Exits to

Permanency

A Review of Current Literature

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Executive Summary

Federal law places a premium on establishing safe and stable homes for children in foster care. However, reunification and permanency planning are often competing goals. Permanency may be reunification, adoption, and for some, guardianship. However, in each of these types of permanent placement, there is the possibility of permanency disruption.

The following review examines the literature on exits to permanency. The major characteristics and factors associated with permanency and permanency disruption are set forth. Findings concerning age, ethnicity, gender, siblings, special needs, placements, reasons for removal, family characteristics, permanency characteristics and prevention/intervention are summarized. The literature on age, ethnicity, special needs and prevention/intervention provide clear targets for improvement. In general, older children (approximately age 11-12 and above), children with special needs and ethnic minority children tend to have the poorest permanency outcomes. More research is needed in particular areas such as gender, siblings and family characteristics. Additionally, a number of best practices and promising practices are identified.

Introduction

Casey Family Services (2005) defines permanency as "an enduring family relationship that provides safety and well-being and offers the legal rights and social status of full family membership." This definition provides a comprehensive account of the legal and psychological needs of youth (Casey Family Services, 2005). Toward that end, the Adoption and Safe Families Act (ASFA) (P.L. 105-89) sets the amount of time a child can be in foster care without a permanency hearing at 12 months. In addition, it emphasizes concurrent permanency planning with reunification decision making. When considering permanency planning, it is important to consider competing goals in the social welfare system. One goal is for family preservation while the other is for the best interests of the child (Becker, Jordan, & Larsen 2007). Thus, much research on permanency focuses on reunification efforts.

In California, 36,844 children, from birth through age 20, exited foster care in the fiscal year ending September, 2008 (Needell, et al., 2009). The majority (53.6%) of those youth were reunified with their families while 20.9% were adopted, 12.5% were emancipated, 4.8% exited by another method (running away, incarceration, entering a psychiatric hospital or death), 4.6% were placed under guardianship, and 3.5% exited to the care of a relative (Kin-gap program). Importantly, although a fair number of foster youth exit to permanency, not all permanent placements are enduring.

In an evaluation of a prevention program, Fisher, Burraston and Pears (2005) reported that 36% of their regular foster care group experienced failed permanent placements (12% relative adoption and 24% birth parent reunification) and 10% of their intervention group (all birth parent reunifications) experienced failed permanent placements. Twenty two percent of the youth experienced two failed permanent placements. Thus, when considering exits to permanency, it is important to consider repeated exits to permanency. For example, in California, for the fiscal year ending September 30, 2008, there were 6,793 re-entries to foster care (Needell, et al., 2009), many of whom will make repeated permanency attempts.

The impact of failed reunification attempts on the children is evident in the high psychological health expenditures of children who experienced a failed reunification. Becker and colleagues (2007) document that psychological health expenditures are 61% higher for children who experience failed reunification than for children who are successfully reunified. Thus, it is important to determine characteristics and practices that foster long-term, stable family relationships for foster youth.

Factors and Characteristics That Relate to Exits to Permanency

Age

Child age is one of the most examined predictors of exits to permanency. Studies typically examine age as a categorical variable rather than a continuous variable, and outcomes vary widely. For example, Connell, Katz, Saunders and Tebes (2006)

examined predictors of exiting care to reunification, adoption and guardianship. They found that children between the ages of 2 and 15 were more likely to be reunified than infants under age 2. In a study in Florida with a relatively large sample size (n = 1,856 with successful exits and n = 5,961 who remained in care), Becker, et al. (2007) found that older children were less likely to have a permanent exit within 12 months of entry into foster care than younger children. More specifically, children aged 6 to 12 were significantly more likely to experience a successful permanent exit within 12 months compared with children over age 12. Snowden, Leon and Sieracki, (2008) examined predictors of permanent adoption. They found that age was the most robust predictor with a maximum age of 11.7, which is much higher than 8.6 as suggested by McMurttry and Lie (1992).

