Examining Initial Placement Types, Placement Stability, and Permanency

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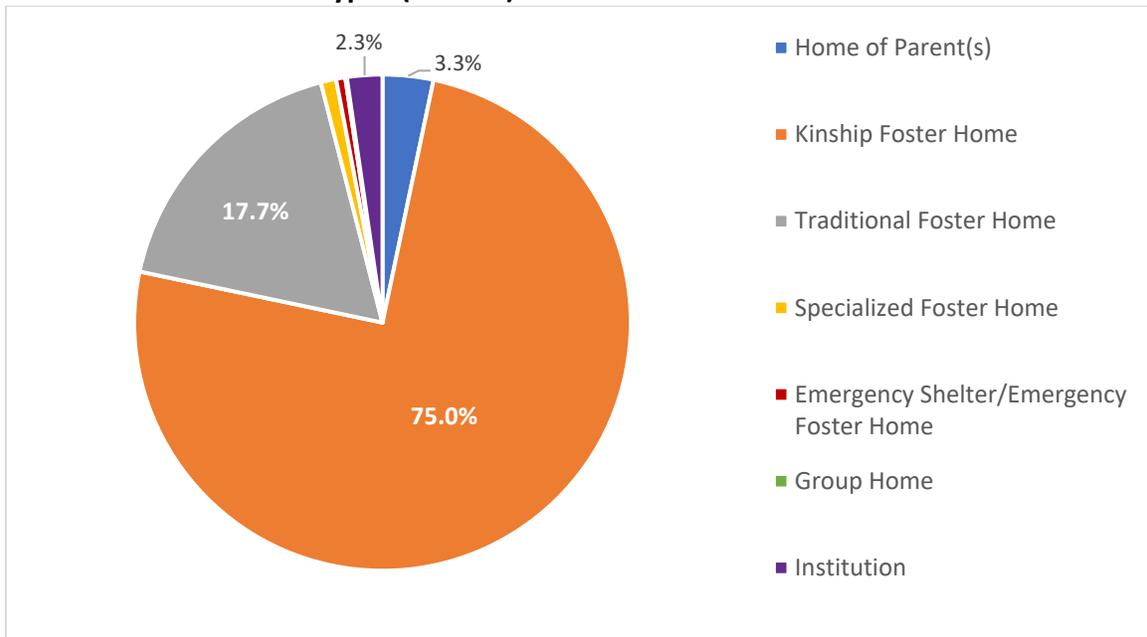
Children's initial placements when entering substitute care are important because they may influence later placement stability and the likelihood of achieving permanence. Placement instability has numerous negative consequences for a child's well-being. For example, placement instability during the first year of care has been tied to later negative outcomes such as increased mental health costs and increased emergency department visits (Rubin et al., 2004a; Rubin et al., 2004b; Font et al., 2018). When examining placement stability simply calculating the number of placement moves does not capture the quality of the placement move. Even though placement changes are usually viewed as unfavorable, some placement moves may be desirable, such as a move from a group home to a kinship foster home (Font et al., 2018). Using the data from Illinois Department of Children and Family Services (DCFS), this brief will first examine the placement restrictiveness of children's initial placement for those who entered the care in FY2022 and will then explore the relationship between initial placement types and later placement changes during children's first year in care.

In this analysis, placement types are divided into two categories: least-restrictive, family-like placements and more-restrictive, congregate care settings. Least-restrictive, family-like placements include home of parents, kinship foster care, traditional foster, and specialized foster care; while more-restrictive, congregate care settings include emergency shelters/foster homes, group homes, and institutions (Table 1). When initial placement types of children entering care in 2022 are examined, 75.0% of children were initially placed in kinship foster homes, followed by 17.7% in traditional foster homes, 3.3% in the home of their parent(s), and 2.3% in institutions. Very few children were initially placed in specialized foster homes (1.0%), emergency shelters or emergency foster homes (0.6%), or group homes (0.1%) (Figure 1).

