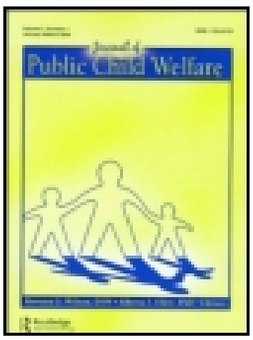

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Systematic literature review of foster and adoptive caregiver factors for increasing placement stability and permanency

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ABSTRACT

Placement stability and permanency are key goals for children in foster and adoptive care. This study is a systematic review of the scholarly literature to better understand caregiver-related factors (e.g., characteristics, proficiencies) that contribute to permanency and placement stability, in order to provide a stronger foundation for developing and improving caregiver recruitment and training procedures. Our review of 29 qualifying scholarly articles revealed 16 caregiver-related factors associated with permanency and/or placement stability. This knowledge can assist in selecting resource families and guiding training development to increase caregiver proficiency in caring for foster and adoptive children.

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There are three primary goals that guide the work of the child welfare system: safety, permanency, and child wellbeing (Adoption and Safe Families Act, 1997). Permanency refers to reunification with one's biological family, adoption, or legal guardianship. Of the 247,631 children and youth who exited the foster care system in 2017, half were reunified with their biological parents or primary caretakers, a quarter were adopted, and 10% were placed with a legal guardian. The rest were placed with relatives, formally or informally; emancipated; or transferred to another agency either out of state or in a Tribal service area (Children's Bureau, 2018). Of the 59,430 children adopted from foster care in 2017, 51% were adopted by foster parents, 35% were adopted by a relative, and 14% were adopted by a non-relative who was not their foster parent (Children's Bureau, 2018). However, reentry into foster care after being reunified or adopted is a common problem. The Children's Bureau's *Child Welfare Outcomes 2015 Report to Congress* (U.S. Department of Health and Human Services, 2018) reported that in 2015, the median state foster care reentry rate for children who had been reunified

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with their family was 7.3% within 12 months of leaving foster care and increased to 9.9% after 12 months of leaving foster care. a review of the literature conducted by the Children's Bureau also found adoption disruption (i.e., the adoption process terminates after the child is placed in the adoptive home but before the adoption is legally finalized) rates of 10 – 25%. In a study conducted by Rolock and White (2016), post-adoption discontinuity (i.e., a child's experience of instability after adoption or guardianship) was found to occur at a rate of 13%.

A key factor in achieving permanency, as well as safety and wellbeing, is placement stability (i.e., minimizing the number of out-of-home placement changes). Placement stability is necessary for meeting the developmental needs of children and youth (Pasztor, Hollinger, Inkelas, & Halfon, 2006; Schmidt & Treinen, 2017; Schormans, Coniega, & Renwick, 2006), establishing structure (Semanchin Jones, Rittner, & Affronti, 2016), building trust (Lanigan & Burleson, 2017), and promoting effective communication within families (Storer, Barkan, Sherman, Haggerty, & Mattos, 2012). Children who experience placement stability are more likely to experience social, emotional, and behavioral wellbeing through positive child/youth development (Unrau, Seita, & Putney, 2008), long-term social and emotional supports (Mitchell & Vann, 2016), educational achievement (Pecora, 2012), and economic well-being (Trejos-Castillo, Davis, & Hipps, 2015). Placement instability is associated with delayed permanency (Rock, Michelson, Thomson, & Day, 2013) and an increased likelihood for children and youth to reenter foster or kinship care after reunification (Victor et al., 2016) or adoption (Orsi, 2015). Children and youth who experience frequent placement disruptions are at risk for negative outcomes in young adulthood, such as substance use (Long et al., 2017), homelessness (Shah et al., 2017), incarceration (Ryan & Testa, 2005), and unemployment (Dworsky & Gitlow, 2017).

Unfortunately, placement stability has been notoriously hard to achieve for many children and youth in care and gets more challenging the longer they remain in care and the older they get. Infants in care tend to experience minimal placement instability; however, a child's risk of instability in care increases from age 2 and beyond. One study found children aged 2 to 5 years were 1.29 times more likely than infants to experience placement instability (Connell et al., 2006). This was true for age groups 6–10 years (risk ratio 1.24), 11–15 years (risk ratio 1.66) and 16–20 years (risk ratio 1.69) (Connell et al., 2006). The Midwest Evaluation of the Adult Functioning of Former Foster Youth (Courtney, Terao, & Bost, 2004) found that 28.5% of their sample of 732 youth in care at age 17 had experienced five or more placements during their time in care. These results are similar to data collected from the Northwest Foster Care Alumni Study (Pecora et al., 2006) that interviewed and surveyed 659 foster care alumni. The Northwest study reported that 35.8% experienced four to seven placements and 32.3%

experienced eight or more placements when the alumni were between the ages of 14 to 18 years (Pecora et al., 2006).

Child-related challenges associated with permanency and placement stability

A wide variety of child-focused factors have been found to be related to placement instability and lack of permanency. Some of the most notable factors are the complex mental, physical, and behavioral health challenges that, children and youth with child welfare system involvement often experience (Akin, Byers, Lloyd, & McDonald, 2015; Jee et al., 2010; Koh, Rolock, Cross, & Eblen-Manning, 2014; Turney & Wildeman, 2016). These often result from their experience with adverse events, most commonly in the form of maltreatment. Larger studies of children and youth with foster care experience have found maltreatment and trauma exposure rates of 73-90% (McMillen et al., 2005; Pecora et al., 2003; Salazar, Keller, Gowen, & Courtney, 2013). These traumatic experiences shape and inform the thoughts, behaviors, and emotions of those who are placed into foster care (Mitchell & Kuczynski, 2010). Many children and youth who are placed into foster care experience loss and separation from their biological family, school, community, and other social supports (Bass, Shields, & Behrman, 2004; Greeson, 2013; Perry, 2006; Sykes, Sinclair, Gibbs, & Wilson, 2002); are told they will remain in care for an undetermined amount of time (Whiting & Lee, 2003); have difficulties with understanding their experiences (Luke & Banerjee, 2012); and struggle to communicate their thoughts and feelings about their experience with the people who are in their life (Nelson & Horstman, 2017).

These past and ongoing experiences of trauma cause children and youth to experience distress, which makes them more likely to engage in risky and harmful behaviors that are linked to placement instability, including physical and sexual aggression, delinquency, property destruction, self-harming, substance use and abuse, and running away (Callaghan, Young, Pace, & Vostanis, 2004; Chambers et al., 2018; Moore, McDonald, & Cronbaugh-Auld, 2016; Orme & Buehler, 2001). These challenges can be especially difficult for foster and adoptive caregivers to manage, as they tend to interfere directly with the relationship-building process and are outside the realm of what most parents are prepared to deal with in the context of more normative child rearing.

In addition to experiences of trauma, some children and youth face other challenges to achieving placement stability and permanency including school mobility, discrimination and other systemic challenges experienced by youth of color and youth who identify as LGBTQ+, and having a learning disability and/or being placed in special education (Akin, 2011; Hill, 2012; Newton, Litrownik, & Landsverk, 2000; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Pecora, 2012). Caregivers alone cannot "fix" these

obstacles. However, caregivers who can navigate, address, and support the children in their care is one avenue to prevent these factors from becoming obstacles. The current paper aims to explore caregiver-related factors that may potentially mediate the relationship between these child-related factors and placement stability/permanency achievement.

Challenges with current resource parent training efforts

While there are many factors that impact placement stability and permanency beyond the resource parent, a lack of foster, kinship and adoptive parent (collectively referred to as 'resource parent') preparation has been identified as a key factor associated with placement instability and permanency breakdown. Research suggests that current trainings are not fully preparing resource parents for the multiple demands and challenges of parenting children and youth involved in the child welfare system (Benesh & Cui, 2017). Many studies have found resource parent lack of preparedness to be a common contributor to placement instability and adoption disruption (Fisher, Gunnar, Chamberlain, & Reid, 2000; Perez, 2015; Rock et al., 2013; Wind, Brooks, & Barth, 2005). In one study that asked 13 foster parents about their experiences with providing care to a new child or youth placed in their home, parents identified lack of access to information about the child or youth and inability to respond to the emotional and behavioral needs of those placed in their care as reasons for families to discontinue providing care to the child or youth (Lanigan & Burleson, 2017).

Despite the wide variety of courses and the diverse ways in which these trainings are implemented, there are few rigorous evaluations with large sample sizes that have assessed effectiveness for preparing resource parents (Chamberlain et al., 2008; Greeno et al., 2016; Uretsky, Lee, Greeno, & Barth, 2017). Ameta-analysis of foster parent training identified mixed results in the effectiveness of preservice parent trainings in increasing parenting skills and permanency, although some studies demonstrated a small significant effect size (e.g. Solomon, Niec, & Schoonover, 2017).

While most foster and adoptive parents receive some type of preservice training, it is less likely for kinship and adoptive parents to receive it (Festinger & Baker, 2013). Adoptive parents also recognize their lack of training to support the needs (i.e., mental health and medication management) of the children in their care (Wind et al., 2005).

This lack of preparedness and the subsequent challenges in fostering and adopting lead many resource parents to leave their role or request changes in placements, which contributes to the increasing challenge of having and maintaining a sufficient number and variety of placement options for children and youth. One recent study (Kelly et al., 2017) found that of the 34 states studied (plus Washington, DC), 25 had decreasing nonrelative foster

home capacity from 2012 to 2017. This increasing shortage results in those resource parents who are still serving in their roles being overburdened with more children placed with them than they had originally intended and/or having children placed with them who may not be a particularly good match. This overload increases the probability that children will be placed with caregivers who are not a good match for their needs and identities, which, in turn, increases the likelihood a child will experience emotional or behavior problems during their placement (e.g., Anderson & Linares, 2012).

