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Child Placement Best Practices to Support Permanency and Preservation Across the Continuum

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Introduction

Professionals involved in making child-placing decisions have a life-changing responsibility. These professionals must be properly qualified, trained, and supervised. There is little school-based education focused on child placement competency for upcoming professionals, so most learn on the job through work and training in child protection services and/or foster and adoption organizations.

This article will introduce some of the best practice principles professionals need to ensure effective child placement and permanency practices, which can be applied across the continuum of care through family preservation, family reunification, kinship/foster care, and adoption placement.

The child's best interest should be first and foremost in making a child/parent or family match to ensure healthy connections occur, healing begins, and the child can reach their full potential in their new family setting.



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What is Child Placement?

When a child cannot be properly cared for and raised by their biological parents, an alternate family setting is identified to meet the needs of the child and ensure safety and stability. As defined by the State Licensing Child Placing Standards from Texas (to cite just one example): “Child Placement is child-centered services that plan, transition and support a child to successful permanency. These services are holistic in nature to ensure a child’s basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health, supervision, education, service planning, and therapeutic supports are achieved.”

Placement planning and transitioning a child from one setting to another is a life-changing process that needs to be handled with care, professional expertise, and intentionality.

Best Practice Principles

Best Practice Principles for U.S.-based child welfare and placement mirror The Hague Convention Principles on Protection of Children’s Rights along the continuum of care:

- Every child has the right to grow up in a family.
- The child’s best interest must be first and foremost in placement planning.
- Efforts to preserve the family of origin should be made.
- When adoption is necessary, efforts to place the child in their country of origin should be the first priority.
- When a child cannot be placed in their country of origin, only then should intercountry adoption be an option.
- All efforts must be made to prevent the abduction, exploitation, sale, and trafficking of children.

Family-based permanency alternatives are considered best practice for meeting a child’s unique needs. A stable, safe and nurturing family will aid healing childhood trauma and provide the opportunity for the child to thrive and reach their potential. It is in a child’s best interest to fully explore all family-based permanency alternatives as a first priority before allowing a minor child to be raised in a group care or residential setting.

Group homes and other residential group care options have been proven to have a higher rate of harmful consequences for children and their overall long-term development.

Child-placing professionals have the responsibility to make major life decisions for children they don't know well. It is ideal to have a team approach when making placement decisions with well-defined assessments of a child's background, needs, and family history. Essential elements for child placement best practice include comprehensive assessment, a child-centered approach, timely permanency and transition planning, and effective post-placement supervision and support for long-term family stability.

Some placement decisions are dictated by another entity, which could include the government or family courts. This can sometimes limit the ability child-placing professionals have to carry out assessment, preparation, matching, and post-placement support on a child's behalf. Child-placing professionals always have an obligation to advocate for the best child-placing decisions and processes and be a voice for the child's best interest, helping to educate decision-makers who may not fully understand the potential ramifications of certain decisions.

Some placement decisions are made by default due to fewer available options; for example, splitting a large sibling group into two different locations due to limited family availability. In these challenging circumstances, professionals have to operate within limits, but still advocate for the best interests of the children to maintain sibling connections and work toward a coordinated permanency plan that allows for continued contact and possible reunification.

Each professional must guard against making decisions based on their own values and biases, which can interfere with making decisions in children's best interests. Personal and unprofessional bias can influence how cultures and different socioeconomic groups are treated. For example, families living in poverty may be wrongly stigmatized by some child welfare professionals who do not believe they can provide a loving, safe, and stable family, when in fact they probably can. To combat personal bias and stereotypes, it is necessary to educate staff and raise awareness about how their personal values and beliefs can impact their professional judgment. Professionals should establish processes in which placement decisions are made via a team approach to help counter possible personal bias.

Professionals often have to weigh the risks of one placement decision against the risks of another, since a solution for one problem may bring about another set of problems. Participating in clinical team meetings for case discussions, permanency planning, placing, and transition decisions is an important best practice, especially when training and supervising more inexperienced team members.

