Risks of Long-Term Foster Care

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National Survey of Child and Adolescent Well-Being
No. 18: Instability and Early Life Changes Among Children in the Child Welfare System
research brief
Findings from the NSCAW Study

The youngest children are the most vulnerable to child maltreatment. They are also the most vulnerable to the effects of caregiver and placement instability given their need for consistent and sensitive caregiving to thrive, survive, and have a healthy development. More than one third (34.0%) of all 2010 victims and 79.4% of the children who died as a result of child abuse and neglect were younger than 4 years old.[1] To protect vulnerable children from further harm, some children are placed in out-of-home care. Among children entering foster care in 2010, 48% were aged birth to 5 years old, with 16% younger than 1 year old.[2] Infants who entered out-of-home care spent 50% more time in out-of-home care than older children—the youngest infants (0 to 2 months old) spent 33% more time in care than infants who entered care from ages 3 to 12 months old.[3] The reasons for placement included the most severe neglect and physical maltreatment, abandonment, and a high risk for maltreatment to reoccur.

Interventions that result in changes in the child's primary caregiver disrupt children's attachments and can subsequently generate trauma due to the loss of their primary relationships. Attachment refers to the infant's or young child's emotional connection to an adult caregiver (an attachment figure). A securely attached child develops trust in his or her caregiver and uses this relationship as a base from which to explore, and as a safe haven to which to return when needing comfort, support, nurturance, or protection.[4] Infants are "hard-wired" to become attached to preferred caregivers, expecting to be cared for by a capable caregiver who can ensure survival. A secure attachment relationship with a caregiver aids in the child's development of emotion regulation and self-confidence, allowing him or her to learn to function autonomously and competently.[5; 6] In contrast, insecure and avoidant attachment have been associated with emotional and internalized problems, whereas avoidant, resistant, and most especially, disorganized attachment have been associated with externalizing problems,[7] as well as subsequent child psychopathology.[8]

Maltreated children who are removed from their primary caregivers and placed with new caregivers or foster parents must form new attachments. Infants may have already experienced difficult and harsh rearing conditions that make even more challenging their task of resolving and/or repairing attachments to their biological parents while developing new attachments to new caregivers. Subsequent attachment relationships are less likely to be secure and more likely to be insecure or disorganized, compromising the ability of the child to establish healthy relationships and achieve the developmental processes necessary for adaptation.[9] Infants placed in foster care after being maltreated exhibit behaviors like avoidance, rejection, and opposition to care by new caregivers, pushing away foster parents even when they are distressed.[10] Even responsive foster parents tend to provide little nurturance to children who appear not to need it.[11-13] Once the child and caregiver enter a negative cycle of interactions, there is the risk of foster parents returning the child to the child welfare system (CWS) and the child having subsequent placements with more caregivers. Placement instability among young children adopted after multiple foster placements has been associated with deficits in inhibitory control and more externalizing, oppositional, and aggressive behaviors compared to both adopted children who had experienced one stable placement and children never placed in foster or adoptive care.[14]

Thus, multiple changes of caregivers threaten the child's developing ability to maintain trust in the attachment relationships, shattering the developmental expectation that the caregiver will be reliably available as a protection from danger. These expectations may generate a host of negative developmental outcomes including hypervigilance, difficulties in concentrating, recurring traumatic play and nightmares, and constriction of the child's motivation to play, explore, and learn from the physical and interpersonal environment.[15; 16]

Purpose of the Brief

This brief describes the experience of instability in caregivers and households among young children in the CWS, including children who are placed out of home and children who remain in-home with their families following investigation. The brief addresses the following questions:

- To what extent do infants involved in a maltreatment investigation experience changes in caregivers and households lasting 1 week or longer?
- How many changes in caregivers and households occur during the first 2 years of life and up to the time that children enter the school system for children involved in a maltreatment investigation experience as infants?
- What are the characteristics of these children and their families of origin at the time they were reported to the CWS?
- Are some children at increased risk for experiencing a change or for having a higher number of changes depending on the characteristics of CWS findings?

National Sample of Children Involved in Allegations of Maltreatment

This research brief uses data from the National Survey of Child and Adolescent Well-Being (NSCAW) to describe instability of caregivers and households among infants involved with the CWS. NSCAW is a national longitudinal study of the well-being of 5,501 children 14 years old or younger who were the subjects of child protective services investigations within a 15-month period starting October 1999. Children are included in the sample regardless of whether their reports of maltreatment were substantiated, and whether or not their cases were open to child welfare services. Thus, the sample includes children who remain in-home with their families of origin, as well as children who are placed in out-of-home care.

This research brief focuses on 1,196 children who were infants when they first became involved in investigations for abuse or neglect and were followed up until they were 5 to 7 years old. The data used here were collected from 1999 to 2007 and drawn from interviews of caregivers and caseworkers for all children who were 12 months or younger at baseline in the NSCAW child protective services sample.

