2. Placement services generally

The decision to place a child in out-of-home care is a critical safety decision and may have life-changing effects on a child.

Placing a child in substitute care is always difficult, but the caseworker should foster an environment to stabilize a child and family, and to strengthen parental protective capacity so a child can return home. Placement should help a child and family resolve problems, assist parents in enhancing their protective capacity, and progress toward permanency for a child. If a child cannot return home, substitute care provides a safe and nurturing environment while a permanent placement is found.

Child welfare must make active efforts to reduce the risk of child abuse and neglect, and ensure there is a legal basis for removal before removing a child from his or her home.

- A child should be placed in substitute care only when criteria for an in-home ongoing safety plan cannot be met.
- Children should be placed in substitute care as a last resort. Refer to Chapter III, Managing Child Safety In and Out of Home, for detailed procedures on developing an ongoing safety plan. Refer to Chapter VIII, Work with the Courts and External Partners, for detailed procedures on court actions.

A. Types of substitute care and the services each provides

The following types of substitute care are listed from the least to most restrictive.

- Always select the least restrictive substitute care option able to meet the child's needs for safety and well-being.

Family Foster Care

Includes relative caregivers or other adults known to the child able to be certified by child welfare, and unrelated foster parents.

Consider **family foster care** for a child with normal or special developmental needs or problems who can be cared for and maintained in a regular family setting. Family foster care means the child is living with a family who has been or can be certified through child welfare. Most children can be cared for in a family foster care setting. The caregiver can be a relative, another adult known to the child or a foster family unknown to the child. Within this category of substitute care, there are a number of preferences listed below, starting with the first preference.

- Whenever there is a relative available to provide substitute care and the relative can be certified by the department, the relative is the first choice for a child's placement.
- An adult who has a caregiver relationship with a child is the next in order of placement preference. This type of relationship could be with a relative or a non-relative.
- As defined in I-E.3, Placement Matching, "Caregiver relationship" means a relationship between a person and a child that has existed:
  1. For the 12 months immediately preceding the initiation of a dependency proceeding;
  2. For at least twelve months during a dependency proceeding; or
  3. For half of the child's life if the child is less than six months of age, and
  4. The person had physical custody of the child or resided in the same household as the child;
  5. The person provided the child on a daily basis with the love, nurturing and other necessities required to meet the child's psychological and physical needs; and
  6. The child depended on the relationship to meet the child's needs.
- "Caregiver relationship" does not include a relationship between a child and a person who is an unrelated foster parent of the child unless the relationship continued for a period of at least twelve consecutive months.
- An unrelated person to whom the child has significant attachment or who has significant attachment to the child, and can be certified by the department, is next in order of preference of family foster care options.
- Fourth in the sequence of family foster care options is an unrelated adult unknown to the child, what traditionally is considered family foster care.

Professional and Emergency Shelter Care

Consider **professional and emergency shelter care** when a child needs more structure and supervision than is available in regular family foster care or when regular foster care is unavailable or inappropriate due to the child's needs or behaviors.

Therapeutic Foster Care (Behavior Rehabilitation Services)

Consider **therapeutic foster care** when the child needs behavioral intervention, counseling and skill-building services that cannot be managed in a less structured and less restrictive environment.

Psychiatric Residential Treatment

Consider **psychiatric residential treatment** when the child needs a treatment environment to manage behavioral problems that cannot be managed in a family setting in the community.

