

Practice and Policy Strategies for Permanency Planning in Child Welfare¹

Overview

This document summarizes policy and practice strategies for maximizing the likelihood that children involved in child welfare achieve legal and emotional permanency. Across many countries permanency is being recognized as "... a multifaceted concept, with at least three major dimensions: *relational* (love, belonging and commitment to continuity); *physical* (family-based care, permanent availability of accommodation in home, permanent safety net); and *legal* (clarity of rights and responsibilities through reunification, adoption or legal guardianship."ⁱⁱ Listed below are some key components:

- “‘Permanency’ in out-of-home care should promote a sense of belonging from a secure home, emotionally connected relationships and right to culture.”ⁱⁱⁱ
- A safe, nurturing and stable home environment and set of relationships
- Permanent home that can be returned to as an adult
- Family committed to supporting child for a lifetime
- A sense of belonging
- Legal and definitive

Key Goals and Values Related to Permanency Planning

Australia has identified important permanency-related focus areas and values in this new document: [Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031](#). (See Table 1 below.) For example, the vision and goal for Australia reflects an emphasis on child safety and permanency, and is shared by many nations, including the United States:

Vision: Children and young people in Australia reach their full potential by growing up safe and supported, free from harm and neglect.

Goal: To make significant and sustained progress in reducing the rates of child abuse and neglect, and its intergenerational impacts.

Table 1. Some of the Permanency-Related Focus Areas and Principles of the Australian National Framework

Australia Focus Areas and Principles	How They Relate to Permanency Planning
FOCUS AREAS	
1. National approach to early intervention and targeted support	<ul style="list-style-type: none"> ▪ Achieving permanency for children does not begin when a child is placed in care – it actually occurs much earlier when

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Australia Focus Areas and Principles	How They Relate to Permanency Planning
	we strengthen families to raise their children in their own home.
2. Addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems	<ul style="list-style-type: none"> ▪ Aboriginal and Torres Strait Islander children remain the most over-represented in terms of CPS referrals, out-of-home care placements, and children who do not achieve legal permanency.
3. Improve information sharing, data development and analysis	<ul style="list-style-type: none"> ▪ Timely and accurate measures of progress towards permanency, including who is and is not achieving permanency, are needed.
4. Strengthening the child and family sector and workforce capability.	<ul style="list-style-type: none"> ▪ Worker and supervisor values, attitudes, knowledge and skills are fundamental for maximizing child permanency. ▪ Worker turnover decreases the likelihood of a child achieving permanency. That is a key reason why worker pay and benefits, along with organizational culture, must be improved to increase worker retention. ▪ Do voluntary agencies in Australia need government contracts that pay for the <i>actual</i> cost of services, and that provide more support for key agency infrastructure?
PRINCIPLES	
A. Access to quality universal and targeted services designed to improve outcomes for children, young people, and families	<ul style="list-style-type: none"> ▪ Achieving permanency for children is maximized when we strengthen families to raise their children in their own home, and when... “a society is willing to invest as much to keep a family together as they spend tearing them apart.” (June Lloyd – a pioneer in family preservation services)
B. Excellence in practice and policy development, based on evidence, data and information sharing	<ul style="list-style-type: none"> ▪ What does the Australian research data show is most important and effective for achieving permanency for children? ▪ How can agencies and communities more consistently use what we know works?
C. Listening and responding to the voices and views of children and young people, and the view of those who care for them	<ul style="list-style-type: none"> ▪ What do these stakeholders say is most important and effective for achieving permanency for children in Australia?
D. Trauma-informed, culturally safe, and inclusive policies and actions	<ul style="list-style-type: none"> ▪ Maximizing the proportion of children who can be safely served with birth families or Aboriginal and Torres Strait Islander clan members will reduce child trauma and placement changes, and improve child development and well-being.
E. Embedding the five elements of the Aboriginal and Torres Strait Islander	<ul style="list-style-type: none"> ▪ The benefits listed above apply here as well.