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Quality of Child Care Services

Quality child care services adhere to essential elements, including professional best practices, administration standards, staff qualifications and competency training, resources, and quality care of children.

Professional best practices assure that written policies and procedures are developed to be child-focused. There should be standard permanency planning reviews prior to, during, and after child care services are delivered. Administration of quality services follows ethical practices, emphasizes client confidentiality, accountability, quality assurance, and proper record-keeping. Measures should be in place to ensure those who care for children (caregivers, foster and adoptive parents) are monitored, properly supported, and accountable for providing quality child care for children.

Professionals managing child placing programs and providing direct services should be properly qualified and competent with relevant clinical and program expertise. Proper staff selection, attention to recruitment, training, supervision, and ongoing education for professionals is required to ensure high quality services in the child welfare field. Accessibility to and knowledge of the resources available in the private and public sector is critical, as is being responsive to clients and providing well-rounded services even when the agency or professional is not able to provide all the services. Collaboration with trusted professionals and reputable organizations can be the key to creating a community of quality care that will help children heal and thrive.

Qualifications and Training for Child-Placing Professionals

A competent child-placing mental health professional has the requisite professional education and professional licensure based on State and Federal laws where they serve. The State of Texas is one example of a state which has a specific child placing licensure requirement called the Child Placing Agency Administrator's License, required for those professionals who supervise child-placing agency operations. It requires professionals who make child-placing decisions to meet criteria as a Child Placement Management Staff or Child Placement Staff.¹

¹ You can learn more on the Texas Department of Family and Protective Service licensing regulations about these requirements here: https://www.dfps.state.tx.us/Child_Care/Licensed_Administrators/Default.asp

Important elements necessary for professionals to become competent in child placement practices include child placement competency training and supervision of staff on issues related to:

- How to properly assess and screen families
- Family reunification, preservation, and kinship support
- How trauma, loss, multiple placements, and institutionalization impacts children
- Trauma-informed care and the impact of trauma on the neurobiology of children
- Issues related to attachment and the impact of adult attachment styles
- The ability of parents to make a connection with a child and help a child feel secure in a new family environment
- Clinical skills and experiences treating children with a history of abuse, neglect, and attachment issues in a family setting
- Typical and atypical child development
- Building skills and experience working with foster and adoptive families, adoptees, and birth families to understand how all people in a child's life are impacted by and relate to each other
- Cultural and racial competence training and experiences
- The importance of maintaining connections for children
- Identity formation and development of adopted children
- Clinical skills about effective permanency planning, appropriate matching of children and families
- Preparing and ensuring smooth transitions for children from one placement to another
- The follow-up required for child placements to be supported and connections to be maintained
- Meeting the needs of families post-placement, preventing disruptions, and responding to and assisting struggling or disrupting families

When training new and inexperienced staff, allow them to shadow experienced team members and assign them an experienced professional mentor. Regular supervision by an experienced child-placing professional will help them build competency prior to making independent child-placing decisions.²

²For more on training for professionals, see *Training for Adoption Competency (TAC)* developed by the Center for Adoption Support and Education (C.A.S.E.): <http://adoptionssupport.org/adoption-competency-initiatives/training-for-adoption-competency-tac/>

Properly Screening, Assessing, and Preparing Prospective Families

When a child must live with an alternate family, proper assessment, education, and preparation of prospective families is critical prior to placement. The assessment may include birth family for reunification planning, the extended family for a kinship placement, or an unrelated individual or family for foster care or adoption. Screening and assessing prospective families for placement must take into account the following:

- The motivations and expectations of the prospective caregivers/parents
- Family history
- Health backgrounds
- Abuse history or criminal history
- Marital and relationship exploration, ensuring each spouse (if applicable) is in agreement about the placement
- Parenting skills and parent attachment styles
- Parenting values and beliefs, including how discipline should be handled
- The needs of children already in the family, and how the new child may impact the family
- Acceptance of racial, cultural, religious differences and how a family will intentionally embrace and raise a child honoring their background
- Empathy of family members
- Any mood or anxiety problems or patterns of dysfunction
- Identifying past and current personal and family conflicts and stressors and discuss anticipated stressors
- Financial stability and planning for expansion of family
- Capacity to handle challenging behaviors and abuse backgrounds, realistic safety planning
- References received by non-relatives
- Ongoing assessment throughout the process while being prepared for placement, even after home study approval
- Support network and available community resources
- How extended family feel about the placement
- Whether counseling may be beneficial for the prospective parents to address any areas of concern prior to completing an assessment

The professional needs to be able recommend counseling and further education to a family and/or decline a family if their assessment determines the family does not appear ready or properly suited for placement of a child.

What Must Be Considered in Meeting a Child's Needs?

It is critical that the adults responsible for a child's future placement understand the child's unique needs and can identify adults who are ready and capable to meet their needs. Research indicates that children who have suffered trauma as a result of separation, loss, abuse, neglect, and/or broken attachments are at greater risk of experiencing adjustment challenges in a subsequent family. Therefore, professionals with experience in trauma-informed care need to sufficiently prepare prospective parents about how to best meet the unique needs of the child they plan to parent.

There are many factors to consider when making placement plans on behalf of children. Assessing the child's needs—including their family and placement history, attachment history, chronological age compared to their developmental age, history of trauma, health history, their strengths and areas of struggle, racial and cultural heritage, religious history, any siblings, education, birth family connections, behavioral issues, and the desires of the child based on their understanding and development—are all critical areas to closely evaluate.

Just as important as assessing the child's needs, the prospective family or families being considered for placement of the child, whether they are relatives or non-relatives, should clearly demonstrate the capacity and experience to meet these needs. Prospective parents' readiness, strengths, and weaknesses need to be assessed, and their attachment history and background should be closely considered as well. Discussion with prospective parents about their expectations of themselves as parents, of each spouse, of the prospective child, and others must be assessed. Ensuring that the new family is willing and prepared to embrace the child's racial and cultural heritage and maintain appropriate birth family connections will be central to supporting the child's identity, self-esteem, and development.

The needs of other children already in the home need to be considered as well. Children who have experienced trauma can bring unresolved trauma into a new family system. It is critical for parents to be knowledgeable about how to parent proactively, to meet the new child's needs and help the rest of the family adjust. Consideration should also be given to

Prospective parents' readiness, strengths, and weaknesses need to be assessed, and their attachment history and background should be closely considered as well.

maintaining birth order when placing a new child in a family. Disrupting the birth order in a family should always be handled with care after a thorough assessment of the family members' abilities to adjust and meet any challenges.

When considering the parents being matched with a particular child, professionals should make a plan to adjust the post-placement supervision and follow-up services based on the needs of the child and family. Availability of community resources, available support systems, the family's willingness to participate in needed therapeutic services, and the responsiveness and preparedness of professionals are all important elements for ensuring permanency and stability post-placement.

Preparation for Families and Children

Before a child's move to a new placement, there needs to be extensive preparation for the child and the families involved. It is critical that full disclosure is provided and efforts are made to manage expectations and address the concerns of all parties involved. The pre-placement education for the receiving family should address parenting a child with the specific needs of the identified child.

Professionals can help the new family complete a safety plan to address how they would handle potential family safety issues with the addition of a new family member. Having the family get their support network, experienced mentor family if one can be found, and community resources in place is also important.

When a family plans to welcome an older child into their home, parents often need help to find a balance between issues of dependence vs. independence as the child finds his or her role and place in the family. An older child may relate to the new parents differently than a younger child would.

A child's name is one of the few things a child has of their own; it is part of their identity. Parents who consider changing a child's name should also consider the child's identity and what the individual child desires. Keeping the child's name or part of their name can help honor and preserve their heritage, sense of self, and identity.

