

Reducing Multiple Placements (revised)

By Dee Wilson

The possibility of a class action lawsuit over the multiple placements of children in foster care may, at first glance, be a bit puzzling to CA staff. After all, CPS, CWS and FRS social workers don't like moving children from foster home to foster home to group home and usually move children because foster parents or group home staff demand that they do so. The main structural feature of public child welfare in Washington State which requires that children be moved from one home to another is the use of receiving homes for children placed on an emergent basis; however, it is not the utilization of receiving homes which has led to the possibility of a class action lawsuit on behalf of children moved from pillar to post in out of home care.

Any veteran social worker in a public child welfare agency is likely to have had cases of children who have been placed in 10 – 20 or more foster homes and/or residential care facilities and has probably had cause to wonder whether the child welfare system has done these children more harm than good. CA social workers sometimes become furious with foster parents for “dumping” children on the agency with less than 24 hours notice, often children who have been placed with the foster parents for a considerable period of time. Foster parents, in turn, frequently complain about being given children (by CA social workers) with inadequate information about their backgrounds and/or behavioral problems and with little or no ongoing support from the public agency.

These different perspectives on failed placements suggest the frustrations and interpersonal tensions involved in planning for children who “bounce” from foster home to foster home. An experienced observer of these conflicts and tensions might conclude that they are inevitable, given the emotional problems of the children being moved from home to home and the lack of resources within the child welfare system to assist caregivers in dealing with their problems. A sense of inevitability may lead to tacit

acceptance of multiple placements, an acceptance which is a strong emotional defense against feelings of anger, inadequacy or despair regarding the functioning of the child welfare system as a whole.

Understanding Multiple Placements

The assumption, often unstated but implied, that most children in foster care are moved frequently from foster home to foster home is false. Almost 70% of children placed out of the home in Washington State leave placement within 1 year. In fact, the median length of stay for children placed out of the home in Washington State during the period 1985 – 1995 was 60 days (English and Clark, 1996). Children placed in out of home care for brief periods of time do not usually experience multiple placements. It is children, especially school age children with mental health problems remaining in out of home care for longer than 1 year, who become highly vulnerable to placement instability.

Consider these statistics for children in out of home care at least 60 days in Washington State during the first quarter of 2000:

LENGTH OF STAY	% OF CHILDREN IN 1 OR 2 PLACEMENTS	N OF CHILDREN IN 1 OR 2 PLACEMENTS
2 mos. to 6 mos.	92.3%	1,771
6 mos. to < 1 yr.	84.9%	1,945
1 yr. to < 2 yrs.	69.6%	2,049
2 yrs. to < 3 yrs.	54.8%	897
3 yrs. to < 4 yrs.	45.7%	391
More than 4 yrs.	32.0%	486

(Data Integration and Distribution Unit, Children’s Administration, Washington State, July 2000)

Despite the steady reduction in the percentage of children placed in 1-2 homes as length of stay increases, almost 70% of children in care 1 – 2 years, and over half of children in out of home care 2 – 3 years, are placed in 1 or 2 homes. In other words, relatively stable placement histories are the rule rather than the exception for children placed in out of home care in Washington State for up to 3 years.

On the other hand, the percentage of children in out of home care with highly unstable placement histories steadily increases with longer lengths of stay:

LENGTH OF STAY	% OF CHILDREN IN OUT OF HOME CARE WITH 5 OR MORE PLACEMENTS	N OF CHILDREN IN OUT OF HOME CARE WITH 5 OR MORE PLACEMENTS
2 mos. to 6 mos.	.005%	10
6 mos. to < 1 yr.	1.8%	41
1 yr. to < 2 yrs.	6.6%	194
2 yrs. to < 3 yrs.	15.5%	255
3 yrs. to < 4 yrs.	26.3%	225
More than 4 yrs.	44%	668

(Data Integration and Distribution Unit, Children's Administration, Washington State, July 2000)

The dramatic difference in the percentage of children in out of home care for 1 to 2 years with 5 or more placement (6.6%) compared to children in care for 2 to 3 years (15.5%), 3 to 4 years (26.3%), and longer than 4 years (44%) with 5 or more placements is striking. These statistics indicate that highly unstable placement histories are rare for children in out of home care in Washington State for less than 2 years and extremely common for children still in placement after 4 years. The picture painted by these statistics is of a foster care system reasonably effective at stabilizing out of home placements of children for up to 2 years, but increasingly ineffective in maintaining placements after 2 years of a placement episode.

One might conclude that these statistics are testimony to the inherent difficulty of establishing lasting emotional connections between children and foster families. This difficulty, however real, may only be part of the story. There is a body of evidence from research studies conducted in other states that children with mental health problems are less likely to be re-united with birth parents than children who lack such problems (Landsverk, Davis, et al, 1996; Glissen, Bailey, Post, June 2000). If children entering out of home care with few or no mental health problems exit placement in disproportionate numbers compared to their emotionally disturbed peers, children remaining in care after two years will be a more troubled population of children than the average entry cohort. In other words, children who remain in out of home placement for periods of time exceeding 2 years may be a far more difficult population of children to stabilize in placement than a cohort of children entering care during a specific time

period. If this hypothesis is correct, then the rapid breakdown of out of home placements after 2 years in care is a reflection of both the tenuous emotional connections between children and foster parents in many situations and the pressure which the mental health problems of children bring to bear on the stability of placements.

There is indirect evidence that this is an accurate description of the state of affairs in Washington State. Children can enter out of home care in Washington State through 3 “doors” CPS, FRS or CWS. Approximately 61% of children placed out of the home in Washington State enter through the CPS “door”, i.e. they are placed due to child abuse or neglect on the part of one or both parents. Approximately 18% of children entering care come through the FRS “door”, i.e. are placed due to family conflict; 21% of children placed out of the home enter through the CWS “door”, i.e. due to the child’s mental and emotional problems. (See Executive Management Information System, CHILDREN PLACED IN OUT OF HOME CARE, DSHS Research and Data Analysis).

