Multiple Move Study:

Understanding Reasons for Foster Care Instability

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At a B.H. meeting on November 15, 2007, the ACLU requested that the Children and Family Research Center (CFRC) conduct a study in collaboration with the Illinois Department of Children and Family Services' (DCFS) Division of Quality Assurance to examine the factors associated with multiple placement moves and to assess the extent to which the Child and Youth Investment Team (CAYIT) process has minimized multiple placement moves.[1] A joint record review was conducted by staff from the CFRC Foster Care Utilization Review Program (FCURP) and the Division of Quality Assurance to examine a sample of multiple-move cases and a matched sample of stable cases. Through in-depth quantitative and qualitative analyses of these data, CFRC staff sought answers to the following research questions:

1. What distinguishes children who are stable from those who move frequently?
2. Has the CAYIT process minimized moves through improved assessment of needs and prompt provision of recommended services?
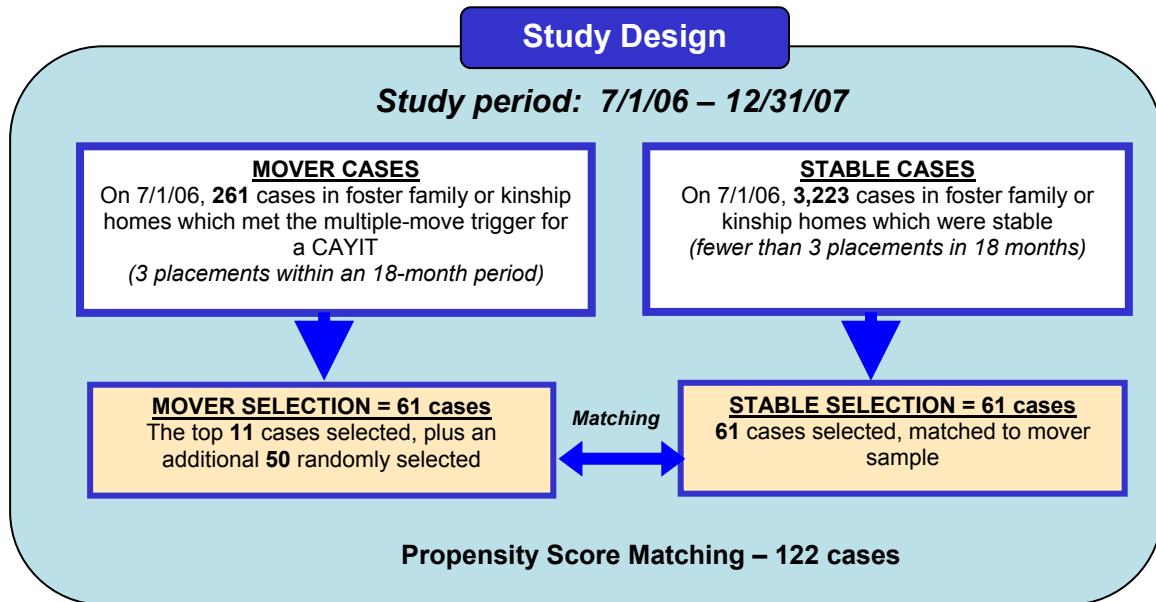
Study Design and Sample

To select cases for this study we used a statistical method known as propensity score matching (PSM) that helps to explore what differentiates two samples of cases that would be expected to have equivalent outcomes. Using this method we created matched samples of children who were similar at the baseline (July 1, 2006) but differed during an 18-month study period (July 1, 2006 through December 31, 2007). To understand our sample selection process, it is important to know that we chose our sample retrospectively. Based on the number of moves the child experienced during the study period, we classified each child as either a mover or a stable case. We then selected children for inclusion in the study who profiled similarly at the baseline but had divergent experiences during the study period. In the baseline group from which the samples were drawn were 3,484 children placed in either kinship or traditional foster care; 261 (7%) were 'mover' cases and 3,223 (93%) were 'stable' cases. Mover cases met the trigger criteria for CAYIT during the study period because they had three placements in traditional or kinship homes within those18 months, though not all these children actually received CAYITs. The stable group did not have three or more placements during the study period. Runaway episodes, hospitalizations, residential or shelter placements, and specialized foster care placements are excluded from the count of placement moves for the CAYIT trigger, and for this sample selection.

