

Time Spent In Out of Home Care

Gordon E. Shelton

University of Kentucky

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Phyllis Platt, MSW

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Abstract

The time that children spend in out of home care has been a growing issue of concern in recent decades. More attention has been placed on this issue since the Adoption and Safe Families Act (ASFA) was passed in 1997. This policy places more stringent permanency guidelines for child in out of home care. Issues that arise as a result of children remaining in out of home care include medical problems, mental health problems, and educational troubles along with emotional and behavioral concerns. This study utilized secondary data to longitudinally analyze the length of time that children who entered or exited care between July 1, 2004 and June 30, 2006 in Madison County, KY spent in out of home care. The findings of this study showed that children included in the study spent an average of 15.19 months in out of home care. The findings also showed that neglect was the most common reason for placement into out of home care for the study group.

Forty percent of the study population was children between the ages of 0-5. Despite the findings of the study, which show that children included in the study spent less time in out of home care as compared to the national averages considered for the study, there are improvements that are needed to meet ASFA guidelines.

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Introduction

Children placed in out of home care due to abuse, neglect or dependency is an issue that has become paramount in child welfare agencies throughout the United States. The Adoption Assistance and Child Welfare Act (P.L. 96-272) enacted more than two decades ago helped identify the importance of reducing children's time in out of home placement. However, the number of children in our nation's foster care system continued to grow throughout the 1980s and 1990s (Frame, 2002). In 1986 there were approximately 280,000 children in foster care and by 2003 the estimate had increased to 523,000 (Andrade, Berrick, 2006). One explanation for this problem is that children in foster care continued to linger in those placements for long periods of time without any serious plan of a more appropriate placement, also known as "foster care drift" (Lewandowski & Pierce, 2002, p. 206). The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) was enacted to help create permanency for children in out of home care in a timely manner. This law provided guidelines that are more stringent than the previous child welfare laws, mandating safety as the first priority for children, smaller time frames for permanency for children in out of home care and "concurrent planning," which mandates that in certain cases, other options should be explored to expedite permanency for the child in out of home care (Frame, 2002, p. 519).

The importance of permanency for all children is one of the most significant goals of ASFA. The length of time that a child spends in out of home care is an important component of the law (Frame, 2002). So, it is imperative that longitudinal studies using secondary data from various child welfare agencies be completed in order to determine how long children have been out of their home (Webster, Barth, Needell, 2000).

There are numerous reasons why studies should be completed that examine how long children remain in out of home care. Timely permanency planning has strong implication for children's mental health, general health and education. It is important to assess these factors when considering placement and the number of moves a child experiences. Some children experience serious psychological problems resulting in serious behavioral problems. These children often experience multiple placement moves, which may result in a longer time spent in out of home care (Barber & Delfabbro, 2002).

The general health of children who enter out of home care is also a component of ensuring permanency on a timely basis. The burden of ensuring that these children have access to the health care that they need falls onto the shoulders of child welfare agencies. However, studies have indicated that child welfare agencies often fail in this area (Risley-Curtiss & Kronenfeld, 2001). This failure may also prevent children from achieving permanency within acceptable time frames because health problems may contribute to placement moves.

Education is another important area that must be examined for each child experiencing out of home care placement. Children who are placed in out of home care face serious educational challenges. It is paramount that each child's educational needs be evaluated and appropriate action be taken to help ensure the child's educational achievement. Failure in school precipitates a host of problems for the child including a continued reliance upon social services (Rosenfeld & Richman, 2003). The more placement moves that children experience the more often they change schools, which may not only affect their time in out of home care but their educational achievement.

The present study examined the length of time that children who entered or exited care between 2004 and 2006 in a particular county in the state of Kentucky spent in out of home care. The purpose of this study was to describe or define the actual time that children are spending in out of home care. With this knowledge social workers within child protective service agencies are better able to understand how well they are complying with the ASFA guidelines and will hopefully develop and improve existing strategies to improve permanency for all children. Knowing this and carefully considering the length of time that children spend in out of home care will provide social workers with the opportunity to appropriately and adequately utilize resources to help children with the challenges that they experience while in out of home care. This study used the following variables: length of time in out of home care, reentry into out of home care, status of out of home care placement (active or inactive), reason for removal from the home, sex and race of the child and age of the child at the time of removal.