Of the children who enter out of home care in Washington State, approximately 30% remain in care at the end of 1 year; by program, the approximate percentages of children still in placement after 1 year is as follows:

PROGRAM	% OF CHILDREN PLACED OUT OF THE HOME STILL IN CARE AFTER 1 YEAR*	N OF CHILDREN PLACED OUT OF THE HOME STILL IN CARE AFTER 1 YEAR
CPS	29%	1,189
FRS	4%	63
CWS	53%	1,280

• as a percentage of all children placed by each program
 (Data Integration and Distribution Unit, Children’s Administration, Washington State)

Children who enter out of home care due to the inability of parents to cope with their behavioral and emotional problems are more likely to remain in placement at 1 year than children entering care as a result of child abuse or neglect and far more likely to remain in care than teenagers placed due to conflict with parents. However, it is a reasonable assumption that most of the small number of adolescents placed by FRS

staff who remain in care after 1 year have serious emotional/behavioral problems. Children placed for FRS and CWS reasons constitute 53% of children remaining in placement in Washington State after 1 year. This is a very difficult population of children to stabilize in care to say the least, though to my knowledge a careful study of these youth and their placement histories has not been done.

A factor other than length of stay longer than 2 years which has considerable influence on the stability of children’s placements is the child’s age at entry into care. Statistics for an open cohort of children in out of home care are as follows:

CHILDREN IN OUT OF HOME PLACEMENT FOR AT LEAST 60 DAYS IN WASHINGTON STATE DURING THE FIRST QUARTER OF 2000

AGE OF CHILD AT ENTRY INTO PLACEMENT	%OF CHILDREN IN 5 OR MORE PLACEMENTS
0 – 1 year	6.1%
2 – 5 year	12.0%
6 – 11 year	17%
12 – 17 year	14.5%

(Data Integration and Distribution Unit, Children’s Administration, Washington State, July 2000)

It is important to note that length of stay has not been controlled for in these placement statistics, i.e. a higher percentage of children in out of home care, ages 6 – 17, may have been in care for longer than two years, compared to children 0 – 5 in out of home care. This is, however, an unlikely possibility for adolescents in the 12 – 17 age range due to age limits on length of stay in foster/group care.

We have mentioned research studies which indicate that children with mental health problems are less likely to be re-unified with birth parents than children who lack these problems. Children who enter out of home care at age 6 or older have often lived in abusive and neglectful homes and with parents who have serious impairments, such as addiction to drugs and alcohol and mental health problems of various sorts. It goes without saying that most of these children have grown up in poverty, and a high percentage of them have been exposed to domestic violence.

There has been ample opportunity for school age children entering foster care to develop serious behavioral and emotional problems. There is also the distinct possibility that some children's mental health problems may be the result, rather than a cause, of multiple placements. (Newton, Litrownick and Landsverk, October, 2000) In addition, many children are not entering foster care for the first time. English and Clark, in their study of out of home placements in Washington State during 1985 – 95, found that approximately one third of children placed out of the home had a prior placement episode. It is, therefore, highly plausible that "child's age at entry into out of home care" is a proxy for "child's emotional and behavioral problems", and that there is a relationship between the severity of children's mental health problems and the number of moves they experience.

The fact that children who enter care in the 6 – 11 age range are more likely to be "bounced" from foster home to foster home than adolescents entering care demands explanation. Again, length of stay is probably a factor for obvious reasons, i.e. older teenagers age out of care while 6 – 11 year olds become adolescents; but there may be other reasons as well. CA staff may consider 6 – 11 year olds as too vulnerable to be re-unified with marginal families, even after multiple failed placements, while it is easier to "give up" on adolescents being moved from foster home to foster home. In addition, adoptive families may not be as available for children entering foster care during the early school age years as many CA staff and child advocates want to believe.

There needs to be a comprehensive and careful study of children entering out of home care during the elementary school years, especially children in this age range who remain in care for longer than 2 years. There have been studies of legally free children in Washington State, many of whom were 6 – 11 years old at the time of the study (Bodonyi, 1997). However, more needs to be known about a population of children who are not fairing well in the child welfare system in Washington State.

Kinship Care

No discussion of children in multiple out of home placements is complete without an examination of differences between “stranger” foster care and kinship care. A number of studies in other states have found that, despite longer lengths of stay, children placed with relatives are less likely to experience multiple placements than children placed in non-kin foster homes (Courtney and Needell, 1997). Furthermore, the difference between the average or median numbers of placements children experience in kinship care vs. non-kin foster care is a considerable one. For example, the authors of The Tender Years found that children in the 0 – 5 age range at entry into kinship care in California were half as likely to experience 4 or more placements as children placed in non-kin foster care. (see figure 4.14, p. 73, paperback edition).

In addition, claims are sometimes made that children placed with relatives are less likely to re-enter out of home care following re-unification with parents and less likely to “graduate” from foster care to group care (Courtney and Needell, 1997), important findings if either one or both prove to be the case in Washington State.

The Data Integration and Distribution Unit of the Children’s Administration has recently provided data indicating that children placed in unpaid relative care in Washington State are much less likely to have extremely unstable placement histories than children in foster homes, a large percentage of which (probably greater than 90%) is non-kin care.¹

CHILDREN IN OUT OF HOME CARE IN MAY 2000/LOS	CHILDREN IN 5 OR MORE PLACEMENTS/PAID FOSTER CARE	CHILDREN IN 5 OR MORE PLACEMENTS/UNPAID RELATIVE
1 TO 2 years	7.3% (N = 128)	1.9% (N = 26)
2 TO 3 years	12.6% (N = 150)	6% (N = 32)
3 TO 4 years	17%	9%

¹ For the paid foster care – unpaid relative comparisons reported in this section, the subset of children in these two placement types were selected from the total population of children in open placement episodes during May, 2000 of at least 60 days duration. The comparisons thus do not include children in group homes, group care, juvenile detention, etc.

