Placement Stability Worksheet

This worksheet can be used to review placement stability practices. It is designed to review overall strengths and challenges at your agency in implementing placement stability and identify training needs.

ADMINISTRATIVE: POLICY/PRACTICES

Does your agency have written policies and/or practices that promote placement stability in the following areas? Check all that apply

__ Sibling placement and visiting
__ Family engagement in placement decision making and case planning
__ Agency staffing when a placement move is considered
__ Parent/child visitation
__ Practices to strengthen connections between parents and foster parents
__ Maintaining connections (other than parents/siblings)
__ Caseworker visits with children, caregivers and birth parents
__ Ongoing assessment and support for caregivers

If yes, in what ways has staff been informed of these policies and/or practices?
__________________________________________________________________________
__________________________________________________________________________

To what extent has administration placed a clear priority on achieving placement stability for all children and youth in foster care?
__ Very clear priority
__ Clear priority
__ Unclear priority
__ Not a priority
DATA COLLECTION AND ANALYSIS

How does the agency track the number of moves that children and youth make throughout their stays in care?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What counts as a “move” in your data tracking system?

________________________________________________________________________

How does the agency use information about the number of placement moves that children and youth experience? (e.g., to inform agency practices; for individual cases)

________________________________________________________________________

What information helps the agency assess whether your agency is improving placement stability as a means of achieving timely permanence?

________________________________________________________________________

Do you formally document reasons that placement ends?

________________________________________________________________________

Does your data tracking system make a clear distinction between entering and exiting a placement versus entering or exiting care?

________________________________________________________________________

CORE COMPONENT ONE: INDIVIDUALIZED ASSESSMENT AND PLACEMENT SERVICES FOR CHILDREN AND YOUTH

Individualized Child and Youth Assessment Instruments

What types of individualized assessments does the agency use in order to make placement decisions?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What types of information are collected and documented for these assessments?

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How is this information used in making the initial placement decisions?

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________________________________________________________________

Is this assessment used over time in assessing placement stability?

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**Therapeutic Interventions with Children and Youth**

What types of therapeutic interventions with children and youth does the agency use in order to promote placement stability? (agency developed intervention, etc.)

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How have these therapeutic interventions been useful in promoting placement stability?

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**Wraparound and Case Management Services**

Does your agency provide wraparound services to support children, youth, and families? __ Yes __No

If yes, how has the use of this service supported your placement stability interventions?

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________________________________________________________________

________________________________________________________________
What other types of case management service do you provide?
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_________________________________________________
_________________________________________________

Verification of Completion

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<th>Participants Signature:</th>
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<td>Supervisor’s Signature:</td>
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