

Promoting Placement Stability in the Context of Permanency Planning

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Acknowledgements

This presentation is informed by research interviews and informal conversations with line workers, supervisors, administrators, birth parents, foster parents and foster care alumni across the United States and other countries.

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Presentation Outline

1. Foster care statistics
2. Exploring placement instability
3. Why should we care?
4. Enhancing our clinical tool kit to maximize placement stability.

I. Foster Care Statistics

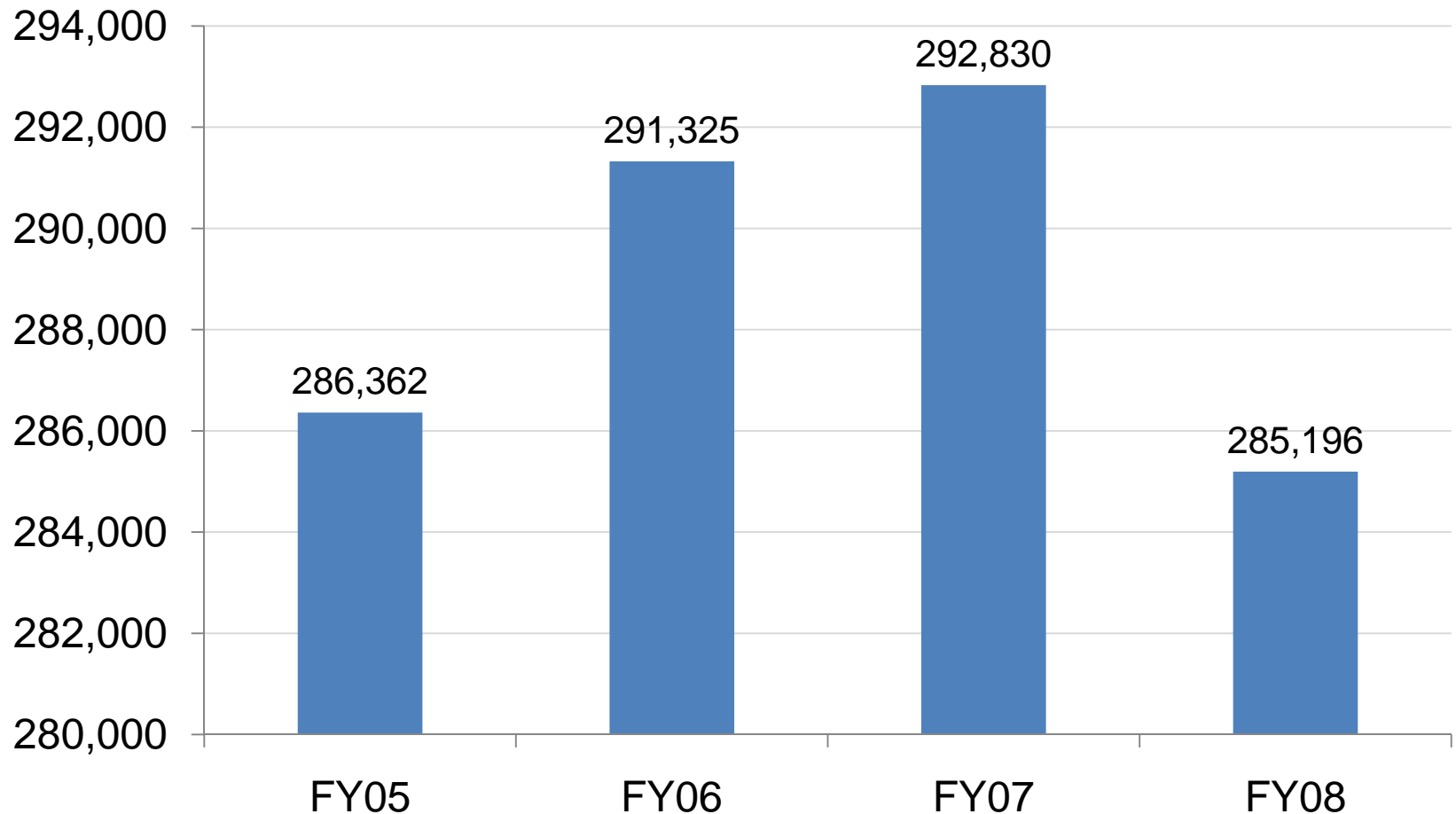
Children in Foster Care on Sept. 30 of Various Years (Federal Fiscal Year)

1982	262,000
1984	270,000
1988	340,000
1990	406,000
1992	435,000
1994	460,000
1996	507,000
1999	568,000
2001	565,000
2004	508,000
2006	505,000
2008	463,000

Sources: VCIS and AFCARS data systems.

Exits: Rates of Children Leaving Foster Care Have Lessened

Total # of Children Exiting Out-of-Home Care



Data source: AFCARS courtesy of Susan Smith and Kristen Rudlang-Perman of Casey Family Programs.

Many Children Remain in Foster Care for Longer than One Year

- Of those leaving care in FFY 2008, 54% had been in care 11 months or less.
- 17% had been there for three years or more.
- In FFY 2008, over 29,000 older youth emancipated to adulthood from a foster care setting.

