PLACEMENT STABILITY STUDY

Mary Ann Hartnett, Ph.D.
School of Social Service Administration
University of Chicago

Lydia Falconnier, MSW, LCSW
School of Social Service Administration
University of Chicago

Sonya Leathers, MA
School of Social Service Administration
University of Chicago

Mark Testa, Ph.D.
School of Social Service Administration
University of Chicago

This research was supported by the Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, which is funded in part by the Illinois Department of Children and Family Services.

PLACEMENT STABILITY STUDY

Executive Summary

Unmet Child Behavioral Needs: The most compelling finding of this study is that there is a gap between children's behavioral needs and the foster care system's performance in meeting those needs. Both foster parents and caseworkers reported that unmet child behavioral need was by far the most important reason for placement changes.

Forty-five percent (45%) of foster parents and 39% of caseworkers reported that the inability to meet the child's special behavioral needs within the foster placement was the first or second most important reason for the placement's ending.

With no change in the current system of services, over 1,550 children (67% of all children who experience 3 or more moves in family foster care in a six month period) will continue to experience an escalating cycle of unmet need and unstable care, never staying in a placement for a year or longer.

Correlates of Stabilized Care: Foster children, who had earlier experienced multiple placements but who had since stabilized in a foster home, profile differently than children who continue to experience multiple placements. Controlling for age and length of time in the current placement, stabilized children were:

1. More likely to receive therapy;
2. Rated as less delinquent and oppositional/aggressive;
3. Viewed as less attached to their birth mother; and
4. More likely to be placed with foster parents who are rated by caseworkers as competent and caring.

Individualized Care vs. Specialized Homes: The study found that children are more likely to be in the stabilized group, particularly delinquent and

oppositional/aggressive youth, if they are in specialized foster care rather than regular foster homes. Additionally, stability is enhanced for children who are "stepped down" and remain in the same home. Among all children who were in specialized foster care on March 30, 1996, the study found:

> Children who were physically moved from a specialized foster home to a regular foster home experienced three times as many subsequent moves than children who remained in the same home.
>
> Children who were "stepped down" to regular foster care within the same home experienced more stable care than other children.

Quality Foster Parenting: Caseworkers report that children in stable homes receive more attention, acceptance, affection, and overall better care from their foster parents. The skill and ability of foster parents to accept and manage oppositional/aggressive behavior were especially important. The training of foster parents in basic knowledge of child development and the reasons children exhibit oppositional/aggressive behaviors seems to be warranted.

Policy-Related Moves: Many placement changes are made for policy reasons. A high level of movement is built into the system.

Emergency Placements: Nineteen per cent (19%) of sampled children moved because the placement was intended only as an emergency placement; 32% of emergency placements lasted more than 90 days. This finding suggests that many foster homes are accepting children who need longer-term placements, believing that the placement is for emergency purposes only. This arrangement may reduce the commitment of a foster parent to deal with difficult behavior problems. These temporary placements may be necessary because of foster home shortages, however, they contribute to high levels of movement.

Family-integrity Moves: Thirty-two percent (32%) of placement changes are made to maintain the integrity of the family, e.g., placements with siblings, transfers to relatives, and movements closer to the birth home. Twenty-four percent (24%) of these

moves occurred after the child had been in the foster home for a year or more, which means that these children were removed from stable living arrangements. Even though this pattern of disrupting stable living arrangements to promote family integrity involves only 4 percent of all children with multiple moves, the benefits of this policy should be carefully weighed against the costs of terminating stable placements with non-kin.

Evaluation of Need: Based on the results of this study, the Office of the Research Director recommends the creation of a structured system of individualized needs-assessment, service planning, and routine evaluation for all children with behavioral needs, regardless of placement type. The evaluation of need system would provide:

1. Structured clinical assessment of child need;
2. Systematic collection and analysis of clinical data;
3. Individualized service planning: If needed services could not be provided within the home (e.g. therapy, transportation, behavioral management), a service plan would be tailored to the placement.
4. Enhanced care provisions: If needed services can best be provided within the home, individualized care plans with the provider will be developed.
5. Routine evaluation of the status of high-need children, the services they are receiving, and the services they need.
6. Predictive models of children who are at risk of experiencing unstable care, so needs can be identified early and appropriate plans can be made to minimize placement instability.

PLACEMENT STABILITY STUDY

I. Introduction

There is consensus among DCFS staff that too many children experience too many different placements in foster care. Multiple placement moves disrupt the continuity of children's relationships with care givers and community, their education, and their medical care. The Department has responded to this concern by conducting the current study of placement movement.

Among all children in placement on June 30, 1998, 37.5 percent have experienced three or more placement moves (i.e., four or more placements).[1] While this cross-sectional sample under-represents children with short placement histories (who have less opportunity for movement than children in longer-term placement), the 38 percent nonetheless constitutes over 19,000 children who are currently in care. Between 1984 and 1998, 41% of children whose cases were closed after they had been in care between 4 and 5 years experienced three or more moves.[2] Regardless of the ways in which we count placement moves, there is a significant stability problem affecting large numbers of DCFS wards.

The Placement Stability Study builds upon the DCFS Office of Quality Assurance's tracking of children with three or more moves within a six-month period and determines the reasons why one placement ended and develops a profile of children who are at risk of experiencing multiple moves. The two main research questions answered by the study are:

---

[1]Throughout this report, runaways, hospitalizations, returning home, "paper" moves, and adoption by the foster family were not counted as moves. When children returned to the same foster home they were in just prior to a hospitalization, runaway, etc., placement in the foster home was counted just once.

[2]Appendix A contains an analysis of stability in Cook and downstate regions, and in different types of placements.

1. Why do some children experience multiple moves in foster care?
2. What accounts for the stability achieved by children who previously experienced multiple moves in foster care?

The study also analyzes complete cohorts of children using the Integrated Database to report on movement trends over time and present day patterns of movement. A special analysis of children in specialized foster care is also provided. There are a total of four different samples that are analyzed in the report:

Sample 1: A random sample of 300 children with histories of unstable care for whom caseworkers and foster parents were interviewed and information from case records was gathered;

Sample 2: All children in placement on June 30, 1998;

Sample 3: Children placed in specialized foster care on 3/30/96 who were "stepped down" to traditional care (N = 919); and,

Sample 4: Children who were included in the 3/30/96 Levels of Care Review (N = 4,852) or who received in-person assessments in 1997–98 (N = 89).

The report is organized into eight sections: I. Introduction; II. Literature Review; III. Stability Survey Data Analyses; IV. Differences Between Stable and Disrupted Foster Care Placements; V. Follow-up of Stable Children; VI. Secondary Data Analysis of Movement within Specialized Foster Care; and VII. Conclusions and Recommendations.

II. Literature Review: What is Known about the Causes and Consequences of Placement Instability?

A search for all studies published between 1975 and 1998 on the topic of placement instability was conducted. Practice and theoretical articles were not reviewed

unless original, empirical research findings were presented. A total of 25 studies were reviewed. As described below, many of these studies have methodological problems that limit the value of the findings presented. However, support for the role of child characteristics and child welfare system determined factors in explaining the placement stability is indicated. In this section, the findings of these studies are briefly summarized.

Child Characteristics: Behavior Problems, Age and Race

Several studies have identified children's behavioral problems as a contributor to placement instability. Studies examining the relationship of behavior problems to subsequent moves have found a strong association in both bivariate and multivariate analyses. In a longitudinal study conducted by Fanshel and Shinn (1978), behavior problems as measured at entry into care were predictive of greater movement over a five year period after controlling for demographic characteristics of the child. This study provides the best test of the role of behavioral problems in leading to placement disruption, as a large cohort of children (N = 624) was followed prospectively over time. Results from two other multivariate studies also indicate that behavior problems present increased risk for placement disruption (Pardeck, 1984; Stone and Stone, 1983), and several other studies that did not use random samples and multivariate analyses also support the potential importance of behavior problems in determining placement disruption (Campbell et al., 1979; Cooper et al., 1987; Palmer, 1996; Proch and Taber, 1987; Widom, 1991).

Several studies have indicated that older children are more likely to experience placement disruptions than younger children (Pardeck, 1984; Walsh and Walsh, 1990). As older children are more likely to have serious behavior problems, this association may be due to differences in the types of behavior problems among children of different ages. Alternatively, this association could be due to lower tolerances among foster parents to deal with the developmental needs of an adolescent as compared to a younger child.

Multivariate analyses will be needed to sort out these relationships. It may also be that white children are more likely to experience disruptions (Olsen,1982; Pardeck, 1984). Again, multivariate analyses will be needed to assess whether racial differences are due to race or another variable. These differences may be related to the types of placement experienced by white and African American children; African American children are more likely to reside in home of relative placements, which provide more stability in care than non-relative care.

Children's Service Needs and Foster Parent Training and Support

There is some evidence that the child welfare system can prevent placement disruption by providing more services and foster parent training. Stone and Stone (1983) found that greater case worker contacts and rapport building with foster parents was associated with increased placement stability. After controlling for child behavior problems, foster parent rapport with the supervising agency continued to be predictive of stability. Pardeck's finding that caseworker turnover is negatively associated with placement stability potentially supports Stone and Stone's findings; high caseworker turnover would prohibit the development of strong relationships between foster families and agencies. However, this association might be due to child behavior problems, which could not be controlled in Pardeck's analysis; children with greater behavioral disturbance may be both more likely to experience caseworker turnover and placement movement (Pardeck, 1984).

The potential for enhanced foster parent services and stipends to increase placement stability is suggested by a study that included 72 children in foster care between 1988 and 1990 (Chamberlain, Moreland, and Reid, 1992). Foster parents were randomly assigned to one of three groups: first, those who were provided weekly group training sessions focusing on handling child behavior problems, telephone calls three times a week, and an additional $70 a month stipend; second, those who received only

the enhanced stipend; and third, a "services as usual" control group that received only $25 each time they participated in one of four assessments. Children in the group that received enhanced stipends and services had significantly longer placements and fewer placement disruptions ($p < .1$) than children in the stipend only or the control group: 29% of those in the intervention groups as compared to 53% of those in the control group experienced a disrupted placement. Children in the intervention groups also exhibited fewer behavior problems over time, suggesting that differences in placement stability may have been the result of changes in behavior problems during the course of the placement (Ibid, 1992).