Measures of Instability and Risk Factors

A change in a child's caregiver was counted if the child was in a new household for 7 days or more and the original caregiver did not move to the new household with the child (e.g., if the biological mother moved with the child to a grandmother's house, even if grandmother was identified by the CWS as the new legal caregiver, this move was not counted as a change).[17] We counted the child's caregiver and household at the time of the baseline interview as "0." Instability was defined as a change in the child's caregiver and household at any point after the baseline interview.[1] Information was based on reports provided by caseworkers and caregivers. When caseworkers' and caregivers' reports of placements differed by less than 1 month and were the same type of caregiver/household, they were considered to reflect the same move with priority given to the information provided by the caseworkers to determine the date of the change.

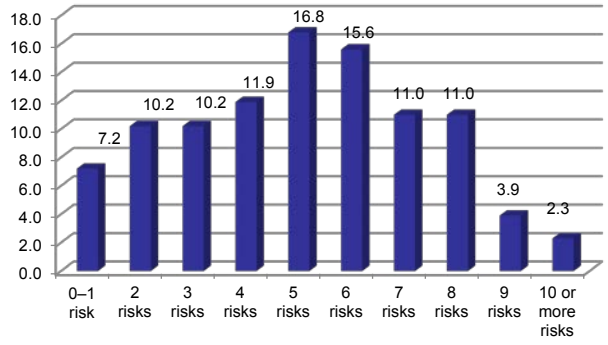
Given that the experience of disruptions in care is likely to co-occur with other stressful or traumatic events, we also examined other indicators.[18] A risk index was created to represent the stressors that could have an impact on young children at the time of the maltreatment report. Fourteen risk indicators were included in the creation of the risk index. Most risk indicators concerned the primary caregiver at the time of the index maltreatment (victim of domestic violence; active abuse of substances like alcohol and/or illegal drugs; mental health problems; childhood history of abuse or neglect; poor parenting skills; arrest for any offense, incomplete high school education; and teen parent). A second set of risk factors included family instability and poverty indicators (four or more children in the household; use of homeless shelter; low social support; receipt of child support payments or income support by anyone in the household; difficulty paying for basic necessities; and high stress in the family). One risk indicator pertained to stressful situations for the child (hospitalized overnight for an injury or illness). A total risk index score was generated by scoring each risk factor as 0 (not present) or 1 (present) and adding them for a total score with a range from 0 to 14 (see Figure 1). About a quarter of children (27.6%) had a risk index score from 0 to 3, 28.7% had a risk score of 4 or 5, 26.6% had a score of 6 or 7, and 17.2% had a score of 8 or more.

[1] Placement at the time of the baseline interview was counted as the start point or "0." If at that time the child was in foster care, that placement was not counted as a change.

Characteristics of Children in the Sample

Approximately half (49.1%) of the infants reported to CWS for maltreatment were male. White children made up the largest group (43.7%), followed by Black (29.6%), Hispanic (21.3%), and "Other (5.4%) children.[2] At the time of the baseline interview, 26.7% of children were in out-of-home care.

Figure 1. Number of risk factors among infants at the time of the index report of maltreatment



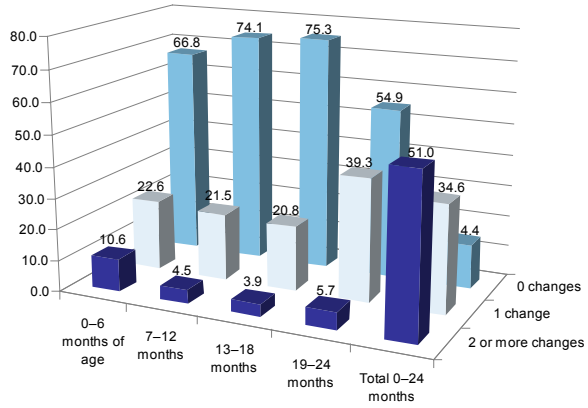
According to caseworkers' reports, about two thirds (63.1%) of children reported came to the CWS's attention because of neglect (i.e., failure to provide; failure to supervise). Failure of a caregiver to provide for the child was reported for 36.1%; failure to supervise the child for 27.0%; physical abuse for 17.9%; and emotional, moral/legal, or educational abuse, or abandonment, for 8.6%. About 8.9% were reported for reasons other than abuse or neglect (e.g., for mental health or domestic violence issues). Almost half (43.2%) of these maltreatment cases were *substantiated or indicated,* meaning CWS decided that the allegations of maltreatment were valid (substantiated) or that some evidence of maltreatment existed (indicated), but not enough for substantiation.[19]

Caseworkers at the baseline interview reported the types of risks that were present in the children's homes at the time of the investigation. For each type of risk, caseworkers responded "Yes/No." Almost half (41.2%) of the families had a prior CWS report of maltreatment. Prior reports were assessed at the family level and do not necessarily refer to the NSCAW index maltreatment report (the report that brought the child and family into the sampling frame); therefore, the prior report may be unrelated to the NSCAW sampled child. Other risks that caseworkers identified as present in a substantial percentage of families included stressors such as unemployment, drug use, poverty, or neighborhood violence (60.8% of families); a history of domestic violence against the primary caregiver (37.5%); trouble paying for basic necessities (35.3%); a history of abuse or neglect of the primary caregiver (33.0%); poor parenting skills (43.2%); family with low social support (30.8%); active drug abuse by the primary caregiver (28.2%); primary caregiver with serious mental health problems (24.1%); active domestic violence (21.7%); primary caregiver with a history of arrests (19.6%); active alcohol use by the primary caregiver (13.4%); and the child having major special needs (13.5%).

