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ASSESSING KEY ELEMENTS IN PLACEMENT PRACTICE FOR CHILDREN

IN FOSTER CARE

———————————

A Project

Presented to the

Faculty of

California State University

San Bernardino

———————————

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

———————————

by

Glen Bristol and Maritza Ortiz

May 1993

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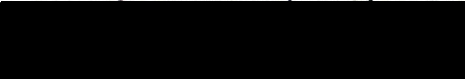
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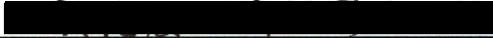
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Abstract

This was an exploratory study addressing the question: What key elements affect the successful placement of children in foster care? San Bernardino County has not developed an official protocol to guide decision making when placing children in foster care. The authors contend that for an increasing number of children, foster care becomes the permanent placement. Therefore, careful consideration of the initial placements is essential. This study focused on the direct practice arena and had a positivist orientation. A quantitative instrument in the form of a questionnaire was administered and analyzed. This study identified the key elements that appear to affect the success of foster care placement. The findings were incorporated into a preliminary assessment tool.

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Introduction

The historical focus of foster placement has been to, whenever possible, return children to their home of origin. Shapiro (1976) noted that in most instances the practitioners' long-term placement plan at the time of intervention was to return the minors to the birth home. However, 40% of the children in her study sample who entered foster care remained in long-term foster placements. Permanency planning laws have focused the practitioners' efforts on keeping children in their own homes or the alternative adoptive homes. For many children, however, long-term foster care remains the only option. Children who are older, physically, emotionally, or mentally handicapped, or from multiracial or minority families are hard to place. They tend to remain in the foster care system longer and experience multiple placements (Miller, Fine, Bishop, & Murray., 1985).

A national survey conducted by the American Public Welfare Association (APWA) asked public child care agencies to describe all children in their care in 1983. They found that in 18 reporting states, 53.1% of the children had been in multiple placements, 20.1% having been placed two times, 24.2 % three to five times, and 8.8 % six or more times (Stein, 1987).

Multiple foster placements are costly in terms of their negative effect on both the foster children and the social services system designed to address their needs. Placement disruptions are problematic to the children in foster

care because they can lead to emotional damage and psychological attachment concerns (Fahlberg, 1991) . Each placement disruption can result in less emotional stability for the child and behavioral problems.

Local foster care practitioners who were interviewed during the preliminary phases of this study noted that the problems associated with multiple placements become even more evident when assessing the child's ability to attach to significant others. In order for children to maximize their ability to attach they "must have the security and affection of a permanent family that is their own...a close and continuing relationship with the parents who love them, and whom they can love... someone who is both responsible for them and for seeing that their needs are met" (Child Welfare League of America, 1988, p.2). Multiple placements preclude the realization of these conditions because of the unresolved issues of separation and loss , not only from their biological families, but from foster families as well.

The impact of multiple placements on the social service system is equally problematic. In an era of diminishing revenues and resultant increased caseloads, failed placements further burden an already over-burdened service delivery system with increased court costs, need for staff ,and related financial support systems, for example, placement costs.

Problem Orientation

This study adopted the positivist paradigm and was exploratory. It

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expanded on the available knowledge in foster care placement. With a high percentage of children remaining in the foster care system, one of the primary assumptions was that the assessment of these children's needs within this system should be thorough and complete at intake and repeated periodically thereafter. The key elements associated with foster placements were studied with the goal of developing a foster placement protocol .

One of the major implications in the development of an assessment tool would be to encourage the practice of systematically identifying the elements that impact foster placement by comparing the foster parent and child's assessment results.   This study assumed that the accurate assessment of the foster child's needs is an essential element in good placement protocol.

Key Assumptions in Placement Disruptions

Thorough assessments of foster children and foster parents are not routinely completed at the time of intake. This is in part due to the worker's perception that the placement will be short-term, thus eliminating the need for accurate in-depth assessments. Vital information needed at the time of placement is lost because of inaccessibility to critical information on the child and foster parent at the time of the initial placement. Often children are placed at night, or when parents are not available for consultation regarding the child's history, and information about foster home characteristics is not obtainable. This information is needed prior to placement of a child in foster care and the

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development of a placement protocol could facilitate collection of such data.

Literature Review/Personal Interviews

A *preliminary* review of the literature and initial interviews with foster care professionals suggested that a number of several key elements should be considered when placing children in foster care. The placing of children in foster care is a complex and often frustrating attempt by practitioners to recreate a family system when the family of origin has dissolved. The authors of this study have witnessed countless placement disruptions. Our experience has shown us that failure to consider the foster child's needs and the foster parent's strengths increases the potential for placement failures.