Boyd and Remy (1978) provide additional support for the importance of foster parent training in a study including 167 foster parents who were licensed in 1973. Particularly for inexperienced foster parents, training appeared to significantly reduce placement disruption, even after controlling for child behavior problems and number of previous placements.

Programs providing assessments and intensive service planning to children with special behavioral needs have also been shown to have a positive effect on placement stability. Taber and Proch (1987) report that the Chicago Services Project significantly decreased the number of moves among a sample of 51 adolescents with histories of previous placement disruptions. The Chicago Services Project provided a comprehensive assessment, service planning prior to placement, and a signed agreement with provider agencies to assure that services were provided as specified by the service plan. The number of moves that the adolescents experienced after receiving the program's services was less than half the number that they experienced in the same time period prior to receiving services (Proch and Taber, 1987).

Characteristics of the Foster Family and the Placement Experience

A study conducted by Walsh and Walsh (1990) of 51 children placed in a highly specialized foster care program suggests that characteristics of foster families may influence placement stability among children placed in specialized programs. These types of homes were more likely to provide stable placements: homes with foster parents who had been married a longer period of time, with foster fathers who were emotionally involved with the child, and in which case notes indicated that the atmosphere was over-nurturing or smothering. These results are limited by not including behavior problems as a control variable and by measuring all variables using only case records.

The potential importance of foster family characteristics is also supported by research suggesting that the foster parent's years of experience (Boyd and Remy, 1978) and the "goodness of fit" between foster family and child (Doelling and Johnson, 1990) may predict placement success. Specifically, placements with foster mothers with rigid temperaments who cared for children with negative moods have been rated as less successful by caseworkers than other placements. Assuming that placements rated as less successful are those that are more likely to disrupt, this finding may indicate that finding foster parents with certain personality characteristics is particularly important when placing difficult children.

It is unclear how birth children and other foster children in the home affect placement stability, as mixed effects have been reported (Caultley and Aldridge, 1973; Kraus, 1971; Merrithew, 1996): some studies have found that the presence of birth or foster children appeared to stabilize placements, while other studies have found no effects or that the presence of birth or foster children was associated with higher rates of disruption. However, foster families that choose to foster children in order to meet the needs of their own children may be less likely to provide stable care (Kraus, 1971).

Sibling Separation

Separation of siblings who are placed in foster care may also be related to placement instability (Berridge and Cleaver, 1987; Staff and Fein, 1992). Unfortunately, neither of the studies conducted controlled for factors which might explain the apparent relationship between separations and placement disruptions. Siblings who are initially placed separately or who are separated from their siblings after an initial joint placement are likely to be more disturbed than siblings who are placed together (Aldridge and Cautley, 1976; Staff et al, 1993). This selection bias may be responsible for the association between separating siblings and placement disruption.

Parental Alcoholism and Visitation

Alcoholism of biological parents may also influence placement stability (Cooper et al., 1987; Pardeck, 1984). Again, however, these studies did not control for children's behavioral disturbance, which might be responsible for this association. Alternatively, alcoholic parents might present more problems for foster parents during visits or other contacts, leading to a request for the child to be removed.

Changes in patterns of parental visiting may lead to placement instability (Blackwell, 1987; Millham et al., 1986). Again, an obvious limitation of these studies is their bivariate analyses; although it may be that children whose parents' visiting decreased became more behaviorally disturbed and had to be moved after the decrease in visiting, children whose parents visited less frequently over time may have been more disturbed before entering care.

Parental involvement in preparing children for out-of-home placement has also been linked to placement stability. In a study of 184 children, Palmer (1996) reports that children who were prepared for placement by their parents were significantly less likely to experience multiple placements in their first 18 months of care, after controlling for child behavior problems. It is possible that those parents who were able to participate in

pre-placement preparation were less likely to be abusive or substance abusing, factors which might explain this relationship; or, it may be that children who are prepared for placement are less likely to sabotage their placements, leading to greater stability in care.

Consequences of Moves for Children

Unfortunately, little research on the consequences of placement movement has been conducted in the past twenty years. Fanshel and Shinn's study involving the cohort of children entering care in 1966 is one of the few studies that attempted to assess the effects of placement movement on children after controlling for behavioral disturbance at entry into care. In this study, number of placements did not significantly predict behavioral disturbance after five years in care (Fanshel and Shinn, 1978). Fanshel's later study (1980) also did not detect serious negative effects of placement movement on behavioral adjustment after controlling for behavior at entry into care.

There is some evidence that placement movement may affect foster children's attachments to their foster parents (Leathers, unpublished data). Among a sample of 57 young adolescent boys, number of previous moves was found to significantly contribute to weaker attachments to foster families, after controlling for behavioral disturbance at entry into care. As this study involved retrospective measurement of behavioral disturbance at entry, however, these results may be unreliable. A prospective, longitudinal study is needed to assess the effects of placement disruption on child-level outcomes. Research addressing the potential effects on foster and biological families is also needed, in order to understand how placement disruptions may affect others in the child's life.

Summary

Child behavior problems have been consistently shown to contribute to placement instability. Interventions that reduce behavior problems such as foster parent training in

behavioral modification and programs providing structured assessment and service planning have been shown to reduce placement movement among high-risk children. These findings suggest that the child welfare system could influence placement stability by providing services and training programs focused on reducing behavioral disturbance.

Child characteristics other than behavioral disturbance have not been consistently shown to influence placement stability. Only the child's age may have some relationship to placement movement, with older children having a greater risk for movement. Parental characteristics may have some relationship to movement; the children of parents who abuse alcohol may be more likely to experience disruptions than other foster children, and decreases in parental visitation are also associated with placement disruption. Foster family characteristics have also been associated with movement. Matching certain foster mother temperament characteristics with child characteristics may decrease risk for disruption. To understand whether these relationships are causal, however, requires that more comprehensive research be completed.

III. Stability Survey Data Analyses

This section of the report focuses on why children move and how stability is achieved for children with histories of multiple moves. Data were collected from both primary and secondary sources. A random sample of 302 children was drawn from the Integrated Database for which case studies were conducted. Two samples of children were drawn:

1. **The Movement Group:** Children who had experienced one or more moves in the six months preceding June 30, 1998 and;

2. **The Stabilized Group:** Children who had experienced one or more moves in the six-month period between 1/1/97 and 6/30/97and who were currently residing in a placement that had lasted at least one year.

Including a comparison group of cases in which instability was followed by a period of stability enabled us to compare children who share a history of placement instability, but who differ in terms of whether placement stability had been achieved. Thus, our two samples of children belong to the same population, but have different stability outcomes. By including children who experienced only one move, the study findings may be generalized to a broad group of children in foster care. A final sample selection criterion was that children's most recent move was from a regular or specialized foster home. We excluded cases in which the current or most recent placement was in the home of a relative (which tends to be more stable care) or in a group or institutional setting (which is typically short-term care). Considering all of our sampling criteria, the Stability Study sample represents approximately 12.3 percent (6,640 out of 54,095) children in placement on June 30, 1998 (see Table 1).[3] Data were weighted in our analyses to reflect the actual prevalence of children in foster care who met our sampling criteria.

We interviewed foster parents and caseworkers who were either currently involved with the case (for stabilized children) or who were involved during the last placement from which the child exited (the movement group). Interviews were completed with 260 foster parents (an 86% response rate), and 274 caseworkers (a 91% response rate). Both foster parent and caseworker interest in and cooperation with the study were commendable. Interviews were completed by telephone by Masters level social work students at the School of Social Service Administration at The University of Chicago and by one professional interviewer. Interviews with foster parents took on average one hour to complete, while the shorter caseworker interviews took on average 15 minutes.

[3]Children on runaway, returned home, or in a hospital were not included in the count of children in placement.

Table 1. Frequency of Children in Care on 6/30/98 Experiencing Different Numbers of Placements

Number of Placements	Frequency	Percent	Cumulative Percent
1	15,297	28.3	28.3
2	10,646	19.7	48.0
3	7,854	14.5	62.5
4	5,331	9.9	72.3
5	3,729	6.9	79.2
6	2,810	5.2	84.4
7	1,949	3.6	88.0
8 or more	6,479	12.0	100
Total	54,095	100	100

Record abstractions were completed for 53% of the sample: all current and prior placements (within the past 5 years) were included. Record abstractions were completed by the social work students in Cook County and by DCFS Office of Quality Assurance staff in downstate regions. Abstractions required 3–7 hours to complete. The collection of data from the case records of sampled children provided historical data on children's placement experiences. These data were analyzed to determine the nature of differences between children in the stable and the movement groups. Sampling probability weights were applied for all analyses. The findings of the record abstraction analyses support the findings from the interview analysis and allow further sights into why children move and the nature of unmet needs among children in the movement group.

