

# **Transitioning Children in Care**

## **A Review of Practices Around the State**



**Department of Children and Families**

**December 2010**

**Transitions Survey Results**

**A collaborative effort of the  
Assistant Secretary for Operations  
Assistant Secretary for Programs  
and the  
Quality Parenting Initiative**

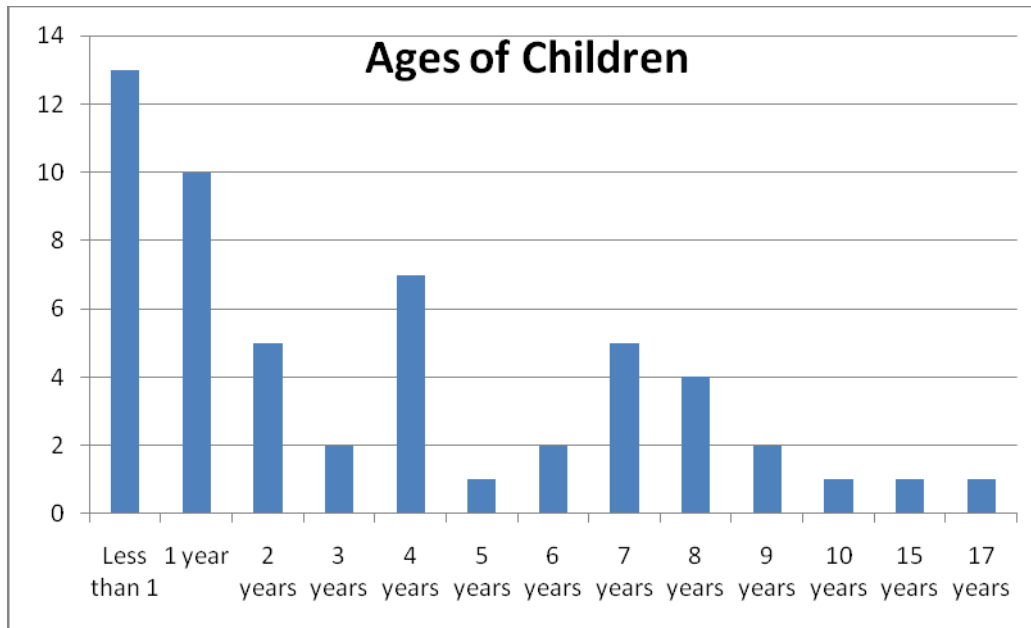
**TRANSITIONING CHILDREN IN CARE  
A Review of Practices Around the State**

Following are the survey results from interviews conducted with foster parents around the state to learn about their experiences when a child is transitioned from their home to go live with a relative or adoptive parent, move to another foster home or return to the care of their parents. A series of standard questions were asked to gain additional insight on transition plans and impacts on the child and the foster family. Most importantly, we sought out their expert advice on improvements necessary to achieve practices that reflect a trauma-informed system of care.

**Survey Demographics:**

- 16 lead agencies were represented in the sample.
- The FSPO pulled all cases in FSFN where a transition had occurred for a child in out of home care in the recent three months to create the random sample for interviewers.
- The target child population was 0-10 years of age, although two foster parents discussed their experiences with teens.
- 54 foster parents were interviewed at length by phone:
  - 8 had 1-2 years of foster parenting
  - 15 had 3-5 years of foster parenting
  - 8 had 6-9 years of foster parenting
  - 6 had 10-12 years of foster parenting
  - 12 had 13-15 years of foster parenting
  - 5 had 16-26 years of foster parenting
- The ages of children discussed fell within this range:
  - 23 children were from birth up to 2 years of age (13 < 6 months)
  - 14 children were from 2 to 4 years of age
  - 8 children were from 5 to 7 years of age
  - 7 children were from 8 to 10 years of age
  - One teen was 15 and another was 17 years of age

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- The length of time a child was in the home:
  - 16 were in the home between 1 and 3 months
  - 10 were in the home between 4 and 6 months
  - 10 were in the home between 7 and 9 months
  - 5 were in the home between 10 and 12 months
  - 5 were in the home between 13 and 21 months
  - 6 were in the home for two years

### **FOSTER PARENTS DESCRIBE CARING FOR THEIR CHILD**

Foster parents were very descriptive about the children in their home. Most of them referred to the children as loveable, easy to care for, a joy, an easy fit with the family, etc... Eight of the children had medical issues such as asthma and allergies. A significant number of children (19) had behavior issues and some foster parents did not feel they were equipped to manage the needs of the child. One foster parent reported that the child's asthmatic medical equipment has yet to be picked up by the caseworker despite phone calls to case management and another foster parent reported great frustration in learning that a follow-up medical appointment to fit the child with a necessary medical device had not occurred despite her repeated calls to case management.

