

This article was downloaded by: [Theodore P. Cross]

On: 14 February 2013, At: 09:19

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Public Child Welfare

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wpcw20>

Why Do Children Experience Multiple Placement Changes in Foster Care? Content Analysis on Reasons for Instability

Theodore P. Cross^a, Eun Koh^b, Nancy Rolock^c & Jennifer Eblen-Manning^a

^a University of Illinois at Urbana-Champaign, Urbana, IL, USA

^b University of Arkansas, Fayetteville, AR, USA

^c University of Illinois at Chicago, Chicago, IL, USA

Version of record first published: 14 Feb 2013.

To cite this article: Theodore P. Cross , Eun Koh , Nancy Rolock & Jennifer Eblen-Manning (2013): Why Do Children Experience Multiple Placement Changes in Foster Care? Content Analysis on Reasons for Instability, *Journal of Public Child Welfare*, 7:1, 39-58

To link to this article: <http://dx.doi.org/10.1080/15548732.2013.751300>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Why Do Children Experience Multiple Placement Changes in Foster Care? Content Analysis on Reasons for Instability

THEODORE P. CROSS

University of Illinois at Urbana-Champaign, Urbana, IL, USA

EUN KOH

University of Arkansas, Fayetteville, AR, USA

NANCY ROLOCK

University of Illinois at Chicago, Chicago, IL, USA

JENNIFER EBLEN-MANNING

University of Illinois at Urbana-Champaign, Urbana, IL, USA

This study used content analysis and qualitative analysis to examine reasons for moves in 53 child welfare cases with placement instability. Coding from case records of reasons for placement moves revealed three categories in most cases: 1) caregiver-related reasons, such as maltreatment by caregivers or changes in caregivers' lives; 2) child behavior-related reasons such as aggressive behaviors; and 3) system- or policy-related reasons, such as the need to use temporary placements or the aim of placing children

Received: 05/09/11; revised: 08/29/12; accepted: 09/29/12

We would like to acknowledge Dr. Mark F. Testa for his work in conceptualizing and organizing the Multiple Move Study. We thank the team of reviewers who worked diligently on this project: Robin Albritton, Darlene Bushue, Kay Clark, Cheryl Conners, Kathleen Duvall, Dorothy Elligan, Rick Fredrikson, Anne Gold, Linda Gulledege, Yvette Harris-Jemison, Tammy Harvey, Margueretis Hooker, Kevin Houser, Deanna Large, Christy Levine, Chandler Mackey, Steve Mathews, Mary Novak, Javan Owens, Angie Paniagua, Cynthia Richter, Geraldine Rodriguez, Cathy Shaw, Greg Smith, Terry Whipple, and Roben Winters. We also thank Joan Nelson-Phillips and Yolanda Green Rogers for help managing case file reviews, and Dan Phillips for data management. Finally, we would like to acknowledge the Illinois Department of Children and Family Services for funding this research.

Address correspondence to Theodore P. Cross, University of Illinois at Urbana-Champaign, School of Social Work, 1010 West Nevada Street, Urbana, IL 61801, USA. E-mail: tpcross@illinois.edu

with siblings. Children's previous instability should be considered in choosing and supporting caregivers, providing mental health resources, and considering moves to improve care.

KEYWORDS *foster care, kinship care, placement, placement stability*

Most children who are removed from their homes by child welfare services are stable in their placements (Pardeck, 1984; Proch & Taber, 1985; Webster, Barth, & Needell, 2000), but a worrisome proportion of children experience multiple placements and do not achieve stability in their living situation. Connell and colleagues' study tracking placement data for children in foster care in Rhode Island suggests that between 25% to 50% of children experience three or more placement changes in the first year in care (Connell et al., 2006). Case record reviews of foster care alumni found that 32.3% youths had experienced eight or more moves over their time in care (Pecora et al., 2005). Studies have shown that early instability in foster care places children at increased risk for later mood difficulties and behavior problems, even when early behavior problems are taken into account (Newton, Litrownik, & Landsverk, 2000; Rubin, O'Reilly, Luan, & Localio, 2007; Ryan & Testa, 2005). Children experiencing instability also have a high rate of additional placement disruption, have greater difficulty finding permanent homes, and experience poorer adult outcomes (Newton et al., 2000; Wulczyn, Kogan, & Harden, 2003). A number of studies examine factors that predict placement disruptions and a few test statistical models to explain which cases become unstable. As discussed later in greater detail, one study (James, 2004), looked at case records and examines the specific reasons why placement moves take place. But we have found no studies that focus on unstable cases and examine case records to explore the specific reasons why these placements disrupt. Yet understanding the reasons for placement changes in unstable cases would provide clues about how to prevent instability. To help explain the reasons for instability, this article uses content analysis of case records to categorize the reasons for moves in 53 unstable cases, and qualitative analysis to explore these reasons further. The qualitative analysis examines both individual moves and patterns across moves.

The research identifying factors predicting disruptions in substitute care is substantial (for reviews, see Children and Family Research Center, 2004; Jones & Wells, 2008; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007). Oosterman et al.'s (2007) comprehensive review and meta-analysis of 26 studies found a range of different factors predicting either disruption of individual placements or instability measured in terms of multiple placements. Several factors were significant predictors of placement disruption across multiple studies: child behavior problems, older child age,

the child's previous history of institutional care, number of previous placements (although it is not clear that this predictor is independent of other child variables like age and behavior problems), and various measures of the quality of and resources for foster caregiving. It should be noted that child behavior problems can be both a cause and an effect of instability, as longitudinal studies (Newton et al., 2000; Rubin et al., 2007) have found that early instability in care was associated with later child behavior problems.

