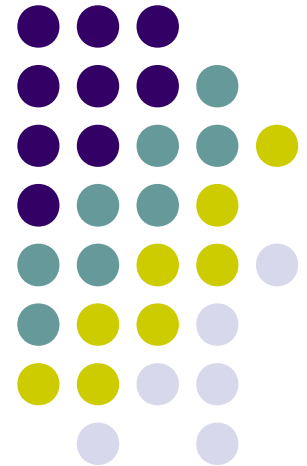# Instability in Foster Care: Causes and Explanations

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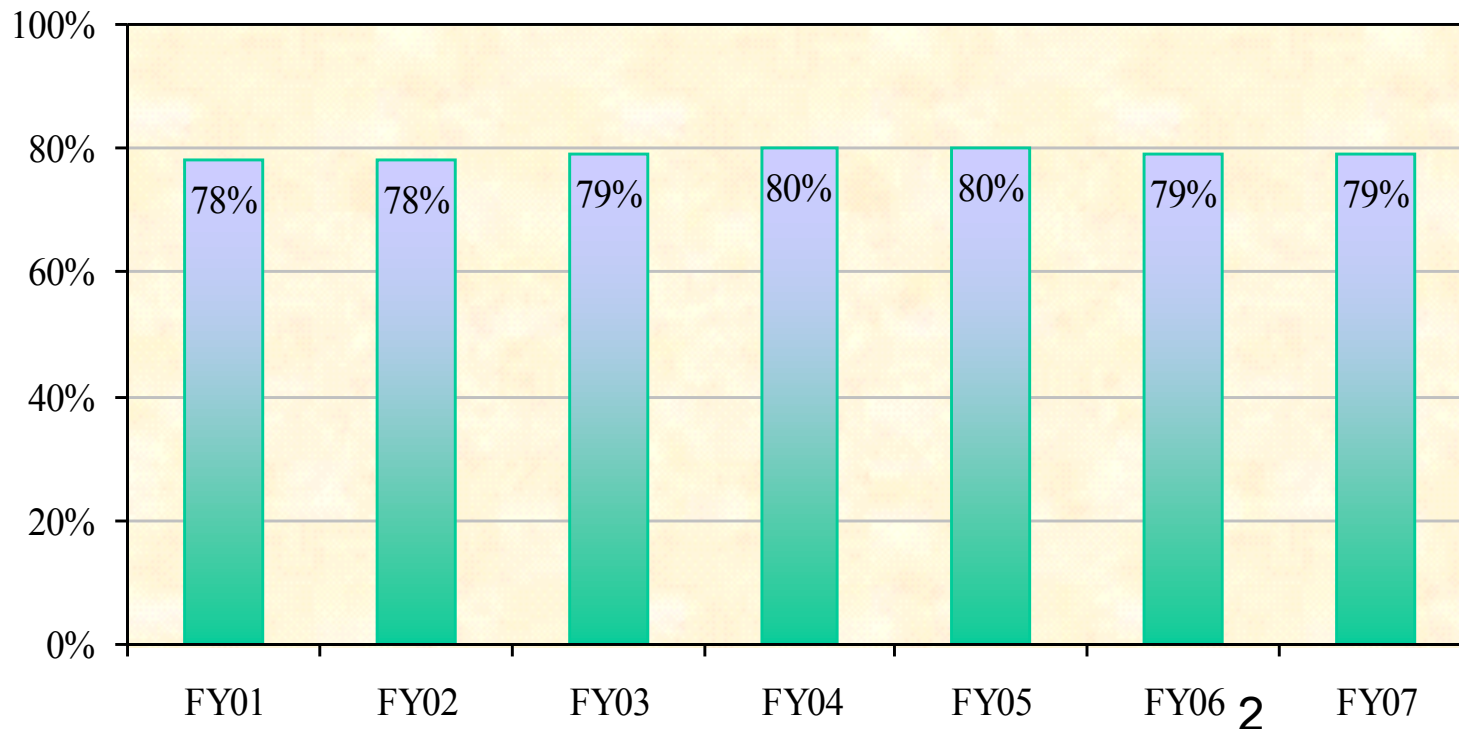University of Illinois at Urbana Champaign

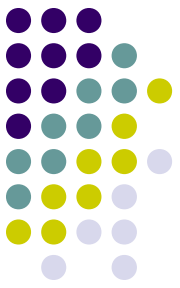DCFS Leadership Summit, January 27, 2010

Most Children in Care are Stable

- **Illinois children in substitute care for one year who had no more than two placements within a year of removal**

	FY01	FY02	FY03	FY04	FY05	FY06	FY07
Percent	78%	78%	79%	80%	80%	79%	79%

Background

- At the request of DCFS and the ACLU, a joint record review of the top multiple-move cases and a matched sample of stable cases.