	(N = 121)	(N = 19)
More than 4 years	24.9% (N = 396)	12.2% (N = 49)

These percentages are significantly different (Chi-square $P < .0001$). Children in unpaid relative care in Washington State are less than half as likely to suffer extremely unstable placement histories as children placed in foster care.

Children in (unpaid) kinship care are also less likely to experience 3 – 4 placements compared to children placed in licensed foster care.

CHILDREN IN OUT OF HOME CARE IN MAY 2000/LOS	CHILDREN IN 3-4 PLACEMENTS/PAID FOSTER CARE	CHILDREN IN 3-4 PLACEMENTS/UNPAID RELATIVE
1 TO 2 years	24.7% (N = 422)	15.7% (N = 141)
2 TO 3 years	27.6% (N = 293)	18% (N = 97)
3 TO 4 years	27.3% (N = 162)	19.9% (N = 42)
More than 4 years	21.7% (N = 197)	19.7% (N = 74)

These percentages are also significantly different (Chi-square $P < .0001$). Overall, the mean number of placements for children in out of home care with unpaid relatives (1.95) is significantly lower than the mean number of placements for children in paid foster care (2.85) (Mann-Whitney U test $P < .0001$).

Children placed with unpaid relatives are about one-third less likely to be placed in 3 or 4 homes compared to children placed in foster care, except for children placed for more than 4 years.

This data is not as pure a comparison between kinship care and non-kin foster care as one might want. A small percentage of kinship care providers are licensed foster parents; however, if anything the fact that some foster parents are relatives probably reduces the differences in multiple placements between children placed in kinship care and non-kin care in this data set. Certainly, it would be a surprise to find that children placed with relatives who are licensed foster parents average more placements than children placed in non-kin foster care.

A more serious objection to taking data reflecting differences in number of placements children experience in unpaid kinship care and paid foster care at its face value is that many children in out of home care move back and forth between these two placement status'. For example, a child may be placed with relatives; if the placement fails the child may then be placed in non-relative foster care, or vice versa. Washington State's data on multiple placements of children in out of home care does not distinguish between children in foster care whose past placements were with unpaid relatives and children in foster care whose past placements were non-kin foster homes or group homes. The same problem exists for data on children placed with unpaid relatives.

There is, therefore, a possibility that differences between the placement histories of children in non-kin foster care and children placed with relatives are less or even greater than they appear, based on currently available data. Nevertheless, it is highly probable, in my view, that these differences are as large or almost as large as they appear to be and that kinship care is far less likely than non-kin care to result in extremely unstable placement histories

Studies of kinship care in other states have found that children placed with relatives have longer lengths of stay than children placed in non-kin foster care; however, this is not the case in Washington State:

	AVERAGE LENGTH OF STAY	MEDIAN LENGTH OF STAY
Paid foster care, longer than 60 days/May 2000 (N = 5,258)	2.3 years	1.5
Unpaid relative care longer than 60 days/May 2000 (N = 2,499)	1.9 years	1.3

(Data Integration and Distribution Unit, Children's Administration, Washington State)

The mean and median lengths of stay for children placed with unpaid relatives are significantly lower than for children placed in paid foster care, by either the t-test of means ($P < .001$) or the Mann-Whitney U test ($P < .0001$).

In summary, there appears to be a very large difference between the placement histories of children placed with relatives and non-relatives in Washington State, though for reasons already mentioned the exact extent of this difference (as measured by multiple placements) is not yet known. The best guess at this time, based on currently available data, is that children in unpaid relative care are half as likely to experience highly unstable placement histories and a third less likely (up to 4 years in out of home care) to experience moderately unstable placement histories as children in non-kin care. Arguably, even in the United States where the strength of family connections has been weakened by factors ranging from mobility rates and divorce rates to an individualistic social ethos, relatives are more likely to maintain emotional commitments to children, especially emotionally troubled children placed in their home, than non-kin foster parents. Furthermore, in Washington State the reduction in multiple placements

resulting from kinship care is not purchased at the price of longer lengths of stay in out of home care.

Re-Entry Into Out of Home Care

It is only during the past few years that the extent of re-entry into care has become widely known in child welfare circles. Tim Clark and Diana English in their 10 year (1985-95) study of out of home placements in Washington State using foster care payment data found that 38% of children who were placed for at least one year during a single placement episode had a prior placement episode, and “nearly equal numbers of children who were first placed between the ages of 8 – 14 had single and multiple placements.” The authors comment that “this suggests that efforts at reunification failed half of the time, and more than half of the time for 12 – 13 year olds.” English and Clark interpret the high rate of re-entry into care for children re-unified with families after at least 1 year of placement as indicating the difficulty of re-unifying children from “seriously dysfunctional families.”

English and Clark also note that “a majority of the children who resided in group care experienced multiple placements,” i.e. more than one placement episode, and they comment that “this strongly suggests that children with problem behaviors are more likely to have permanent plans fail, as one would expect.”

English and Clark found that boys were more likely to re-enter out of home care than girls and they comment, “gender, in this instance may be a proxy for behavior problems.” However, more recent measures of re-entry do not indicate a significantly different re-entry rate between genders in Washington State.

English and Clark found that for the children in their sample who were in their last placement episode for longer than 1 year, 11% were in 4 homes/institutions and 15% were in 5 or more homes. One might generalize on this basis that approximately a quarter (25%) of children in care during 1985 – 95 for longer than 1 year were “bounced around”. They also found that children entering care for their second placement

episode were more likely to remain in care for longer than a year than children entering care for the first time. In other words, re-entry into care was associated with longer lengths of stay for the 3800 children remaining in care longer than one year with at least 2 placement episodes. Unfortunately, the English and Clark study lacks information regarding numbers of placements, i.e. homes/institutions, for this population of children. However, given the longer lengths of stay and the behavioral problems of children re-entering out of home care, this is likely to be a population of children with highly unstable placement histories.