By using statistical methods to correlate case characteristics with the event of disrupting one time or multiple times, these studies suggest factors that may contribute to instability, but they do not examine the specific reasons placements disrupt, which limits the information they provide on the processes underlying instability. James (2004) advanced the field by examining the specific reasons that caseworkers and caregivers identified for ending placements in foster care. In this study, case records for 580 children in foster care were reviewed, and data on reasons for placement change were abstracted. Forty-six codes were identified for a total of 1,663 placement changes, which were then organized into four broad categories: 1) system- or policy-related; 2) foster family-related; 3) biological family-related; and 4) child behavior problem-related.

System- or policy-related moves (70.2% of the total moves) were initiated by agencies to improve care. These included moves from shelter to short-term foster homes, moves from short-term to long-term or permanent foster homes, and moves to be placed with relatives and/or siblings. Foster family-related moves (8.1% of the total moves) were initiated by caregivers because of stressors or events in their lives (e.g., geographic moves, employment changes, health problems, or other family emergencies) and also by agencies because of concerns about caregivers (e.g., problems in licensing, maltreatment reports against caregivers, or caregivers' failure to meet children's treatment needs). Biological family-related moves (only 2.0% of the total moves) occurred either because children who had been reunified with their biological parents reentered care or because there were conflicts between the biological and foster families. Child behavior problem-related moves (19.7% of the total moves) were made because children's behavior created problems in the home or because children moved to a treatment facility or other more restrictive care.

James (2004) has made a significant contribution to the literature, providing a taxonomy of moves and describing the relative frequency of each type of move. But her study did not distinguish between moves for children who generally experienced placement stability and moves for children who experienced multiple disruptions. The distribution of reasons for placement changes for children who have experienced multiple placements is likely to be somewhat different from children who have generally experienced stability in foster care.

The current study analyzes reasons for instability using an adaptation of the coding scheme from James' (2004) study. As in James' (2004) study, system- or policy-related moves, foster family-related moves and child behavior-related moves were coded (the biological family-related category was not used, as discussed later in text). However, the current study also expands on James (2004) in several ways. First, it focuses on reasons for placement change in a sample consisting solely of unstable cases, whereas James' study included both stable and unstable cases and did not distinguish between the two. Second, the child is the unit of analysis in this study rather than the individual move, as it was in James' study (2004). This allowed us to examine reasons for moves *across placements* in an attempt to understand why particular children tended to experience placement instability. Third, in addition to quantitatively coding reasons for placement disruption, the current study qualitatively describes specific patterns of child, caregiver, and caseworker or agency behavior associated with instability, both within individual moves and across moves.

In the current study, we sought answers to the following research questions:

- To what extent do system- or policy-related moves, child behavior-related moves and caregiver-related moves contribute to placement instability for unstable cases?
- What specific patterns of child, caregiver and caseworker (or agency) behavior occurred that helped lead to instability for each of these three factors?

METHOD

This article is one product of the *Multiple Move Study*, a collaborative project of the Children and Family Research Center at the University of Illinois at Urbana-Champaign and the Department of Children and Family Service (DCFS) Division of Quality Assurance. The project aimed to understand the factors associated with multiple placement moves and to assess the impact of the Child and Youth Investment Teams (CAYIT) program, an intervention intended to reduce instability. Of all Illinois children living in traditional or kinship foster care at the beginning of the review period studied here, 92.5% were defined as living in stable placements (two or fewer placements within 18 months), and 7.5% were identified as multiple move cases (three or more placements within 18 months). The Illinois Department of Children and Family Services (IDCFS) sought to decrease the number of placements among the minority who experience instability. The assessment of CAYIT is beyond the scope of the present article, but is discussed in the project final report (Rolock, Koh, Cross & Eblen-Manning, 2009).

Sample

The data for the study sample were provided by the IDCFS. Initially, a total of 184 children were selected who had entered foster care before July 1, 2006, and had experienced three or more placements in traditional or relative family foster homes during an 18-month study eligibility period extending from July 1, 2006, to December 31, 2007. Although these were all IDCFS cases, most of the actual casework was provided by private child welfare agencies under contract to IDCFS. The definition of *stability* and *instability* were set by IDCFS, as part of the agency's CAYIT intervention to decrease instability. Setting the threshold for instability at three placements takes into account the frequency with which children placed in care have emergency or short-term placements before going to a permanent setting, and is consistent with prior studies (see Hartnett, Leathers, Falconnier, & Testa, 1999; Webster, et al., 2000).

A sample of 61 children was selected from the 184 for intensive analysis. The 61 included the 11 children who had the most placement changes (due to the considerable policy interest in these cases by the IDCFS and other stakeholders), and 50 children who were randomly selected out of the remaining 173 children. Fifty-two percent of these children had a length of stay in care exceeding 1 year and 21% a length of stay exceeding 3 years. The median number of days in a placement for these children was 75 days. It should be noted that the 11 children with the most placement changes differed in important ways from the 50 randomly selected. These 11 cases had many more placement changes: a median of 19 versus a median of 6.5 in the rest of the sample. In addition, 55% of these 11 were from Cook County, encompassing Chicago, compared with 22% in the rest of the sample; and 91% of these 11 cases were African-American, compared with 48% in the rest of the sample. Placement changes for these 11 were more likely to stem from the need to change levels of care (e.g., to move to a more or less restrictive setting) than in the rest of the sample (18% versus 9% in the rest of the sample); and less likely to stem from stressors in foster families' lives (2% versus 14%) or complaints against foster families (3% versus 13%). For the current study, eight cases were omitted from analysis because of missing data on the reasons for placement changes (as noted in following text), leaving an analysis sample for the current study of 53 cases.