II. Exploring Placement Instability

Placement instability is difficult to define:

- Operational definitions of “placement” and study methods vary considerably.
- Varied definitions makes it difficult to compare the rates and effects of placement change between studies.
- Without a common definition, the field cannot recommend and measure the effects of solutions for lowering placement change.

Methodological challenges: Operational definition of “placement”

- Considerable discrepancies regarding which living situations were counted as “placements” in each state.
- Placements least likely to be counted by states were respite care, runaways and trial home visits.
- Placements least likely to be counted in the research literature were runaways and returns home.
- Unsupervised placements with family or friends are often not tracked

Predictive Power of Two Definitions

FC alumna/us had their child placed in foster care	R² for controls	R² change for placements /year	Odds ratio for No. of placements /year
Original Model	.238	.034	4.195*
NW Study Model	.238	.062	7.497*

Using the NW study model/definition, for every 1 extra placement change per year, the alumnus or alumna is 7.5 times more likely to have his or her own child placed in foster care (Pecora & O'Brien, 2006).

Methodological challenges (Cont.)

- Cohort, longitudinal or retrospective studies are superior to cross-sectional snapshots
- Spell in care or entire child welfare experience
- Unique provider versus tracking across all providers

Methodological challenges (Cont.)

- Planned vs. unplanned moves.
- What criteria should be used to record when a change in living situation or placement is positive or negative?
- *Complicator*: for some adolescents, moving to a group home that is IL-focused might be a “more restrictive” but a better placement.
- Pre-placement child functioning variables often not measured – and yet may be determining the rate of placement change.

Placement Change Variables

1. Number of placements - sum of the eligible placements.
2. Length of placement - sum of days corresponding to eligible placements.
3. Placement Change Intensity – no. of placements/length of placement (in years).
4. Number of reunification failures – no. of times that a child returns to birth-parents for two weeks or more but then has a subsequent placement.
5. Number of runaway episodes.
6. Number of placements with birth-family, relatives and friends (unlicensed)

Placement Stability: It's Not a Pretty Picture...

Federal data from the CFSR:

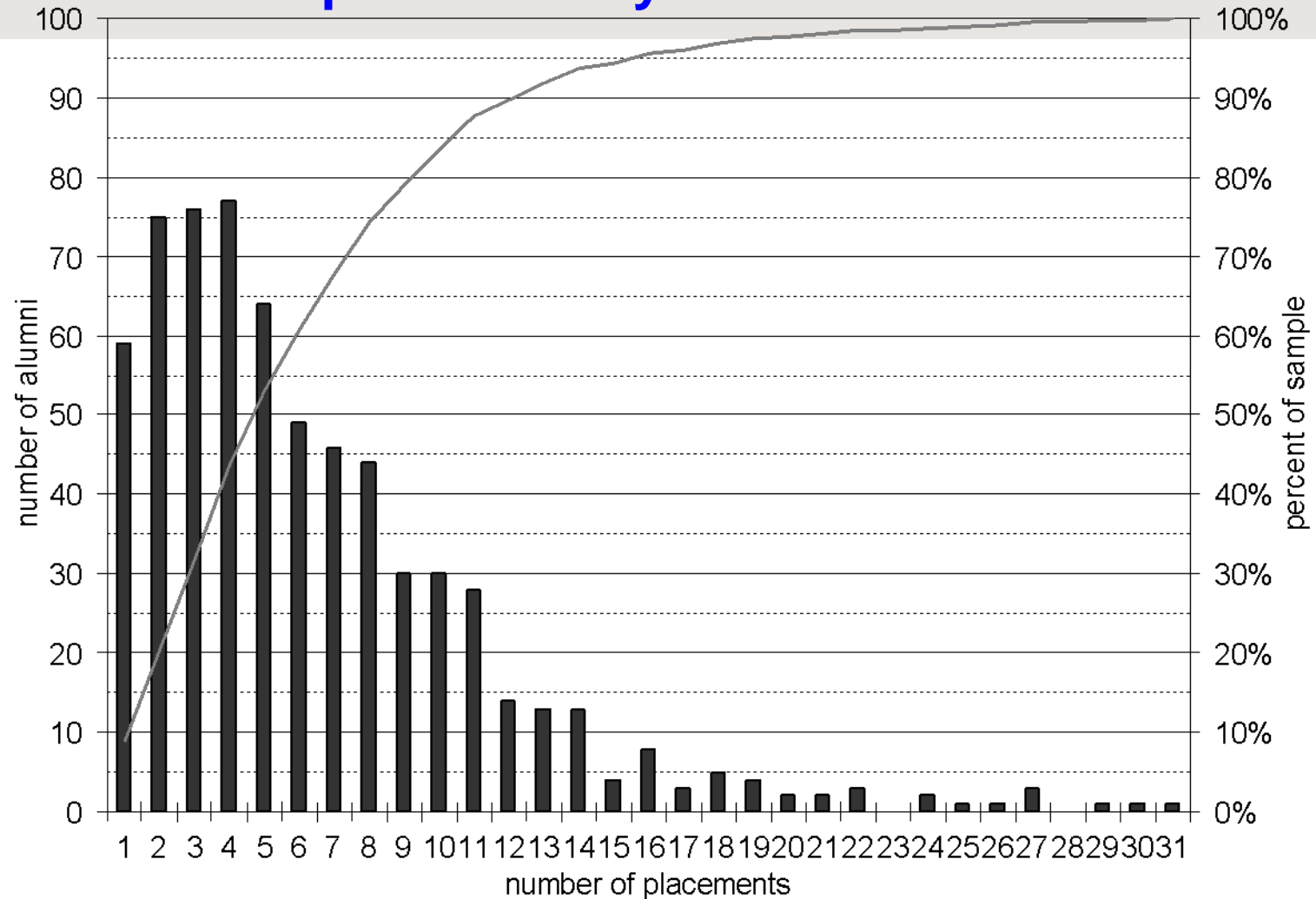
What percentage of children in foster care for less than 12 months had no more than two placement settings during that time period? (N = 52 States and Jurisdictions)