During the past few years, information regarding the re-entry rates for groups of children recently exiting out of home care in Washington State has become available. Of children reunified with their biological parent(s) in fiscal 1999, 19.2% re-entered foster care within 12 months of returning home. For a cohort of children reunified in fiscal 1995 (N = 2,381), 28% re-entered out of home care over a 5 year period of time. These numbers are similar to findings from other states that approximately 30% of children reunified with birth parents re-enter care. (Frame, Berrick and Brodowski, 2000)

Shorter lengths of stay prior to reunification in Washington State are associated, in general, with higher rates of re-entry into foster care. The following table indicates rates of re-entry within 12 months of return to parents for children reunified in fiscal 1999:

CHILDREN RE-UNIFIED WITH PARENTS IN WASHINGTON STATE DURING FISCAL YEAR 1999

	LENGTH OF STAY PRIOR TO REUNIFICATION					
	2-6 months	6-12 months	1-2 years	2-3 years	3-4 years	4-5 years
Re-Entry Rate	24.6%	19.1%	17.0%	10.3%	15.2%	9.9%

(Data Integration and Distribution Unit, Children’s Administration, Washington State)

For this cohort of children, the re-entry rate was unaffected by placement instability; there was no significant difference in re-entry rates for children with multiple placements in the placement episode preceding re-unification. Placement re-entry rates also did not

vary significantly among various age groups, i.e. age at reunification or age at entry into care of 0-1, 2-5, 6-11, and 12-17 years.

Re-entry into care is also associated with brief stays in foster care in other states (Berrick, et al. 1988; Courtney 1996; Wulczyn, 1991). In fact, child welfare experts working for the federal government have been so impressed with the relationship between brief placements and high rates of re-entry that one of the federal performance measures for public child welfare agencies reads “reduce length of stay without increasing the rate of re-entry into care.”

It might appear obvious that multiple placement episodes lead to multiple placements, but what sounds like a truism still needs to be proven, depending on one’s definition of “multiple placements”. In this article, I have been greatly interested not just in multiple placements but in highly unstable placement histories of children, as defined by 5 or more placements within a placement episode. One might also ask about the percentage of children currently in out of home care who have experienced more than a single placement episode. How many of these children are there? How many placements have these children experienced?

**CHILDREN IN OPEN PLACEMENT EPISODES DURING MAY 2000 WITH
LENGTH OF STAY LONGER THAN 60 DAYS**

% of children with a single placement episode	69.9% (4806 children)
% of children with multiple placement episodes	30.1% (2073 children)

(Data Integration and Distribution Unit, Children’s Administration, Washington State)

Approximately 30% of children placed out of the home in Washington State for longer than 60 days during May 2000 had a prior placement episode, and 11% (760 children) of this out of home care population had experienced at least 2 prior placement

episodes. In May 2000, 505 children in out of home care in Washington State for longer than 60 days were in their third placement episode and 255 additional children had more than 3 placement episodes, when the then current episode was added to prior episodes.

Surprisingly, the number of children 6 – 11 years old in May 2000 in their third placement episode was larger than the number of adolescents in their third placement episode.

**CHILDREN IN OUT OF HOME CARE WITH LENGTH OF STAY LONGER
THAN 60 DAYS IN THEIR THIRD PLACEMENT EPISODE DURING MAY 2000**

Age in May 2000	
6 – 11 years	294
12 – 17 years	235

(Data Integration and Distribution Unit, Children’s Administration, Washington State, July 2000)

School age children 6 – 17 years of age in constituted 70% of children in their third placement episode for longer than 60 days in Washington State in May 2000.

School age children, 6 – 17 years of age, were 77% of the out of home care population with 4 or more placement episodes in May 2000, when the then current episode was added to prior episodes.

One might expect that school age children (based on children’s current ages) would predominate among children with multiple placement episodes, if only because these children have lived long enough to have experienced one or more failed re-unifications. What this means for public child welfare agencies in Washington State, as well as foster parents and residential care providers, is that a large number of school age children in care at any one time have had highly volatile placement histories across placement episodes, as well as within episodes, and are intimately familiar with the inability of caregivers to meet their needs.

Consider these statistics:

- All children in foster care and unpaid relative care (children in group care are not included in this sample) for longer than 60 days with one or more prior placement episodes in May 2000 equals 2073.
- The % of these children with 5 or more placements across all episodes equals 40%, or 830 children.

Length of stay (LOS) has a dramatic impact on the percentage of children with 5 or more placements across placement episodes:

Time in care across placement episodes, May 2000	% of children with 5 or more placements across episodes
Up to 2 years	25%
Longer than 2 years	75%

(Data Integration and Distribution Unit, Children's Administration, Washington State)

Concretely, what these statistics indicate is that, in May 2000, there were 628 children (9% of children in out of home care longer than 60 days with group care placements excluded) in foster care and unpaid relative care in Washington State with at least 2 placement episodes (counting the current episode) **and** LOS across episodes of longer than 2 years **and** 5 or more placements across episodes. A very large percentage of these children are 6 – 17 years of age. At this point we can only guess at the extent of severity of these children's emotional/behavioral problems, a subject which cries out for careful study.

I recently asked a group of CWS supervisors in Washington State to formulate recommendations for reducing the re-entry into care rate. These supervisors' view was that high rates of re-entry into care are related to parents' relapse following substance abuse treatment; and that any plan to reduce re-entry would therefore have to be

concerned with relapse prevention. A recent article in Child Welfare by Laura Frame, Jill Duerr Berrick and Melissa Lim Brodowski (July/August 2000), based on a study of 88 California cases of children placed as infants and reunified with birth parents supports this view.