While there are many causes of placement failures, there appears to be some key elements that precipitate them. Several studies indicate that failure to assess these key elements has a significant impact on the ability to predict the outcome of foster home placements. Critical issues in successful placement entail consideration of the needs of the child, and suggest that a positive correlation exist between meeting those needs and successful long term placements (Hutchinson, 1972; Rutter, 1981; Fahlberg, 1991). A comprehensive study by Fanshel, Finch, and Grundy (1990) suggests that with each placement failure in the system, a prognosis of future failures became much more significant. Fanshel et al. (1990) further concluded that ". . .There is no doubt that careful evaluation of all participants involved in providing

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services to the children, i.e., foster parents, social workers, and the agency, contribute to the outcome of placement services" (p.207).

The research literature and the initial interviews with placement practitioners and program administrators suggest that accurate assessments of the foster child's needs combined with accurate assessments of the foster parent's ability to meet these needs will lead to fewer placement disruptions. While the following list does not encompass all the possible elements that should be included in such an assessment, they were considered the most critical. The elements are: Ethnicity, Behavior Problems, Attachment and Bonding, Physical Health, Mental and Emotional Health, Gender, Age, Geographical Concerns, Visitation, and Type of Abuse.

Ethnicity. McRoy (1991) concluded that children transracially placed often have problems with identity issues and loss of important cultural information. Additionally, transracially placed children can learn values that bring them into conflict with children of their own race. McRoy further concluded that as the child transitions through resolution of the identity developmental stage, placements often become problematic. The child struggles to resolve these issues searching for self-definition without the benefit of an ethnically comparable and positive role model. Ethnicity was also noted by the foster care workers and administrators as being a significant element in placement disruptions.

Behavior problems. Evidence in the literature (Fahlberg, 1991; Shapiro, 1976; Fanshel & Shin, 1978) suggests that the child's behavioral characteristics have a significant influence on whether the minor's placement remains intact. The authors of this study and every placement practitioner interviewed agree on the importance of the child's behaviors, such as sexually acting out, defiance, and drug and alcohol abuse among others, as a potential cause for placement disruptions. Disruptive behavior causes many placement disruptions.

Attachment and bonding. Several researchers (Fanshel et. al., 1990; Shapiro, 1976; Ladner, 1977; Hutchinson, 1972; Fanshel & Shinn, 1978) agree that the child's ability to attach (bond emotionally based on attraction and dependence) is important in the adjustment within the foster home. Many of the practitioners interviewed also discussed attachment as one of the key elements.

Physical Health. A study by Berry and Barth (1990) determined that medical problems can negatively affect the long term outcome of foster placements. Interviews with practitioners and the researchers' experience in foster placements has shown that the foster child's health and how it is dealt with can impact the stability of the placement. Health problems such as AIDS, alcohol, and drug related syndromes increase the demands on the foster parent at the personal and professional level. The complex needs of these

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children require highly specialized levels of care that results in a limited number of potential foster homes.

Mental and Emotional Health. A study by Molin (1990) suggests that emotional and mental health issues can influence placement decisions. Berry and Barth (1990) concluded that the presence of emotional problems is one of five major characteristics that influence the risk of placement disruption. Practitioners interviewed concurred with the findings in these studies.

Gender. A study by Rosenthal, Schmidt, & Conner (1988) elaborated on the influence of gender suggesting that males ages nine and below tend to have more placement problems than girls of the same age. They report that the risk factor for disruption is higher for females ages nine through eighteen than it is for males of the same age. Interviews with licensing workers and placement practitioners confirm that gender is an important element in placement.

Age. The same issues illustrated in the previous paragraph regarding gender are applicable to age. The stated child age preference of the foster parents needs to be addressed in placement decisions. Studies (Rosenthal, et al., 1988; Berry & Barth, 1990) suggest that age is an element that needs to be addressed in placement protocol as it has prognostic implications. For example, a foster parent may acknowledge or exhibit difficulty with the struggles for independence and identity exhibited by adolescents but may deal

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adequately with problems faced by latency age children. Several practitioners offered examples of cases where children had been successfully placed until they reached adolescence.

Geographical concerns. The placement location has an impact on the child's familial, social, educational, and service needs in terms of maintaining stable relationships. Interviewed practitioners suggested that the age of the child influences the effect of maintaining social and familial relationships. Peer relationships tend to be more complex and important to adolescents than to younger children whose peer relationships tend to be more superficial. Practitioners acknowledge the need to consider the availability of services in a geographical area in relation to the child's relationship needs. Additionally, they suggest that children who have endured multiple school changes, experience social and educational delays.

Visitation. Several studies (Proch & Howard, 1984; Dean, 1990) concluded that visitation with family of origin is a key element that needs to be considered in the placement of dependent children. Practitioners interviewed stated that if visitation is not addressed , it can become a critical source of disruption to foster placements.

Type of abuse. Studies (Henry, Cossett, Auletta, & Egan, 1991; Lie & McMurtry, 1991) indicated that the type of abuse that precipitated the placement can predict the level of intervention needed by both the child and

the foster parent. Henry et al. (1991) found that child victims of sexual abuse often exhibit more profound symptoms of trauma than victims of other abuse. The practitioner may need to provide more counseling or crisis intervention services to the foster care family or place this child in a more specialized setting such as a group home. In another study, Lie and McMurtry (1991) also found that the type of abuse (e.g. physical or sexual abuse) leads to a particular set of behavioral problems. However, sexually abused children enter permanent placement sooner than children who have been victims of other types of abuse.