Trends for 2003 to 2006: 84.0% 83.5% 84.4% 83.5%

Other research studies:

- Illinois: About 25% of new FC entrants had four or more placement settings within the first year (Zinn et al., 2006).
- San Diego: 77% of children in care in Sigrid James' sample had three or more placements (James, 2004)
- WA and Oregon: 31.9% of the alumni experienced 3 or less placements, but 32.3% experienced 8 or more placements (Pecora et al., 2010)

Figure 1. Distribution of the Number of Placements Experienced by the NW Alumni



Source: Pecora, P. J., Kessler, R. C., Williams, J., Downs, A. C., English, D., & White, J. & O'Brien, K. (2010). *What works in foster care?* Oxford, England: Oxford University Press.

III. Why Should We Care?

1. Minimize Child Pain and Trauma
2. Lessen Child Attachment, Emotional and Behavioral Disorders
3. Decrease School Mobility and Increase Academic Achievement
4. Maximize Continuity in Services, Decrease Foster Parent Stress, and Lower Program Costs
5. Increase the Likelihood that a Child Will Establish an Enduring Positive Relationship with a Caring Adult

1. Minimize Child Pain and Trauma

Changing homes because of placement disruption compounds the immeasurable sense of loss these children must face by leaving behind relationships again and again.

2. Lessen Child Attachment, Emotional and Behavioral Disorders

“Multiple placements are thought to have a pernicious impact on the development of attachment to primary caregivers, an early developmental milestone thought to be essential for the achievement of later developmental tasks.”

Wulczyn and Cogan (2002, p. 2)

3. Decrease School Mobility and Increase Academic Achievement

- School change retards academic development of children.
- Lower placement change is connected with better educational functioning for all children, and lower rates of delinquency among boys in Illinois (Ryan & Testa, 2004).
- Placement stability is linked with developing more comprehensive supports for independent living and later successful adult functioning (Pecora et al. 2003; Pecora et al., 2010).

4. Maximize Continuity in Services, Decrease Foster Parent Stress, and Lower Program Costs

Placement changes are R² with:

- disrupt services provision,
- stress foster parents (thereby lowering retention rates),
- take up precious worker time, and
- create administrative-related disruptions.

5. Increase the Likelihood that a Child Will Establish an Enduring Positive Relationship with a Caring Adult

The more stability a child has, the more likely it is that the child will be able to establish...

- a stronger and more varied network of social support, and
- enduring caring relationships with adults.

What are the most frequent reasons for placement change?

Illinois Study General Reasons:

- To place a child with a sibling or other relative (38.7%)
- One or more foster home incidental events (e.g., change in employment or family composition such as marriage or divorce, illness or death, cessation of fostering in general) (30%)
- Parents not being able to tolerate children's behavioral/emotional problems (27.6%)

Placement Change Reasons (Cont.)

Illinois Study Key Findings:

37% of children were moved to allow permanency placement (e.g., live with relative, pre-adoptive or pre-guardianship homes). (Rolock, Koh, Cross & Manning, 2009)

Children with 1 or more MH diagnoses (e.g., conduct disorder, attention deficit disorder) were more likely to experience a placement change.

San Diego Study Reasons for Placement Change

I. System- or policy-related COPs: 70.2%

- COP to short-term facility:
- Shelter to short-term foster home
- COP to long-term facility
- To long-term foster home
- COP or other kind of move to relative:
- Permanent placement with relative
- COP or move to be with sibling:

II. COP related to child's behavior problems: 19.7%

San Diego Study Reasons for Placement Change (Cont.)