B. Initial substitute care placement

Procedure

- To determine a child's immediate needs when an out-of-home ongoing safety plan is a required, the caseworker must:
  1. Involve the child's parents and when developmentally appropriate, the child in identifying substitute care placement resources whenever possible.
     a. Whenever a child who needs substitute care is diagnosed with HIV or AIDS, also refer to Section 10 of this chapter for detailed procedures to follow in planning and selecting a substitute caregiver.
  2. Assess the ability of each potential substitute caregiver to provide safety for the child.
  3. Identify potential substitute care placements in order of preference:
     a. A relative who can and will meet the child's needs for safety and who can be certified by child welfare;
     b. A person who has a caregiver relationship with the child and can be certified by child welfare;
     c. An unrelated person to whom the child has significant attachment or who has significant attachment to the child and who can be certified by child welfare;
     d. A foster parent who is certified; or
     e. A provider who has been licensed by child welfare.
  4. Identify which person has the closest existing personal relationship with the child if more than one person requests to have the child placed with them.
  5. Consider whether the substitute care placement:
     a. Has the ability to provide safety for the child;
     b. Is willing to cooperate with any restrictions placed on contact between the child and others;
     c. Has the ability to prevent anyone from influencing the child in regard to the allegations of the case;
     d. Has the ability to support child welfare's efforts to implement the permanent plan for the child;
     e. Has the ability to keep siblings together; and
     f. Has the ability to meet the child's physical, emotional and educational needs, including the child's need to continue in the same school or educational placement.
     g. Has the ability to manage the child's supervision needs as identified in the CANS screening and other current assessments or evaluations of the child.

6. Ensure that the substitute care placement is the most home-like and least restrictive available to meet the child's needs.
7. Ensure that the race, color, culture or national origin of a child or a substitute care placement is not a consideration when assessing a substitute care placement.
8. If the child is an Indian or refugee child, follow OAR 413-070-0220 and OAR 413-070-0320 regarding placement preferences and detailed procedures in this chapter for placement of an Indian or refugee child.

C. Involve the child's family

Both federal and state laws place strong emphasis on maintaining continuity of family relationships and connections within the child's community whenever appropriate.

- Even in an emergency, involve the family as much as possible in making safety-related decisions regarding a child's substitute care placement.

Procedure

- Treat parents respectfully and include them in placement decision-making processes and the Child Safety Meeting when developing the ongoing safety plan (see Chapter 2, Conducting the Child Safety Meeting). Even if parents and children disagree with the placement decision (which of course, many do), it is important for them to understand the reason for placement is to manage a child's safety.

- Focus on maintaining family and relative ties including the relationships of the child with parents, siblings, grandparents, aunts, uncles and cousins, and family friends who are viewed as part of the family. This includes substitute care placement decisions (Chapter IV) and visitation and contact arrangements (Chapters III and IV). Even if parental rights eventually are relinquished or terminated, the child may continue a relationship with some or all family members.

- Discuss potential substitute caregivers with the family. Explain to the family the requirement that DHS consider substitute care placements in the following order of preference:

  1. A relative who can and will meet the child's needs for safety and can be certified by child welfare;
  2. A person who has a caregiver relationship with the child and can be certified by child welfare;
  3. An unrelated person to whom the child has significant attachment or who has significant attachment to the child and who can be certified by child welfare; or
  4. A foster parent who is certified or a provider who is licensed by child welfare.

- Inquire whether the family has relatives who may be able and willing to care for the child.
- Inquire whether there are other adults who know and who are known by the child who may be able and willing to care for the child.
- Work with the family to identify which person has the closest existing personal relationship with the child if more than one person (relative or other adult known to the child) requests to have the child placed with them.
- Initiate the procedures for immediate certification of a prospective relative or other adult known to the child.
- Continue to assist parents in understanding the steps you are taking to manage their child's safety.

D. Match the child's needs with a substitute caregiver's ability

The actions the caseworker takes to facilitate a substitute care placement that meets a child's needs are dependent upon the type of substitute care placement selected. To the extent possible, explore all the issues pertinent to a child's substitute care placement before removal from the family home. The more knowledge the caseworker has of a child's and the family's needs, including cultural considerations, the more likely the initial substitute care placement of a child will last throughout a child's stay in substitute care.

A child's substitute care placement is likely the most significant service provided by child welfare and is critical to a child's safety and well-being.

In a planned substitute care placement, consider all the issues related to a child's needs and the substitute caregiver's capacities.