The preceding elements were incorporated into a questionnaire. This questionnaire explored practitioners perceptions of key elements that influence foster placement outcomes.

Design and Method

These elements identified in the literature and personal interviews needed to be researched further to determine their relative importance in placement considerations. Therefore, this study's research question is: What key elements should be considered when placing children in foster care and how should they be ranked? To address this question the authors constructed a questionnaire designed to expand on the available knowledge regarding the elements that impact foster placements. This process has lead

to the development of a preliminary assessment tool.

This was a deductive exploratory study. This approach allowed the study to focus on the research question from both the inductive and deductive perspective. The deductive questions asked practitioners to rank elements already identified in the research literature and personal interviews. The inductive questions asked practitioners to list elements they felt influenced foster placements.

A strength of this study is that it addressed the key elements that affect foster care placements in a structured and reliable manner. A possible weakness in the methodology of this study was the utilization of self administered structured questionnaire as a data gathering tool. The inherent problems with self administered questionnaires are: (a), loss of quality control; (b) required short length; and (c) misunderstood questions go uncorrected. Problem (a) was addressed by clarity in wording. To address problem (b) the authors utilized both open and close ended questions Finally, problem (c) was addressed by carefully wording each question for clarity and including the open ended section that allowed for the clarification of key elements from the respondent's point of view.

Some strengths in self administered structured questionnaires include: (a) low cost; (b) avoids examiner bias; (c) less pressure for immediate response; and (d) confidentiality. The use of a questionnaire was the most

logical choice after considering both its negative and positive attributes. It was determined to be the most effective tool for this type of study, as it allowed the authors to both confirm concepts suggested in the literature and elicit concepts from practitioners in the field of child welfare. Using inductive and deductive methods also allowed this study to compare practitioners perceptions with the available literature.

Sampling

Questionnaires were mailed out to all child protective services practitioners, supervisors, and administrators working in Children Services in San Bernardino County. Of the 325 practitioners and administrators in the county, 61 responded. Two questionnaires were discarded because they were incomplete. There was, therefore, a 19% response rate.

Data Collection and Measurement

The questionnaire (see Attachment I) consisted of closed ended and open ended questions. Part I of the questionnaire asked the respondents to: (a) name, then rank the key placement elements that they considered important on a scale from one to thirteen (one being the most important and thirteen the least); and (b) name, then rank disruptive behaviors that they considered important, again on a scale of one that was most important and thirteen that was the least important. Finally, the questionnaire asked the respondents to define the elements and behaviors that they identified. Part two

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of this questionnaire required participants to: (a) rank the elements previously identified in the literature and personal interviews; and (b) rank previously identified behaviors.

Data Gathering Procedure

The data was gathered utilizing a mail out questionnaire. The questionnaires for DPSS management and practitioners were mailed through inter-office mail or taken in person to key clerical and supervisory staff for distribution within the district offices. The data collection phase took five weeks. The practitioners and management forwarded the sealed completed questionnaires to the researchers through inter-office mail.

Protection of Human Subjects

To insure freedom of response and confidentiality, this study protected its participants by separating the identifying information contained in the consent form (see Attachment II) from the questionnaire as soon as it was received. A letter addressing the protection of participants was sent with each copy of the questionnaire (see Attachment III).

Analysis

Question 1 asked participants to list in order of importance the ten most significant elements that should be considered in the placement of children in foster care. Question 2 asked participants to define responses in terms of placement concerns. This helped define and clarify the participants' responses

to Question 1. The first step in analyzing the questionnaire data was to categorize the participants' responses in Part I. This was accomplished by utilizing the participants' definition of their responses. This process aided the researchers in classifying the responses into broader or more specific categories. For example, a response such as *fighting* (specific response) was classified as *behavior problems* (broader category).

The process of categorizing behaviors in Question 3 was similar to that of Question 1 with the exception that definitions from the respondents were not sought. Again, a response such as *talking back* (specific response) was classified under *defiant* (broader category). The next step was to compute the frequencies of responses within the categories. This was a straightforward process of counting each response within the defined categories.

It was discovered during the analysis that respondents ranked some elements low as their first response, yet ranked the element high in the next two places. Therefore, percentages were calculated by adding the percentages for highest three responses for each element together and collapsing the percentages into a single percentage. The highest three rankings for each element and behavior were collapsed because it was felt that combining the top three rankings would highlight the importance of each element and behavior in the placement process (see Table 2). For example, the element *medical problems* was ranked first by 3.5% of the respondents. This placed it

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ninth in the overall ranking. However, by combining the highest three response percentages, it ranked 28.1% which placed it sixth in the overall ranking. The relative importance of this element would have been lost if the study had only looked at the first response.