III. Foster family-related COPs: 8.1%

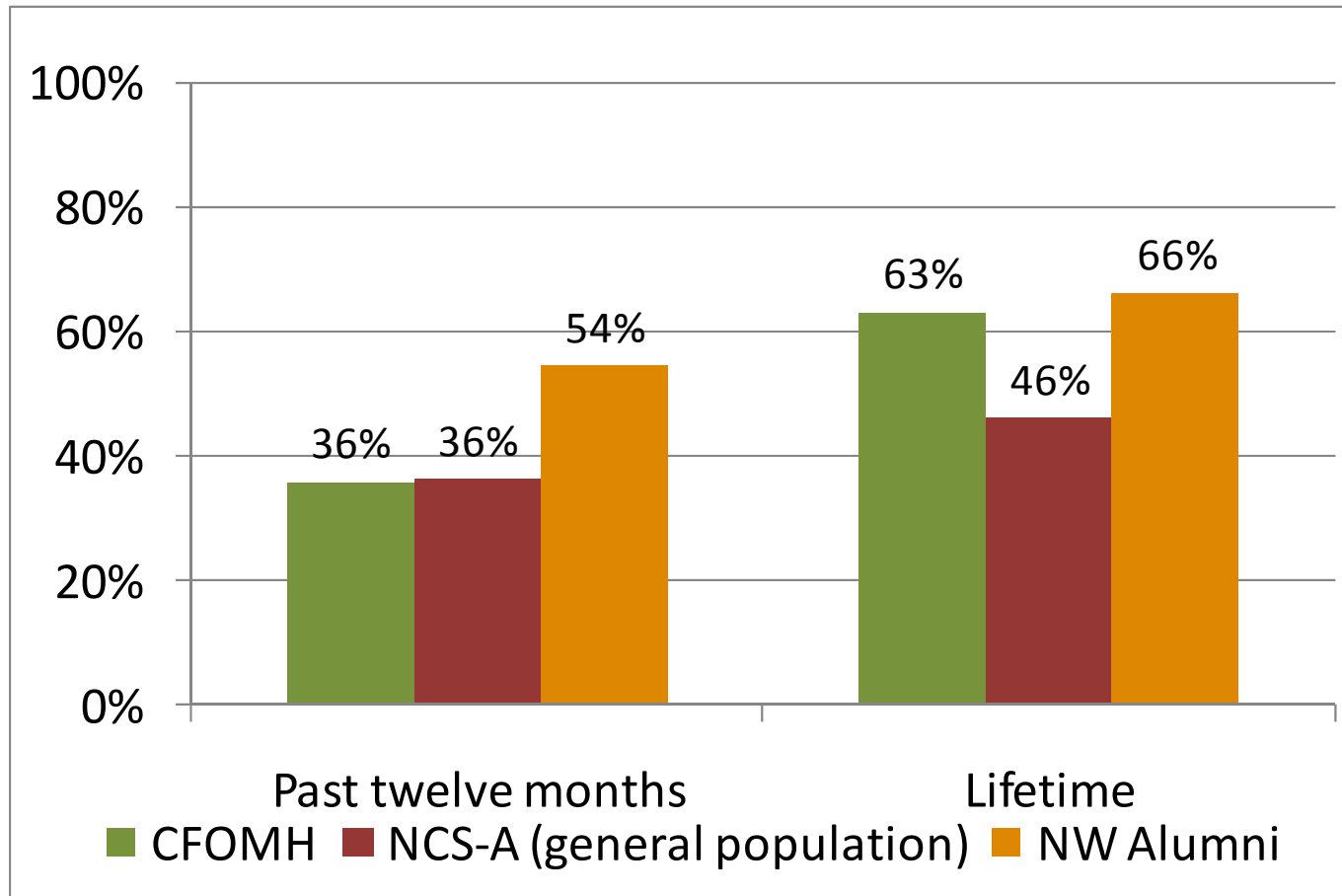
- COP because of stressors or events in foster family's life
- Foster family moved
- Foster parent dies
- Foster parent leaves foster care
- Foster parent requests COP: can no longer care for foster child because of events or emergencies in life

IV. COP: problems with biological family: 2.0%

IV. Enhancing our Clinical Tool Kits: Strategies to Promote Placement Stability

1. Place children with relatives *at entry* to care, which would afford children the stability of relative homes without requiring them to endure a subsequent change in placement.
2. Placement with relatives almost halved the likelihood that a child will experience a placement change. (Zinn et al., 2006, pp. 27-28)
3. Use *Signs of Safety* practice framework and *Structured Decision-making (SDM)* to identify essential changes or supports that must be accomplished for the child to return home.