From the 261 mover cases, 11 children who moved the most were initially selected for inclusion in the study. In addition, 50 children were selected at random from the

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[1] The CAYIT program began in June, 2006 at DCFS. It is a team meeting which brings together caseworkers, parents, foster caregivers, mental health professionals, and others involved in the case in an effort to stabilize out-of-home placements through the provision of timely services and placement adjustments when needed. While there are several triggers that can initiate a CAYIT, for this study we evaluated only those CAYITs triggered by multiple-moves.

remaining mover sample. This selection process resulted in a mover sample of 61 children.

The matched *stable sample* of 61 children was selected from the 3,223 stable children at baseline. The matched sample of stable cases profiled similarly to the mover sample on July 1, 2006; however, over the next 18 months, the mover group was unstable while the stable group was stable. The selection procedure resulted in a total sample of 122 cases from across the state.

Study Design

Study period: 7/1/06 – 12/31/07

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

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

MOVER SELECTION = 61 cases
The top **11** cases selected, plus an additional **50** randomly selected

Matching

STABLE SELECTION = 61 cases
61 cases selected, matched to mover sample

Propensity Score Matching – 122 cases

Matching Variables

As discussed above, the mover and stable cases were matched to one another so that we could select two groups of children who looked similar at the baseline but differed in stability at the end of our review period. The characteristics we chose to match on were those that previous research showed were correlated with stability.

The first two columns in Table 1 (at the end of the report) show the characteristics of the mover and stable populations at baseline in the initial data set, before the matched samples were created. The two groups were statistically different on the following characteristics:

- the stable population was younger than the mover population when they entered foster care (34% of the stable population and 11% of the mover population were infants, under one year old);
- more African-American children were in the stable population (62% vs. 54%);
- more children in the stable population were from Cook County than in the mover population (53% vs. 28%);
- the stable population was more likely to have no previous placements than the mover population (45% vs. 38%);

- the stable population was more likely to have no previous removal episodes than the mover population (86% vs. 80%);
- the stable population had been in foster care for a shorter period of time than the mover population (33% vs. 16% had been in care for 6 months or less).

In creating the matched samples, we sought to eliminate these differences between the two populations. Through propensity score matching (PSM), we matched children in the mover population to children in the stable population, and selected those most similar. As a result, the differences listed above were minimized for the 122 cases in the matched samples:

- percent who were infants at entry: 13% for stable vs.11% for movers;
- percent African-American: 54% for stable vs. 55% for movers;
- percent in Cook County: 23% for stable vs. 28% for movers;
- no previous placements: 37% for stable vs. 34% for movers;
- no previous removal episodes: 84% for stable vs.79% for movers;
- in foster care for 6 months or less: 38% for stable vs. 34% for movers.

We chose not to match for type of placement because we wanted to test the hypothesis that kinship care was strongly predictive of stability. We also did not match for CAYIT staffings since our second question involved assessing the impact of this intervention on stability.

The matched samples were compared statistically to see what might explain stability and instability during the study period. The research team also conducted a thorough record review of 121 of the 122 cases (one case was dropped from the sample because the child was placed out-of-state) to identify the reasons for moves in both the mover and stable groups, and to identify other trends related to stability that were not captured in the quantitative analysis. Additional data were collected on visits made by biological parents and by caseworkers to support children's well-being and stability, but these complex data were not ready for analysis at the time of this report.

Top Movers: Included in our sample were the 11 youth who moved the most at the baseline. These youth profile as follows:
- they were predominantly African American (91%);
- they were split by gender (5 females and 6 males);
- 36% (4) were five years old or younger, and 64% were six or older (two were 6 to 8 years old, two 9 to 11 years old and three were 12 or older);
- over half (6) were from Cook County, 4 from Northern and 1 from the Southern region;
- 36% (4) had a noted disability.

It should be noted that, despite this distinction as a 'top mover' for this study, 4 of these youth ended up in stable placements after the review period. The 11 youth in the stable

group who were matched to the top movers were not statistically significantly different on any of these demographics.

Findings

In this section we will answer our two research questions, and then discuss what we have learned about the reasons children move during their stay in care.

1. What distinguishes children who are stable from those who move frequently?

The results suggest that caregivers are key to stability. Caregivers' willingness to commit and their relationship to the child (kin vs. non-kin) were major predictors of stability. Children's mental health was also a major issue for stability.

Caregivers' willingness to commit to permanence: 93% of caregivers in placements in the stable population were willing to commit, compared to 42% of caregivers in placements in the mover population.

Relative Caregivers: Children placed with kin caregivers were more likely to be in the stable population: 67% of the stable group but only 26% of the mover group were ever placed with kin. Kin caregivers in stable cases were more likely to be licensed (56%) than kin caregivers in mover cases (19%). Licensed and unlicensed kin caregivers also differed in the Center's recent research on children's safety in kinship homes.[2]Understanding the impact of licensing on children's safety and stability is something that requires additional research.