Results

The participants identified and ranked thirteen elements in the following order in Part I, Question 1 of the questionnaire; Ethnicity, Parent Visitation, Parenting Skills, Child's Behavior, Resources, Sibling Set; Age, Medical Problems, Emotional Problems, Child's Needs vs. Caretaker's Commitment, Gender, Type of Abuse, Foster Family Composition, and Attachment/Bonding (see Table 1).

In Part II, Question 1, the participants ranked in descending order the following thirteen elements found to be important in the literature and personal interviews: (1) Child's Behaviors, (2) Mental/Emotional Issues, (3) Ethnicity, (4) Attachment, (5) Type of Abuse, (6) Medical Problems, (7) Child's Age, (7) Siblings Set, (8) Resources, (9) Visitation Issues, (9) Child's Gender, (10) Education, and (11) Placement Location.

A complete ranking of the elements from Part II, Question 1 can be seen in Table 2. The data showed which elements were ranked as most important. The percentages in Table 2 reflect the collapsing of percentages into one percentage of the highest three responses to each element.

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TABLE 1   **NAMED ELEMENTS**   **FREQUENCY OF RESPONSE**

N=59

(1) ETHNICITY *	52
(2) VISITATION *	44
(3) FOSTER PARENT NURTURING/PARENTING SKILLS	39
(4) BEHAVIORAL PROBLEMS *	34
(5) SIBLING SET *	33
(5) RESOURCES *	33
(6) AGE *	32
(7) MEDICAL ISSUES *	30
(8) EMOTIONAL ISSUES *	·23
(9) CHILD NEEDS VS. CARETAKER COMMITMENT	22
(10) GENDER *	17
(11) TYPE OF ABUSE *	16
(12) FOSTER FAMILY COMPOSITION	15
(13) ATTACHMENT *	13

The * indicates this element can be found in both Tables 1 and 2.

In Part I, Question 3, the participants' responses to thirteen disruptive behaviors are displayed according to the frequency in which they were mentioned, and are listed in descending order: (1) Sexually Acting Out, (2) Emotional/Psychological Issues, (3) Fighting, (4) Destructive to Environment, (5) Running Away, (6) Stealing, (7) Defiant, (8) Unsocialized Behavior, (9) Destructive to Self, (9) Lying, (10) Enuresis, (11) Encopresis, and (12) Destructive to Others. Table 3 contains a complete list of disruptive behaviors and the corresponding frequencies.

In Part II, Question 3, the respondents ranked in descending order the following thirteen behaviors found to be disruptive to foster placements. This list was developed from the literature and personal interviews: (1) Destructive to Self, (2) Destructive to Others, (3) Sexually Acting Out, (4) Destructive to Environment, (5) Emotional Problems, (6) Running Away, (7) Talking Back, (8) Lying, (8) Enuresis/Encopresis, (9) Stealing, (10) Fighting, (11) Hygiene, and (12) School Behavior. Table 4 contains a complete list of disruptive behaviors and the corresponding rankings.

The results of this study lend support to the importance of the placement elements identified in the literature review and personal interviews. The consistency of the findings between the two, confirms that the identified elements need to be considered in the development of a placement protocol.

TABLE 2   RANKED ELEMENTS   PERCENTAGES

N=59

(1) BEHAVIORAL PROBLEMS*	41.4 % (n=24)
(2) MENTAL/EMOTIONAL ISSUES *	39.7 % (n=23)
(3) ETHNICITY *	38.6 % (n=22)
(4) ATTACHMENT *	36.8 % (n=21)
(5) TYPE OF ABUSE *	31.6 % (n=18)
(6) PHYSICAL HEALTH *	28.1 % (n=16)
(7) AGE *	22.4 % (n=13)
(7) SIBLING SET *	22.4 % (n=13)
(8) RESOURCES *	14. % (n=8)
(9) VISITATION ISSUES *	13.8 % (n=7)
(9) GENDER *	13.8 % (n=7)
(10) EDUCATIONAL ISSUES	3.5 %(n=3)

The * indicates this element can be found on both tables 1 and 2.

TABLE 3   DISRUPTIVE BEHAVIORS   FREQUENCY OF RESPONSE

N=59

(1) SEXUALLY ACTING OUT	53
(2) EMOTIONAL/PSYCHOLOGICAL ISSUES	49
(3) FIGHTING	48
(4) DESTRUCTIVE TO ENVIRONMENT	47
(5)RUNNING AWAY	41
(6)STEALING	40
(7) DEFIANT	35
(8) UN-SOCIALIZED/UNABLE TO FOLLOW DIRECTIONS	34
(9) DESTRUCTIVE TO SELF	32
(9) LYING	32
(10) ENURESIS	31
(11) ENCOPRESIS	21
(12) DESTRUCTIVE TO OTHERS	19