### **INVOLVEMENT WITH THE PARENT WHILE THE CHILD IS IN FOSTER CARE**

Almost three quarters of the children in the study were either going to be reunited with a parent or move to the home of a relative. Of those, 22% of the foster parents reported that they had a relationship with the biological parent while

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caring for their child and just over 55% did not. There is very positive receptivity from foster parents to be more engaged as mentors. Those who did not have a relationship with the biological parent reported a variety of reasons. One foster parent reported that she was strictly prohibited by the caseworker from having communication with the toddler's mother.

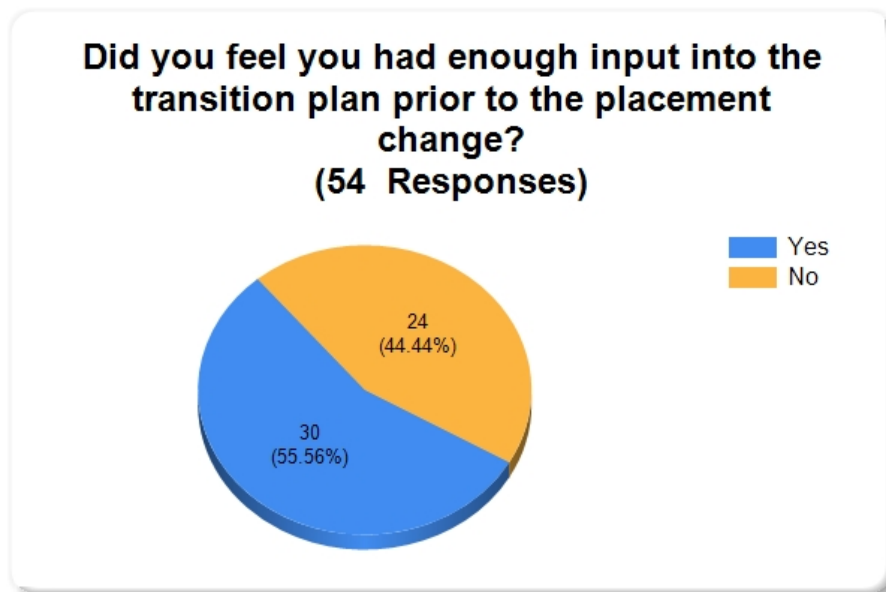
### **FOSTER PARENTS AND THEIR INPUT ON TRANSITION PLANS:**

Over half (55%) of our foster parents reported that they felt like they were involved in planning of transition. Supporting comments such as these were offered:

- "Case manager involved me in the plan. The adoptive parents first came to my home to visit the child and then the child went to the adoptive parents home which eventually led to sleepovers."
- "All parties involved worked together closely and the gradual transition eased the child's emotions and anxiety."
- "I was able to give plenty of input."
- "Oh yes, constantly in contact..."

Foster parents who did not feel they were involved in planning of the transition had this to say:

- "...Tried to provide input but felt as though it fell on deaf ears."
- "...Tried advocating for transition plan but the caseworker wouldn't listen."
- "...Our child left for a visit and never returned."
- "...Never asked for input about the transition."



## INVOLVEMENT WITH NEW CAREGIVERS AS PART OF THE TRANSITION

Foster parents were asked if they were engaged in communication with the new caregiver to assist with transitioning the child. Of the 40% who were a part of the transition planning team, here is how they describe the quality of their involvement:

“My initial call with the aunt lasted over 3 hours!”