Australia Focus Areas and Principles	How They Relate to Permanency Planning
<p>Child Placement Principles – prevention, partnership, placement, participation and connection</p>	
<p>F. Clear responsibilities and strong monitoring, evaluation, and achievement of outcomes</p>	<ul style="list-style-type: none"> ▪ Timely and accurate measures of progress towards permanency, including who is and is not achieving permanency, are essential. ▪ Permanency services quality, fidelity, impact and cost-effectiveness, when measured well, reinforce good practice. ▪ Agency leaders, <i>in partnership with families and line staff</i>, should regularly use realistic agency scorecard updates to make real-time policy and program decisions.

How do we maximize the proportion of child achieving permanency? In the following sections we will highlight some of the fundamentals.

What Do We Know from Theory?

The following theories provide us with some guidance about the importance of family preservation and timely permanence:

- **Attachment theory:** For example, there are critical periods of development where infants need to bond with caring adults.
- **Neuroscience theory:** There are critical periods for brain development. But neuroplasticity research is revealing that many aspects of the brain can heal over time, with the right conditions and supports.
- **Child development theory:** We should be reducing interruptions in living situations and relationships as infant, children and adolescents move through various developmental stages.
- **Trauma theory:** Trauma can harm many areas of human functioning. For example, trauma can result in less dense neural connections, and over-sensitive functioning in our “fight or flight” mechanisms.

What Do We Know From Research?

As we discuss these ideas, it is important to mention that child safety is paramount. No child should be left with their parents or reunified if the parents are unable or unwilling to provide what is needed to raise that child safely. Everyday CPS and foster care staff are making difficult decisions when they see that child safety cannot be maintained or established. So ensuring that children are safe is our priority—even while we are fighting to get parents what they need to be successful caregivers.

- ▶ To support child well-being, it is important to intervene as early as possible.
- ▶ The act of removing children from their families and social networks creates emotional distress and trauma that should be avoided whenever possible.

- ▶ Most children are best served by remaining at home while their parents receive the community services and supports they need – **IF** child safety can be maintained.
- ▶ “Permanent placement” in the form of legal guardianship with relatives, kin or tribal members is generally less traumatic and more stable.ⁱⁱⁱ
- ▶ Respect and relationships matter for family restoration and other forms of permanence: “Parents have called for a more relational approach to contact that acknowledges that their legitimate and ongoing role in their children’s lives.”^{iv}
- ▶ Racial and ethnic disparities in terms of who achieves permanency and how quickly that occurs are an urgent issue. But the work of Fred Wulczyn and others reminds us that some communities have *low* rates of racial disparity. We have much to learn from these successful communities and agencies. What are they doing to achieve that? What can be replicated in other communities? What policies and practices can be scaled up?
- ▶ A new [Child Trends brief](#) argues that reframing Black families’ cultural assets—i.e., the core protective elements that many U.S. Black families share, such as cultural values, traditions, and practices—are crucial to developing policies and practices that enhance their well-being. To achieve this, elected officials, researchers, and philanthropies must use their resources to address structural racism and support Black families. In terms of Australia, how have Aboriginal and Torres Strait Islander families’ cultural assets shifted over time toward the assets that anchor their family life today? What are the implications of those shifts for placement prevention services? For family restoration services?
- ▶ When children cannot be reunited with parents, remaining in long-term foster often results in poor child and adult outcomes.
- ▶ Fortunately, there are permanency alternatives to consider if family restoration is not possible. Depending on laws, culture and other factors: legal guardianship and various forms of adoption can be good options.

Assessment as an Essential Permanency Planning Strategy

In many respects, a key foundational phase of work is **conducting a multi-dimensional and trauma-informed assessment of the child and the family** regarding threats to the child’s safety, family strengths, family resources and community resources. What can be provided to address the most critical child safety needs? Without a specific, comprehensive, strengths-oriented assessment that is conducted with cultural humility, respect and empathy for the family’s situation, a valid services plan cannot be developed with the family and other key stakeholders.

