cover post-permanency supports.</li> </ul>	<ul style="list-style-type: none"> <li>• Dollars are limited.</li> </ul>
Part 2: Promoting Safe & Stable Families (PSSF)	<ul style="list-style-type: none"> <li>• Can be used to cover post-permanency supports.</li> </ul>	<ul style="list-style-type: none"> <li>• Several programs compete for these dollars.</li> </ul>
<b>Non-Child Welfare Funding</b>		
Social Services Block Grant (SSBG)	<ul style="list-style-type: none"> <li>• Can be used to cover post-permanency supports.</li> </ul>	<ul style="list-style-type: none"> <li>• Dollars are limited.</li> </ul>
Medicaid	<ul style="list-style-type: none"> <li>• Provides funds for health insurance coverage for many children adopted from foster care or living with a guardian.</li> </ul>	<ul style="list-style-type: none"> <li>• There are significant limits on the availability and accessibility of services. Commonly reported problems are the lack of qualified Medicaid-certified mental health providers; limited reimbursement rates that result in many providers refusing to accept Medicaid; and managed care approaches that limit the types and scope of covered services. Medicaid billing codes are needed for more evidence-based practices related to post-permanency.</li> </ul>
Temporary Assistance for Needy Families (TANF)	<ul style="list-style-type: none"> <li>• Can be used to cover post-permanency supports.</li> </ul>	

*Braided funding*, for purposes of this brief, means the access to and coordination of multiple sources of funding to provide services and supports needed by children and



families to prevent re-removal post-permanency. For example, because particular service needs might be supported with certain federal funding streams, a family that requires behavioral health treatment, crisis intervention services, and family therapy may be supported through a combination of funding from TANF, Title IV-B Waiver, Sub-Part 1, and a CAPTA grant.<sup>15</sup> However, many jurisdictions may not tap into using the available funding streams, may use the funds for other purposes, and may not be adept at interweaving them to support families seamlessly.<sup>16</sup>

## The Need for Improved Data Tracking and Rigorous Evaluation

To help states achieve positive outcomes for children and families, the federal government created Child and Family Services Reviews (CFSRs). CFSRs look at outcomes data and other sources to assess each state's ability to achieve safety, permanency, and well-being for its children and families.

In addition to examining entry cohorts, within the permanency domain CFSR measures capture placement moves and re-entries from guardianship, living with relatives, and reunification (adoption is not examined due to concerns over data reliability). Currently, these data are not required to be tracked beyond 12 months. Because data are not tracked longer, we do not have a complete picture about whether children are re-entering care for the same reason that initially brought them into the system, what may predict re-entry into care, and what has helped support permanency after exiting care. In addition to limited data tracking of families after they exit care, insufficient evidence exists on the programs that may support families after care. Appendix B presents nine promising programs that may be beneficial for supporting post-permanency (common components of these programs are presented in the following section).

Because most programs were not designed specifically to address post-permanency, their research support originates from their use to prevent youth from entering care. For example, of the five post-permanency programs rated by the California Evidence-Based Clearinghouse, only one program – Homebuilders – was supported by research evidence, while the remainder were not able to be rated because research on them was lacking.<sup>17</sup> Evidence of sustained effectiveness of the Homebuilders model for a prevention program designed to keep abused children safely at home has been noted at one year post-intervention in one study<sup>18</sup> and for five years post-reunification in another study.<sup>19</sup>

These programs are labeled as “promising” – either because they do not have enough research evidence to support effectiveness for post-permanency, or because even with evidence, they were adapted for post-permanency needs and thus require further analysis before a definitive statement about their effectiveness can be made. Common focus areas of research across programs include addressing child behavior challenges, increasing parenting competencies, and improving parent-child relationships, all of which have direct implications for improving stability and well-being

post-permanency. Other services essential to post-permanency efforts also addressed by these promising programs include providing trauma-based parental education, addressing caregiver mental health and substance use, increasing support networks, and providing material supports to families. These programs, along with other promising practices intended to increase family, school and academic engagement (e.g., On the Way Home<sup>20</sup>) and care coordination (e.g., Travis County, Texas reintegration project<sup>21</sup>), highlight the range of services needed to support children and families.