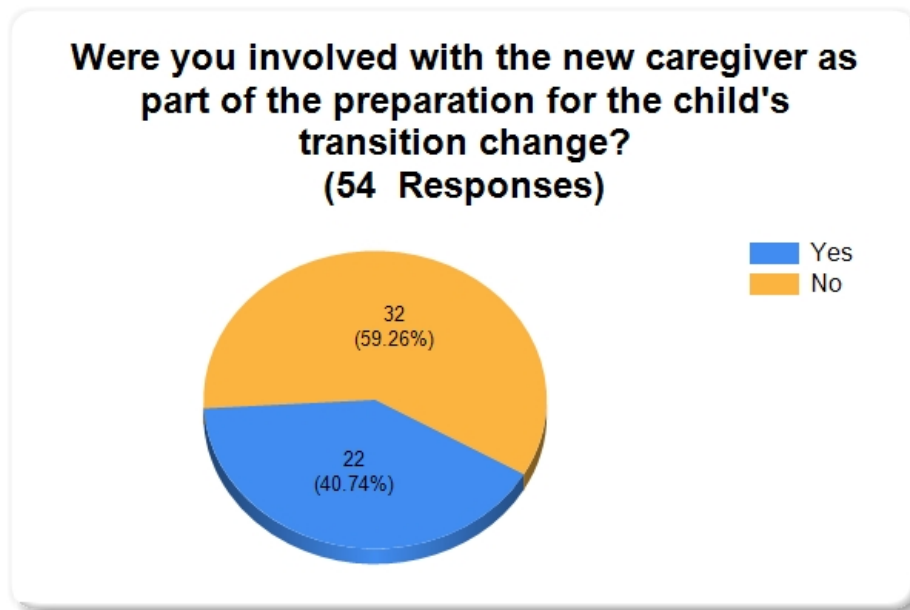
“We had meetings and spoke on the phone often.”

“Extensive involvement...we went to each other’s homes and went on a camping trip and the Peanut Festival together.”

“Phone contact and we went to parks and fun places together.”

“This was highly encouraged by the caseworker to ease the child’s anxiety.”

Approximately 60% reported that they had no contact with the new caregiver. One foster parent invited the case manager to have the relative call but nothing came of it. Two foster parents surmised that the parents may have been threatened by their relationship with the children and other foster parents reported that the system did not invite their involvement. It is interesting to note that the most positive interaction was reported between foster parents and the potential adoptive (non-relative) parent.



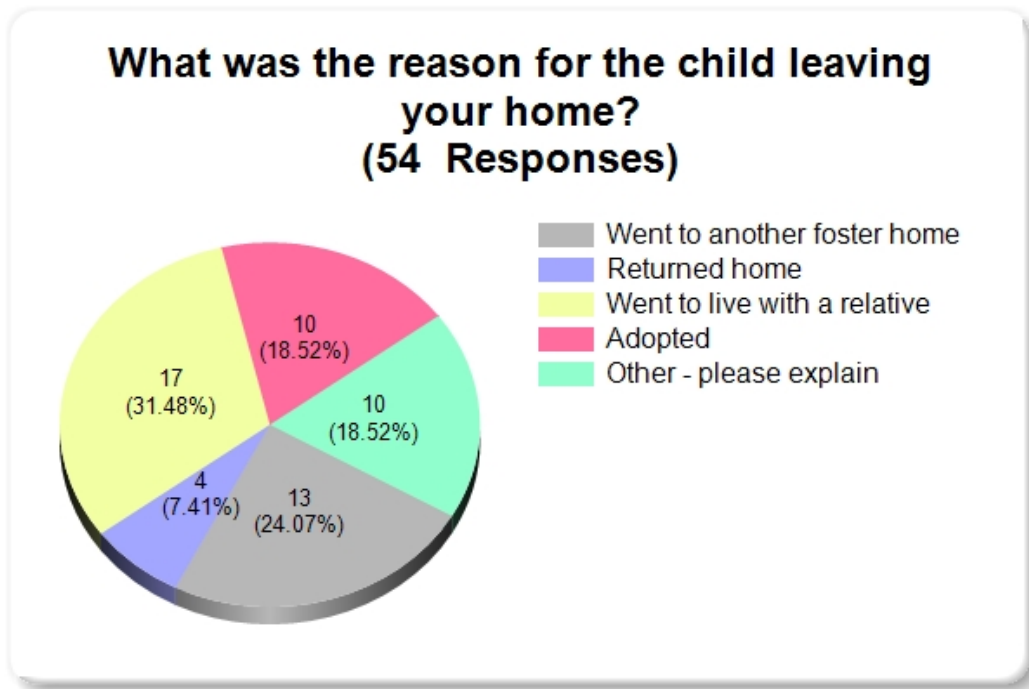
## FOSTER PARENTS DESCRIBE THE PLACEMENT CHANGE

Some foster parents reported the ease with which transition planning occurs and the overall process was described as “great” because everyone involved does their part to make the transition smooth and positive for all. Some describe the placement change as cold and impersonal or harmful due to the tender