- In an emergency, when immediate substitute care placement is necessary to manage child safety, make the best initial substitute care placement decision possible in light of the general knowledge of substitute care placement considerations and what is known about a child.

Procedure

- Answer the following questions when an immediate substitute care placement is necessary:
  1. What are the ***identified*** safety threats that require an out-of-home ongoing safety plan?
  2. Does the child have any ***immediate*** mental or physical health care issues that need to be considered?
  3. Have relatives been contacted and assessed?

4. Must emergency shelter care be used while a prospective substitute caregiver can be assessed?
5. How are the parents involved in the substitute care placement process?
6. How are the child and the substitute caregiver involved in the placement process?
7. When placing a sibling group, can the siblings be placed together? If not, what arrangements are made for visitation and contact in the Temporary Visit and Contact Plan?
8. What resources are needed to support a prospective placement?

- When making a decision on substitute care for a child, consider both the individual needs of the child and the skills and abilities of the substitute caregiver.

E. Assess the child's needs

Consider the needs of the individual child. The assessment of the child's individual needs began during the CPS screening and assessment process, and continues when substitute care is required to manage safety either when the protective action is removal from the home or when substitute care is the least restrictive ongoing safety plan that can manage child safety. It is important to ask the child, at a developmentally appropriate level, what he or she needs in a substitute care setting to make them feel safe and comfortable.

TIP

The longer the child remains with the initial substitute caregiver, the more likely the child and caregiver are to become attached to each other and the more difficult and problematic it will be to transfer the child to another substitute caregiver. It is especially important to act quickly when the initial substitute care placement fails to address one or more of a child's key needs. For example, a substitute care placement may be so far from the child's biological family that visits and reunification are adversely affected; or siblings may be separated due solely to lack of openings in the substitute care resources available at the time of initial placement.

Procedure

- Answer the following questions to help identify the child's substitute care placement needs as they relate to safety, permanency and well-being.

Safety

1. What unique circumstances required substitute care placement and how do these safety issues affect the child?
2. Are there particular safety issues related to proximity to parents, siblings or family that must be considered?
3. Does the child have any identified medical or mental health treatment needs?
4. Does the child have identified supervision needs that indicate immediate referral for a CANS screening?
5. Is the child in a special educational program?

6. Are there other unique circumstances related to keeping the child safe?

Permanency

7. Does the CPS assessment give any indications that the child may be able return home soon?
8. Are there clear indications at this point that the child will need permanent placement other than return to parents?
9. Is the child strongly connected with relatives or other supportive adults who may serve as permanent resources?

Well-being

10. Who are the important family members and other adults in the child's life who have provided safety and a sense of self?
11. Are there particular services available and appropriate to address the child's needs, including cultural needs?
12. Does the child have important connections with school, church or community that should be considered?
13. Can the placement decision provide some continuity even during this crisis?

F. Determine whether a child has special needs

Procedure

- Consider whether the assessment of this family, to date, has identified any special needs that may include, but are not limited to, the following circumstances:

1. A child has severe health impairments or developmental disabilities requiring specialized medical and physical care. consider referring the child for a Personal Care Services Assessmenet.
2. A child has diagnosed educational or mental health needs and currently is receiving day or outpatient treatment.
3. A child has emotional/behavioral problems and requires extraordinary support from the substitute caregiver. Consider referring the child immediately for a CANS screening.
4. A child has emotional/behavioral problems and needs ongoing treatment in the substitute care setting and more restrictive care.
5. A teen mother requires parental guidance for herself and assistance with learning to parent her child.
6. A child cannot readily accept parental care and guidance.

