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Exploring Strategies for Placement Stability Among Foster Care Children

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Exploring Strategies for Placement Stability Among Foster Care Children

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ABSTRACT

Children in foster care are considered a vulnerable population because of the maltreatment and abuse that previously occurred. In addition to the trauma resulting from previous abuse or neglect, children in foster care face ongoing exposure to trauma due to the lack of stability within the system. Instability in the foster care system is displayed by frequent changes in placement providers, multiple school changes, inconsistent mental and physical health treatment, prolonged permanency, and loss of connections with biological family members. The aim for this study is to fill the gap in the literature on foster parent's experiences with successful placement outcomes for foster care children. This research utilized a grounded theory approach to analyze the experiences of 13 foster parents in the state of Missouri. The findings were grouped into three different themes. The three major themes that were utilized to develop the theory for this study focused on child focused placements, trauma aware foster parents, and connection and community engagement. This research examined current foster parent's experiences with successful placement outcomes in order to develop strategies for placement stability for foster care children.

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Chapter 1: Introduction

One in 17 children in the United States is at risk of experiencing placement in the foster care system sometime during their childhood, which includes birth to 18 years of age (Wildeman & Emanuel, 2014). The Missouri Children's Division fiscal year report (2021) indicated there are 20, 247 children in foster care in Missouri. Based on the information provided in the fiscal year report, there were 2, 383 children in foster care in St. Louis region, which includes St. Louis County and St. Louis City (Missouri Children's Division, 2021).

Children in foster care are considered a vulnerable population because of the maltreatment and abuse that previously occurred (Sydow and Flango, 2012). In addition to the trauma resulting from previous abuse or neglect, children in foster care face ongoing exposure to trauma due to the lack of stability within the system. The traumatic experiences of instability in the foster care system are related to the increase in vulnerability to this fragile population of children (Bruskas, 2008). Instability in the foster care system is displayed by frequent changes in placement providers, multiple school changes, inconsistent mental and physical health treatment, prolonged permanency, and loss of connections with biological family members.

Trauma is defined as a sudden life-threatening event, in which an individual feels horrified, terrified, or helpless (Jaycox et al., 2009). The traumatic experiences of instability in the foster care system are related to the increase in vulnerability to this fragile population of children (Bruskas, 2008). Traumatic events experienced at an early age can have a negative lasting effect on an individual. That effect can result in drug and alcohol addiction, depression, poor health, and ongoing diseases (Holmes et al., 2014).

Additionally, minority children are particularly vulnerable to experiencing trauma because of high rates of community poverty, substance abuse, and crime (Holmes et al., 2014). "Annually, 7.5 million children are referred to child protective services in the United States each year (Grooms, 2020, p. 179)." Child protective services is the agency that investigates abuse or neglect allegations to determine if foster care placement is warranted. As a result of the compounded trauma, foster care children are at a greater risk for suicide, homelessness, mental illness, substance use disorder, sexual assault, and discrimination (Grooms, 2020).

Placement within the foster care system consists of state licensed nonrelative foster homes, relative or kinship foster homes, or state regulated residential institutions. There are several factors that contribute to instability in the placement of children in the foster care system. Lanigan and Burleson (2017) indicated that placement within the foster care system can be affected by the child's behavior, the amount of contact between the birth family and the child, and the amount of engagement from the caseworker. Children's mental health problems can affect placement stability due to foster parents' inability to manage disruptive or hyperactive behaviors in children (Rock et al., 2015). Inconsistency with assigned social workers is also connected to instability for foster care children. Foster parents have reported considering requesting a placement change due to lack of support, dishonesty, overly interfering, or disagreements with the assigned social worker (Rock et al., 2015). All of this points to the need for placement stability for foster care children as a possible way to mitigate some of the trauma experiences created within the foster care system.

There are several identified knowledge gaps in the current literature that were explored throughout this research project. Some of the knowledge gaps included the following topics. The current literature does not address interventions that are effective for high-risk groups in the child welfare system. There continues to be little known about examining placement change and the relationship to mental health outcomes or the way to identify which children may be more at risk for mental and behavioral problems leading to placement changes. Research continues to lack related to examining sibling and peer separation, and how those various factors relate to outcomes for foster care youth. Additionally, the research in the current literature does not identify strategies children developed to successfully cope with the trauma of separation from their biological family and instability within the system. Lastly, there is little information about ways school and caseworker changes can lead to instability affecting youth in foster care. These identified gaps in the literature should be explored to provide a better understanding of the importance of placement stability for foster care children.

Purpose of the Study

Despite previous research highlighting the negative implications of the foster care system, there are several positive attributions that can be emphasized that are associated with the foster care system. The purpose of this study was to explore the current experiences foster parents have regarding successful placements within the foster care system. The goal was to utilize positive occurrences to develop a better understanding of ways current foster parents are able to assist foster care children.

This research examined current foster care placement success by investigating the following research question: *How can foster parent's experiences be utilized to develop*

strategies for placement stability for foster care children? Previous research has not explored positive placement stability for such a vulnerable population. This research contribution may provide a better understanding of strengths regarding placement stability for children in the foster care system. This research utilized a grounded theory approach to analyze the experiences of 13 foster parents in Missouri. This research aimed to contribute to the current understanding of the approaches to placement stability within the foster care system.

Chapter 2: Literature Review

Trauma Related to Foster Care

Abuse and Neglect

Previous research explained the implications of the abuse and neglect that continue to occur resulting in the removal of children from their biological families. This abuse or neglect and the withdrawal from biological families causes trauma for children. The following research articles provided examples pertaining to the trauma resulting from the abuse or neglect and separation from their biological families.

The research by Holmes, Levy, Smith, Pinne, and Neese (2014) has shown that more than 60% of children aged birth to 17 years of age have experienced or witnessed maltreatment or assault in the past. Trauma can occur through both experiencing and witnessing maltreatment or in assault. Black youth in the United States are 2.3 times more likely to be investigated for child abuse or neglect allegations (Grooms, 2020). Black youth in the foster care system can experience placement instability causing additional trauma.

Vig, Chinitz, and Shulman (2005), state that neglect and parenting incapacities are the main reasons to remove children from their biological families. While Holmes et al. (2014) state that young children are at risk of experiencing socio-emotional development concerns because of the exposure to trauma. Those development concerns include the following: attachment, biological, affect regulation, dissociation, behavior regulation, cognition, and self-concept (Holmes et al., 2014). The studies completed by both of these researchers shine a negative light on the risks associated with trauma for abuse or neglect.

Taillieu, Brownridge, Sareen, and Afifi (2016) completed a statistical analysis to examine the association between emotional abuse and neglect and long-term diagnosis of mental disorders. Emotional maltreatment is known as a caregiver repeatedly conveying to children that they are flawed, unloved, and unwanted. Emotional maltreatment can occur through acts of omission, emotional neglect, or acts of commission, emotional abuse Children experiencing emotional maltreatment can possibly lead to diagnosis for a mental health disorder, such as mood disorder, anxiety, dysthymia, depression, or post-traumatic stress disorder (Taillieu et al., 2016). This research continues to show the negative results of abuse or neglected.

Tabone, Rishel, Hartnett, Szafran (2019) conducted a pilot study with 51 elementary schools to develop a trauma informed elementary school program. They determined that younger children are at greater risk for experiencing maltreatment and an even greater risk living in a home with domestic violence and caregiver drug and alcohol abuse (Tabone et al., 2019). The research completed by Tabone et al. (2019) showed ways that school systems can assist when abuse or neglect is occurring within the child's home life.

Nunez, Beal, and Jacquez (2022) completed a systematic review of the literature focusing on resilience factors for youth transitioning out of foster care. They found that foster care children experience tremendous adversities due to the concerns that led to foster care, such as physical abuse or being abandoned, as well as the processes within the child welfare system, such as multiple placements (Nunez et al., 2022). This research continues to point out the negative implications that can occur within the foster care system. Children in foster care generally have poor development, as well as poor mental

and educational outcomes (Bruskas, 2008). Children who have been abused or neglected will most likely require trauma related services.

Effects of Trauma

Previous research showed the abundance of resources children in the foster care system require Due to the trauma caused by the abuse or neglect and the separation from biological families, additional resources are required. The following research articles explained the effects trauma has on the foster care children.

Unfortunately, children who have experienced traumatic events are more likely to be referred to and receive treatment for mental health concerns (Holmes et al., 2014). Foster youth have high rates of mental illness and substance abuse usage (Nunez et al., 2022). For some children, traumatic events can even cause cognitive disorders. Children try to cope with the trauma they endured, but without receiving the needed treatment they will likely experience physical pain (Holmes et al., 2014). Previous research lacks information pertaining to obtaining treatment to assist children with coping with the abuse or neglect that occurred. In addition to the traditional stressors of the foster care system, LGBTQ youth are faced with higher rates of suicide ideation, substance use, poor sexual health, poor school outcomes, and poor mental health (Grooms, 2020; Baams et al., 2018).

Young children can demonstrate their trauma through behavioral concerns and likely display aggressive behaviors (Holmes et al., 2014). Jaycox, Langley, Steinm Wong, Sharma, Scott, and Schonlau (2009) completed a pilot study that documented numerous negative effects from childhood trauma, which includes posttraumatic stress disorder, anxiety, depression, detachment, impartment in academic performance, and

behavioral problems, such as aggression. Untreated mental health problems will most likely not improve and may even worsen overtime (Bruskas, 2008). The research continues to point out the negative attributions of childhood trauma with minimal successful outcomes discussed.