In 1994, Douglas Besharov and Karen Baehler commented that, “a truly integrated and realistic system would acknowledge that drug addiction is a chronic, relapsing disorder and recognize that children of addicts will be repeatedly in and out of placement” (p. XVIII, Paperback Edition). This view is sounding extremely prescient 6 years later, though the research on re-entry into care is still too thin to conclude that Besharov and Baehler correctly predicted a high re-entry into care rate based on the dynamics of substance abuse.

It is highly plausible that the emotional problems of elementary school children and teenagers are a major factor in failed re-unifications for the same reasons that these problems are a source of placement instability within placement episodes. Angry, oppositional, occasionally sexually aggressive or assaultive children put caregivers to the test, be they parents, relatives or foster parents. In a small fraction of cases these behaviors and attitudes are combined with delusions, self mutilation or suicidal ideation, and are almost always associated with learning problems, academic difficulties and disturbed peer group relationships. Institutional systems such as schools, mental health agencies and public child welfare agencies need to think creatively and adaptively about serving a population of children who grow physically stronger and often increasingly anti-social over time.

The relationship between brief lengths of stay, i.e. lengths of stay less than 6 months, and high rates of re-entry into care in Washington State suggests that social work practice is implicated to some extent in failed re-unifications. CPS and CWS social workers often distinguish between situational placements and placements resulting from parental impairments, such as drug/alcohol addiction and mental illness or severe cognitive deficits. Situational placements usually end within a few months, while

placements resulting (in part) from parental impairments are difficult to bring to an end. Unfortunately, many placements which appear to be situational in nature may have a thinly disguised relationship to parental impairments requiring long term treatment. Ignoring these problems during a child's first placement episode may only postpone coming to grips with parents problems, problems which will eventually lead to lengthy out of home placement. Hopefully, the data regarding re-entry into care and placement instability will influence social workers to undertake in depth family assessments when children enter out of home care for the first time.

Finally, a reduced rate of re-entry into care in Washington State is associated with kinship care.

Type of Placement	Re-Entry Rate for Fiscal 1998-99 Exit Cohort, Initial LOS Longer Than 60 Days
Paid Foster Care	23.6%
Unpaid Relative Care	14.3%

(Data Integration and Distribution Unit, Children's Administration, Washington State)

(Significantly different, Chi-square probability of <.00001)

Based on this data, children exiting out of home placement from an unpaid relative's home are at least one third less likely to re-enter care than children exiting paid foster care. Kinship care appears to have a powerful influence in reducing the frequency of multiple placement episodes, in addition to greatly reducing placement instability within placement episodes.

Clarifying Cause and Effect

I have summarized Washington State data indicating that lengthy placement episodes lead to highly volatile placement histories and that kinship care is far more stable than non-kin foster care; however, one might argue that it is placement instability which leads to lengthy placement episodes and/or that kinship care is more stable because relatives

I am indebted to Tim Clark for his insightful comments regarding the issues discussed in this section; the opinions expressed here, however, are my own.

are caring for a population of children with fewer and less severe mental health problems, compared to non-kin foster parents. I have also mentioned recently published research suggesting that the mental health problems of many children in foster care are the result, rather than the cause, of placement instability and other experiences in out of home care.

Teasing out cause and effect relationships between and among factors with strong statistical associations is a tricky business; unfortunately, researchers are at the beginning, not the end of this process in understanding placement instability. (Newton, Litrownick, Landsverk, 2000). Questions of cause and effect are vitally important to practitioners, policy makers and funders; such questions are not just an academic concern. It is easy to waste limited resources, or intervene in children's lives in well meaning, but ineffective ways, by assuming cause and effect relationships which are too simple or just plain mistaken. CA is one of the few public child welfare agencies in the United States with an Office of Research, and it should be funded to answer important unresolved questions regarding placement instability. In the meantime, CA staff, child advocates and funders must make judgements (which may be proven wrong with additional research) regarding the meaning of available data on the subject of placement instability, as well as on a variety of other child welfare issues.

In making sense of currently available data, there are a few guidelines which I believe will prove useful:

- (1) Absent evidence to the contrary, assume that factors which are strongly associated have powerful interactive effects. It is probably the case that for many emotionally troubled children, long lengths of stay lead to extreme placement instability and extreme placement instability leads to lengthy placement episodes. Reducing LOS for these children is highly desirable and would almost certainly reduce the total number of placements they experience; but it is easier said than done to make arrangements for these children which are truly permanent.

- (2) Absent evidence to the contrary, assume that large populations of children in out of home care, e.g. children in care for longer than 2 years, contain important sub-groups. For example, children who enter out of home care as infants have longer lengths of stay on average than older children (Wulczyn, 2000); it is highly probable that lengthy placement episodes for these children are the result of different factors than long LOS for school age children. In other words, assume the need for a variety of strategies based on important distinctions among children in care.
- (3) When conclusive evidence regarding causal relationships is lacking, utilize data which is indirect but pertinent to the issue at hand. For example, it seems plausible (though not proven) that kin-caregivers might be caring for school-age children, who, in the aggregate, have fewer mental health problems than their same age peers in non-kin foster care. This hypothesis is less plausible when applied to infants, toddlers and pre-school children, yet there are large differences in placement stability for very young children placed with relatives compared to very young children placed in non-kin foster care. (Berrick, Needell, Barth, Jonson-Reid. 1998). This is not a conclusive argument; nevertheless, the data on which it is based suggests that caregiver's relationships to children in her/his home (kin vs. non-kin) has a strong influence on placement stability.
- (4) Pay attention to what is unexpected and poorly understood. For example, the information summarized in this paper regarding elevated rates of placement instability for 6-11 year old children in Washington State will be surprising to many readers, even CA "insiders". As such, it merits further research. There is a good chance that a deeper understanding of placement instability in general will result from careful examination of factors influencing placement changes for this group of children. Research probing the unexpected provides an opportunity of revealing the "deep" structure of phenomena.