Table 1. Placement Type Terminology

Least-restrictive, family-like placements	
Home of parents	Placement of children with the non-offending parent or in the home of the parent(s) prior to reunification or termination of child welfare services. When home of parent is used as a placement, DCFS retains legal responsibility for the child (DCFS, 2016).
Kinship foster care	Placement of children with relatives in the relatives' homes. Relatives are the preferred placement for children who must be removed from their parents, as this kind of placement maintains the children's connections with their families. In Illinois, kinship care providers may be licensed or unlicensed.
Traditional foster care	Placement of children with non-relatives in the non-relatives' homes. These traditional foster parents have been trained, assessed, and licensed to provide shelter and care.
Specialized or treatment foster care	Placement of children with foster families who have been specially trained to care for children with certain medical or behavioral needs. Examples include medically fragile children, children with emotional or behavioral disorders, and children with HIV/AIDS. Treatment foster parents are required to obtain additional training to become licensed, provide more support for children than regular family foster care, and have lower limits on the number of children that can be cared for in their home.
More-restrictive, congregate care settings	
Emergency shelter/ Emergency foster home	Temporary living arrangements for children if no other possible foster home placements can be arranged (DCFS, 2015). DCFS policy states that placements in emergency shelters should not exceed 30 calendar days.
Group home	Community-based residence that houses more children than are permitted to reside in a foster family home, but fewer than a residential treatment center. In Illinois, the number of children in a group home is limited to 10 or fewer.
Institution	Variety of congregate care placements such as residential treatment centers, detention centers, hospitals, and other health facilities.

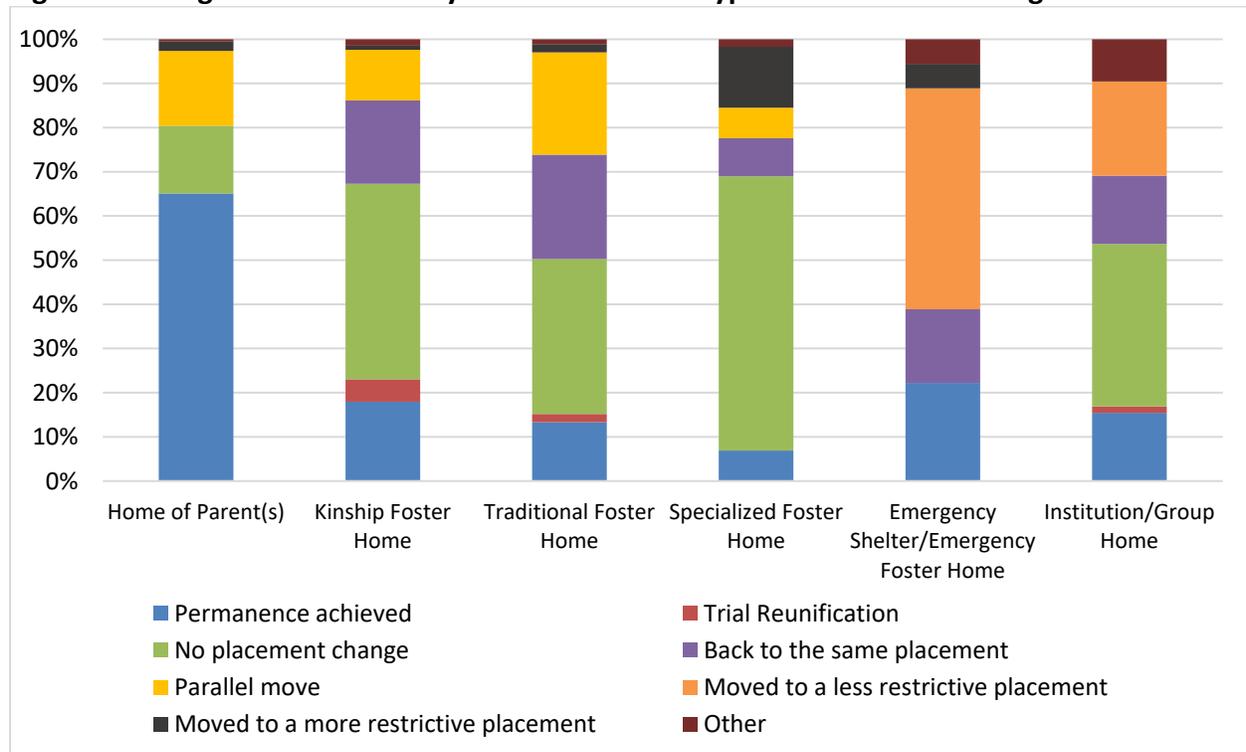**Figure 1. Initial Placement Types (FY2022)**

To examine the placement changes that children experienced the placement type at entry into care was compared to the placement type at the end of the first year in care and eight categories of placement change were created: permanence achieved; trial reunification; no placement change; moved back to the same placement; parallel move; moved to a less restrictive placement; moved to a more restrictive placement, and other (see Table 2).