States and counties are typically responsible for providing preservice and in-service trainings to resource parents. Two federal policies that support resource parent training are Title IV-E Foster Care and the Fostering Connections to Success and Increasing Adoptions Act (2008). Title IV-E supports the Federal Foster Care Program which provides funding for training staff and resource parents (Children's Bureau, 2012). The Fostering Connections to Success and Increasing Adoptions Act of 2008 strengthened Title IV-E by expanding funding to post-adoption supports, including training (Fostering Connections to Success and Increasing Adoptions Act, 2008). Trainings are supposed to provide resource parents with the skills and knowledge necessary to meet the needs of children and youth placed in their care. However, throughout the United States there is great variability in the quality and availability of trainings offered to resource parents. Two of the most commonly used preservice trainings are the Model Approach to Partnerships in Parenting Group Preparation and Selection of Foster and/or Adoptive Families (MAPP/GPS, commonly referred to as MAPP) and Foster Parent Resources for Information, Development, and Education (PRIDE). Overall, preservice trainings tend to provide psycho-educational content to assist resource parents in determining if foster or adoptive parenting is right for them. Additionally, preservice trainings tend to focus more on helping child welfare agencies choose families who are a good fit for fostering rather than teaching resource parents the skills needed to effectively provide care for children and youth in foster care (Benesh & Cui, 2017; Dorsey et al., 2008; Grimm, 2003).

In addition to preservice trainings, in-service (or ongoing) training is sometimes offered; however, it is often not easily accessible or available to all resource parents (Rork & McNeil, 2011). Most states require resource parents to complete from 6 to 20 hours of in-service training annually (Dorsey et al., 2008). Many in-service trainings target a specific behavior such as aggression, running away, or social-emotional disturbances (Benesh & Cui, 2017). Keeping Foster and Kin Parents Supported and Training (KEEP) is a commonly used in-service training (although sometimes also considered a preservice training). In contrast with training programs such as MAPP or PRIDE, KEEP uses active learning methods that allow participants to practice new strategies (California Evidence Based Clearinghouse for Child Welfare, 2017). Additional available training includes online programs such

as Foster Parent College that provide ongoing trainings for specific needs (fosterparentcollege.com, n.d.).

Studies that have examined the proficiency of parents who received MAPP and PRIDE preservice trainings found that resource parents were inadequately meeting program-identified goals and were unable to manage behavior problems in the children they were caring for (Christenson & McMurtry, 2007; Cooley & Petren, 2011; Dorsey et al., 2008; Festinger & Baker, 2013; Puddy & Jackson, 2003; Rork & McNeil, 2011). Furthermore, states who do not use MAPP or PRIDE trainings tend to use a combination of pieced together training materials, which results in significant variation in the content, method, and quality of these trainings (Dorsey et al., 2008). The lack of evidence for MAPP and PRIDE is reflected in the California Evidence-Based Clearinghouse for Child Welfare (http://www.cebc4cw.org/), which classifies them both as having a scientific rating of "Not Able to be Rated" (NR), indicating there are no studies with a control group that demonstrate effectiveness (California Evidence Based Clearinghouse for Child Welfare, 2017). In contrast, KEEP is rated as a 3 "Promising Research Evidence", indicating at least one study contained a control group and demonstrated effectiveness at a reduction of parent reported problematic child behaviors, decreasing placement disruptions, and improving retention rates of foster parents (California Evidence Based Clearinghouse for Child Welfare, 2017).

In summary, there is a lack of evidence that the current resource parent training modules are effective in increasing placement stability and permanency for children and youth in foster care. While resource parents are not the only individuals or systems who impact children's placement stability and permanency, they hold a crucial position in the daily lives of children in the system and are well-positioned to offer key stabilizing support if given sufficient training and preparation to do so.. In order to improve resource parent preparedness, there is a need for a comprehensive understanding of the personal characteristics (values, attitudes, and beliefs) and the knowledge and skills successful resource families possess that enable them to provide placement stability and permanency to children and youth placed in their care. Knowing these factors will help inform resource parent training topics. The purpose of the current study is to address this important gap in the existing literature.

Current study

The goal of this study is to conduct a systematic review of the scholarly literature to better understand caregiver-related factors that contribute to permanency and placement stability for youth in their care in order to provide a strong foundation for developing and improving caregiver recruitment, screening, and trainings available to resource parents. The child welfare system is in great need of new caregiver training approaches that are

capable of achieving meaningful improvements in the preparation and competence of resource parents.

Materials and methods

This systematic review process consisted of five steps, which are described below. Procedures used in this systematic review are consistent with key elements of the PRISMA systematic review checklist, which is an analytic technique (the full checklist can be found in Moher, Liberati, Tetzlaff, Altman, & Group, 2009).

Step 1: identifying key outcomes

In Step 1 of the systematic literature review process, two outcomes were identified to serve as the dependent variables: permanency and placement stability.

Step 2: compiling list of articles to review

Step 2 of the process involved compiling a list of articles that would be subject to full review. In this step, four databases were used (PsycINFO, Medline, ERIC, and Social Services Abstracts) to search for articles using the 16 search terms listed in Table 1. These search terms included several child-related factors associated with placement stability and permanency (i.e., behavioral/emotional/mental health issues; school stability; child and youth wellbeing in the context of race, ethnicity, and/or LGBTQ identity; physical disability, having a learning disability/being placed into special education) in order to be as inclusive as possible of studies that may touch on pertinent caregiver factors. Additionally, child related factors associated with placement stability were included as they indicated specific skills, knowledge, and abilities that caregivers require to address their needs and if parents are equipped with the skills, knowledge and abilities needed to address these child-related factors it may lead to reduced placement instability.

Search results were limited to articles published 2003-December 2017, English language only, and, for databases that allowed it, limited results to peer-reviewed only. Only articles published within the past 15 years were included to better ensure that findings were still relevant while also allowing for a long enough time period for an appreciable number of articles to be available on the topic. Excluded from the review were dissertations, books, book chapters, and systematic reviews (as applicable articles meeting our inclusion criteria should be captured), as well as studies that took place outside the United States or its territories. In addition, studies were excluded that focused on tribal populations (a separate literature review was conducted focusing specifically on tribal resource parents), international adoption (we

Table 1. Sixteen search terms used to identify applicable articles for review.

1. ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver") AND ("training" OR "curriculum" OR "pre-service training" OR "module")
2. ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver") AND ("trait*" OR "Characteristic*" OR "skill*" OR "competence*" OR "attitude*")
3. ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver") AND ("approach*" OR "strateg*")
4. ("behavioral challenge*" OR "discipline") AND ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver" OR "foster care" OR "adoption" OR "adoptive") AND ("approach*" OR "strateg*")
5. ("maltreatment" OR "abuse" OR "neglect" OR "trauma") AND ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver" OR "foster care" OR "adoption" OR "adoptive") AND ("approach*" OR "strateg*")
6. ("Factor*" OR "Predictor*") AND ("foster care" OR "adoptive") AND ("placement stability" OR "placement disruption" OR "dissolution" OR "permanenc*")
7. ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver" OR "foster care" OR "adoption" OR "adoptive") AND "trauma-informed"
8. ("therapeutic foster care" OR "treatment foster care") AND ("trait*" OR "Characteristic*" OR "skill*" OR "competence*" OR "attitude*")
9. ("child wellbeing" OR "attachment" OR "disability*" OR "advoca*" OR "cultural competence*") AND ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver")
10. ("lgbtq" OR "sexual minority" OR "transgender" OR "sogie") AND ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver" OR "foster care" OR "adoption" OR "adoptive")
11. ("U.S. territor*" OR "guam" OR "American samoa" OR "northern mariana islands" OR "Puerto rico" OR "u.s. virgin islands") AND ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver" OR "foster care" OR "adoption" OR "adoptive")
12. ("educational challenge*" OR "academic") AND ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver")
13. ("mentor" OR "coach") AND ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver")
14. ("bio famil*" OR "biological family*") AND ("foster care" OR "adoption" OR "adoptive") AND ("approach*" OR "strateg*")
15. ("transition" OR "placement change") AND ("prepare" OR "preparation") AND ("Foster parent" OR "adoptive parent" OR "resource parent" OR "kinship caregiver")
16. ("Factor*" OR "Predictor*") AND ("foster care" OR "adoptive") AND ("family reunification" OR "placement stability" OR "adoption" OR "guardianship")

conducted a separate literature review focusing specifically on international adoption), or congregate care (this was out of the scope of the current study, as it is focused on resource parent training for those who are providing care for children placed in the U.S. public child welfare system). For the initial review, we reviewed only the resulting articles' abstracts to screen article eligibility (N = 9,926); if through that abstract review it was discovered that any of the criteria mentioned above were not met, the article was not included in the initial list of full articles to be reviewed. Articles were also excluded if, through the initial abstract review, it was clear that their content was not applicable to the aims of the current study – reviewing factors that contribute to placement stability or permanency. If it was unclear whether an article was applicable to the current study, it was included in the Step 2 list. Step 2 resulted in identification of 463 articles.

Step 3: reviewing articles

In Step 3, a team of three reviewers conducted full reviews of the 463 articles for information on factors that contribute to placement stability or permanency. As articles were reviewed, they were coded for study type (e.g., quantitative, qualitative, mixed methods), age range of children in the study, caregiver type (nonrelative foster caregiver, kinship caregiver, unspecified foster caregiver, adoptive caregiver), and outcome assessed (permanency or placement stability). The factors related to the outcomes 'placement stability' or 'permanency' were coded based on the type of evidence found for these factors. If there was a statistically significant relationship between the factor and the outcome, the factor was coded as 'S'. If a relationship between the factor and the outcome was found based on qualitative study findings, it was coded as 'Q'. Factors could receive both an S and a Q code if they were found in the study to have both a statistical and qualitative association with the outcome of interest.