In California, youth aged 16 to 18 had the lowest rates of adoption (7.4%) while 38.5% of toddlers aged one to two years of age had the highest rates of being adopted for the fiscal year ending September 30, 2008. Youth aged 16 to 18 had the highest rates of other types of exits (running away, incarceration, entering a psychiatric hospital or death; 24.1%). Overall, as children grow older, they have a decreasing chance of exiting to adoption. However, Kin-Gap is most common in youth 11 to 15 and 16 to 17 compared with other age groups (Needell, et al., 2009). Needell, et al. (2009) also report that of all exiting foster youth under the age of 18, 16 to 17 year olds had the lowest rates of reunification (49.3%) while infants under one year of age (85.5%) had the

highest. Youth entering care between the ages of 16 and 21 were more likely to run away than children aged 11 to 15 (Connell, et al., 2008).

Age is also related to permanency disruption. Wells and Guo (1999) found that children who were older experienced a faster time to reentry than younger children. For the fiscal year ending September 30, 2008, children in California aged 11 to 15 (33.5%) were the largest group experiencing re-entry followed by children aged 6 to 10 (Needell, et al., 2009). Similarly, in a review of the adoption disruption literature, Coakley and Berrick (2008) found an association between age and adoption disruption with older children experiencing higher rates of disruption.

Ethnicity

A review of the literature reveals that ethnic minority children have lower successful exits to permanency overall than Caucasian children (Testa, 2004). However, it should be noted that the federal Multiethnic Placement Act (MEPA) and its amendment were designed to facilitate positive outcomes for ethnic minority youth. Under MEPA and its amendment, adoption and placement decisions cannot be based on race but, rather, on the best interests of the child. The passage of these relatively recent laws may make an impact on the outcomes for minority youth.

Although African American youth have higher rates of exiting to Kin-Gap (6.9%) than other groups in California, they are the least likely to be reunified (43.9%) or adopted (17.0%). Native American youth have the lowest rate of adoption (15.8%) and

the highest rate of guardianship (9.4%) in California. Both African American (7.3%) and Native American (8.4%) youth have the highest rates of other types of exit in California (running away, incarceration, entering a psychiatric hospital or death)(Needell, et al., 2009).

The time to reunification for African American children is significantly slower than for Caucasian children (Harris & Courtney, 2003; Wells & Guo, 1999), especially for African American infants (Wells and Guo (1999). In addition, African American children were less likely to be reunified in comparison to Caucasian children (Connell, et al., 2006). African American, Hispanic, Asian/Pacific Islander and Native American youth were significantly more likely to run away than Caucasian youth (Connell, et al., 2008). Becker, et al., (2007) also found that non-white children are less likely to experience a successful permanent placement within 12 months compared with white children.

In addition, African American children also had a significantly faster rate of reentry after reunification than Caucasian children (Wells & Guo, 1999). Barth and colleagues (1988; 1990) found that ethnic minority children have lower rates of adoption disruption than Caucasian children. However, Coakley and Berrick (2008) found that the results for ethnicity and adoption disruption are unclear as African American youth have higher rates of kinship adoptions. Thus, future research should examine adoption stability in ethnic minority youth, especially with consideration for kinship adoption.

Gender

In California, males and females have similar outcomes concerning time to adoption, rates of reunification, rates of adoption, rates of guardianship, and remaining in care (Needell, et al., 2009). Indeed, several studies have not found gender differences in exits (Benedict & White, 1991; Courtney, 1994; George, 1990), while others have found that the rates for reunification are higher for girls than for boys (Kemp & Bodonyi, 2000; Vogel, 1999). More recently, however, Connell and colleagues (2006) found that female youth in Rhode Island were significantly more likely to exit by running away than male youth. The results on gender and adoption disruption are mixed. It appears that there is a trend for males to experience greater rates of adoption disruption than females (Coakley & Berrick, 2006).