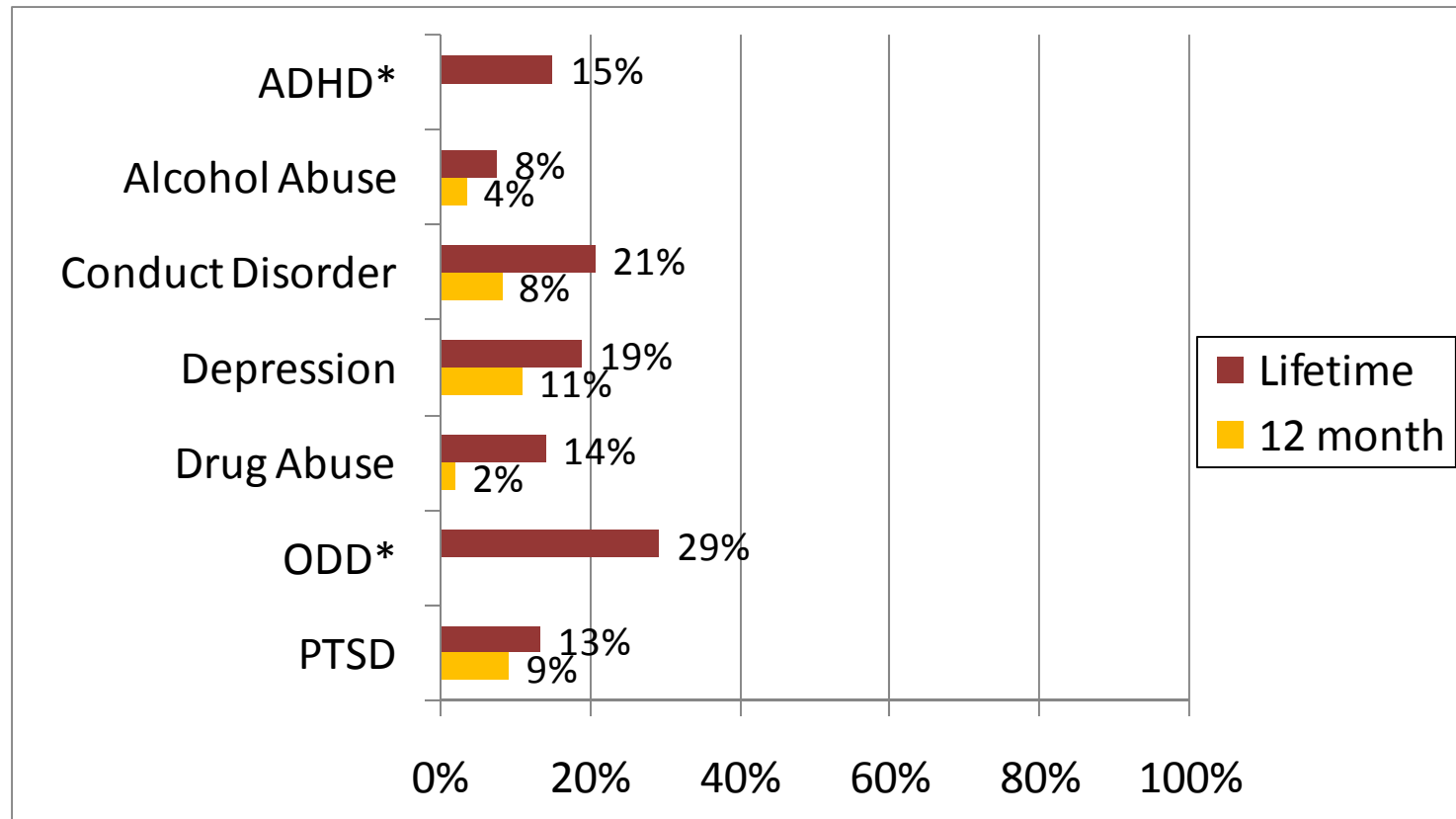
Percent of Adolescents in Casey Foster Care with at Least One EBD Diagnosis



Source: White et al., 2007

Percent of Adolescents in Casey Foster Care with at Least One Emotional or Behavioral Disorder

Select Diagnoses:



*12 month diagnoses are not available for ADHD and ODD.

(Source: White et al., 2007)

More strategies to consider...

- Careful assessment of physical, mental health, developmental, cognitive and other areas of functioning.
- Identify gaps between provider abilities and child needs through the SDM Systems for Substitute Care Providers. (See www.nccd-crc.org)
- Timely provision of specialized services to address areas of need, working with other responsible service systems. (E.g., TF-CBT, FFT, CBITS, TFC, MDTFC, Project KEEP.)

More strategies to consider...

Worker-youth matching, supervisory consultation and supervisor stability.

Foster-family centered services:

- foster family counseling (e.g., Project KEEP)
- respite care,
- transportation assistance,
- child recreational or after school programming

Ongoing support from developmental disabilities case managers or parent assistance agencies.

(Zinn et al., 2006, p. 45)

More strategies to consider...

Help a child move quickly to a legal form of permanence such as:

- Reunification with one or both birth-parents
- Adoption
- Placement with relatives, tribal clan members, or non-relatives with legal guardianship or some form of “third party custody”

Five Key Questions for Successful Permanency Planning

1. What will it take?
2. What can we try that HAS been tried before?
3. What can we try that has NEVER been tried before?
4. How many things can we do concurrently?
5. How can we encourage the youth in planning for permanence?

Source: Adapted from the New York Longest Waiting Children's Project by Sue Hoag Badeau of Casey Family Programs.