Articles were excluded if they were found to not have an outcome of permanency or placement stability, did not examine resource parent factors, or if they met any of the exclusion criteria mentioned earlier. Step 3 resulted in 29 of the original 463 articles containing information regarding factors that contribute to placement stability or permanency and were not excluded for any of the reasons stated above (see Figure 1 for a flow diagram of study inclusion). Sample sizes of the studies varied widely ranging from 2 (Burke, Prevention Group Research Team, Schlueter, Vandercoy, & Authier, 2015) to 15,845 (Zinn, 2009). The study methods included in the review are quantitative (N = 18), qualitative (N = 7), and mixed methods (N = 4). Table 2 provides methodological information for each of the 29 included studies included in the review.

Step 4: grouping findings into factors

During the review, coders noted any caregiver characteristics or proficiencies associated with placement stability and permanency. Three coders defined the groups and discussed and collectively resolved any discrepancies in categorizing. Coders then worked together to group findings into factors. Factors had to have at least two supporting articles in order to be included in the results. Table 3 lists the caregiver-focused factors that emerged from this systematic review.

Step 5: constructing definitions of proficiencies and characteristics

In Step 5, a definition for each factor was developed. Definitions reflected the verbiage of included articles. a table was created to categorize all quotes and

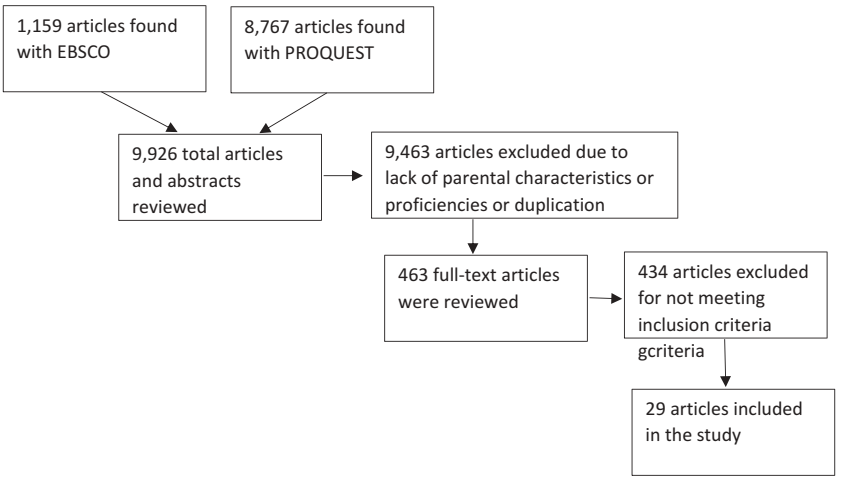

Figure 1. A flow diagram of articles for study inclusion.

descriptions under the characteristic or proficiency they represented. Once complete, the coders summarized the descriptions and quotes to create a cohesive definition of each characteristic and proficiency. Any concern regarding the definitions were discussed among three reviewers and adjustments to the definitions were made when needed. Factor definitions are also included in Table 3.

Results

Caregiver factors

Through our review process we identified 16 caregiver factors associated with placement stability or permanency. Table 4 lists each article and whether it was coded as containing a statistical (S) or qualitative (Q) association with each characteristic. The most frequently coded caregiver factors were 'Access to Support Systems' (S = 8, Q = 2), 'Attentiveness to the Caregiver-Child Relationship' (S = 6, Q = 4), 'Sufficient Economic Resources' (S = 5, Q = 1), 'Value Connection to the Child's Birth Family' (S = 3, Q = 3), and 'Healthy Family Functioning' (S = 2, Q = 4).

Outcome measures associated with caregiver factors

Table 5 provides counts for how frequently each outcome (placement stability, permanency) was coded as being associated with each caregiver factor identified. Of the 29 articles, 24% included 'Placement Stability' as an outcome measure (N = 7), 44.8% of the articles referenced 'Permanency' as the outcome of focus (N = 13), and 31% of the articles included both 'Permanency' and 'Placement Stability' (N = 9). The factors that had the highest number of statistical

Table 2. Methodological information for each study included in review.

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Berry, Propp, and Martens (2007)	X			N = 99	MO: even percentages of children were AA and White with 25% being transracial	Child Characteristics, Family Characteristics, Previous History, Service Characteristics	X			X	
Buehler et al. (2003)		X		N = 22	TN: 14 mothers, 2 African American, 12 European American; 9 married, 5 single, 8 fathers all white all married	What are some of the things about your family that make fostering a more successful experience? Make fostering more difficult? What personal beliefs or beliefs as a parent have you that make fostering easier? Make fostering more difficult? How would you describe a family that would do well in fostering? A tough time with fostering? What special characteristics do foster parents and families need to have to do well in fostering?		X	X		

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Burke et al. (2015)			X	N = 2	NE, 2 families who adopted and went through ASF treatment	Child Behavior Protective Factors Parenting Relationship	X			X	
Chang and Liles (2007)	X			N = 99	CA: Race: White (35%), Hispanic (28%), African American (25%); Age Range: 18 to 77 (Mean = 48 years); Relationship status: Married (55%), Education: Completed high school (49%), Some College (21%), Monthly income less than $3,000 (54%), Employed (59%)	Relationship: frequency of contact with child prior to placement; Caregiver's relationship and frequency of contact with birth families; Caregivers contact with social workers		X			X
Conradi et al. (2011)		X		N = 10	10 Core Teams from Colorado, Florida, Los Angeles, North Carolina, New Hampshire, Massachusetts, Oklahoma, San Diego, and Texas. Each team represented a partnership between child welfare agency and a mental health agency.	Trauma-Informed Child Welfare Practice to Improve		X	X		

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Cox, Cherry, and Orme (2011)	X			N = 297	35 different state and local foster parent associations: majority of foster mothers were married, European-American, and had high school educations or some college, 1/3 were employed full time and 1/3 were not employed outside the home. The mean age was 44.03 (SD = 9.80).	Demographics; Licensure type; Willingness to Foster Scale Child Emotional & Behavioral Problems		X	X		
Crum (2010)	X			N = 151	The majority were female (66.2%) and Caucasian (86.1%). High school diploma (33.8%), Some college or college degree (33.8%), and graduate degrees (17.2%). Majority identified as middle-aged and middle class.	Parental support; Satisfaction with parenting; Level of parental interaction; Effective Communication; Limit-setting scale; Ability of parents to promote the child's independence; Attitudes about gender roles in parenting; Birth family connections	X	X	X		

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Denby (2012)	X			N = 830	Employed (44%), Female (94%), unlicensed relative placement provider. Annual income less than $20,000 (66%). African American (41%), Native American (25%) Married (35%), High school diploma (37%), Less than high school (26%)	Reasons for Placement Caregiver Motivation; Caregiver Perceptions; Service Needs Caregiver's Perception of Children's Well-being, Childrearing Experiences; CaregiverReadiness; Social Support; Caregiver Strain; Permanency Intentions; Child, and Family Characteristics	X				X
Denby (2011)	X			N = 830	Employed (47%), Female (90%), Grandparents (60%). 72% had an annual income of $30,000 or less. Mean age was 52, AA (28%), Euro A. (23%), Native A. (14%) Unmarried (52%), had a high school diploma (36%)	Motivation and Sustaining Factors; Perceptions and Experiences; Service Needs; Child Well-being; Childrearing; Readiness and Capacity; Family Involvement and Social Support; Stress and Strain; Characteristics	X				X

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Fisher, Burraston, and Pears (2005)	X			N = 90	Oregon DHS in Lane County Early Intervention Foster Care Program. The majority were males (60%) and white (79%)	EIFC (early intervention foster care program)	X		X		
Hartinger-Saunders, Trouteaud, and Matos Johnson (2015)	X			N = 437	48% White, 21% Black, 11% Hispanic. Female (53%), Married (87%)	Needed post-adoptive service; Accessed post-adopted service	X			X	
Houston and Kramer (2008)			X	N = 34	Average age was 45, Race: 36.36% African American, (60.60%) Caucasian; Marital status: Married (67.65%), Divorced (8.82%), Single (11.76%), Widowed (11.76%). Median family income: $30,000 to $39,000.	Family Support; Contact with Supportive Resources; Satisfaction with Supportive Resources	X			X	
Koh et al. (2014)	X			N = 121	Illinois Department of children group of 60 participants were in stable living conditions and the other group of 61 had been involved in multiple moves	Caregiver relationship to the child; Caregiver's willingness to commit to the child's legal permanence; Caregivers placement with siblings; DMS diagnosis for child; Reasons for placement change		X	X		

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Lanigan and Burleson (2017)		X		N = 10	Snowball sampling Northwest United States: Average age: 38; Marital status: Married (70%), Single (20%), Engaged (10%). Years foster experience: average of 5.75 years, majority taking long-term foster placements.	Responsive care; Training influence; Boundaries; Family relationships; Time Management; Foster system support and information	X	X	X		
Leathers, Falconnier, and Spielfogel (2010)			X	N = 203	Child demographics: 51% males, 84% African American, 18% successful reunification, 19% entered adoption, and 16%, 12% entered subsidized guardianship, average age 12.89	Integration into foster home; Birth family relationship; Parental visiting	X		X		
Leathers, Spielfogel, Gleeson, and Rolock (2012)	X			N = 25	Average age: 49.09; Average child age: 8.58	Foster home integration; Child behavior problems	X		X		