The removal of a child from their caretaker and family due to the unsafe home can lead to additional trauma formed by the separation from their family. Blakely, Leon, Fuller, and Bai (2017) completed a study based on the work of Griffin et al. (2009) by examining the effects of individual strengths and kinship involvement on risk behaviors for children in the foster care system in Illinois. They found that separation from their family may also lead to increased behavioral concerns, although not all children in the child welfare system experienced elevated levels of risky behaviors. The children's protective factors, which included individual qualities and social resources, can lead to an increase in resilience (Blakely et al., 2017). This research was able to identify the use of kinship involvement as a way for children to cope with the separation from their families. Additional information is needed regarding successful placement stability to ensure the children can remain placed with kinship providers.

Thompson, Colvin, Cooley, and Womack (2021) completed a cross-sectional secondary data analysis which examined whether the needs of foster care children were associated with caseworkers' recommendations for services, caregiver and youth reports, or individual and family factors. They found that the challenges faced before, during, and after the children in the child welfare system provide a need for caseworkers to assess and connect with the youth that need services. Youth who experienced maltreatment and placed in foster care had an increased risk of mental health diagnosis or substance abuse

usage (Thompson et al., 2021). The study completed by Thompson, Colvin, Cooley, and Womack (2021) indicated the high amount of youth involved in the child welfare system that require services suggested contextual factors are related to the assessments and referrals needed to recommend services.

Thompson, Colvin, Cooley, and Womack (2021) discussed previous research indicating the importance of both the caseworker's assessment of the child for services as well as the child's perspective of the services needed. The study completed by Thompson, Colvin, Cooley, and Womack (2021) found that of the 464 youth approximately 3% were recommended for alcohol services, 8% were recommended for drug services, 17% were recommended for delinquency services, and 68% were recommended for emotional or behavioral services. The study indicated that the majority of the referrals for services were due to externalized behavioral problems or substance abuse-related disorders (Thompson et al., 2021). Additionally, the study determined that older youth, as well as children with multiple foster care placements and individuals in care for longer time periods had an increased chance of service referrals (Thompson et al., 2021). While this research emphasizes the need for professional services and caseworker assessment, there continues to be a lack of information pertaining to accessing services prior to placement instability occurring.

Hindt and Leon (2022) explored the impact of five ecological disruptions (changes in or separation from siblings, friends, school, church, and community) on children's long-term internalizing symptoms and externalizing behaviors in Midwestern locations. They found that of the 490 children in foster care, approximately 64% experienced a school change, 47% experienced sibling separation, 25% experienced

separation from friends, 12% experienced community changes, and 10% experienced church separations. School changes are associated with a disruption in the relationship with teachers and peers as well as academic functioning (Hindt & Leon, 2022). The information provided by the researchers continues to showcase the negative implications of the foster care system.

According to Font (2014), children who have experienced maltreatment can face some emotional, developmental, and behavioral problems. Additionally, Vig, Chinitz, and Shulman (2005) provided a description of possible medical conditions, mental health problems, and developmental disabilities among foster care children. The majority of the children placed in foster care have medical, mental health, and developmental problems (Vig et al., 2005). Unfortunately, children who have diagnosed disabilities are excessively vulnerable to maltreatment. Vig et al. (2005) specifically listed the following things as concerns related to foster care children: medical problems, in utero drug and alcohol exposure, cognitive infection, failure to thrive, shaken baby syndrome, mental health problems, attachment disorders, regularity disorders, traumatic stress disorders, and developmental disabilities. While this research is beneficial in identifying concerns related to foster care children, there continues to be a lack of information to assist this vulnerable population.

Improvements to mental health schema are needed within the foster care system (Foster et al., 2013). Mental health schema is the ability to recognize a mental disorder, knowledge about the risk factors and causes, awareness of and beliefs about helpful resources, and an understanding of how to seek mental health information (Foster et al., 2013). Children in foster care can benefit from understanding their parents' mental health

challenges and behavioral problems. This can lead to foster care children identifying proactive services to assist themselves (Foster et al., 2013). This research begins to move toward the need for additional information to properly treat mental health concerns with children in the foster care system. There were no identified approaches to solving the multiple problems associated with mental health care within the foster care system.

The study completed by Jaramillo and Kothari (2022) was a secondary data analysis from the Supporting Siblings in Foster Care study conducted by Kothari et al. (2014, 2017). The study indicated that children had, on average, five different caseworkers since entering foster care. On average youth talk to their caseworker marginally more than once per month. The majority of the youth indicated that their caseworker was available and provided high levels of emotional and instrumental support. Jaramillo and Kothari (2022) suggested that the caseworker-youth relationship could be the route for possible intervention efforts. Additionally, the relationship between the caseworker and the youth could depend on the developmental stage of the youth. This research showed the importance of caseworker and foster care children's relationships. Unfortunately, with the high level of turnover of five caseworkers for children in foster care, it made it difficult to continue building relationships.

According to recent studies, black youth consist of 23%, Hispanic youth consist of 21%, white youth consist of 44%, Asian, Pacific Islander, and Native American consist of 12% of youth in the foster care system (Grooms, 2020). Despite the percentages of youth in the foster care system, black youth typically spend six to ten months longer in out of home placements compared to other youth (Grooms, 2020). This information leads

the reader to believe there continues to be a lack of efforts provided to marginalized populations to be able to return children to their biological parents quickly.

Foster Care Placement

Placement Types

Previous research defined and explained the placement types for foster care children. Each placement type has a purpose and should be used when considered the least restrictive placement option for the specific child. The following research articles provided clarity on the placement types for foster care children.

Font (2014) examined the relationship between formal kinship or nonrelative foster care placement types and the academic, behavior, and health of foster care children. Their research indicates that the most common placement types are nonrelative state licensed foster homes and kinship homes. Nonrelative state licensed foster care is a placement where the individuals are licensed by the state and have no direct relationship to the foster care child. Kinship homes are a placement where the individuals are related to the child through blood, marriage, adoption, or other forms determined by each state (Font, 2014). Previous research mentioned the importance of maintaining relationships by placing foster care children with kinship providers, but unfortunately that does not always occur.

Research completed by Lanigan and Burleson (2017) involved a qualitative study examining the transition period from the time of placement until roughly three months into the placement. Their research indicates the federal government mandates children be placed in the least restrictive placement option when entering the child welfare system.

According to the Fostering Connections to Success Act and Increasing Adoptions Act of 2008, agencies are required to identify and notify relatives of a child being placed in the foster care system (Foster et al., 2013). Previous research indicated that there are child-focused reasons to place children in kinship homes (Font, 2014). Kinship homes may be more normative for the child and less stigmatizing than nonrelative foster care (Font, 2014). Additionally, some evidence says kinship homes provide better outcomes for children in the child welfare system (Font, 2014). Kinship homes are likelier to provide ties to family cultures and provide more socioemotional resources for the child (Font, 2014).

The study completed by Blakely, Leon, Fuller, and Bai (2017) indicated the majority of the children's initial placement was with a kinship provider, but they added that many of the initial placements likely changed. Additionally, the study identified the association between more kinship involvement and the lower risk behaviors for children in the child welfare system (Blakely et al., 2017). Placement disruptions with kinship providers should be explored to identify ways to prevent multiple placement moves for children in foster care.

Placement in residential and psychiatric institutions has a lasting effect on children in the foster care system. Debnath, Tang, Zeanah, Nelson, and Fox (2019) presented findings from brain electrical activity to examine the effects of disruption of foster care placement. Children who are placed in institutions at an early age have brain frequency patterns that are associated with ADHD, learning disorders, disruptive behavior disorders, and psychosocial risk factors (Debnath et al., 2019). Once children are removed from institutions, early placement in foster homes and stability in those

placements can improve brain function and produce long-term improvements (Debnath et al., 2019). Least restrictive placement options should be identified to prevent unnecessary trauma by placing foster care children in residential and psychiatric institutions.

The information provided by Grooms (2020) indicated the alarming overpopulation of LGBTQ youth in the foster care system. Additionally, LGBTQ youth are more likely to be placed in group home settings and experience more foster placement moves compared to youth who do not identify as LGBTQ (Grooms, 2020). Research shows that sexual minority youth were twice as likely to experience out of home placement compared to youth who identify as heterosexual (Grooms, 2020). This research continues to show negative outcomes for children in foster care placements.

Placement Disruptions

Previous research highlighted the negative behaviors results in placement instability for foster care children. Each placement change attaches another traumatic event to this vulnerable population. The following research articles discussed in-depth the crisis resulting in placement disruptions for foster care children.

Placement disruptions were determined to be caused by the child's behaviors and contact with the child's birth family (Lanigan & Burleson, 2017). Additionally, Lanigan and Burleson (2017) found that a communication breakdown for the caseworker contributed to lack of support and issues affecting both the child and foster family. Children living in foster care often experience disruption or instability in the caregiving environment (Debnath et al., 2019). The disruptions involve both placement changes in the foster care system and also reunification with biological families (Debnath et al.,

2019). Previous research continues to lack any positive attributions related to placement outcomes for children in foster care.

