

Children *and* Family Research Center



UNDERSTANDING PLACEMENT INSTABILITY IN ILLINOIS: AN IN-DEPTH CASE REVIEW

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Although placement stability for children in substitute care has been a policy concern since the Adoption and Safe Families Act of 1997, many children experience multiple moves. In 2007, plaintiff attorneys in the B.H. consent decree requested that the Children and Family Research Center (CFRC) conduct a study in collaboration with the Illinois Department of Children and Family Services' (DCFS) Division of Quality Assurance to examine the factors associated with multiple placement moves and to assess the extent to which the Child and Youth Investment Team (CAYIT) process decreased the number of placement moves. A Child and Youth Investment Team brings together caseworkers, parents, foster caregivers, mental health professionals, and others involved in a case in an effort to stabilize out-of-home placements through the provision of timely services and, if needed, placement adjustments. CAYITs are triggered when children experience three or more moves during an 18 month period. Other circumstances can trigger a CAYIT, but are beyond the scope of the study.

The study compared the case records of two matched samples of children in foster care: 1) a multiple move sample, in which children had three or more placements within an 18-month period, and 2) a stable sample, in which children had fewer than three moves during that period. The multiple move sample was comprised of the 11 children in substitute care who experienced the largest number of moves during the study period, plus an additional 50 children randomly selected from the population who met the multiple move criteria described above. Then, using the method of propensity score matching, each child in the multiple move sample was paired with a child from the stable sample that was matched as closely as possible on age, race, gender, and length of time in foster care. The purpose of the matching

was to ensure that the two samples were comparable at the beginning of the review period to facilitate identification of those characteristics of children's experience *in care* that may have affected placement stability.

Case records for all cases were reviewed. Based on information from the caseworker and caregivers in the case records, reasons for moves from placement were coded into three categories: *foster family-related reasons* (e.g., foster caregiver change in employment status, or allegations of maltreatment in the foster home), *child behavior-related reasons* (e.g., child's disruptive behavior led caregivers to end placement, child ran away), and *system or policy-related reasons* (e.g., moving a child to live with siblings or to a potentially permanent home). Relevant characteristics of the caregivers and setting were also coded for each placement. Quantitative and qualitative analyses were conducted both to compare multiple move and stable cases and to look at the nature of moves across placements within the multiple move sample.

Several factors play a significant role in placement stability for children in foster care:

- A caregiver's commitment and relationship to a child distinguished the stable group from the multiple move group: 93% of caregivers from the stable group were committed to permanence for the child in their care compared to 42% for the multiple-move group.
- Foster family-related moves accounted for the largest percentage of moves during the review period (36%). Of these, 52% were the result of inappropriate behaviors on the part of the foster parent and 48% were requested by the foster parent due to changes in their life situation.



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- The percentage of moves that were child behavior-related was almost as large (34%). However, for many of the youth, behavior problems developed after potentially traumatic caregiver-related disruptions from earlier placements.
- System- or policy-related moves, such as moving children to be with siblings, accounted for 26% of moves.
- Kinship care plays an important role in stability: 67% of children from the stable group were placed with their relatives at least once compared to 26% of children in the multiple-move group.
- Kin caregivers in stable cases were more likely to be licensed (56%) than kin caregivers in multiple-move cases (19%).
- Children with multiple moves were significantly more likely to get a psychiatric diagnosis than stable children (51% vs. 16%). It is unclear from these results the extent to which instability leads to an increased likelihood of a psychiatric diagnosis, psychiatric problems increase the likelihood of instability, or both.

Findings about CAYITs

- A third of the children in the multiple-move group did not have a CAYIT meeting, even though a CAYIT should have been triggered in each of these cases because these children all had at least three moves

within 18 months.

- CAYITs did not necessarily lead to increased stability among the multiple-move group: differences between children with and without CAYIT were not statistically significant.
- CAYITs often occurred just after the child had been placed into a new home.
- The median number of days between a referral and a CAYIT meeting was 22 days
- CAYIT services infrequently recommended a level-of-care adjustment to specialized foster care, even when youths with behavior problems overwhelmed a series of caregivers in traditional foster care.
- Services recommended by CAYITs were usually received. The most common services were mental health services for the youth. CAYITs rarely recommended services to the foster parent.

Implications for policy and practice

Caregivers who are willing to invest in the child and are willing to commit to permanence improve stability. Additional research should be conducted to understand more comprehensively the characteristics of successful caregivers. More work is also needed to evaluate how foster parents are recruited, licensed, trained and supported to successfully manage the behaviors and reactions of children in foster care.

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Given the contribution of system- or policy-related moves to instability, agencies should consider children's previous instability when making decisions about whether to make a planned move for a child and to what type of placement. Additionally, work should be done to evaluate and clarify policy expectations regarding when and how to inform a child of an upcoming, planned placement move, with the goal of minimizing additional trauma to the child.

CAYITs appeared to come too late, just after placement into a new home. They frequently resulted in the placement recommendation of remaining in current placement (86%), presumably to give the new home a chance to succeed. It is recommended that multiple-move CAYITs should be triggered not by a move from a home, but rather by a call from a caregiver who is struggling with how best to care for a child in the home. This would support foster parents and help prevent the child's placement disruption from that home. However, a shorter time period for convening a CAYIT will be needed if they are to provide crisis intervention.

A comprehensive evaluation of the CAYIT program needs to be conducted. This evaluation should include an analysis of the timing of CAYIT relative to moves, and an examination of when level-of-care adjustments are needed and when services should be provided to the foster parent.

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Related Publications

For the full report, see Rolock, N., Koh, E., Cross, T., Eblen-Manning, J. (2009). Multiple move study: Understanding reasons for foster care instability. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. The report is available on the Center website: cfr.illinois.edu.

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