Instability During the First 2 Years of Life

A change in caregiver was very common in the first 2 years of life for infants reported to CWS for maltreatment. During the first 6 months of life, 33.2% of children experienced at least one change, whereas during the second 6 months of life, 25.9% experienced at least one change. From 13 to 18 months old, 24.7% of children experienced at least one change, and almost half of the children (45.1%) experienced at least one change from 19 to 24 months (see Figure 2). The bars representing "0 changes" at each 6-month period may give the impression that a fair number of children do not experience any change. However, the bar representing the number of changes that occur across the first 2 years of life provide a very different picture of instability and early life changes among children in the CWS (see last set of columns at the right of Figure 2). Overall, 85.6% of children experienced one or more changes during the first 2 years of life. More than half experienced two or more changes.

Figure 2. Number of changes during the first 2 years of life



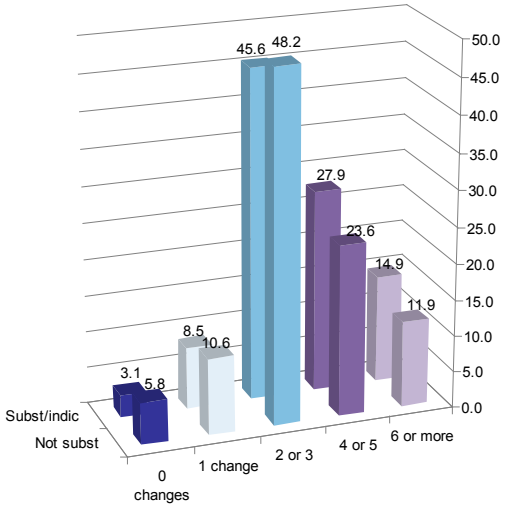
[2] The "Other" race ethnicity category was mostly composed of Native Americans (55.7%), and Asian/Hawaiian/Pacific Islander (30.4%).

Instability from infancy to school entrance

Of the children who were infants at the time of the report to CWS for maltreatment, 95.4% had at least one change from infancy to 5 to 7 years old; within this group, 9.7% had one change, 47.1% had two or three changes, 25.5% had four or 5 changes, and 13.2% had six or more changes.

Analysis of changes by children's gender, race/ethnicity (Black, White, Hispanic, and Other), placement setting at baseline (in-home, formal kin care, informal kin care, foster care, and group care), and substantiation/indication status of the maltreatment allegation, showed no significant differences among subgroups of children. Figure 3 shows number of changes by substantiation/indication status of the maltreatment allegation, with both groups having similar estimates.

Figure 3. Number of changes from baseline to 5–7 years follow-up by substantiated/indicated status

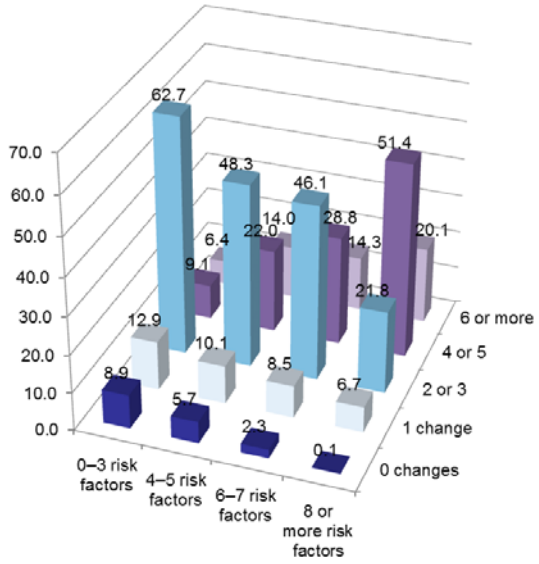


No significant differences by substantiation status in bivariate and multivariate model that controls for child's gender, race/ethnicity, and setting.

Association Between Changes and Risk Factors

As shown in Figure 4, children with a high number of risk factors at the time of the index maltreatment investigation were more likely to have multiple changes over the next 5 to 7 years. For children with three or fewer risk factors, the majority (62.7%) had two or three changes. In contrast, 21.8% of children with eight or more risk factors had only two or three changes. Approximately 36.0% of children with four or five risk factors had four or more changes, 43.1% of children with six or seven risk factors had four or more changes, and 71.5% of children with eight or more risk factors had four or more changes.

Figure 4. Number of changes from baseline to 5–7 years follow-up by number of risk factors at the time of the index maltreatment report



All comparisons between fewer number of risk factors and higher number of risk factors were statistically significant, showing that more risk factors were associated with a higher number of changes.

Summary

Overall, 85.6% of children who were infants at the time of the index maltreatment experienced at least one change of caregiver and household during their first 2 years of life. Almost 40% of children experienced four or more changes between infancy and entering the school system. Importantly, all infants who were investigated for a report of maltreatment were at high risk for instability, regardless of the substantiation status of the maltreatment report, whether the child remained in-home or was placed out of home, or the child's race/ethnicity or gender.