Fortunately, there are a variety of practice strategies and tools available to support this process:

- *ACTION for Child Protection SAFE model*. (A decision-making support tool that structures the assessment of danger threats, child vulnerability and caregiver protective capacities to arrive at a decision about whether a child is safe or unsafe.)^v
- Appreciative Inquiry^{vi}
- Behaviorally specific assessment and case planning

- Child and family engagement^{vii}
- Consultation and information sharing framework^{viii}
- Eco-maps
- *Family Group Conferences*^{ix}
- Genograms
- Group supervision to deepen assessment and interactional supervision^x
- *Motivational Interviewing*^{xi}
- *Neurosequential model* for assessment and case planning for children with trauma and other challenges^{xii}
- Safety mapping^{xiii} and Three Houses – These tools are used for assessing families via conversations with children and others in the household or caregiving circle.^{xiv}
- *Sentinel Injury detection and response systems*, which are designed to identify signs of child maltreatment or risk factors in infants under the age of 6 months.^{xv}
- *Signs of Safety* - A strengths-based, safety-focused approach to assessment, case planning and decision-making in child protective services and other program areas in child welfare.^{xvi}
- Social network or social support maps
- *Structured Decision-making (SDM)* (A decision support system that provides standardized and tailored assessments for key decision points in the life of a case.)^{xvii}

Listed in the next section are additional strategies for achieving permanency.^{xviii}

Additional Permanency Planning Strategies

- “Icebreaker meetings” where soon after child placement, birth and foster parents meet to talk about the case plan and how they could work together.^{xix}
- Child-birthparent visitation supports. Just spending time with family members, including enhancing parent-child visits, often results in higher rates of returning home and shorter foster care placements. This effect was found even with children with severe emotional and behavioral treatment needs.^{xx} Practical techniques for accomplishing this have been developed by the Fostering Lifelong Connections team at the University of Sydney and the child welfare agencies that partnered with them.^{xxi}
- *Concurrent Planning*^{xxii}
- Cultural humility
- *Family Finding*^{xxiii}- and other strategies for finding and engaging extended family members
- *Functional Family Therapy (FFT)*^{xxiv}
- *KEEP* and *KEEP SAFE* as foster family support strategies to prevent placement disruption through healthy parenting^{xxv} (Fewer placement changes are associated with quicker and more successful achievement of permanency.)

- Legal representation for parents, with parent partners and use of “veteran parents” for support and guidance^{xxvi}
- *Parent-Child Interaction Therapy* for preventing foster care and family restoration/reunification^{xxvii}
- Permanency Values Training^{xxviii}
- *Solution-Based Casework*^{xxix}
- *Strengths-Based Practice*^{xxx}
- Substance abuse treatment that is family-based and residential -- where families go through treatment living together.^{xxxi}
- Trauma-informed practice (includes use of the NEAR framework: Neuroscience, Epigenetics, ACES, and Resilience and what Bruce Perry calls “trauma-mindful practice”)^{xxxii}

When children cannot be reunited with parents, remaining in long-term foster often results in poor outcomes as adults. Fortunately, there are permanency alternatives to consider if family restoration is not possible: legal guardianship and various forms of adoption, depending on laws, culture and other factors.^{xxxiii} In choosing these options, careful multi-dimensional assessment is needed – along with cultural humility – where we learn about the best options from the child, parents and from their cultural community. For example: Who in the child’s social network should be considered first as a permanent guardian? And If adoption is the best option, what kind of adoption should be pursued?

- ▶ *Open adoption* – where updates or contact of some kind is negotiated as part of the adoption plan.
- ▶ *Customary Adoption* - for many First Nations this does not require termination of parental rights. And it lessens shame and family stress while providing children with permanence.
- ▶ *Closed adoption* – this is still an option in many countries but it is used less frequently.