Literature Review

Since the Adoption Assistance and Child Welfare Act of 1980 (P.L.96-272) there has been an important focus on the reunification of children placed in out of home care with their families (Courtney, 1995). More recently, the Adoption and Safe Families Act of 1997 (P.L. 105-89) (ASFA), addresses first the safety of children and the importance of permanency planning to help ensure appropriate permanency for children in out of home care (Frame, 2002). With these laws has come closer scrutiny on child welfare agencies across the country.

Over the past 40 years there has been significant interest in the time that children spend in foster care (Courtney, 1995). This area has important social work implications at both the micro and macro levels. According to the National Association of Social Workers Code of Ethics (1996), social workers recognize the central importance of human relationships. According to this ethical principal, social workers understand the importance that all children have appropriate relationships throughout their childhood.

The important theoretical basis for child welfare policy placing emphasis upon the time that children spend in out of home care lies in the developmental issues, emotional issues, health issues and mental health issues of the child involved (Webster, Barth & Needell, 2000; Kools & Kennedy, 2003). For example, a study completed by Webster, Barth & Needell (2000) found that children who experienced more than one placement during the first year of care were more likely to experience placement instability. Additionally, children in foster care often experience anxiety and insecurity about their out of home care situation. Children in out of home care often fail to have a sense of belonging in their current placement (Triseliotis, 2002).

Children in out of home care have been found to have untreated conditions and poor nutrition. Children in foster care have also been found to have incomplete medical and psychological assessments and records (Kools & Kennedy, 2003). Children in foster care, as a result of placement moves, experience a discontinuity of medical and mental health services, which is extenuated by managed care. Studies have also shown that children in foster care may not receive appropriate mental health treatment (Kools & Kennedy, 2003). These factors support the longitudinal research conducted by this author examining the length of time that children in the Madison County area experienced in out of home care over a two year time period.

Numerous studies have been completed in the area of children in out of home care. However, a review of the literature found few studies using longitudinal research or multivariate analysis (Courtney, 1994). When studying this phenomenon, many researchers use secondary data in the form of administrative data from various states. For example, Wulczyn, Hislop & Harden (2002), completed longitudinal research by gathering their study population from the Multistate Foster Care Data Archive from the Chapin Hall Center for Children at the University of Chicago when studying the placement of infants in foster care (Frame, 2002).

Measures and variables that are often used by researchers when studying the length of time children spend in out of home care and reentry into out of home care include child health, maltreatment, length of stay in out of home care, age at admission into out of home care and geography (Frame, 2002; Wulczyn, Hislop & Harden, 2002). A longitudinal study completed by Frame, (2002) utilized some of the common measures to examine placement outcomes for a sample of 1,357 infants and toddlers in out of home care. The study of six California counties over a four year time period, found that children who experienced prenatal drug exposure were more likely to remain in out of home care throughout the study period and if returned home were more likely to be placed in out of home care in the future (Frame, 2002). The study also found that neglected children, African American children and children of single mothers were also more likely to experience poor placement outcomes (Frame 2002).

A recent trend in child welfare is the increasing number of infants being placed in foster care. Infants make up to a quarter of the overall out of home care population for many states (Kemp, Bodonyi, 2000). Infants who enter care are especially vulnerable due to developmental issues impacted by their mother's substance abuse and experience the likelihood of a longer stay in out of home care or reentry into out of home care (Kemp, Bodonyi, 2000). A study completed by Wulczyn, Hislop & Harden (2002), found that in a study of 690,000 children across eleven states over an eight year period that children under the age of four months at the time of entry into out of home care remain in out of home care longer than other children. The study also found that very young children are more likely to reenter out of home care after being returned home. Furthermore, a study completed by Frame (2002) found that 41.6% of infants spent more than two years in out of home care.

Of course, infants are not the only age group of concern when considering children in out of home care; however, this trend is significant and should be closely examined in order to better understand the dynamics of this trend. Longitudinal studies examining this phenomenon should have the flexibility to be utilized not only at the macro level of child welfare, but the micro level. These studies have the capability of providing important insight into existing problems and future challenges in the area of permanency achievement for children in out of home care.