There are several factors that contribute to instability for placement of children in the foster care system. Rock et al. (2015) explored qualitative and quantitative studies to develop a systematic review and narrative synthesis exploring how services can effectively promote placement stability. Placement breakdowns are at a greater risk when a child is in foster care due to their behaviors and the biological parent is unwilling to assume care. Children's mental health problems can affect placement stability due to foster parents' inability to manage disruptive or hyperactive behaviors in children (Rock et al., 2015). While this research explores services impacting placement stability, there continues to be negative information provided about behavioral concerns for children in foster care.

Foster care children have reported that placement moves cause them to give up, disengage, detach, or withdraw from people. The placement changes cause a separation in social networks and connections in school (Rock et al., 2015). Sibling separation has been associated with increased placement instability for foster care children (Rock et al., 2015). Inconsistency with assigned social workers is connected to instability for foster care children (Rock et al., 2015). Foster parents have reported to consider requesting a placement change due to lack of support, dishonesty, overly interfering, or disagreements from the assigned social worker (Rock et al., 2015). Research needs to focus on ways to promote placement stability in order to avoid the identified ramifications of frequent placement changes for children in foster care.

Clark, Palmer, Alin, Dunkerley, & Brook (2020) completed a hierarchical logistic regression to examine the contribution of trauma symptoms to placement instability. Their research determined that children who reported trauma symptoms that were determined to be above the clinical threshold were linked to greater placement instability. Male, black youth, as well as youth who were older at the time of entry into foster care, and any type of disability were statistically significant regarding placement instability in the foster care system (Clark et al., 2020). This research was able to identify reasons placement instability occurs, but there is little information related to ways to overcome the instability and assist foster care children.

McGuire et al. (2018) utilized a STEM framework to clarify the relationship between maltreatment and mental health among children in the foster care system. They cited, "Placement instability is defined as household and or institutional moves or placement changes that do not result in a child's permanent placement (McGuire et al., 2018, p. 12)." Placement instability can play a role in the neglect and the mental health concerns for foster care children. There continues to be evidence linking maltreatment types and placement instability. Placement instability has been associated with behavioral problems with foster care children. Foster care children who experience multiple placement moves might feel abandoned and rejected, which can increase the probability of mental health and behavioral problems. Placement instability for foster care children has a significant impact on internalizing and externalizing symptoms related to mental health problems (McGuire et al., 2018). This is another example of research identifying the need for placement stability, but there continues to be little information provided for strategies to overcome instability.

The study completed by Clark et al. (2008) explained the importance of utilizing functional assessments and intervention tactics to address runaway behavior, who were identified as habitually running away. Running away was defined as, "a child who has left a relative placement, nonrelative placement, shelter home, foster home, residential group home, any other placement alternative, or their in-home placement without permission of the caregiver and who is determined to be missing (Clark et al., 2008, p. 430.)" Habitually running way was defined as, "a child who has run away three or more times (Clark et al, 2008, p. 430)."

The study looked at three data points, which consisted of the percentage of days on runaway status, the annualized rate of running away, and the annualized rate of placement change (Clark et al., 2008). The functional analysis was used to determine the reinforcement for the escape behavior. The study determined the need for a shift in the focus of child friendly and effective practices by maintaining and building connections to improve outcomes for youth in the foster care system (Clark et al., 2008). This research focus was primarily associated with the behavior of running away. While the researchers determined the need to maintain and build connections to improve outcomes, there is little information about the next steps to begin the process.

As previously discussed, the research completed by Clark et al. (2020), examined the contribution of trauma symptoms to placement instability. Their research was able to highlight the importance of exploring the trauma symptoms to assist the foster care child. "Assessing trauma symptoms and initiating appropriate services may be crucial for supporting children's stability of placement in foster care (Clark et al., 2020, p. 8)." Placement stability for children in the foster care system has been a predictor for

permanency and can develop long-term consequences (Clark et al., 2020). This research was able to link the importance of trauma and placement stability, but there needs to be further research completed to determine strategies to maintain placements in the foster care system.

Successful Outcomes

Some researchers did discuss success within the foster care system. Successful outcomes for foster care children can be linked to access to services and stability until permanency can be achieved. The following research articles showed the successful outcomes for foster care children.

There are several factors that contribute to the successful placement of children in the foster care system. Foster care children have reported that acts of kindness and affection are important factors to increase placement success. Foster parents have reported that providing discipline, routine, persistence, and flexibility and organization are important for their success in placement (Rock et al., 2015). Academic support and encouragement to learn were reported to assist with keeping foster care children stable (Rock et al., 2015). "The involvement of children in decisions regarding their placement have been shown to predict fewer placement moves (Rock et al., 2015)."

Placement success can be determined by agency involvement, support, and training (Lanigan & Burleson, 2017). Some of the factors leading to placement success include the following: information regarding the child before and after their arrival, discussions about whether the placement was a good fit based on family dynamics and parenting styles, and connections to resources needed for the child (Lanigan & Burleson, 2017). This research was able to identify a few ways placement success can occur in the

foster care system, but the primary focus was the transition into the new foster home. Further research needs to incorporate ways to maintain the placement once the child is with the foster family.

Akins, Collins-Camargo, Strolin-Goltzman, Antle, Verbist, Palmer, and Krompf (2021) reported on findings from three states' demonstration grants focusing on the children's welfare outcomes of placement stability. Increasing placement stability can be conducted by completing a trauma or behavioral health screening tool prior to the child's first placement (Akin et al., 2021). Prior research indicated that behavioral problems and trauma related issues were connected to multiple placement changes for foster care youth. Then the increase in placement instability was connected to behavioral problems (Akin et al., 2021).

Implementing a trauma and behavioral health screening tool can support efforts that align with the Family First Prevention Services Act (Akin et al., 2021). "First, screening for trauma and behavioral health needs may expand opportunities for making referrals to community-based Family First providers and thereby prevent placement in OOHC (Out of Home Care). Second, trauma and behavioral health screening results may assist CPS caseworkers in making good matches between children's needs and service referrals. Third, CPS referrals to Family First providers could include screening results to help providers respond more adequately and timely to children's trauma and behavioral health needs. (Akin et al., 2021, p. 8)."

Placement stability is connected to the use of behavioral health screens tools (Akin et al., 2021). Applying the screening tool could help minimize the amount of placement disruptions for foster care children, but the researchers noted that the tool is

underutilized in current field work. Future research would need to locate practical ways to incorporate this tool with caseworkers conducting the field work.

Research completed by Stone and Jackson (2021) explored the relationship between youth and their caregiver reports of foster care environment characteristics through multiple placement types with an emphasis on prior maltreatment and current symptoms. Their research determined that one way to minimize mental health symptoms for foster care children is the intervention and prevention efforts to target the foster family's environment (Stone & Jackson, 2021).

Adding evidence-based interventions that focus on fostering relationships and conflict resolutions can reduce conflict within placements in the foster care system (Stone & Jackson, 2021). Improving mental health symptoms can be achieved by adding interventions that focus on family dynamic within the foster care system. In addition to family related interventions, children in the foster care system would benefit from individualized treatment with a focus on developing coping skills and cognitive restructuring. Social service agencies should make sure foster parents have proper training on conflict management and ways to identify mental health symptoms (Stone & Jackson, 2021). Despite this research providing new information regarding the placement for foster care children, the research suggested future research examine intervention and prevention strategies to manage conflict within the foster care placement.

Hines, Lee, Osterling, Drabber (2007) studied reunification among marginalized populations. The researchers found that of the 341 cases utilized for their study, only 109 of the children were reunified with their biological family. This rate of reunification is lower when compared to the national average (Hines et al., 2007).

Some of the factors determined to impact the rate of reunification included the following. The age at first entry into the child welfare system was a determining factor for reunification (Hines et al., 2007). Additionally, the martial status of the mother was another factor for reunification (Hines et al., 2007). Lastly, the cases referred to the system due to neglect were more likely to reunify (Hines et al., 2007). Hines, Lee, Osterling, Drabber (2007) determined that families who fail to reunify often have serious social or economic risk factors that are currently not being addressed during reunification procedures. Whether a family achieves permanency through reunification can impact the length of time the child is in foster care placements. Future research should include strategies to promote stability to increase permanency for foster care children.

Education Related to Foster Care

Basics of Education

Education stability plans are required by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Sydow & Flango, 2012). The plans can include foster care placement's appropriateness of a child's educational setting and how closely they are located next to the school they will attend (Sydow & Flango, 2012). Additionally, children in foster care have the right to remain in the school of origin (Sydow & Flango, 2012), which is the school district that the child attended prior to the placement change. The child welfare agencies will need to work with the school district to determine the educational setting that is in the best interest of the child.

A research study by Kothari, Godlewski, Lipscomb, and Jaramillo (2020) explored the following educational milestones and achievements. They explored attendance, discipline, grade retention, standardized test scores, high school graduation,

and intention to attend college. The researchers determined educational resilience to be considered the likelihood of school success despite adverse conditions (Kothari et al., 2020). Children in foster care are considered to be educational resilient when they overcome numerous barriers in order to achieve academic success (Kothari et al., 2020). Educational stability can be affected by the placement stability of foster care children.

Educational Changes

Previous research studied the instability within the educational setting for foster care children. The research provided examples of the link between placement instability and educational instability. The following research articles reflected on the educational changes for foster care children.