Table 2. Categories of Placement Change

Category	Definition
Permanence achieved	Children attained permanence within 12 months of their initial placement
Trial reunification	Children were placed in a trial home visit with parents within 12 months of their initial placement
No placement change	Children's initial placement stayed the same for 12 months
Moved back to the same placement	Children were removed from their initial placement but moved back to the same placement/provider within 12 months
Parallel move	Moved between similar types of placements; for example, a move between home of parents to a foster home (a kinship, traditional, or specialized foster home), or a move between an emergency shelter/emergency foster home and an institution/group home
Moved to a less restrictive placement	Moved from a more restrictive placement (emergency shelter/emergency foster home or group home/institution) to a foster home or home of parent setting
Moved to a more restrictive placement	Moved from a foster home setting to an emergency shelter/emergency foster home or a group home or institution
Other	Runaway, armed services, or hospitals

Figure 2 shows the types of placement changes experienced by children in different initial placement types who entered care in FY2022. Among children initially placed in a home of parent, 65.1% achieved permanence, 15.3% did not have placement changes, and 16.9% had a parallel move during the year. Among children initially placed in kinship foster homes, 18.0% achieved permanence, 5.1% were placed in a trial reunification, and 44.3% stayed in the same placement during their first year. Less than 1% of the children initially placed in kinship foster homes were moved to more restrictive placements. Among the children initially placed in traditional foster homes, 13.3% achieved permanence, 1.9% were placed in a trial reunification, and 35.1% stayed in the same placement. Only 1.9% of the children initially placed in traditional foster homes were moved to more restrictive placements by the end of their first year. Among children initially placed in specialized foster homes, 6.9% achieved permanence and 62.1% did not have placement changes during the 12-month period. About 14% of the children initially placed in specialized foster homes were moved to more restrictive placements by the end of their first year. Among children initially placed in emergency shelter/emergency foster homes, 22.2% achieved permanence, 50.0% moved to a foster home setting, 16.7% moved back to the same placement, and 5.6% moved to group homes or institutions by the end of their first year. Of children initially placed in institutions/group homes, 15.4% achieved permanence, 1.5% were in trial reunifications, and 21.3% were moved to less restrictive placements. However, 36.8% stayed in the same institutions/group homes for their first year in care and 15.4% were moved back to institutions/group homes by the end of their first year.

Figure 2. Changes in Placement by Initial Placement Type for Children Entering Care in FY2022

Discussion and Conclusions

The results show that initial placements influence placement stability and the likelihood of achieving permanence. Children initially placed in homes of parents, kinship foster homes, or specialized foster homes are more likely to have a stable and desired experience (including achieving permanence, trial reunification, and no placement change) as compared to other types of placements. Very few children were initially placed in emergency shelters/emergency foster homes. This type of placement is designed to be a short-term placement, and the analyses confirm that 22.2% of these children achieved permanence and 50.0% moved to a less restrictive placement by the end of their first year. Children initially placed in institutions and group homes had the least favorable experience: 52.2% stayed in or moved back the same restrictive placement and 9.6% had "other" placements (runaway, armed services, or hospitals) by the end of their first year. Illinois DCFS has been able to decrease the percentage of children initially placed in emergency shelters/emergency foster homes, group homes, and institutions even as the number of children entering care has increased in the recent years (Children and Family Research Center, 2023). Our analysis of placement changes reaffirms the importance of these efforts.

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Related Publications

Children and Family Research Center. (2023). *Conditions of children in or at risk of foster care in Illinois: FY2023 monitoring report of the B.H. Consent Decree.* https://cfrc.illinois.edu/pubs/rp_20231016_FY2023MonitoringReportOfTheBHConsentDecree.pdf

Acknowledgements

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