Reentry into foster care is another area that has been researched due to the emphasis that has been placed on permanency for children that have entered out of home care. Courtney (1995) completed a longitudinal study of 6,831 children over three years using administrative data from California to study the foster care reentry rate of children in out of home care. The study found that a child's age when returning home, race, health problems and eligibility for an Aid to Families with Dependent children grant were found to be associated with reentry to foster care (Courtney, 1995). Unfortunately, there is a high rate of maltreatment and reentry into out of home care for children who return home. In 44 states that reported reentry data, 8% of children who returned whom experienced maltreatment within six months (Andrade & Berrick, 2006).

The importance of permanency for all children is one of the most important goals of child welfare laws such as ASFA. So, it is imperative that longitudinal studies be completed in order to determine how long children have been out of their home. Particularly, longitudinal studies using secondary data from various child welfare agencies can be utilized to determine how long children have been in out of home care placement (Webster, Barth & Needell, 2000). This study provided a longitudinal view of children in out of home care in one rural community. As indicated by the literature, the amount of time that children spend in out of home care is an important issue. This issue is important due to the consideration of developmental issues, emotional issues, health issues and mental health issues of children in out of home care. Infants and very young children represent a disproportionate number of children in out of home care, a reality which is supported by the findings of the research described in this study.

Method

The researcher utilized a descriptive longitudinal study design to examine the length of time that foster children who entered or exited out of home care between July 1, 2004 and June 30, 2006 in Madison County, KY. Data used to conduct the study was gathered from secondary data sources. The secondary data came from the Cabinet for Health and Family Services data base known as The Worker's Information System (TWIST).

Sample

The probability sample used for this study consists of all children who entered or exited out of home care between July 1, 2004 and June 30, 2006 in Madison County, KY. The study sample consisted of 200 children for the demographic area and time frame described. The study was completed by the researcher during the University of Kentucky Summer 2006 term over a three month period.

Data Collection

The secondary data was obtained from the data sources by completing various name, age and maltreatment searches within the TWIST database. Data was also obtained by utilizing various monthly out of home care TWIST reports describing out of home care characteristics including time in out of home care. These reports are provided to regional staff by the Cabinet for Health and Family Services central office support staff on a regular basis.

Upon retrieving the appropriate information from the relevant sources, the author completed a data collection form (Appendix A) describing the appropriate variables utilized for the study sample. A letter of support for the study has been obtained by the author's supervisor within the Cabinet for Health and Family Services, Department for Community Based Services, Protection and Permanency (Appendix B). The letter helps to show that in addition to approval from the University's Institutional Review Board (IRB) and the Cabinet for Health and Family Services IRB that the study is further

supported and understood by those who work closely with the population of the study sample. Furthermore, the researcher obtained IRB approval from the University of Kentucky (Appendix C) and the Cabinet for Health and Family Services (Appendix D). The IRB considers the study to be expedited because foster children are involved in the study; however secondary data was utilized to complete the study. The names of the children used for the study were not identified. No personal information regarding study subjects was disclosed. Only study variables were disclosed in order to accurately obtain research goals.

The measures or variables used during the study included the maltreatment, which led to the child's involvement in out of home care (reason for removal). The length of time the child spent in out of home care, number of recidivist cases (children who returned to out of home care during the study time period), along with the gender, age and race of the child. Reason for removal was the independent variable while time spent in out of home care and number of recidivist cases served as the dependent variables. The study included updated information in order to show distinction of time spent in out of home care between children who have already exited care during the study period and those who are currently in care.

The variables were operationalized by describing the timeframe for the study (July 1, 2004 to June 30, 2006) and the geographic area of the study (Madison County, KY). For example, the operationalized dependent variable for time spent in out of home care, was "time spent in out of home care for any child entering or exiting out of home care between July 1, 2004 and June 30, 2006 in Madison County, KY." Number of recidivist cases were "those children who entered or exited out of home care between July 1, 2004 and June 30, 2006 more than one time in Madison County, KY."