Their education can be at risk because of the disadvantage of their foster home placement. Children in foster care generally have difficulty school enrollment, multiple changes in a school location, inability to receive school records from previous schools, frequent disciplinary concerns, lack of available special education services, and tendency to not be able to participate in extracurricular activities (Sydow & Flango, 2012). These difficulties for foster care children can lead to poor educational outcomes. Poor educational outcomes are linked to difficulties with a transition to adulthood, increased poverty, homelessness, and possibly incarceration (Sydow & Flango, 2012).

Instability is linked to educational outcomes for children in foster care (Kothari et al., 2021). Placement instability is known to cause school changes for children in foster care (Kothari et al., 2020). This instability means that children will need to learn new household routines along with adapting to new caregivers and other individuals (Kothari et al., 2020). Children in foster care have frequent placement moves which creates

additional educational barriers (Bruskas, 2008). Additionally, school enrollment delay affects their attendance and long-term performance in school (Bruskas, 2008). Placement stability could be the first step to achieving educational stability for foster care children.

Somers, Goutman, Day, Enright, Crosby, and Taussig (2020) completed a cross-sexual study focusing on foster care children and the relationship between individual intrapersonal factors and exosystem factors. Children in foster care who experience frequent moves have an increased chance of dropping out of school, with a larger increase when children are placed in residential facilities (Somers et al., 2020). School instability is directly connected to placement instability, which is due to children with a history of placement moves having a higher rate in school movement (Somers et al., 2020). Future research should explore ways to maintain placement stability for better educational stability.

Children in foster care are three times more likely to experience school changes than traditional children not involved in foster care (Somers et al., 2020). These school changes generally occur within the academic year and most likely occur with a change in school districts (Somers et al., 2020). The relationship between placement and school instability is related to behaviors (Somers et al., 2020). Behavioral problems can be associated with the increase in school absences and a risk of poor education achievement (Somers et al., 2020).

Educational Resources

Several researchers called for changes within the educational setting to assist foster care children. The presented educational resources showed the steps school settings were taking to eliminate poor educational outcomes for foster care children. The

following research articles considered the educational resources to make changes for successful outcomes for foster care children.

School engagement is considered to be an important role in facilitating resilience for children (Kothari et al., 2020). Greater school engagement is linked to educational achievement, improved mental health, self-esteem, development of future orientation, and decrease in substance usage and delinquent activities (Kothari et al., 2020).

This longitudinal research study by Hussey and Guo (2003) focused on a school-based mental health treatment program for children in elementary school. This program was a collaboration between a mental health agency and an urban school district, which was designed to work with young children who have experienced severe emotion and behavior challenges (Hussey & Guo, 2003). Schools are continuously called to assist children with mental health treatment due to the barriers to families accessing traditional community-based treatment (Hussey & Guo, 2003). Some schools are striving to have mental health treatment in the school setting compared to the traditional method of referring children to community-based treatment with long wait lists and struggles to maintain treatment (Hussey & Guo, 2003).

The goal of this program is to assist with the social and behaviors concerns with children (Hussey & Guo, 2003). The treatment was designed to be an intervention to improve social skills and reduce any symptoms of emotional or behavioral disruption (Hussey & Guo, 2003). This assistance was designed to occur in the child's natural setting such as the household or educational setting (Hussey & Guo, 2003). The program split children into small groups based on similar goals and concerns (Hussey & Guo, 2003). This program has been able to assist over 700 children from around 20 urban

elementary schools to assist with emotional and behavioral concerns (Hussey & Guo, 2003). Adding the intense summer therapeutic services was beneficial for this particular study (Hussey & Guo, 2003), but further research would need to be completed on the effectiveness of summer treatment.

Kataoka, Vona, Acuna, Jaycox, Escudero, Rojas, Ramirez, Langley, and Stein (2018) applied the substance abuse and mental health administration (SAMHSA) identified trauma-informed domains and principles to schools to develop trauma-informed school system. They determined that trauma informed practices in the school setting are being used to treat mental health concerns for students.

Their research indicated that a multi-tiered support system can be used to target trauma informed practices. The six major trauma-informed principles are safety, trust, peer support, collaboration, empowerment, and cultural sensitivity. The schools themselves can serve as a spot for essential prevention and early intervention for children. Additionally, the schools will work to collaborate with other agencies such as, the child welfare system, courts system, mental health agencies, and primary care providers. Short- and long-term training for teachers, who likely have no experience working as trauma informed providers, will be necessary to assist with working with children who have experienced trauma (Kataoka et al., 2018). There research identified several ways the school system can provide assistance with trauma informed care for students.

Foster Care Legislation

Current legislation was developed to address concerns related to foster care children. Specifically, there are three Missouri bills and one federal act that provides

additional guidance related to foster care children's education and overall well-being. Previous research demonstrated the need for this legislation for foster care children.

Specifically, House Bill No. 1577 (2012) was created to remove barriers with foster care children's educational success. The bill requires seven major components. The first component of the bill is that the department of elementary and secondary education should facilitate the timely enrollment of children in foster care. The second component of the bill discusses the importance of children in foster care not being disadvantaged because of attendance requirements, scheduling, sequencing, grading, course content, or assessments. The third component of the bill is regarding the eligibility of educational programs and extracurricular activities for foster care children. The fourth component of the bill concerns on-time graduation for children in the foster care system. The fifth component of the bill is ensuring the enforcement of all administrative rules from the provisions of this bill. The sixth component of the bill provides the ability to share information between schools, foster care children, and their families. The final component of the bill is regarding cooperation between the educational system, foster parents, and the foster care children so they can achieve educational success.

Senate Bill 291 (2009) created the foster care education bill of rights. This bill of rights required each school district to designate one staff member to be the educational liaison for children in the foster care system (S. No. 291, 2009). Additionally, the organization responsible for placing the children needs to promote the educational stability of children in the foster care system (S. No. 291, 2009). Lastly, this bill did not provide information regarding the responsibility for transportation for foster care

children. Children's Division and the department of secondary education together provided guidelines for transportation for foster care children.

The Adoption and Safe Families Act (1997) discusses the importance of safety, permanency, and well-being for foster care children. Well-being is classified as the child's educational achievement, mental health, and physical health (H.R. No. 867, 1997). Additionally, these focuses are primarily used within the child welfare agencies. Well-being is generally used as a measure of performance standards for child welfare agencies, along with the federal standards for guidance for child welfare agencies. Well-being is generally categorized by the physical health, mental health, and educational needs for the children within the foster care system (Sydow & Flango, 2012). Some of the goals from the well-being standard are "families have enhanced capacity to provide for their children, children receive appropriate services to meet their educational needs, and children receive adequate services to meet their physical and mental health needs (Sydow & Flango, 2012)." The goal of the foster care system is to provide safety and permanency and protect the well-being of youth when their family has the inability to do so (Grooms, 2020). Child development researchers have determined the importance of youth's attachment to a caring adult and the role it plays in promoting permanency, safety, and well-being (Grooms, 2020).

Theories

Prior to conducting the data analysis procedure, I intended to use the following theories for this study: Maslow's hierarchy of needs, social convoy theory, Bronfenbrenner's ecological framework, and theory of collaborative advantages. All of

these theoretical frameworks were previously used for research within the foster care system.

Social convoy theory discusses the importance of maintaining a social connection with individuals through your life. This theory can be related to children in the child welfare system. The theory suggests that kinship placement can assist with maintaining the protective relationships for children in foster care (Blakely et al., 2017). Blakely, Leon, Fuller, and Bai (2017) used resilience theory to understand how individual strengths impact higher risk behavior trajectories. Hindt and Leon (2022) used Bronfenbrenner's ecological framework to process the experiences children face as they enter the foster care system. Specifically, the study looked at separation from siblings, changes in friends, school moves, changes in church, and changes in community and the effect it has on the children entering the foster care system.

Villagrana (2020) completed a report about the theory of collaborative advantages being utilized in the children welfare system. The theory of collaborative advantage is used to manage a working relationship between multiple organizations. This theory discusses complex collaboration situations, challenges related to collaboration, and assistance with working through the issues. The theory was created to build a framework to address challenges when working with a multidisciplinary partnership. This theory can be used as a framework when associating a connection between child welfare agencies, educational system, and the community when discussing concerns related to children in foster care. Four themes were used to discuss the collaboration between children welfare agencies and the educational system. Those themes include the following: managing aims, membership structures, trust, and leadership (Villagrana, 2020).

Managing aims is used for the multidisciplinary team to develop an understanding for what they each want to gain from the collaboration (Villagrana, 2020). In this case, the managing aims refer to each individuals role for stabilizing education for children in foster care. Some of the aims of this collaboration include keeping the children in their school of origin, developing a transportation plan, sharing costs related to the child's education, transferring education records, and enrolling children in schools. Each member of the multidisciplinary team is responsible for the aims for this collaboration.

Membership structures are used to develop guidelines for each member's role for this collaboration (Villagrana, 2020). The educational system currently has identified educational liaisons and the child welfare agencies each have identified caseworkers for each child. Once these members are identified, they should ensure all contact information is clearly posted and easily accessible within the multidisciplinary team. Maintaining contact and communication between these individuals falls under this theme.