Siblings

Although the number of sibling groups in care in California is 66,496, which represents a substantial number of out of home placements, 32% of sibling pairs were placed together, 17% of sibling triads were placed together, the rate of sibling co-placement decreased to 10% for four siblings and only 5% for 5 siblings (Needell, et al., 2009). Indeed, the majority of children in foster care also have siblings in care. Hegar (2005) conducted an extensive review of siblings in out of home care and found that there is a trend in the literature for siblings placed together to have better outcomes in terms of placement stability and child emotional and behavioral outcomes. Similarly,

Washington (2007) also found benefits of co-placements for siblings although the research on siblings and permanency is inconclusive. Coakley and Berrick (2008) evaluated two studies examining the adoption disruption rates of adopted siblings. One study (Kadushin & Seidl, 1971) found substantially higher rates of adoption disruption for siblings while more recent studies find no difference (Berry & Barth, 1990; Hegar, 2005; Rosenthal, et al., 1988; Smith & Howard, 1991). Overall, there is minimal research on exits to permanency for siblings. Thus, future research should examine exits to permanency for siblings.

Special Needs

Types of special needs include psychological and physical needs. Psychological needs include cognitive, emotional and behavioral needs while physical needs include physical disabilities, health problems and sensory impairments. Wells and Guo (1999) found that children with health problems experience a longer placement prior to reunification than children without health problems (Wells & Guo, 1999).

Snowden, et al., (2008) found that children with emotional/behavioral disorders or disabilities had lower rates of reunification. Furthermore, children with emotional disturbances were significantly less likely to be adopted permanently than children with a physical disability. On the other hand, children with physical disabilities were more likely to be permanently adopted with the exception of those with a hearing or vision disability (Snowden, et al., 2008).

Congruent with Snowden, et al., (2008), Connell, et al. (2006) found that children with emotional or behavioral problems were significantly less likely to be adopted than those without. Rosenthal, Schmidt and Conner (1988) found that challenging behaviors and characteristics tended to be a greater risk factor for adoption disruption than delayed or impaired skills or abilities. For example, Becker, et al. (2007) found that youth reporting a substance abuse problem had significantly lower chances of a successful permanency exit within 12 months than youth without substance abuse problems.

Furthermore, Becker and colleagues (2007) found that children with developmental disabilities are 3 ½ times more likely to remain in non-permanent care (e.g., non-family residential institutions) than children without developmental disabilities. Children in therapeutic foster care and children with mental health disorder diagnosis also had significantly lower rates of a successful exit. Overall, Coakley and Berrick (2008) report that children with special needs are at risk for adoption disruption. It should be noted, however, that in their review, special needs populations included children with histories of sexual abuse and sexual acting out histories.

The federal Adoption Assistance and Child Welfare Act (AACWA) of 1980 made special provisions for children with special needs. The AACWA permits adoption assistance payments for children wherein reunification is not possible. In this case, the definition of special needs may apply to many children in foster care. It includes: "a

specific factor or condition (such as the child's ethnic background, age, membership in a minority sibling group or the presence of factors such as medical conditions or physical, mental, emotional handicaps) because of which it is reasonable to conclude that such child cannot be placed with adoptive parents without providing adoption assistance." In addition, the ASFA provides additional funds in the amount of $2,000 per child for successful adoptions of children with special needs.

Placements

Type and number of placements prior to exits to permanency have been associated with outcomes. Likelihood of exit-type was associated with time in care. Reunification was most likely immediately following removal and through the first 12 months with a slight decrease just before the tenth month. Adoptions were more likely starting around the ninth month and increased steadily thereafter through approximately the 18th month. Running away was the least common type of exit but remained stable over placement time (Connell, et al., 2006).

Similarly, in a study examining foster youth exits in one month in 1997 across 42 states (data from the Adoption and Foster Care Analysis and Reporting System database, AFCARS) Smith (2003) found that 35% of youth who became eligible for adoption (after parental rights were terminated) were discharged within a year whereas the remaining 65% remained in care after one year. Factors associated with remaining in

care one year after becoming eligible for adoption were older age, African American, being placed in Kinship care and experiencing multiple placements.

Children who were placed in non-relative foster care had greater rates of reunification while children who were removed two or more times had a significantly lower chance of reunification (Connell, et al., 2006). Children placed in a relative or non-relative foster home were significantly more likely to be adopted than children in other types of placements (e.g., residential home)(Connell, et al., 2008).