Note that currently in Australia the only type of adoption generally allowed is open adoption. Torres Strait Islanders do practice customary adoption, but for Aboriginal Australians, customary adoption isn’t acceptable. With that as background information, we will highlight three other strategies because of their success in some communities.^{xxxiv}

Family Finders

Family Finders was conceived by Kevin Campbell in 1999 and is modeled after family-tracing techniques used by agencies such as the Red Cross to reunite families separated by international conflicts and natural catastrophes. (See <http://www.nysccc.org/Conferences/2006Conf/Hndout2006.htm>.)

Through the *Family Finders* program, foster care workers are trained to use various search tools including genealogical archives and commercial internet-based services to find family members of children placed in out-of-home care settings. Since Campbell began training foster care workers in 2000, this model has spread throughout the world, and it is recognized as a promising approach for finding permanent homes and family connections for many youth in the foster care system for who traditional attempts at finding permanent placements have failed. The *Family Finders* model is comprised of six stages, which are summarized in Table 2.

Table 2: Family Finders Model

Stage	Summary
1) Discovery	Identify at least 40 family members for the child or youth
2) Engagement	Involve and provide information to individuals who know the child best, including family and other important connections
3) Planning	Set the stage for a successful future for the child with participation of family members and other important connections
4) Decision-Making	Specify the legal and emotional permanency plan while accounting for the child's safety and well-being
5) Evaluation	Assess the permanency plan
6) Follow-up Supports	Ensure that the child and family can secure needed informal and formal supports necessary to maintaining the plan

For more information see <http://www.familyfinding.org/> and <https://www.childtrends.org/research/research-by-topic/evaluating-family-finding/>

Permanency Roundtables as a Permanency Support Strategy

Permanency Roundtables (PRTs) are structured professional case consultations designed to expedite legal permanency (reunification, adoption or guardianship) for youth in care through innovative thinking, the application of best practices, and the “busting” of systemic barriers. While the goal of PRTs is to expedite legal permanency, the roundtable process can produce additional outcomes, including:

1. Increasing *staff competencies* (attitudes, knowledge, skills) related to expediting permanency
2. Assessing *training needs* related to competencies related to expediting permanency
3. Strengthening *local capacity to sustain* the process
4. Building capacity to *spread the process geographically*
5. Gathering data to *address systemic and cross-systems barriers* to permanency (policies/protocols/procedures)

Many youth in care could likely benefit from the PRT process. Jurisdictions have completed roundtables on the following target populations:

- Youth with a permanency goal of OPPLA/APPLA (other planned permanent living arrangement/another planned permanent living arrangement)^{xxxv}
- Youth who will ‘age out’ within the next year
- All youth who have been in care for more than 24 months
- The “longest waiting” youth who have spent the most time in care
- Youth whose cases are identified by their caseworkers as being ‘most difficult’ or ‘stuck’

A PRT team is formed to do the review and consists of a facilitator, 1-2 clinical consultants skilled in permanency planning, the case manager and the supervisor. The process involves reviewing the child's case summary (1/2 hour), conducting a PRT primarily focused on practice and values (two hours), and then holding monthly follow ups to monitor progress on plan implementation and to provide coaching (1/2 hour per case). Some of the key questions explored in these roundtable sessions are based on pioneering work by Susan Badeau. They include the following:

1. What will it take to achieve permanency?
2. What can we try that has been tried before?
3. What can we try that has NEVER been tried?
4. How many things can we do concurrently?
5. How can we engage the youth in planning for permanence?

For example, nearly 500 youth went through the initial PRT process in Georgia in 2009. Just over half were male (57%) and over nine in ten (92%) were African American. At the start of the roundtables, the median age was 13, and the median length of stay in foster care was 52 months. Two years after their roundtable, 50% of the nearly 500 children had achieved legal permanency.^{xxxvi} Some states have modified the PRT process by conducting a second PRT meeting that includes youth and families.

Rapid Permanency Reviews as a Permanency Support Strategy

Rapid Permanency Reviews (RPR) involve a quick and intensive review of a case's movement through a child welfare agency and the court. The purpose is to simultaneously identify and mitigate case-level and system-level bottlenecks and barriers to legal permanency. The RPR strategy is focused on completing processes and eliminating procedural barriers to legal permanency.