Trust is used to maintain a lasting partnership between the multidisciplinary team (Villagrana, 2020). This trust can be built by developing expectations and managing the risks involved as a group. One noted concern with this theme is the ongoing high turnover rate for employees. An identified way to initiate trust is for child welfare agencies to reach out to educational liaisons upon the child entering foster care. Next, the multidisciplinary team can continue to work towards trust by accomplishing their determined goals together.

Leadership is used as a tool to ensure the organization goals continue to move forward and be achieved (Villagrana, 2020). A critical step for this theme is for agencies to develop internal and cross-over processes to determine the school that will be the best

interest of each child involved. Additionally, creating structures and processes to assist with the collaboration of the multidisciplinary team is important for the leadership theme.

Throughout the data analysis procedures, three major components were continuously present in the data. This research was conducted with a framework involving the following theories: Contemporary trauma theory, Maslow's hierarchy of needs theory, and Bronfenbrenner's ecological framework.

Contemporary trauma theory is the first theory presented in this research study's theoretical framework. Contemporary trauma theory provided an overall definition of trauma. Trauma is defined by three major components. One, "an identified event or series of events. "Two, "that is experienced by the individual as physically or emotionally harmful, threatening, or overwhelming." Three, "and has a lasting and holistic effect on the individual's functioning (Goodman, 2017, p.187)." The theory goes on to discuss the impact trauma has on ordinary human life and the person's sense of control, which can cause a disturbance in the brain development and function.

This theory directly relates to foster care children. One, the identified event or series of events is the abuse or neglect that occurred for the child. Two, the event caused physical or emotional harm is the marks, bruises, or emotional disturbance seen when the child is taken into protective custody and placed in foster care. Three, the lasting effect on the individual's functioning is the challenging behaviors that occur when in the foster homes.

Maslow's hierarchy of needs theory is the next theory presented in this research study's theoretical framework. Maslow's hierarchy of needs theory discusses the five stages of needs that people have (McLeod, 2020). The first stage is psychological needs,

which discusses basic biological requirements for individuals to survive. The second stage is safety needs, which is the need for security and control in one's life. The third stage love and belongingness needs, which includes human emotional needs and interpersonal relationships. The fourth stage is esteem needs, which contains an individual's self-worth and respect towards themselves. The last stage is self-actualization needs, which talks about the desire to accomplish everything that a person can do (McLeod, 2020).

Maslow's hierarchy of needs theory shows the importance of meeting the basic needs of an individual first before they are capable of achieving higher levels of success. This theory is an example of the basic needs of children in the foster care system needing to be managed prior to the children having the ability to achieve success in greater stages of school and personal growth. This theory is important when discussing placement stability. Foster care children will not be able to grow and learn past the first stages if stability does not occur for them.

Bronfenbrenner's ecological framework is divided into five parts: Microsystem, Mesosystem, Exosystem, Macrosystem, and Chronosystem (Smith & Harmon, 2017). Microsystem consists of the immediate environment the individual. Mesosystem consists of the link between two or more microsystems. Exosystem consists of the indirect environments that impact an individual. Macrosystem consists of customs, attitudes, values, and laws of the culture the individual lives within. Chronosystem consists of the elements of time within an individual's life. Each of these elements affect an individual's development.

This study utilized the components of the Mesosystem part of the Bronfenbrenner's ecological framework. The link between two or more of the microsystems is an example of foster parents connecting with multiple different levels of the foster care system. The foster parents connect with the child placed in their home, the caseworker and multidisciplinary team members, the professional services, the biological parents and family members, and many other microsystems. Lastly, the foster parents connected with each other as well.

Research Question

The purpose of this study was to explore the current experiences of foster parents regarding placement. The goal was to utilize positive occurrences to develop a better understanding of ways current foster parents are able to assist foster care children. One main question the current study addressed was: *How can foster parent's experiences be utilized to develop strategies for placement stability for foster care children?* Interpretive grounded theory was utilized to meet the goal of this study.

Chapter 3: Methodology

Research Method

I wanted to understand what contributed to the success in placement so that a protocol could be developed based on the approaches foster parents already used in their homes. The change was applied with a focus on the multiple placement changes that occurred with children who had instable placement history. Additionally, Corbin and Strauss (1990) discussed determinism to be individuals making choices based on their perceptions. The interviews were tailored to the perceptions of foster parents. Grounded theory seeks to not only uncover significant conditions but also to determine how individuals respond to changing conditions (Corbin & Strauss, 1990). This study uncovered what foster parents already do to maintain stability for foster care placements. Also, it identified strategies that could change based on the experiences identified by the participants.

Building substantive theory is useful for making changes in people's everyday world (Merriam & Tisdell, 2016). This type of theory building is helpful for this research. The substantive theory would be assigned with the goal of developing a protocol to successfully place children in foster care, which would eliminate some of the additional trauma children face by multiple placement moves.

Participant Eligibility

The participants were current or previously licensed foster parents in Missouri. The foster parents did have experience working with at least one child who they deemed to be a successful placement. Due to the foster parents being the experts for this study, I did not have a definition for successful placement. Instead, the foster parents had the

ability to explain what a successful placement was for them. This approach was utilized as a way to develop a theory on placement stability where the experts to provided information on their successful everyday experiences.

There was no identified sample size for this study. Grounded theory typically used the approach of theoretical sampling for their research studies (Houlton &Walsh, 2017). For the purpose of this study, theoretical sampling with snowball sampling was used, which means that sampling was directed by the emerging theory and continued until theoretical saturation occurs (Holton & Walsh, 2017). According to Holton and Walsh (2017) theoretical saturation is when no new properties of information emerge in the data. Continuously collecting data and analyzing the data did allow the researcher to determine if new information was being presented. Therefore, sampling was concluded once saturation had occurred.

Recruitment Procedures

I posted a flyer on social media and distributed it through my personal and professional networks. For example, I had the flyer posted on the St. Louis foster parent support group Facebook page. Appendix A is the drafted post for recruitment. Additionally, snowball sampling was utilized. Each participant was asked if they knew other participants that would be ideal for the study. Several participants were able to identify other individuals who participated in the research study. Although there was no identified sample size. I reached data saturation at 13 participants. I accepted the participants in the order they are received.

Interview Protocol

This study utilized semi-structured interviews. According to Merriam and Tisdell (2016) the semi-structured interview protocol consists of questions that are more flexible, or it can be a mixture of questions that are more or less structured. Similarly, Yin (2016) described this approach as the researcher having an implicit agenda of study questions, but the questions proposed to each participant will depend on the context of each interview. The researcher did ask additional questions or eliminate questions based on the experience of the interview. This use of a semi-structured method did allow for more flexibility with each interview. Additionally, I was able to incorporate the categories identified in the open coding or axial coding phases to adjust the questions asked in the interviews. Additional questions based on the coding were added to incorporate the themes of grounded theory.

Appendix B is a general interview guide that was used for the interviews. Appendix C is the final interview guide developed throughout the study based on the use of coding and adapting the questions. The interviews were conducted in a virtual setting using Zoom. Each interview took approximately 60 to 90 minutes. At the end of each interview, the participants were asked if they were willing to participate in the member checking procedure. Each participant agreed to participate in the member checking procedure.

Data Collection and Analysis Procedures

Grounded theory uses constant comparative method where the researcher will continuously collect, code, and analyze the data from the beginning (Corbin & Strauss, 1990). After each interview, the data was coded and analyzed. Then the data was

reanalyzed after every interview occurred. This approach was used so the data could guide the researcher to explore all avenues available in the data collection (Corbin & Strauss, 1990). The process was ever-changing to ensure the most accurate information was obtained from the research. I continuously determined patterns in the research and used the identified patterns to incorporate in the next set of interviews.

For this research project, I focused on the use of interpretive grounded theory's three phases of coding for the analysis process. The first step was open coding. Open coding was utilized by deconstructing and examining a piece of information identified in the interviews (Sebastian, 2019). The purpose of open coding was to give the analyst new insights of the data by breaking through the traditional way of interpreting a phenomenon reflected in the interview (Corbin & Strauss, 1990). This phase was important for removing bias and subjectivity from the researcher (Corbin & Strauss, 1990). Once the interview was transcribed, then the data was coded, and potential categories were identified. The interviews were recorded through Zoom and transcribed using Microsoft Word transcription. I listened to the interviews and corrected errors developed from the software transcription.

The second step was axial coding. Axial coding was used to connect the subcategories into larger more focused categories (Sebastian, 2019) (Corbin & Strauss, 1990). This was the stage where provisional hypothetical relationships are developed and then continuously tested against the incoming data (Corbin & Strauss, 1990). I was able to develop categories and subcategories and further identify clearer researcher questions for the study.

Interpretive grounded theory required the researcher to move between open coding and axial coding several times before moving onto the third step (Sebastian, 2019). This supported the overall goal of constant comparative method. The researcher needed to review the data numerous times throughout the process to ensure that the information identified by the researcher is significantly important (Sebastian, 2019). I continuously reviewed the data and had the categories reflected in the next set of interview questions to assist with the first two steps of the coding process.

The third step was selective coding. It was during the selective coding process that the core categories emerged, and the researcher was able to verify any assumptions they had regarding the data (Sebastian, 2019). The core categories were used as the central phenomenon of the study, and they did emerge from the previously identified categories or sometimes a more abstract term was needed to explain the central phenomenon (Corbin & Strauss, 1990). This was the final step of the analysis process where the researcher did identify the central categories used to explain the data obtained through the study.