These levels of instability are extremely high. As a point of comparison, in a study based on 2,080 families who participated in the Early Head Start Research and Evaluation Project, the vast majority (89%) of whom were living under the poverty line, only 16% of children had a change of caregiver of a week or longer, mostly related to maternal vacations and visits to relatives (separation was rarely due to the child being removed from the home by the CWS). Early mother-child separation of a week or longer within the first 2 years of Early Head Start children's lives was related to higher levels of child negativity toward the mother (anger, hostility, or dislike toward the mother) at age 3 and

aggression at 3 and 5 years old.[17] High rates of child externalizing behavior and aggression at the time of school entrance has already been reported in previous analysis of the NSCAW infants' sample;[20] a future analysis will explore links between children's early instability and other stressors and their social and emotional outcomes.

As described by the National Scientific Council on the Developing Child, stressful events can be harmful, tolerable, or beneficial, depending on the biological stress response of the child and how long the response lasts. Abnormally high levels of cortisol, a hormone associated with the stress response, adversely affect stress responsiveness, emotion, and memory.[21] Tolerable stress response activates the body's alert system but if it is time limited and the child receives support from caring adults to regain stability, all organs affected by stress can recover. Toxic stress refers to strong, frequent, or prolonged activation of the body's stress management system. Toxic stress can occur in cases of child maltreatment and frequent loss of attachment figures, without adequate adult support. This harmful stress can disrupt the development of critical areas of the brain, with negative outcomes across the lifespan in poor health and cognitive impairment.[21] Whereas many events, such as receiving an injected immunization, are somewhat stressful, changes in caregiver of a week or more can activate stress responses in young children beyond normal levels.[17]

Most infants reported to CWS for maltreatment described in this brief were exposed to multiple risk factors linked to toxic stress, such as physical or emotional abuse, neglect, caregiver substance abuse or mental illness, exposure to violence, and family economic hardship. Children with a higher number of risk factors were significantly more likely to have a higher number of caregiver/household changes at an age when having a stable caregiver is critical for the child's well-being and development. The repeated loss of a young child's main caregiver and the experience of caregivers who are unavailable or neglectful, can not only reach the level of toxic stress but can also be traumatic. Traumatic events are an established risk factor for numerous adverse psychological sequelae in children and adults. Studies have linked childhood traumatic event exposure to increased rates of substance abuse and dependence,[22-24] depression,[24-26] anxiety,[25; 27] conduct problems,[25] schizophrenia,[28; 29] personality disorders,[30; 31] posttraumatic stress disorder[32-34] and acute stress disorder,[35; 36] suicide,[37; 38] and unfavorable psychological adjustment to subsequent traumatic event exposure.[39] These outcomes are not mutually exclusive.[40; 41] Research has also suggested that adults with a history of recurring childhood trauma are more likely to experience increased emotion regulation difficulties and vulnerability to develop traumatic symptoms when exposed to new traumatic events.[42]

The impact of maltreatment and instability has been recognized in federal legislation. The 2011 Child and Family Services Improvement and Innovation Act (P.L. 112-34, reauthorizing Title IV-B of the Social Security Act) includes new language that require states to develop plans for identifying and develop mental health oversight plan to "monitor and treat emotional trauma associated with a child's maltreatment and removal" (p.2).[3] The new legislation supports the CWS to incorporate effective interventions for maltreated children experiencing toxic stress and trauma.[43]

Some evidence-based programs are designed to work with children experiencing toxic stress related to maltreatment, removal, and abandonment. These interventions include *Attachment and Biobehavioral Catch-up* (ABC), a home-based approach that targets foster and high-risk birth children's dysregulation and challenging behaviors, helping parents of children aged birth to 3 years old provide nurturing, sensitive care that promotes child regulatory capabilities and attachment formation;[10] the *Bucharest Early Intervention Project*, developed for institutionalized infants and toddlers in Bucharest, Romania, that includes specialized support for foster parents on infant mental health, attachment development, and management of behavioral and emotional problems;[44] and *Multidimensional Treatment Foster Care for Preschoolers* (MTFC) for children 3 to 6 years old, a family-based intervention directed at child, foster care providers, and permanent caregivers that includes intensive foster parent training and daily support, child services from a behavioral specialist, family therapy, and if necessary medication management.[45] These evidence-based approaches have been shown to improve attachment, child well-being outcomes and child welfare outcomes for children involved with the CWS.

The data presented in this research brief describe the vulnerabilities among infants reported for

[3] http://www.gahsc.org/nm/2011/pe20111017_ACYF-CB-IM-11-06%20Child%20and%20Family%20Services%20Improvement%20and%20Innovation%20Act%20(Public%20Law%20112-34).pdf

maltreatment. The extent of the early experience of caregiver/household changes is several folds that of the general population of children of similar socioeconomic level. The number of caregiver/household changes that these young children in the CWS experience is very high, with more than half of children experiencing two or more changes. The profile of family characteristics provided in the brief provides a portrait of disadvantages that leaves children at high risk for negative developmental outcomes and also at higher risk of experiencing further caregiver/household changes. These data underscore the importance of national efforts to improve social-emotional outcomes for children involved in the CWS. Child welfare agencies are encouraged to recognized the risk that caregiving instability presents for developing children, to promote case planning that recognizes infants' and young children's need for consistent and sensitive caregiving, and to incorporate and implement programs and services that are stress/trauma-informed, and evidence-based.[46]

