Understanding Risks for Long-Term Foster Care Placement: A Statewide Cohort Analysis

EXECUTIVE SUMMARY

Placement in long-term foster care (LTFC) poses a risk to child health and well-being, and results in significant costs to the child welfare system. This DCYF Research Brief examines child, family, and case characteristics associated with an increased risk of placement in LTFC, defined here as greater than 15 months. Administrative data for 6,392 foster care episodes involving 5,411 children entering care between January 2006 and August 2009 and followed through November 2010 comprised the sample in this study. This time period was selected because 15 months significantly exceeds the median length of stay in foster care of just over 9 months, and 15 months of continuous care is an important threshold for Adoption and Safe Family (ASFA) requirements regarding potential termination of parental rights.

Key findings are below:

- Child Age: Children entering care before age 11 are at increased risk for LTFC, but rates drop dramatically for youth 11-15 and again for youth 16 and older.
- Child Gender: Rates of LTFC are generally comparable for boys and girls.
- Child Race/Ethnicity: When taking into account the influence of other child, family, and case characteristics, children who are African American or identified as "Other Race" (primarily multi-racial) are 20-30% more likely to be in LTFC.
- Child/Family Risks: Children with a DSM Diagnosis or a disability/medical condition have significantly higher rates of LTFC, with the odds of LTFC increasing by nearly 80-90% for children with a DSM Diagnosis or disability/medical condition, and increasing by 36% for youth receiving Medicaid (Title XIX).
- Removal Reasons: All removal reasons, except removal for child behavior problems (which includes child alcohol/drug use), increase the risk of LTFC. Only child behavior removals (a reason given mostly for older children who are at lower risk of LTFC) have lower rates of LTFC. Children removed due to a disability are twice as likely to be in LTFC.
- Initial Placement: Initial placement in either relative or non-relative foster homes significantly increases rates of LTFC, and placement in group home or emergency shelter settings is associated with reduced rates of LTFC.

Additional analyses indicate that two factors in combination dramatically increase risk for LTFC: younger age and the presence of an identified DSM Diagnosis or disability/medical condition.

- Specifically, children under the age of 11 who also have a DSM Diagnosis or disability/medical condition have nearly double the rate of LTFC (61.3% vs. 31.3%).
- This group numbers approximately 160 children per year, or less than 10% of foster care placements each year.

Several evidence-based programs, some currently in use at DCYF, have been shown to be effective with children in foster care and may be appropriate for use with children identified above who are at risk for LTFC, including those who are younger and have a DSM Diagnosis or a disability/medical condition.

BACKGROUND INFORMATION

Placement in LTFC poses a risk to child health and well-being, and results in significant costs to the child welfare system. This DCYF Research Brief examines child, family, and case characteristics associated with an increased risk of placement that exceeds 15 months. This time period was selected for two reasons: (1) the median length of stay (LOS) in foster care is between 9 and 10 months, so youth remaining beyond 15 months experience a significant increase in length of stay; and (2) 15 months of continuous care represents an important threshold for Adoption and Safe Family (ASFA) requirements regarding potential termination of parental rights.

METHOD

This study was conducted using administrative data from the Rhode Island Children's Information System (RICHIST) for all foster care episodes beginning between January 2006 and August 2009. Since all cases were followed through November 2010, each had an opportunity to exit care prior to 15 months. Children whose LOS was greater than or equal to 15 months, or who remained in care past 15 months, were classified as long-term foster care cases. Those who exited placement in less than 15 months were coded as short-term foster care cases. All analyses focused on identification of key child, family, and case factors that differentiated membership in these two groups.

RICHIST data included child demographic characteristics (age at removal, gender, race/ethnicity), case characteristics (removal reason, initial placement type), and discharge reason. Additional information from the state Adoption and Foster Care Analysis and Reporting System (AFCARS) was merged with this data including: prior history of removals; Title XIX/ Medicaid status; identification of serious emotional disorder with DSM Diagnosis (child-level); and identification of disability, mental retardation, or other serious medical condition (child-level). The final sample included data on 6,392 episodes of care for 5,411 children. Sample characteristics are presented in Table 1.