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Mariscal, Akin, Lieberman, and Washington (2015)		X		N = 25	Recruited by state child welfare agency; Age: minimum of 18 years old; Gender: females (84%); Race: White (80%).	What contributes to a successful adoption?, What challenges make it hard to be and/or stay adopted?, What slows down the adoption process?, Do you think that age, gender, sexual orientation, and race/ ethnicity make a difference whether an adoption is successful or not?, What challenges make it hard for you (or for other youth) to live with an adoptive family?	X		X		
Murphy, Moore, Redd, and Malm (2017)	X			N = 1499	Average age: 11.98 years old (SD = 3.53), Gender: Female (54%) Race: Caucasian (59%), African/Black (23%), Hispanic/Latino (8%)	TST intervention; overall dosage, inner circle dosage, and outer circle dosage		X	X		

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Narendorf, Fedoravicius, McMillen, McNelly, and Robinson (2012)		X		N = 8	Average age: 16.87, Gender: Female (62.5%), Race: African American (75%), Average number of disruptions (13), current residential placements for an average of 9 months.	Youth thoughts on transitions; Idealized hopes; Negotiating relationships		X	X		
Nesmith (2015)			X	N = 75	Administrative child case records and focus groups.	Demographic and number of placements; Focus group: perspectives, opinions, on parent–child visits, factors that they believed promoted or hindered parent–child visits, and their role in engaging parents.	X		X		

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Orsi (2015)	X			N = 4,016	Colorado county	Child age at adoption and child ethnicity (demographics), months out-of-home before adoption finalization and total number of child placements before finalization (child history), parent relationship to adoptive child and adoptive parent age at finalization (parent characteristics), ethnic match with adoptive family and paid vs. Medicaid-only assistance (placement characteristics) and county (agency characteristic).	X	X	X	X	
Perry, Yoo, Spoliansky, and Edelman (2013)	X			N = 623	Mean age: 32; the majority of the sample was female, white, and single.	Foster Team Conferencing	X		X		

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Proctor et al. (2011)	X			N = 285	Southwestern site of Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). Age: 6 years; Race: Caucasian (29%), African American (38%), Hispanic (17%), Mixed or Other (17%).	Neighborhood/ community; Caregiving environment; Caregiver characteristics; Child Characteristics	X	X	X		
Rhodes et al. (2003)	X			N = 131	3 Large counties in Southeastern state; Of the 131 families (66%) were Married; (39%)Income: below %35,000,(31%) between $35,000 and $55,000, (24%)over $55,000; Majority were employed full time, 15% of men and 27% women were African American.	Foster family resources; Foster family psychosocial problems	X	X	X		

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Semanchin Jones et al. (2016)		X		N = 35	Age range: 30 to 68 years of age; Gender: Females (76.5%); Race: Caucasian (62%), African American (29%); Income: below $30,000 (28%), between $30,000 and $75,000 (62%), Marital Status: Married (61.8%)	Birth parent relationships; Relationship Building; Positive Parenting	X	X	X		
Testa, Snyder, Wu, Rolock, and Liao (2015)	X			N = 346	Caregivers (69%) completed interviews	Child Behavior problems; thoughts of ending permanency placement; Caregiver Relationship to child; Marital Status; Type of permanency placement; Adequacy of subsidy	X			X	
Wright and Flynn (2006)		X		N = 58	58 adoptive parents were interviewed. Age: 41–50 (41%); Race: Caucasian (78%); Gender: Female (62%); Relationship status: couples (69%)	Participants described successful; adolescent adoption; The challenges they faced; How they accounted for success.	X			X	

(*Continued*)

Table 2. (Continued).

	Methodology						Dependent Variables		Parent Type		
	Quantitative	Qualitative	Mixed Methods	Sample Size	Source of Sample/ Demographics	Independent Variables	Permanency	Placement Stability	Foster	Adoptive	Kinship
Zinn (2009)	X			N = 15,845	Race: African American (57.7%); Caucasian (34.6%); Income: average of $35,587	Kinship/non-kinship; Foster parent and family characteristics; Biological parent characteristics; Child characteristics; Child maltreatment	X	X	X		
Zinn (2012)	X			N = 453	IL; 453 kinship families represented; Age: 40–49 years (32.8%), 50–59 (25.2%), 30–39 (22.5%); Race: African American (60.6%), Caucasian (32.3%)	Kinship/non-kinship; Foster parent and family characteristics; Biological parent characteristics; Child characteristics; Child maltreatment	X	X	X		
Total	18	7	4				22	15	20	7	3

Table 3. Factor definitions (in order of number of articles appeared in).

Caregiver Factor	Definition
1. Access to Support Systems	Parents have knowledge of and use informal and formal support systems and services for themselves and their children (e.g., spouse/partner, support groups, parent networks, foster care agency, extended family, friends, other foster parents, respite providers). Other supports include child's teacher, personal/child's therapist. "Supports can provide reprieve from caregiving duties" (Perry & Henry, 2009).
2. Maintain Attentiveness to the Caregiver-Child Relationship	Caregivers are able to define boundaries, set rules (e.g., chores, curfews, study habits), maintain quality in the physical environment, use verbal praise, positive consequences, hugs, and smiles. Caregivers instill structure in the home (consistent and predictable routines and rules), are responsive and nurturing to the needs of the child, and advocate for the child to ensure their needs are being met (e.g., health care needs, school, youth employment searches, organizing sibling visitations).
3. Sufficient Economic Resources	Parents have sufficient income or other financial resources to meet the needs of the foster/adoptive/kinship child and family.
4. Value the Connection to a Child's Birth Family	Caregiver is willing to promote continuity of relationships (i.e., encourages contact between child and birth family and visits with birth relatives) and is able to help child/youth process through feelings after a visit. Is able to collaborate with the birth family and talk positively about birth family with the child.
5. Healthy Family Functioning	Healthy family means: "The ability of a family system to solve problems, negotiate, and appropriately express their emotions, process their experience, and express love … While facilitating individual autonomy, individuality, responsibility, happiness, and optimism" (Gleeson et al., 2016). Factors such as commitment, satisfaction, communication, and conflict resolution skills were identified as integral components of a healthy family. Part of a healthy family includes healthy partnerships that are "mutually enriching," and both partners have a deep respect for each other.
6. Self-Care	Successful caregivers seek help for themselves, as well as the children in their care, by routinely accessing services (including counseling, respite care, support groups) to maintain perspective, relieve tension, and remain strong and healthy. This includes the ability to self-regulate and mitigate stress through use of coping skills to care for one's mental and emotional health.
7. Motivated to Foster/Adopt	Resource parents have an altruistic desire and internal motivation to help children and contribute to the community.
8. Understanding the Effects of Trauma and Teaching Socio-Emotional Health	Caregiver has the ability to understand the effects of trauma and teach socio-emotional health which includes assisting the child/youth in building self-awareness, emotional regulation skills, social awareness, and relationship skills. Caregiver understands the importance of consistency and predictability and knows how to teach self-regulation through problem solving and increasing coping skills.

(*Continued*)

Table 3. (Continued).

Caregiver Factor	Definition
9. Positive Parenting/Effective Discipline	The caregiver has multiple strategies to handle problematic behavior and understands the impact of tone, attitudes, consistency, positive parenting techniques, effective limit setting, and clear expectations in managing behaviors.
10. Participation in Lifelong Learning, Training, and Education	Caregivers values, supports, and engages in ongoing learning to assist with their parenting and are willing to be lifelong learners by participating in training and educational opportunities.
11. Tolerance for Rejection	Parents are able to accept the child's rejecting behaviors (i.e., disinterested in relationship with parent, standoffish). Parents do not take a child's behavior personally and understand that the rewards of fostering are not immediate. Parents are able to accept and be comfortable with powerful and negative feelings in reaction to the child's behaviors, with the understanding that those feelings are normal and transient.
12. Collaboration	Caregivers have the ability to work effectively with child welfare and other agencies that provide services for the child/youth, being an active participant in the service delivery team.
13. Belief in a Higher Power	Having a religious and/or spiritual foundation may provide a sense of belonging and guide parents through their parenting journey.
14. Physical and Mental Health of Parent	Good mental health is demonstrated by the parent's self-awareness, emotional regulation, and ability to address their own mental health care when needed. Good physical health refers to the parent successfully managing any health challenges, taking care of their body, and having access to a physician to address any needs.
15. Effective Communication	Parent uses open communication with foster child/adolescent and listens to child's opinions and feelings using active listening and I-messages.
16. Flexible Expectations	Parents are able to adjust their expectations for their children in relation to the children's capacities, trauma history, and interests. There is a distinction between a parent's expectations of themselves and expectations toward their child.

associations with Placement Stability were 'Access to Support Systems', 'Attentiveness to the Caregiver-Child Relationship', 'Economic Resources', and 'Motivation to Foster/Adopt' (all N = 3), while the factor with the highest number of statistical associations with Permanency was 'Access to Support Systems' (N = 8) followed by 'Attentiveness to the Caregiver-Child Relationship' and 'Economic Resources' (for both, N = 5).

Discussion

Children and youth who are in foster or adoptive care require placement stability, and ultimately permanency, to promote their wellbeing. Resource parents who possess certain characteristics, skills, knowledge, and abilities are

Table 4. Caregiver factor coding by journal article.

