



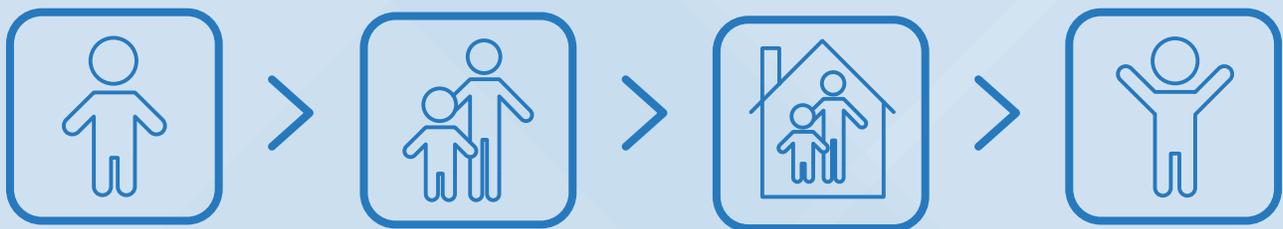
Considerations in Changing Placement of Children Involved in Child Welfare

Where to place a child going into foster care is a difficult and often complex decision. There are many factors to consider and research continues to evolve on what is best for children. For young children, nurturing, safe and consistent relationships are incredibly important for the child in forming a secure attachment, which is essential to proper social-emotional, physical and cognitive development.

Children entering foster care have a higher probability of not having formed a secure attachment with their primary caregiver and this is often compounded (or caused by) many other factors like parental substance use, poverty, domestic violence and mental health. For children who have never formed a primary attachment, even short separations can create stress and grief, and a caregiver must have the capacity to adequately deal with these issues.

Relative and kinship placements can provide better outcomes for children. Studies have found that children in kinship and relative placements have fewer placement changes, fewer behavioral problems and more school stability than those in non-relative placement.¹ However, lack of adequate resources or capacity, delayed entry into kinship/relative care and other factors could negate any benefits and possibly cause negative outcomes.²

In balancing the importance of relative placements and adoptions and the importance of attachment, it is imperative that any prolonged separation from a primary caregiver be carefully evaluated on a case-by-case basis in an attempt to help decrease the impact of the trauma on the child and ensure future social and emotional health and well being.



Infants as young as 6 months old can be developing attachment to a primary caregiver. While attachment is not strictly limited to early childhood, the ages of 0-5 are widely known to be a sensitive period for the formation of attachments as well as many other developmental milestones.

1, 2 footnotes at nebraskababies.com/changing-placement



The following are factors you should consider when making a decision about a child's placement:



Child Considerations

- Number of times the child has moved and in what period of time
- Age



Even infants and toddlers can experience anxiety or depression, multiple caregivers at crucial stages of attachment—usually 8-24 months—can be highly detrimental

- Temperament
 - **Easy or flexible** children tend to be happy, regular in sleeping and eating habits, adaptable, calm, and not easily upset.
 - **Active or feisty** children may be fussy, irregular in feeding and sleeping habits, fearful of new people and situations, easily upset by noise and stimulation, and intense in their reactions.

- **Slow to warm** or cautious children may be less active or tend to be fussy, and may withdraw or react negatively to new situations; but over time they may become more positive with repeated exposure to a new person, object, or situation.

- Physical Health



does she have special medical needs? More appointments? Medical equipment? Medication management?

- Mental Health
- Whether or not the child has had a primary attachment figure or a prior secure, stable attachment
- Trauma exposure of the child



the more trauma exposure or the more prolonged the more important it is to have secure and stable relationships



Caregiver Considerations

- Existing relationship the caregiver has with the child



consider length, quality, consistency

- Capacity to provide nurturing, safe and stable environment, including
 - Number of children in home
 - Physical environment of home is safe for child
 - Prior abuse/neglect history with own children (consider how recent, number of intakes, severity of abuse/neglect)
 - Ability to maintain schedules and routines
 - Acceptance that young children can experience trauma, grief and loss
 - Ability to engage in treatment services for the child to help with trauma exposure, grief and other related issues
- Cognitive capacity and functioning
 - Caregiver's own capacity and functioning
 - Caregiver's own physical and mental health needs

- Capacity to understand and accept the trauma that the child may have been exposed to and the likely consequences of the exposure
- Capacity to spend time nurturing the child and forming a secure attachment

- If the child has special needs, the additional capacity to properly manage and deal with those issues
- Can caregiver take child to therapy and participate if needed
- Access, help and support to good medical and mental health care
 - Willingness to access help and support in dealing with difficult behaviors
- Willingness to accept that the child may have other important relationships and commitment to help nurture those relationships



Placement changes should not be taken lightly. Relationships provide a foundation from which children grow and learn. These considerations should be taken as a whole, not used as a checklist, to discuss what is in the best interest of the child. When thinking about placement changes, mental health providers can be consulted to help with transition planning.