

Establishing Case Typologies in Foster Care: Summary of Research Results

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Summary

The case typologies in foster care study had three objectives. The first was to establish a system for classifying child welfare cases. The second was to identify associations between case types and child outcomes. The third was to develop recommendations for improvements in practice and policy.

This study incorporated qualitative and quantitative components. The qualitative component consisted of telephone interviews with state child welfare administrators concerning the types of cases reported to the Adoption and Foster Care Administrative Reporting System (AFCARS). Also included in the qualitative portion of the study were focus groups conducted with county caseworkers in an attempt to find out how cases are viewed in the field. The quantitative portion of the study was an analysis of ten states' AFCARS data in order to develop a typology of 19 case types. These case types were tested against two outcome measures in an effort to understand the relationship between case types and outcomes.

Relationship to Policy & Practice

Exploring the association between case types and child welfare outcomes allows practitioners to think more systematically about intervention and to measure the progress of children and families and the systems that serve them. Additionally, reporting different case typologies may lead to an acknowledgement that a unique set of criteria should be used by the federal government to judge a state's performance on various child welfare outcome measures.

Background

The child welfare field has made great advances in evaluating practice (Westat Inc, Chapin Hall Center for Children & James Bell Associates, 2002) and in measuring outcomes for children (Children's Bureau, 2003). These steps forward have unveiled two limitations. First, there is a lack of knowledge regarding the special populations who enter the child welfare system. Second, the merger of these populations into one unit of observation makes understanding the significance of current outcome measures problematic. Case typologies may be a valuable resource for addressing these limitations.

For example, through case typologies workers gain a better understanding of each child's circumstances (Dwyer & Noonan, 2001). This allows workers to apply appropriate and targeted interventions. In addition, because case typologies assist workers in identifying the outcomes that might be expected from differing case types, child welfare workers are able to more effectively measure outcome success (Orme & Gillespie, 1986; Hegar & Yungman, 1989). Datallo (1997) claims that case typologies allow workers to make better informed decisions concerning (1) the appropriate services and individuals to be served, (2) the needed level of intervention, and (3) potential outcomes. Finally, through case types workers can better understand family dynamics and community trends which enable workers to foresee service needs.

Historically, the development of case typologies related to child welfare has led to three major types of classifications. The first typology divides case types based on parent characteristics (See Zabla, 1967; Oates, 1979; Hegar & Yungman, 1989). Although a pathology framework is used to describe parent characteristics, some researchers propose that case classification should also take into account individual and environmental factors related to differences in parental characteristics (Hegar & Yungman, 1989).

The second case typology described in the literature emphasizes environmental factors. Advocates of this typology refer to "characteristics of the abusive situation" (Sudia, 1985, p. 279) and "contexts of maltreatment" when describing case characteristics (Belsky, 1993, p. 414). This model does not encompass the same language of blaming and pathology evident in the parent characteristics typology.

The final typology discussed focuses on child characteristics with the four following case types of children in foster care identified: normal, aggressive/delinquent with social problems, attention problems/social problems, and withdrawn with social problems (Strijker, Zandberg, & van der Meulen, 2005). This typology differs from the first two in that it focuses on types of foster care cases as opposed to types of neglect and child abuse cases. This may explain why child characteristics are emphasized in this typology.

Description & Results Summary

As previously stated in the summary, the objectives of the case typology study were threefold: (1) establish a system for classifying child welfare cases; (2) identify associations

between case types and child outcomes, and (3) develop recommendations for improvements in practice and policy. The outcomes of interest in the study were: re-entry into out-of-home-care within 12 months of a prior foster care episode and percentage of children who had been in foster care and had no more than two placements. Specifically, the research questions were: (1) Is it possible to identify different types of cases in foster care that are reliably associated with different outcomes? (2) If yes, what are these types and how are outcomes affected?

Three sources of information regarding case typologies were used in this study. The first source of information was a telephone survey of administrators in 12 states (which were randomly selected) requesting information regarding the types of cases they would describe as being included in their Adoption and Foster Care Administrative Reporting System (AFCARS). The second source of information was focus groups comprised of caseworkers from five Minnesota counties with differing foster care re-entry rates. The last source of information involved a quantitative analysis of AFCARS data.

Telephone Interviews

A stratified random sampling method was used to select 12 of 52 states. Nine states participated in the interview. One state submitted its response in writing. Through telephone interviews, participating states were asked what types of cases were included in foster care reporting (i.e. AFCARS reports). A primary focus of the interview was the placement type reported to AFCARS. Placement types included the following: juvenile justice children, 18 years old or older, foster care placements for which no payments were made, voluntary placements of children with developmental or emotional disabilities, children with behavior problems, and placements not monitored by the local child welfare agency. The interviews showed a vast difference among states regarding the types of cases that are included in AFCARS reports. These differences may affect state performance on outcome measures.