In sum, very little research has been dedicated to rigorous study of post-permanency services, including the causal mechanisms that could be driving re-entry rates.

Consequently, there is a limited evidence base for programs that sustain positive child and family functioning.

## Although Limited, Existing Research Points to Critical Components of Post-Permanency Programs

Although promising post-permanency programs exist, the evidence-base is sparse, in part because of the limited focus by the federal government and by philanthropy targeting this critical area of practice. What we do know is that most children in foster care have physical, emotional, and/or behavioral challenges that can create significant ongoing concerns, which are often a result of the parent's and/or child's unmet needs.

These challenges require services and supports while the child is in care and after he or she leaves the system. To date, programs and services offered to families have focused on preventing maltreatment in the first place or addressing issues that have prevented permanent placement (e.g., child problem behaviors, parenting competencies). They may or may not provide services that can be associated with sustained positive child and family functioning and permanency.<sup>22</sup>

Most research has focused on post-permanency programs that address one or a few specific behavioral characteristics of children/families that either support (e.g., parenting skills) or deter (e.g., conduct problems, parental substance use)

### Promising Practices

Findings from the CPS Reintegration Project in Travis County, Texas, suggest that youth with severe mental and behavioral problems in residential placements can successfully be reunited with their families. Key supports include a wraparound model, individualized services managed by a care coordinator, plus youth mentoring, parent coaching, after-school care, tutoring, respite care, psychiatric services, outpatient therapy, and 24-hour crisis intervention/support. Initial findings of this program are promising, including a 50% successful reunification rate for participating families (compared to 44% reunification rate for non-participating families in the same county). For more information, see:

<https://www.traviscountytexas.gov/health-human-services/children-and-youth/welfare/crp> and <http://www.casey.org/promoting-permanency/>

successful family reunification. Existing post-permanency programs have included these components:

- *Basic Family Resources* including housing, employment, and income support.<sup>23</sup>
- *Safety-Focused Practices*, which must become a major component of every service program to ensure that children are not put at further risk of maltreatment.<sup>24</sup>
- *Trauma-Informed Approach*, which involves understanding, recognizing, and responding to the effects of all types of trauma.<sup>25</sup>
- *Evidence-based Clinical Child Supports* including programs that address (1) the trauma that led to the child’s entry into foster care; (2) the trauma associated with removal itself; and (3) the stresses associated with transition either back to the home from which they were removed, or to a new home, separated from their biological families.<sup>26</sup>
- *Caregiver Supports and Services* including counseling/other clinical services, skills training, childcare, health care services, advocacy training, educational services, parenting skills training, and substance abuse treatment.<sup>27</sup>
- *Support Networks* including support groups, childcare referrals, and respite care.<sup>28</sup>
- *Navigation Services* including a point-person for families to connect to resources, supports, and services.<sup>29</sup>
- While it is unlikely that any one program is going to address all the components above, to be effective, these components must be provided in the right amount for the circumstances of each child and family. For example, a family may have basic family resources and caregiver services, but what they are lacking are support networks. This is a critical part of the intervention process—assessment and individual service planning—which must be part of any effective intervention strategy.

## Addressing Significant Gaps in Service Provision, Funding, and Research Will Improve Post-Permanency Services

There is great room for improvement in post-permanency service provision, funding streams, data, and research. If gaps in these areas are addressed, agencies could make significant strides in improving child safety and well-being while safely reducing the number of children re-entering care each year. The sections below, informed by the literature (some of which is presented above), offer some suggestions to begin to address these gaps.

## Addressing the Service Gap

By addressing the service gap, children and families will benefit greatly because their specific needs will be part of a service plan. Suggestions for the agency, staff, children, and families include the following:

1. Create a practice model that uses a trauma-informed, developmental framework and includes values, principles, and beliefs to help guide post-permanency work.
2. Using a trauma-informed lens, work with families to integrate skills and strengths supported by services into their daily lives.
3. Devote agency resources to conducting post-permanency needs assessments for children and families exiting the foster care system. The assessment should be informed by families that have re-entered foster care.
4. Engage multiple agencies and systems that provide trauma-informed, evidence-based services to families. Create *systems of care* that improve access and expand the array of coordinated and competent services and supports for children and families. Systems must coordinate services effectively so families know where to go for the services they need.
5. Require a *post-permanency plan* that is co-created with the child and family, and which is individualized to set them up for success with or without supports from the agency (e.g., orient child and family to community supports so they can access them without agency guidance).