The RPR process is conducted by 2-person review team, case manager, supervisor, and next level manager intended to quickly identify and address bottlenecks, system, and/or court barriers in the process towards legal permanency. The team conducts the meeting using a review tool to focus on completion of milestones and amelioration of system-level bottlenecks to achieving legal permanency (1/2 hour). Then a "Cadence of Accountability" review meeting is held at case, executive and system levels monthly to follow upon action steps from meetings (one hour each).

This process is for children in care who are close to achieving legal permanency, defined as children with goals of adoption, guardianship, or live with relatives who have been in their current family-based placement one year or longer; children with an adoption goal who have had parental rights terminated and are in a family-based placement of any length; and children with a reunification goal who are currently on a trial home visit.

While RPRs is designed for children closest to permanency, some children who appear close to permanency according to their descriptive data may actually not be close to permanency in real life for a variety of factors. These children may be better suited for a more intensive review process such as PRTs. A latent class analysis is one avenue used to identify those children not close to permanency to determine the underlying cluster of characteristics they possess to determine the best approaches to help them achieve permanency. This approach has been used in Houston, New York City, Sacramento

and other communities – and while the initial results are positive, more rigorous evaluation is needed.^{xxxvii}

Barriers to Permanency Planning

A range of barriers need to be explored:

- ▶ Policies – What needs to be changed? For example, when children transition to permanency through guardianship or adoption in New South Wales, there is an expectation that carers will take over contact arrangements without agency support. Thus a major disincentive among caseworkers for permanency planning is having difficult, potentially disruptive conversations with carer families around the need for increased, unsupervised contact with birth parents.^{xxxviii}
- ▶ Attitudes – Whose? In what way?
- ▶ Case planning and service delivery processes – For example, in one study birth mothers often only saw carers at an annual case plan meeting, which was a formal setting facilitated by the agency and offered no chance for casual conversation. And supervised visits can inhibit parents from getting to know each other.^{xxxix}
- ▶ Not enough families recruited to foster and adopt teens?
- ▶ Some youth do not want to be adopted?
- ▶ Legal proceedings for family restoration, legal guardianship or adoption sometimes take too long?

Areas for Future Research

Cultural Uniqueness and Other Cultural Considerations. The core protective elements that Aboriginal and Torres Strait Islander families may share, such as cultural values, traditions, and practices—are crucial to developing policies and interventions that enhance their well-being.

- What do line staff and supervisors need to know more about?
- What helping strategies need to be added or strengthened?
- What policy and budget priorities need to be changed to invest what is truly necessary to reduce racial/ethnic disparities in child placement and permanency in Australia? Two ideas: (1) investment in *infrastructure*: buildings, equipment, technology, accounting services, human resources; and (2) investment in *staff and communities*: worker salaries and benefits, direct practice technology, and access to concrete resources for families

Additional areas for research are listed below as a starting place:^{xl}

- What strategies and combinations of strategies are most effective for achieving timely permanency? For which groups and communities? Does the involvement and consultation of foster care alumni, youth who are currently in care, parents, kinship parents, and other caregivers help improve what we know about what is most effective for achieving permanency?
- What factors prevent re-entry into foster care after family restoration? For example, how might the provision of post-restoration services (e.g., timely in-home crisis intervention services or other services) promote stable family restoration and prevent child placement re-entry?

- What are the most effective strategies to reduce re-entry to care for different age groups, such as infants or teens in out-of-home care? For example, what are effective strategies to promote permanency outcomes for infants and very young children in out-of-home care (including situations in which infants and young children are in out-of-home care with their mothers)? Are there any inequities in services or outcomes for these young children and their families?
- What happens to youth after they achieve legal permanency? After they reach age 18 and are in guardianship or adoptive homes?
- How do outcomes differ based on type of exit?
- Does extension of foster care beyond age 18 help?