TABLE 4   RANKED DISRUPTIVE BEHAVIORS   PERCENTAGES

N=59

(1) DESTRUCTIVE TO SELF	72.4 % (n=42)
(2) DESTRUCTIVE TO OTHERS	69. % (n=40)
(3) SEXUALLY ACTING OUT	50.8 % (n=30)
(4) DESTRUCTIVE TO ENVIRONMENT	27.6 % (n=16)
(5) EMOTIONAL ISSUES	20.7 % (n=12)
(6) RUNNING AWAY	13.6 % (n=8)
(7) TALKING BACK	11.9 % (n=7)
(8) LYING	10.3 % (n=6)
(8) ENURESIS/ENCOPRESIS	10.3 % (n=6)
(9) STEALING	8.6 %9 (n=5)
(10) FIGHTING	6.9 % (n=4)
(11) HYGIENE	1.7 % (n=1)
(12) SCHOOL BEHAVIOR	0 %

Discussion

This study asked what key elements should be considered in the placement of children in foster care. The findings were incorporated in the development of an assessment tool as part of an overall placement protocol. The results show that practitioners in San Bernardino County are in agreement with experts in the field of foster care as to what elements are important and need to be considered in placement decisions.

There was considerable consensus between the two sections of the questionnaire. Participants in Part I of the questionnaire identified key elements, which supported the elements suggested as being important by Part II of the questionnaire. The two strongest examples of this consensus are the elements *Ethnicity* and *Behavioral Issues* which were strongly represented in both sections of the questionnaire

While further study on these elements is indicated, these findings add to the body of knowledge and literature previously found to be important considerations in the foster placement process. A preliminary assessment tool was designed incorporating the findings. This tool included the identified elements that appeared in both the inductive and deductive table of elements and were considered important enough to be included in the process of placing children in foster care. It was determined that if an element appeared on both the frequency and ranking lists as presented in Tables 1 and 2, it was

important enough to be included in the development of the preliminary assessment tools. Attachment IV is the Foster Child Assessment Tool that addresses the elements this study found should be included in placement decisions. Attachment V is the Foster Parent Assessment Tool that addressees the elements this study found should be included in placement decisions.

There were three elements provided by respondents that were not included in the corresponding portions of the assessment tool due to their subjective nature. These were, foster parents' nurturing/parenting skills, child's needs vs. caretakers' commitment, and foster family composition. These elements were taken from the results described in Table I and are addressed in the foster parents assessment tool(see Attachment V).

If after further testing, San Bernardino County chooses to utilize this assessment tool, it would be incorporated in the existing county computer based foster home bed menu. Utilization of this assessment tool would be a required step in accessing appropriate placements. The licensing foster care worker would identify the strengths and weaknesses of the foster parents using the assessment tool. The results of this assessment will be incorporated into the computer based *beds available menu* (a part of a computer program that lists all available licensed foster homes with openings in San Bernardino County). The placement practitioner would access the foster parents data upon completion of the child's needs assessment.

The process of evaluating the results of the questionnaire was based on the realization that placement decisions are influenced by many factors. Practitioners may base decisions on their training, orientation, agency guidelines, legislation, availability of resources, personal biases, and current philosophical trends. This is evidenced by the recent shifts in placement priorities. For example, *attachment* has been supplanted by *ethnicity* as the most important issue according to current state guidelines and agency practice. The major focus of this research was to design a preliminary assessment tool that provides a sound basis for practice and one that is not dominated by *trendy* issues in exclusion of others.

The underlying drive for this research has been the desire to protect children who need to be removed from their home of origin from being further abused by the system designed to protect them. The researchers have seen many avoidable placement disruptions in the course of working with foster children. We feel that many of these disruptions could have been prevented by considering and utilizing a more comprehensive placement criteria. A broader based assessment tool could address this need by providing a consistent and researched based set of elements designed to aid practitioners in the complex task of assessing the needs of children and the ability of foster parents to meet those needs.

The need for a more formal protocol was consistently reinforced during

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the interview portion of this study. Many practitioners expressed concern about a system they feel does not provide the resources necessary to make sound placement decisions. Several participants commented on how the process of completing the questionnaire helped them review and define the criteria they use when assessing placement needs. The questionnaires also revealed a wide spectrum of focus and abilities. Some practitioners use limited criteria to guide the decision making process. They stated, for example, that the primary placement criterion was the availability of foster home openings. Other practitioners utilize a broader focus in placement decisions as was evidenced by the complexity of their responses. These two types of responses represent extremes along a continuum. The majority of the participant's responses reflected the diverse use of placement criteria along this continuum.

Research Implications

The assessment tool is the first step in the process of formalizing the decision making process for the placement of children in foster care. Most practitioners have their own ideas about what constitutes sound placement decisions. Foster children needing placement have been traumatized by the abuse of their parents and the necessity to move them from their home of origin. These children should not be further traumatized by questionable placement practices.