## Addressing the Funding Gap

By addressing the funding gap, agencies will have greater access to the monies necessary to provide services that children and families need the most. Suggestions include the following:

1. Encourage federal programs to appropriate funding for grants – specifically targeting innovative post-permanency initiatives.
2. Create separate and flexible funding streams for post-permanency services including clear communications about eligibility requirements (e.g., types of services available and for how long) for agency staff, children, and families.
3. Explore lesser-used and non-traditional funding sources for post-permanency initiatives — such as Medicaid, philanthropies, and social impact bonds — that could supplement traditional funding.
4. Provide funding for longitudinal studies to track post-permanency outcomes and which services are most effective for serving children and families.
5. Provide education to children and families (as part of services) about the extent to which financial benefits may be available and how to access them.

## Addressing the Data and Research Gap

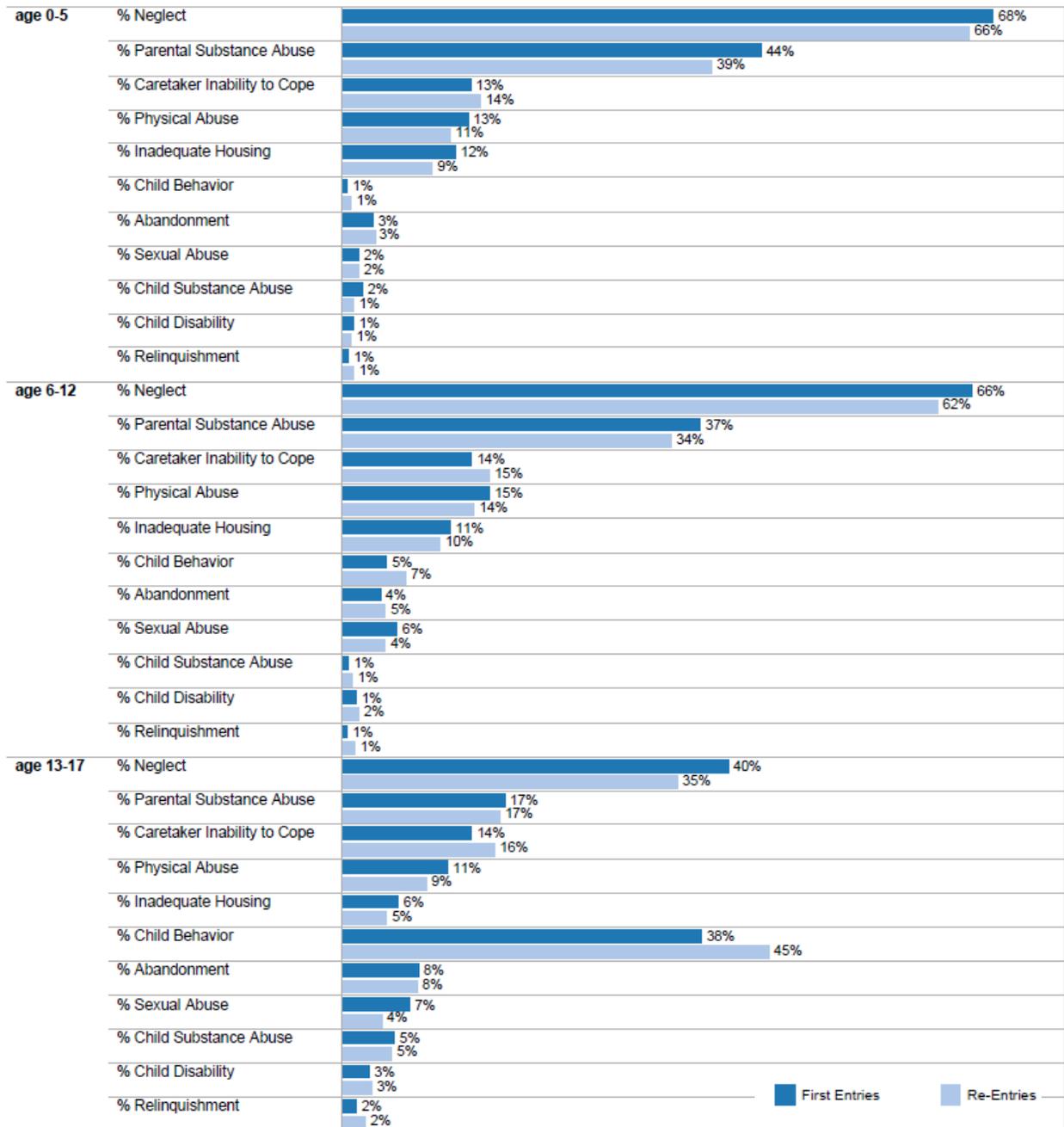
By addressing the data and research gap, information will be available to better assess the effectiveness of services provided to children and families as well as demonstrate the outcomes they achieve. Recommendations include the following:

1. Conduct more evaluations of post-permanency programs to build the evidence base of programs that work.
2. Examine available national, jurisdictional, and agency-level data to better understand (a) who are the children re-entering care; (b) who are the children *not* re-entering care; and (c) what has helped support permanency after exiting care.
3. Conduct cohort analyses to track the experiences of children as they move through the foster care system in order to provide the most accurate description of outcomes for children who have entered care.
4. Encourage jurisdictions to operationalize indicators of positive post-permanency data (not just re-entry data) and track them over time with follow-up studies 12 months *and* beyond.

## Conclusion

Although current re-entry data are discouraging, a clear opportunity exists to support families as they exit the system. This brief is intended to draw attention to the issue of post-permanency, which is a focus on the family, and move the attention away from re-entry, which is a focus on the system. By addressing the gaps with the action steps identified here, a more beneficial post-permanency culture can be established that will benefit agencies and staff, and most importantly, ensure the safety, well-being, and stability of children.

## Appendix A. Removal Reason for Children Entering Care by First Entries vs. Re-Entries into Care by Age (FY 2015)



Note. While percentages may be the same for some data, their corresponding bars may not be the same length (e.g., percent of child behavior problems for children age 0-5). This discrepancy is due to some of the numbers being slightly higher or lower by fraction, but when rounded, equaling the same whole percentage number.

Data Source: AFCARS National File; available from NDACAN at Cornell University; data pulled 4/25/2017

## Appendix B. Promising Post-Permanency Program Models and Interventions

Program Model or Intervention	Primary Outcome Focus			Other	Scientific Rating	Adapted for Post-Permanency <sup>a</sup>
	Decrease Child Behavior Problems	Increase Parent Competencies	Strengthen Relationships			
<b>Program Model</b>						
Boys Town Family Home Program	✓	✓	✓		Not determined at this time	✓
Child Wellbeing Project: Catawba County, NC	✓	✓	✓	<ul style="list-style-type: none"> <li>• Provide material supports</li> </ul>	Not determined at this time	
On the Way Home (OTWH) Aftercare Program	✓	✓	✓	<ul style="list-style-type: none"> <li>• School engagement/drop-out prevention</li> <li>• Homework support</li> </ul>	Not determined at this time	
Oregon Post Adoption Resource Center (ORPARC)	✓	✓		<ul style="list-style-type: none"> <li>• Increase support network</li> </ul>	Not able to be rated <sup>b</sup>	
<b>Intervention</b>						
Enhancing Adoptive Parenting	✓	✓		<ul style="list-style-type: none"> <li>• Provide trauma-based parental education</li> </ul>	Not able to be rated <sup>b</sup>	
Homebuilders	✓	✓	✓	<ul style="list-style-type: none"> <li>• Address caregiver mental health and substance use</li> </ul>	Supported by research evidence <sup>b,c</sup>	✓
The Incredible Years	✓	✓	✓	<ul style="list-style-type: none"> <li>• School engagement</li> </ul>	Supported by research evidence <sup>d</sup>	✓
Kinship Navigator Program		✓		<ul style="list-style-type: none"> <li>• Connect to resources</li> </ul>	Not able to be rated <sup>b</sup>	
Keeping the Promise Adoption/ Subsidized Guardian Preservation Services	✓	✓	✓	<ul style="list-style-type: none"> <li>• Increase support network</li> </ul>	Not able to be rated <sup>b</sup>	