Table 1: Sample Characteristics

Child Characteristics		N	%
Age (M= 10.1 yrs, s.d.= 6.3 yrs)	Under 2	1177	18.4
	2-5	860	13.5
	6-10	849	13.3
	11-15	2221	34.7
	16+	1285	20.1
Gender	Male	3493	54.6
	Female	2899	45.4
Race/ Ethnicity	African American	1001	15.7
	Caucasian	3028	47.4
	Hispanic	1647	25.8
	Other	610	9.5
	Missing	106	1.7
Child/Family Risks	DSM Diagnosis	1254	19.6
	Disability	868	13.6
	Title XIX	3643	61.6
Removal Reasons	Abuse	540	8.4
	Neglect	2232	34.9
	Parent Alc/Drug Use	1522	23.8
	Child Behavior	2790	43.6
	Child Disability	127	2.0
	Other Reasons	2121	33.2
Initial Placement	Relative Foster Home	1287	20.1
	Non-Rel Foster Home	1500	23.5
	Group Home	1669	26.1
	Shelter	1932	30.2

Analysis of LTFC outcomes proceeded through several phases. First, descriptive analyses for individual variables were conducted to examine the base rate for LTFC placements and compare rates on key child, family, and case dimensions. Next, Generalized Estimation Equation (GEE) modeling was used to examine odds ratios associated with these child, family, and case dimensions within an analytic framework that allowed examining multiple variables simultaneously. Such an approach is able to identify particular factors associated with an increased chance of experiencing a long-term foster care placement while taking into the account the influence of various child, family, and case characteristics. An advantage of GEE is that it permits the inclusion of multiple records for the same child (i.e., inclusion of multiple episodes of care for children who are placed more than once during the study period), while correcting for some of the statistical challenges associated with duplicate cases. Finally, sub-group analyses were conducted on particular risk groups to understand better the specific needs of potential populations that could be targeted to reduce LTFC outcomes.

RESULTS

Table 2 presents the rates of placements in LTFC based upon the individual variables analysis. The overall base rate for LTFC Placement was 34.0%. A summary of key findings from these analyses is below:

- Child Age: Rates of LTFC are significantly higher for children entering care before age 11; rates drop dramatically for youth 11-15 and again for youth 16 and older.
- Child/Family Risks: Children with a DSM Diagnosis or a disability/medical condition have higher rates of LTFC.
- Removal Reasons: All removal reasons, with the exception of placement for child behavior problems (includes child alcohol/drug use) increase risk of LTFC. Only child behavior placements are associated with lower rates of LTFC.
- Initial Placement: Initial placement in either relative or non-relative foster homes significantly increases rates of LTFC, and placement in group home or emergency shelter settings is associated with reduced rates of LTFC.

Table 2: LTFC Rates		
LTFC Base Rate (Overall Sample)		34.0%
Child/Case Characteristics		**%**
Age (Categories)	Under 2	46.2
	2-5	42.0
	6-10	45.6
	11-15	29.7
	16+	17.2
Gender	Male	33.1
	Female	35.0
Race/ Ethnicity	African American	33.6
	Caucasian	33.9
	Hispanic	33.0
	Other	40.7
Prior Removal		31.9
Child/Family Risks	DSM Diagnosis	41.6
	Disability	52.6
	Title XIX	37.8
Removal Reasons	Abuse	41.1
	Neglect	44.6
	Parent Alc/Drug Use	47.4
	Child Behavior	21.3
	Child Disability	51.2
	Other Reasons	42.2
Initial Placement	Relative Foster Home	44.8
	Non-Rel Foster Home	42.1
	Group Home	25.2
	Shelter	28.1

Table 3: LTFC Odds Ratios, Likelihood, and Statistical Significance When Taking All Child, Family, and Case Characteristics into Account (Multivariate Model)