Trustworthiness Strategies

This study will use the eight strategies to promote validity and reliability identified by Merriam and Tisdell (2016). The eight strategies include triangulation; member checks; adequate engagement in the data collection; researcher's position or reflexivity; peer review; audit trail, rich, thick description; and maximum variation.

Triangulation

There are several forms of triangulation identified in previous research, nonetheless I was able to use theory triangulation for this research. According to Yin

(2016) the research should keep a triangulating mind and try to determine converging lines of inquiry about your research actions and assumptions. Additionally, theory triangulation occurs when there are different perspectives about the same dataset. I utilized three theories for a foundation of the findings in this research project.

Member checks

According to Merriam and Tisdell (2016), member checking or respondent validation is used in order to request feedback for your findings from the individuals who were interviewed. After each interview I asked the participants if they would be willing to provide feedback based on the findings. The participants that were interested in member checking were emailed the findings after the analysis process was complete to determine if the information obtained is accurate based on their experience. The participants' feedback was incorporated in the finding for this study. I did review the responses from the participates and update my findings if needed.

Adequate engagement

The number of participants and the amount of time spent I spent engaged was based on data saturation. Merriam and Tisdell (2016) describe that data saturation occurs when the researcher begins to hear or observe the same information from the participants. This will determine when there is no longer a need for additional data collection. Additionally, the interviews consisted of 60 to 90 minutes of interaction between the participant and the researcher. Then the researcher continuously reviewed the data and determined emerging themes. These steps increased the overall engagement with the research.

Researcher's position

The researcher's position or reflexivity is how they can affect or be affected by the research process (Merriam & Tisdell, 2016). I have included my positionality statement to assist the readers in understanding the potential beliefs and perceptions I bring to the study.

I am a middle class, Caucasian, Christian female in a doctoral program. Educationally, I attended private primary school and went to a four-year institution for both my bachelor's and graduate degrees. Professionally, I have worked in the child welfare system for approximately nine years. I have experience assisting families referred to the Juvenile Court for child abuse or neglect related issues. I have firsthand experience working with foster parents and children in various placements in the foster care system. Due to this, I have the potential to professionally know the participants in my study. I make recommendations for placement, education, medical care, mental health services, and permanency options for each case. These experiences can positively influence me as a researcher because of the prior knowledge I have regarding the foster care system. The participants will be able to be more open based on the experiences we each have with the foster care system.

Peer review

The process of peer reviewing is already embedded into the dissertation process through each member of the committee reading and commenting on the findings of the study (Merriam & Tisdell, 2016). Additionally, I had peers of my own provide feedback on the findings to add another layer of peer review to the process. I provided the findings

to peers at the same time as member checking occurred and incorporated their responses in the findings.

Audit trail

According to Merriam and Tisdell (2016) audit trail is a method originally suggested from Lincoln and Guba. Audit trail is described as detailed notes regarding how data was collected, how categories were derived, and how decisions were made throughout the process (Merriam & Tisdell, 2016). I used my researcher journal where the audit trail will be documented through the research process. I documented each interview, each draft of coding, and the identified themes with quotes from participants. This approach is used to assist with documenting the phases of the data analysis process and provide additional support to the steps taken to determine the findings from the study.

Rich, thick description

According to Merriam and Tisdell (2016), "When rich, thick description is used as a strategy to enable transferability, it refers to a description of the setting and participants of the study, as well as a detailed description of the findings with adequate evidence presented in the form of quotes from the participant interviews, field notes, and documents" (p. 257). I included direct quotes from the participants in the findings for this study. Including direct quotes from the participants enhanced the trustworthiness of the research study.

Maximum variation

Maximum variation was used when determining the sample selection. The goal is to purposefully select variation or diversity in the sample to allow for a greater range of applications of the findings for the given study (Merriam & Tisdell, 2016). I had a variety

of foster parents with different backgrounds and beliefs to add to the diversity of the study. There were both males and females, multiple educational levels, a wide range of ages, an array of counties across Missouri, and different occupations. The eligibility for the study was very flexible which encouraged a variety of participants to contribute to this study.

Chapter 4: Findings

The purpose of this study was to explore the current experiences foster parents have regarding successful placements within the foster care system. The goal was to utilize positive occurrences to develop a better understanding of ways current foster parents are able to assist foster care children. The findings were developed from the overarching research question: *How can foster parent's experiences be utilized to develop strategies for placement stability for foster care children?*

The findings developed focus on three major themes to establish a theory related to strategies for placement stability. The three major components that were built concentrated on child focused placements, trauma aware foster parents, and connection and community engagement. First, I define what participants identified as a child focused successful placement. Second, I discussed the need for trauma aware foster parents to manage the challenges experienced with maintaining placement for a child in foster care. Third, I present connection and community engagement required to overcome placement instability for foster care children.

Demographic Information

This data included 13 participants who completed interviews. The participants were from various parts of Missouri. There were six males and seven females with ages ranging from 25-44 years. Seven participants were White/Caucasian, five were Black/African American, and one selected Other when given the options of White/Caucasian, Hispanic/Latino, Black/African American, Native American/American Indian, Asian/Pacific Islander, or Other. There were various educational levels ranging from doctorate to high school diploma. The majority of the participants worked full-time,

three worked part-time, one was unemployed, and one was self-employed. Eleven of the participants were married and two were single. I was unable to locate public records pertaining to the demographic information regarding Missouri foster parents. It is unknown if this sample is a clear representation of current demographic information for Missouri foster parents.

The participants had between four and nine years of experience fostering children. They have accepted placement of children from the following counties: Camden County, Greene County, Jackson County, Jefferson County, Saint Charles County, Saint Louis City, Saint Louis County, and Texas County. The majority of the participants were considered non-relative licensed foster parents. The participant that identified as kinship began to foster non-relative children after the first placement. The participants had anywhere from one to 30 children placed in their homes. When asked about the length of time each child lived with them, they had various answers depending on the type of placement. The emergency placement lasted between two weeks and a month. Traditional, level A, level B, or therapeutic placement lasted between six months and five years. Most participants laughed when asked for the number of caseworkers assigned to work with their placements. Then, when given the time to count they identified between 10 and 30 caseworkers.

Included is a chart of the pseudonyms and demographic information pertaining to each of the participants.

Table 1.1

Participant Demographic

Pseud-onyms	License	Age	Gender	Ethnicity	Education	Employment	Marital Status
Stevie	Non-relative	35-44	F	Other	MS/MA	Part-time	Single
Kinsley	Non-relative	35-44	F	White	BS/BA	Full-time	Married
Julian	Non-relative	35-44	M	White	BS/BA	Part-time	Married
Theo	Non-relative	25-34	M	White	BS/BA	Full-time	Married
Joesph	Non-relative	35-44	M	Black	BS/BA	Full-time	Married
Arthur	Non-relative	25-34	M	Black	BS/BA	Full-time	Married
Holly	Non-relative	35-44	F	White	BS/BA	Full-time	Single
Jasper	Non-relative	35-44	M	White	MS/MA	Full-time	Married
Thea	Non-relative	35-44	F	White	PhD/EdD	Part-time	Married

Amelia	Non-relative	25-34	F	Black	MS/MA	Full-time	Married
Jameson	Non-relative	35-44	M	Black	MS/MA	Full-time	Married
Sophie	Non-relative	35-44	F	Black	MS/MA	Unemployed	Married
Lilly	Kinship	25-34	F	White	HS Diploma	Self-employed	Married

Child Focused Placements

All of the participants were able to identify what made child focused placements successful for them. Collectively from their experiences a successful placement in the foster care system is defined as the following: a good environment where the child feels comfortable and safe; a place where the child has access to support and resources; a place where the child is accepted for their identity and receive the opportunity to grow and learn. Each of the components center around the child's needs within the placement.

Comfortable and Safe Environment

Seven of the participants expressed the importance of a good environment where the child feels comfortable and safe. Holly described how successful placements are welcoming and supportive which involves being one family. "So, I think something where they feel comfortable and safe….adopted or fostered, we're all just one family." This participant wanted the children to be apart of the family despite the children temporarily being there or permanently being there.

Another participant expressed how the children placed with her were greeted with a nurturing environment and felt the support they needed to work on other challenging aspects in their life. Lilly mentioned, "kids were able to feel safe, hopefully loved, and secure while they worked on whatever it was they needed when they were with us." The participants expressed that it was important for the children to feel comfortable and safe while living with them.

Access to Resources

Five of the participants voiced a successful placement that included having access to support and resources for the child. Thea discussed accessing school supports or services the child can take with them when they leave. "So I would get an IEP or some service to try and stabilize them as much as I can so they can take that with them to their next location." This participant was able to focus on what the child needed while living in their home. While also focusing on what the child needs to continue being successful when they leave their home.

Jasper listed the resources and supports they frequently utilized. "They had educational support, psychiatric support, and behavioral therapeutic support….just having that professional support. We've been doing this long enough that if we see a problem happening, we have ideas of where we should go." All of the participants noted that access to professional support increased the positive outcome regarding placement stability for children in their home.