Finally, child welfare practitioners and policy makers cannot wait for years of research to provide definitive answers to issues which are having a powerful effect on children's lives at this moment. Child welfare agencies must act on the basis of currently available evidence, using their collective best judgement regarding it's meaning, while remaining

open to the possibility that future research may contravene whatever programs, policies and practices have been adopted in the interim.

RECOMMENDATIONS FOR PROGRAM AND POLICY

Reducing Lengthy Placement Episodes

First and foremost, the Children’s Administration in Washington State should make every effort to reduce the percentage of children in out of home care for periods of time exceeding 2 years, 3 years and 4 years. Long lengths of stay in out of home care are associated with volatile placement histories. Placement instability rises at a steadily increasing rate after 2 years in out of home care. Even if children remain in care longer than 2 years, it makes a big difference whether their placement episodes last 2 ½ years, 3 years or longer than 4 years.

The most single encouraging placement trend in Washington State in recent years has been the reduction in the percentage of children in out of home care for longer than 2 years on any one day, from almost 45% in 1994 to (approximately) 33% in 2000. In some CA regions, the percentage of an open cohort of children placed for longer than 2 years has fallen to 20 – 25% of the out of home care population. The decline in percentage of children in care with placement episodes exceeding 2 years has occurred despite a sharp reduction since 1996 in the number of children reunified with birth parents: in 1999, CA offices reunited over 2000 fewer children with parents than in 1996, a 25% reduction in re-unifications over 3 years.

TOTAL RE-UNIFICATIONS FROM OUT OF HOME CARE IN WASHINGTON STATE

1996	8125
1999	6107

(Data Integration and Distribution Unit, Children’s Administration, Washington State, October 2000)

This decrease in re-unifications is partly due to a reduction in the number of children entering foster care in Washington State. Children in CA custody entering out of home care in Washington State has declined from 9,156 children in 1996 to 8,069 children in 1999. A decline of 1,087 in all entries into out of home care cannot adequately account

for 2000 fewer re-unifications per year or even half of this number. In the normal course of CA business, at least a quarter of children who enter out of home care are not re-unified with birth parents; therefore, at most, the reduction of entries into care since 1996 can account for 40% of the reduction in number of re-unifications. In addition, the number of children entering out of home care and remaining longer than 60 days has been increasing, not decreasing:

CHILDREN ENTERING OUT OF HOME CARE IN DCFS CUSTODY WITH LOS > 60 DAYS

1996	2878
1997	3030
1998	3357
1999	3516

(Data Integration and Distribution Unit, Children's Administration, Washington State)

This is an ominous trend for a child welfare agency whose goal is to reduce the number and percentage of children in lengthy placement episodes.

The main reason for the encouraging trend of declining percentages of children with long lengths of stay (LOS) in out of home care has been the increase in adoptions since 1996 (412 adoptions in 1996 compared to 1005 adoptions in 1999). A large percentage of children exiting out of home care to adoption have had lengthy placement episodes, so an increase in adoptions has a direct and immediate effect on the percentage of children in care at a point in time with LOS longer than 2 years.

It is an important and complex question whether the steady reduction in the percentage of children with LOS longer than 2 years can be sustained if the number of re-unifications continues to fall precipitously.

Possibly, guardianships combined with increased adoptions might make up for the reduction in re-unifications; and, in fact, the number of guardianships established by CA offices in 1999 (i.e., 593) is an increase of 111 guardianships, compared to 1996. However, this increase is a small fraction of the decline in the number of reunifications.

It is possible, of course, that the number of adoptions completed by CA offices may continue to increase in dramatic fashion, given the legal structure embodied in the Adoption and Safe Families Act, along with federal and state financial incentives supporting adoption.

However, there is reason to doubt whether a single minded emphasis on increased adoptions can sustain much longer reductions in percentage of children with long stays. Re-unifications outnumber adoptions by almost 6 to 1 in Washington State, even after the 25% decrease in re-unifications since 1996. Adoptions, on average, take a long time to complete; in 1999, the median LOS for adopted children was about 3 years. LOS for adopted children is highly dependent on the staffing of the Attorney General's offices, the ability of CA offices to schedule termination hearings on court dockets and the length of the appeals process. In addition, it is far easier to find adoptive homes for infants and toddlers than for school age children. (Barth, 1997)

In my view, it is extremely risky public policy to quietly de-emphasize the public child welfare commitment to re-unification efforts while recognizing and rewarding increases in adoption. This approach to permanent planning "bets the bank" on one type of permanent plan and is likely to eventually reverse the trend to a reduced percentage of children in out of home care with placement episodes exceeding 2 years. The large increase in the number of children entering out of home care with LOS longer than 60 days is an indicator of a potentially serious LOS problem which has not yet had much effect on CA LOS statistics, given the emphasis in CA on very long placement episodes.

Successful and safe re-unifications require the strong commitment of CA staff to energetic and persistent "reasonable" efforts within the strict time frames set by federal and state law. Serious re-unification efforts also require a range of substance abuse treatment resources (e.g., Pregnant and Parenting Women treatment programs) and long term mental health services for parents and children. A state which does little or nothing to increase comprehensive drug/alcohol treatment resources and improve

inferior mental health services is not strongly committed to serious re-unification efforts. Public child welfare staff are then sometimes put in the position of “going through the motions” to reunite children with birth parents despite knowing that parents have little hope of regaining custody of their children.

What is needed in Washington State is a stronger commitment to permanency for children than to any one type of permanent plan, along with widespread use of concurrent planning and strict adherence to statutory time limits. This approach to permanent planning is feasible only if there is agency commitment to both re-unification and adoption, along with flexibility in developing a number of permanency options for children 10 – 18 years of age.

It should go without saying (but probably doesn't) that I do not advocate returning children to unsafe homes; nevertheless, CA programs and policies, as well as state and federal funding for urgently needed therapeutic resources, have a major influence on the probability of successful re-unifications, considered in the aggregate.