7. A child requires a regulated environment integrated with mental health or social treatment services and training.

G. Assess prospective substitute caregivers

Procedure

- The following actions are required in the assessment process when a child must be placed in substitute care:
- Identify potential substitute care placements in the following order of preference:
  1. A relative who can and will meet the child's needs for safety and can be certified by child welfare;
  2. A person who has a caregiver relationship with the child and can be certified by child welfare;
  3. An unrelated person to whom the child has significant attachment or who has significant attachment to the child and who can be certified by child welfare; or
  4. A foster parent who is certified or a provider who is licensed by child welfare.
- Identify which person has the closest existing personal relationship with the child.
- Determine whether the person:
  1. Has the ability to provide safety for the child.
  2. Is willing to cooperate with any restrictions placed on contact between the child and others.
  3. Has the ability to prevent anyone from influencing the child in regard to the allegations of the case.
  4. Has the ability to support child welfare's efforts to implement the permanent plan for the child and
  5. Has the ability to meet the child's identified physical, emotional and educational needs, including the child's need to continue in the same school or educational placement.
- If more than one person requests to have the child placed with them, select the person who best matches the criteria outlined above.
- Ensure that the out-of-home care placement is the most home-like and least restrictive available to meet the child's needs.
- Ensure that the race, color, culture or national origin of a child or a substitute caregiver is not a consideration when assessing an out-of-home care placement.

- If the child is an Indian or refugee child, follow the procedures in this chapter regarding placement preferences for Indian or refugee children.

H. Make a placement selection

Select an initial and any subsequent placement based on the substitute caregiver's capacity to participate in the ongoing safety plan and meet the safety and well-being needs of the child. A child's substitute care placement likely is the most significant service provided by child welfare and is critical to a child's safety and well-being.

Procedure

- Consider all the information gathered during the assessment regarding the specific circumstances as they are occurring within the family, the specific child's needs, the substitute caregiver's capacity to meet the criteria when considering substitute care placement, and available substitute care placement resources in relationship to the following statutory requirements when making a substitute care placement selection.
    1. Safety is the paramount concern guiding the requirements for the care, services and treatment of a child. The ongoing safety plan participants include the substitute caregiver as a participant in managing the child's safety.
    2. Place a child with relatives whenever possible and keep siblings in the same substitute care placement whenever possible, and when it is in the best interests of the children. Federal CFSR reviews have found several benefits in placing with relatives including more frequent contact with parents, fewer placement disruptions, preservation of existing family connections, continuity of care, maintenance of the family system as the child's primary caregiver, and a continued sense of belonging, worth and history for the child.
    3. Make efforts to reunite separated siblings in substitute care as soon as possible. In the interim, include routine contact and visitation in the temporary and ongoing visit and contact plans.
    4. Place the child in the least restrictive substitute care placement that meets the child's safety and developmental needs, including the ability to maintain the child in his or her current school.
    5. Look for a substitute care placement in close proximity to the parents whenever it is in the child's best interest, and safety can be maintained.

I. Prepare a child and family for placement

Once the decision has been made to remove a child from his or her home, the substitute care placement process begins. Once a specific substitute care placement is chosen, the substitute care placement process becomes concrete. Whenever possible, include the parents, child and substitute caregiver in discussing the process and encouraging input.

Procedure

- Cover the following issues:
  1. Determine which possessions the child should bring.
     a. Include transitional objects such as a blanket, stuffed animals or other special toys to which the child is especially attached. The child should bring personal clothing items. These should be marked by the substitute caregiver, so the child's belongings are properly identified and labeled.
     b. Include items important to the child such as a band instrument, special club clothing, uniforms, favorite books, diaries, jewelry and phone numbers.
     c. Do not take a child's personal items when there is risk of contamination due to drug production in the household.
  2. Develop a plan for maintaining contact between the child and the parents with a Temporary Visit and Contact Plan.
     a. Document the plan on the Temporary Visit and Contact Plan (0831A). There can be some flexibility, but the child will be less anxious if there is some kind of scheduled contact.
     b. With an established schedule of calls and visits, it is easier to talk with parents about the child's need for contact if there are lapses in contact.
     c. List the people who can have phone and face to-face contact with the child and who cannot.
     d. Describe the reasons for supervision if a child's visits must be supervised.
  3. Gather information about the child's medical condition, routines, preferences, best discipline techniques for that child, how the child is soothed and similar care topics.
     a. This is vital information for the child's substitute caregiver and will assist in maintaining consistency in the child's life. Record the information on the Child Welfare Child Placement Form (CF 261), and give a copy to the substitute caregiver when the child is placed in the home.
  4. Inquire about values, activities and behaviors about which the parents feel strongly (e.g., church attendance, hair cuts or clothing choices). Share this information with the child's substitute caregiver.