It is important for the child to be prepared prior to placement about what to expect in the new family, including what family rules and the consequences when rules are broken. The professional should provide a copy of the child's rights and review this with the child in age-appropriate terms and with the new parents prior to placement and allow time for questions. It is important for children to hear what punishment will

look like in the new family, since children who come from abusive backgrounds will be prone to fear abuse. Additionally, a child with a traumatic past may perceive any physical punishment as abusive in nature, so alternative forms of teaching discipline that empower the child and build connections are strongly recommended.

The older child needs to have a voice in the placement decision and a commitment to the new placement. They need to hear if and how connections with birth family and others important to them will continue. If the child does not have a life book with pictures and words outlining their history and life story, the sending family or caregivers can prepare one.³

Minimizing Trauma with Pre-Placement Transition Planning for Children

A coordinated pre-placement visit schedule between the child and new parents prior to the official placement will help the child and family get acquainted, begin to establish trust, build familiarity, initiate the attachment process, and reduce the trauma related to the change in placements for the child. Unfortunately, in foster care and in some unique cases, there may be no option for pre-placement visitation and a child is abruptly moved. This is likely to be very traumatic for a child, so special care will need to be taken to help the child feel as safe as possible and know what to do next.

For a child of any age, the pre-placement transition process can help diminish the child's fears of the unknown while empowering the new caregivers. The process can also initiate the grieving process for all involved. Preparing children for placement transitions will help a child move toward long-term resolution of grief, as opposed to possible unresolved grief experienced by the child who is moved abruptly while in a state of shock and denial.

A planned transition will vary depending on how much notice is given prior to placement and what is allowed. In her book *A Child's Journey through Placement*, Dr. Vera Fahlberg recommends a transition schedule of 2-3 days for preverbal children 4 months and younger, whereas the pre-placement visits for a child 4 months to 3 years of age may average of 7-10 days. The transferring of daily routines, focus on non-verbal cues and building familiarity is critical for younger children during this time.

³ For more on placement preparation, see National Resource Center for Adoption, Permanency Support and Preservation Model, 2014, *Lessen Trauma Related to Transitions Tip Sheet*, Contributing Author: Susan Gardner Josephson, MA, Licensed Mental Health Counselor (Florida): <http://spaulding.org/wp-content/themes/twentyfifteen-child-sfc/archive%20pdf/LessenTrauma9-10.pdf>

With verbal children 3 years and older, visits would take place over several weeks or longer. The first meetings between the child and expectant parents would include sharing the life book and photos of the child and family, sharing information, and answering questions. A commitment to proceed with placement would be needed by the second or third visit, with planning and subsequent visits over several weeks. Older children may need more time, with visits at different times of day and overnights and/or weekend visits. A “moving calendar” will help children 4 years and older know what to expect. Pre-placement contact involving Skype or other face-to-face calls could also be beneficial in building a connection and familiarity. Ultimately, the child placing professionals and the family must work together to create a visitation schedule and transition plan that is flexible and based on the child’s unique needs.

Maintaining Connections After Placement

Once the child is placed in the family, having post-placement contact with those who previously cared for them (e.g., birth family or foster family, if possible) and other important people will help them adjust to the significant change. Maintaining connections in the child’s life may also decrease conflicting loyalty issues and help support the child’s sense of worth and identity. Children should know that those they care about will not forget them; that these relationships were genuine and had value. Maintaining post-placement contact can also provide the opportunity to review reasons why the new placement was made, help the child feel that their past life and new life are connected, transfer attachments from the previous caregivers, and empower the new caregivers.

Contributing Factors and Patterns to Placement Disruption

It is important for professionals and parents to understand and address the risk factors that can potentially lead to a placement disruption. Some of the more common risk factors for placement disruption include a mismatch between the parents and child, inadequate preparation of the parents, unrealistic expectations of the parents, a lack of family support and resources, a lack of empathy, incomplete attachment by the parents, family system strain and overload, insurmountable obstacles that impact the family, and lack of sufficient post-placement services to support the family.