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National Survey of Child and Adolescent Well-Being Research Brief

Suggested citation:

Casanueva, C., Dozier, M., Tueller, S., Jones Harden, B., Dolan, M.,& Smith, K. **(2012).** *Instability and early life changes among children in the Child Welfare System*. OPRE Report #2012-44, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Available at: National Data Archive on Child Abuse and Neglect (NDACAN), Cornell University, ndacan@cornell.edu

Administration for Children and Families (ACF, OPRE) http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/

This is the eighteenth in a series of NSCAW research briefs focused on children who have come in contact with the child welfare system. Additional research briefs focus on the characteristics of children in foster care, the provision of services to children and their families, the prevalence of special health care needs, use of early intervention services, and caseworker judgment in the substantiation process.

National Survey of Child and Adolescent Well-Being

No. 19: Risk of Long-Term Foster Care Placement Among Children Involved with the Child Welfare System

research brief

Findings from the NSCAW Study

Every child deserves a permanent home. This simple principle has guided child welfare practice and policy for the last 50 years. Maas and Engler's landmark 1959 study, *Children in Need of Parents*, illuminated the plight of children who drifted aimlessly in foster care without a case plan for their permanent care (foster care drift). Since then, public attention has focused on preserving or finding permanent homes for abused and neglected children and on reducing the numbers in long-term foster care.

As child welfare authorities strive to provide permanency for the children in their care, they continue to face the challenge of how to measure progress. Based on the empirical results from their study, Maas and Engler (1959) inferred that "staying in care beyond a year and a half greatly increases a child's chances of growing up in care".[1] The 18-month timeframe was used in congressional testimony and cited in the literature to justify timely interventions on behalf of foster children.[2] This time period was later codified in the federal Adoption Assistance and Child Welfare Act of 1980, which required a judicial dispositional hearing be held for each child within 18 months of removal to determine the child's future status, including whether the child should be returned to the parent, placed for adoption, or continued in foster care on a permanent or long-term basis because of the child's special needs (Social Security Act § 475(5) (C)).

Following the publication of *Children in Need of Parents*, clinical evidence continued to accumulate on the attachment-based trauma resulting from children's separation from their primary caregivers.[3] Agency successes in finding adoptive and guardianship homes for special-needs and older children cast doubt on the necessity of long-term foster care.[4] The statistical methods for studying the dynamics of foster care greatly improved on the point-in-time methods available to Maas and Engler, allowing for more detailed analysis of foster care patterns.[5] These developments raise questions about the timing of permanency planning: When are the critical points for intervention that might reduce a child's risk for long-term foster care placement?

Key Findings

- Longer periods of time in foster care are associated with greater risk for remaining in foster care instead of achieving permanency.
- Children 12 years or older placed in foster care after a child maltreatment investigation are at particularly high risk for living in long-term foster care.
- Permanency planning efforts are needed to target children at risk for long-term foster care placements. These efforts are particularly critical for children who are placed in foster care as teenagers.

More specifically, is the 18-month period still a clinically appropriate and empirically valid timeframe for permanency planning?

The U.S. Congress amended some of its assumptions in the Adoption and Safe Families Act (ASFA) of 1997. The law shortened the timeframe for dispositional hearings from 18 to 12 months and eliminated continuation in foster care on a long-term basis as a permanency planning option. It prioritized reunification, adoption, legal guardianship, and placement with a fit and willing relative, and it required state agencies to document why these goals were not in a child's best interests as a precondition for choosing another planned permanent living arrangement. Furthermore, the law directed states to file a petition to terminate parental rights (TPR) in the case of a child who had been in foster care under the state's responsibility for 15 of the most recent 22 months.[i]

The latest federal policy initiative to focus on preventing long-term foster care is the Permanency Innovations Initiative (PII) that allocates $100 million to fund state and local demonstrations to help children leave long-term foster care. The PII has focused on children in care for 3 years or more. Nearly 80,000 of the 400,540 children in foster care on September 30, 2011, had

[i] The law exempted from the TPR requirement: children under the care of a relative; cases in which the state agency documented that a TPR petition would not be in the best interests of the child; or necessary services for reunification had not been provided to the child's family.

been in foster care for 3 or more years,[6] representing 20% of the U.S. foster care population at that time.

Purpose of the Brief

This research brief uses several years of data from the National Survey of Child and Adolescent Well-Being (NSCAW) to update the empirical evidence on the risk of remaining in long-term foster care. The brief also describes children's foster care placement histories.

This brief asks the following questions:

- How does time spent in foster care affect a child's chances of continuing to live in foster care?
- Is child age at the time of a maltreatment investigation associated with likelihood of remaining in foster care?