This preliminary assessment tool needs to be tested in practice to verify

its value in aiding placement workers in the process of decision making. The testing procedure needs to be an evolving process that incorporates the validation or redefining of the elements this research found to be important. The preliminary assessment tool could be implemented and tested as a pilot project in a designated district office. There are several research approaches that could be utilized. One approach could note the statistics on placement failures prior to the implementation of the pilot study and compare these statistics to placement failures post-implementation. Both the number of placement disruptions and the duration of placements could be the criteria for assessing the impact of the assessment tool. A second model could compare the statistics for placement disruptions between a pilot office utilizing the *preliminary assessment tool* to a comparable district office using the current system. The purpose would be to look for significant differences in the characteristics of placement disruptions. The primary goal of the testing process would be to determine if consideration of the placement elements had any positive effect on placement disruptions.

The value of the protocol discussed in this study will depend to a great extent on how it is presented to the practitioners who implement these policies. If this or any other program or policy is to have any hope of success, it must win the support of those who work with the foster children on a daily basis. Discussions with practitioners confirmed the need to provide training in utilizing

a more consistent placement protocol. As discussed previously, practitioners

utilize diverse criteria to guide them in placement decisions. Training would

need to address the benefits to the practitioner and the foster children of a

more consistent placement protocol resulting in fewer placement disruptions.

Faith of practitioners in the system is essential for change to be

possible. During the exploratory portion of this study we realized that many

practitioners expressed little faith in San Bernardino County's system. Some

practitioners in the district offices expressed a belief that it does not matter how

good an assessment tool is, if quality foster homes are not available. Other

practitioners felt that San Bernardino County has not taken the recruitment of

foster homes seriously, and this has resulted in a dearth in quality foster

homes. Many practitioners expressed little faith in an administration that

consistently requires practitioners to advocate for their families but provides

little in the way of personnel or resources to affect any real change. Some

practitioners have stated that if this assessment protocol is implemented it will

be just one more bureaucratic hurdle they must endure. We were faced with

these negative perceptions frequently enough that it became apparent we

needed to address them in our discussion.

Related Placement Issues

During the course of this study placement issues not directly related to

the research question were mentioned as concerns that impact placement

decisions by practitioners. The problems encountered with emergency and temporary placement of children in out of home care need to be addressed and resolved . There are far too few shelter care homes available to meet the needs of children being placed in San Bernardino County. The present system depends to a great extent on back-up shelter care as a temporary solution to the problem of finding adequate placement resources. The problem with using back-up shelter care is that these homes are primarily used as regular foster care homes which are oriented to long term placements. Often these temporary placements end up becoming the permanent placement for these children. Because of the reliance on this system, many placements are made solely on the criteria of availability. This reality further emphasizes the need for early assessment of the child and the foster parents ability to meet those needs.

The trauma of removing a child from their home regardless of the severity of the abuse, almost always causes emotional damage to the child and the child's family. This is not the optimal time for assessing the long term needs of the child. Due to the emotional distress and the fact that we often do not have the history or information at the time of removal, practitioners should be very careful about making what could become a lifelong decision for these children. Many practitioners have seen the result of ill-advised placements made in the heat of the moment. San Bernardino County has in the last few

years seen a number of foster parents fight against the removal of children who had been placed temporarily in back-up shelter care. The issue was not that these were bad homes, the fact that they were fighting for the children is testimony to their commitment. The issue was that in most cases these homes could not meet the needs of these children.

Agencies need to do a better job of identifying the type of foster homes that are being sought and not found by placement workers. As discussed earlier in this section many placement workers who do look at the complex issues become frustrated by the lack of placement resources. Once a need is identified we need to address that need by focusing foster home licensing to recruit in that area.

Time is often the critical factor in the first out of home placement. This is true for the child as well as the placement worker. Many agencies responsible for placing children in foster care use receiving homes as temporary placements until the needs of the child can be fully and accurately assessed. Due to the fiscal realities of the times, the authors realize it would be difficult to finance the changes being suggested in this preliminary study. A suggestion for San Bernardino County could be to utilize some of the facilities at the recently closed Air Force bases as receiving homes. As the facilities are already in place, it would reduce building expenditures.

The authors feel that San Bernardino County has been progressive in

its attempts to address the needs of children in foster care. The recent training

on ethnicity and cultural awareness is a good example of these efforts. These

efforts could be furthered by aggressive foster home recruitment, developing

a plan to deal with initial placements, and utilizing a more comprehensive

placement protocol.

Attachment 1

Questionnaire

Part I

Question 1. In the spaces provided below, please list in order of importance the ten most significant elements or issues that you feel should be considered in the placement of children in foster care.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Question 2. Describe what your responses mean to you in terms of placement concerns:

The element you rated first.

The element you rated second.

The element you rated third.

The element you rated fourth.

The element you rated fifth.

The element you rated sixth.

The element you rated seventh.

The element you rated eighth.

The element you rated ninth.

The element you rated tenth.