Focus Groups

Researchers conducted focus group interviews with caseworkers in five Minnesota counties. The goal of the focus groups was to uncover the types of cases caseworkers see and how they define these cases in their own words. There were a total of five focus groups consisting of 33 caseworkers. Twenty-eight females and five males participated in the focus groups. Experience as county child welfare workers ranged from 2 months to 25 years. Thirty-one of the caseworkers identified as "White". The other two caseworkers identified as "African American." The caseworkers identified 19 case types. Case types were divided into general categories. The following categories and case types were identified (Ford & Wells, 2005):

Parent's Capacity or Behavior

1. Parent's inability to care for child due to parent's mental health
2. Parent's inability to care for child due to parent's medical reason/disability

3. Parent's inability to care for child due to parent's substance abuse
4. Child is exposed to domestic violence
5. Parent is absent from the home
6. Child Reasons
7. Parent's inability to provide care due to child's medical reasons
8. Parent's inability to care for child due to child's mental health
9. Child/Adolescent behavior (i.e. delinquency and or detention)
10. Child in foster care, 18 or older
11. Problems in Parenting
12. Physical abuse (parent or caretaker)
13. Sexual abuse (parent or caretaker)
14. Emotional abuse
15. Parent abandons child
16. Neglect
17. Physical or sexual abuse (parents failure to protect from perpetrator)
18. Parent/child conflict Previous
19. Unsuccessful Child Welfare Intervention
20. Pregnant mom-prior involuntary termination of parental rights
21. Failed adoptive placement
22. Relative lack of follow through in transfer of custody

In addition to delineating case types, the focus group discussion provided insight on the case characteristics caseworkers associated with high re-entry rates. The following case types were associated with high re-entry rates: parent's chemical dependency, parent's mental health, child's mental health, environmental hazards in the home, educational neglect/truancy, multi-problem families, adolescent services and delinquency, parent/child conflict, and neglect.

There were similarities and differences across counties in establishing case types. In many instances, case types were based on the unique characteristics of the population served by that county. There were similarities in how the counties viewed characteristics associated with high re-entry rates. For example, all five counties identified chemical dependency as a factor that resulted in high re-entry rates. No other factor was identified by all five counties as resulting in high re-entry rates.

Quantitative

The quantitative portion of this study looked at ten states' AFCARS data. Through a cluster analysis a typology of 19 case types was developed. These case types were mutually exclusive and arranged hierarchically. The following case types were established (Ford & Wells, 2005):

1. Removal reason child disability, White, and all ages
2. Removal reason child disability, African American, American Indian or other race, and all ages
3. Clinical disability, White, and all ages

4. Clinical disability, African American, American Indian or other race, and all ages
5. Other medical condition, all race/ethnic groups, and all ages
6. Removal reason behavior problems, 11 yrs and older, and all race/ethnic groups
7. Removal reason behavior problems, 10 yrs and younger, and all race/ethnic groups
8. Emotionally disturbed, all ages, and White, or African American
9. Emotionally disturbed, all ages, and American Indian or other race
10. Removal reason sexual abuse, all ages and all/race/ethnic groups
11. Removal reason neglect, 1-10 yrs old, and African American or White
12. Removal reason neglect, 1-10 yrs old, and American Indian or other race
13. Under 1 and all race/ethnic groups
14. 1-10 yrs old, single female household, and African American or White
15. 1-10 yrs old, single female household, and American Indian or other race/ethnicity
16. 1-10 years old
17. 11 yrs old and older, single female household, and African American
18. 11 yrs old and older, physical abuse, and White, American Indian or other race
19. 11 yrs old and older, and all race/ethnic groups

In order to better understand the correlation or lack thereof, among different case types and child welfare outcomes, these case types were tested against two outcome measures. The first outcome measure was: Of all children who entered foster care during the reporting period, what percentage re-entered care within 12 months of a prior foster care episode? The second outcome measure was: Of all the children served who had been in foster care, what percentage had no more than two placement settings?

A logistic regression model was used to explore the relationship between the 19 case types and the identified outcome measures of re-entry and placement stability. Case type “children under 1 from all race groups” served as the reference group variable. That is, the variable to which odd ratios for all other case groups were compared. It was selected as the reference variable because it behaved the most consistently when it was analyzed in a crosstab analysis with the re-entry within 12 months variable and the placement stability variable. This case type had a re-entry rate of 10% or lower across all ten states.