Berry and Barth (1990) also found that longer foster placements were associated with stable adoptions for adolescents. On the contrary, other studies have not found an association between time in care and adoption stability (Barth, et al., 1988; Smith and Howard, 1991). In addition, youth with two or more prior removals were more likely to run away than youth experiencing no prior removals (Connell, et al., 2008). In comparison with children in foster placements with relatives, youth in group homes and shelters had the highest rates of running away (Connell, et al., 2008).

Experiencing multiple placements during a first spell in foster care is positively associated with rates of reentry to foster care after reunification (Wells & Guo, 1999). However, longer foster placements during a first spell were negatively associated with rate of reentry (Wells & Guo, 1999).Type of placement was also associated with time to reentry. Children in nonfamily foster care and group home care had a significant and substantially faster time to reentry than children in kinship care (Wells & Guo, 1999). It

should be noted that kinship care is typically more stable than other types of care (Coakley & Berrick, 2008).

Finally, in a study of a relatively long-term (three years) follow up of adoption stability, Houston and Kramer (2008) found that greater pre-adoption contact with formal agency staff was associated with lower rates of disrupted adoption and lower levels of family conflict post-adoption. Of the 49 families who participated in the study, 18.37% experienced an adoption disruption. Of note, on average, families reported that all levels of support decreased substantially from pre-adoption to post-adoption and the difference was statistically significant. Houston and Kramer (2008) also found that families who rated their pre-adoption contacts with agencies more highly had lower rates of conflict post-adoption. In addition, parents who reported more contact with other support (medical providers, mental health providers and educators) pre-adoption also had lower levels of conflict post-adoption.

Parents who reported satisfaction with support from informal supports (family, friends and church members) pre-adoption were more likely to report being willing to adopt again (Houston & Kramer, 2008). Parents who had more frequent contact with pre-adoption informal support, and parents who had more contact with formal nonagency supports (medical providers, mental health providers, educators), reported experiencing more challenging problems post-adoption. However, the authors (Houston & Kramer, 2008) note that it is likely that parents were seeking assistance for

preexisting problems which persisted post-adoption. Taken together, these results suggest that it may be beneficial for supports, both formal and informal, to continue post-adoption, especially for families adopting children demonstrating greater need for supports. For example, children who have ongoing physical, mental or behavioral health needs should be eligible for and provided continuing supports post-adoption.

Reason for Out of Home Placement

Reasons for removal from the family home have been linked with outcomes. For example, children experiencing out of home placement because of parental neglect or substance abuse had longer stays in care before reunification (Wells & Guo, 1999). Children who were neglected had a significantly lower chance of being reunified than children with behavior problems (Connell, et al., 2006). Children who were removed due to parental substance abuse also experienced faster reentry to out of home placement compared with children removed because of neglect (Wells & Guo, 1999). Moreover, Connell and colleagues (2008) found that children who had been sexually abused or were removed because of housing instability, parental failure to cope, abandonment and relinquishment were associated with significantly lower rates of permanent adoption than children who experienced neglect.

Family Characteristics

Overall, there are relatively few studies that examine familial factors in exits to permanency. However, time to reunification is associated with family type. One study

found that children reuniting with single mothers remained in care longer than children reunifying with two-parent families (Wells & Guo, 1999). Coakley and Berrick (2008) report that strong child attachment to the biological parent is a risk factor for adoption disruption, especially for children old enough to have formed and have a memory of their biological parents.

Permanency Characteristics

There is a paucity of research on characteristics of non-parental families that support permanency. However, examining the characteristics of the foster families, Snowden and colleagues (2008) found that married and unmarried couples were significantly more likely to adopt than single foster parents. In order to increase the availability of permanent, non-parental placements, more research is needed.

There are few studies that examine the characteristics of families who achieve stable adoptions. Importantly, one finding emerges from the literature that is particularly noteworthy. Prior relationship between the adoptive parents and foster children is associated with significantly greater stability of adoption for both kinship adoptions and foster-adoptions (Barth, et al., 1988; Berry & Barth, 1990; and Rosentahal, et al, 1988). However, the limited research indicates that longer marriages are associated with stability (Westhues & Cohen, 1990). Maternal level of education in the adoptive family has been found to be negatively associated with adoption stability (Berry & Barth, 1990; Festinger, 1986; and Rosenthal, et al., 1988). Rosenthal and colleagues (1988)

found a weak but positive association between other children in the adoptive home and adoption stability. However, Berry and Barth (1990) found different effects depending on the relationships (biological, foster or adoptive) of the children. Both maternal education and the presence of other children in the home may be associated with maternal parenting experience and expectations (Coakley & Berrick, 2008). Smith and Howard (1991) found a modest association between parenting experience and adoption stability.