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developmental age of the child. One foster parent who opens her home exclusively to infants wishes the babies could have a permanent home by six months because of their growing awareness at seven and eight months of the primary caretaker. Other findings:

- 12 foster parents had very positive experiences with planned transitions. (“caseworker was very engaged with the child and with us and well as the receiving foster parent...transition occurred over a ten day period.”.....”we had daytime visits to overnights, weekends, and long weekends until fully transitioned.”)
- 14 foster parents were able to plan for their child’s move. (“we invited the relative over for dinner and on transfer day, we took the child to the relative”)
- 11 of the children were moved abruptly. (“the child left for a visit and never returned”)
- 8 foster parents had one day notice. (“transition occurred at court hearing”)



### **CONTACT WITH CAREGIVERS ONCE A CHILD HAS LEFT A FOSTER HOME**

Many foster parents report that they had an opportunity to contact the caregiver for the child who has left their home. These appear to be arrangements made between the foster parents and the caregiver. Some know one another through community connections and see the child they cared for at church or school

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settings. Some describe how a relative or adoptive parent has called to offer updates and they enjoy hearing how the child is thriving. Three foster parents voiced concern over whether medical appointments were being followed through on and two foster parents feel that contact might cause emotional issues for the child or that such contact is not theirs to initiate. Overall, though, all foster parents like to be reassured that a child they loved and cared for is safe and happy.

### **RECOMMENDATIONS FROM FOSTER PARENTS FOR IMPROVEMENT:**

- One of the most important things we can do is to give foster parents and a child ample notice of a transition.
- There needs to be better communication and workers need to take into account what a foster parent says and value their input.
- Everyone needs to be at the same table practicing group decision-making because communication is often very poor and there are many people involved but unfortunately not on the same page.
- It is important for foster parents to be able to communicate with each other and discuss a child's routines, behavior issues, etc.
- It is often judges who are expediting placements without information on the consequences of swift decisions. Who is the voice in court to offer an alternative transition proposal sensitive to the needs of children?
- There is frequently little or no medical information critical to meeting the immediate needs of a child.
- We should encourage and support open communication between foster parents and also train more foster parents to become mentors to parents so that reunification can be successful.
- There should be a central number to call and a person to trouble-shoot all medical referrals. Foster parents feel they are passed from one provider to another with no sense of accountability.
- CPIs should have a photo album of foster homes so that a child can see where they are moving to and talk about their new family in advance. It is very stressful and extremely impersonal when nobody can tell them any information whatsoever about such a significant event.

### **SUMMARY:**

Most **foster parents were attuned to needs of the children in their care** and what was important to help those children feel safe and secure during transitions to home, relatives, or other foster parents. That said, too many children are not getting the benefit of a thoughtful transition and it is traumatic for them and their foster parents; sometimes other children in the foster home experience grief and loss over the sudden move of a "sibling" they have developed an attachment to.

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Many foster parents echoed themes expressed on the first statewide call with foster parents:

- Thoughtful plans are essential to help children of all ages transition and prepare to live with their new caregivers; gradually increased time and unsupervised time with new caregivers should be the norm, not the exception. One letter about the child from the current foster parent with descriptive detail and/or one conversation with the new caregiver is not a sufficient transition plan.
- Thoughtful plans are needed to help foster parents and other children in the foster home prepare for the loss of their relationships with child being moved.
- Children, new caregivers and past caregivers should have some opportunities to communicate with each other after the move occurs to ensure that the new caregiver has the benefit of past knowledge, the past caregiver can learn how the child they care about is doing, the child can talk to past foster family members they developed relationships with. There should be one follow up call at a minimum after the child's move for closure -- for child, foster parent, and new caregiver.
- Transition plans for children who have on-going special medical and/or mental health care needs should be developed collaboratively with all the team members involved (case worker, foster parent, prospective caregiver, medical and mental health professionals).
- More support of the care-giving needs of foster parents will better stabilize current child placements and eliminate the need for some moves (e.g. help with managing many medical appointments, help with problem behaviors in school and/or child care settings, help with caring for a challenging sibling group, help with the dynamics of working with a biological parents).
- Most foster parents value the opportunity to help/mentor parents, relatives or other new caregivers and know best what is important about the child's needs and special care.
- When children have close relationships with foster parents it is beneficial to give foster parents the opportunity to transport the child to their new home.
- Some case managers have done exceptional work in partnership with foster parents to plan and implement good transitions for children. This exceptional work includes making sure that judges know the recommendations about transitions from foster parents and other professionals involved.