FIGURE 1
First or Second Most Important Reasons for Placement Termination: Reported by Foster Parents

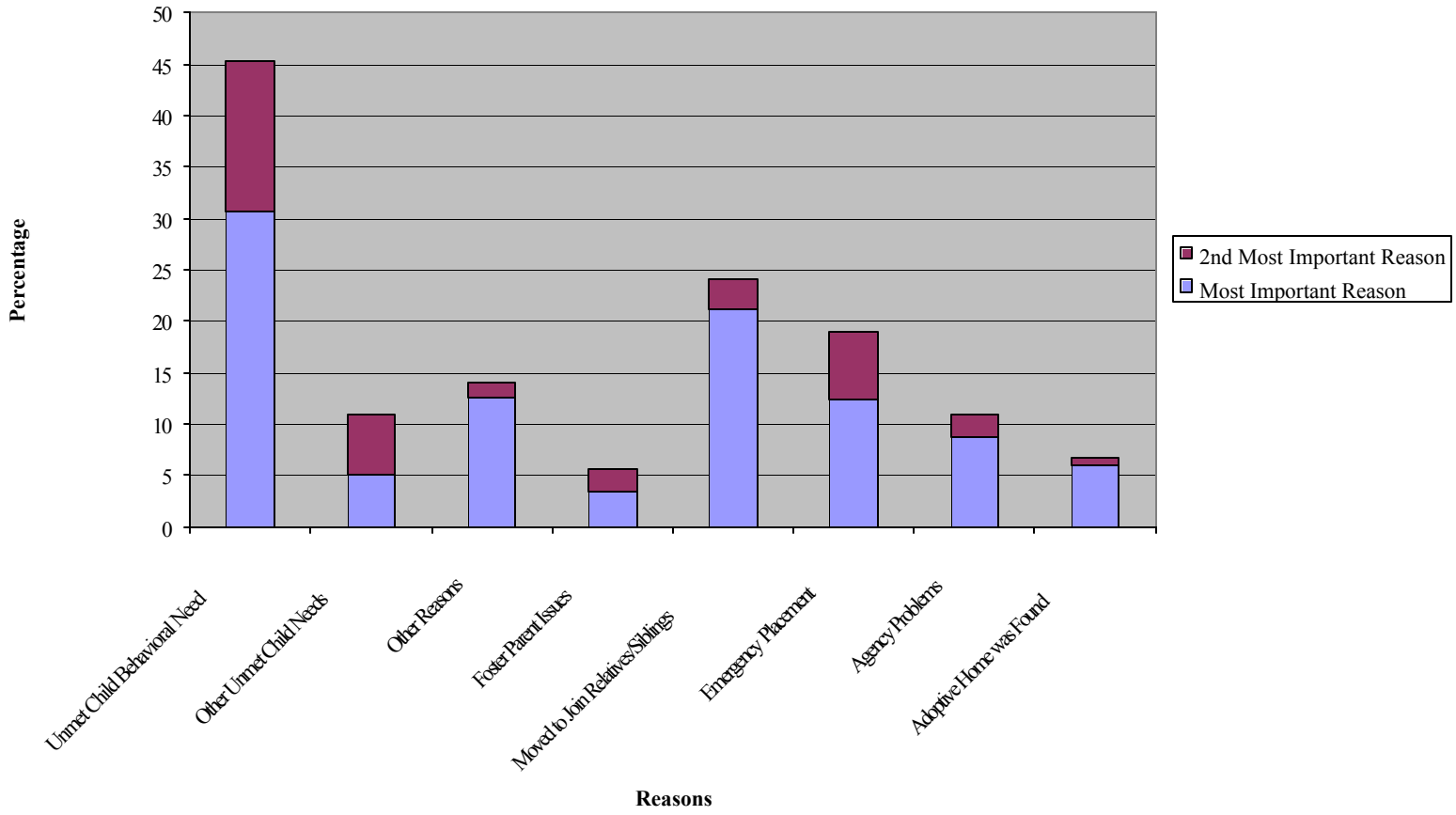
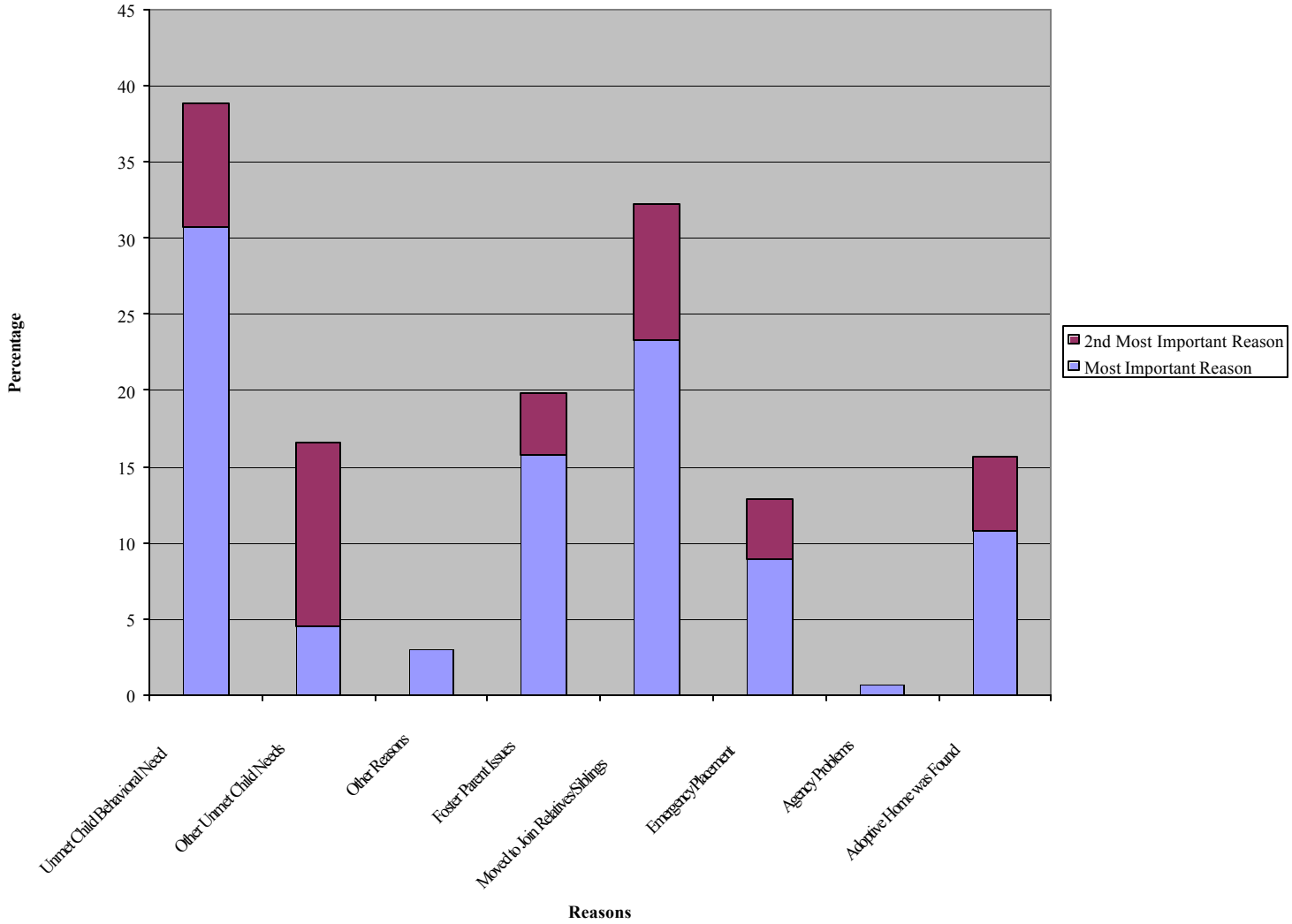


FIGURE 2
First or Second Most Important Reasons for Placement Termination:
Reported by Caseworkers



Reasons for Placement Terminations

Foster parents of children whose placements had recently ended (N=141) were asked to choose all the reasons that contributed to the placement termination. Foster parents chose the following reasons as one of the reasons for placement moves: child's behavior problems (59%), other child problems (32%), emergency placement only (40%), moved to be with a relative or sibling (36%), problems with the agency (23%), an adoptive home was found (15%), foster parent problems (13%) and, other reasons (14%).[4]

Foster parents, as well as caseworkers, were then asked to specify the first and second most important reasons for the move. Figures 1 and 2 below illustrate the frequency with which foster parent and caseworkers identified each reason as the first *or* second most important reason for the placement ending.[5]

Foster parent and caseworker responses regarding child behavior problems, other child problems, and emergency placement were similar.[6] They differed somewhat on their perceptions regarding problems with the agency (with caseworkers reporting virtually none) and regarding foster parent problems (with caseworkers reporting more than foster parents). Foster parents and caseworkers, respectively, reported the following reasons as first or second most important: child's behavior problems (45%, 39%), other child problems (11%, 17%), moved to be with a relative or sibling (24%, 32%), placement intended to be emergency placement only (19%, 13%), foster parent had problems with the agency (11%, <1%), an adoptive home was found (6%, 15%), foster

[4]These reasons add up to more than 100% because a foster parent could choose many reasons which contributed to the disruption.

[5]If the same category of reason was given as the first and second most important reason, it was excluded from the count of second most important reasons.

[6]The caseworker data in Figure 2 represent 147 children in the movement group as opposed to 141 children in the foster parent movement group. This is because six more interviews were completed with caseworkers than with foster parents.

parent had personal problems (5%, 20%), some other reason (14%, 3%). An explanation of the meaning of each placement termination reason follows:

Child's Behavioral Problems: (foster parent 45%, caseworkers 39%) *The reported reason for the move was that the child displayed behavioral problems which the foster parent could not tolerate.* By far, the most frequently reported first and second reason for the placement ending was due to the child's special behavioral needs. Items coded as behavioral problems and included in this category are listed in Table 2.

Other Child Problems: (foster parent 11%, caseworkers 17%) *The reported reason for the move was that the child had problems other than behavioral problems, including emotional and medical problems, which the foster parent could not tolerate.* Types of problems which are included in this category are listed in Table 3.

Moved to be with a Relative or Sibling: (foster parent 24%, caseworkers 32%) *The reported reason for the move was that the child was moved to a home of relative placement or was moved to a placement with a sibling.* These moves should not necessarily be thought of as negative outcomes, especially when a short, temporary placement precedes these moves. However, since 24 percent of these moves to be with relatives or siblings were from placements that lasted longer than a year, a disruption from a stable home occurred. The benefits of reuniting foster children with relative or siblings at the cost of terminating a stable placement should be carefully considered.[7]

Emergency Placement Only: (foster parent 19%, caseworkers 13%) The reported reason for the move was that the child was placed in the home on an emergency basis only, with no intention that the home would be a long-term placement for the child. Thirty-two percent (32%) of these moves were from emergency placements which lasted less more than 90 days. While19% of foster parents reported that the first or second reason for the move was that the placement was an emergency placement, a percentage which seems appropriate, 40% of foster parents reported that one of the reasons for the move was emergency placement, a percentage that seems surprising and problematic. For most of this 40% of cases, other reasons were reported as the primary reasons for the move. This finding suggests the possibility that many foster parents are

[7]As discussed further below, cases where the first or second reason listed was a move for these family integrity reasons were not included in further analyses of disruption, as they were determined to be planned moves.

accepting children for placement who need longer term placements, believing that the placement is for emergency purposes. It seems likely that this kind of arrangement would reduce the commitment of a foster parent to dealing with difficult situations which arose. It also seems plausible that a system trying to cope with a shortage of foster parents, and needing an available placement for a particular child, might persuade a foster parent to take a child on an emergency basis when that child was in need of a longer term placement. While this sort of placement may be inevitable, due to foster parent shortages, it is likely to contribute to increased numbers of disruptions.