Children having a psychiatric diagnosis. To look at this issue, reviewers recorded the date that any formal psychiatric diagnosis was entered into the case file. We then analyzed these records to determine if children in the stable and mover groups were different at the beginning of the review period (on July 1, 2006) and at the end of the review period, 18 months later. Results indicate that during the period under review, more children had a psychiatric diagnosis in the mover group than the stable group. At the beginning of the review period, July 1, 2006, 7 children from the stable group and 12 children from the mover group had a psychiatric diagnosis. Due to the small number of cases involved in this study, this is not a statically significant difference. However, there was large (and statically significant) difference in the additional number of children who received a diagnosis *during* the review period: 19 of the mover group versus 3 of the stable group. This resulted in the total of 31 children with a psychiatric diagnosis from the mover group and 10 from the stable group (51% vs. 16%, which was statistically significant). This finding suggests that children with multiple moves are more likely to get a psychiatric diagnosis than stable children. It is unclear from these results the extent

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[2] Rolock, N. & Testa, M. (2008). *Conditions of children in or at risk of foster care in* Illinois. Urbana, IL, Children and Family Research Center.

to which instability leads to an increased likelihood of diagnosis or a diagnosis increases the likelihood of instability. Research suggests that both can occur.[3]

Number of children in the home: While other Center research showed that the number of children in the home was correlated with stability,[4] this study found that both groups of children had a mean of 3.2 children in the home, so this did not appear to be a factor in stability.

Placement with siblings: Contrary to prior work done by Sonya Leathers that found that placement with siblings increased stability,[5] this study found only a small and statistically non-significant effect: 78% of the stable group was ever placed with siblings vs. 73% of the mover group.

Legal Permanence: Results on permanence suggest the potential impact of instability. Children in the stable population were substantially more likely to achieve legal permanence than children in the mover population (33% versus 8%), a statistically significant difference.

Reasons for moves were different for movers and stayers.
At the baseline (July 1, 2006) the mover and stable groups profiled very similarly, yet half of the children ended up moving from home to home while the other half were stable during the review period (July 1, 2006 – December 31, 2007). To help understand this difference, we looked separately at the reason for moves *prior* to the baseline and the reason for moves *during* the review period. Reasons were sorted into three categories, based on prior research by Sigrid James:[6] 1) system- or policy-related, 2) foster family-related and 3) child behavior-related. (A more detailed breakdown of the reasons for moves is available in Tables 2 and 3 at the back of the report).

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[3] Barth, R. P., Lloyd, C., Green, R. L., James, S., Leslie, L. K., & Landsverk, J. (2007). Predictors of placement moves among children with and without emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders, 15*(1), 46-55; Eggertsen, L. (2008). Primary factors related to multiple placements for children in out-of-home care. *Child Welfare, 87*(6), 71-90. Newton, R. R., Litrownik, A. J., & Landsverk,J. A. (2000). Children and youth in foster care: disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect 24*(10), 1363-1374. Rubin, D.M., O'Reilly, A.L.R., Luan, X., & Localio, R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, *119*, 336-344.
[4] Testa, M., Nieto, M., & Fuller, T. (2007). Placement stability and number of children in a foster home. Urbana, IL: Children and Family Research Center.
[5] Leathers, S. (2005). Separation from siblings: associations with placement adaptation and outcomes among adolescents in long-term foster care. *Children and Youth Services Review, 27,* 793-819.
[6] James, S. (2004). Why do foster care placements disrupt? An investigation of reasons for placement change in foster care. *Social Service Review, 78*(4)*,* 601-627.

Distribution of Reasons for Moves Prior to the Review Period

Placement Move Reason	Stable Group N=71 moves	Mover Group N=92 moves	TOTAL N=163 moves
System- or Policy-Related	45.1%	44.6%	44.8%
Foster Family-Related	26.8%	29.3%	28.2%
Child Behavior-Related	23.9%	25.0%	24.5%

Prior to the review period, children in the stable and mover groups had very similar reasons for placement change. The most common were system- or policy-related reasons: 45% of all moves in both the stable and mover groups. System- or policy-related moves include things like a move to be with a relative caregiver or sibling, or a move that was expected to lead to permanency. Among the system- or policy-related moves:

- 37% were permanency-related (to achieve permanency with a relative, for example);
- 26% involved temporary placements (to or from a shelter, for instance);
- 24% were due to the treatment needs of the child (moves to psychiatric hospitalizations or residential settings, for example); and
- 8% were sibling-related (moves either due to a sibling's behavior problems or to be placed with a sibling).