Program Model or Intervention	Primary Outcome Focus				Scientific Rating	Adapted for Post-Permanency <sup>a</sup>
	Decrease Child Behavior Problems	Increase Parent Competencies	Strengthen Relationships	Other		
Treatment Foster Care Oregon (formerly Multidimensional Treatment Foster Care for Preschoolers)	✓	✓	✓	• Address caregiver mental health	Supported by research evidence <sup>e</sup>	✓
Nurturing Parenting Program		✓	✓		Not determined at this time	✓
Shared Family Care	✓	✓	✓	• Provide material supports	Not determined at this time	✓
Triple P Parenting	✓	✓	✓	• Address caregiver mental health • Increase support network	Supported by research evidence <sup>f</sup>	✓

<sup>a</sup> Adapted for post-permanency, identifies which models or interventions were originally developed for other purposes and have subsequently been adapted to meet post-permanency needs.

<sup>b</sup> Rating provided by the California Evidence-Based Clearinghouse for Child Welfare (CEBC) The purpose of the CEBC Scientific Rating scale is to evaluate each practice based on the available research evidence. For more information, please see <http://www.cebc4cw.org/ratings/scientific-rating-scale/>

<sup>c</sup> Fraser, M. W., Walton, E., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review*, 18(4/5), 335-361.

<sup>d</sup> Linares, L.O., Montalto, D., Li, M., & Oza, V.S. (2006). A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology*, 74(1), 32-41.

<sup>e</sup> See: Fisher, P. A., Burraston, B., & Pears, K. (2005). The Early Intervention Foster Care Program: Permanent placement outcomes from a randomized trial. *Child Maltreatment*, 10, 61-71; Fisher, P. A., Kim, H. K., & Pears, K. C. (2009). Effects of multidimensional treatment foster care for preschoolers (MTFC-P) on reducing permanent failures among children with placement instability. *Child and Youth Services Review*, 31, 541-546.

<sup>f</sup> Graaf, I., Speetjens, P., Smit, F., Wolff, M., & Tavecchio, L. (2008). Effectiveness of the Triple P Positive Parenting Program on parenting: A meta-analysis. *Journal of Family Relations*, 57(5), 553-566.