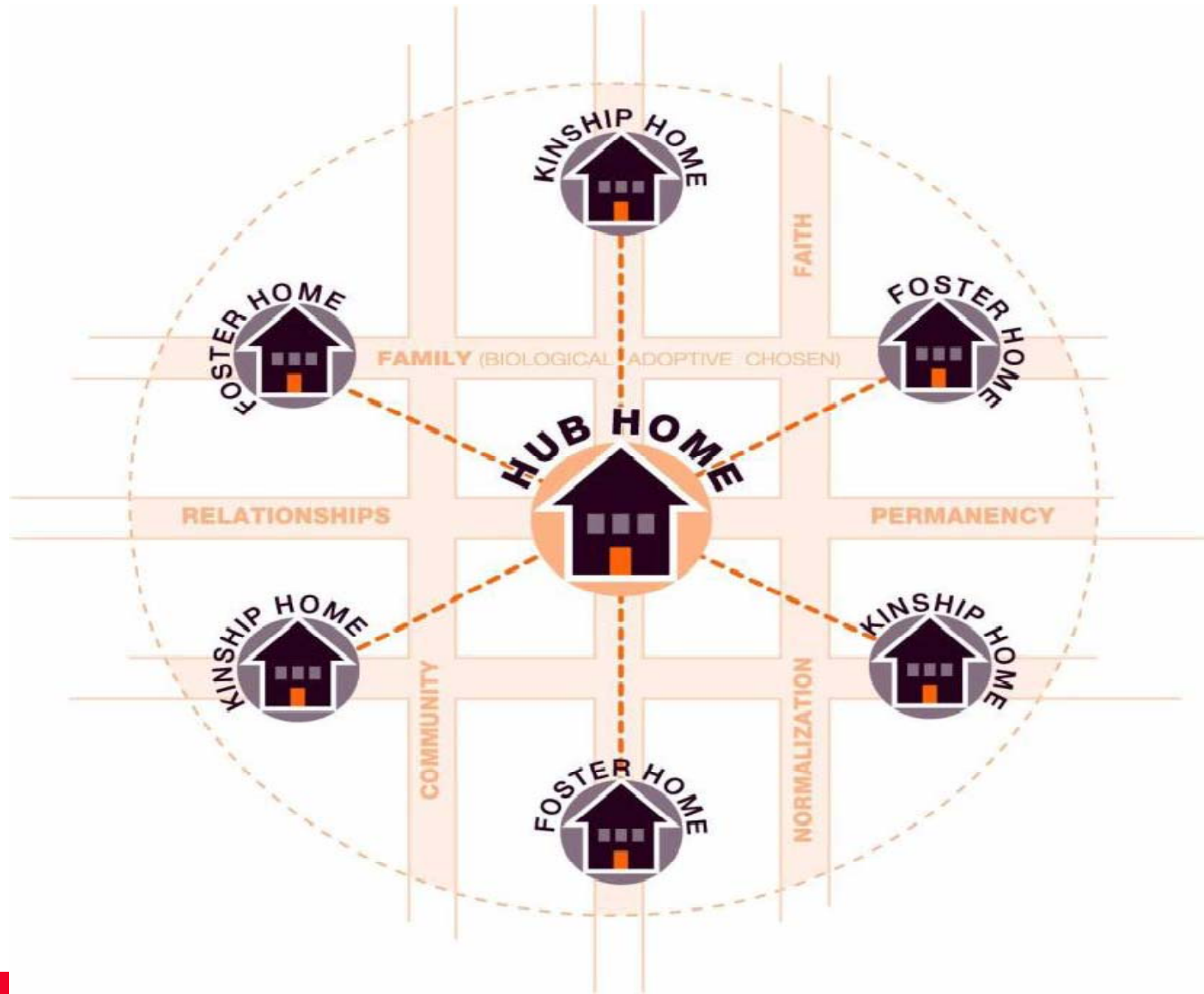
Mockingbird Family Model

In each MFM Constellation, six to ten families (foster, kinship, foster-to-adopt, and/or birth families) live in close proximity to a central, licensed foster care family (Hub Home) whose role is to provide:

- assistance in navigating systems
- peer support for children and parents
- impromptu and regularly scheduled social activities
- planned respite nearly 24/7, and crisis respite as needed

(See: <http://www.mockingbirdsociety.org/the-mockingbird-family-model/>)

