Infancy (Birth to 18 Months)

The goal for infants is to help them maintain their attachments to their caregiver(s) of origin (if possible) and form new attachments to their current caregivers.

- **Prepare the environment** to receive the child, maintaining as much consistency and stability as possible. The caregiver should maintain the child's schedule and routines (eating, bathing, play.) Other strategies include:
 - Put an article of clothing from the caregiver to whom the infant is attached in the infant's crib.
 - Bring familiar music for the baby's room.
 - Caregiver should be available on demand.
- Pre-placement visits to the new home with the biological parents should be scheduled so the infant can become familiar with the caregiver and environment. This will help alleviate stranger anxiety that occurs between 10 and 14 months.
- Consider increasing the number of pre-placement visits and shortening the length of pre-placement visits for younger children/infants.
- **Frequent contact with the biological parent** is necessary to maintain the child's relationship with their parent.

Toddler (18 Months to 3 Years)

Again, the goal for toddlers is to help maintain their attachments and form new attachments.

- Pre-placement visits will help prevent problems in development of trust. Abrupt moves send toddlers the message that "strangers may come take you away at any time," resulting in chronic fear and anxiety.
- If possible, the two sets of caregivers should have contact to actively transfer care giving tasks and routines.
- Provide toddler with **familiar belongings** to take with them. In emergency placements, allow the child to take a favorite toy or stuffed animal as a transitional attachment object.
- Caregiver should talk daily with the child about absent caregivers, using photographs if possible.

Preschool (3 to 5 Years)

Strategies should be focused on providing predictability and security, but also allowing the child to develop a sense of autonomy, the sense of being able to make decisions and handle problems on their own.

- Help child **maintain attachments to family**, and help them **form new attachments with caregivers**.
- Complete pre-placement visits promptly within a week or two when it appears the child has become familiar with the environment and has identified the new caregiver as a source of support and help.
- Provide child with familiar belongings to take with them, or allow them to select a favorite toy or doll as a transitional attachment object.
- **Do not use trash bags** to pack a child's belongings. If suitcases or boxes are not available, use grocery bags instead.
- Try to involve parents in helping the child pack, because this helps the child perceive that the child has "permission" to go.
- Caregiver(s) should talk daily with the child about absent caregivers, using photographs if possible.
- The child welfare professional should explain each step of the move for the child in simple, concrete language. The child welfare professional may need to repeat the explanation several times during the course of the placement. The parent should provide as much of the explanation to the child as possible. For example:
 - "Today I am going to take you to Mrs. Johnson's house. You will live there for a while with her family, and they will take good care of you. While you are there, I'll be helping your mom learn how to take care of you and keep you safe. You can see your mom and talk to her on the phone lots of times."
- The child welfare professional can use play techniques to communicate information about the move, including drawing pictures, telling stories, acting out the move with dolls, and showing the child photographs of the new family and house.
- Let the child make decisions for himself about what to take, where he wants to sit in the car, what he wants the caregiver to give him for lunch, etc. Many things during a placement are "being done to the child" at an age when he needs to be "doing for himself." The child should help pack his things and choose those items he would like to take with him. (Letting him leave important items at home can reassure him that he will be coming back.)

School Age (6 to 9 Years)

Strategies center on preventing, identifying, and clarifying the child's magical and egocentric thinking as they struggle with integrating "big vs. little" and "good vs. bad."