Foster family-related moves were the next most common type of moves prior to the review period – 28.2% of all moves. Again, the mover and stable groups profiled similarly (26.8% in the stable group and 29.3% in the multiple-move group). These placement changes were almost equally split between foster parents requesting a change due to events in their lives (52%; for example, a move out-of-state or taking on a new job), and agencies removing children because of inappropriate behaviors at the foster home (46%; for example, allegations of maltreatment or inadequate care at the foster home).

The third and least common reason for instability was the child's behavior (25%). Again, the stable and mover groups were similar: 24% and 25%, respectively. These moves were almost always (82%) at the request of the foster parent. In 18% of the moves related to the child's behavior problems, the youth ran away from the foster home.

During the Review Period
Because of the design of the study, we knew that the stable group would have few moves during the review period while the mover group would experience instability. For the stable group there were only 4 moves in total during the review period: 2 for system- or policy-related reasons, 1 for reasons related to the foster family and 1 for child behavior-related reasons. In contrast, the mover group had 197 moves during the review period. Thus, the following section focuses on the reasons for moves within the mover group.

Distribution of Reasons for Moves During the Review Period

Placement Move Reasons Period Under Review	Mover Group, N=197	TOTAL, N=201
System- or Policy-Related	25.9%	26.4%
Foster Family-Related	35.5%	35.3%
Child-Behavior-Related	33.5%	33.3%

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

While system- or policy-related moves accounted for almost half of the moves *prior* to the review period, they accounted for only about one quarter (26%) of all moves *during* the review period. Of the system- or policy-related moves during the review period, 30% were moves intended as temporary placement, 25% were made to reunite siblings, 23% were made to move children into a setting with the potential to be a permanent home, and 13% occurred due to treatment needs changing.

Foster family-related moves accounted for the largest percentage of moves during the review period (36%), followed by child behavior-related moves (34%). Of the foster family-related moves during the review period, 52% were the result of inappropriate behaviors on the part of the foster parent, and 48% were at the request of the foster parent due to changes in their life situation.

Top Movers: It is worth noting that the 11 top movers included in our sample had a slightly different set of reasons for moves during the review period. The moves were more likely to be a result of child-behavior issues (48%) followed by system- or policy-related moves (30%) and foster family-related moves (13%). However, prior to the review period child behavior-related issues only accounted for 29% of the moves for this subset of youth.

2. Has the CAYIT process minimized moves through improved assessment of needs and prompt provision of recommended services?

Forty-five children in the sample were referred for a CAYIT (37%); 41 of those children were from the mover group. Not all movements which should have triggered CAYITs resulted in a CAYIT occurring. 33% of the children in the mover group did not have a CAYIT meeting. Sometimes this was because someone familiar with the case stated that a CAYIT was not necessary, but other times the reason was unclear.

CAYITs did not necessarily lead to increased stability among the multiple-move group; differences between children with and without CAYIT were not statistically significant
   * 37% (15 children) in the mover group *with* a CAYIT had additional moves one year later (ending 12/31/08)

- 20% (4 children) in the mover group with <u>no</u> CAYIT had additional moves one year later (ending 12/31/08)
- Only 7% (4 children) in the stable group had a CAYIT
- 12% (7 children) in the stable group had additional moves one year later (ending 12/31/08)

CAYITs often occurred just after the child had been placed into a new home and rarely recommend increased level of foster care placement
- 86% recommended that the child remain in the current placement
- 13% recommended a level-of-care adjustment
- The average (median) time between the most recent placement date and CAYIT referral date was 9 days; on average, 22 days elapsed between CAYIT referral date and actual staffing.

Services recommended by CAYITs were usually received
- 72% of services recommended were received
- 84% of services received were in a timely manner

Mental health services were most often recommended
- 28% of the recommended services were for mental health issues
- 80% of the recommended mental health services were received

CAYITs rarely recommended services to the foster parent
- 2% of services recommended were specifically targeted for foster parents

In the tables below we present data for services that were recommended during the CAYITs. We report how many recommended services were received, and how many of those were received in a timely manner. As the tables show, mental health and services related to education or early childhood issues were the most common services recommended, and they were usually received (approximately 80% of the time). Services were received in a timely manner for: 86% of mental health services and 71% of education or early childhood services. Services related to Systems of Care (SOC) or specialized referrals, extracurricular activities were received most of the time (between 77% and 97%), and were usually received in a timely manner.