Question 3. In the spaces provided below list the ten most disruptive child behaviors which you feel impact foster care placement the most in the order of their importance, with one being most important and ten being least important.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Part II

Question 1. The following elements were found to be significant in placement considerations in the literature as well as in personal interviews with people in the foster care field. Please number the following elements in order of importance with one being the most important and twelve being the least important.

_____ Ethnicity

_____ Child's Behavior

_____ Attachment and Bonding

_____ Physical Health Issues

_____ Mental and Emotional Health Issues

_____ Child's Age

_____ Child's Gender

_____ Size of Sibling Set

_____ Geographical Concerns with Regard to Social Needs

_____ Geographical Concerns with Regard to Educational Needs

_____ Visitation Issues

_____ Availability of Needed Resources in Geographical Area of Placement

_____ Type of Abuse, i.e., Physical, Sexual, Emotional, and Neglect

Question 2. Describe what your responses mean to you in terms of placement

concerns:

The element you rated first.

The element you rated second.

The element you rated third.

The element you rated fourth.

The element you rated fifth.

The element you rated sixth.

The element you rated seventh.

The element you rated eighth.

The element you rated ninth.

The element you rated tenth.

The element you rated eleventh.

The element you rated twelfth.

Question 3. The following behaviors were found to be significant in placement considerations in the literature and personal interviews with people in the foster care field. Please number the behaviors you consider important, with one being most significant, and thirteen being least significant.

_____Bedwetting and Soiling

_____Lying

_____Stealing

_____Sexual Acting Out

_____Fighting

_____Poor Hygiene

_____Talking Back

_____Acting Out in School

_____Emotional Problems

_____Running Away

_____Destructive to Self

_____Destructive to Others

_____Destructive to Environment

Comments:

Attachment II

Consent Form

I consent to serve as a subject in the research investigation entitled *Assessing Key*

Elements in Placement Practice for Children in Foster Care. The nature and

general purpose of the study has been explained per attached questionnaire

cover letter from Maritza Ortiz and Glen Bristol from the Masters of Social Work

Program at CAL State University, San Bernardino.

I understand that the purpose of this research is to assess which elements need

to be addressed when placing children in foster care and develop an assessment

tool to facilitate placement. The research procedure involves the use of a

questionnaire containing open and close ended questions. The potential benefits

to participants is the knowledge that they are contributing to the improvement of

the services to children in foster care. There are no known potential risks to

participants.

I understand that my participation is voluntary and that all information is
confidential and that my identity will not be revealed. I am free to withdraw
consent and discontinue participation in the project at any time. Any questions I
have about the project will be answered by the researchers named below.
California State University, San Bernardino and the investigators named below are
responsible for insuring that participants in research projects conducted under the
university auspices are safeguarded from injury and harm resulting from
participation. If needed the researchers named below may be contacted to
remedy or assist possible consequences from such activities.

On the basis of the above statements, I agree to participate in this study.

_____

Participant's Signature   Date

_____

Researcher's Signature/Date   Researcher's Signature/Date

<u>16515 Mojave Dr., Victorville,Ca 92392</u>
<u>(619)243-2280</u>
Work Telephone

<u>Dr. Teresa Morris (714) 880-5501</u>
Campus Contact/Telephone

Attachment III

Questionnaire Cover Letter

This questionnaire seeks to find out what elements you consider enhance as well as hinder foster care placements. Your participation in the study is voluntary and will be kept confidential. In order to insure your confidentiality the consent forms will be kept separate from the questionnaires in a locked file. The numbered questionnaires will be destroyed on completion of the study.

The data gathered will be used to develop a foster child placement assessment tool. This instrument will include your responses and improve the process of selecting the best possible placement for our foster children.

The results of this study will be reported to the management and practitioners through inter-office mail and to foster parents though Foster Parent Association. Included in this questionnaire is a consent form. Please sign the consent form and mail it back with the numbered, completed questionnaire. If you have any questions regarding this questionnaire and/or this study, please contact Glen Bristol or Maritza Ortiz at (619) 243-2280.

Attachment IV

FOSTER PARENT ASSESSMENT TOOL	
Name: Address: No. Beds Available: *[CIRCLE ALL NUMBERS THAT APPLY]*	
(1) Ethnicity	1. White 2. Hispanic 3. Black 4. Asian 5. Other (Describe)
(2) Visitation	Are foster parents willing to facilitate visitation: 1.(yes) 2.(no)
(3) Behavioral Issues	Behaviors foster parents unwilling/unable to work with: (1) sexually act/out (2) emotional (3) fighting (4) destructive to environment (5) running away (6) stealing (7) defiant (8) un-socialized/unable to follow rules (9) destructive to self (10) lying (11) enuresis (12) encopresis (13) destructive to others
(4) Resources	Are foster parents willing, if necessary, to facilitate access to resources? 1.(yes) 2.(no)
(5) Sibling Set	Number of siblings foster parents willing to accept 1.(1-2) 2.(3-4) 3.(5-6) 4.(7-more)
(6) Age	Age of child foster parent is willing to accept 1.(1-2) 2.(3-5) 3.(6-10) 4.(11-14) 5.(15-18)
(7) Medical Problems	Is foster parent willing to work with children with significant medical problems? 1.(yes) 2.(no)