Table 2. Reasons for Moves Coded as Behavioral Problems

Behavioral Problems
Excessive crying or irritability
Didn't listen to adults in the home
Destroyed property
Didn't get along with other children in the home
Physically aggressive with adult in the home
Physically aggressive with children in the home
Sexually acting out
Ran away
Extremely needy of time or attention
Had problems at school
Had problems with the police
Had other behavioral problems

Table 3. Reasons for Moves Coded as Other Child Problems

Other Child Problems
Had medical needs which required more intensive care
Had needs due to mental retardation which needed more intensive care
Was pregnant
Was depressed or anxious
Had other mental health problems

Adoptive Home Found: (foster parent 6%, caseworkers 15%) The reported reason for the move was that the child was moved to an adoptive placement. Cases where the first or second reason listed was adoptive home found were not included in further analyses of disruption, as they were determined to be planned moves.

Problems with the Agency: (foster parent 11%, caseworkers <1%) *The reported reason for the move was that the foster parents had difficulties with the agency or with the caseworker that they could not tolerate.* Types of problems which are included in this category include problems with licensing status, conflict between caseworker and foster parent, inability to get the services the child needed, or foster parent perception that payment for the child's care was inadequate.

Foster Parent Problems: (foster parent 5%, caseworkers 20%) *The reported reason for the move was that the foster parent had personal difficulties which made it impossible for them to continue being a foster parent.* Types of problems which are included in this category include the foster parent deciding not to be a foster parent any more or illness or death of the foster parent or other family member.

Other Reason: (foster parent 14%, caseworkers 3%) *The reported reason for the move was some other reason.* Types of problems reported by foster parents which are in this category include child aging out of care, child needing independent living services, child's biological parents threatening foster parents, abuse or neglect allegations, or language or cultural differences.

We compared the reasons why all children (both stabilized and movers) moved from their most recent prior placement. We compared stabilized children to all children in the movement group and compared stabilized children to those children in the movement group whose placements disrupted. We found significant differences between the reasons why each of the three groups of children moved. In some respects, the children in the movement group whose placement changes were planned are more similar to the stabilized children.

There were only two significant differences between stabilized children and all children in the movement group (see the tables on the following 2 pages). First, it was highly unlikely ($p = .000$) for children in the stabilized group to have experienced a move abruptly initiated by the foster parent without any prior notification that there was a problem.

Second, children in the stabilized group were more likely ($p=.001$) to have been removed from their prior placement due to abuse or neglect in that home. Perhaps greater surveillance and provision of services by DCFS had a stabilizing effect on the current placement. In addition, it is possible that highly trained and/or experienced foster parents were chosen for re-victimized children.

It is interesting to note that there were **not** significant differences between the two groups in three categories indicative of higher child need. These categories included:

1. a move up in restrictiveness;
2. provider-requested moves due to child behavioral or health issues;
3. child ran away.

This finding suggests that both groups of children entered their next placement with some degree of unmet need.

It was highly unlikely (p = .000) for children in the stabilized group to have experienced a move abruptly initiated by the foster parent without any prior notification that there was a problem.

Interestingly, children in the stabilized group were more likely (p = .001) to have been removed from their prior placement due to abuse or neglect in that home. Perhaps greater surveillance and provision of services by DCFS had a stabilizing effect on the current placement. In addition, it is possible that highly trained and/or experienced foster parents were chosen for re-victimized children.

It is interesting to note that there were not significant differences between the two groups in three categories indicative of higher child need. These categories included:

1. a move up in restrictiveness;
2. provider-requested moves due to child behavioral or health issues;
3. child ran away.

This finding suggests that both groups of children entered their next placement with some degree of unmet need. The next section of the report discusses children behavior needs.

Child Behavior Problems Characteristic of Children in the Movement Group

Because such a high percentage of both foster parents (45%) and caseworkers (39%) reported that a child's behavior was the primary reason for the move, these children's behavioral problems were examined in more detail. Foster parent interviews included a 112-item parent report checklist[8] which evaluates clinical symptoms in children, the Child Behavior Checklist (CBCL). The CBCL is the most widely used

[8]The CBCL for children older than 3 years has 112 items; for children 2–3 years old, the checklist has only 100 items, which are somewhat different due to age differences in symptoms.

continuous[9] system for child evaluation in the United States; it is frequently employed in both research and clinical settings. It has well-established reliability and validity. It can be scored as two sub-scales, an "externalizing behavior" sub-scale, made up of delinquent and aggressive behaviors[10], and an "internalizing behavior" sub-scale made up of withdrawn behaviors and symptoms of anxiety and depression. It also contains sub-scales measuring attention problems, social problems, and somatic complaints.[11] The percentage of the general US population falling into the normal range and into the clinical range is shown in Table 4.

Table 4. Clinical Ranges for CBCL Scores in the General Population

Clinical Category	% of the General Population	Standardized Score
Normal Range	98%	< 64
Clinical Range	2%	≥ 64

An analysis of the clinical status of children's externalizing behaviors reveals the severity of behavioral problems of the children whose placements are disrupting for behavioral reasons. The percentage of each group falling into each clinical range is presented in Table 5. Seventy-seven percent (77%) of children whose foster parents reported that behavioral reasons were the primary reasons for the move have

9There are two primary traditions in child evaluation, and ardent advocates and dissenters for each type. One tradition uses a categorical-diagnostic system to evaluate children. The best known of the categorical systems is the DSM-IV typology, which assigns a "clinical diagnosis" to a child displaying a pre-determined set of symptoms. This was the method used in the LOC study. This type of system requires an evaluation by a clinician. The other tradition in child evaluation is the continuous-empirical tradition. It uses a system which measures clinical status as a function of the number of symptoms a child presents. In this type of system, symptoms are not grouped into categories; instead, severity is determined by whether a child displays more or less symptoms than a given percentage of the population. This type of system does not require a professional clinical evaluation. It is often based on parent or teacher report. The CBCL is the best known of this type of evaluation method.

[10]For 2–3 year old children, destructive behaviors rather than delinquent behaviors, are measured.

[11]In addition, a scale measures sleep problems for 2–3 year old children.

externalizing behavioral scores in the clinical range. This suggests that this is a very difficult group of children. There is no significant difference between the internalizing behavior groups.

Table 5. Percentage of Children in the Movement Sample in Clinical Ranges by Reasons for Move

Reason for Move	Externalizing Behaviors	Internalizing Behaviors
Behavior Problems Primary Reason for Move	77%** N=41	38% N=20
Behavior Problems NOT Primary Reason for Move	36% N=58	25% N=40

** $p<.01$

These findings indicate that **a high degree of unmet child need is a major factor associated with placement disruption**. In Section V, we further assess the role of children's behavioral needs by conducting a multivariate analysis of other variables which may also be associated with placement disruption.

IV. Differences Between Stable and Disrupted Foster Care Placements

We now turn our attention to examining the differences between two groups of children. Based on the placement termination reasons, we partitioned cases in the movement group into two categories:

1. **Planned moves**: Moved to be with relatives or adoptive home found, and
2. **Disrupted placement**: All other reasons.

This enabled us to distinguish between planned and unplanned moves in our analysis and to focus on disruptions.[12] Table 6 shows the number of children in each of the three types of cases. The remainder of our analysis focuses on explaining the differences between the *stable* group and the *disrupted* group; cases with "planned moves" are not included in the analyses.

Table 6. Number of Completed Cases by Case Type

Case Type	Number	Percentage
Stable	127	46%
Moved to be with Relatives/ Adopted	66	24%
Placement Disrupted	81	30%
Total	274	100%

There were no significant differences between types of cases regarding children's race or gender. Furthermore, there were no significant differences in the reasons for case openings (abuse, neglect, all other reasons) by case type.

Children in the disrupted group were significantly ($p > .02$) older than children in the stable group with mean ages of 9.08 years and 7.46 years respectively. There was no significant difference in the mean age of children in the planned move group (= 7.16) and the mean age of children in the stable group. We control for age (and other variables as discussed below) in our analysis of factors that predict stability.

Placements that had lasted less than a week were also excluded from the analysis, due to doubts about the validity of information about a child who was known for only a week. In a strict sense, the model described is post-indicative, since information was

[12]A comparison of the foster parents' and the caseworkers' reasons for placement termination identified only 15 cases (out of 147) where there was a discrepancy between the classification of planned and

obtained regarding placement disruptions that had already occurred. Its predictive use, then, applies to factors that are associated with stabilizing children who have histories of previously moved.

Variables That Predict Stability

The two samples, the stabilized group and the disrupted group, were compared in a logistic regression, to determine what factors predicted the stability of the stabilized group. Variables that were included in the analysis had been shown to be associated with placement disruption in at least one prior study, showed a bivariate relationship to stability, and had adequate variance. In addition, length of time in the current placement was included as a control variable so that the results obtained would not reflect differences between the two groups merely due to varying placement lengths. Insignificant predictors that did not add to the model's ability to correctly identify stabilized children were removed from the model. In the final model, 81% of the children were correctly identified as being in the disrupted or the stabilized sample. The findings from the final model suggest that after controlling for all the other variables listed, six variables were found to predict stability. These included: **younger age, less delinquent and aggressive behavior, receiving therapy, a weaker attachment to biological mother, a more positive evaluation of the foster parent by the caseworker, and, for children with more severe behavior problems, placement in specialized care.** Regression results are presented in Appendix C. More detail regarding these variables follows.

Age: The younger a child is, the more likely his/her placement is to be stabilized.

---

disrupted placement. The 15 cases were reconciled and coded the same in both the foster parent and caseworker databases.

Delinquent and Aggressive Behaviors [13]: The fewer delinquent and aggressive behaviors a child displays, the less likely his/her placement is to disrupt. Table 7 below lists examples of aggressive and delinquent behaviors.

Receipt of Therapy: Children who were receiving therapy were more likely to be stabilized than children who were not receiving therapy. This effect remains even after controlling for length of time in placement, so it is not merely an artifact of children in stable placements having a longer time to get connected with therapy.