Research Methodology

This brief examines data from a national sample of children involved in allegations of maltreatment. NSCAW is a national longitudinal study of the well-being of 5,501 children aged 14 years or younger who had contact with the child welfare system (CWS) within a 15-month period starting in October 1999. In this study, the maltreatment report that brought sample families to the attention of the CWS is referred to as the index maltreatment report. This index maltreatment report may or may not have been the families' first contact with the CWS. Children are included in the sample regardless of whether their reports of maltreatment were substantiated, and whether their cases were open for child welfare services. Thus, the sample includes children who remain in-home with their families of origin, as well as children who are placed in out-of-home care. NSCAW oversampled infants and children placed in out-of-home placements to ensure adequate representation of high-risk groups. This brief draws on five waves of NSCAW data collected from 1999 to 2007. Baseline data were collected approximately 4 months after the completion of the index CWS maltreatment investigation; follow-up data were collected at:

- 12 months (Wave 2),
- 18 months (Wave 3),
- 36 months (Wave 4), and
- 59–96 months (Wave 5).

Thus, the study provides information on children over a 59- to 96-month period—76 months on average. At each wave, NSCAW gathered data on children's safety, permanency of living situation, well-being, and service utilization.

Child Characteristics

Approximately half of the children reported to CWS for maltreatment were male (49.9%). Nearly half of the children (47.0%) were White, 18.2% were Hispanic, 27.7% were Black, and 6.9% described their race/ethnicity as "Other." At baseline, 5.8% of the children were 1 year or younger, 33.5% were 1 to 5 years old, 41.5% were 6 to 11 years old, and 19.2% were 12 years or older.

According to caseworkers' reports, almost half (46.5%) of children reported came to the CWS's attention because of neglect (i.e., failure to provide; failure to supervise). Failure of a caregiver to provide for the child was reported for 19.4%; failure to supervise the child for 27.1%; physical abuse for 27.2%; and emotional, moral/legal, or educational abuse, or abandonment for 11.0%. About 4.1% were reported for reasons other than abuse or neglect (e.g., for mental health or domestic violence issues). Just over one third (37.9%) of these maltreatment cases were *substantiated or indicated*, meaning CWS decided that the allegations of maltreatment were valid (substantiated) or that some evidence of maltreatment existed (indicated), but not enough for substantiation.

Children's Living Situations at Study Baseline

At the baseline interview, the majority of children (64.7%) were living in-home without receiving CWS services; whereas 24.0% were living in-home and receiving CWS services. The other 11.3% of children were living in foster care at the time of the baseline interview. In this brief, foster care includes situations where a child was living in foster parent care, formal kinship care, a group home or residential program, or some other out-of-home arrangement. A kinship caregiver was defined as a grandparent, aunt or uncle, sibling, or other relative serving as the child's primary caregiver. In formal kinship care living arrangements, the caregiver reported receiving some financial support specifically for being a foster parent. At baseline, 4.3% of children were living in a foster parent home, 5.1% were living in formal kinship care, 1.0% were living in group homes or residential programs, and 0.9% were in some other out-of-home arrangement.

Defining a History of Foster Care Placement

We created a detailed multiyear placement history for every child included in the NSCAW sample,[ii] classifying every individual placement by type and duration. In order to view placement history through the CWS lens, we defined placement history based on caseworker report. This history, therefore, does not include any placement changes, living situation changes, or moves not reported by caseworkers; consequently, it likely *underestimates* the number of changes many children experienced.

Using caseworker interview data, we derived a placement history for each child from the date of the baseline index maltreatment report to last known placement status. If a caseworker interview was administered, we asked caseworkers where the child was currently living. At each wave, the caseworker traced the child's placement history back to the investigation end date or to the caseworker interview in the prior wave (if needed). For each placement, we recorded the placement date and type, and classified children into in-home and out-of-home placement types. Caseworker interviews were determined to be unneeded when a child lived at home without receiving CWS services. In-home placement types included living with a biological parent, a kin caregiver who did not receive foster parent payments, adoptive parents, and permanent/legal guardians. Out-of-home placement types, referred to in this brief as foster care, included living with a foster parent; with a formal kinship caregiver; or in a group home, residential treatment setting, or other type of out-of-home placement. We calculated the amount of time the child spent in each placement, and the total amount of time the child spent in each placement *type*.

A child could change placements *without* changing placement types. For example, a child may have moved from living with a biological mother to living with a biological father. The duration of these two placements would be added together to determine the total amount of time the child spent in in-home placement. If a child lived with a foster parent, moved in with a biological parent, and then returned to live with a foster parent, the longer of the two times spent in foster care was retained as the longest duration spent in foster care.

Foster Care Placement History

Over the 59–96-month period of the study,[2] 17% of children (unweighted n=1,730) spent some time in foster care. Those with a history of foster care moved between 1 and 19 times. The most common number of moves was 3.

About 1.7% of children (unweighted n=165) spent at least one period of 36 or more consecutive months in foster care with no intervening periods living with a biological parent or in an informal kin care arrangement. Consistent with the Administration on Children, Youth and Families (ACYF) Permanency Innovations Initiative to reduce long-term foster care,[7] we consider 36 consecutive months of foster care placement to be "long-term foster care." Not surprisingly, children with a history of such long-term foster care were more likely to have moved than those without such a history. Children living in foster care 36 months or *more* most commonly had 5 placement changes (range 1-19), while children living in foster care *fewer* than 36 months most commonly had 3 moves (range 1-19).