	Access to Supports		Attentive-ness		Economic Resources		Birth Family		Healthy Family		Self-Care		Motivation		Trauma		Positive Parenting		Life-long Learning		Tolerance for Rejection		Collab-oration		Higher Power		Parent Health		Effective Communication		Flexible Expectations	
	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q
Berry et al. (2007)		X				X											X															
Buehler et al. (2003)		X		X						X				X		X						X				X				X		X
Burke et al. (2015)										X																						
Chang and Liles (2007)			X				X																									
Conradi et al. (2011)								X				X				X																
Cox et al. (2011)													X																			
Crum (2010)	X										X						X															
Denby (2012)	X						X				X		X														X					
Denby (2011)	X				X						X										X											
Fisher et al. (2005)					X				X		X																					
Hartinger-Saunders et al. (2015)																			X													
Houston and Kramer (2008)	X																						X									
Koh et al. (2014)													X																			
Lanigan and Burleson (2017)																				X				X								
Leathers et al. (2010)			X				X																									
Leathers et al. (2012)			X																													
Mariscal et al. (2015)																X				X										X		
Murphy et al. (2017)															X																	
Narendorf et al. (2012)				X														X														
Nesmith (2015)								X																								
Orsi (2015)			X																													
Perry et al. (2013)	X		X												X																	
Proctor et al. (2011)	X		X																								X					
Rhodes et al. (2003)	X				X								X												X							

(*Continued*)

Table 4. (Continued).

	Access to Supports		Attentiveness		Economic Resources		Birth Family		Healthy Family		Self-Care		Motivation		Trauma		Positive Parenting		Life-long Learning		Tolerance for Rejection		Collaboration		Higher Power		Parent Health		Effective Communication		Flexible Expectations	
	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q	S	Q
Semanchin Jones et al. (2016)				X				X										X														
Testa et al. (2015)										X																						
Wright and Flynn (2006)				X						X												X										X
Zinn (2009)					X				X																							
Zinn (2012)					X																											
Total	**8**	**2**	**6**	**4**	**5**	**1**	**3**	**3**	**2**	**4**	**4**	**1**	**4**	**1**	**2**	**3**	**1**	**3**	**1**	**2**	**1**	**2**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**2**	**0**	**2**

Note: S = statistical association; Q = qualitative association

Table 5. Number of articles each factor is represented in related to each outcome, and whether the association is statistical or qualitative.

	Placement Stability		Permanency		
	S	Q	S	Q	*Total # of articles that address this factor
Access to supports	3	1	8	1	10
Attentiveness	3	3	5	2	10
Economic resources	3	0	5	1	6
Birth family	1	2	2	2	6
Healthy family	1	1	2	3	6
Self-care	1	1	4	0	5
Motivation	3	1	2	0	5
Trauma	1	2	1	1	5
Positive parenting	1	2	1	2	6
Lifelong learning	0	1	1	2	3
Tolerate rejection	0	1	1	1	3
Collaboration	0	1	1	1	2
Higher power	1	1	1	0	2
Parent health	1	0	1	1	2
Effective communication	0	1	0	2	2
Flexible expectations	0	1	0	2	2
*Total # of articles that address this outcome	19	19	35	21	

Note: S = statistical association; Q = qualitative association

Note: * the columns may not add up to the same as the total because multiple factors may have been investigated in a given article.

better positioned to create a safe, stable, and nurturing environment, and to promote the permanency, stability, and wellbeing of children and youth in their care. Some caregiver factors related to placement stability and permanency identified in the current study (such as commitment to lifelong learning or caregiver health) inform practices in relation to resource parent recruitment, while others (such as attentiveness to the care-giver child relationship, valuing a child's connection to their birth family, and knowledge of trauma) may be improved through training and thus lend themselves to the development of more relevant training topics. The following discussion focuses on some of the factors that emerged most frequently as supportive of successful placement and permanency outcomes.

Key factors emerging

Access to support systems and economic resources

Access to Support Systems was one of the two most frequently coded caregiver factors. Support systems include family, friends, support groups, child welfare agencies (Cooley & Petren, 2011; Craig-Oldsen, Craig, & Morton, 2006), and access to mental and physical care resources (Buehler, Rhodes, Orme, & Cuddeback, 2006). Access to Support Systems was associated with reduced family stress levels (Gleeson, Hsieh, & Cryer-Coupet,

2016). Support systems also provide resource parents with opportunities to engage in self-care (Metcalfe & Sanders, 2012; Rhodes, Orme, Cox, & Buehler, 2003). Future trainings may guide resource parents to identify their social supports, how they already use their social supports, as well as how they anticipate their use of social supports changing once having a child placed in their home. The importance of using social supports as a self-care strategy to maintain emotional regulation and improve satisfaction should be highlighted. Conversely, access to supports also places the onus on child welfare agencies in building those supportive relationships with resource parents. Including training for staff at child welfare agencies on relationship building, effective communication, and support giving is needed.

Sufficient Economic Resources was a related prominent factor that emerged from this review. While Sufficient Economic Resources is not a trainable factor, it is important to note as a retention tool. The authors do not support the assessment of economic resources as an exclusionary measure for prospective resource parents, but rather believe this factor could be used to justify and encourage financial supports to prospective resource parents in order to help increase placement stability, permanency, and caregiver retention.

Attentiveness to the caregiver-child relationship

Attentiveness to the Caregiver-Child Relationship was another frequently coded caregiver factor. Creating a secure, nurturing, and supportive environment involves a committed resource parent who is empathic and able to self-regulate (Beyerlein & Bloch, 2014; Strickler, Trunzo, & Kaelin, 2018; Vinjamuri, 2016). This also includes meeting the needs of the child while providing a safe and secure environment for them to develop the skills needed to be autonomous (Nesmith, 2015; Ponciano, 2010). Our findings indicate future trainings for resource parents that focus on building relationships, meeting the needs of the child, increasing capacity for empathy, and promoting caregiver self-regulation skills will improve the proficiency of Attentiveness to the Caregiver-Child Relationship and therefore increase placement stability and permanency. This factor is related to Access to Support Systems, allowing the caregiver to engage in opportunities for respite, emotional support, and assistance with problem-solving how to meet the child's needs.

Many articles detailed the importance of structure and routine in order to promote secure attachment (Atkinson & Riley, 2017; Buehler, Cox, & Cuddeback, 2003; Craig-Oldsen et al., 2006; Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007). Children and youth are able to function more effectively in an environment when they know the routine and are able to predict what will happen next. Training resource parents to understand that building routines and structure in their home environment is a way to

increase their attentiveness to the child-caregiver relationship. Through routines and structure the child experiences a sense of safety through predictive activity and responses that meet the child's needs.

Biological family connections

The second most frequently coded caregiver factor is Value the Connection to a Child's Birth Family. This review's findings indicate biological family connections are associated with both permanency and placement stability outcomes for children and youth, which is consistent with previous findings (Nesmith, 2013, 2015). These findings support biological family connections, especially in foster care settings (Ryan et al., 2011). Connection to birth family may be maintained through open adoptions or co-parenting while children are in active foster care. Reunification with the biological family is one of the ways in which permanency is achieved in foster care. Upholding connections with the biological family assists with stabilizing transitions so that children and youth don't feel cut off from their past and/or future (Leathers, 2003; Metzger, 2008). Findings show that resource parents building relationships with biological parents not only serves to maintain the connection with the child, but also assists the biological parent in building a better relationship with their child (Koh et al., 2014; Puddy & Jackson, 2003). As a necessary and important part of stability and permanency, resource parents often request additional training to build collaborative relationships with the biological parents (Nesmith, 2015). Future trainings should support teaching resource parents' effective communication, boundary setting, and the importance of maintaining connection with the birth family (Linares, Montalto, Li, & Oza, 2006; Nesmith, 2015). Similar to Attentiveness to the Child-Caregiver Relationship, resource parents will need training on increasing the capacity for empathy, building relationships, and self-regulation as it pertains to the relationship with the biological parents. Just as the children may have a history of trauma, the biological parents have their own histories as well. Another layer of complexity is added with kinship caregivers, who already have a history with the biological parent(s). Trainings are needed to assist kinship caregivers in navigating difficult relationships with the biological parents as well as understanding the kinship caregiver's role in supervised visits (Nesmith, 2015).

Implications

Resource parent recruitment, screening, and training

Two of the caregiver-related factors (Attentiveness and Biological Connections) identified in this study align with the content of established trainings MAPP, PRIDE, and KEEP. Our findings suggest training content on topics such as how to access supports, healthy family functioning, self-

care, and effective communication may help improve placement stability and permanency. Building on existing frameworks, these factors can be used in the conceptualization and development of new, evidence-informed recruitment and screening procedures and trainings for foster and adoptive caregivers. For example, KEEP essential components include weekly parent support groups, foster family supervision, interactive learning, and weekly check-ins to review the Parent Daily Report Checklist (California Evidence Based Clearinghouse for Child Welfare, 2017), essential components contributing to the program's efficacy. This review supports the use of training throughout multiple points during the resource parents experience. Preservice training provides foundational information and assists resource parents in self-selecting participation, while in-service training builds on that foundational knowledge to build skills and abilities to address children's needs. Lastly, providing online access to a variety of resource specific topics allows parents to obtain information as they need it. There is potential to combine these elements into one training procedure that moves beyond the separation of preservice and in-service, and adds to the array of evidence-based resource parent training approaches.

The development of new procedures and trainings will (a) better identify and select people who have the capacity to be strong resource parents, and (b) better train resource parents to be able to effectively support the children and youth in their care. These findings may improve resource parent recruitment and retention by providing an opportunity to have potential caregivers self-assess the characteristics and proficiencies they possess. Completing a self-assessment before placement will enable the resource parent to make an informed decision on their readiness to take on this role. Given the high rate of attrition of resource parent participation in training, self-reflection may be a valuable tool in reducing attrition and increasing parental engagement with trainings by providing parents with the areas of growth needed for them to be successful. In addition, providing opportunities for resource parents to receive ongoing, need-based training when a crisis occurs will improve engagement due to the responsiveness of the training to the direct and immediate need of the resource parent. In addition to the development of new caregiver trainings, it is also important that new trainings be rigorously evaluated in order to ensure their effectiveness at preparing caregivers for their roles. In addition to providing a basis for improving foster and adoptive parent trainings as mentioned above, the findings from this study may be used to inform other facets of child welfare and adoption policy and practice, including ongoing resource parent support services and policy efforts.