Data Abstraction

The first step in this study was to abstract data for further analysis from case records maintained by IDCFS and private agencies. The research team created a standardized instrument to assist in abstracting and organizing case data relevant to placement instability. The team also developed a coding process that drew on the expertise of IDCFS' Division of Quality Assurance (IDCFS QA)

and the University of Illinois at Urbana-Champaign's Foster Care Utilization Review Program (FCURP), an IDCFS contractor. Twenty-seven case reviewers from these two programs were selected to participate in the research; each had 10 to 20 years of experience and had reviewed thousands of cases. The fourth author, an experienced FCURP trainer, trained the case reviewers on how to complete each page and section of the review instrument, where to locate relevant information, and how to code specific questions.

Each case was reviewed by one reviewer. A variety of source materials contained in the case records were used to complete the instrument for each case, including a) investigation reports and notes; b) family histories of maltreatment investigation and case assignment; c) service plans; d) case-worker and supervisor notes; e) mental health, educational, developmental, and medical assessments and reports; f) placement change forms; g) case review feedback forms; h) permanency goal change forms; and i) service referral forms, summary reports and action plans.

Included in the instrument was a section for abstracting data on each specific placement of 10 days or more in the child's current episode as an open IDCFS case. (A few children had been IDCFS clients in the past but then had become closed cases and did not receive IDCFS services until there was a new maltreatment report; placements from their previous episode of IDCFS services were not included in the present analysis.) A complete history of the child's foster placements was abstracted for the child's current episode in care up until the case closed or April 25, 2008, when reviewers began collecting data, whichever came first. This means that information was collected on placements before, during, and after the study eligibility period, which was from July 1, 2006, to December 31, 2007. Although placements during the study eligibility period were used to define the sample, per IDCFS' definition of instability, a complete picture of instability required us to examine the entire array of placements for a child. The information obtained for each placement included:

- Type of placement (e.g., relative or non-relative foster home, group home);
- Length of stay in the placement;
- Caregiver and home characteristics;
- Relevant events during the placement;
- Record of visitation between the child and parents, siblings and case-workers;
- Caregiver strengths, assessed by the data abstractor from the case record;
- Concerns about the caregiver, assessed by the data abstractor from the case record; and
- Reason for placement change

Because case abstraction was developed within the context of case review practice and not academic research, there was no formal interrater

reliability component to the study. However, additional steps were taken to maximize the accuracy of the data collected. Upon completion of each case reviewed with the research instrument, review team leaders would review each instrument for clarity, accuracy, and consistency. Review team leaders would then conduct a debriefing with the reviewer to explore additional information. The fourth author of this article then examined each completed case review instrument for clarity, accuracy, and consistency. Disagreements were resolved by discussion and consensus among the case reviewers and the additional staff reviewing the instrument. The fourth author also provided consultation on any questions related to case data that arose during data analysis.

Content Analysis on Reasons for Placement Changes

For each placement, the reviewer selected a code for the specific reason why the placement was ended, drawing on information from caregivers and/or caseworkers in the case record that reported their rationale for seeking a placement change. Based on previous literature (James, 2004; Proch & Taber, 1985), a list of 50 codes was generated, and the reviewer chose the primary reason from this list. Codes covered a wide range of specific events and circumstances. These included planned changes designed to manage care (e.g., “temporary placement awaiting more appropriate placement”) or improve outcomes for children (e.g., “permanency placement with relatives,” “moved to be with siblings”). They also included a range of unforeseen caregiver events or circumstances (e.g., “foster family moved,” “foster parent requested change: cannot provide long-term care”). Finally, there were several codes related to children’s behavior (e.g., “foster parent requested change: too much stress because of foster child’s behavior,” “foster parent requested change: cites child’s behavior problems”). An adapted version of James’ (2004) framework was then used by the authors to categorize these 50 codes into three broader categories of reasons: 1) system- or policy-related; 2) caregiver-related; and 3) child behavior-related. Our caregiver-related group merged James’ (2004) foster family-related group and biological family-related group, because biological family-related placement changes were rare in our sample and often were not clearly distinguishable from foster family-related changes (e.g., when a placement change was made because biological and foster parents did not get along).

To assess the impact of each of these categories on placement instability, we calculated the following statistics: a) the proportion of cases in which the category was the most frequent reason for moves, b) the proportion of cases in which the category ever occurred, that is, explained at least one move, and c) the proportion of cases in which the category occurred frequently, that is, explained at least three moves.

Missing Data on Reasons for Placement Changes

Information in case records was insufficient to ascertain the reason for a placement change for a fairly substantial percentage of the placement changes, 34.5%. There are multiple reasons for the high rate of missing values on this variable. One problem is that case record information was not always supplied when a case was transferred from one private agency to another (or, for IDCFS cases, from one region to another), particularly for older placements that took place before the widespread use of electronic client records. In addition, cases managed by private agencies often had missing information because workers in private agencies could not input information into Illinois' Statewide Child Welfare Information System (SACWIS) prior to mid-2005. Missing documentation was particularly problematic when placements involved stays in group homes and/or residential treatment centers, who were unlikely to supply case record information.