Table 7. Delinquent and Aggressive Behaviors

Delinquent Behaviors	Aggressive Behaviors
Stealing	Arguing or threatening people
Lying	Having a hot temper
Cheating	Talking or yelling a lot or being loud
Running away	Demanding a lot of attention
Swearing	Being stubborn or disobedient
Truancy	Fighting
Using alcohol or drugs	Teasing others a lot
Hanging out with "bad companions"	Being mean or cruel
Vandalizing property	Bragging or showing off a lot

Attachment to Biological Mother: Children with less attachment to their biological mothers were more likely to be stabilized. As with the receipt of therapy above, this effect remains even after controlling for length of time in placement. This result is not due to children in stable placements having a longer time to become detached from their biological mothers.

Evaluation of Foster Home: Children placed in foster homes which received higher evaluation scores by caseworkers were more likely to be stabilized. (See the following section, *Differences in Caseworker Perceptions of Foster Parent Qualifications*, for a detailed description of this evaluation.) The caseworker's

[13] Delinquent and aggressive behaviors were measured by the delinquent subscale and the aggressive subscale of the Child Behavior Checklist (CBCL).

evaluation of the foster parent appears to have a complex relationship with both a child's aggressive and delinquent behaviors and a foster parent's perception of how much of a burden the care of the child presents. The caseworker's evaluation of a foster parent is **negatively** correlated with both the foster parent's perceived level of burden of caring for the child $R = -.29$, $p < .01$) and with the child's CBCL externalizing behavior score $R = -.33$, $p < .01$). Thus, the greater the perceived burden of caring for the child was, the lower the foster parent evaluation score. Likewise, the higher a child scored on aggressive and delinquent behaviors, the lower the foster parent evaluation score. Suggested explanations for this finding include the possibility that, given a child of the same level of difficulty, a less competent foster parent will perceive the burden of caring for that child as higher than a more competent foster parent. The other possibility is that caseworkers perceive foster parents who are dealing with more difficult children to be less competent, since it is more difficult to be successful with aggressive and delinquent children.

Placement in Specialized Foster Care for Children with More Oppositional/Aggressive and Delinquent Behaviors: Children with behavioral problems were more likely to be stabilized if they were placed in specialized foster care.

There is a strong correlation between stable placement and a child's participation in after-school programs and day care. However, after closer analysis, we observed a "seasonal effect," that may explain the relationship. One of our sampling criteria for the movement group was that they had to have moved at least once in the past six months. Since the study sample was drawn during the summer, children selected into the movement sample had less opportunity to be involved in after-school programs and day care. While involvement in extra-curricular programs may have a stabilizing effect, it was impossible to rule out the competing hypothesis that the difference was due to the children in the movement sample having a reduced opportunity to enroll in such programs. Nonetheless, controlling for our core predictive variables, stabilized children were found to have significantly more involvement in such community programs ($p > .001$). It is possible that the movement from home to home interferes with a child's chances to enroll in and remain involved in extra-curricular programs. Further research,

which controls for seasonal effects, needs to be conducted to investigate out this important possibility.

An inventory of children's behavioral, emotional, physical, and social needs was also administered using the case records. When comparing stabilized children to all children in the movement group, there are significant differences in the problems and needs that the children have (see tables on next 2 pages). Stabilized children were more likely that children in the movement group to have a developmental delay ($p = .000$) Children in the stabilized group were less likely to have:

1. run away ($p = .007$)
2. been engaged in delinquent behavior ($p = .003$)
3. been engaged in gang-related activities ($p = .02$)
4. had a truancy problem ($p = .01$)

Of those children who ran away, were truant, and engaged in delinquent or gang activities, virtually all of then (91%) were in the group of children who disrupted from placement. In this regard, the children in the movement group who had planned moves look much more similar to stabilized children than disrupted children.

It is interesting to note that significant differences were **not found** between stabilized and non-stabilized children regarding: child behavior disorders, attention deficit disorders, physical aggression, destroying property, sexual behavior, and oppositional behavior. Thus, there is a group of stabilized children who were moved into different placements who had unmet needs, but were subsequently able to remain in their new placements for over 12 months.

Variables That Do Not Predict Stability

Other variables of interest that did not differentiate between the disrupted and the stabilized samples include: the foster parent's perception of how much of a burden the

care of the child presents; a child's internalized emotional problems including being withdrawn, depressed, anxious, or having attention problems; some types of services; and other foster parent characteristics.

Burden of Care [14]: While burden is correlated ($R^2 = .40$, $p < .01$) with stability status, the foster parent's perceived burden of care did not remain significant in the regression equation once CBCL externalizing behaviors or the foster parent evaluation score was entered. This means it does not contribute any independent information about placement stability that is not also contributed by either the CBCL score or the foster parent evaluation score. Interestingly, perceived burden of care can be predicted by a regression equation containing the CBCL externalizing behaviors score, the foster parent evaluation score, and an interaction between these two variables ($R^2 = .43$). A possible explanation for this finding is that the mechanism by which externalizing behaviors impact placement stability is by increasing a foster parent's perceived burden of caring for a child. In addition, these results suggest that foster parents given higher evaluations are less burdened by more behaviorally disturbed children than foster parents given lower evaluations.

Other Emotional and Behavioral Problems: These included symptoms of anxiety or depression, [15] attention problems, and symptoms of withdrawal.

Receipt of Other Services: These included receipt of respite services, receipt of psychotropic medications, receipt of wraparound services, and frequency of contact with caseworkers. It is important to note that wraparound services were received by too few children for an effect to be detected unless the effect were very large.

Amount of Money Received to Care for the Child: It should be highlighted that in a system in which a child can be rapidly replaced by another child for whom the foster parent will be paid the same rate, the amount of money received to care for a child should not have an impact on stability. Removal of a child will not lead to the loss of income by the foster parent.

---

[14] The Burden of Care is an 11 item standardized scale with well-established validity and reliability criteria. It is used to measure a caregiver's perceived burden of caring for a child.

[15] Symptoms of anxiety and depression were measured by the anxious/depressed subscale of the Child Behavior Checklist (CBCL). Attention problems were measured by the attention problems subscale of the Child Behavior Checklist (CBCL). Symptoms of withdrawal were measured by the withdrawn subscale of the Child Behavior Checklist (CBCL).

Other Foster Parent Characteristics: These included the foster parents' age, race, education, religious preference, years of experience being a foster parent, whether a foster parent works or not, and the extent of the family's support system.

Differences in Caseworker Perceptions of Foster Parent Qualifications

In this section, we discuss findings regarding caseworkers' perceptions of foster parents' skills, experience, and the quality of care they provide(d) to sample children. The *Foster Placement Evaluation Scale* was administered as part of the Caseworker Interview.[16] The scale compiles 14 items that rate the quality of *individual* foster care placements. There are items about the foster parent's approach to the child as well as items about the child's behavior and experience in the placement. The scale includes measures of the quality and amount of time the foster parent spends with the child; the foster parent's performance in meeting the child's physical, behavioral and emotional needs; how affectionate the foster parents are with the child; how well the foster parent handles visits between the biological parents; and, whether the child's well-being has improved, deteriorated, or stayed the same while in the foster home.

The mean scores obtained for foster parents of children in the stabilized group vs. foster parent of children in the disrupted group, shown in Table 8, are significantly different ($p>.001$). Foster parents of stabilized children received higher scores on the care they provide to the foster child as well as on the child's experience in the home.

[16]Jenny L Doelling and James H Johnson, "Foster Placement Evaluation Scale: Preliminary Findings," *Social Casework: The Journal of Contemporary Social Work*, (February, 1989): 96-101. Measures of internal consistency indicated very high reliability of the scale with a split-half correlation coefficient of .90, and a mean item-to-total correlation (Cronbach's alpha) of .88. Inter-rater reliability of 29 cases was .65 indicating moderate agreement.

Table 8. Mean Foster Parent Evaluation Scores

Case Type	Mean Foster Parent Score	t-score	Logistic Regression R Value
Foster Parents of Children in the Stabilized Group	4.62	–6.74***	.2118***
Foster Parents of Children in the Disrupted Group	3.84		

***p<.001

To test whether only certain items differentiated the two groups of children, the individual item means obtained for the stabilized group and the disrupted group were assessed using t-scores and as individual variables in a logistic regression equation (See Table 9 below). After controlling for the effects of our core predictive variables[17] all but one item (Foster Parent Handled Visits Well) significantly predicted stable care. These findings indicate the importance of providing attentive, nurturing care and, particularly, the **ability to accept and handle difficult behavior**. The most significant items that distinguish stable foster parents from disrupted foster parents are **treating the child well**, **the ability to effectively deal with difficult behaviors**, and **accepting the child regardless of his/her behaviors**. Foster parents with these qualities are able to maintain stable placements for children in their homes.

Several policy implications would be to: 1) actively recruit foster parents with these qualities; 2) train foster parents on behavior management techniques and the importance of accepting children regardless of their behavior, and; 3) enhance foster parent training curriculum to emphasize the importance of the foster parents' support and involvement with the child's schoolwork.[18]

[17]Child's age, whether child received therapy, CBCL scores on aggressive and delinquent behaviors, placement in specialized foster care, and greater attachment to biological mothers.

[18]Whether foster parents are more inclined to work with children who excel in school or whether foster parent support actually has an impact upon school performance is not discernable from the current data.

Another item, not part of the Foster Placement Evaluation Scale, that we administered was a rating by the caseworker of the amount of insight and understanding of the children shown by the foster parent, with a score of "1" being "highly insightful about the child" and a score of "5" being "completely failed to see the child's viewpoint, capacities and limitations." Again, controlling for the effects of our core predictive variables, significant differences ($p > .004$) were found between the foster parents of stable and disrupted placement groups Therefore**, the foster parents of stable children showed greater understanding and insight of the child and his/her needs**.

Table 9. Foster Parent Mean Evaluation Scores on Individual Items

Evaluation Item	Stable Mean	Disrupted Mean	Logistic Regression Significance Level
Foster Mother was Affectionate	4.59	3.85	.03
Foster Parent Treated Child Well	4.85	4.13	.000
Provided for Basic Needs	4.94	4.60	.003
Provided for Special Needs	4.70	4.0	.003
Handled Difficult Behavior Well	4.60	3.23	.000
Accepted Child Regardless of Behavior	4.70	3.65	.000
Handled Visits Well[3]	4.56	3.74	.93
Child Adapted to Family Structure	4.72	3.64	.001
Child Enjoyed Other Children in Home	4.68	4.08	.07
Child's Academic Performance Maintained or Improved[2]	4.40	3.70	.002
Child's Behavior in School Maintained or Improved	4.20	3.67	.001
Provided Fun Activities	4.60	3.86	.001

[1] Note: 38% of responses were missing on this item.