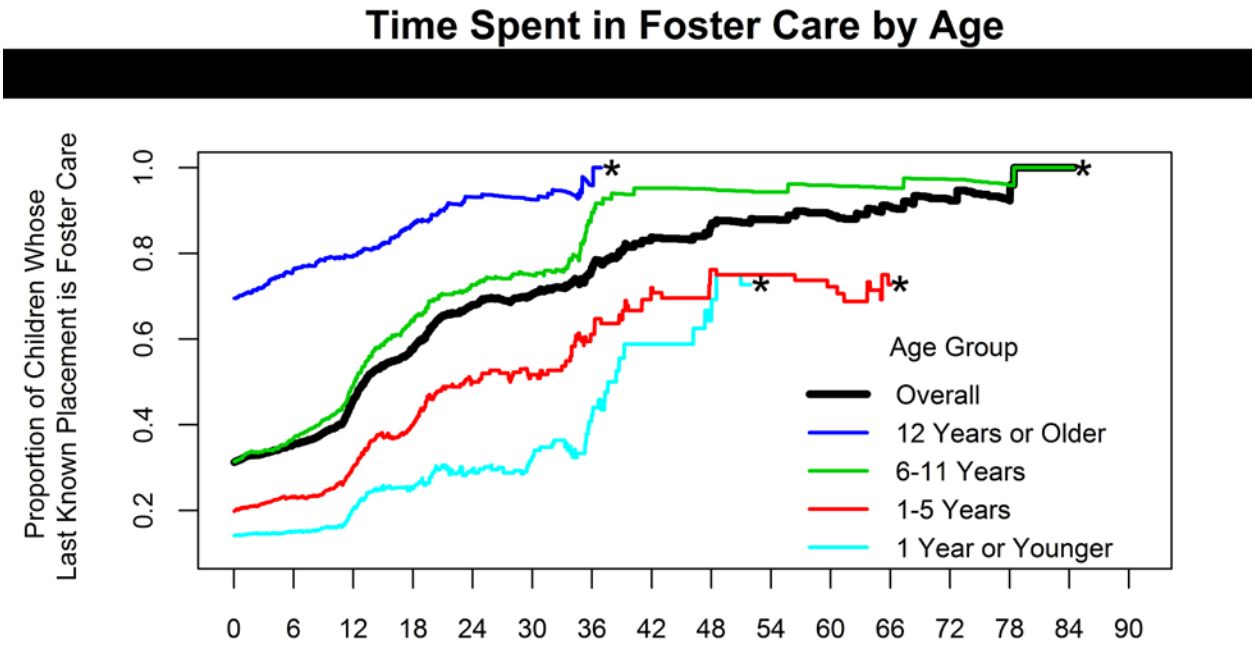
Duration of Time Spent in Foster Care

Figure 1 illustrates how longer periods of time spent in foster care were associated with greater risk for remaining in foster care instead of achieving permanency.[iii]

[ii] NSCAW I had four waves of follow-up data collection: at 12, 18, 36, and about 65 months after the close of the investigation. In Wave 5, children were grouped into four age groups (i.e., infants, young children, adolescents, and young adults), and age groups were fielded in succession. Wave 5 interviews occurred between 59 and 96 months after the close of the investigation. In previous waves, children were not grouped by age. Older children's placement experiences were observed for slightly longer periods of time; this may have biased results for older children towards greater risk. However, the effect of older age on long term foster care risk was so large that it cannot be completely explained by this potential bias.

[iii] Figure 1 should not be confused with survival curves. Survival analysis requires a common starting point, an event, and the time to that event to be defined. Although the index maltreatment report that brought each child into the study can be seen as a common starting point, the durations spent out-of-home do not start at the close of the index maltreatment investigation for all children. Reunification could be considered the event of interest, but many children cycled between their parents' home(s) and foster care, making this event ill-defined in the standard survival modeling context. In response to these data limitations, the figure in this report is descriptive, rather than inferential in nature.

Figure 1. Proportion of children whose last known placement is foster care by time spent in care and age



Note: *Indicates the point where the number of cases reaching the corresponding duration (i.e., 84 months) is 10 or fewer; at this point the line is cut off. Note that although the horizontal axis in Figure 1 is labeled in months, the proportions were computed for each possible number of days in foster care (i.e., 0 days, 1 day, up to 2,760 days or approximately 7.5 years, which was the duration of NSCAW I). Also note that dips in the lines represented in this figure can occur when children return home from foster care but later return to foster care again.

Durations of foster care placements, as described in the prior section, are represented on the horizontal axis of this figure. The vertical axis in this figure shows the proportion of children whose last known placement was in foster care, among those with a continuous spell in foster care at least as long as the number of months on the horizontal axis. The heavy black line shows the overall trend: children with longer continuous spells in foster care were more likely to have foster care as their last known placement. For example, among children who spent 1 or more months in foster care, the last known placement type for about 30% of children was foster care (as seen in the left end of the black line in Figure 1). Among children who spent 36 or more continuous months in foster care, foster care was the last known placement type for 77%.

At around 12 and 18 months spent in foster care, upticks occurred in the proportion of children who were in foster care at the end of the study, though the magnitude of this change was stronger for younger children. Upticks in this figure demonstrates points at which a child's chances to leave foster care decrease rapidly. Between 36 and 42 months the lines begin to level off, with the trend differing by age. This leveling-off represents the point where more time in continuous foster care ceases to strongly predict a higher chance of aging out or having foster care as the last known placement.