Services usually received if recommended by a CAYIT

	Recommended % (#)	Received % (#)	Received Timely % (#)
Mental health	28% (96)	80% (77)	86% (66)
Education/early childhood	22% (74)	78% (58)	71% (41)
SOC/specialized referral	9% (32)	97% (31)	74% (23)
Extracurricular activities	5% (17)	77% (13)	85% (11)
Sibling visitation	4% (13)	77% (10)	90% (9)

There were other services, however, that were not as likely to be received when recommended. These included services related to physical health, job or life skills,

parental visitation or education, monitoring of current services, and 'other' services. These services were received about half the time when recommended by CAYIT.

Services not as likely to be received if recommended by a CAYIT

	Recommended % (#)	Received % (#)	Received Timely % (#)
Physical health	10% (33)	49% (16)	69% (11)
Job/life skills referrals	5% (16)	44% (7)	57% (4)
Parental visitation/education	4% (12)	50% (6)	100% (6)
Continue to monitor current services	2% (8)	50% (4)	50% (2)
Respite	1% (3)	67% (2)	50% (1)
Other	10% (35)	57% (20)	75% (15)

Top Movers: During the period under review, one of the top movers did not have a CAYIT, four had one CAYIT, five had two CAYITs and one had three CAYITs. Similar to the findings of the overall group, 80% of the CAYITs for these top movers recommended that the child remain in the current placement.

Discussion

Key findings from this study and their implications are discussed below. Information from our case reviews that illustrates important points is woven into the discussion.

The caregiver is critical to stability. The motivations of the caregiver are critical to stability. Caregivers who are willing to invest in the child and are willing to commit to permanence improve stability. In this study we observed several youth who were lucky enough to be placed with a caregiver whose primary motive for fostering appeared to be to provide unconditional care, advocacy and love for the child. In these homes, youth found stability and security.

> *One 10-year-old child had her placement disrupt after one year. The foster parent cited the child's behavior and the amount of time that was needed for therapeutic activities (the child had PTSD, OCD, depression and eating issues) as the reasons for the child's removal. Her next placement lasted four months, and that foster parent said the child's behavior caused "intolerable" stress on the family. Her third placement lasted 6 months and ended because the child's emotional problems had a negative impact on the foster family. Her fourth and fifth placements (5 and 3 months respectively) ended because of the foster child's behavior. At the age of 13, this child moved into a home where the caregiver was supportive, knowledgeable and experienced as a foster parent, and was willing to be involved with the child's service and advocate for her. This child has been in the same home for three years and is nearly 17 years old. This caregiver demonstrated that a history of placement disruption*

due to behavior problems does not necessarily foreclose a longer-term or permanent home for these children.

We saw many instances in which a relative caregiver was able to provide unconditional care for the foster child and the child experienced stability. However, we observed a few cases in which it appeared that the relative caregiver felt that the placement of the children in their home would be temporary because they expected that the child would be reunified with his or her parents. When it became evident that the placement would become permanent, the relative caregivers requested a move.

A recommendation of this study is that additional research be conducted to understand more comprehensively the characteristics of successful caregivers, what it is that helps some caregivers to commit to permanence while others do not. Kinship care seems to be a strong indicator of willingness to commit – but not all kin are willing to do so.

Another observation was that foster parents and caseworkers who knew a placement move was imminent (due to the child's behavior or caregiver issues) did not always inform or involve the child. The caseworker arrived for a visit and left with the child and their belongings, causing additional trauma for the child. A suggestion of this study is that every planned placement move have an evaluation and clarification of expectations regarding when and how to involve a child, with the goal of minimizing additional trauma to the child.

Finally, one issue that came up was the preparation of foster parents for caring for lesbian, gay, bisexual, transgender and questioning (LGBTQ) foster youth. While the prevalence of LGBTQ youth in foster care is not well known, one self-identified LGBTQ youth was a part of our sample. From our record review, we know that at least two of her moves were related to her foster parents' reaction to her sexual orientation. The records are unclear, however, about when her sexual orientation became known to the agency, and whether this issue was discussed with prospective foster parents prior to placement. As of March 2009, the Department has procedures in place (P302, Appendix K) to aid staff in promoting the safety, adjustment and well-being of LGBTQ youth in care. Foster parent training and matching should take into consideration the needs of this population.