Once the data was retrieved from the secondary data sources, study variables were extracted from the data. Univariate and bivariate analysis was used to help better understand the relationship between variables utilized in the research. Frequency tables were also included to show the number of children in out of home care, whether they are currently in care or out of care along with the length of time they spent in out of home care for the study period. Frequency tables were also utilized for the descriptive variables of the study, which include the child's age, race and gender. Chi-square analysis was analyzed by the researcher to discover any relationships between the dependent variables (time spent in out of home care and reentry into out of home care) and independent variables such as maltreatment, age, gender and race of the child. T-test analysis was also utilized to discover any significance between age, race and gender and the time those children of different ages, races and genders spent in out of home care. T-test analysis was also used to identify any statistical significance in time spent in out of home care for children that exited care during the study time period as compared to children who remained in care at the conclusion of the study time period. One of the most important uses of the data is to identify the length that children spent in out of home care as defined by the operationalized parameters. This information is not only for the academic community within and potentially outside the University of Kentucky, College of Social Work, but to the arena of child welfare.

Results

There were 205 children in Madison County, KY that either entered or exited care during the two year time period analyzed between July 1, 2004 and June 30, 2006. Frequency analysis using data obtained from the study showed that the average time in out of home care for the study group is 15.19 months (Table 1), which is a longer amount of time than anticipated by the researcher. An independent samples t-test analysis using length of time in out of home care variables showed that there is a statistical significance ($t = -5.071$; $p \leq .001$) in time spent in out of home care for those children who had exited care during the study period as compared to the time spent in out of home care for those children who had not exited care during the study period. Frequency analysis identified that children who had exited care during the study period spent an average of 19.59 months in care as compared to 10.83 months spent in care for children who had not exited care during the study time period (Table 1). The second dependent variable, children who entered care for a second time, as expected, was a very low number. Only eight of the 205 children included in the study entered care more than one time during the study period.

Table 1

Mean Months in Care by Group

Out of Home Care Status	Children (n = 205)	Months
In Care at Conclusion of Study	n = 103	x = 10.83
Out of Care at Conclusion of Study	n = 102	x = 19.59
Total	n = 205	x = 15.19

Neglect was most often the reason for removal (64.9%) as compared to status offender (truancy, runaway, beyond control) at 19.5% (Table 2). Frequency analysis also revealed that dependency was third highest reason for removal (12.7%) (Table 2). The 0-5 age cohort of the population was the most represented group within the study population. This age group represented 40 percent of the total study population (Table 3). Fifty percent of this age cohort was children who are less than one year old. The population of individuals between 13 and 17 years of age represented 34 percent of the total study population (Table 3). The majority of children were Caucasian (76.6%) followed by African American (12.7%).

Table 2

Comparison of Reason for Removal and Entry Into Out of Home Care

Maltreatment	Cases (n = 205)	Percent of Maltreatment
Neglect	n = 133	64.9
Dependency	n = 26	12.7
Status Offender	n = 40	19.5
Sexual Abuse	n = 3	1.5
Emotional Injury	n = 2	1

Table 3

Age of Children at Time of Entry Into Out of Home Care

Age	Number of Cases (n = 205)	Percent of Study Population
0-5 years	n = 81	40
6-12 years	n = 54	27
13-17 years	n = 70	33

Discussion and Implications

The findings of the research has important implications to the author's knowledge of out of home care to the author's peers within the academic community of the University of Kentucky and to the public welfare agency responsible for the permanency of the children that were included in the study. According to the Adoption and Safe Families Act of 1997 (ASFA), states should file a petition for termination of parental rights when a child has been in out of home care for 15 of the most recent 22 months (Frontline, 2006). The researcher found that the length of time that children are spending in out of home care included in the study is not significant when compared to the average time that children spend in out of home care on a national level. According to the Child and Family Services Review Board (CFSR), a group within the U.S Department of Health and Human Services, provided with monitoring responsibility as a result of the Adoption and Safe Families Act of 1997, children with a goal of returning to their parent(s) should not be in out of home care any longer than 12 months. Children who

have a goal of adoption should not be in care any longer than 24 months (Child Welfare Outcomes, 2002).

