

"Why Do Foster Care Placements Disrupt? An Investigation of Reasons for Placement Change in Foster Care," by Sigrid James, Social Service Review, December, 2004 reports the findings of a study of 580 children 2 years of age or older who entered out of home care in San Diego County, California between May 1990 and October 1991. Only children in out of home care for 5 months or longer were included in the study. James found that 70% of placement changes "occurred for system or policy reasons." "Moves related to system or policy reasons are defined as those moves that occurred to implement procedural, system or policy mandates," e.g., moving a child into a relative's home, placing a child with a sibling or moving a child from an emergency placement into long term foster care. Twenty percent of placement changes were the result of the behavioral problems of children, and 10% of placement changes were foster family related, e.g., a foster family's change of residence.

The good news contained in this study is that "a greater number of routine moves does not increase the hazard of experiencing the first behavior - related move..." Factors which greatly increased the likelihood of behavior related moves were child's age at entry (the older the child / youth the greater the risk), the presence of externalizing behavior problems and entry into care due (in part) to emotional abuse.

James comments that "Abstraction of case file data ... provides the overwhelming impression that placement changes, particularly unplanned placement changes, present a considerable challenge to caseworkers." In some instances "foster children were simply dropped off at shelters, or foster parents asked workers to remove the children immediately." "Caseworkers are under enormous pressure to identify appropriate foster homes from the limited pool available and to meet the policy demands regulating placement change." Caseworkers are expected to utilize less restrictive placements whenever possible, make kinship care placements if a suitable relative can be found, maintain siblings in the same home whenever possible, consider the cultural needs of children and place children in or close to the neighborhood from which they came. "Because these competing interests must be addressed within a limited time frame, it is not surprising that San Diego County relies so extensively on short term placements."

This study found that kinship care placements decreased the risk of a first behavior related placement move.

James asserts that "A recent analysis (James, et al, 2004) finds that the rate of outpatient mental health service use almost doubles following the first behavior related placement change." The relationship between externalizing behavior problems and placement disruptions in this study replicates the findings of several previous studies of placement instability. "The current study confirms that much energy should be focused on treating these problems." James notes that a variety of effective treatments exist for

externalizing behavioral problems even though these treatments are often not available within public mental health settings because "disruptive behaviors are often not regarded as mental health problems" and mental health providers cannot be reimbursed for treating conduct disordered youth." This means that the primary problem associated with placement disruption may be left unaddressed under current systems of care."

"Residential Care in Illinois: Trends and Alternatives," by Stephen Budde and several other researchers at Chapin Hall (Chapin Hall, 2004) finds that as the utilization of residential care in Illinois has been reduced in recent years (from over 4000 residential care placements in 1995 to less than 1700 placements at the end of FY 03) the average number of prior placements of children entering residential care has greatly increased. Thirty six percent of youth entering residential care in Illinois in 2003 had 11 or more placements, according to this report. "The extraordinarily high numbers of prior placements and increased length of time in care among youth entering residential care shows both that youth have experienced the trauma of repeated placement failures and that the system has been largely unable to provide placement stability or promote healthy development in nonresidential settings for an important subset of youth."

This study found that "the more placements a youth had experienced, the less likely he or she was to achieve placement permanency after discharge." "Even more important, the likelihood of negative outcomes rose with the number of prior placements." Furthermore, "even when controlling for robust measures of severe behavioral problems prior to and during residential care (i.e., running away, detention or incarceration, and hospitalization) youth who have more prior placements are more likely to experience a negative discharge outcome and a decreased likelihood of permanency over time."

This study found that a foster care placement with a relative "reduced by almost half the likelihood of residential care." The study also found that specialized foster care had a preventive effect in reducing the use of residential care for youth with extensive mental health problems.

The most troubling finding in this study is that almost 60% of "youth entering institutional forms of residential care in Illinois in (FY) 2002 and who were discharged before the end of calendar year 2003 experienced some type of negative discharge outcome compared with 45 percent of FY 1995 entrants." In other words, as the Illinois child welfare system has limited the utilization of residential care to a severely troubled group of youth with volatile placement histories, negative discharge outcomes have markedly increased.

This study found a modestly elevated rate of poor discharge outcomes for youth with histories of supervisory neglect. No other form of child maltreatment had a relationship with residential care outcomes.

In summary, the authors comment that "repeated placement failures continued to be predictive of youth placement outcomes long after their entry into residential care," including increased likelihood of hospitalization, incarceration, detention or running away. This study strongly suggests that if child welfare systems come to utilize

residential care as a system for housing youth for whom no permanent placement has been found within 2 -3 years of entry into care and who have experienced several placement disruptions due to behavior problems, the outcomes will not be good.