The majority of moves are not the direct result of the child's behavior. This study found that foster parent-related moves were the most common reason for moves during the review period. Over half (52%) of these foster parent-related moves were attributed to allegations of maltreatment in the foster home. Often the foster parent did not appear to possess the skills needed to manage the behavior of the foster children. This raises questions about how potential foster parents are prepared to appropriately foster children. For example, how much is disclosed in recruitment and training efforts about what to expect of a foster child? These data also raises questions about the extent and accessibility of initial and ongoing support provided to foster parents as they work with the children in their homes. Increasing concern further is the finding that little attention seems to be given to the needs of the foster parents in the CAYIT process. This study recommends, therefore: 1) an evaluation of how recruitment, training and support for

foster parents address behavioral management and emotional reactions of children in foster care, and 2) inclusion in multiple move CAYITs of an assessment of foster parents' needs and provision of individualized services and supports to foster parents.

Child-behavior issues impact instability. This study found that one-third (33%) of the moves during the review period were moves made at the request of the caregiver due to the behaviors of the child. Close examination of these cases reveals some patterns that warrant additional attention. A small percentage of children entered care with behavior problems, and these issues were the reasons for instability. More often, behavior problems developed after the child had been in care for a while, and had experienced instability for reasons unrelated to their behavior. An example will illuminate this issue:

> *A brother and a sister were placed in care at ages four and two following their mother's incarceration. These two children went through four placements in less than two years; all of these placements ended for foster parent-related reasons (corporal punishment, caregiver life changes, unwillingness to commit to long-term care). It was only after this that the children developed behaviors which led caregivers to request their removal due to behavioral problems.*

Another pattern we observed was that multiple placements were sometimes a manifestation of an intense but time-limited period of distress and acting out. In some of these cases the youth were able to settle down and stabilize after a period of time. For these youth, a foster parent who is willing to commit to the child, and is provided with support, was able to prevent instability for these children.

A third pattern was that a number of children were moved due to behavior that was developmentally appropriate or misbehavior that was expectable for many children at their age. Such behavior would *not* have put the average child at risk of losing a home. For example, we read cases where toddlers and pre-school-aged children were moved for behavior such as temper tantrums, biting, kicking, screaming and fighting with other children. We also saw placements for adolescents that were terminated because the adolescent was not willing to help around the house, do chores, or be what the caregiver saw as respectful. These are not unexpected behaviors for children and youth of these ages, but they are clearly behaviors that some foster parents found unacceptable. Our recommendation here is similar to that mentioned previously. If the foster parents were provided with additional support, perhaps they would be able to maintain these children in their homes.

Stability was affected when moves were initiated to meet other policy priorities. DCFS or its partner agencies initiated a number of moves in the interest of least-restrictive care, continuity, permanence and other principles. Some of these moves were permanency placements, others level of care adjustments, and others related to sibling issues (either moved to be with a sibling or because of a sibling's behavior). These were designed to increase stability over time (among other benefits) at the cost of some short-term instability, and they often led to stable placements, particularly in the stable group. Some of these moves failed, however, increasing short-term instability. Since any planned

move brings with it the risk of increasing instability this study recommends that agencies consider children's previous instability when making decisions about whether to move a child and to what placement

We saw instances in which System of Care services (SOC, typically provided to help stabilize a home) were stopped following a move into a new home due to the fact that the original SOC provider did not serve the geographical area of the new home. While this study did not specifically evaluate the nuances of SOC service provision, reviewers observed that there were occasions of service delivery delays when a child moved. We would suggest a more in-depth review of SOC service delivery surrounding the timely transfer of services from one SOC provider to the next.

A final observation related to placement that we would like to bring to the attention of the Department is that in the DCFS-designated Rockford sub-region, we saw a number of young children (six total, mostly in the 6-8 year old range, but with one as young as age 4) admitted to a psychiatric hospital for treatment of behavior problems. We did not observe this pattern in other regions, and were especially concerned about a 4 year old being placed in a psychiatric institution.

A better understanding of CAYIT assessment and decision-making is warranted. This study found that often CAYITs appeared to come too late, just after placement into a new home. They frequently resulted in the placement recommendation of remaining in current placement (86%), presumably to give the new home a chance to succeed. Since the new home conditions are different from the conditions that caused the child to move, it might be difficult to develop service plans to prevent instability. Holding a CAYIT in the early stages of a placement may also limit the ability to assess the capability of the new caregiver to maintain the child. It is recommended, therefore, that the structure or timing of a multiple-move CAYIT be evaluated. As a suggestion, perhaps multiple-move CAYITs could be triggered not by a move from a home, but rather by a call from a caregiver who is struggling with how best to care for a child in the home or who is considering a 14-day notice. These might be ideal opportunities to support foster parents, and prevent the child's placement disruption from that home. But shorter time spans may be needed (the median was 22 days) for CAYITs to be convened if they are to provide crisis intervention.