To insure that the reasons for placement changes that we analyzed here were relevant for studying instability, we adopted a rule that reasons for placement change had to be coded for at least three different placements to include a case in this analysis, and this resulted in a reduction from 61 cases to the analysis sample for the current study of 53 cases. There was an average of 6.0 placements per case with valid data on reasons for moves. This still left missing data on the reason for placement in 30% of placements. We found no significant differences in amount of missing data on this variable by child age, sex and race-ethnicity, and only a significant geographic difference between the North and Central regions, which suggests that overall the data on reasons for placement changes were representative of the population.

Qualitative Analysis

To supplement the content analysis of reasons, the first author also conducted a qualitative analysis to understand the processes involved in placement disruption in each of the three categories, with input from other authors on interpretation of case data. Case data were examined to assess more specifically reasons behind each placement disruption and to understand the events and the specific child, caregiver, and caseworker/agency thoughts and behaviors that were involved. We also looked at relevant contextual information from all the domains captured in the case abstraction process, such as the child's mental health history information and the caregiver's strengths. In addition to studying each move, the qualitative analysis looked for patterns across moves for a given child and examined whether cases stabilized during the review period and, if so, how it was done. Observations from individual cases were then aggregated using graphical methods and relevant trends were identified across cases.

TABLE 1 Number and Percentage of Cases in Which Different Categories of Reasons for Placement Changes Contributed to Instability

Reason	Most frequent category ^a	Ever occurred (>0 moves)	Occurred frequently (>2 moves)
Caregiver-related	18 (34%)	43 (81%)	17 (32%)
Child behavior-related	21 (40%)	36 (68%)	22 (42%)
System- or policy-related	11 (20%)	34 (64%)	14 (26%)

^aIn 3 cases (6%), no one category was most frequent.

RESULTS

In a majority of the cases, several different factors contributed to placement instability. Table 1 shows three different sets of statistics for each category of reasons for moves: 1) the number and percentage of cases in which that category was the most frequent category, 2) the number and percentage of cases in which that category occurred at least once, and 3) the number and percentage of cases with at least three moves attributable to that category.

Caregiver-Related Moves

Caregiver-related placement moves were the most common type of move for 34% of the children in the sample. Most children (81%) moved at least once due to caregiver-related reasons, and 32% of children experienced three or more caregiver-related moves. Caregiver-related moves were grouped into two subcategories: 1) reports of maltreatment or concerns about problematic parenting that led agencies to withdraw the child from a placement; and 2) changes in the caregiver's life circumstances or attitude about foster care that led them to terminate a placement. Note that some cases had moves in both of these caregiver-related subcategories, so that some percentages below sum to more than 100%.

PROBLEMATIC FOSTER PARENTING

For the 43 children who experienced moves related to caregiver reasons, reports of maltreatment or agency concerns about problematic parenting led to placement disruptions in 32 of these cases (74% of caregiver-related moves); four children were moved three or more times due to problematic foster parenting.

The circumstances in some of these 32 cases are worth noting. Maltreatment would not necessarily need to be substantiated to trigger a move. One private child welfare agency had a policy of immediately removing children from a foster home whenever a maltreatment report was made against the caregiver, and then returning them if the report was unfounded;

one child experienced this twice. For eight children, an agency sought a change because caregivers were using corporal punishment or behaving harshly, although this behavior was not necessarily considered abuse per se. Six children were removed from placement because caregivers failed to take steps the agency deemed necessary for the safety and well-being of children or somehow did not meet care requirements, even though caregivers were not directly hurting children.

CHANGES IN FOSTER PARENT LIFE CIRCUMSTANCES

In 32 cases (60%), at least one caregiver ended a placement because of external demands or changes in their commitment to fostering that were reportedly unrelated to child behavior problems. Four children experienced this type of move three or more times. Geographic moves to another state, job demands or changes, unexpected changes in the number of dependents (e.g., other relatives moving in) and housing challenges were among the specific precipitants cited.

For four children, the permanency goal was reunification with a biological parent and a series of caregivers (usually relatives) took on the care of the child with the belief that the child's stay with them would therefore be short. When biological parents struggled and reunification receded as a possibility, several of the kin caregivers in these cases requested that the children be removed from their home because they had not expected to provide long-term care. In 4 cases, a conflict with the child's biological family (e.g., threatening telephone calls) led foster caregivers to end placements.

Child Behavior-Related

Child behavior problems were the most frequent reason for moves in 21 cases (40%). Most children (68%) experience at least one move because of child behavior problems, and 22 children (42%) experienced three or more moves due to child behavior problems. In addition, children who were moved because of behavior problems sometimes required temporary placements because their behavior made it difficult to find longer-term caregivers, further increasing instability. The temporary placements were sometimes with foster parents who agreed to provide temporary care and sometimes with relatives who felt they could only tolerate these children's behavior for limited periods of time. Child behavior-related moves encompassed two primary subcategories: 1) moves out of foster homes because of child behavior problems, and 2) moves into residential mental health facilities (e.g., psychiatric hospitals, group homes or other facilities) because of child behavior and mental health problems. Child behavior problems further contributed to placement instability when youths ran away (five youths ran away; one five times) and when youths were put in detention (four youths).