Re-entry

Compared to the group reference variable, the case type “children with behavior problems, all race groups, and eleven or older” had the greatest likelihood of re-entering foster care on average across states. The case type with the second highest likelihood of re-entering foster care was “emotionally disturbed, American Indian or other race, and all ages” (In this study other race is defined as any race other than White, African American, or American Indian). The case type “11 or older all race groups” had the third highest likelihood of re-entering foster care when compared to children under one. The case type with the fourth highest likelihood of re-entering the foster care system was “emotionally disturbed, White or African American, and all ages.” The fifth case type that was most likely to re-enter the foster care system was the case type “eleven years or older, African American and from a single female household.”

Placement Stability

When compared to the group reference variable “children under 1 from all race groups”, the case type “emotionally disturbed, White or African American, and all ages” had the highest likelihood of having more than two placement settings. The case type with the second highest likelihood of this outcome was “emotionally disturbed, American Indian or other race, and all ages”. The case type “behavior problems, all racial groups and eleven years or older” had the third highest probability of having more than two placement settings. Children who were in the case type “removal reason physical abuse, 11 years or older, and White American Indian or other race” had the fourth highest likelihood. The case type “eleven years or older, single female household, and African American” ranked fifth in likelihood of having more than two placements.

Conclusion

The telephone interviews with administrators revealed that states include varying types of cases in the data they report to AFCARS. States report different case types as being or not being served in their child welfare system. In some states, data on children that fall within case types not viewed as being part of the child welfare system are not reported. Because states are reporting different data, states are on an uneven playing field. The same federal standards, however, are applied to each state.

Similarities and differences existed between the case types that were established through quantitative and qualitative findings. Case types that were similar included: child’s medical reasons, child’s mental health issues, sexual abuse, child behavior reasons, and neglect. Reasons for removal were defining features of case types for both the quantitative and qualitative findings. There were, however, many case characteristics established by the caseworkers that were not captured in the AFCARS data.

One notable difference was that in the quantitative analysis, case types were organized by age and race of the child. The caseworkers did not organize case types by race and age of the child. None of the qualitative case types that fell under the category “parent’s capacity and or behavior” were captured in the AFCARS data (see “parent’s capacity and or behavior” category above). Additionally, the AFCARS data did not capture any of the qualitative case types within the “previous unsuccessful child welfare intervention” category (see “previous unsuccessful child welfare intervention” category above). It is possible that these data did not become final case types due to differences in the occurrence of these characteristics between states. For example, the co-occurrence of the “age group under 1” and “parent’s substance abuse as a reason for removal” was identified in the beginning stages of the quantitative analysis, but since these characteristics occur together at a low frequency, it did not become a final case type in the quantitative analysis.

The findings from the logistic regression revealed that case types typified by older children with emotional disabilities and behavior problems had the highest likelihood of returning

to foster care. This finding supports the finding in the caseworker interviews that child's mental health and child/parent conflict were reasons that a child returns to care.

The logistic regression showed similar findings for the outcome measure of "likelihood of more than two placements". Emotionally disturbed children of all ages and in all racial groups were more likely to have more than two placements. Older children (11 or older) were represented in several case types that led to two or more placements: child's behavior problems regardless of race, physical abuse for non-African American children, and African American children from single female households. Similar to what was found with regards to the re-entry outcome, older children with emotional and behavioral problems had the highest likelihood of multiple placements.

Recommendations

States report different types of data to AFCARS. In addition, the populations served across states are very different. The standard of applying unvarying standards to states with different reporting procedures and diverse populations needs to be reevaluated. A case typology allows states to quantify differences in their population. Different case types can be reported and evaluated. This would lead to an acknowledgement that a tailored set of criteria should be used to judge a state's performance.

Children who were emotionally disturbed or had behavior problems had the highest odds of returning to care and living in more than one placement. Based on this finding, policy and research must put greater emphasis on understanding the needs of this population. In addition, attempts should be made to follow these children through the child welfare system.

Discussion Questions

- Are there any characteristics that were left out of the typologies established in the present study?
- Should federal standards regarding outcomes take into account the unique characteristics of the states' populations?
- How can case typologies advance child welfare practice?
- In what ways can child welfare practitioners become more responsive to older children with emotional, behavioral, and mental health issues?

Selected References for Additional Readings

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Resource List

- Children's Bureau: <http://www.acf.hhs.gov/programs/cb>

Potential Guest Speakers

- Kimberly C. Ford, M.U.R.P.
- Tammy Kincaid
- Susan Wells, PhD