The goal is for struggling parents to know they have professionals and a support system they can contact and ask for help as early as possible to aid in helping the family overcome challenges, stabilize, and heal. However,

even with efforts to prevent a placement disruption, there are likely to be times when professionals need to provide services to families who are disrupting. Unfortunately, there are families who feel their agencies turn them away and cannot assist them, and there are few resources available to support families through a disruption.

Child-placing agencies and professionals need to be proactive and have a clinical response team and procedures in place to adequately respond in a timely manner to a family in crisis. It is essential to provide needed therapeutic services and appropriate referrals so that children are protected and families do not make uninformed child-placing decisions out of desperation, without professional assistance and guidance.⁴

Follow-Up Services for Children and Families to Support Permanency

The placement of a child in a family is the beginning of a lifelong transformative journey, not just a one-time event. No matter how prepared prospective parents are for a child to enter their home, post-placement support is critical to aid the family and child in the adjustment process. Adoption is “parenting plus+,” which is parenting layered with the complex issues related to separation and loss, trauma, developmental and health challenges, identity formation, family loyalties and history, racial and cultural differences, behavioral issues, attachment and bonding, and so on. Kinship, foster, and adoptive parents who fare well are those who actively seek education, accept the help of professionals offering them support, look for needed community resources, and connect with other families instead of isolating themselves.

Many years after the adoption takes place, some families are still likely to need professional assistance and guidance as their child and family grow and change through each life stage. Having a trusted and responsive adoption agency, competent and experienced professionals, and other families to connect with can be vital for the health, development, and preservation of the family. The best-practice challenge for child-placing agencies is to make it a priority to invest in offering post-placement and post-adoption services for families served over a lifetime. Best practice in child placement is not just about the successful preparation and placement of a child in a family—it is also about successful, sustained long-term permanency as the child thrives and reaches their full potential in a loving family.

The placement of a child in a family is the beginning of a lifelong journey, not just a one-time event. No matter how prepared parents are for a child to enter their home, post-placement support is critical to aid the family in the adjustment process.

⁴ For more on adoption disruption and dissolution, see Jon Bergeron, Ph.D. and Robin Pennington, “Supporting Children and Families When Adoption Dissolution Occurs,” *Adoption Advocate* No. 62 (National Council For Adoption, August 2013): <http://adoptioncouncil.org/publications/2013/08/adoption-advocate-no-62>

Additional Child Placement Best Practice References

- *A Need to Know: Enhancing Adoption Competence Among Mental Health Professionals* by David Brodzinsky
- *Adoptive and Foster Parent Screening, A Professional Guide for Evaluations* by James Dickerson and Mardi Allen
- *Attaching in Adoption and Nurturing Adoptions* by Deborah D. Gray
- *Attachment-Focused Parenting* by Daniel A Hughes
- Children's Rights: International Laws website: www.loc.gov/law/help/child-rights/international-law.php
- *A Child's Journey through Placement* by Vera Fahlberg, M.D.
- *The Child Placement Handbook, Research, Policy and Practice* by Gillian Schofield and John Simmonds
- *The Connected Child* by Karyn Purvis, Ph.D.
- *I'm Chocolate, You're Vanilla: Raising Healthy Black and Biracial Children in a Race Conscious World* by Marguerite A. Wright
- *Parenting from the Inside Out* by Daniel Siegel, M.D.
- *Wounded Children, Healing Homes: How Traumatized Children Impact Adoptive and Foster Families* by Jayne Schooler, Betsy Keefer Smalley, and Timothy Callahan
- *Transracial Adoption and Foster Care* by Dr. Joseph Crumbley
- Trust Based Relational Intervention (TBRI): www.child.tcu.edu/training.asp
- Empowered to Connect (ETC) Resources: empoweredtoconnect.org

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