5. Share information with the parents about the substitute caregiver's rules, routines and preferences.
   a. For instance, substitute caregivers usually have routines that parents need to respect, such as meal times and when they prefer no phone calls. Many treatment facilities have requirements regarding phone usage except in an emergency. Many also have standard visiting times and rules for signing in and out of the facility.
6. Give a clear message to the parents and child that the substitute care placement is for safety and to help the family work on solutions to the problems that precipitated the child's need for placement. Remind the parents they have work ahead of them.
7. Remind the substitute caregiver of their role in the ongoing safety plan and their responsibilities to:
   a. Cooperate with any restrictions placed on contact between the child and others; and
   b. Prevent anyone from influencing the child in regard to the allegations of the case.
8. Introduce the parents to the child's substitute caregiver whenever possible when the substitute caregiver is not a person known to the family (e.g., not a relative or person with an ongoing relationship with the child). An ice breaker, a structured meeting of a child's parents and the child's substitute caregiver, can be used and is described in Appendix 4.1.

J. Help a child transition to substitute care

Every child experiences an emotional response to placement in substitute care. For some, there may be a feeling of relief and anticipation of safety. For most, removal from the family's home, no matter how dangerous and chaotic, is a frightening and traumatic time in their lives.

It is important to remember to talk with the child more than once about the reasons why he or she is going to live with someone other than their parents. The explanation for substitute care should be discussed again during face-to-face visits. Due to the trauma and stress associated with the move to substitute care placement, the child may not be able to understand the "why" the first time it is discussed.

Procedure

- Prepare the child for substitute care placement by explaining to the child, within the scope of their developmental level, the reasons they will stay in another home.
- It is important to talk with the child; both verbal and nonverbal children need to hear the reasons behind what is happening to them. The child needs to hear that he or she is not at fault for the crisis in the family. Messages the children receive come not only from the words spoken, but also from the tone and nonverbal behavior of the caseworker.
- The person transporting the child, whether the caseworker or other child welfare staff, should talk to the child in a soothing voice. This is a very frightening time for the child.

- Acknowledge the child's feelings, answer questions and provide information (as it is available and appropriate) to the child.
- Have the child awake during the transition if possible. However brief, witnessing the transition from the caseworker to the substitute caregiver provides a measure of continuity for the child.
- Provide information about the next steps and introduce the substitute caregiver. These transitions, although they may be brief, are critical, as they are the linked chain of relationships back to the child's family.

K. The 30-day assessment of a child's placement

- Early assessment of the appropriateness of the placement is important for a number of reasons:
  1. Child welfare is responsible for ensuring a child's safety while in out-of-home care. The substitute caregiver selected for the child must be able to meet the child's needs for safety and well-being.
  2. When a substitute caregiver is struggling with a particular child, or if the mix of children in the home is challenging, it is child welfare's responsibility to support the substitute caregiver.
  3. When more information on the child's needs becomes known, the caseworker is responsible for informing the substitute caregiver and refering the substitute caregiver to services and supports to meet the child's needs.