[2] Note: 39% of responses were missing on this item.

[3] Note: 53% of responses were missing on this item.

Other characteristics of the foster parent, not necessarily related to the specific child in the sample, were rated by caseworkers as either "yes" (= 1) or "no" (= 0). After controlling for the effects of our core predictive variables, we found significant differences between stable and disrupted placements on foster parents' ability to tolerate emotionally disturbed and aggressive children, foster parent training and experience, and "how religious" foster parents were as perceived by caseworkers (See Table 10). Foster parents of stabilized children were also more often reported as having training and/or experience in an area in which the sample child had a need. Stable and disrupted homes were not significantly different in their likelihood of having a pre-placement visit or in terms of caseworker perception of foster parents' experience and ability to work with children similar to the sample child.

Table 10. Characteristics of the Foster Parents

Characteristic	Stable Mean	Disrupted Mean	Logistic Regression Significance Level
Tolerates emotionally disturbed children	.85	.58	.003
Tolerates aggressive children	.84	.65	.009
Has training/experience with child's specific need	.58	.31	.001
Religious[1]	.68	.53	.05

[1] Note: 26% of responses were missing due to "don't know" answers.

V. Follow-up of Stable Children: What are the factors contributing to moves that occurred among the stable children during the four months <u>after</u> caseworkers were interviewed?

Thirteen children (11.5%) who were included in the stable sample experienced a move during the four to five month period after their caseworkers and foster parents were

interviewed. Examining the predictors of these moves allowed us to test the significance of the factors identified as stabilizing or disruptive when comparing the stabilized and disrupted samples. Although the number of children who experienced a move is small, and so weaker effects may not be detected, the findings from this sample are not limited by the retrospective bias introduced by comparing placements that have already disrupted with current, stable placements.

For instance, the protective effect of a positive foster parent evaluation may be an artifact of retrospective reporting biases. Caseworkers who reported on performance for a foster parent in a disrupted home may have viewed performance negatively due to the disruption, rather than judging performance in an unbiased manner. In the prospective analyses, this bias is not a factor, as the evaluations were made prior to the child's move.

Predictors of moves among the stable sample were analyzed by conducting logistic regression analyses. The final regression analyses used to analyze differences between the stable and disrupted samples were replicated. Insignificant predictors that reduced the model's ability to correctly identify those children who moved were removed from the model. In the final model, 96% of the stable sample was correctly identified as having experienced a move or as having stayed in the same home. Ten (74.8%) of the 13 children who experienced moves were correctly identified as having moved. The findings from the final model suggest that after controlling for all other variables listed, the moves among the stable sample were explained by the following factors:

1. **The caseworker's evaluation of the foster parent** prior to the move, with lower evaluations predictive of a move;
2. The **sex of the child**, with *girls* more likely to move;
3. The **number of prior moves** experienced by the child;
4. The **age of the child**, with *older* children less likely to have been moved.

Receiving therapy did not predict moves. Behavior problems did influence moves, but only indirectly, through their effect on burden of care as reported by foster parents.

These findings support the findings resulting from the comparison of the stable and disrupted samples that suggest that the caseworker's evaluation of the foster parent differentiated between children who were stabilized and those who were not. These findings also support the role of behavior problems in determining movement. While the follow-up results do not support the finding that receiving therapy contributed to children's stability, the effects of receiving therapy may be apparent if the stable children were followed for a longer period of time; this would give the sample a greater opportunity for movement. Unexpectedly, these findings also indicate that after controlling for all other factors, children who were older were less likely to have moved than younger children. This may be due to greater movement among younger children in attempts to find adoptive homes for younger children. Further follow-up of these placements will indicate if different permanency goals have led to this apparent difference.

VI. Secondary Data Analysis of Movement within Specialized Foster Care

In this section, we further analyze the movement patterns of three groups of children who were included in the Levels of Care Project conducted by the Office of the Research Director.[19] Using a prospective design, these analyses provide cross-validation of the findings reported in earlier sections. The three samples analyzed are as follows:

Sample 1 4,852 children placed in FHS who were assessed using the March, 1996 Levels of Care Assessment form;

[19]Sonya Leathers, Mark Testa, Lydia Falconnier, *The Levels of Care Project: Final Report*, Office of the DCFS Research Director, Illinois Department of Children and Family Services, April 1998.

Sample 2 89 children placed in FHS in Cook County given in-person assessments by Grant Hospital clinical staff during the summer of 1997;

Sample 3 183 children in Cook County who were assessed using the revised Levels of Care materials during the fall and winter of 1997.

Moves which involved physical movement to a new placement were computed between 3/30/96 – 3/30/98 for children assessed using the old LOC form, and between the date of the assessment and 6/30/98 for children given in-person assessments or revised LOC assessments.

Further Support for the Significance of Behavioral Problems, Severe Mental Health Needs, and Unmet Service Needs in Predicting Disruption

Sample 1 Analyzing moves among this sample of children provided us with the ability to test whether special needs other than behavioral needs were associated with disruption. Our results support the significance of behavioral needs in determining placement movement. **Medical needs were not found to predict movement**; to the contrary, severity of medical needs was associated with less movement among children in specialized foster care.

Overall, 40.6% of children in specialized care on 3/30/96 were in the same home on 3/30/98 and have not been adopted or returned home. On average, children with the most severe emotional or behavioral needs experienced more than twice the number of placements than children with no special behavioral needs, as shown in Table 11 below.

Table 11. Number of Different Placements by Child's Level of Behavioral Need

Level of Behavioral Need	Number of Children	Average Number of Placements after 3/30/96	Percentage in Only One Home 3/30/96–3/30/98	Average Number of INS/GRH Placements after 3/30/96
1: No Special Needs	1,703	.53	68.2%	.03
2: Mild to Moderate Needs	1,650	.71	61.6%	.08
3: Medium Needs	1,015	1.04	53.1%	.19
4: Severe Needs	484	1.35	49.0%	.32
Missing	2,176	.79	58.7%	.13

As shown in Table 12, unlike children with behavioral needs, children with more severe medical needs were actually less likely to experience moves than children with less severe medical needs. The association between severity of medical need and moves does not appear to be due to the inverse relationship between medical needs and behavioral needs. As shown above, even after deleting all children with a behavioral score over 0 from the analysis, children with more severe medical needs were less likely to move than children with less severe needs.

Sample 2 This section analyzes the moves of 89 children placed in specialized foster care who received in-person assessments by Grant Hospital staff during the summer of 1997. As found with the 1996 LOC assessments, mental health needs were found to be significantly associated with movement. Although the in-person assessments were conducted less than a year earlier than 6/30/98, the correlation between moves as of 6/30/98 and severity of mental health need was found to be stronger than the correlation between moves and severity as assessed by the old LOC form, confirming that the new assessment has higher validity than the old assessment. The correlation between moves and the old behavioral needs score was .16; the correlation between the in-person assessment of severity and moves was .24.

Table 12. Number of Different Placements by Child's Level of Medical Need

Level of Medical Need	Number of Children	Average Number of Placements after 3/30/96	Average Number of Placements after 3/30/96, only those with no behavioral needs (N = 1703)
1: No Special Needs	2,755	.8	.58
2: Mild to Moderate Needs	1,563	.86	.47
3: Medium Needs	332	.61	.42
4: Severe Needs	202	.28	.17
Missing	2,172	.79	–

Severity of unmet service need was also found to significantly predict movement, both in bivariate analyses and in multivariate regression analyses. Bivariate means are shown below in Table 13.

The association between unmet service need and moves is even stronger than the association between severity of mental health need and moves, supporting that stable placements can be provided to children with severe mental health needs as long as their service needs are met. In multivariate analyses, this was also found to be the case. Even after controlling for the child's age, severity of mental health needs, and number of placements experienced prior to the child's placement when assessed, **severity of unmet service need was most highly predictive of moves, accounting for 7.5% of the variation in number of moves after the assessments.** When moves such as running away and detention stays are included, the proportion of variation in moves accounted for by unmet service need is increased to 9.4%.

Table 13. Average Number of Post-In-Person-Assessment Placements by Severity of Unmet Service Need

Severity of Unmet Service Need as Assessed by Grant Hospital Staff the Summer of 1997	Number of Children	Average Number of Placements Experienced After Assessment to 6/30/98
1: No Unmet Service Needs	36	.19
2: Mild Unmet Service Needs	26	.37
3: Moderate Unmet Service Needs	20	.54
4: Severe Unmet Service Needs	7	1.53

Sample 3 In this section we analyze moves of 183 children who were assessed using the revised Levels of Care Assessment form during the Fall and Winter of 1997. Analyzing moves among this sample provided us with the ability to test whether behavioral needs were predictive of movement from HMR and traditional placements as well as specialized foster care.

Our analyses suggest that different patterns of movement may be found in traditional care and HMR care. Unfortunately, just a small number of LOC assessment packets were returned for children in each type of care: 69 in traditional, and 69 in HMR, so these patterns may not be found in the general populations within traditional and HMR care. **Within the traditional care sample, moves were more highly correlated with the LOC mental health level than in specialized foster care, with a correlation of .32.** Within specialized foster care, moves were correlated with the LOC mental health level .21. This finding supports the result obtained from the interviews with foster parents and caseworkers that indicated that children with more severe behavioral problems are more likely to be stabilized in specialized foster care than in traditional foster care. As found with the larger sample, medical and developmental needs were not found to be associated with moves.

In HMR care, 12 (17.9%) of the 69 children had moved. **For children in HMR homes, level of mental health need was not found to be as strong a predictor of moves**: moves and the LOC mental health level was correlated .21, and was only marginally significant at p = .1. **For teens in HMR placements, however, pregnancy and parenting needs were found to be significantly associated with moves** (correlation = .28)**.**

How Does Rate Conversion and Movement to Traditional Care Affect Stability?