- The school-age child has well-developed language skills. He should be helped to talk about the placement and his experiences. The child welfare professional should talk to him about all placement activities, the new home, the care-giving family, and the neighborhood.
- Help the child identify and express their emotions throughout the process. They
 need to understand that you can only do your job well if they share their feelings,
 concerns, fears, hopes, and dreams about the move.
- Include them as active participants in the moving process, allowing them to make decisions about what to bring and how to pack, answering their questions honestly, and listening to their concerns.
- After the move, continue to provide opportunities for the child to talk about and express their emotions in order to work through the grieving process, so that they can focus their energy on academic and peer activities.
- Look for verbal or behavioral signs of magical thinking and misperceptions that may have long-term negative consequences in children under eight years old (*e.g.*, that they caused or could have prevented the placement.) Most nine-yearolds are capable of inductive and deductive reasoning.
- Provide the child with as much information as possible about the foster family so the child knows what to expect and has some feelings of control over the situation. Some strategies for preparing a child in the event of an emergency placement include:
 - Some agencies ask resource parents to prepare a photo album with pictures of the family and house, and some description about their family. These can be shared with the child en route.
 - Formulate a list of questions about the resource family on the way to the house, such as, "Who else lives in the family?" and "Are there any pets?" Accompany the child on a tour of the house, and help ask some of the questions that you came up with together. Try to take some time afterwards to talk with the child about what they learned and any feelings they might be having.
- **Ensure that the "rules" in the new family are clarified** for the child. A discussion should be held with the child and the caregiver in which the child shares information

about themself and their likes and dislikes, and the caregiver shares information about basic house rules and schedules.

 The child welfare professional should talk to the child about why they must move. The child may think it a punishment for something he/she did wrong. The child welfare professional should reassure the child and explain the reasons for the placement in terms the child can understand. (You will stay at the new house while your mom learns ways to keep you safe.)

Pre-Adolescence (10 to 12 Years)

Because individuation is the primary developmental task of the pre-adolescent, separation during this stage is particularly difficult. The primary challenge is to encourage attachment to a new caregiver during the time when the child's task is to separate from the family.

- Children this age have some abstract thinking ability and may understand how other people's actions can affect them. They may be able to accept that no one person is at fault, and that their behavior did not cause the move. The **reasons for the placement should be fully explained**, including the family's problems and the child's own need for safe care. The child should be given considerable opportunity to ask questions.
- The child should be encouraged to make as many decisions as possible about the placement process. All efforts should be made to allow the child to retain an appropriate level of control of her or his life.
- Provide a detailed description of the placement setting prior to taking the child there. The child should experience the new environment through one or more preplacement visits.
- Reassure the child that you will have frequent contact with them and will tell them about any decisions that are made about their future.
- The child may have concerns about loyalty. They need a consistent message from all persons involved that they **do not have to make a choice between** their biological parents and the caregivers.
- Placement goals will be most successful if the child makes a firm commitment to the new relationship, and if caregivers understand the challenges associated with building relationships with pre-teens. Caregivers must help the child achieve balance between dependence and independence.

Adolescence (13 to 17 Years)

Preparation of adolescents should focus on discussing the reasons for the move, plans for the future, and description of the placement setting.

- Some adolescents may be threatened if the placement is described as a "new family." For this reason, placement outside the home should be described as "a safe place to stay" until the family problems can be worked out or the child can learn to live independently.
- The adolescent should be engaged to **participate to whatever degree possible in choosing and/or planning the placement**. The child must know what we are thinking and why.
- Help the adolescent to view placement as an opportunity to review circumstances, feelings, and outcomes of previous parental separations and loss so that the move can become part of the healing process.
- Contracting and getting verbal or written commitment detailing how they are willing to work to make the placement successful will make the event more likely.
- Discuss Independent Living Services with the youth.

Other Effective Tips for Children of All Ages:

- Recognize normal signs of stress in children and become familiar with the particular child's responses to stress to determine the child's ability to cope with the situation.
- Carefully monitor the speed and intensity of the placement to prevent the child from experiencing crisis and to minimize the overwhelming stress and emotional impact of the crisis.
- Provide the child with ample support and in non-emergency situations, "slow down" the placement process when the child shows signs of excessive stress.
- Commence pre-placement preparation activities immediately to avoid prolonging a pre-placement period which can increase the child's anxiety.
- Ensure the child receives the appropriate clinical interventions to assist the child in managing the stress associated with the placement process and when the child experiences a clinical crisis to avoid long-term negative consequences.