Further research is needed to examine the efficacy of training on child permanency and placement stability. Specifically, randomized control trials that examine not only the child characteristics, but the characteristics and

competencies of the resource parent are needed. In order to strengthen a large-scale approach, ensuring consistency of implementation through fidelity measures is also necessary. In addition, research regarding the use of self-reflection tools as a method to retain and engage resource parents is needed to determine efficacy of such an approach.

Ongoing resource parent support service

While recruitment, screening, and training are important aspects of resource parent success, there are other contributing factors. The provision of additional, ongoing supports to resource families is necessary to maximize the placement stability and permanency of children and youth. Examples of these ongoing supports include caregiver support groups, accessible and timely case management support, respite resources, and counseling to prevent burnout.

Implications for policy

Lastly, this review can be used to inform policy changes. On February 9, 2018, the Bipartisan Budget Act of 2018(H.R. 1892)(P.L. 115–123) was signed into law. Included in the act is the Family First Prevention Services Act (FFPSA). This legislation proposes new model licensing standards for family foster homes (including kinship homes) and incentivizes recruitment and retention efforts of high quality foster families (National Conference of State Legislators, 2019). The current study provides a collection of critical information that can be used to identify key qualities of highly successful resource families and may help with efforts to target recruitment of these families. Second, the information can help inform policy makers through identifying key training content needs, and providing oversight to the executive branch to ensure that these provisions are implemented as part of FFPSA compliance. In addition, this review supports the critical need for policies that provide ongoing caregiver support to address critical issues as they emerge. This finding aligns with the federal FFPSA, which identifies the need for post-adoption and guardianship services and increases the level of financial supports available to states to maximize the success of these permanent family units. The results also provide important information related to logistical issues such as timing of trainings, as well as how the trainings are administered to ensure consistency and best practice. This consistency will enhance opportunities for the field to further evaluate, with greater fidelity, the effectiveness of caregiver training and supports as a method to increase permanency and placement stability for children and youth. Finally, this study's findings can inform workforce development by encouraging training of social workers to support resource families in connecting with children's birth families, and providing ongoing practice and reflection opportunities for resource families to successfully implement trauma-informed care.

Limitations

Some limitations for this study should be noted. First, our search was limited to articles published after 2003, studies conducted in the United States, and studies published in English. Second, it was beyond the scope of this study to assess the quality of statistical and qualitative evidence from each article reviewed beyond what was provided in the study methodology table, which limits the ability to determine the strength and validity of the evidence compiled. Third, in order to maintain a manageable scope for this systematic review, no distinctions were made among factors important for foster, adoptive, and kinship caregivers; thus, the current study did not allow for the assessment of any differences between those groups. However, potential between-group differences in factors could be an area for further investigation in future studies. Fourth, our review did not include international adoption or caregiving in tribal communities, as these were looked at more closely in separate reviews. Finally, there are limited rigorous studies that examine the efficacy of pre-service training in increasing placement stability or permanency.

Conclusion

The ultimate purpose of resource parent training is to enhance these caregivers' ability to create stability and promote wellbeing for children in their care. Training resource parents to master proficiencies associated with placement stability and permanency should, in turn, promote positive child/youth outcomes. Currently, preservice trainings provide an overview of the foster/adoption process, general information about parenting, and identify strengths and needs of potential parents (Benesh & Cui, 2017; Dorsey et al., 2008; Grimm, 2003). The characteristics of Access to Support Systems, Attentiveness to the Caregiver-Child Relationship, Sufficient Economic Resources, Valuing the Connection to the Child's Birth Family, and Healthy Family Functioning, among others, are associated with placement stability and permanency and will assist child welfare agencies with selecting and training the strongest possible candidates to be resource parents. Preservice as well as in-service trainings can use the emerging factors as a framework from which to equip resource parents with the knowledge, skills, and abilities needed to achieve proficiency in areas associated with placement stability and permanency.

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Declaration of interest

No conflict of interest exists for this work.

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References

Adoption and Safe Families Act of 1997, P.L. 105, 105th Cong. (1997).

Akin, B. A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. *Children and Youth Services Review*, *33*(6), 999–1011. doi:10.1016/j.childyouth.2011.01.008

Akin, B. A., Byers, K. D., Lloyd, M. H., & McDonald, T. P. (2015). Joining formative evaluation with translational science to assess an EBI in foster care: Examining social–emotional well-being and placement stability. *Children and Youth Services Review*, *58*, 253–264. doi:10.1016/j.childyouth.2015.10.005

Anderson, M., & Linares, L. O. (2012). The role of cultural dissimilarity factors on child adjustment following foster placement. *Children and Youth Services Review*, *34*(4), 597–601. doi:10.1016/j.childyouth.2011.11.016

Atkinson, A. J., & Riley, D. B. (2017). Training for adoption competency: Building a community of adoption-competent clinicians. *Families in Society*, *98*(3), 235–242. doi:10.1606/1044-3894.2017.98.23

Bass, S., Shields, M. K., & Behrman, R. E. (2004). Children, families, and foster care: Analysis and recommendations. *The Future of Children*, *14*(1), 5–29.

Benesh, A. S., & Cui, M. (2017). Foster parent training programmes for foster youth: A content review. *Child & Family Social Work*, *22*(1), 548–559. doi:10.1111/cfs.12265

Berry, M., Propp, J., & Martens, P. (2007). The use of intensive family preservation services with adoptive families. *Child & Family Social Work*, *12*(1), 43–53. doi:10.1111/j.1365-2206.2006.00426.x

Beyerlein, B. A., & Bloch, E. (2014). Need for trauma-informed care within the foster care system: A policy issue. *Child Welfare*, *93*(3), 7.

Bipartisan Budget Act of 2018, Pub. L. No. 115-123, H.R.. (1892).

Buehler, C., Cox, M. E., & Cuddeback, G. (2003). Foster parents' perceptions of factors that promote or inhibit successful fostering. *Qualitative Social Work*, *2*(1), 61–83. doi:10.1177/1473325003002001281

Buehler, C., Rhodes, K. W., Orme, J. G., & Cuddeback, G. (2006). The potential for successful family foster care: Conceptualizing competency domains for foster parents. *Child Welfare*, *85*(3), 523–558.

Burke, R. V.; Prevention Group Research Team, Schlueter, C., Vandercoy, J., & Authier, K. J. (2015). Post-adoption services for families at risk of dissolution: A case study describing two families' experiences. *Clinical Case Studies*, *14*(4), 291–306. doi:10.1177/1534650114556696

California Evidence Based Clearinghouse for Child Welfare. (2017). *Keep (Keeping foster and kin parents supported and trained)*. Retrieved from http://www.cebc4cw.org/program/keeping-foster-and-kin-parents-supported-and-trained/

Callaghan, J., Young, B., Pace, F., & Vostanis, P. (2004). Evaluation of a new mental health service for looked after children. *Clinical Child Psychology and Psychiatry*, *9*(1), 130–148. doi:10.1177/1359104504039177

Chamberlain, P., Price, J., Leve, L. D., Laurent, H., Landsverk, J. A., & Reid, J. B. (2008). Prevention of behavior problems for children in foster care: Outcomes and mediation effects. *Prevention Science*, *9*(1), 17–27. doi:10.1007/s11121-007-0080-7

Chambers, R. M., Crutchfield, R. M., Willis, T. Y., Cuza, H. A., Otero, A., Harper, S. G. G., & Carmichael, H. (2018). "It's just not right to move a kid that many times:" a qualitative study of how foster care alumni perceive placement moves. *Children and Youth Services Review*, *86*, 76–83. doi:10.1016/j.childyouth.2018.01.028

Chang, J., & Liles, R. (2007). Characteristics of four kinship placement outcome groups and variables associated with these kinship placement outcome groups. *Child and Adolescent Social Work Journal*, *24*(6), 509–522. doi:10.1007/s10560-007-0092-y

Children's Bureau. (2012). *Title IV-E foster care*. Washington, DC: U.S. Department of Health & Human Services, Administration for Children & Families.

Children's Bureau. (2018). *The Afcars report: Preliminary Fy 2017 estimates as of Aug 10, 2018, No. 25*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families.

Christenson, B., & McMurtry, J. (2007). a comparative evaluation of preservice training of kinship and nonkinship foster/adoptive families. *Child Welfare*, *86*(2), 125.

Connell, C. M., Vanderploeg, J. J., Flaspohler, P., Katz, K. H., Saunders, L., & Tebes, J. K. (2006). Changes in placement among children in foster care: A longitudinal study of child and case influences. *Social Service Review*, *80*(3), 398–418. doi:10.1086/505554

Conradi, L., Agosti, J., Tullberg, E., Richardson, L., Langan, H., Ko, S., & Wilson, C. (2011). Promising practices and strategies for using trauma-informed child welfare practice to improve foster care placement stability: A breakthrough series collaborative. *Child Welfare*, *90*, 6.

Cooley, M. E., & Petren, R. E. (2011). Foster parent perceptions of competency: Implications for foster parent training. *Children and Youth Services Review*, *33*(10), 1968–1974. doi:10.1016/j.childyouth.2011.05.023

Courtney, M. E., Terao, S., & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care*. Chicago: Chapin Hall Center for Children at the University of Chicago.

Cox, M. E., Cherry, D. J., & Orme, J. G. (2011). Measuring the willingness to foster children with emotional and behavioral problems. *Children and Youth Services Review*, *33*(1), 59–65. doi:10.1016/j.childyouth.2010.08.012

Craig-Oldsen, H., Craig, J., & Morton, T. (2006). Issues of shared parenting of LGBTQ children and youth in foster care: Preparing foster parents for new roles. *Child Welfare*, *85*, 2.