Testa (2004) reports that two-thirds of adoptions are made to nonrelatives, but relative adoptions are the fastest growing type of permanent placement. Indeed, kin adoption is growing, and kin guardianships are also growing. Although guardianships are controversial as a permanent placement, Testa (2004) argues that this option may be in the best interests of many children who linger in foster care. For example, Testa (2004) purports that guardianship may be beneficial to children with strong familial and cultural ties as guardianship does not require the severing of all family ties. This allows for continued relationships with siblings, aunts, uncles and even limited rights for birth parents. Evidence in support of kin guardianship suggests that the children tend to be older and are more likely to be an ethnic minority (Testa, 2004).

Testa (2004) reports following up after children have been adopted is difficult as adoption records are sealed after the adoption becomes final. Nonetheless, adoptive parents and guardians have reported a need for support and services after adoption

such as respite care, camp and summer activities, support groups, educational support, counseling and assistance with finding and paying for residential treatment.

Prevention/Intervention

Fisher, Kim and Pears (2009) examined the effects of Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) who experience multiple placements. They did not find an association between maltreatment history and placement instability. Children who participated in MTFC-P were significantly more likely to achieve permanency within 24 months, especially through adoption, than children who participated in regular foster care (Fisher, et al., 2009). The authors suggest that although this program costs more than regular foster care, it could be targeted at children with a history of multiple placements (in this case, a minimum of four) to promote successful permanency outcomes.

Fisher, et al. (2005) examined The Early Intervention Foster Care (EIFC) program in a randomized clinical trial. The goal of the intervention was to improve permanent placements for preschool-aged foster youth. The program includes a team approach addressing the needs of the child, foster care provider and permanent placement resource (birth parents and adoptive parents, both relatives and nonrelatives). Services include a behavioral specialist psychiatric consultation and therapeutic playgroup sessions for the child, intensive training, regular contact with a foster parent consultant, extensive support and supervision for foster parents and parenting sessions for the

permanent placement family over a period of approximately six to nine months.

Fisher and colleagues (2006) report that the intervention group had a higher rate of successful permanent placements (90%) than the regular foster care group (64%). Failed permanency attempts were comparable across the groups up to about eight months post-placement but then rose for the regular foster care group after eight months. Thus, the researchers recommend that another opportunity for intervention to foster a stable and successful permanent placement is around eight months for families identified as struggling to maintain permanency. Furthermore, although the number of prior placements was associated with failed permanent placements for the regular foster care group, this was not the case for the EIFC group.

Other prevention/intervention programs identified are Parent-Child Interaction Therapy, The Incredible Years and Triple P Positive Parenting (Osterling, Andrade, & Hines, 2009).

Best Practices/Promising Practices for Exits to Permanency

Winokur, Holtan and Valentine (2009) evaluated permanency outcomes over 42 quasi-experimental studies and found that children placed in kinship care had better outcomes than children in other types of non-kinship foster care. In addition, children in kinship foster care were more likely to be in guardianship, and children who were in nonkinship foster care were more likely to be adopted and to utilize mental health services.

Casey Family Services developed a tool to help foster youth and their foster parents evaluate permanency options with foster parents based on attachment theory and emotion regulation research. The Belonging and Emotional Security Tool ("BEST") is recommended as a method to commence discussion of permanency options for youth in long-term foster placements wherein adoption has not been fully explored, the youth will not return to the biological family and the foster family has the potential to become the youth's permanent family (Frey, Cushing, Freundlich, & Brenner, 2008). The BEST is attached as Addendum A.

The California Evidence-Based Clearinghouse (CEBC) for Child Welfare identifies and rates programs. Programs that receive a score of 1 are deemed to be well-supported by research evidence. Programs that receive a score of 2 are deemed to be supported by research. Programs that receive a score of 3 are deemed to have promising research evidence. Program descriptions and ratings are provided in Table 1.