In order to determine whether stepdown to traditional care would lead to an increase in disruption rates, we examined the number of moves which occurred among the children placed in specialized foster care on 3/30/96 who were stepped down to traditional foster care at some point after 3/30/96 (N = 919).[20]

Two groups of children, each of which were stepped down, were analyzed separately. The first includes children who experienced a "rate conversion," meaning that the payment was changed from a specialized rate to a traditional rate. For this group, stepdown did not involve a physical move (N = 349). For these children, it can be assumed that the rate conversion involved a planned stepdown to traditional care. The second group experienced an actual move to a new home that received a traditional rate (N = 570). These step-downs may or may not have been planned. For example, a child might have been placed in traditional care after a placement disruption or interruption in the substitute care spell due to a return home or a hospitalization.

Children in homes which were converted were very stable between the time that they converted and 6/30/98. Only 8.9% experienced a move during this period, and placement movement rates were lower than among children whose homes did not convert.

For the 570 children who were physically moved to a new home, however, a high level of instability was associated with the move to traditional care. Among those who moved to a traditional home, 56.7% experienced a subsequent move after the initial move to traditional care. **The average number of moves among these children was three times higher than among children who remained in specialized foster care or moved to relative or institutional care.** An average of 1.2 subsequent placements were experienced among these children. Moves were associated with level of behavioral disturbance as measured by the 3/96 Levels of Care Assessment Review, but even for children with an apparently low level of behavioral disturbance, a greater number of moves followed the physical move to traditional care than among children placed in traditional or specialized foster care.

VII. Conclusions and Recommendations

For a large number of DCFS children, there is a serious placement instability problem that is most prevalent among children in regular and in specialized foster care and somewhat more prevalent in downstate regions than in Cook County regions. The special behavioral and emotional needs of children who experience greater instability are significantly more pronounced than the needs of children whose care has been stabilized.

Conclusions

The findings from this study support earlier studies regarding variables that predict placement stability; identify several new factors predicting stable care; and show that some of the variables previously identified as being associated with placement stability in bivariate analyses are in fact not predictive of placement stability. The current

---

[20]For these analyses, the same definition of a move as in earlier analyses is used.

study compares children from the same population – those with histories of placement movements. The design of this study, which compares children who moved and then stabilized with children who moved and did not stabilize, allowed us to identify factors that resulted in the *stabilization* of children with a history of placement movement. The identification of stabilizing factors has policy implications for children who are currently experiencing unstable care.

Regarding child characteristics, this study replicated earlier findings that both fewer behavioral problems and younger age are predictive of placement stability. It also clarifies earlier confusion in the literature about the association between age and behavioral problems. It is clear from this study that *both* younger age and less behavioral problems predict stability. Race, which has been found to be associated with stability in some prior bivariate studies, had no effect on placement stability in traditional or specialized foster care. This study was also the first study to evaluate behavioral and emotional problems systematically in a study of placement stability. It becomes clear from this systematic evaluation that it is the aggressive, destructive, and delinquent behaviors that are the specific types of behaviors that drive placement disruption. In addition, the percentage of children in the sample who had behavioral problems in the clinical range (64% of children in the disrupted sample, and 33% of children in the stable sample) highlights the need for increased attention to the needs of these children.

Regarding services, this study found that provision of some types of service., but not others, predicted stability. A limitation of the study was the inability to determine the appropriateness of the services provided to the children. Earlier research has indicated that comprehensive assessments, adequate service provision, and foster parent training can prevent further placement disruptions among children at high risk for disruptions. In this study, receipt of therapy predicted stability. Other services were not found to be significant predictors of placement stability. These included respite care, receipt of psychotropic medications, frequency of caseworker contact, and enhanced foster parent payments. However, as the appropriateness of these services and the need for these

services among children who were not receiving these services could not be assessed, the stabilizing effects of adequate service provision could not be tested. The effect of wraparound services also could not be tested, as too few children in the sample were receiving wraparound to be able to include it in the analyses. Interestingly, there was a stabilizing effect of being in specialized care for children with behavioral problems that was not explained by higher reimbursement rates, greater frequency of caseworker visits, or provision of services.

Most foster parent characteristics that have been reported in the literature as being associated with stability did not predict placement stability in out multivariate analyses. These variables included years of experience being a foster parent, number of other children in the home, race, age, education, religious preference, whether the foster parent worked or not, and foster parent temperament. The foster parent variable that did predict stability was a standardized evaluation of foster parents completed by the caseworker. Foster parents with high scores on the scale were more likely to maintain stable placements, and were more likely to perceive difficult children as being less burdensome than foster parents who received lower scores. This result has not been reported previously in the literature, as no previous studies have systematically evaluated foster parent-child placement combinations in a study of placement stability.

Regarding the use of emergency homes, two findings from this study point to the need to consider carefully policies. Both the large number of foster parents (40%) who reported that *one of the reasons* for the move was that the placement was an emergency placement only, and the large percentage of true emergency placements[21] (32%) that lasted longer than 90 days, point to the possibility that emergency homes are being used in an unplanned manner to accommodate crises that arise, rather than being part of a planned system to use short-term emergency placements to facilitate matching a child

[21]We determined that a placement was an emergency placement if the foster parent reported that *the first or second most important reason* for the move was that the placement was an emergency placement.

with an appropriate home. Emergency placements increase the number of disruptions that a child experiences. They should therefore be used only when absolutely necessary, and then should be short-term in duration while an appropriate placement for a child is sought.

Recommendations

The study findings suggest that within the current service structure, children with pronounced behavioral needs are not able to reside in stable foster family settings because their needs are not being met. Three interventions that were found to successfully address need were **1) therapy services, 2) insightful and skilled foster parents,** and **3) care that is specialized within the foster care placement.**

Based upon the results of this study, the Office of the Research Director recommends the creation of **a structured system of individualized needs-assessment, service planning, and routine evaluation for all children with behavioral needs, regardless of placement type**. The evaluation of need system would provide:

1. Structured clinical assessment of child need;
2. Systematic collection and analysis of clinical data;
3. Individualized service planning: If needed services could not be provided within the home (e.g. therapy, transportation, behavioral management), a service plan would be tailored to the placement.
4. Enhanced care provisions: If needed services can best be provided within the home, individualized care plans with the provider will be developed.
5. Routine evaluation of the status of high-need children, the services they are receiving, and the services they need.
6. Predictive models of children who are at risk of experiencing unstable care, so needs can be identified early and appropriate plans can be made to minimize placement instability.

Because we now have an empirical profile of children who are at risk of experiencing unstable care, they can be identified early in their placement careers and unstable care can be minimized. If needed services are lacking in a given area of the state (e.g., child therapy or skilled foster parents), a plan would be devised to develop such resources. Adequate funding would need to follow. The sub-system would also provide on-going training for foster parents who have high-risk children in their homes.

There is evidence in the literature that an intensive approach is promising. In our literature review, we cite Taber and Proch's (1987) evaluation of the Chicago Services Project which significantly decreased the number of moves among a sample of 51 adolescents with histories of previous placement disruptions. The program provided comprehensive assessment, service planning prior to placement assessments, and intensive service planning to children with special behavioral needs. Perhaps most important, the program employed **a signed agreement with provider agencies to assure that services were provided as specified by the service plan**.

The high-need sub-system would be comprised of the following components:

1. **Conduct Comprehensive Evaluation of Children's Needs.** Early and thorough evaluation of child risk groups is clearly an essential front-end component of any initiative designed to reduce instability. The Department has developed a sophisticated, reliable and valid method of evaluating need[22] and should implement it statewide to systematically identify the needs of children who are most at risk of unstable care. The Department also needs to incorporate into its management information system, a core set of clinical information on all children in foster care.

2. **Identify and Implement Service Technologies that Directly Meet Diagnosed Needs.** Provide the services received by the stabilized group of children (e.g., therapy, after-school programs, day care). Expanded access to a broader array of services available through WRAP programs and through

[22]See the revised instruments in Sonya Leathers, Mark Testa, Lydia Falconnier, *The Levels of Care Project: Final Report*, Office of the DCFS Research Director, Illinois Department of Children and Family Services, April 1998.

the use of individual care plans is also needed.[23] WRAP services could be redesigned to emphasize services shown to be effective in meeting the specific unmet needs identified in the evaluation of need. The process of redesigning WRAP could incorporate the "needs-led" (Dartington) approach to service planning at the LAN level. This process would identify, epidemiologically, the incidence and prevalence of specific categories of need for children, families and foster caretakers in the locality. Following this process, service planning can proceed based upon the number and type of needs present in communities.

Individual care plans could be designed to establish a clear linkage between a child's physical, psychological, social and educational needs and the means by which each need will be met. The care plan should specify an enhanced boarding payment in cases where the premium would result in an increased willingness and ability of caretakers to provide the greater level of care required to meet the greater needs of children they accept into their homes.

3. **Ensure that POS Agencies are Performing Well in Achieving Stability.** The performance of private agencies in meeting the goal of stability should be monitored in five areas. First, agency performance as per their performance contracts should be carefully monitored. Second, in addition to monitoring moves to more restrictive settings and moves to another agency, the Department should monitor lateral moves (moves to same type of placement within the agency). Third, the Department should ensure that POS agencies are performing well in the area of foster parent recruiting. Fourth, private agencies need to have well-conceived philosophies and operationalized programs for meeting the needs of seriously emotionally disturbed and other high-need children – **in particular those that exhibit aggressive and delinquent behavior**. Fifth, if DCFS incorporates a core clinical data component into its management information system, private agencies should be required to provide clinical data for the cases they manage.

4. **Rethink and Revitalize the Ways in which Foster Parents are Recruited and Screened.** Specific foster parent skills and abilities – particularly the ability to accept and manage aggressive behavior – were significant predictors of stability. It follows that DCFS and POS agencies need to recruit foster parents who have a basic understanding of why children exhibit aggressive and delinquent behaviors and knowledge of ways to manage such behavior.

[23]Only 19 of the 260 foster parents of children in the sample reported that their foster child received WRAP services.

The Department needs to provide an effective training program to assist foster parents in the practical application of behavior management techniques, for example, methods of providing logical consequences for children's behavior.