Crum, W. (2010). Foster parent parenting characteristics that lead to increased placement stability or disruption. *Children and Youth Services Review*, *32*(2), 185–190. doi:10.1016/j.childyouth.2009.08.022

Denby, R. W. (2011). Predicting permanency intentions among kinship caregivers. *Child and Adolescent Social Work Journal*, *28*(2), 113–131. doi:10.1007/s10560-010-0221-x

Denby, R. W. (2012). Parental incarceration and kinship care: Caregiver experiences, child well-being, and permanency intentions. *Social Work in Public Health*, *27*(1–2), 104–128. doi:10.1080/19371918.2012.639639

Dorsey, S., Farmer, E. M., Barth, R. P., Greene, K. M., Reid, J., & Landsverk, J. (2008). Current status and evidence base of training for foster and treatment foster parents. *Children and Youth Services Review*, *30*(12), 1403–1416. doi:10.1016/j.childyouth.2008.04.008

Dworsky, A., & Gitlow, E. (2017). Employment outcomes of young parents who age out of foster care. *Children and Youth Services Review*, *72*, 133–140. doi:10.1016/j.childyouth.2016.09.032

Festinger, T., & Baker, A. J. (2013). The quality of evaluations of foster parent training: An empirical review. *Children and Youth Services Review*, *35*(12), 2147–2153. doi:10.1016/j.childyouth.2013.10.009

Fisher, P. A., Burraston, B., & Pears, K. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment*, *10*(1), 61–71. doi:10.1177/1077559504271561

Fisher, P. A., Gunnar, M. R., Chamberlain, P., & Reid, J. B. (2000). Preventive intervention for maltreated preschool children: Impact on children's behavior, neuroendocrine activity, and foster parent functioning. *Journal of the American Academy of Child and Adolescent Psychiatry*, *39*(11), 1356–1364. doi:10.1097/00004583-200011000-00009

Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351, 110th Cong. (2008) (fosterparentcollege.com. n.d). Retrieved from https://www.fosterparentcollege.com/

Gleeson, J. P., Hsieh, C. M., & Cryer-Coupet, Q. (2016). Social support, family competence, and informal kinship caregiver parenting stress: The mediating and moderating effects of family resources. *Children and Youth Services Review*, *67*, 32–42. doi:10.1016/j.childyouth.2016.05.012

Greeno, E. J., Lee, B. R., Uretsky, M. C., Moore, J. E., Barth, R. P., & Shaw, T. V. (2016). Effects of a foster parent training intervention on child behavior, caregiver stress, and parenting style. *Journal of Child and Family Studies*, *25*(6), 1991–2000. doi:10.1007/s10826-015-0357-6

Greeson, J. K. (2013). Foster youth and the transition to adulthood: The theoretical and conceptual basis for natural mentoring. *Emerging Adulthood*, *1*(1), 40–51. doi:10.1177/2167696812467780

Grimm, B. (2003). Child and family services reviews: Part II in a series. Foster parent training: What the CFS reviews do and don't tell us. *Youth Law News: Journal of the National Center for Youth Law*, *2*, 1–29.

Hartinger-Saunders, R. M., Trouteaud, A., & Matos Johnson, J. (2015). Post adoption service need and use as predictors of adoption dissolution: Findings from the 2012 national adoptive families study. *Adoption Quarterly*, *18*(4), 255–272. doi:10.1080/10926755.2014.895469

Hill, K. (2012). Permanency and placement planning for older youth with disabilities in out-of-home placement. *Children and Youth Services Review*, *34*(8), 1418–1424. doi:10.1016/j.childyouth.2012.03.012

Houston, D. M., & Kramer, L. (2008). Meeting the long-term needs of families who adopt children out of foster care: A three-year follow-up study. *Child Welfare*, *87*, 4.

Jee, S. H., Conn, A. M., Szilagyi, P. G., Blumkin, A., Baldwin, C. D., & Szilagyi, M. A. (2010). Identification of social-emotional problems among young children in foster care. *Journal of Child Psychology and Psychiatry*, *51*(12), 1351–1358. doi:10.1111/j.1469-7610.2010.02315.x

Kelly, J., Heimpel, D., Loudenback, J., Renick, C., Phagan-Hansel, K., Green, E., … Zarate, M., (2017). The foster care housing crisis. *The Chronicle of Social Change*. Retrieved from https://chronicleofsocialchange.org/wp-content/uploads/2017/10/The-Foster-Care-Housing-Crisis-10-31.pdf

Koh, E., Rolock, N., Cross, T. P., & Eblen-Manning, J. (2014). What explains instability in foster care? Comparison of a matched sample of children with stable and unstable placements. *Children and Youth Services Review*, *37*, 36–45. doi:10.1016/j.childyouth.2013.12.007

Lanigan, J. D., & Burleson, E. (2017). Foster parents' perspectives regarding the transition of a new placement into their home: An exploratory study. *Journal of Child and Family Studies*, *26*(3), 905–915. doi:10.1007/s10826-016-0597-0

Leathers, S. J. (2003). Parental visiting, conflicting allegiances, and emotional and behavioral problems among foster children. *Family Relations*, *52*(1), 53–63. doi:10.1111/j.1741-3729.2003.00053.x

Leathers, S. J., Falconnier, L., & Spielfogel, J. E. (2010). Predicting family reunification, adoption, and subsidized guardianship among adolescents in foster care. *American Journal of Orthopsychiatry*, *80*(3), 422–431. doi:10.1111/j.1939-0025.2010.01045.x

Leathers, S. J., Spielfogel, J. E., Gleeson, J. P., & Rolock, N. (2012). Behavior problems, foster home integration, and evidence-based behavioral interventions: What predicts adoption of foster children? *Children and Youth Services Review*, *34*(5), 891–899. doi:10.1016/j.childyouth.2012.01.017

Lewis, E. E., Dozier, M., Ackerman, J., & Sepulveda-Kozakowski, S. (2007). The effect of placement instability on adopted children's inhibitory control abilities and oppositional behavior. *Developmental Psychology*, *43*(6), 1415. doi:10.1037/0012-1649.43.6.1415

Linares, L. O., Montalto, D., Li, M., & Oza, V. S. (2006). A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology*, *74*(1), 32. doi:10.1037/0022-006X.74.1.32

Long, S. J., Evans, R. E., Fletcher, A., Hewitt, G., Murphy, S., Young, H., & Moore, G. F. (2017). Comparison of substance use, subjective well-being and interpersonal relationships among young people in foster care and private households: A cross sectional analysis of the School health research network survey in Wales. *BMJ Open*, *7*(2), e014198. doi:10.1136/bmjopen-2016-014198

Luke, N., & Banerjee, R. (2012). Maltreated children's social understanding and empathy: A preliminary exploration of foster carers' perspectives. *Journal of Child and Family Studies*, *21*(2), 237–246. doi:10.1007/s10826-011-9468-x

Mariscal, E. S., Akin, B. A., Lieberman, A. A., & Washington, D. (2015). Exploring the path from foster care to stable and lasting adoption: Perceptions of foster care alumni. *Children and Youth Services Review*, *55*, 111–120. doi:10.1016/j.childyouth.2015.05.017

McMillen, J. C., Zima, B. T., Scott, L. D., Jr, Auslander, W. F., Munson, M. R., Ollie, M. T., & Spitznagel, E. L. (2005). Prevalence of psychiatric disorders among older youths in the

foster care system. *Journal of the American Academy of Child and Adolescent Psychiatry*, *44* (1), 88–95. doi:10.1097/01.chi.0000145806.24274.d2

Metcalfe, W. A., & Sanders, G. F. (2012). Foster parent experience: The later years. *Child Welfare*, *91*, 4.

Metzger, J. (2008). Resiliency in children and youth in kinship care and family foster care. *Child Welfare*, *87*(6), 115.

Mitchell, M. B., & Kuczynski, L. (2010). Does anyone know what is going on? Examining children's lived experience of the transition into foster care. *Children and Youth Services Review*, *32*(3), 437–444. doi:10.1016/j.childyouth.2009.10.023

Mitchell, M. B., & Vann, L. H. (2016). Staying connected with youth transitioning out of foster care: "Thank you for not giving up on me". *Journal of Social Work*, *18*(2), 142–163. doi:10.1177/1468017316654342

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Group, P. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine*, *6* (7), e1000097. doi:10.1371/journal.pmed.1000097

Moore, T. D., McDonald, T. P., & Cronbaugh-Auld, K. (2016). Assessing risk of placement instability to aid foster care placement decision making. *Journal of Public Child Welfare*, *10* (2), 117–131. doi:10.1080/15548732.2016.1140697

Murphy, K., Moore, K. A., Redd, Z., & Malm, K. (2017). Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's bridging the way home initiative. *Children and Youth Services Review*, *75*, 23–34. doi:10.1016/j.childyouth.2017.02.008

Narendorf, S. C., Fedoravicius, N., McMillen, J. C., McNelly, D., & Robinson, D. R. (2012). Stepping down and stepping in: Youth's perspectives on making the transition from residential treatment to treatment foster care. *Children and Youth Services Review*, *34*(1), 43–49. doi:10.1016/j.childyouth.2011.08.031

National Conference of State Legislatures. (2019, November 3). Family first prevention services act. Retrieved from http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx

Nelson, L. R., & Horstman, H. K. (2017). Communicated meaning-making in foster families: Relationships between foster parents' entrance narratives and foster child well-being. *Communication Quarterly*, *65*(2), 144–166. doi:10.1080/01463373.2016.1215337

Nesmith, A. (2013). Parent–child visits in foster care: Reaching shared goals and expectations to better prepare children and parents for visits. *Child and Adolescent Social Work Journal*, *30*(3), 237–255. doi:10.1007/s10560-012-0287-8

Nesmith, A. (2015). Factors influencing the regularity of parental visits with children in foster care. *Child and Adolescent Social Work Journal*, *32*(3), 219–228. doi:10.1007/s10560-014-0360-6

Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect*, *24*(10), 1363–1374. doi:10.1016/S0145-2134(00)00189-7

Oosterman, M., Schuengel, C., Slot, N. W., Bullens, R. A., & Doreleijers, T. A. (2007). Disruptions in foster care: A review and meta-analysis. *Children and Youth Services Review*, *29*(1), 53–76. doi:10.1016/j.childyouth.2006.07.003

Orme, J. G., & Buehler, C. (2001). Foster family characteristics and behavioral and emotional problems of foster children: A narrative review. *Family Relations*, *50*(1), 3–15. doi:10.1111/j.1741-3729.2001.00003.x

Orsi, R. (2015). Predicting re-involvement for children adopted out of a public child welfare system. *Child Abuse & Neglect*, *39*, 175–184. doi:10.1016/j.chiabu.2014.10.005

Pasztor, E. M., Hollinger, D. S., Inkelas, M., & Halfon, N. (2006). Health and mental health services for children in foster care: The central role of foster parents. *Child Welfare-new York-*, *85*(1), 33.

Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni: Factors associated with success. *Children and Youth Services Review*, *34*(6), 1121–1129. doi:10.1016/j.childyouth.2012.01.044

Pecora, P. J., Kessler, R. C., O'Brien, K., White, C. R., Williams, J., Hiripi, E., … Herrick, M. A. (2006). Educational and employment outcomes of adults formerly placed in foster care: Results from the northwest foster care alumni study. *Children and Youth Services Review*, *28*(12), 1459–1481. doi:10.1016/j.childyouth.2006.04.003

Pecora, P. J., Williams, J., Kessler, R. C., Downs, A. C., O'Brien, K., Hiripi, E., & Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey National Alumni Study* (pp. 28). Seattle, WA: Casey Family Programs.

Perez, J. (2015, October). Assessing foster parents' perception of their preparedness to care for the child exposed to early toxic stress. Washington D.C.: In *2015 AAP National Conference and Exhibition*. American Academy of Pediatrics.

Perry, B. L. (2006). Understanding social network disruption: The case of youth in foster care. *Social Problems*, *53*(3), 371–391. doi:10.1525/sp.2006.53.3.371

Perry, C. L., & Henry, M. J. (2009). Family and professional considerations for adoptive parents of children with special needs. *Marriage & Family Review*, *45*(5), 538–565. doi:10.1080/01494920903050938

Perry, R., Yoo, J., Spoliansky, T., & Edelman, P. (2013). Family team conferencing: Results and implications from an experimental study in Florida. *Child Welfare*, *92*(6), 63.

Ponciano, L. (2010). Attachment in foster care: The role of maternal sensitivity, adoption, and foster mother experience. *Child and Adolescent Social Work Journal*, *27*(2), 97–114. doi:10.1007/s10560-010-0192-y

Proctor, L. J., Randazzo, K. V. D., Litrownik, A. J., Newton, R. R., Davis, I. P., & Villodas, M. (2011). Factors associated with caregiver stability in permanent placements: A classification tree approach. *Child Abuse & Neglect*, *35*(6), 425–436. doi:10.1016/j.chiabu.2011.02.002

Puddy, R. W., & Jackson, Y. (2003). The development of parenting skills in foster parent training. *Children and Youth Services Review, 25*(12), 987–1013.

Rhodes, K. W., Orme, J. G., Cox, M. E., & Buehler, C. (2003). Foster family resources, psychosocial functioning, and retention. *Social Work Research*, *27*(3), 135–150. doi:10.1093/swr/27.3.135

Rock, S., Michelson, D., Thomson, S., & Day, C. (2013). Understanding foster placement instability for looked after children: A systematic review and narrative synthesis of quantitative and qualitative evidence. *British Journal of Social Work*, *45*(1), 177–203. doi:10.1093/bjsw/bct084

Rolock, N., & White, K. R. (2016). Post-permanency discontinuity: A longitudinal examination of outcomes for foster youth after adoption or guardianship. *Children and Youth Services Review*, *70*, 419–427. doi:10.1016/j.childyouth.2016.10.025

Rork, K. E., & McNeil, C. B. (2011). Evaluation of foster parent training programs: A critical review. *Child & Family Behavior Therapy*, *33*(2), 139–170. doi:10.1080/07317107.2011.571142

Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review*, *27*(3), 227–249. doi:10.1016/j.childyouth.2004.05.007

Ryan, S. D., Harris, G., Brown, D., Houston, D. M., Smith, S. L., & Howard, J. A. (2011). Open adoptions in child welfare: Social worker and foster/adoptive parent attitudes. *Journal of Public Child Welfare*, *5*(4), 445–466. doi:10.1080/15548732.2011.599772

Salazar, A. M., Keller, T. E., Gowen, K., & Courtney, M. E. (2013). Trauma exposure and PTSD among older adolescents in foster care. *Social Psychiatry and Psychiatric Epidemiology*, *48*(4), 545–551. doi:10.1007/s00127-012-0563-0

Schmidt, M. C., & Treinen, J. (2017). Using kinship navigation services to support the family resource needs, caregiver self-efficacy, and placement stability of children in informal and formal kinship care. *Child Welfare*, *95*(4), 69–89.

Schormans, A. F., Coniega, M., & Renwick, R. (2006). Placement stability: Enhancing quality of life for children with developmental disabilities. *Families in Society*, *87*(4), 521–528. doi:10.1606/1044-3894.3567

Semanchin Jones, A., Rittner, B., & Affronti, M. (2016). Foster parent strategies to support the functional adaptation of foster youth. *Journal of Public Child Welfare*, *10*(3), 255–273. doi:10.1080/15548732.2016.1148092

Shah, M. F., Liu, Q., Mark Eddy, J., Barkan, S., Marshall, D., Mancuso, D., … Huber, A. (2017). Predicting homelessness among emerging adults aging out of foster care. *American Journal of Community Psychology*, *60*(1–2), 33–43. doi:10.1002/ajcp.12098

Solomon, D. T., Niec, L. N., & Schoonover, C. E. (2017). The impact of foster parent training on parenting skills and child disruptive behavior: A meta-analysis. *Child Maltreatment*, *22* (1), 3–13. doi:10.1177/1077559516679514

Storer, H. L., Barkan, S. E., Sherman, E. L., Haggerty, K. P., & Mattos, L. M. (2012). Promoting relationship building and connection: Adapting an evidence-based parenting program for families involved in the child welfare system. *Children and Youth Services Review*, *34*(9), 1853–1861. doi:10.1016/j.childyouth.2012.05.017

Strickler, A., Trunzo, A. C., & Kaelin, M. S. (2018). Treatment foster care pre-service trainings: Changes in parenting attitudes and fostering readiness. *Child & Youth Care Forum*, *47*(1), 61–79. doi:10.1007/s10566-017-9418-x

Sykes, J., Sinclair, I., Gibbs, I., & Wilson, K. (2002). Kinship and stranger foster carers: How do they compare? *Adoption & Fostering*, *26*(2), 38–48. doi:10.1177/030857590202600206

Testa, M. F., Snyder, S. M., Wu, Q., Rolock, N., & Liao, M. (2015). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry*, *85*(2), 107. doi:10.1037/ort0000019

Trejos-Castillo, E., Davis, G., & Hipps, T. (2015). Economic well-being and independent living in foster youth: Paving the road to effective transitioning out of care. *Child Welfare*, *94*, 1.

Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, *138*(5), e20161118. doi:10.1542/peds.2016-1118

U.S. Department of Health and Human Services. (2018). *Child Welfare Outcomes 2015. Report to Congress*. Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/cwo2015.pdf

Unrau, Y. A., Seita, J. R., & Putney, K. S. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review*, *30*(11), 1256–1266. doi:10.1016/j.childyouth.2008.03.010

Uretsky, M. C., Lee, B. R., Greeno, E. J., & Barth, R. P. (2017). Trajectory of externalizing child behaviors in a KEEP replication. *Research on Social Work Practice*, *27*(3), 283–290. doi:10.1177/1049731515576546

Victor, B. G., Ryan, J. P., Moore, A., Mowbray, O., Evangelist, M., & Perron, B. E. (2016). Foster home licensing and risk of reentry to out-of-home care following family reunification. *Children and Youth Services Review*, *70*, 112–119. doi:10.1016/j.childyouth.2016.09.015

Vinjamuri, M. (2016). It's so important to talk and talk: How gay adoptive fathers respond to their children's encounters with heteronormativity. *Fathering: A Journal of Theory, Research & Practice about Men as Fathers*, *13*, 3.

Whiting, J. B., & Lee, R. E., III. (2003). Voices from the system: A qualitative study of foster children's stories. *Family Relations*, *52*(3), 288–295. doi:10.1111/j.1741-3729.2003.00288.x

Wind, L. H., Brooks, D., & Barth, R. P. (2005). Adoption preparation: Differences between adoptive families of children with and without special needs. *Adoption Quarterly*, *8*(4), 45–74. doi:10.1300/J145v08n04_03

Wright, L., & Flynn, C. C. (2006). Adolescent adoption: Success despite challenges. *Children and Youth Services Review*, *28*(5), 487–510. doi:10.1016/j.childyouth.2005.06.004

Zinn, A. (2009). Foster family characteristics, kinship, and permanence. *Social Service Review*, *83*(2), 185–219. doi:10.1086/600828

Zinn, A. (2012). Kinship foster family type and placement discharge outcomes. *Children and Youth Services Review*, *34*(4), 602–614. doi:10.1016/j.childyouth.2011.11.015