Acceptance of Identity and Ability to Grow

Five of the participants noted that a child focused successful placement will include a place where the children are accepted for their identity while receiving the

opportunity to grow and learn. Jameson expressed the importance of the children having the opportunity to grow. "I think it is important that they can actually grow while they're here and pick up different skills and tools for either the next foster home or for reunification". This participant was able to express as basic element of childhood, which involves learning and growing, and the importance that foster care children receive this component as well.

Jasper voiced the importance of the child's identity being accepted. "So, when a child comes into your home, they're bringing in a whole new set of identities. We have to make sure that we are flexible enough to leave space for whatever identity they bring into the home." The participants were able to share experiences about the importance of a child's identity and their ability to be able to grow and learn while living in their home.

Trauma Aware Foster Parents

Eleven out of the 13 participants were able to identify the need for trauma aware foster parents to manage the challenges experienced with maintaining placement for a child in foster care. Children who experience placement instability have the following identified obstacles: they are generally older children with past trauma that comes with intense behaviors, possible mental health diagnosis, and complex special needs; they have frequent and multiple placements moves. The participants noted the importance of having a deep awareness of trauma to overcome challenges that arise with foster care children.

Understanding of Past Trauma

Eleven participants noted past trauma resulting in behaviors, possible mental health diagnosis, and complex special needs of children experiencing placement

instability. Julian and Kinsley noted these were the children that they accepted placement of when they were licensed foster parents. "Those are the ones we took. Older kids, kids with drug problems, kids with psychiatric mental health problems, and kids who ran away." These two participants knew the children coming into their home would have behavioral obstacles, but they chose to accept placement and try to help the children despite the challenges.

Thea expressed the component related to trauma along with the other factors for instability. "Older child, possibly male, lots of bouncing around before they came into care, lots of trauma, poor decision making, and lack of continuous education. These kids have trauma brain on top of everything else." This participant identified that trauma is influencing the children in foster care along with the other factors that are occurring within them.

Another participant provided an example of a behavioral experience and explored the root of the behaviors instead of the behaviors itself. Lilly expressed,

> I found she'd stolen an iPad from our church, and we had to go back up and return
> it. It was so embarrassing. But if you stop and take a step back. This child has
> been removed from her home. She has no reason to trust us. She also knows she's
> not going to be with us long term. So, like, there's never going to be that full trust.
> My kids know I'm going to take care of them. My kids know, they've had us
> showing up day in and day out and her life experiences are the opposite. She's had
> people who have day in and day out not shown up for her. So, the fact that her
> team took away her electronics, and she has no money, and she's been in care for a
> couple months and has had no visits yet. She has no way to contact her family.

They haven't gotten her in school…., so she's not around her friends. She's not

around her family. She can't have any communication devices and it's just like, so

isolating for her. She's learned not to trust people. So, she sees it, and it's not like I

want to steal this from you, or I want to steal this from your church. It's more like

I need that. I better grab it and hang on to it…. you have no communication with

the outside world, and you miss them, and you want to talk to them, and you don't

know where you're going, and you see an opportunity to take something that

would connect you and would give you that, and you could control it on your own

like. Then it makes perfect sense.

This participant was able to see the bigger picture of the behavior. She expressed what the

behavior consisted of and even noted her personal embarrassment that it happened. Then

she reflected and was able to empathize with the child while also acknowledging their

trauma.

Trauma Related to Placement Changes

Five of the participants noted the continuous placement changes impacting the

instability for the child. Holly detailed a call they received requesting the placement of a

child. "I learned this kid slept in a different home like the last 35 days, every single night.

So, for me that's not stability. They have no stability and no sense of anyone really caring

about them." This participant provided an example of the concern regarding instability

with multiple placement changes in the foster care system.

Connection and Community Engagement

Eleven out of 13 participants were able identify the importance of connection and

community engagement that is required to overcome placement instability and provide

better outcomes for foster care children. Approaches for connection and community engagement include the following: having access to information pertaining to the child and locating the professional services required to meet their needs immediately; treating the child as if they are your own; identifying and utilizing supports for the foster parent. All of these components are directed at the need for connection and community engagement for the foster care children and the foster parents.

Information and Services

Seven participants suggested having access to pertinent information regarding the child and accessing professional services immediately were key to maintaining placement stability. One participant would ask several questions to the caseworker to obtain accurate information, then acquired professional services to begin seeking treatment. Thea stated,

First step, try to figure out as much as we can from the case worker, such as: how many houses they have been through, how much therapy, how much school they've had disrupted, last doctor's appointment, and a lot of background information. Then start making those appointments.

All of the participants agreed that access to professional services assisted with placement stability, and this participant expressed the need to address those services at the beginning of placement.

Sophie would take placement of a child, then develop their own notations to track important information in order to obtain the right services. "We look at what triggers the child, what makes them upset, and what elevates them. Then we take the data to schools, daycares, caseworkers and see what needs the child has and what specific services are

needed to assist." This participant was able to achieve the same goal of obtaining professional services by observing and noting the obstacles for the child.

Family Inclusion

Five of the participants expressed the importance of the child feeling included in your family and treating them as if they are your own child. One of the participants felt this approach was important for maintaining stability instead of requesting the child to be removed from your home. Jameson mentioned,

> Whether the child is here for six months or forever, that is my kid at the moment. That isn't a foster child, that is my child. It's one of those scenarios with foster care as soon as you have challenges, the foster parent says I don't have to deal with this, you can say come pick them up. But if you are rescuing someone who is drowning, you can't just give them orders from the shoreline and say, hey, come over here. You get in the water, and you expect them to punch you, scratch you, jump on you and damn near drown you in the midst of you doing it.

This foster parent used the circumstances of rescuing someone to explain the battle that can occur when you try to assist someone, which is similar to the conflict foster parents can face when maintaining placement stability.

Stevie explained the fear of creating more trauma for children when things do not occur as they should. "They experience multiple incidents and multiple situations that the ball was dropped. So, how can we make this as un-traumatic as possible and prevent them from getting additional trauma from their years in foster care." Having the children remain in one placement throughout their time in foster care, is just one example of ways to prevent additional trauma.

Support System

Eleven of the participants voiced the importance of identifying and utilizing foster parent support systems. The majority of the participants discussed having friends that are foster parents, joining a foster parent support event, or meeting individuals at court hearings or team meetings. Despite building or obtaining connections themselves, foster parents expressed the lack of support when they were new foster parents or kinship providers. Lilly talked about their feelings regarding support for foster parents.

> Finding that support I think is what helped us….because it's so alienating and lonely. Especially kinship or the new foster families because those are the people who really, really need this. Those are people who are going to end up quitting if they don't have the people around them. It's having that foster parent friend who also gets it.

This participant expressed the importance of having a supportive individual to assist with continually being a foster care provider.

Jasper suggested an opportunity for experienced foster parents to share their knowledge and assist newer foster parents. "Hearing from veteran foster parents is super helpful. There needs to be some kind of avenue for veteran foster parents whose homes might be full, but their experiences can be shared and mentor newer foster families." This suggestion of experienced foster parents advising first time foster parents would allow for them to continue assisting other children despite no longer having space in their home.

Kinsley expressed the need for foster parents to be supported by someone who understands the foster care community.

Success in the foster community is being part of the foster community. Finding

and using all of those resources, using other people, using other families, finding

friends that are also foster parents and people that you can reach out to and all

those other resources….because you know if you feel supported and you feel like

there's others who understand you, you're more likely to keep that stability instead

of just throwing your hands up and saying I'm done with this kid, I can't take it.

The foster care community is unique and filled with experiences only people within this

system can understand. The participants each voiced a need for there to be possibilities to

increase their connection to other foster parents who have lived through the same

encounters.

Chapter 5 Discussion

The purpose of this study was to explore the current experiences foster parents have regarding successful placements within the foster care system. The goal was to utilize positive occurrences to develop a better understanding of ways current foster parents are able to assist foster care children. This study had one overarching research question: *How can foster parent's experiences be utilized to develop strategies for placement stability for foster care children?* The three major themes that were developed for this theory regarding strategies for placement stability shed light on child focused placements, trauma aware foster parents, and connection and community engagement. Included is a figure displaying the findings from this study.

Table 1.2

Strategies for Successful Placement
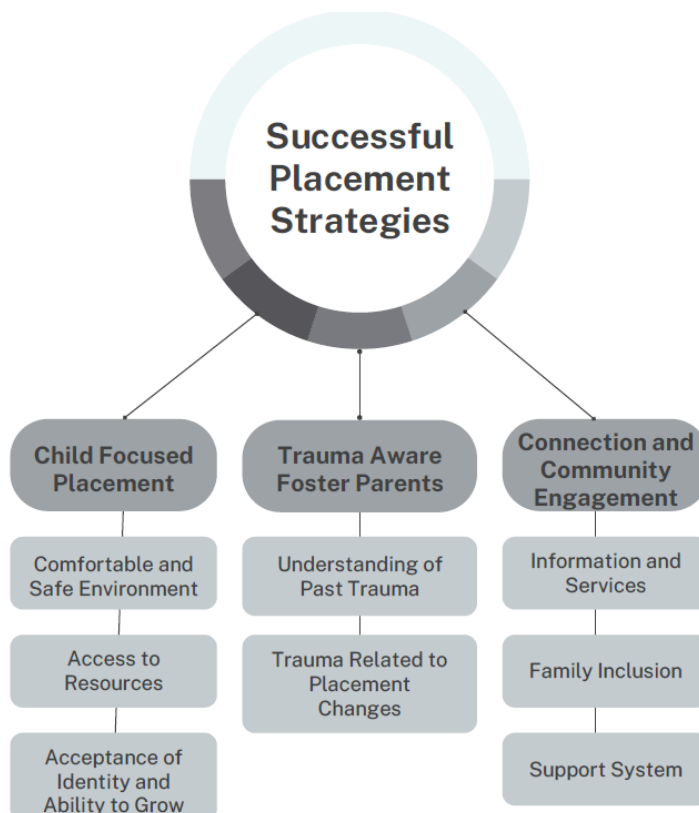
First, there was a definition developed for a child focused successful placement. The definition developed for successful placement includes the following points: a good environment where the child feels comfortable and safe; a place where the child has access to support and resources; a place where the child is accepted for their identity and receive the opportunity to grow and learn.