## Reference Notes

- <sup>1</sup> Administration for Children, Youth and Families. (2013, September). *Recent demographic trends in foster care*. (DHHS). Washington, DC: U.S. Government Printing Office.
- <sup>2</sup> Conn, A.M., Szolagyi, M. A., Franke, T. M., Albertin, C. S., Blumkin, A. K., & Szilagyi, P. G. (2013). Trends in children protection and out-of-home care. *Pediatrics*, *132*, 712. doi: 10.1542/peds.2013-0969
- <sup>3</sup> AFCARS National file (2012). Children's Bureau.
- <sup>4</sup> Administration for Children and Families. (2012). *Integrating safety, permanency, and wellbeing for children and families in child welfare: A summary of administration on children, youth, and families projects in fiscal year 2012*. Retrieved from [http://www.acf.hhs.gov/sites/default/files/cb/acyf\\_fy2012\\_projects\\_summary.pdf](http://www.acf.hhs.gov/sites/default/files/cb/acyf_fy2012_projects_summary.pdf)
- <sup>5</sup> Kimberlin, S. E., Anthony, E. K., & Austin, M. J. (2009). Re-entering foster care: Trends, evidence, and implications. *Children and Youth Services Review*, *31*, 471-481. doi:10.1016/j.chilyouth.2008.10.003
- <sup>6</sup> See:
- Bolger, K.E., & Patterson, C.J. (2001). Pathways from child maltreatment to internalizing problems: Perceptions of control as mediators and moderators. *Development and Psychopathology*, *13*, 913-940.
  - Courtney, M. (1995). Reentry to foster care of children returned to their families. *Social Services Review*, *69*, 228-241.
  - Frame, L. (2002). Maltreatment reports and placement outcomes for infants and toddlers in out-of-home care. *Infant Mental Health Journal*, *23*(5), 517-540.
  - Shaw, T. V. (2006). Reentry into the foster care system after reunification. *Children and Youth Services Review*, *28*, 1375-1390.
  - Wells, K., & Guo, S. (1999). Reunification and reentry of foster children. *Children and Youth Services Review*, *21*(4), 273-294.
  - Westat and Chapin Hall Center for Children. (December 2001). *Chapter 5. Reunification from foster care in nine states, 1990–1997: Description and interpretation. assessing the context of permanency and reunification in the foster care system*. Report to: Department of Health and Human Services, Assistant Secretary for Planning and Evaluation.
- <sup>7</sup> Jones Harden, B. (2004, Winter). Safety and stability for foster children: A developmental perspective. *Future Child*, *14*(1), 30-47.
- <sup>8</sup> See:
- Cicchetti, D., & Toth, S. (Eds.), (1997). *Developmental perspectives on trauma: Theory, research, and intervention*. Rochester, NY: University of Rochester Press.
  - Christian, S. (2003). *Educating children in foster care*. Denver, CO: National Conference of State Legislatures.
  - Courtney, M. E., & Heuring, D. H. (2005). The transition to adulthood for youth "aging out" of the foster care system. In D. Wayne Osgood, et al. (Eds.), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 27-44). Chicago, IL: University of Chicago Press.
  - Crittenden, P. (1999). Child neglect: Causes and contributions. In H. Dubowitz (Ed.), *Neglected children: Research, practice, and policy*. Thousand Oaks, CA: Sage.
  - D'Andrade, A. C. (2005). Placement stability in foster care. In G. P. Mallon & P. Hess (Eds.), *Child welfare for the twenty-first century: A handbook of practices, policies, and programs* (pp. 378-391). New York, NY: Columbia University Press.
  - Pecora, P. J., Kessler, R. C., Williams, J., Downs, A. C., English, D. J., White, J., & O'Brien, K. (2010). *What works in family foster care? Key components of success from the Northwest foster care alumni study*. New York, NY: Oxford University Press.
- <sup>9</sup> Zulliger, K., Maher, E., Myslewicz, M., Corwin, T., Wilson, D., Jones-Peguero, S.,...Marcynyszyn, L. (2015). *Prioritizing early childhood to safely reduce the need for foster care: A national scan of interventions*. Seattle, WA: Casey Family Programs.
- <sup>10</sup> See:

- Bavolek, S. (n.d.). *Conceptual development of the nurturing programs*. Retrieved from [http://nurturingparenting.com/images/cmsfiles/conceptual\\_development\\_of\\_the\\_np.pdf](http://nurturingparenting.com/images/cmsfiles/conceptual_development_of_the_np.pdf)
- <http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html>
- Osofsky, J. D., & Thompson, D. (2000). Adaptive and maladaptive parenting: Perspectives on risk and protective factors. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 54-75). Cambridge, UK: Cambridge University Press.

<sup>11</sup> See:

- Annie E Casey Foundation. (2010). *Funding permanency services: A guide to leveraging federal, state, and local dollars*. Retrieved from <http://jimcaseyyouth.org/sites/default/files/documents/AECF%20Funding%20Permanency%20Services%20Final.pdf>
  - Sciamanna, J. (2013). *Reunification of foster children with their families: The first permanency outcome*. Retrieved from [http://www.nrcpfc.org/is/downloads/Reunification\\_FChildren\\_w.Fam.pdf](http://www.nrcpfc.org/is/downloads/Reunification_FChildren_w.Fam.pdf)
- <sup>12</sup> Sciamanna, J. (2013). *Reunification of foster children with their families: The first permanency outcome*. Retrieved from [http://www.nrcpfc.org/is/downloads/Reunification\\_FChildren\\_w.Fam.pdf](http://www.nrcpfc.org/is/downloads/Reunification_FChildren_w.Fam.pdf)
- <sup>13</sup> Annie E Casey Foundation. (2010). *Funding permanency services: a guide to leveraging federal, state, and local dollars*. Retrieved from <http://www.aecf.org/upload/publicationfiles/AECFFundingPermanencyServicesFinal.pdf>
- <sup>14</sup> Chang, J. (2013, September 30). *Innovation in child welfare continues with 8 new Title IV-E waiver demonstrations*. Retrieved from <http://www.acf.hhs.gov/blog/2013/09/innovation-in-child-welfare-continues-with-8-new-title-iv-e-waiver>
- <sup>15</sup> Annie E Casey. (2010). *Funding permanency services: a guide to leveraging federal, state, and local dollars*. Retrieved from <http://www.aecf.org/upload/publicationfiles/AECFFundingPermanencyServicesFinal.pdf>
- <sup>16</sup> Christian, S. (2003). *Educating children in foster care*. Denver, CO: National Conference of State Legislatures.
- <sup>17</sup> The California Evidence-Based Clearinghouse for Child Welfare. (2014). *Post-permanency services*. Retrieved from <http://www.cebc4cw.org/topic/post-permanency-services/>
- <sup>18</sup> Wood, S., Baron, K., & Schroeder, C. (1988). In-home treatment of abusive families: Cost and placement at one year. *Psychotherapy, 25*(3), 409-414.
- <sup>19</sup> Walton, E. (1998). In-home family-focused reunification: A six-year follow-up of a successful experiment. *Social Work Research, 22*, 205-214.
- <sup>20</sup> Trout, A. L., Lambert, M. C., Epstein, M. H., Tyler, P. M., Thompson, R. W., Stewart, M. C.,... Daly, D. L. (2013). Comparison of On the Way Home Aftercare Supports to traditional care following discharge from a residential setting: A pilot randomized controlled trial. *Child Welfare, 92*(3), 27-45.
- <sup>21</sup> Madden, E. E., McRoy, R. G., Maher, E., & Ward, K. (2009, April). *Travis County, Texas, Child Protective Services Reintegration Pilot Project*. Seattle: WA: Casey Family Programs.
- <sup>22</sup> Freundlich, M., & Wright, L. (2003). *Post-permanency services*. Washington DC: Casey Family Programs,
- <sup>23</sup> See Shared Family Care: <http://aia.berkeley.edu/child-safety-well-being/shared-family-care/>.
- <sup>24</sup> While child safety was assessed and monitored in a number of post-permanency programs, we could not find a program where it was a key program element. But all major safety/risk assessment approaches do emphasize a specific safety plan. (See Pecora, P. J., Chahine, Z., & Graham, C. (2013). Safety and risk assessment frameworks: Overview and implications for child maltreatment fatalities. *Child Welfare, 92*(2), 139-156. Alos, Signs of Safety practitioners try to develop a *safety network* with the family, where needed. See <http://www.signsofsafety.net/signs-of-safety/>
- <sup>25</sup> Conradi, L., Agosti, J., Tullberg, E., Richardson, L., Langan, H., Ko, S.,... Wilson, C. (2011). Promising practices and strategies for using trauma-informed child welfare practice to improve foster care placement stability: a breakthrough series collaborative. *Child Welfare, 90*(6), 207-225.
- <sup>26</sup> See Homebuilders ([http://www.institutefamily.org/programs\\_IFPS.asp](http://www.institutefamily.org/programs_IFPS.asp)), The Incredible Years (<http://incredibleyears.com/>), and Multidimensional Treatment Foster Care for Preschoolers (<http://www.mtfc.com/>) for examples.
- <sup>27</sup> See Nurturing Parenting Program (<http://www.nurturingparenting.com/>), Homebuilders, and Shared Family Care for examples.
- <sup>28</sup> See Oregon Post Adoption Resource Center ([www.orparc.org](http://www.orparc.org)) for example.
- <sup>29</sup> See Kinship Navigator Program ([www.dshs.wa.gov/kinshipcare](http://www.dshs.wa.gov/kinshipcare)) for example.