The Impact of Age on Time Spent in Foster Care

The colored lines in Figure 1 illustrate the impact of age on the proportion of children whose last known placement was foster care or who aged out of foster care. The various colored lines represent groups of children organized by their age at the end of the study's index maltreatment investigation. For example, among children who spent 1 or more months in foster care, foster care was the last known placement type for:

- 70% of children 12 years old or older,
- 33% of children 6 to 11 years old,
- 21% of children 1 to 5 years old, and
- 14% of children who were infants at the index maltreatment investigation.

Among children who spent 36 or more continuous months in foster care, foster care was the last known placement type for:

- over 96% of children 12 years old or older,
- 89% of children 6 to 11 years old,
- 61% of children 1 to 5 years old, and
- 42% of children who were infants at the index maltreatment investigation.

Age clearly affected the proportions of children remaining in long-term foster care. For children who entered foster care at 12 years old or older, 70.47% had foster care as their last known placement or had aged out of foster care; that percentage increased as the time spent in foster care grew longer, approaching 90% after 24 months and 100% after 36 continuous months in foster care. A large proportion of children 12 years old and older had foster care as their last known placement, even when shorter durations of total time spent in foster care were considered. For the oldest children, this outcome occurred partially because they aged out of foster care—they did not achieve permanency, but stopped being wards of the state when they reached the age of majority. Meanwhile, after spending 12 or fewer months in foster care, half as many infants as children 1 to 5 years old had foster care as their last placement. This gap widens as we look across the figure to the point where children spent up to about 36 months in foster care, then narrows to zero at around 48 months spent in foster care (the teal and red lines converge at around 50 months spent in foster care). In other words, fewer children who entered the sample as infants ended the study living in a foster care placement than children who entered the sample between 1 to 5 years old—but the difference between the groups disappeared as the time spent in foster care increased.

Summary

Longer periods of time in foster care are associated with greater risk for remaining in foster care instead of achieving permanency. After spending 12 to 18 continuous months in foster care, children's chances of leaving foster care rapidly decreased. After 36 to 42 months of continuous time spent in foster care, a child's chances of leaving foster care are incredibly low. Children who spent this amount of time in foster care were likely to still reside in a foster care placement at the date of the last NSCAW interview. Among all children who spent 36 or more months in foster care, 77% had foster care as their last known placement type. The passage of 12, 18, and 36 or more consecutive months in foster care represents critical junctures for children living in foster care. Permanency planning efforts should ideally begin prior to these junctures to prevent children's experiences with long-term foster care.

Changes in placement were also more common among children with a history of 36 months or more spent continuously in foster care. Children living in this long-term foster care most typically experienced 5 placement changes compared to the median of 3 placement changes experienced by children who lived in foster care fewer than 36 months.

This brief found that age is a particularly critical risk factor for long-term foster care placement. The risk for long-term foster care among older children placed in foster care was high: 70.47% % of children 12 years old or older placed in foster care remained in foster care at the study's end. Children 12 years or older who continued to live in foster care after 3 years were nearly certain to age out of foster care (turn 18 years old) before finding a permanent placement alternative.

Prior research documents the impact of child-level characteristics such as gender, race, and age on lengths of stay in foster care.[8] However, documenting the prospective impact of age on foster care duration is difficult for some studies because of the way in which some long-term foster care study samples are selected.[9] NSCAW offers a unique opportunity to understand the impact of age on foster care duration since NSCAW includes children recently investigated for abuse or neglect. Children living in foster care at baseline were moved to foster care placement between the index maltreatment report and the baseline interview. Consequently, NSCAW offers the ability to prospectively observe the trajectories of relatively new foster care stays and their durations by child age. Special consideration and targeted services may need to be given to children, who *as teenagers*, are placed into foster care.

The foster care landscape is changing, and these changes draw attention to the need for permanency planning efforts targeting children at risk for long-term foster care placements. Data from the Adoption and Foster Care Analysis and Reporting System) suggest that states have reduced the number of children in foster care. From 2002 to 2011, the number of children in foster care decreased from 523,000 to 400,540.[10] Children who now enter and remain in the foster care system may pose more difficult challenges to permanency and higher risks for long-term foster care. Older children may be especially unlikely to find permanent homes and may require additional targeted intervention efforts to achieve permanency.

The findings of this research brief give new urgency to efforts to find permanent homes for foster children who face the most serious impediments to permanence and may linger in long-term foster care. The findings also reinforce the importance of the ACYF PII[7] goal of reducing the number of children who remain in foster care for 3 or more years. The brief also points to the

importance of intervening *well before* a child has spent 3 or more years in foster care. This population of children needs greater access to services to ensure the viability and stability of permanent outcomes. Intervention approaches are needed that are designed to explicitly address the specific needs of those groups of children who continue to experience long stays in foster care or even age out of the system into adulthood.

References and Notes

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Suggested citation:

Ringeisen, H, Tueller, S., Testa, M., Dolan, M., & Smith, K. (2013). *Risk of long-term foster care placement among children involved with the child welfare system.* OPRE Report #2013-30. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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