Our study found that CAYIT services infrequently recommended a level-of-care adjustment, even when it was requested by those involved in the case. We saw several cases in which youths with behavior problems overwhelmed a series of caregivers in traditional foster care and the child was not placed in specialized foster care. Gaining a better understanding of how these decisions are made should be one focus of future analysis of the CAYIT program.

Summary of Recommendations

Based on our evaluation of the data collected for this study, we recommend the following:

1. Conduct additional research to understand more comprehensively the characteristics of successful caregivers, what makes it easier for some caregivers to commit to permanence while others do not.

2. Evaluate how foster parents are recruited, licensed, trained and supported to successfully manage the behaviors and reactions of children in foster care. Improvements made in this area would likely translate to fewer placement moves related to maltreatment in the foster home and inability to handle the child's behavior (the most common reasons for placement moves).

3. Pursue research to understand the stability differences found in licensed and unlicensed kinship homes.

4. Include an assessment and provision of individualized services and supports to the foster parents as a focus of multiple-move CAYIT.

5. When making decisions on planned moves, consider the child's previous experience of instability.

6. Conduct a comprehensive evaluation of the CAYIT program to better understand its assessment and decision-making processes, particularly around the timing of a multiple-move CAYIT, when a level of care adjustment is made, and when services should be provided to the foster parent

7. Evaluate and clarify policy expectations regarding when and how to involve a disturbed/traumatized child in a planful placement move, with the goal of minimizing additional trauma to the child.

8. Take into consideration the needs of lesbian, gay, bisexual, transgender and questioning youth in matching children with caregivers and in training foster parents.

9. Conduct a more in-depth review of policy surrounding the timely transfer of services from one SOC provider to the next when placement changes affect continuity of services.

10. Evaluate the rationale for, use and impact of psychiatric hospitalizations of very young children.

Conclusion

This study suggests that caregivers are central to stability for children in foster care. More attention should be given to how foster parents are recruited, trained and supported in their important work of caring for foster youth and children. In addition, the CAYIT program could potentially benefit from some structural changes and improvements.

Additional data were collected for this study, and we were not able to analyze all of it in time for the submission of this report. For instance, we collected extensive information about the frequency of visits between the child and the caseworker, the foster parent and the caseworker, the parent and the child, and the child and siblings. We also collected data on the reasons for case opening and on worker/team/agency reassignments. Analyses of the relationship of these variables to stability are planned. An upcoming analysis, for example, will examine the link between the frequency of visits and stability, examining in addition how frequency of visits may related to the specific reasons children are moved.

Table 1.—Characteristics of Unmatched and Matched Multiple-Move and Stable Cases

Characteristics	Unmatched (%)		Matched (%)	
	Multiple-Move (N = 184)	Stable (N = 3,223)	Multiple-Move (N = 61)	Stable (N = 61)
Child age at entry				
0 year	10.87 ****	34.10	11.48	13.11
1-2 years	21.20	19.52	29.51	36.07
3-5 years	25.54 ***	17.28	18.03	13.11
6-8 years	18.48 **	12.69	16.39	14.75
9-11 years	9.78	8.94	9.84	14.75
12 years or older	14.13 ***	7.48	14.75	8.20
Child gender[7]				
Male	51.63	51.79	42.62	49.18
Female	48.37	48.21	57.38	50.82
Child race				
African American	54.35 **	62.30	55.74	54.10
White	34.24 *	28.20	34.43	34.43
Others	11.41	9.50	9.84	11.48
Child disability				
Yes	9.78	7.14	11.48	16.39
No	90.22	92.86	88.52	83.61
Region				
Cook	27.72 ****	53.40	27.87	22.95
North	28.26 ****	17.78	39.34	42.62
Central	29.89 ****	17.93	19.67	24.59

[7] 12 non-mover cases in the unmatched sample have missing values

South	14.13	10.89	13.11	9.84
Number of previous placements				
No previous placements	37.50 **	45.49	34.43	36.07
One	23.37	24.48	26.23	21.31
Two	15.22	13.96	13.11	14.75
Three or four	16.30 **	10.92	13.11	14.75
Five or more	7.61	5.15	13.11	13.11
Number of previous removal episodes				
No previous episodes	80.43 **	86.16	78.69	83.61
One	14.67	12.53	16.39	16.39
Two or more	4.89 ***	1.30	4.92	0.00
Child had Integrated Assessment				
Yes	27.17 *	21.44	29.51	26.23
No	72.83 *	78.56	70.49	73.77
Length of Stay (As of 7/1/06)				
Less than 3 months	18.48 ****	8.04	14.75	18.03
3 months-6 months	14.67 ***	8.16	19.67	19.67
6 months-12 months	15.76	16.88	13.11	6.56
12 months-18 months	11.96	13.19	11.48	11.48
18 months-24 months	11.96	12.94	8.20	4.92
24 months-36 months	10.87	14.86	11.48	13.11
More than 36 months	16.30 ***	25.94	21.31	26.23