MOVES OUT OF FOSTER HOMES BECAUSE OF CHILD BEHAVIOR PROBLEMS

Almost one-third of children (30%) were moved out of a foster home because of their behavior problems three or more times. Children were moved from kin or non-kin foster homes because their behavior posed risks to others in the home or because caregivers could not tolerate their difficult behaviors. Caregivers were frustrated or overwhelmed by children's behavior or concerned about their inability to meet the children's needs. Often these placements only lasted a few weeks or months. Typically, caregivers initiated the termination of the placements but sometimes the agency would step in if it judged that caregivers were not responding effectively to child behavior problems or caregivers were not getting children to the services they needed. While youths themselves did not have the authority to change their placements, their objections sometimes influenced caregivers and/or agencies to concede that a new placement was necessary.

Most of the times that children were moved because of behavior problems, the behavior was truly problematic, but five moves occurred because of behavior that appeared to be predictable, given children's level of development. For example, one foster mother terminated a placement after 1 year of care because the adolescent girl seemed like she had an "attitude" when asked to clean the bathroom. Another girl was removed from a foster placement because she was whining and crying for her biological mother. While it is possible that the seriousness of these children's behavior problems may have gotten "lost in translation" from caregiver complaint to caseworker entries into case records, such case examples nevertheless suggest that some moves may have been avoided if foster parents had the support and knowledge they needed to effectively manage the behaviors of the children in their homes.

MOVES INTO RESIDENTIAL TREATMENT FACILITIES

Moves into residential treatment facilities occurred more than three times for 11% of the sample. Most of the time, youths returned to their previous placement once their treatment was completed (which was not counted as a separate move), but three youths placed in treatment facilities did not return to their previous placement setting. Moves into residential treatment facilities typically occurred in cases that also had moves to new foster homes at other points because of the child's behavior problems.

CHILD BEHAVIOR PROBLEMS AS AN INITIAL VERSUS LATER CONTRIBUTOR TO INSTABILITY

Because child behavior problems could be a cause of instability, but also a reaction to instability that children experienced for other reasons, we looked to see to what extent moves due to child behavior problems arose first in children's early placements or only arose after disruptions because of other

reasons. In 53% of 36 cases in which children moved at least once due to their behavior problems, the children's behavior issues were the primary reason for their initial placement change. In many of these cases, children entered care with behavior problems and these problems were often the major explanation for their placement instability. In the other 47% of the 36 cases in which behavior problems contributed to placement instability, the behavior problems only emerged *after* the children had already experienced one or more moves due to other reasons, primarily caregiver-related ones. In some cases, these children experienced considerable instability and stress prior to any child behavior problems being evident in the record. In several cases, children were preschoolers or in the early years of elementary school when their foster placement was disrupted, and their behavior problems that caused placement disruptions emerged only later in their elementary school years or adolescence.

System- or Policy-Related Moves

System- or policy-related moves were the most frequent category of moves in 20% of cases. Most children (64%) moved at least once because of system or policy reasons, and over a quarter of children (27%) experienced three or more moves due to system- or policy-related reasons. System- or policy-related moves could be divided into two subcategories: 1) moves stemming from the temporary nature of many placements, and 2) moves made to further other child welfare goals, such as finding a permanent home for a child (permanence) or a placement with kin or siblings to facilitate children's connection to their family of origin (continuity).

TEMPORARY PLACEMENTS

Twenty children (38%) experienced placements that were explicitly designed to be temporary; only one child experienced this type of move more than twice. When children were put in a temporary placement, it was usually because a long-term or permanent home could not be identified in time or was not ready to take the children. Temporary placements automatically double the effect on the number of placements a child experiences compared with other types of placements, since they necessarily require at least one more move. Temporary placements often occurred when children first entered care because time was needed to conduct an appropriate assessment and find a well-matched home, but also occurred following many disruptions throughout children's time in care.

In a few cases, temporary placements were arranged for respite care (e.g., for the duration of a foster caregiver's vacation in three cases), or were made pending a specific permanent placement: one child was in a temporary foster home for 71 days in order to give a prospective foster parent time to

prepare to provide permanent care for the child. Much more frequently, a longer-term placement was not in view when a temporary placement was made, and agencies had to search for it during a child's stay in the temporary placement. The length of temporary placements varied considerably. Most of them lasted from a few days up to 3 weeks, but sometimes the temporary placement was surprisingly long. In one case, for example, a child was placed in a potential permanent home after staying in a temporary placement for 20 months.

MOVES TO ACCOMPLISH CHILD WELFARE GOALS

It was also common for agencies to initiate placement changes to attempt to accomplish child welfare goals such as reunification, continuity, and permanence. Three sets of sibling pairs and two other children in the sample were at some point reunified with parents at least once. In every case, the initial reunification failed, and two of these children had a second failed reunification. In only one case did a child return home again by the end of the study period.

Sixteen children were moved to be with kin caregivers, with the idea of increasing children's long-term stability and continuity with family of origin. Yet kin placements did not end instability in these cases. All of these children had experienced placement changes after their initial placement with a relative and nine of them had subsequent placements with other relatives—one had gone through seven different relative foster homes. Among the 16 children, only four were living with a relative at the end of the study period, although one had moved from a placement with relatives to reunification with a parent.