My view is that the Children's Administration should maintain a balanced approach to permanency by seeking to increase all available permanent planning options, especially re-unifications, adoptions and guardianships, while creating additional options for emotionally disturbed school age children (see discussion on pp. 27-30). The goal of Washington State's child welfare system should be to reduce the number and percentage of placement episodes lasting longer than 2 years, 3 years and 4 years to an absolute minimum. Achieving this goal will require improved practice, new strategies and additional permanency options for school age children with mental health problems who cannot be returned to birth parents.

Increasing The Kinship Care Rate

My second recommendation is to increase the Children's Administration's relative placement rate by at least one third, i.e. from approximately 30% to 40% of children in out of home care. Washington State's relative placement rate (30%) is close to the

national average; however, some states have relative placement rates approaching 50% of children in care (Berrick, et al, 1998).

Children placed in kinship care by the Children's Administration are half as likely as children placed in foster care to experience volatile placement histories, as indicated by the percentage of children with 5 or more placements within a placement episode, and far less likely to re-enter care following re-unification with birth parents. This is a very large difference in placement instability, both within placement episodes and following re-unification and, as such, should guide CA program and policy toward a strong preference for kinship care.

In recent years, only Region 3, among CA regions, has dramatically increased its relative placement rate; the keynote of the Region 3 strategy has been early and intensive relative search ("It's All Relative"). Once children, especially young children, have been stabilized in non-kin foster homes, CA staff and guardian ad litem are reluctant to disrupt these placements. Often, it is only when children are being "bounced" from foster home to foster home to psychiatric hospital to group home that social workers are strongly motivated to find relatives to care for an emotionally disturbed child.

A highly promising approach to increasing the rate of kinship care is the utilization of family group conferencing, though this benefit has not yet been demonstrated by well designed research studies utilizing random assignment and control groups.

Nevertheless, the opinion of many of CA staff experienced in family group conferencing (FGC) is that FGCs often bring seemingly defunct extended family systems to life, and, in doing so, empower relatives to take care of their own.

The issue of financial incentives for kinship care is complex, given the finding in some states that reimbursing relatives at the foster care rate leads to increased length of stay in out of home care (Courtney and Needell, 1997) or even increases in the number of children in out of home care (Testa, 1997). Unfortunately, TANF rules in Washington

State create financial dis-incentives for kinship care, a highly undesirable state of affairs which needs to be changed.

Kinship care providers need emotional support, respite care, professional consultation, and high quality mental health services for the children in their homes in the same way that foster parents need these supports. The Children's Administration should sponsor legislative initiatives to improve and extend these supports for relative caregivers.

In summary, increasing the Children's Administration's rate of kinship care is almost as important as reducing the percentage of children with lengthy placement episodes. CA training programs might adopt the axiom "to reduce harm to children in foster care, eliminate lengthy placement episodes and increase kinship care." This is a simple formula but a difficult task; still CA staff already have effective strategies for achieving these goals. The obstacles are not conceptual, though in some offices and communities value differences (especially around kinship care) impede progress.

Adequate CA staffing and improved services and supports for parents, foster parents and kinship care providers are critical, along with sufficient AAG and judicial resources. Seeking and maintaining the right policy balance between and among child safety, permanency and child well being is always a challenge in public child welfare agencies; finding the "middle way" in child welfare policy and practice may be the most difficult task during the next few years.

Reducing Re-Entry Into Care

My third recommendation is that the Children's Administration develop and experiment with strategies to reduce re-entry into care following re-unification, adoption or guardianship. Re-entry into care is not an extensively studied and well understood phenomenon, and there has not been a concentrated effort in Washington State to reduce its occurrence. As a consequence, strategies of proven utility analogous to those for reducing LOS and increasing the kinship care rate do not currently exist.

The long term psychological effects of re-entry into care, and the effects on children's placement histories, are not well known. A single brief re-entry episode may not have damaging effects on a child's development. Lengthy and numerous re-entry episodes are another matter.

In May 2000, 505 children in foster and unpaid relative care in Washington State were in their third placement episode and 255 children had experienced 4 or more placement episodes, counting the (then) current episode. For these children, placement instability means something more than "bouncing" from foster home to foster home; placement instability means frequent moves among caregivers, including parents, relatives, foster parents and group homes. One might as well count birth parents as just another placement within a childhood long episode of multiple placements. Re-entry into care in its extreme form means that children have no secure home base whatsoever; all placements are temporary, including periodic stays with birth parents.

The Children's Administration tracks disrupted re-unifications, but not disrupted adoptions. This is a deficiency in CA outcome measures which must be corrected. Based on studies in other states, it is sometimes asserted that adoption disruption rates are half or even a third of the reunification disruption rate (Barth and Berry, 1994). However, the studies which are the basis for this claim are pre-AFSA (Adoption and Safe Families Act): it is an important question whether large increases in adoptions will be accompanied by an increased rate of adoption disruption.

It is questionable whether re-entry into care and adoption disruption are strictly comparable phenomena. A child's re-entry into care may be brief or temporary; re-entry into care does not necessarily mean that re-unification with a birth parent has failed. On the other hand, adoption disruption and "failed" adoption are sometimes treated as synonymous. In a "failed" adoption, adoptive parents relinquish their legal rights to an adopted child. Obviously, public agencies can track re-entry into care for adopted children, but this rate may be very different than the "failed" adoption rate.

The Office of Children's Research (OCR) study of Washington State guardianships found a disruption rate of less than 10%; however, this was not a study of a cohort of children entering guardianship status during a specific time frame and then followed for several years. Instead, this study examined a sample of existing guardianships in depth, a research design which may have systematically excluded failed guardianships. The 12 month re-entry into care rate for guardianships established in fiscal 1999 in Washington State was 5%, (Data Integration and Distribution Unit, Children's Administration, Washington State) about one fourth of the re-entry rate following reunification with birth parents.