- The joint record review was conducted by staff from the CFRC Foster Care Utilization Review Program (FCURP) and the Division of Quality Assurance.

Study Questions

- QUESTION #1: What distinguishes children who are stable from those who move frequently?

- QUESTION #2: Has the CAYIT process minimized moves through improved assessment of needs and prompt provision of recommended services?

CAYIT: Child and Youth Investment Teams

- Implemented in June, 2006
- This study only looks at 'multiple move' CAYITs
- Goals: to stabilize out-of-home placements, deliver services sooner, and shorten the lengths of stay for youth in residential placements. This review focused on the first and second of these goals.

Matched Samples

Study period: 7/1/06 – 12/31/07

MOVER SUBJECTS

On 7/1/06, **261** cases in foster family and kinship homes which met the multiple move trigger for a CAYIT
(3 placements within an 18-month period)

STABLE SUBJECTS

On 7/1/06, **3,223** cases in foster family and kinship homes which were stable
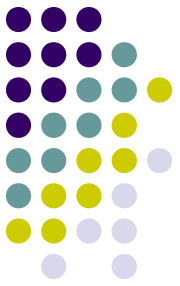*(less than 3 placements in 18 months)*

MOVER SELECTION = 61 cases

The top **11** cases selected, plus an additional **50** randomly selected

Matching

STABLE SELECTION = 61 cases

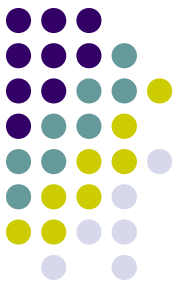**61** cases selected from the stable sample, matched

Propensity Score Matching – 122 cases

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Matched Samples

Variable	Movers (N = 61)	Stayers	
		Matched (N = 61)	Original (N =3,233)
< 1 year old	11.5%	13.1%	34.1%
African-American	55.7%	54.1%	62.3%
Female	57.4%	50.8%	48.2%
Cook County	27.9%	23.0%	53.4%
5+ prior moves	13.1%	13.1%	5.2%
Child disability noted	11.5%	16.4%	7.1%
Opened <6 mos.	34.4%	37.7%	16.2%

An Example of the Matching: Two Cases

Mark is:

- Black, 16 years old

- Entered care in July, 1996

- During the 18 months prior to the study period – 1 foster care placements
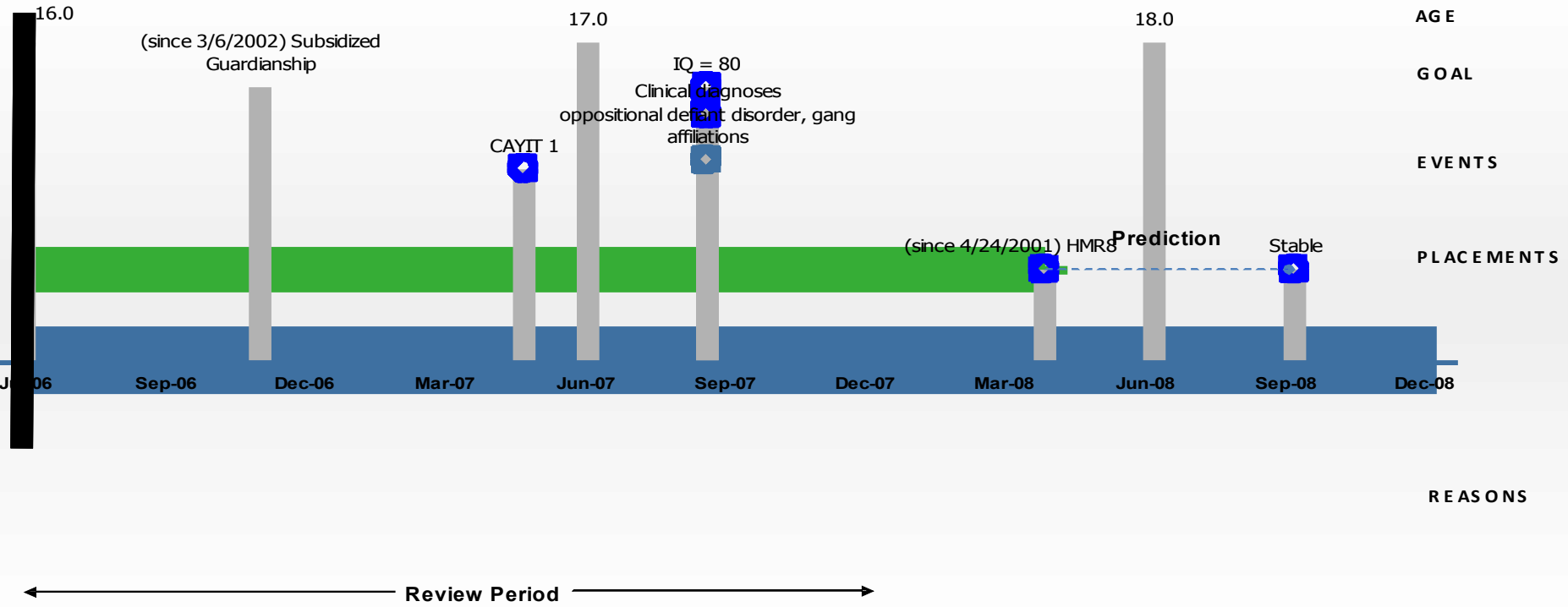
- Since 7/1/06, -- **one** placement