Eleven children were moved into a permanent placement with relatives. A placement with relatives is thought to promote children's connection with their family of origin. Some studies show greater stability for kin placements (Beeman, Kim & Bullerdick, 2000; Koh & Testa, 2008), at least in the early stages of out-of-home placement (Testa, 2002), although Oosterman et al.'s (2007) meta-analysis showed no effect of kinship care on stability on average across studies. Recent research also suggests that kin placements can provide good opportunities for legal permanence (Koh & Testa, 2008; Rolock, Gleeson, Leathers & Dettlaff, 2011; Testa, 2002; Testa, Shook, Cohen & Woods, 1996), given the acceptance in recent years of subsidized guardianship as an acceptable permanency outcome (Testa, 2005). In seven of the cases in which children had moved into a permanent placement with relatives, the placements disrupted because of child or sibling behavior problems or changes in the kin caregivers' commitment. After the disruption of these placements, children usually experienced multiple additional placements. In four cases, the permanent placement with relatives appeared to have met its goal, since the children were still with the same caregivers at the end of the

study period, and the duration of the stay in the placements at that point ranged from 211 to 524 days.

Ten children experienced placement changes designed to keep or reconnect them with siblings; three children experienced this type of move more than once. Child welfare policy aims to place foster children with siblings whenever possible to provide and support continuity with their family of origin (Palmer, 1995). In four cases, moves were made to reconnect the child with siblings who had been placed apart. In eight cases, children were moved so that they could remain with or reconnect with a sibling who was being or had been moved because of behavior problems. Sometimes this type of move happened repeatedly—one child experienced five moves within 2 years solely because of sibling behavior problems, even though a foster family wanted to keep the child and was willing to provide permanent care. In some cases the child without behavior problems wanted to stay with their behaviorally disordered sibling; in other cases they wanted to stay while the sibling moved. In three cases, children were at some point separated from their siblings because the siblings' behavior problems were too severe to keep them together.

DISCUSSION

The results of the study show that placement instability is complex, and caregiver, child and system and policy factors all contribute to it. Most cases involved at least one placement change attributable to each of these sources. Each source had a notable percentage of cases in which it was the most frequent reason for moves.

Caregiver-Related Moves

One might assume that the child would always be the most important factor in explaining placement instability because the child is the constant across multiple moves, but caregiver factors rivaled child factors in importance. One important finding of the study was the striking proportion of cases in which children were moved because of maltreatment allegations against foster caregivers or other concerns about their parenting, although many of the reports were not substantiated. The vast majority of foster placements are safe for children (U.S. Department of Health and Human Services, Administration for Children and Families, 2009), but something about these multiple move cases may have led them to have maltreatment reports at a higher rate than the majority of children in foster care. Perhaps children's behavior in these cases was more likely to elicit aggressive responses from caregivers, or perhaps it was more difficult to find adequate caregivers for children in unstable cases and therefore they were more likely to be placed with

caregivers who are at greater risk for maltreating children. Perhaps also maltreatment in one foster home had lasting effects on children that led to behavior that disrupted subsequent placements. The frequency of caregiver-related moves in this study suggests the need for more in-depth research on the relationship between children and caregivers in cases with multiple moves.

Several children experienced multiple, apparently independent placement disruptions because of changes in foster caregivers' lives or in caregivers' appraisal of providing care. This needs further exploration. To some extent, this may simply represent an effect of the sample selection process in the study. *Any* child in foster care is at risk of placement disruption (e.g., one study found the risk of a disruption in the first two years of foster care to be 33% to 66%; Berrick, Needell, Barth, & Jonson-Reid, 1998). Given the overall rate of placement disruptions, gathering a sample of cases with multiple moves from a population of hundreds of cases is likely to select some cases in which children, just by chance, had multiple disruptions due to caregiver factors. On the other hand, there is a possibility that there might be some factors that we did not measure well enough in the study, which would help to explain why some children experienced multiple independent placement disruptions that were attributed to caregiver factors. Perhaps some agencies responsible for a child were deficient in recruiting, training and supporting out-of-home caregivers in ways we did not detect. Or some children might have had behavioral tendencies interfering with placements that were not captured by the current study methods. Clearly, future research is needed that explores why some children have multiple caregiver-related disruptions.

Child Behavior-Related Moves

A number of children experienced placement instability primarily because of child behavior problems, which contributed to instability in several ways. Behavior problems led caregivers to end placements, created placement disruptions in themselves (e.g., running away and detention), and sometimes led to moves because children needed to enter residential treatment settings. The major role of child behavior problems in placement instability is not surprising given considerable previous research that reports high rates of mental health problems among children in foster care (see, e.g., Cross & Bruhn, 2010; Heflinger, Simpkins, & Combs-Orme, 2000; Pilowsky & Wu, 2006). The effect of behavior problems on placement instability is one of many important reasons for addressing children's mental health needs adequately, particularly since the instability they create in turn can exacerbate children's mental health problems. Addressing the mental health needs of children in foster care requires providing effective mental health services, but it also requires carefully selecting foster caregivers who receive adequate training, resources and support. In a few cases, the behavior problems that led foster

caregivers to terminate placement may actually have been predictable given children's developmental level, and may have been manageable by caregivers with sound knowledge of child development and training in behavior management techniques. Caregivers asking for placement changes because of children's behavior may respond to increased help from caseworkers in providing children's services or behavior management training. When children do have serious behavior problems, treatment foster care is an effective, empirically supported model (Reddy & Pfeiffer, 1997). In treatment foster care, caregivers are specially selected and trained to be able to deal with emotional and behavior problems, have fewer foster children in the home, and receive additional agency support.