In addition, the expertise and resources of the Child Trauma Academy (CTA) are particularly relevant in exits to permanency since the majority of children in foster care experienced neglect, abuse or trauma. For example, a CTA" best practice" identified is the Children's Crisis Care Center that provides a multidisciplinary assessment of children referred to a child welfare agency. The assessment is conducted by staff independent of the intake/investigation and family maintenance/reunification units. The results of the assessment are shared with the case worker and the court for case

planning and facilitate early intervention and therapeutic services. This program has been associated with higher rates of reunification, placement with relatives, fewer placement disruptions and shorter time to longer-term placement. CTA also provides videos such as "Early Childhood and Brain Development: How Experience Shapes Child, Community & Culture" to help those associated with the child welfare system (policymakers, welfare professionals, mental health professionals, parents and teachers) understand the effects of early experience on brain development and behavior.

Possible Directions for Future Research and Program Development

Future research is needed in the area of sibling exits to permanency as the majority of children in foster care come from a sibling group. Very few of the studies acknowledged or examined the rates of sibling participation. Although the literature on siblings in foster care has grown, it is not representative of the number of siblings in care.

Gender is another characteristic that is underrepresented in the literature. Although many studies have relatively small samples, the vast majority have the ability to examine gender differences related to exits to permanency. Gender may be particularly important in interaction with other characteristics such as maltreatment type, special needs and ethnicity.

Additionally, little is known about reason for placement, family characteristics and reunification outcomes. This is especially important as reunification is the most

common exit to permanency, but is also linked with failed permanency. Fortunately, there are multiple programs designated at "well supported" or "supported" that address these issues. Future research should examine these issues in conjunction with program and service use targeted at successfully reunification.

Although the findings concerning age and exits to permanency are relatively conclusive, little is known about the underlying factors. Future research should examine specific issues on the part of the child and the part of the permanency placement to determine if those factors can be addressed. For example, it is not known whether or not older kids have lower rates of permanency because of their developmental status or some other general characteristic, or if it is because of their longer history of maltreatment, or their active role in rebuffing permanency due to their strong attachment to their biological parents. Additional research that addresses these and other factors will likely be fruitful.

Review of research suggests several areas for concentration of services and improvement in practices include older children (approximately age 11 and over), ethnic minority children and children with special needs. Program development that targets these characteristics and factors in conjunction with findings from permanency placement would be fruitful. For example, programs that match children who are at risk with families with the greatest strengths coupled with support designated at "best" or "promising practices" could prove to be beneficial.

Finally, a best practice that has tremendous potential to improve permanency outcomes in California is the model set by the Child Trauma Academy. The Children's Crisis Care Center takes a holistic approach to child welfare, and most importantly, the child is the central focus, and care and attention is aimed at supporting the child. This approach includes placing the child in the context of the family (including siblings), community and culture. Thus, this approach determines the needs of each child to promote successful outcomes for each child.

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Table 1. California Evidence-Based Clearinghouse (CEBC) for Child Welfare Program Ratings

Program	Scientific Rating	Features
1-2-3 Magic: Effective Discipline for Children 2-12	1	Promotes safety and child/family well-being; Designed for children age 3 to 12 who experienced emotional abuse, domestic violence, or physical abuse and their parents, grandparents, teachers, babysitters, or other caretakers
Coping Cat	1	Promotes child/family well-being. Designed for children and adolescents experiencing problematic levels of anxiety.
Coping Power Program	1	Promotes child/family well-being; Designed for children age 8 through 14 and their families; Addresses the mental health needs of children and families.
Coping with Depression for Adolescents (CWDA)	1	Promotes child/family well-being; Designed for children age 12 to 18 with major depression and/or dysthymia.
HOMEBUILDERS	1	Promotes reunification stability and offers post-permanency services; appropriate