For the time being, practice wisdom and a small amount of research suggest that disrupted re-unifications are the result of relapse on the part of a birth parent; relapse prevention planning is probably the place to start in reducing the rate of re-entry into care. No amount of relapse prevention planning, however, will eliminate the need for long term follow up supportive services following re-unification. Child welfare agencies are currently required to keep a case open for 6 months following re-unification; parents recovering from substance abuse may need help for several years. Child welfare agencies do not currently have the staff or service dollars to maintain this level of involvement with recovering addicts, but the need for long term services is clear.

Disrupted adoptions and disrupted guardianships, on the other hand, are usually (in my experience) the result of adoptive parents' or guardianship parents' inability to cope with the emotional/behavioral problems of children. The subject of improved mental health services for children in out of home care will be discussed in the final section of this paper.

Improving Mental Health Services for Children in Out of Home Care

My fourth recommendation is to improve mental health services for children in out of home care; it is also urgently necessary to increase the capability of parents, foster parents and relatives to cope with children's emotional/behavioral problems.

In the first part of this paper, I cited evidence indicating that a disproportionate percentage of children, especially school age children, remain in care after 1 to 2 years, compared to children with few or no mental health problems. These children's mental health problems may have been present upon entry into care and been compounded by experiences in care, including multiple placements, or be almost entirely the result of experiences while in placement. Whatever their source, children's emotional/behavioral problems increase the risk of multiple placements, along with the probability that these children will experience these moves as adult rejection. There is evidence that the experience of rejection has a powerful negative effect on human behavior. In Raising Children in a Socially Toxic Environment James Garbarino comments "Rejected children and youth are in jeopardy. They are prone to antisocial and self-destructive behavior as well as the formation of negative self concepts. Rejected children draw social maps in which they are insignificant specks or are surrounded by enemies, and these maps justify and encourage pre-emptive hostility." (P. 90, Paperback Edition).

Some children utilize strategies more extreme than counterphobic aggression to neutralize the possibility of rejection. Reactive attachment disorder has become a common (and possibly overused) diagnosis for children in foster care; these children have strong psychological defenses against forming strong emotional connections to caregivers. There is a disturbing possibility that multiple placements may be greatly increasing the frequency of attachment disorders among foster children; certainly many CA staff believe that this is the case.

These comments suggest that some placement moves are far more harmful than others. In particular, any precipitous change of placement following extreme parent – child conflict or unacceptable child behavior, or any failure of a placement intended to be permanent, is likely to be experienced by children as rejection. It is first and foremost these experiences which must be minimized for children in out of home care.

It is not enough for child welfare staff to feel regret when children are rejected by caregivers following out of home placement. A child welfare system must take pro-

active steps to reduce the possibility of these emotionally devastating experiences. Concretely, this means providing adequate training, supervision and support for foster parents and unpaid relative caregivers. All too often, foster parents wait until they are desperate before asking for and receiving help. In addition, the lack of close supervision of foster parents caring for children with serious mental health problems is unconscionable.

Foster parents and relatives caring for children with serious emotional and behavioral problems need high quality, ongoing mental health services. Washington State's public mental health system is not organized for this purpose and is unlikely, in my view, to change for the better in the near future. Reforming a public system whose funding priorities, allotment formulas and therapeutic methodologies discount the needs of children in out of home care is a tall order. Mental health services are too important to be left in the control of an indifferent administrative structure; for this reason, I advocate hiring mental health therapists to work in CA offices, either in cooperation with RSNs or without RSN help. It is highly doubtful that out of home care for children in Washington State can become a truly therapeutic undertaking unless mental health services are directly delivered out of CA offices.

Furthermore, the Children's Administration should sponsor a legislative initiative to hire 250 professional foster parents, highly trained and well supported, to stabilize the 5% of Washington State's foster care population which CA offices have long since identified as permanent planning casualties. Approximately 8.5% of 1993 – 94 and 1994 – 95 entry cohorts of children placed out of the home for at least 60 days remain in care after 5 years (Data Integration and Distribution Unit, CA, Washington State, July 2000). At least half of these children have volatile placement histories.

The Children's Administration should also permit children with highly unstable placement histories to remain permanently in therapeutic foster homes which are part of residential care programs at a "step down" rate, i.e., less than group care rates, but significantly higher than the basic foster care rate.

There is also a small number of adolescents with volatile placement histories whose mental health problems are so severe that they need to be placed in institutional care or quasi-institutional care until age 18. Moving these youth from one residential care program to another, with occasional interludes in psychiatric hospitals, does nothing but exacerbate these children's problems. Again, placement stability is not the same as legal permanence but it is a step in the right direction.

In addition, 255 children in out of home care in Washington State during May 2000 were in their fourth (or more) placement episode; many of these children need to first be stabilized in care before they can be helped in other ways. This is, in part, a task for foster parents recruited, trained, compensated and supported as professionals.

Improving mental health services for children requires a change in the administration of mental health service delivery in Washington State; more research, better supervision and management within the Children's Administration and improved community collaboration will not suffice. These proposed changes will lead to conflict within DSHS, and possibly within the Children's Administration as well, but this is the road CA and child advocates should travel.

The Children's Administration in Washington State has yet to come to grips with the gradual transformation of the state's foster care system resulting from the placement dynamics discussed in this paper. At least one third of children in foster care/group care have serious mental health problems²; and another 20% of children in care³ have emotional problems or developmental problems which require specialized services. These children are probably not exiting out of home care at the same rate as children with few or no such problems. The cumulative effect of this dynamic over time has been to transform the foster care system into an alternative "outmanned" and "outgunned" mental health system, parallel to the state's formal mental health system

² Number of children in residential care + number of children in foster care with exceptional cost plans

³ Children in foster care for whom foster parents are receiving the special fee but not exceptional cost payments.

which exhibits little interest in children's issues. The Children's Administration must accept the reality that, like it or not, the foster care system in Washington State is a major mental health provider and face up to this responsibility.

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