**** $p<0.001$, *** $p<0.01$, ** $p<0.05$, *$p<0.1$

Table 2. Reason for removal prior to the review period (prior to 7/1/06)

	Frequency	Percent
SYSTEM- OR POLICY-RELATED	**73**	**44.8%**
Permanency placement		
Permanency placement with relative	15	
Permanency placement with parent	12	
Temporary placement		
Shelter to foster home	11	
Shelter to facility	1	
Temporary placement, awaiting more appropriate placement	7	
Sibling related		
Moved with siblings due to sibling's problems	4	
Moved to be with sibling(s)	2	
Institutional placement		
Youth incarcerated/released from incarceration	6	
Non-relative to treatment (no permanency commitment)	3	
Child's treatment needs changed	9	
Other		
Child moved due to number of children in the home	2	
Move to be Burgos compliant	1	
FOSTER FAMILY-RELATED	**46**	**28.2%**
Foster parent requested change		
Foster parent cannot provide long-term care	9	
Foster parent requested change due to events in FP's life	8	
Foster family moved	7	
Foster home inappropriate behavior		
Physical abuse allegations or physically punitive behaviors	7	
Generally inappropriate behavior	6	
Sexual abuse allegations or sexually inappropriate behaviors	3	
Licensing problems	2	
Neglect allegations or concerns	2	
Foster family involved in criminal activities	1	
Other		
Foster parent died	1	
CHILD BEHAVIOR-RELATED	**40**	**24.5%**
Foster parent requested change: cites foster child's behavior problems	24	
Foster parent requested change: stress due to foster child's behavior	5	

	Frequency	Group Percent
Foster parent requested change because child behavior, but the caseworker also has concerns regarding foster parent	2	
Foster child requested change: behavior problems in home	2	
Child/youth went on run	7	
OTHER	**4**	**2.4%**
Foster parent requested change: conflict with biological parent	1	
Other	3	
SUBTOTAL	**163**	**100%**
Missing data	11	
Reason not documented in case file	53	
Total	**227**	

Table 3. Reason for removal during the review period, 7/1/06 – 12/31/07

	Frequency	Group Percent
SYSTEM- OR POLICY- RELATED	**53**	**26%**
Permanency placement		
Permanency placement with relative	9	
Permanency placement with parent	2	
Permanency placement with non-relative	1	
Temporary placement		
Shelter to foster home	3	
Temporary placement, awaiting more appropriate placement	13	
Sibling related		
Moved with siblings due to sibling's problems	10	
Moved to be with sibling(s)	3	
Institutional placement		
Youth incarcerated/released from incarceration	2	
Non-relative to treatment	2	
Child's treatment needs changed	3	
Other		
Child moved due to number of children in the home	1	
Move to be closer to bio parents or school	1	
Court-ordered placement	1	
Agency removed child due to foster parent emergency (FP did not request)	1	
Age of caregiver	1	
FOSTER FAMILY-RELATED	**71**	**35%**
FP requested change		
Foster parent cannot provide long-term care	19	
Foster parent requested change due to events in FP's life	11	

Foster family moved	1	
Foster parent left foster care	2	
Foster parent requested change: refuses to keep child/disagreement w court	1	
FP inappropriate behavior		
Physical abuse allegations or physically punitive behaviors	17	
Generally inappropriate behavior	11	
Sexual abuse allegations or sexually inappropriate behaviors	4	
Licensing problems	2	
Allegations of general violence in foster family	1	
Failed to meet child's treatment needs	1	
Unspecified allegations	1	
CHILD BEHAVIOR-RELATED	**67**	**33%**
Foster parent requested change: cites foster child's behavior problems	45	
Foster parent requested change: stress due to foster child's behavior	11	
FP requested change, child behavior, but CW concern regarding foster parent	7	
Foster child requested change: behavior problems in home	3	
Child/youth went on run	1	
OTHER	**10**	**5%**
Child/youth self-placed	3	
Other	7	
SUBTOTAL	**202**	**100%**
Missing data	3	
Reason not documented in case file	28	
Total	**232**	