		for cases involving neglect
Multidimensional Treatment Foster Care – Adolescents (MTFC-A)	1	Promotes permanency and child/family well being. Serves youth 12 to 18 with severe delinquency and/or severe emotional and behavioral problems who experienced various kinds of abuse (emotional, exposure to domestic violence, physical abuse, physical neglect and sexual abuse)
Parent-Child Interaction Therapy (PCIT),	1	Promotes safety and child/family well-being; Designed for children age 3 to 6 with behavior and parent-child relationship problems. Can be adapted for physically abusive parents of children age 4 to 12.
The Incredible Years	1	Promotes safety and child/family well-being; Designed for children who experience emotional abuse, physical abuse, and physical neglect, and their parents and teachers.
Triple P – Positive Parenting	1	Promotes safety and child/family well-being; Designed for parents and other caregivers of children from birth through age 18;
Multidimensional	2	Promotes permanency and child/family well being. Designed for preschool foster

Treatment Foster Care-Preschoolers (MTFC-P)		children age 3 to 6 years old who exhibit a high level of disruptive and anti-social behavior which cannot be maintained in regular foster care or who may be considered for residential treatment.
Attachment and Biobehavioral Catch-up (ABC)	3	Promotes child/family well-being; Designed for foster parents of infants who experienced physical neglect.
Family Connections program	3	Promotes family reunification through helping families meet the basic needs of their children and reduce the risk of child neglect; Designed for families at risk for child emotional and physical neglect.
Family to Family (F2F)	3	Promotes permanency; Designed for foster and adoptive families of children who experienced emotional abuse, exposure to domestic violence, physical abuse, physical neglect, or sexual abuse.
Foster Parent College	3	Focuses on resource parent recruitment and training; Designed for foster, adoptive and kinship parents.

Helping the Noncompliant Child (HNC)	3	Promotes child/family well-being; Designed for children age 3 to 8 who are noncompliant or have other conduct problems.
Keeping Foster and Kin Parents Supported and Trained (KEEP)	3	Promotes permanency and child/family well being. Placement stabilization and resource parent recruitment and training; Designed for children age 4 to 12 in foster or kinship care placement.
Neighbor to Neighbor	3	Promotes permanency, placement stabilization and resource parent recruitment and training; Designed for sibling groups of four or more children.
Nurturing Parenting Programs	3	Promotes safety and child/family well-being; Designed for children birth though age 18 who experienced emotional abuse, exposure to domestic violence, physical abuse, or physical neglect.
Parenting Wisely	3	Promotes child/family well-being; Designed for families with children at risk for or with: behavior problems, substance abuse problems, or delinquency, emotional abuse, exposure to domestic violence, physical abuse, or physical neglect.

SafeCare	3	Promotes safety; Designed for children who experienced physical abuse and physical neglect.
STEP: Systematic Training for Effective Parenting	3	Promotes child/family well-being; Designed for parents of children from birth through adolescence.
Teaching-Family Model	3	Promotes child/family well-being; Designed for youth who are at-risk, juvenile delinquents, in foster care, mentally retarded/developmentally disabled, or severely emotionally disturbed. Also designed for families at risk of having children removed.
Wraparound	3	Promotes permanency, child/family well-being, and placement stabilization; Designed for children and youth with severe emotional, behavioral, or mental health difficulties and their families.

Note. Scientific Rating 1 = well supported by research evidence, 2 = supported by research evidence, 3 = promising research evidence.

Casey Family Services

BELONGING AND EMOTIONAL SECURITY TOOL (BEST)

This introductory page is for social workers to orient themselves to using of this tool. This introductory page should not be read to the youth or parents responding to the questions.

Research suggests that emotional security is a critical component of successful family permanence for youth in foster care. Casey Family Services is committed to permanence for each youth, including discovering or developing permanent family relationships that provide safety, emotional security and legal family membership. For youth unable to reunify with their families of origin, their closest family or family-like relationships may be with the foster parents with whom they have lived for an extended time. These relationships hold potential for legal permanence through adoption or guardianship.

Casey Family Services developed the Belonging and Emotional Security Tool (BEST) to assist social workers in exploring youth's sense of emotional security with their foster parents and foster parents' sense of claiming and attachment with youth in their care. There are two versions of the BEST – a Parent version and a Youth version. A youth's and permanent parent's responses to these statements can be used to guide meaningful permanency conversations toward a deepened, more secure and long-lasting parent-child relationship.