Mockingbird Family Model: One Constellation



MFM Restructures Foster Care

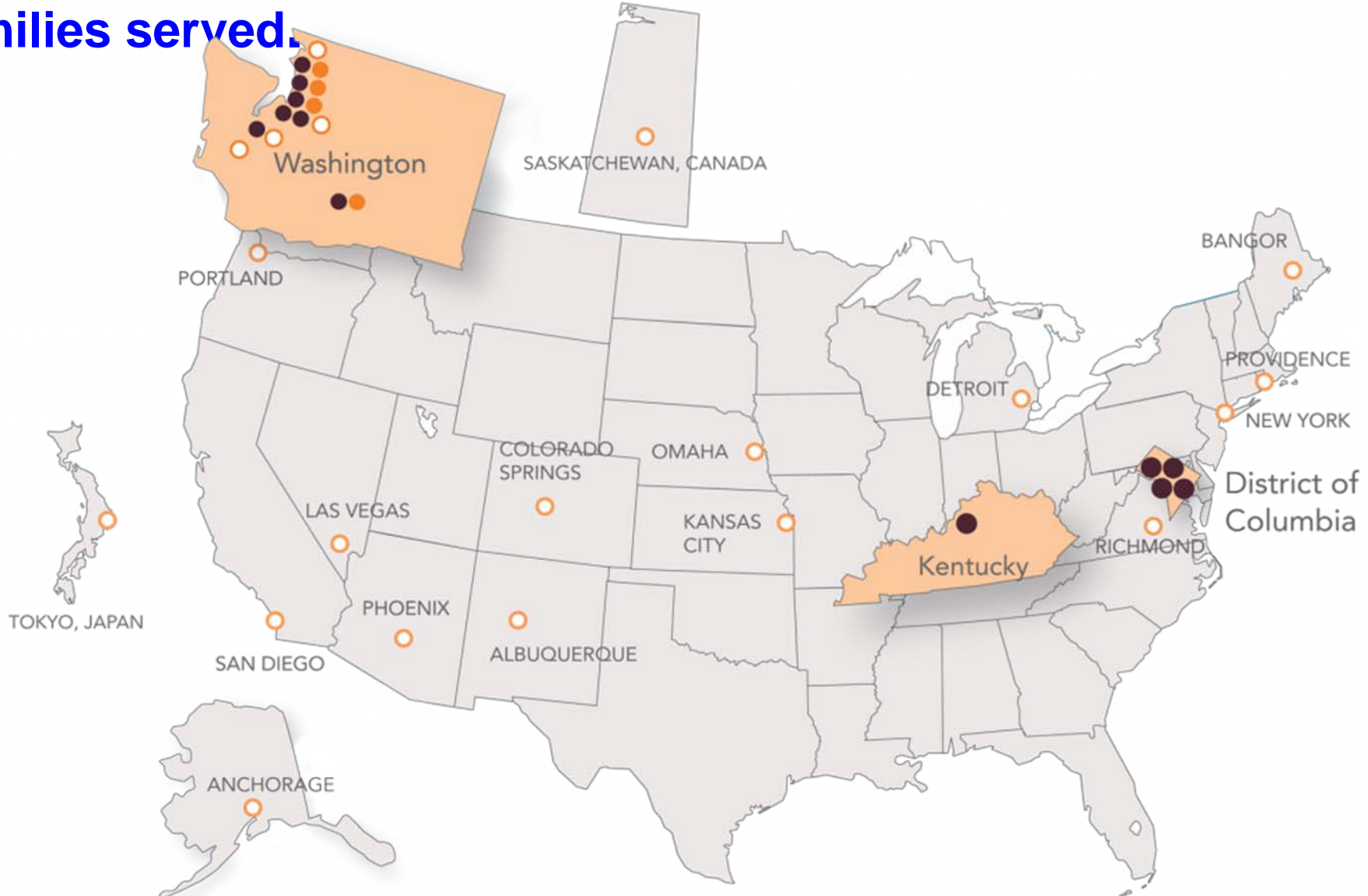
The Mockingbird Family Model offers innovative solutions:

- Relationship-based planned and crisis respite care that prevents placement disruptions, provides a safe space for relationship pacing, and reduces caregiver burnout
- Peer mentoring and coaching to eliminate the feeling of isolation caregivers often experience, facilitate conflict resolution and problem solving, and increase placement stabilization
- Support for children to maintain connections with siblings and birth families while experiencing the safety, stability, and well-being associated with an extended family

MFM Emphasizes Permanency...

- **Early Reunification:** Supporting families so kids can transition back home quickly
- **Foster-to-Adopt:** Helping children form relationships with potential adoptive families and supporting the transition process
- **Transition to Adulthood:** Preparing foster youth for a successful future and providing support as they transition into adulthood.

Existing MFM Sites: In 2008 11 Constellations with 115 families served.



<http://www.mockingbirdsociety.org/the-mockingbird-family-model/existing-mfm-sites/>