5. **Support the Capacity of Care Givers**. It is foster parents who, by far, spend the greatest amount of time with DCFS foster children. We recommend the implementation of a package of foster parent supports that effectively promotes the 1) satisfaction, 2) endurance, 3) the willingness, and 4) ability of foster parents to care for high-need children for extended periods of time. Since demographics, culture, and needs of foster parents may vary on a regional or neighborhood basis, systems of support ought to be developed locally, perhaps using the needs-led approach referenced above. Community-based supports (at the LAN level, for example) could then be provided for local foster parents.

APPENDICES

APPENDIX A

Analysis of Stability in Cook and Downstate Regions and in Different Type of Placements

A regional analysis of stability rates found differences between Cook County and the balance of the state regarding the number of moves children can expect to have in a two-year period.[24] Table A below illustrates greater placement stability in the Cook County regions than in the balance-of-state regions. The greatest stability is achieved in Cook Central and the least is achieved in the Southern Region. There is little variation within the Cook/Balance-of-State areas. Stability rates among Cook County regions are tightly clustered while balance-of-state regions are more loosely clustered. As illustrated in column #3 of Table A, the differences between Cook and the Balance-of-the-State are largely explained by the greater use of home of relative placements in Cook County.

Analysis conducted on variations in stability within different placement types shows that, as noted above, the most stable care was provided in home of relative placements. Specialized foster care was less stable than HMR, but more stable that regular foster care. Among regular foster care placements, FHB placements were more stable than FHP placements. ILO and GRP/INS placements are the most unstable of all placement types.

Figure A, on the next page, shows trends over time in the stability among the different types of placements. Overall, placement stability within different types of care has remained fairly stable over time. The only changes in stability are found in

[24] To compute these figures, the numbers of moves each child experienced was divided by the number of years the child was in placement and then multiplied by two. For example, a child in placement for four years who experienced one move would average .5 moves in a two year period. This method controls for regional differences in children's average length of stay in foster care. NOTE: Placements lasting 7 days or less were excluded from this analysis.

Appendix Table A. Regional Differences in Stability Rates[25]

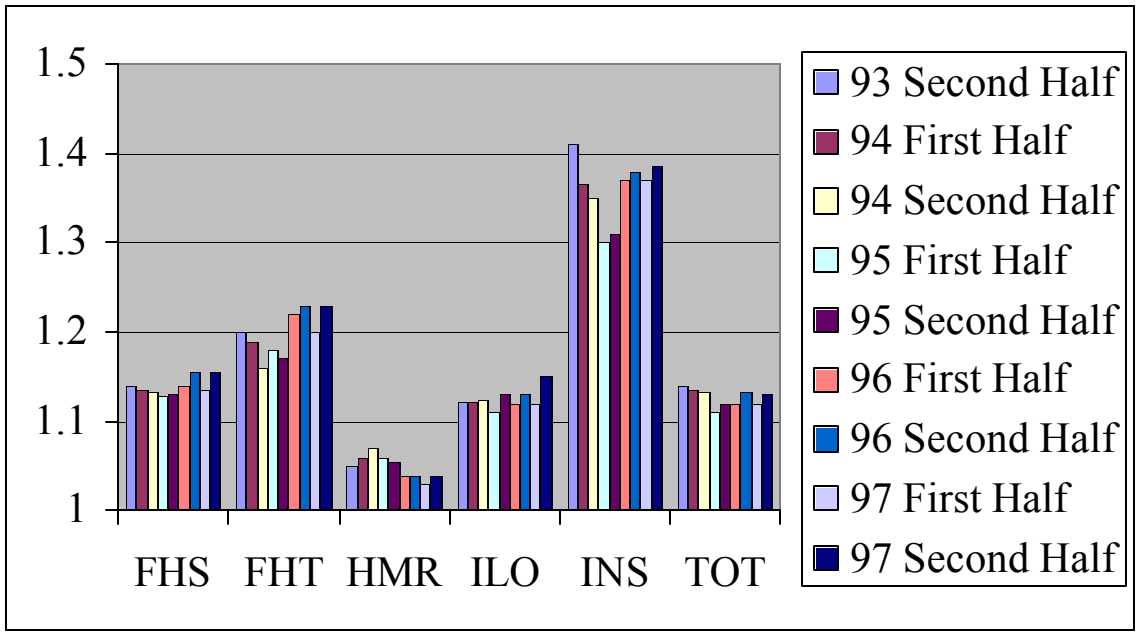
Region	Moves per 2-year period for all types of cases	Moves per 2-year period controlling for HMR
Cook Central	.86	1.07
Cook North	.98	1.26
Cook South	.98	1.22
Northern	1.26	1.26
Central	1.39	1.29
Southern	1.44	1.39

residential care, which became more stable between 1993 and 1995, but then reversed this trend and became more unstable between the second half of 1995 and 1998. In HMR placements, stability decreased slightly in the first 18 months (mid-1993–1994), but increased steadily until the second half of 1997. Initial gains in the stability in FHS were offset by rising instability in the last three years. Movement within traditional foster care has remained virtually constant, yet overall is less stable than FHS. Stability has increased slightly over the last five years, due to the slight increase in stability in HMR and the decrease in the utilization of institutional care. However, while overall stability has slightly increased over time, we continue to have a stability problem in regular and specialized foster care as well as institutional care.

[25]To compute these figures, the numbers of moves each child experienced was divided by the number of years the child was in placement and then multiplied by two. For example, a child in placement for four years who experienced one move would average .5 moves in a two year period. This method controls for regional differences in children's average length of stay in foster care. NOTE: Placements lasting 7 days or less were excluded from this analysis.

APPENDIX B

Number of Placements Experienced by 6 Month Periods within Different Types of Care



APPENDIX C

Logistic Regression of Factors Likely to Influence Placement Stability

Variable	B	S.E.	Wald	Significance	Exp (B)
Age	–.2161	.0589	13.4831	.0002	.8056
Receipt of therapy	–2.0631	.6644	9.6436	.0019	.1271
CBCL externalizing behaviors	–.0847	.0289	8.6063	.0033	.9188
Foster Parent Evaluation Score	1.1430	.3338	11.7287	.0006	3.1362
Type of placement (specialized vs. traditional placement)	–5.0411	2.4612	4.1951	.0405	.0065
Time in Placement	.0022	.0008	7.2051	.0073	1.0022
Attachment to Bio Mother	–.3818	.1653	5.3307	.0210	.6827
Interaction CBCL externalized behavior and type of placement	.0894	.0369	5.8691	.0154	1.0936
Constant	3.5487	2.7503	1.6649	.1969	
–2 Log Likelihood = 213.4285 (constant)					
–2 Log Likelihood = 129.132					
Model Chi-Square = 84.296, df=8, $p < .01$					
Percentage of cases predicted accurately: 81.42%					
N = 155 (cases with both a foster parent and a caseworker interview, excluding children with planned moves)					

REFERENCES

Aldridge, M.J. & Cautley, P.W. (1976). Placing siblings in the same foster home. Child Welfare, 14, 85–93.

Berridge, D. & Cleaver, H. (1987). Foster home breakdown. New York: Basil Blackwell.

Boyd, L.H. and Remy, L.L. (1978). Is foster parent training worthwhile? Social Service Review, 6, 275–296.

Campbell, S.B., Simon, R., Weithorn, L, Krikston, D., and Connolly, K. (1979). Journal of Social Welfare, Fall/Winter, 49–60.

Cautley, P.W. and Aldridge, M.J. (1973). Predicting success for new foster parents. Social Work, January, 48–53.

Chamberlain, P., Moreland, S., Reid, K. (1992). Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for children. Child Welfare, 71, 5, 387–401.

Cooper, C.S., Peterson, N.L. & Meier, J.H. (1987). Variables associated with disrupted placement in a select sample of abused and neglected children. Child Abuse and Neglect, 11, 75–86.

Doelling, J.L. and Johnson, J.H. (1990). Predicting success in foster placement: The contribution of parent-child temperament characteristics. American Journal of Orthopsychiatry, 60, 4, 585–593.

Fanshel, D. & Shinn, E. B. (1978). Children in foster care: A longitudinal investigation. New York: Columbia University Press.

Fanshel, D., Finch, S. J. & Grundy, J. F. (1990). Foster children in a life course perspective. New York: Columbia University Press.

Kraus, J. (1971). Predicting success of foster placements for school-age children. Social Work, January, 63–72.

Merrithew, J. (1996). Foster care delivery and the needs of birth children of foster parents. EDRS, 1–23.

Millham, S., Bullock, R., Hosie, K., & Haak, M. (1986). Lost in care: The problem of maintaining links between children in care and their families. Aldershot, England: Gower Publishing Company.

Milner, J. (1987). An ecological perspective on duration of foster care. Child Welfare, 66, 2, 113–123.

Olsen, L.J. (1982). Predicting the permanency status of children in foster care. Social Work Research and Abstracts, 18, 9–20.

Palmer, S.E. (1996). Placement stability and inclusive practice in foster care: An empirical study. Children and Youth Services Review, 18, 7, 589–601.

Pardeck, J.T. (1984). Multiple placement of children in foster family care: An empirical analysis. Social Work, 29, 6, 506–509.

Pardeck, J.T. (1983). An empirical analysis of behavioral and emotional problems of foster children as related to re-placement in care. Child Abuse and Neglect, 7, 75–78.

Proch, K. & Taber, M. A. (1987). Alienated adolescents in foster care. Social Work Research and Abstracts, Summer, 9–13.

Staff, I. & Fein, E. (1992). Together or separate: a study of siblings in foster care. Child Welfare, 71, 257–270.

Staff, I., Fein, E. & Johnson, D.B (1993). Methodological issues in studying sibling placement. Social Work Research and Abstracts, 29, 35–36.

Stone, N.M. and Stone, S.F. (1983). The prediction of successful foster placement. Social Casework: The Journal of Contemporary Social Work, 11–17.

Taber, M.A. and Proch, K. (1987). Placement stability for adolescents in foster care. Child Welfare, 66, 5, 433–445.

Walsh, J. A. & Walsh R. A. (1990). Quality care for tough kids. Washington, D.C.: Child Welfare League of America.

Widom, C. S. (1991). The role of placement experiences in mediating the criminal consequences of early childhood victimization. American Journal of Orthopsychiatry, 61, 195–209.