Reference Notes

- ⁱ Osmond, J., & Tilbury, C. (2012). Permanency planning concepts. *Children Australia*, 37(3), 100–107.
- ⁱⁱ The various perspectives about permanency reveal that children and young people have agency, and actively co-construct their own sense of permanence rather than passively receiving this from adults in their lives. See Wright, A.C. & Collings, S. (2021). *The multiple meanings of permanency*. Australian Institute of Family Studies, the Australian Government. Retrieved from <https://aifs.gov.au/cfca/2021/08/04/multiple-meanings-permanency>
- ⁱⁱⁱ Kinship care is not without its complexities. For example, kinship carers may have complex dynamics with birth parents – who are often their own children. Conflict between family members may pose serious safety issues that need to be promptly and diplomatically addressed. See, for example:
- Cashmore, J., & Taylor, A (2017). *Pathways of Care Longitudinal Study: Outcomes of children and young people in out-of-home-care: Children’s Family Relationships in Out-of-Home Care*. Research Report 9. Sydney: NSW Family and Community Services. <https://www.facs.nsw.gov.au/download?file=591670>
 - Kiraly, M., & Humphreys, C. (2015). A tangled web: parental contact with children in kinship care. *Child and Family Social Work*, 20, 106–115 doi: 10.1111/cfs.12060.
- ^{iv}Wright, A.C. & Collings, S. (2021). p. 95, citing this study: Ross, N., Cocks, J., Johnston, L., & Stoker, L. (2017). ‘No voice, no opinion, nothing’: Parent experiences when children are removed and placed in care. *Research report*. Newcastle, NSW: University of Newcastle. <http://www.lwb.org.au/assets/Parent-perspectives-OOHC-Final-Report-Feb-2017.pdf> Also see Gerring, C. E., Kemp, S. P., & Marcenko, M. O. (2008). The Connections Project: A relational approach to engaging birth parents in visitation. *Child Welfare*, 87(6), 5-30.
- ^v See <http://actionchildprotection.org/>
- ^{vi} Cooperrider, D. L. 1990. Positive image, positive action: The affirmative basis of organizing. In S. Srivastva, D. L. Cooperrider and Associates (Eds.) *Appreciative management and leadership: The power of positive thought and action in organizations*. San Francisco, CA: Jossey-Bass.
- ^{vii} Parker, S. (2010). *Family safety circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy; Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing.
- ^{viii} Lohrbach, S. (1999). *Child Protection Practice Framework – Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S., & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice, *Protecting Children*, 19(2): 12-15.
- ^{ix}*Family group conferencing* (FGC), a restorative approach to problem-solving that involves the children, young persons and adults in families in making their own decisions. Originally developed in New Zealand, the family group conferencing process has taken root worldwide and is now known by several different names, including family group decision making and family unity meetings, among others. Family group conferencing began in the field of child welfare and youth justice, but is now used in mental health, education, domestic violence and other applications. See: http://www.iirp.edu/article_detail.php?article_id=NDMz
- ^x Lohrbach, S. (2008). Group supervision in child protection practice, *Social Work Now*, 40, pp. 19-24.
- ^{xi} Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3rd ed.) New York: Guilford Press.