The findings of the study also reinforce previous research suggesting that placement instability is not only a result of children's behavior problems, but also a cause of them. In nearly half of cases in which child behavior problems contributed to instability, the behavior problems emerged only *after* children experienced caregiver-related placement disruptions. Early caregiver-related disruptions may diminish children's capacity to attach to and trust others, and may heighten their anxiety, depression and anger, increasing the risk of child behavior problems. Behavior problems that arise from early placement disruptions can then cause long-term instability. Thus children's early experiences in out-of-home care may play a central role in later placement instability. Therefore, it is important to insure the quality and stability of early foster placements to help prevent child behavior problems that can lead to long-term instability.

The impact of children's mental health problems on placement instability should be an important consideration when choosing mental health services for youths in foster care. Providing mental health services in the least intrusive community-based environment possible is an important principle (see, for example, the joint policy statement of the American Academy of Child and Adolescent Psychiatry [AACAP] and the Child Welfare League of America [CWLA]; AACAP, 2002); however, according to this principle, the risk to the child takes precedence over intrusiveness of treatment. The risk of placement instability should be one component of the risk evaluation involved in deciding whether and how long children should be placed in community settings like kin or foster homes or more intrusive settings like residential treatment centers, group homes or psychiatric hospitals. The benefits of the least intrusive community-based placements may not apply to children who cannot be stably maintained in them. One key factor is the availability and quality of treatment foster care homes.

System- or Policy-Related Moves

The findings on temporary placements suggest one part of the process that leads to large numbers of moves for the children in the study. Caregiver-

or child behavior-related disruptions force child welfare agencies to find a new placement rapidly, before there is an opportunity to find an appropriate caregiver who can make a lasting commitment. This leads to a temporary placement that necessarily must be ended to move a child into a permanent placement. In this way, one placement has cascaded into three. In several cases, this sequence was repeated more than once.

This study also suggests that agency-initiated moves must be made carefully, particularly when a child has already experienced instability, because there is a risk that they will backfire and actually increase instability. A move made to place children in permanent homes or improve their well-being in other ways is still disruptive in the short-term, and will simply increase instability if it fails. The risk of increasing instability with these types of moves heightens the importance of carefully assessing caregivers when making moves designed to increase continuity and permanence, and providing caregivers with resources and supports.

Limitations and Future Research

Interpretation of the results of the study must take into account limitations in the methods used. The sample used for this study is cross-sectional and therefore biased towards children with longer lengths of stay (see Wulczyn, 1996). A sample that followed a cohort entering foster care would be more representative of the foster care population and would include more patterns of instability characteristic of children with shorter lengths of stay. The hybrid nature of the sampling (combining purposive sampling of the 11 most frequently moved cases and random sampling of the remainder) is a further issue because it makes it difficult to focus estimates on a particular unstable population. Future research should examine the reasons for instability in larger samples of both extremely and moderately unstable children.

Missing data could bias the results if certain reasons for moves were more likely to be documented in case records. It is possible that reasons for moves that did not necessarily reflect well on the agency or worker were less likely to be included. The method of the study was also limited in that it only allowed for coding the primary reason for a placement disruption. It is likely that many disruptions involved a combination of caregiver- and child-related reasons, reflecting a poor fit between child and caregiver, or that system-related moves were, in some cases, responsive to caregiver or child factors that were making a given placement unstable. Perhaps the most important limitation is that coding reasons for moves from case records tell us too little about the thinking process that leads to moves. The documentation of events leading up to a placement move is limited to what staff chose to record. Details of what precipitated a move were often lacking, and caseworker perceptions of parent and child reports about why a placement ended may sometimes have been distorted. Future research on placement instability in

foster care should interview caregivers, children and caseworkers, using both quantitative and qualitative methods, to gather more detailed information and examine the decision-making processes that lead to instability.

CONCLUSION

The most significant benefit of this study may be to dispel the assumption that cases with multiple placement changes necessarily represent difficult children that are inherently impossible to keep in stable homes. The study shows that caregiver, child and agency behaviors all play a major role in placement instability, and disruptions due to child behavior sometimes occur only after earlier, potentially traumatic disruptions. Even when child behavior is the primary reason for instability in an unstable case, more can be done to prevent instability by providing children with the services they need and caregivers with the resources and supports they need.

Because multiple factors contribute to placement instability, child welfare services should pursue a variety of strategies to reduce it. Caseworkers should be trained to recognize the multiple sources of instability, and to weigh the possible effects on stability when planning placement changes. Child welfare services should continually seek improvements in recruitment, training and support of foster caregivers. Increases in the availability of mental health services for foster children are needed, along a full continuum of care varying in intensity and restrictiveness. If triage is necessary for services, children with previous placement instability should receive priority. Movement of children to improve care must be based on careful assessment of children's and prospective caregivers' capabilities, and must be implemented with adequate supports. Web-based data systems should be designed to enable both private and public caseworkers and supervisors to enter placement data easily and track placement stability throughout their work with a child, and maintaining placement data (even when children are placed in group settings) should be a performance expectation. Taking these steps could help prevent the cascade of placement disruptions that can become long-term placement instability, and thereby substantially improve the well-being of many children at risk of instability in foster care.

REFERENCES

- American Academy of Child and Adolescent Psychiatry (2002). *AACAP/CWLA foster care mental health values subcommittee policy statement*. Retrieved from http://www.aacap.org/cs/root/policy_statements/policy_statements_by_topic.
- Beeman, S. K., Kim, H., & Bullerdick, S. K. (2000). Factors affecting placement of children in kinship and nonkinship foster care. *Children and Youth Services Review, 22*, 37-54.