Simple yes/no responses to the questions could be used. (In the case of a two-parent family, the youth answers each set of questions twice, first related to one parent and then related to the other parent.)

Or, a rating scale could be used.
The following instructions apply if using a rating scale:
This questionnaire asks you about feelings you have toward this youth / this parent.

For each question, please choose a number (1 through 5) that best describes this youth / this parent.

If you 'completely agree' with a statement, you would choose 1; if you 'mostly agree', you would choose 2; if you 'neither agree nor disagree', you would chose 3; if you 'mostly disagree', you would choose 4; if you 'completely disagree', you would choose 5. There are no right or wrong answers. Just choose the number that describes how much you agree with the statement about _____.

1	2	3	4	5
completely agree	**mostly agree**	**neither agree nor disagree**	**mostly disagree**	**completely disagree**

If you have questions about the use of this tool, please contact the Field Operations Department of Casey Family Services, 127 Church Street, New Haven, CT 06510 (203) 401-6900 caseyfamilyservices.org

Casey Family Services

BELONGING AND EMOTIONAL SECURITY TOOL (BEST)
Youth Version

1. My foster parent(s) would not kick me out of the family, no matter what I do.

2. My foster parent(s) make me feel like I belong to the family.

3. My foster parent(s) expect to give and receive holiday cards or gifts with me just like everyone else in this family.

4. My foster parent(s) would loan or give me money if I really needed it.

5. My foster parent(s) wants to talk when something really important or exciting happens to me.

6. My foster parent(s) cares deeply about what happens to me.

7. It makes me feel happy when we spend time together.

8. My foster parent(s) makes me feel I am not wanted.

9. My foster parent(s) wants me to be home for the holidays.

10. My foster parent(s) is someone I feel close to.

11. My foster parent(s) loves me.

12. My foster parent(s) is someone I trust.

13. My foster parent(s) includes me in family photos and portraits.

14. My foster parent(s) pays attention to me when I ask for help.

15. I care deeply about what happens to my foster parent(s).

16. My foster parent(s) includes me in family vacations.

17. I love these/this parent(s).

18. My foster parent(s) makes me feel like this is my family for life.

19. My foster parent(s) will always be someone I can count on for help if I need it.

20. My foster parent(s) will do everything to keep the relationship going even when I am no longer living at home.

21. My foster parent(s) finds a way to support, stand behind me and believe in me even when I'm wrong.

22. My foster parent(s) has done everything I need to make me feel like I belong.

Consider the following items only if there are other youth in the family:

23. My foster parent(s) treats me as well as the other youth in the family ___

24. My foster parent(s) likes me as much as other youth in the family ___

25. My foster parent(s) gives me gifts that are just as good as the other youth in the family get ___

Casey Family Services

BELONGING AND EMOTIONAL SECURITY TOOL (BEST)
Parent Version

1. I would not kick this youth out of the family, no matter what.

2. This youth belongs to this family.

3. I expect to give and receive holiday cards or gifts with this youth just like everyone else in this family.

4. I would loan or give this youth money if he/she really needed it.

5. When something really important or exciting happens to this youth, I want to talk with him/her about it.

6. I care deeply about what happens to this youth.

7. It makes me feel happy when we spend time together.

8. I let this youth know he/she is not wanted.

9. I want this youth to be home for the holidays.

10. I feel close to this youth.

11. I love this youth.

12. I trust this youth.

13. I include this youth in family photos and portraits.

14. I pay attention to this youth when she/he asks for help.

15. This youth cares deeply about what happens to me.

16. I include this youth in family vacations.

17. This youth loves me.

18. I let this youth know he/she will be in this family for life.

19. I let this youth know he/she will always be able to count on my help.

20. I will do everything to keep this relationship going even when the youth is not living at home.

21. I find a way to support, stand behind or believe in this youth even when he/she is wrong.

22. I have done everything I can to make this youth feel he/she belongs to this family.

Consider the following items only if there are other youth in the family:

23. I treat this youth the same as I treat other youth in the family.

24. I like this youth the same as other youth in the family.

25. I give this youth gifts that are just as good as the gifts that the other youth in the family get.