- xii *The Neurosequential Model* is not a specific therapeutic technique or intervention; it is a way to organize a child's history and current functioning. The goal of this approach is to structure assessment of a child, the articulation of the primary problems, identification of key strengths and the application of interventions (educational, enrichment and therapeutic) in a way that will help family, educators, therapists and related professionals best meet the needs of the child. See <http://childtrauma.org/nmt-model/>
- xiii <http://signsofsafety-stuff.s3.amazonaws.com/downloads/Mapping%20and%20Safety%20Planning%20PowerPoint.pdf>
- xiv This also includes Wizards and Fairies - first created by Nicki Weld and Maggie Greening from Child, Youth and Family in New Zealand)Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing. Also see: <http://signsofsafety-stuff.s3.amazonaws.com/downloads/Mapping%20and%20Safety%20Planning%20PowerPoint.pdf> For a phone application, see <https://play.google.com/store/apps/details?id=com.resolutions.mythreehouses>
- xv For how to detect sentinel injuries, see:
- Deye, K.P., Berger, R.P., Lindberg, D.M.; & ExSTRA Investigators.(2013). Occult abusive injuries in infants with apparently isolated skull fractures. *Journal of Trauma Acute Care Surgery*, 74(6),1553–1558
 - Ohio TRAIN project: <https://www.casey.org/ohio-childrens-hospital-sentinel-injuries-child-fatalities/>
 - Sheets L.K., Leach M.E., Koszewski, I.J., Lessmeier, A.M., Nugent, M., & Simpson, P. (2013). Sentinel injuries in infants evaluated for child physical abuse. *Pediatrics*, 131(4), 701–707.
- xvi Turnell, A. (2004). Relationship-grounded, safety-organised child protection practice: dreamtime or real-time option for child welfare? *Protecting Children*, 19(2): 14–25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. New York: WW Norton. See <http://resolutionsconsultancy.com/>
- xvii Children's Research Center (2008). *Structured Decision Making: An evidence-based practice approach to human services*. Madison: Author. See <http://www.nccdglobal.org/what-we-do/major-projects/children-s-research-center>
- xviii For an excellent synthesis of common elements of research-based family reunification/recovery interventions, see: Luu, B., Collins, S. & Wright, A.C. (2022). A systematic review of common elements of practice that support reunification. *Children and Youth Services Review*, 133, <https://doi.org/10.1016/j.childyouth.2021.106342>.
- xix Biehle, K., & Goodman, D. (2012). *Icebreaker meetings: A tool for building relationships between birth and foster parents*. Maryland: Annie E. Casey Foundation. Retrieved from <https://assets.aecf.org/m/resourcedoc/aecf-IcebreakerMeetingsToolkit-2012.pdf>
- xx See for example:
- Adoptive and Foster Family Coalition. (2016). Visit coaching: Meeting children's needs. Retrieved from <http://affcny.org/fostercare/shared-parenting/visitation-resources/visit-coaching-supporting-families/> This can include visitation sessions hosted by local churches and special parent training/coaching strategies like STRIVE. See <https://partnersforourchildren.org/projects/strive>
 - Roberts, Y.H., Shimshock, S., O'Brien, K., Claps, M., Cabrera, J. & Rozanski, T. (2018). *Data to Practice: The Impact of Placement with Family on Safety, Permanency, and Well-being*. Seattle, WA: Casey Family Programs. <https://www.casey.org/impact-of-placement-with-family/>
 - Rostad, W., Zimmermann, A., O'Brien, K., Claps, M. & Martinez, M. (2020). *From data to practice: Moving youth to family — level of need and the impact on legal and relational permanency*. Seattle: Casey Family Programs.
- xxi For more resources and information about the Fostering Lifelong Connections project, please see these websites:
- <https://www.sydney.edu.au/arts/our-research/centres-institutes-and-groups/research-centre-for-children-and-families/resources-and-publications.html>
 - <https://rccf-fostering-connections.sydney.edu.au>
- xxii For a summary of concurrent planning benefits and pitfalls see: http://pacwcbt.pitt.edu/Curriculum/209IntCCPIn/Prwk/PW3_ConcurrentPlanningBenefitsAndPitfalls.pdf
- xxiii The *Family Finding* model, developed by Kevin A. Campbell, offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides. See: <http://familyfinding.org/>
- xxiv Functional Family Therapy is a short-term treatment strategy that is built on a foundation of respect of individuals, families and cultures, but that includes powerful treatment strategies that pave the way for motivating individuals and families to become more adaptive and successful in their own lives. See <http://fftlc.com/>
- xxv *KEEP* is an evidence-based support and skill enhancement education program for foster and kinship parents of children aged 5 to 12 and teens (KEEP SAFE). The program supports foster families by promoting child well-being and preventing

placement breakdowns. See <http://www.oslc.org/projects/keep/> Also see [*Is Project KEEP a meaningful support for resource parents?*](#)

xxvi See for example:

- [*How can birth and foster parent partnerships help families reunify?*](#)
- [*How does the Parents for Parents program help parents reunify?*](#)
- [*How do parent partner programs instill hope and support prevention and reunification?*](#)
- [*How do parent partner programs instill hope and support prevention and reunification? \(APPENDIX\)*](#)

xxvii [*Does Parent-Child Interaction Therapy Reduce Future Physical Abuse?: A Meta-analysis*](#)

xxviii Contact Casey Family Programs, for more information. For more information about permanency planning strategies see <https://www.casey.org/effective-strategies-achieving-permanency/>

xxix See:

- Antle, B.F., Christensen, D.N., van Zyl, M.A., & Barbee, A.P. (2012). The impact of the Solution Based Casework (SBC) practice model on federal outcomes in public child welfare. *Child Abuse and Neglect*, 36(4):342-53. doi: 10.1016/j.chiabu.2011.10.009.
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xxx Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. New York: Longman.

xxxi For family-based substance abuse treatment models, see:

- SHIELDS for Families <https://www.shieldsforfamilies.org/>
- Native American Connections and the Patina Wellness Center <http://www.nativeconnections.org/>
- Rising Strong Program in Spokane: <https://www.cceasternwa.org/risingstrong> or <http://empirehealthfoundation.org/>
- [*What are some of the strategies being used to reunite families with substance use disorders?*](#)

xxxii See, for example, <http://www.healthygen.org/> and the Fostering Futures work in Wisconsin: <http://www.fosteringfutureswisconsin.org/>

xxxiii See for example:

- Fernandez, E. (2012) *Accomplishing Permanency: Reunification Pathways and Outcomes for Foster Children*. Springer Briefs in Well-Being and Quality of Life Research, Springer Publishers Dordrecht.
- Fernandez E. & Delfabbro, P., (Eds.). (2020). *Child Protection and the Care Continuum: Theoretical and Empirical Insights*, Routledge Taylor & Francis Group, London and New York, <https://www.routledge.com/Child-Protection-and-the-Care-Continuum-Theoretical-Empirical-and-Practice/Fernandez-Delfabbro/p/book/9780367639174>
- Wright, A.C., Luu, B. & Cashmore, J. (2021). [*Adoption in Australia: Past, present and considerations for the future*](#), *Australian Law Journal*, 95, 67-80.

xxxiv This section is abstracted from Chapter 6 of Pecora, P.J., Whittaker, J.K., Barth, R.P., Borja, S., & Vesneski, W. (2019). *The child welfare challenge*. (Fourth Edition.) New York City: Taylor and Francis.

xxxv See <https://www.casey.org/permanency-roundtables/>

xxxvi Davis, C.W., O'Brien, K., Rogg, C.S., Morgan, L.J., White, C.R., & Houston, M. (2013). 24-month update on the impact of roundtables on permanency for youth in foster care. *Children and Youth Services Review* 35(12), 2128–2134.

xxxvii Casey Family Programs. (2016). *Rapid permanency reviews: Key elements*. Seattle: Technical Services Unit, Casey Family Programs.

xxxviii See for example:

- NSW Family and Community Services. (2014). *OOHC Adoption Strategy – FACS Strategic Conversation*, 1 February 2014. NSW Government.
- Wright, A.C. & Collings, S. (2019). Permanency with lifelong connections: Casework practices to support positive relationships between carer and birth families. *Developing Practice: The Child, Youth and Family Work Journal*, 53, 92-109, p. 94.

^{xxxix} Wright, A.C. & Collings, S. (2021). p. 100-101.

^{xi} Some of the research questions are adapted from this publication: The National Research Agenda Project for a 21st-Century Approach to Child Welfare. (2022). *Building a 21st-century research agenda for use of evidence to promote better family outcomes*. Baltimore, MD; New York, NY, and Seattle, WA: Annie E. Casey Foundation, Casey Family Programs, and the William T. Grant Foundation. See <https://www.casey.org/21st-century-research-agenda/>