Previous research already emphasized the importance of having access to trauma informed support and services for children (Blakely et al., 2009; Foster et al., 2013; Thompson et al., 2021). This study included components regarding the child feeling comfortable and safe, the child's identity being accepted, and the child having the ability to grow and learn. Including all of these attributes will allow for more opportunities for stability with foster care placement in order to reduce additional trauma.
The definition of successful placement was aligned with Maslow's hierarchy of needs theory. Similarly, to the theory, successful placement appears to have multiple stages to assist with the overall stability of the foster care children.

Second, there was a description of the need for trauma aware foster parents to manage the challenges experienced with maintaining placement for a child in foster care. Unfortunately, challenges are going to arise within any placement for foster care children. This research identified the placement instability involving the following obstacles for foster care children. They are generally older children with past trauma that comes with intense behaviors, possible mental health diagnosis, and complex special needs; they have frequent and multiple placements moves.

The majority of the previous research stressed similar negative behaviors, mental health concerns, and complex needs for foster care children resulting in instability within

foster care placements (Baams et al., 2018; Bruskas, 2008; Holmes et al., 2014; Jaycox et al., 2009; McGuire et al., 2018; Nunez et al., 2022; Rock et al., 2015; Taillieu et al., 2016; Thompson et al., 2021; Vig et al., 2005). This research puts a focus on past trauma as the root of behaviors, mental health concerns, and complex needs. The participants shared several stories regarding their experiences with the impact of trauma on foster care children.

Challenges within a placement effecting stability were aligned with the Contemporary Trauma theory. Utilizing this theory when discussing behavioral concerns or complex needs for foster care children will put more of a focus on the abuse or neglect leading to foster placement and less focus on the behavior itself. This could create more stability by understanding the cause of the behavior instead of focusing on the negative impact of the behavior itself.

Third, there was the determination that connection and community engagement is required to overcome placement instability for foster care children. The participants were successful when asked to explain how they uphold placement stability with the following. Having access to information pertaining to the child and locating the professional services required to meet their needs immediately; treating the child as if they are your own; identifying and utilizing support for the foster parent.

Previous research incorporated a focus on having information relating to the child prior to accepting the placement (Akin et al., 2021; Font, 2014; Lanigan & Burleson, 2017; Rock et al., 2015). This research also highlighted the importance of information to be able to maintain stability, but there was also a focus on obtaining services immediately. Previous research discussed placement stability relating to the child feeling

loved by the placement providers. This research went a step further and identified the need for that child to be treated as if they were your own child. The participants mentioned the importance of continuing to work through difficult times as if it was your own child. Lastly, the foster parents discussed the need to be a part of the foster care community, which was not previously described in research.

The identified approaches to assist with stability that foster parents currently utilize was aligned with Bronfenbrenner's ecological framework. The foster parents work with multiple different agencies to access information or professional services. They work within their own system to welcome the foster care child into their home. Then they also create new connections and widen their support system with the help of other foster parents in their community.

Limitations

Like every research project, this study had some limitations. There were four identified limitations with this research study, which include the use of Facebook for recruitment, technology related problems, generalizability, potential researcher's bias.

The first identified limitation is recruitment involving social media, specifically Facebook. Despite a lot of individuals having Facebook accounts, not every foster parent has access to social media. The use of the social media platform Facebook allows for a large group of individuals to be located for the purpose of research studies, but it also limits the scope of the participants. In addition to social media, I also utilized personal and professional resources to attempt to limit the impact social media had on the recruitment of participants.

The second identified limitation involved technology. All of the interviews occurred virtually and occasionally technology had its own weakness. One participant was unable to connect their audio, therefore the interview could not take place. Another participant had connection difficulties, which resulted in multiple lapses in connection and the participant had to repeat the same answer multiple times.

The third identified limitation involves the ability to generalize the findings in the study. While the information developed in the findings provides some clarity on the strategies used by current foster parents, based on the sample size and specific population incorporated in this study it would not be generalizable to every foster care placement. Further research could be implemented to create a more generalizable approach to placement stability.

The fourth identified limitation involves the potential bias of the researchers. Like every qualitative research study, this study has the potential for bias by the researcher. Due to my professional connections, I did know some of the participants and had previous knowledge regarding the examples they provided throughout the interviews. Additionally, I have knowledge regarding policy and procedures within the foster care system and the Children Welfare manual utilized in all Children's Division cases in Missouri. The researcher's positionality statement was included as an effort to state potential biases and try to eliminate some of the biases involved in this study.

Future Research

Some of the participants touched on the negative implications of the foster care system. While this study focused on strategies for placement stability, there were several

possibilities within the foster care system that should continue to be explored in future research.

First, future research should explore universal mental health treatment for foster care placement. Some of the participants noted that each placement change includes a professional service change as well. Developing a way for foster care children to maintain treatment with the same providers despite their placement location could assist with behavioral concerns and assisting the complex needs of foster care children.

Second, future research should explore the foster child's perspective on their placement. The findings of this research project could be presented to current foster care children to determine if their view is similar to those of the foster parents. It would be interesting to see if each foster care child can relate to the components of the successful placement definition. Including the voices of foster care children would further strengthen the definition and increase placement stability.

Third, future research should explore the responsibilities of foster parents. Some of the participants shared experiences of their limits as foster parents and the struggle with continuous caseworker turnover. One specific participant discussed often feeling more like a babysitter than a parent within the foster care system. There needs to be additional information on the foster parent's role incorporating more of the parental role to ensure adequate access to services, advocacy, and support for the foster care children.

In summary the goal of this research was to utilize positive occurrences to develop a better understanding of ways current foster parents are able to assist foster care children. The findings presented three major components to answer the research questions. First, a definition was developed for successful placement. Then, there was a

description of the challenges that foster parents experienced with maintaining placement for a child in foster care. Last, strategies were identified that are utilized by foster parents to overcome placement instability for foster care children. The research findings highlight the need for placement stability and potential strategies to maintain that stability.

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Appendix A: Recruitment Post.

My name is Gabrielle Sewester and I am a doctoral student at the University of Missouri Saint Louis. I am conducting interviews as part of a qualitative research study regarding placement stability for juveniles in the foster care system. The interview will be conducted virtually, through Zoom, and will take approximately 60 to 90 minutes. I am interested in learning about your thoughts and perspective of working with foster care children placed in your home. The information provided will be kept confidential. There is no compensation for participating in this study. If you are willing to participate please contact me by email, glsmv4@umsystem.edu to schedule the interview.

Appendix B: Interview Guide.

- Demographic Information:
    - Age, Gender, Race, Ethnicity, Marital Status, Socioeconomic Status, Education, Employment Status
- Questions:

    - Tell me about your decision to become a foster parent

    - Tell me about your experience with foster care placement

        - Length of time in your home

        - Number of children

        - Counties you have worked with

        - Number of caseworkers

    - Tell me how you define a successful placement and why you determined that to be successful

    - Tell me about trainings completed or trainings you need to complete

    - Tell me about ways you work with hard to placed children

    - Tell me about ways to overcome placement instability for children

    - Tell me about the role of the caseworker on placement stability

    - Tell me about access to services for the children placed in your home and what impact those services has on the success of the placement

Appendix C: Final Interview Guide.

Introduction:

START recording:

Please state your name.

- Tell me about your decision to become a foster parent.

- Tell me about your experience within the foster care system.

    - Currently licensed?

        - If so, how long?

        - If not, then when were you licensed?

        - Counties you have worked with.

    - Number of caseworkers

    - Number of children

        - Length of time in your home

        - Permanency outcomes for the children

    - Relationship building with the children.

- Tell me how you define a successful placement.

    - what makes the placement successful?

- Tell me about trainings completed or trainings you need to complete.

- Tell me about ways you work with hard to placed children.

- Tell me about ways you overcome placement instability for children.

- Tell me about the role of the caseworker, Juvenile Office, GAL, and Judge on placement stability.

    - Tell me about your participation in court and meetings.

- Tell me about access to services for the children placed in your home.

    - What impact those services has on the success of the placement?

- Tell me about the relationship building with the biological parents.

- Is there any additional information that would be helpful for me to know about your experience as a foster parent.

After all the interviews are concluded and the findings are developed, the participants have an opportunity to review the findings to see if they align with the information provided throughout the interviews. Would you like to review the findings and provide feedback?

STOP recording.