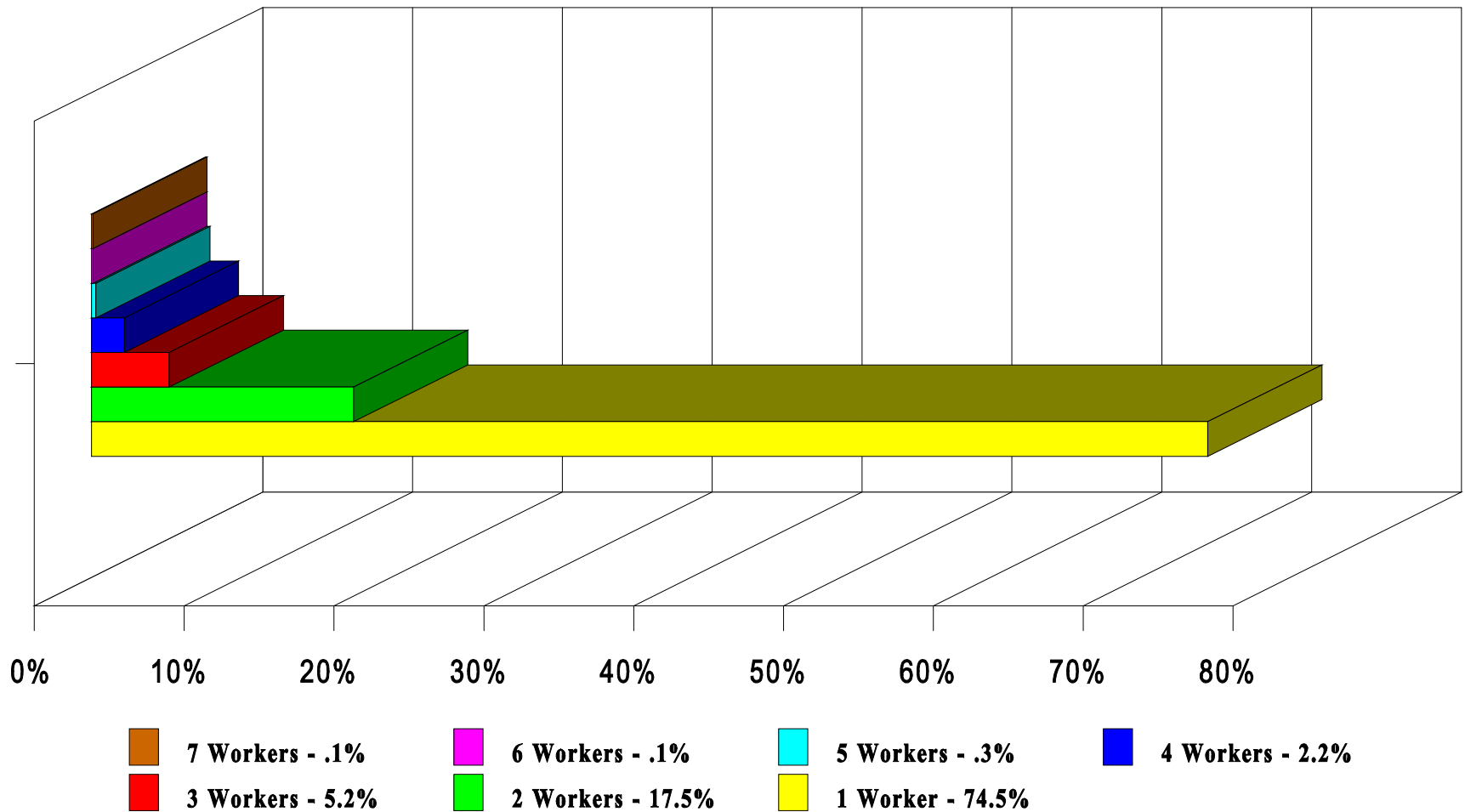
Organizational Supports as a Strategy: Worker Stability Increases a Child's Chances for Permanency

Staff turnover is bad because it:

- Costs money and diverts resources from program areas we want to invest in.
- Drains organizational knowledge.
- Hurts children (besides lowering our agency performance).

Do you want to be known as
“worker number 10”?

Fewer Changes in Caseworkers Increases the Chances of Permanency for Children



Flower, C. McDonald, J. & Sumski, M. (2005). *Review of turnover in Milwaukee county private agency child welfare ongoing case management staff*. Milwaukee, WI: Milwaukee County Department of Social Services.

Policylab Suggested Action Steps To Help Promote Placement Stability

Evidence	Action
Children in kinship placements demonstrate greater placement stability than those in non-relative foster care	States must require aggressive Identification of kinship resources at the outset of the child welfare system's involvement with a family.
Placement stability for children in non-relative foster care may be influenced by the number of children living in the foster home,	States should lower the limit on the number of unrelated children allowed to live in a single foster home, especially in cases of children who have experienced multiple placements.

Policylab Suggested Action Steps (Cont.)

Evidence	Action
<p>Behavioral health resources currently available to help kinship and foster parents mitigate child behavioral problems are limited.</p>	<p>States should invest in evidence-based therapeutic parenting interventions at the community level that support parents and foster parents to reduce out-of-home placements and placement disruptions.</p> <p>State Medicaid plans should be amended to allow for the financing of therapeutic parenting interventions and the staff training necessary to implement these interventions effectively.</p>

Policylab Suggested Action Steps (Cont.)

Evidence	Action
Timeliness of placement stability is not being measured and rapid placement moves are being undercounted	Federal guidance is needed to create uniform placement stability measures that capture the timeliness of placement and are better linked to permanency

Source:

http://policylab.us/images/pdf/evidencetoactionbrief1_csaw_final.pdf

References and Further Reading

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Video Resources

- To see a 14 minute **video** about reunifying families in foster care in Austin, go to:
<http://www.casey.org/Resources/Initiatives/austinreintegration/>
- To learn more about Florida's efforts to prevent foster care placement see <http://www.youtube.com/watch?v=aAUv1n3zVYQ>
- For video examples of how the *Signs of Safety* risk and safety practice framework and use of solution-focused counseling techniques can help you identify what needs to change for the child to return home, see <http://www.signsofsafety>. Also see:
 - Turnell, A. (in press) *Building safety in child protection practice: Working with a strengths and solution focus in an environment of risk*. New York: Palgrave--Macmillan.
 - Turnell, A. and Edwards, S. (1999). *Signs of safety A safety and solution oriented approach to child protection casework*, New York: Norton.
- For a **report** on how Georgia is helping hundreds of children find permanence, go to
<http://www.casey.org/Resources/Publications/garoundtable.htm>