Child/Case Characteristics		Odds Ratio	Effect	Sig Diff
Age (as compared to infants)	2-5	0.83		
	6-10	0.88		
	11-15	0.76	24% Less likely	**
	16+	0.40	60% Less likely	**
Gender (as compared to Females)	Male	1.00		
Race/Ethnicity (as compared to Whites)	African American	1.21	21% More likely	*
	Hispanic	0.99		
	Other	1.32	32% More likely	**
Prior Removal (as compared to no prior removal)		0.97		
Child/Family Risks (as compared to that risk not present)	DSM Diagnosis	1.78	78% More likely	**
	Disability	1.86	86% More likely	**
	Title XIX	1.36	36% More likely	**
Removal Reasons (as compared to that reason not present)	Abuse	1.25	25% More likely	*
	Neglect	1.33	33% More likely	**
	Parent Alc/Drg Use	1.37	37% More likely	**
	Child Behavior	0.61	39% Less likely	**
	Child Disability	1.96	96% More likely	**
	Other Reasons	1.42	42% More likely	**
Initial Placement (as compared to Relative Foster Home)	Non-Rel FC Home	0.89		
	Group Home	0.75	25% Less likely	**
	Shelter	0.75	25% Less likely	**

Note: reference category for comparisons is indicated in parentheses.
*: p≤.05; **: p≤.01

Table 3 presents the results from the multivariate GEE analyses for LTFC based upon child, family, and case characteristics. These findings highlight the effects of identified risk factors when child, family, and case characteristics are considered simultaneously and permit comparison of effect sizes (odds ratios) across factors. Those factors greater than 1 increase odds a child with that characteristic will experience LTFC placement relative to the reference group identified in parentheses for each factor; those factors less than 1 decrease odds by a corresponding amount. These results build on the earlier univariate analyses reported in Table 2. A summary of key findings is below:

- Child Age: The odds of LTFC are highest for infants and other children under age 11, while children over 11 have the lowest rates of LTFC.
- Child Race/Ethnicity: When taking into account the influence of other variables, children who are African American or identified as "Other Race" (primarily multi-racial) are at increased risk of LTFC.
- Child/Family Risks: Children with a DSM Diagnosis or a disability/medical condition have significantly higher rates of LTFC, with the odds of LTFC increasing by approximately 80-85% for children with a DSM Diagnosis or disability/medical condition, and increasing by 36% for youth receiving Medicaid (Title XIX).
- Removal Reasons: Similar to the univariate analyses, the odds of LTFC are higher for all removal reasons except for removal of children with behavior problems. Also consistent with the earlier findings, children removed due to a disability are at greatest risk (nearly twice as likely, or 96% more likely).
- Initial Placement: Initial placement in either relative or non-relative foster homes significantly increases rates of LTFC, and placement in group home or emergency shelter settings is associated with reduced risk of LTFC.

Additional analyses indicate that two factors in combination dramatically increase risk for LTFC: younger age and the presence of an identified DSM Diagnosis or disability/medical condition.

- A total of 581 children (9.1% of the total foster care sample, or about 160 children per year) under the age of 11 who also have a DSM Diagnosis or disability/medical condition have nearly double the rate of LTFC (61.3% vs. 31.3%).
- Rates of LTFC for youth 11 or older with a DSM Diagnosis or disability were not markedly higher than average (35.8%), indicating that the *combination* of risk factors increases LTFC risk.
- Rates of placement in foster home settings for this group are also significantly higher (61.4% vs. 41.8%), which may further contribute to LTFC risk compared to placement in group home settings.

Several evidence-based programs, some currently in use at DCYF, have been shown to be effective with children in foster care and may be appropriate for use with children identified above who are at risk for LTFC, including those who are younger and have a DSM Diagnosis or a medical condition/disability.

- Parent Training Programs:
  - Parent-Child Interaction Training (PCIT; Eyberg & Robinson, 1982)
  - Parent Management Training (PMT; Kazdin, 1997; Patterson, Reid, & Eddy, 2002)
  - The Incredible Years series (Webster- Stratton & Reid, 2003)
  - Triple-P model (Sanders, Cann, & Markie-Dadds, 2003).
- Foster Care Provider Interventions:
  - Keeping Foster Parents Trained and Supported (KEEP; Price, Chamberlain et al., 2009)
  - Multidimensional Treatment Foster Care (MTFC; Chamberlain, 2003; EIFC; Fisher, Burraston, & Pears, 2005)
- Wraparound Approaches:
  - Fostering Individual Assistance Program (FIAP; Clark, Prange et al. 1994; Clark, Lee, Prange, & McDonald, 1996)
  - Family-Centered Intensive Case Management (FCICM; Evans, Armstrong, & Kuppinger, 1996)

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