(8) Emotional Issues	Is foster parent willing to work with children with emotional problems? 1.(yes) 2.(no)
(9) Gender	Gender foster parent is willing to accept: 1.(female) 2.(male) 3.(both)
10) Type of Abuse	Type of abuse foster parent will NOT work with: (1)sexual abuse (2) physical abuse (3) emotional abuse (4) neglect
(11) Attachment	Are foster parents able to accept children who cannot attach themselves to caretaker? 1.(yes) 2.(no)

In narrative form subjectively assess the following three areas:

1. Foster parent nurturing and parenting skills

2. Caretaker's commitment in relation to child's needs

3. Will other foster children or the foster family composition negatively affect the placement?

Attachment V

FOSTER CHILD ASSESSMENT TOOL	
Name:	
Address:	
Service Plan:	
District Office:	(CIRCLE ALL NUMBERS THAT APPLY)

(1) Ethnicity	(1) White (2) Hispanic (3) Black (4) Asian (5) Other (Describe)
(2) Visitation	Are foster parents willing to facilitate visitation: 1.(yes) 2.(no)
(3) Behaviors exhibited by child	(1) sexually act/out (2) emotional (3) fighting (4) destructive to environment (5) running away (6) stealing (7)defiant (8) un-socialized/unable to follow rules (9) destructive to self (10) lying (11) enuresis (12) encopreses (13) destructive to others
(4) Resources	Does the foster child require special resources? 1.(yes) 2. (no)
(5) Sibling Set (use only if placing siblings together)	Number of siblings: 1.(birth to 2) 2.(3-5) 3.(6-10) 4.(11-14) 5.(15-18)
(6) Medical Problems	Does the foster child have significant medical problems? 1.(yes) 2.(no)
(7) Emotional Issues	Does the foster child have significant emotional problems? 1.(yes) 2.(no)
(8) Gender	(1) Female (2) Male

(9) Type of Abuse	(1) sexual abuse (2) physical abuse (3) emotional abuse (4) neglect
(10) Attachment	Does the foster child have difficulties in attachment? 1.(yes) 2.(no)

GLOSSARY

Age and Gender Issues. Consideration of the foster child's age and gender in placement decisions, e.g. acceptance by the foster parent and room availability in the foster home.

Attachment and Bonding. An emotional bond between individuals based on attraction and dependence which may develop during critical periods of time (Barker,1987); a psychological connection between people that permits them to have significance to each other (Bayless, 1990).

Ethnicity. An orientation toward the shared national origin, religion, race, or language of a people; a person's ethnic affiliation, by virtue of one or more of these characteristics and traditions (Barker, 1987).

Foster Parent Nurturing and Parenting Skills. Foster parent's ability to provide security, guidelines, and necessary resources to the foster child to promote physical and emotional growth and stability.

Mental/Emotional Issues. The foster child's behavioral and emotional manifestations, and need for specialized care, as it relates to the foster parent ability to provide for child's special needs.

Sibling Sets. May refer to the number or gender of children in the family and its influence in placement issues, e.g. availability of a foster home willing and able to accommodate and possibility of siblings remaining together.

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<u>Type of Abuse</u>. A foster child's behavioral characteristics and psychological make-up may be influenced by the type of abuse exposed to. See Literature Review.

<u>Visitation Issues</u>. Pertains to visits between foster child and family of origin. Issues to consider may include service plan which determines whether the goal is reunification or permanency planning, or whether visitation is detrimental to the child, among others.

<u>Disruptive Behaviors</u>

<u>Destructive to Self</u>. Behavior that is damaging to the foster child, e.g. drug and alcohol abuse, running away.

<u>Destructive to Others</u>. Behavior that is harmful to others, e.g. physically aggressive behavior, fighting, stealing.

<u>Destructive to Environment</u>. Behavior that is damaging to the surroundings, e.g. firesetting, vandalism.

<u>Sexually Acting Out</u>. Behavior considered culturally inappropriate for a child, e.g. compulsive masturbation in public, engaging in sexual acts with others.

<u>Emotional/Psychological Issues</u>. Child exhibits symptoms of emotional problems, e.g. depression, withdrawal, hallucinations.

<u>Running Away</u>. Child leaves the home without permission and contrary to the wishes of parents or guardians with the intent to remain independent of their control.

<u>Enuresis</u> . Involuntary discharge of urine.

<u>Encopresis</u>. Inability to control bowel functions.

<u>Unsocialized Behavior/Unable to Follow Rules</u>. Inability to follow age appropriate behavior, e.g. temper tantrums, poor hygiene, poor impulse control.

<u>School Behavior</u>. Behavioral problems at school, e.g. disciplinary problems, not completing assignments.

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