- Berrick, J., Needell, B., Barth, R., & Jonson-Reid, M. (1998). *The tender years*. New York, NY: Oxford University Press.
- Children and Family Research Center (2004). *Multiple placements in foster care: Literature review of correlates and predictors*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
- Connell, C. M., Vanderploeg, J. J., Flaspohler, P., Katz, K. H., Saunders, L., & Kraemer Tebes, J. (2006). Changes in placement among children in foster care: A longitudinal study of child and case influences. *Social Service Review, 80*, 398–418.
- Cross, T. P. & Bruhn, C. (2010). Delivery of mental health services for a state's population of children in foster care: A comparison of Illinois and national data. *Illinois Child Welfare, 5*, 87–107.
- Hartnett, M. A., Falconnier, L., Leathers, S., & Testa, M. (1999). *Placement stability study*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
- Heflinger, C., Simpkins, C. G., & Combs-Orme, T. (2000). Using the CBCL to determine the clinical status of children in state custody. *Children and Youth Services Review, 22*, 55–73.
- James, S. (2004). Why do foster care placements disrupt? An investigation of reasons for placement change in foster care. *Social Service Review, 78*, 601–627.
- Jones, A. D., & Wells, S. J. (2008). *PATH/Wisconsin-Bremer Project: Preventing placement disruptions in foster care. Final report*. Saint Paul, MN: Center for Advanced Studies in Child Welfare, School of Social Work, University of Minnesota. Retrieved from http://www.cehd.umn.edu/SSW/g-s/media/Final_report.pdf
- Koh, E., & Testa, M. F. (2008). Propensity score matching of children in kinship and nonkinship foster care: Do permanency outcomes still differ? *Social Work Research, 32*, 105–116.
- 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*, 1363–1374.
- 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*, 53–76.
- Palmer, S. E. (1995). *Maintaining family ties: Inclusive practice in foster care*. Washington, DC: Child Welfare League of America Press.
- Pardeck, J. T. (1984). Multiple placement of children in foster family care: An empirical analysis. *Social Work, 29*, 506–509.
- Pecora, P. J., Kessler, R. C., Williams, J., et al. (2005). *Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs. Retrieved from <http://www.nxtbook.com/nxtbooks/casey/alumnistudies/>
- Pilowksy, D. J. & Wu, L. (2006). Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *Journal of Adolescent Health, 38*, 351–358.
- Proch, K., & Taber, M. (1985). Placement disruption: A review of research. *Children and Youth Services Review, 7*, 309–320.
- Reddy, L. A., & Pfeiffer, S. I. (1997). Effectiveness of treatment foster care with children and adolescents: A review of outcome studies. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*, 581–588.
- Rolock, N., Gleeson, J. P., Leathers, S. & Dettlaff, A. J. (2011). *The evolution of permanency in Illinois: 1985 to 2010*. Chicago, IL: Child Welfare Research

- Collaborative at the Jane Addams College of Social Work, University of Illinois at Chicago. Retrieved from <http://www.uic.edu/jaddams/college/cwrc/>
- Rolock, N., Koh, E., Cross, T. & Eblen-Manning, J. (2009). *Multiple move study: Understanding reasons for placement instability*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. Retrieved from http://cfrc.illinois.edu/pubs/rp_20091101_MultipleMoveStudyUnderstandingReasonsForFosterCareInstability.pdf
- Rubin, D. M., O'Reilly, A. L. R., Luan, X., & Localio, R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, *119*, 336–344.
- 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*, 227–249.
- Testa, M. F. (2002). Kinship care and permanency. *Journal of Social Service Research*, *28*, 25–43.
- Testa, M. F. (2005). The changing significance of race and kinship for achieving permanence for foster children. In D. Derrezotes, J. Poertner, & M. F. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African Americans in the system* (pp. 231–241). Washington, DC: Child Welfare League of American Press.
- Testa, M. F., Shook, K. L., Cohen, L. S., & Woods, M. G. (1996). Permanency planning options for children in formal kinship care. *Child Welfare*, *75*, 451–470.
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2009). *Child Maltreatment 2007*. Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.acf.hhs.gov/programs/cb/pubs/cm07/cm07.pdf>
- Webster, D., Barth, R. P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare*, *79*, 614–632.
- Wulczyn, F. (1996). A statistical and methodological framework for analyzing the foster care experiences of children. *Social Service Review*, *70*, 318–329.
- Wulczyn, F., Kogan, J., & Harden, B. J. (2003). Placement stability and movement trajectories. *Social Service Review*, *77*, 212–236.

CONTRIBUTORS

Theodore P. Cross, PhD, is a Research Full Professor at the Children and Family Research Center in the School of Social Work at the University of Illinois at Urbana-Champaign in Urbana, IL.

Eun Koh, PhD, MSW, is an Assistant Professor at the University of Arkansas in Fayetteville, AR.

Nancy Rolock, AM, is a Senior Research Specialist at Jane Addams College of Social Work at the University of Illinois at Chicago in Chicago, IL.

Jennifer Eblen-Manning, MSW, is a Research Data Analyst with the Foster Care Utilization Review Program at the Children and Family Research Center in the School of Social Work at the University of Illinois at Urbana-Champaign in Urbana, IL.