Procedure

- Refer to Chapter 4, Section 5, Personal Care Services.
- Refer to Chapter 4, Section 6, Child and Adolsecent Needs and Strengths.
- At the first 30-day contact with the substitute caregiver, assess whether the substitute caregiver meets these additional statutory placement preferences:
  1. Is in close proximity to the child's parents;
  2. Is in close proximity to the child's community;
  3. Is keeping siblings together; and
  4. Is supporting the child's culture and family identity.
     Note that there are additional assessment requirements regarding substitute care when the child is an Indian child or a refugee child. Refer to procedures in this chapter for substitute care placement of an Indian or refugee child.

- When the substitute care placement does not meet one or more of these statutory substitute care placement preferences and the criteria described in **Assessing the Prospective Caregiver,** re-evaluate the substitute care placement selection and make a determination whether this substitute care placement selection is in the best interests of the child.

- Ensure the CANS referral has been completed. Assess whether the substitute caregiver has the ability to manage the child's supervision needs as identified in the CANS screening and other current assessments or evaluations of the child when a CANS is completed.

- When a child has on going medical needs that require personal care services, refer the child for a Personal Care Services Assessment, if the referral has not yet been completed.

- If it is determined that remaining in the current substitute care placement is in the best interests of the child, the child should remain with the substitute caregiver.

- Consult with your supervisor if you are unsure whether the child's placement is in the best interests of the child.

- If it is determined that remaining in the current substitute care placement is not in the best interests of the child, work with the child's family and other child welfare staff to secure another substitute caregiver for the child.

  1. Reassess the substitute care placement options under the identical criteria and preferences.
  2. Select a substitute care placement option that can manage child safety, is in the child's best interests, and can meet the needs of the child.

- Document the determination in FACIS and explain the basis for the determination as it relates to the best interests of the child.

- The 30-day contact also is a time to monitor child safety. Follow the procedures in Chapter III, **Contact Requirements.**

L. Ongoing assessment of a child's substitute care placement

- There are several considerations in ongoing assessment of a child's substitute care placement in addition to the child's safety management. Be mindful of the following during your contacts with the child and the substitute caregiver:

  1. Is the child physically and emotionally safe?
  2. Does this substitute care placement allow the child to preserve and maintain the existing attachments to his or her family?
  3. Does this substitute care placement provide continuity and familiarity?

4. Is this substitute care placement providing appropriate educational, developmental, emotional and physical support for the child's needs?
5. Does the substitute caregiver meet the child's supervision needs?
6. Does the substitute caregiver provide the required personal care services when the child's medical needs require a personal care services plan?
7. Is the substitute care placement stable?
8. Does this substitute care placement allow the child to maintain his or her cultural and religious heritage?

- Weigh the answers to these questions in consideration of the best interests of the child.
- Consider ways the substitute care placement can be supported to meet each of these considerations.

1. Are there ways to increase the child's contact with his or her family or other community connections?
2. Can arrangements be made for the child to attend cultural events, religious services or other activities to maintain attachments to the child's heritage and culture?
3. Are there services in the community or are there service providers who can address the child's specific needs (e.g., education, mental or physical health, or developmental)?
4. Is training appropriate and available for the substitute caregiver? Can certification staff assist in supporting the substitute caregiver with training materials or other resources by developing a Placement Support Plan (Chapter VII)?

- Staff the substitute care placement with a supervisor when you are in doubt that this is the best possible substitute care placement selection for the child.

M. 90-day review of a child's substitute care placement

Procedure

- The child's substitute care placement is reviewed during each 90-day case plan review. The procedure for this review is described in Chapter 3, Section 10.
  1. When the assessment is completed and the caseworker is confident the substitute care placement meets the needs and best interests of the child, and substitute care placement is still necessary to manage child safety, the child remains with the substitute caregiver.
  2. When, after the assessment, the caseworker concludes the substitute placement is not meeting the needs or is not in the best interests of the child and substitute care is still necessary to manage child safety, the case should be staffed with the supervisor for further consultation on either supporting the substitute caregiver in strengthening their skills and abilities or securing an appropriate substitute care placement for the child using the criteria for assessing an appropriate caregiver, and beginning again by reviewing possible relative caregivers.