Ted is:

- Black, 15 years old

- Entered care in August, 1998

- During the 18 months prior to the study period – 2 foster care

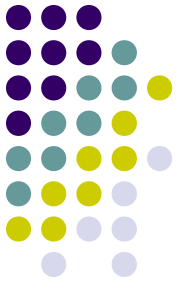- Since 7/1/06, -- **five** placements
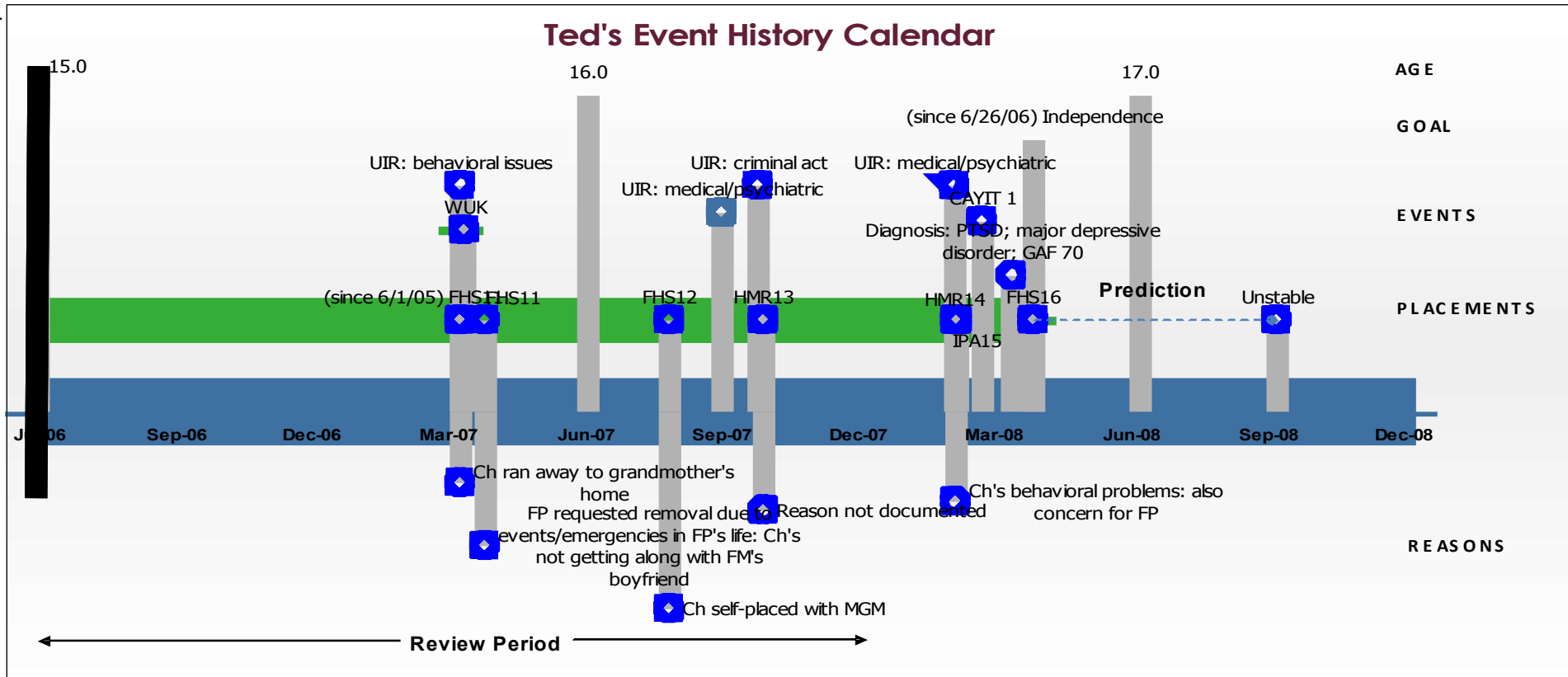
Event History Calendar: Mark

Mark's Event History Calendar

Event History Calendar: Ted

Ted's Event History Calendar

Findings – Study Question #1
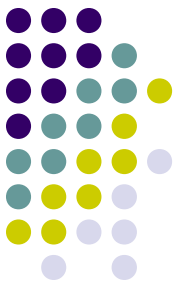
The caregiver is the key to stability. Key factors:

- Willingness to commit to permanence contributes to stability
  - 93% of caregivers were committed to permanency in the stable group versus the mover group (42%)

- Relative caregivers are linked to stability
  - More children in the stable group (67%) lived with a relative than in the mover group (26%)

Findings – Study Question #1

Additional key factors:

- Children's mental health plays a role
    - Children in the mover population were more likely to have a clinical diagnosis than the children in the stable population (51% versus 16%)

- Permanency is more likely in stable homes
    - Children in the stable population were more likely to achieve permanency than children in the mover population (33% versus 8%)
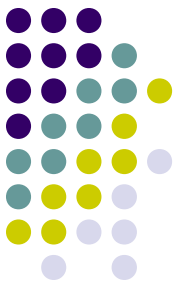
Findings – Study Question #1

Distribution of reasons for moves during the review period:

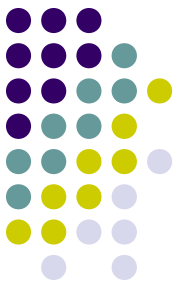| Placement Move Reasons	Mover Group, N=197	TOTAL, N=201
System- or Policy-Related	26%	26%
Foster Family-Related	36%	35%
Child Behavior-Related	34%	33%

Note. Only four moves occurred in the stable group during the review period: two were system or policy-related, one was foster family-related, and one was child behavior-related.

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Findings – Study Question #1

Primary reasons for <u>system-related</u> moves (26%):

- 30% moved to temporary placement

- 25% moved to be placed with sibling(s) or due to the behavior of a sibling

- 23% moved to attain permanency in a new home

- 13% moved due to treatment needs changing

  - Of concern was the incidence of psychiatric hospitalization of very young children in the Rockford sub-region (6, ages 4-8)
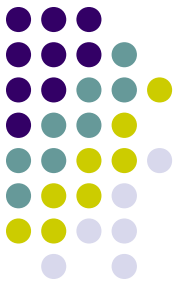
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Findings – Study Question #1

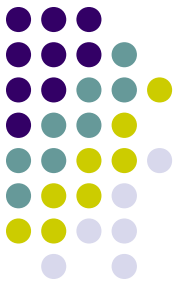**Primary reasons for <u>foster parent-related</u> moves (36%):**

- 52% due to inappropriate behavior of the foster parent
  - Of these, 57% of moves were related to physical and/or sexual abuse allegations involving the foster home
- 48% because foster parent requested move of the child due to changes in their life situation

Findings – Study Question #1

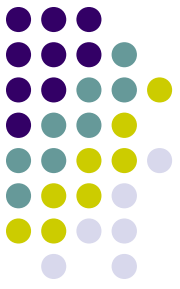**Primary reasons for <u>child behavior-related</u> moves (33%):**

- Some noted patterns:
  - Child behavior problems developed *<u>after</u>* experiencing instability
  - Child behavior problems were a manifestation of an intense but time-limited period of distress and acting out
  - Child behavior that appeared in the record as developmentally appropriate sparked removal request
    - Of concern was the incidence of foster parents requesting the removal of children due to the child's sexual orientation or exploration

Findings – Study Question #1

Top 11 Mover Cases:

- 48% of moves related to child behavior problems

- 30% of moves were system-related

- 13% of moves were foster parent-related

Findings – Study Question #2

CAYIT:

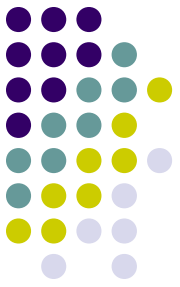*45 children in the sample were referred for a CAYIT (37%).*
41 of those children were from the "mover" group.
Of the 61 mover cases, 33% did not have a CAYIT.

- Did not lead to stability in the mover group

- Occurred just after the child was placed into a new home

  - 86% recommended that the child remain in the same home

- Infrequently recommended a level of care adjustment (13%)

Findings – Study Question #2

CAYIT:

- Services recommended were usually received (72%)

- Mental health services were most often recommended (28%)

- Services for the foster parents were rarely recommended (2%)

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Recommendations

- Additional research to understand characteristics of successful caregivers

- Evaluate foster parent recruitment and support to successfully manage needs of current population

Recommendations

- Ensure provision of individualized services to foster parents through the CAYIT process

- Impact of previous instability should be clinically considered more closely when making system-related placement changes

Recommendations

- Evaluate the timing of CAYITs intended to address the stability of multiple-movers

- Conduct an in-depth review of policy surrounding the timely transfer of services from one SOC provider to the next

Recommendations

- Evaluate and clarify:

  - Involvement of traumatized children in placement decision-making

  - Training and matching of caregivers to children who are LGBTQ

  - The use and impact of psychiatric hospitalization of very young children

Questions?

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