As indicated in the findings of the research, the average length of stay in out of home care is 15.19 months, which is within the time frame requirements as mandated by ASFA. However, the findings of the study showed that children who had exited care during the study period had spent a significantly longer amount of time in out of home care (19.59 months) than the children who had not exited care during the time period studied (10.83 months). This distinction provides a more accurate picture of the length of time that children in Madison Co, KY are spending in out of home care as most of the children who had not exited care during the time period studies are likely to spend future months in out of home care.

When comparing the study findings to the national out of home care statistics it is easily discerned that the children in the region studied are spending significantly less time in out of home care than those children nationwide. According to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data for 2003, the average amount of time that children spent in out of home care was 31 months. The report also shows that children who exited care in 2003 spent an average of 21.7 months in care, which is also lower than the time spent in out of home care for the study group (The AFCARS Report, 2005). According to the report, the average age of children entering out of home care was 10 years of age, whereas the average age of the study group was eight years of age (The AFCARS Report, 2005). The disparity in age between the AFCARS report and the research findings may be due to the much higher percentage of children who are less than one year of age included in the research study as compared to the AFCARS report. Five percent of children in out of home care included in the AFCARS report were less than one year of age as compared to 20 percent of the children in out of home care in the research study who were less than one year of age.

When examining the obvious discrepancies in the study sample's and national permanency averages as compared to standards adopted by ASFA and the law's monitoring group, CFSR, it is important to discuss some identified barriers to timely permanency that were not assessed in this study. Court related barriers surrounding adoptions due to delays in permanency hearings and the appeals process of termination of parental rights have been identified as barriers to timely permanency (Child Welfare Outcomes, 2002). Another identified barrier has been the lack of appropriate long term placements or adoptive homes, causing delays in permanency. Also, many states have not developed or not properly adhered to appropriate assessment guidelines to capture the existing concerns regarding the children in out of home care (Child Welfare Outcomes, 2002).

Strengths

An identified strength of the study is that the study involves a strong sample size. The study uses a longitudinal method using a significant amount of time consisting of two years. Furthermore, the findings of the study reveal that there are improvements that

need to be made to ensure that children in the Madison County, KY region achieve more timely permanency. Longitudinal studies similar to the research explained in this study should be completed on a regular basis and in a more comprehensive manner by individuals and groups with more resources in order to consistently and accurately measure the length of time that children are spending in out of home care. Such research, completed on a consistent basis will help provide important information to the welfare agencies responsible for ensuring that children achieve permanency in a timely manner.

The results of this study will not only be implemented toward the researcher's academic research requirements, but the knowledge gained from the research study will be shared with the student's peers and the worker's regional office within the Cabinet for Health and Family Services(CHFS). The applications and implications for future practice have the potential to create an impact upon services to children. The researcher, peers and CHFS constituents will gain important knowledge regarding the out of home care domain.

Limitations

The limitations of the research include the small geographic area in which the study was conducted. It would not be academically or professionally responsible to generalize the results of the study to other regions of Kentucky or the nation. Another limitation of the research is that there was not much diversity in the sample, which is due in large part due to the small geographic area in which the study was conducted. With a broader geographic area of study concentration the ability for the research findings to be applied in a much more liberal manner would perhaps be appropriate.

Future research

If the researcher had more resources, a much larger sample size would be used, which would allow the researcher to examine more secondary data analysis. Perhaps the researcher would be able to utilize more variables such as the various mental health effects that out of home care has on children. Numerous variables should be included in future research to appropriately explore the various dynamics involved with children in out of home care. The barriers that affect length of time in out of home care also need to be assessed. Despite the limitations of the research, the findings contribute to the author's knowledge of out of home care, academic peer knowledge of out of home care and the author's academic requirements. Furthermore, the research will perhaps provide valuable information on out of home care issue to the CHFS regional area in which the research was completed.

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Appendix A

Out of Home Care Research
Data Collection Form

Researcher Coded ID _____

Gender: M__ F__

Race: C__ AA__ Hispanic__ American Indian__ Other__

Age: ____

Date entered care____
__1st or re-entry__

Date of exit__
No exit date__

Maltreatment categories

Abuse__

Neglect__

Dependency__

Status__

Sexual Abuse__

Emotional Injury__