

What are the Contributing Factors to Foster Care Disruptions?

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Abstract

Two MSW students reviewed 50 randomly selected children in out of home care in the Cabinet for Health and Family Services software system known as TWIST. These cases involved children currently or previously in out of home care (foster care) who was placed through the Northeastern region of Kentucky which is an area of fifteen counties. The researchers generated a list of all children in out of home care cases in the Northeastern region of Kentucky from TWIST, then randomly chose 50 of those children listed. The cases were reviewed using a data collection tool in order to collect only the data required for this project. The data that was collected is as follows: number and type of placements, gender, length of time in foster care, age group of the child, race, sibling information, history of foster care placement and the reason the child is in out of home care. The purpose for collecting this data is due to the hypothesis that the above factors contribute to foster care disruptions.

What are the Contributing Factors to Foster Care Disruptions?

Introduction

According to *The Beginner's Guide to Adoption* (2006), there are approximately 500,000 children in foster care in the United States at any given time. Therefore, even if each child had a disruption just once, that would be 1,000,000 placements throughout the United States. Children who have been removed from their homes, no matter what the reason, deserve the right to not be moved several times from foster home to foster home.

In Kentucky, the Cabinet for Health and Family Services Standard's of Practice, has placed in policy that disruptions be avoided as much as possible. SOP 7E.2 (2004) states that the first placement in out of home care is ideally the last placement until permanency is achieved. Permanency would be that the child is returned home, adopted or permanent custody obtained by a relative of the child. It further states that the purpose for not wanting several placements to occur for any foster child is due to trauma that the child experiences in the majority of the circumstances. When a disruption occurs, this is another loss to that child, another loss of another family. SOP states that the child may feel rejected and may impact his/her ability to form positive attachments in the future. SOP further mandates that the social services worker (the child's social worker) attempt to preserve the placement and avoid disruptions through a variety of services. SOP does recognize that at times, it is appropriate and helpful for permanency for disruption to occur, such as in the instance of a relative placement or sibling reunification.

Due to the fact that there are a half of a million children in out of home care at this time, it is vitally important that research continue to be conducted to assist the field of social work with improving services to the children. Disruptions occur too frequently

and therefore, should be one of the many topics researched regarding foster care. If social workers know some of the contributing factors to disruptions in foster care placements, they can take steps to prevent further disruptions. To promote stability, social workers must understand the reasons for disruption.

This study looked at several factors to determine if they contributed to foster care disruptions. The factors include the number and type of placements, gender, length of time in foster care, age group of the child, race, sibling information, history of foster care placement, and the reason the child is in out of home care. The purpose for collecting this data is due to the hypothesis, the above factors contribute to foster care disruptions. In other words, the research attempted to answer the question, “What are the contributing factors to foster care disruptions?”

Literature Review

Several longitudinal studies were found (Usher, Randolph, Gogan, 1999; and Schofield and Beek, 2005) . L. Usher, Karen A Randolph and Harlene C. Gogan (1999) examined foster care drift by researching the lengths of stay and number of placements per child in their study. They found that the number of placements correlates with how long children stay in care. Furthermore, they found that children first placed with relatives have less disruptions than those first placed in foster care or group homes. Gillian Schofield and Mary Beek (2005) used attachment theory in their longitudinal research of foster parents, foster children, and foster care disruptions. They researched children growing up in long term foster care. They used a model of parenting developed through attachment theory and commonly used by social workers to guide them in their research. They reported negative affects on the children who experienced multiple

placements. They found that their sample of children ages 4 to 11 years old, had a universal experience of multiple placements with the mean number being 4.24 and a range of 2 to 10 placements.

Another article regarding foster care drift (Penzerro, 2003), states that this is when children in out of home care drift from placement to placement. The author states that there is a link between previous out of home children and the adult homeless population. The author studied twelve residents at a youth treatment center in Texas. The method used was data triangulation, observation, and interviews. All of the subjects has three or more previous placements. The findings resulted from a follow up after discharge. Out of the twelve residents, five went to an adult homeless shelter. The author states that child protection policies should review permanency to include long term institutional stays to reduce the risk of adult homelessness.

According to the Child Welfare League of America (CWLA, 2006), on September 30, 2004 the average age of a foster child was 10.1 years, the average gender was 53% male and 47% female. And for the 20,000 children who age out of foster care, 36% had become homeless with the national average being 25%.

One article examined the deprivation of the child in out of home care (Emanuel, 2002). This author states that there are three types of deprivation of the child. The first is circumstances beyond their control, the second is internal defenses that prevent them from making use of support, and the third is where they get re-enacted by the system. The third deprivation may fall on the social worker who may neglect the child. The author states that there is a need for a secure base in social work and a break in the system can lead to foster care drift.

There were several articles that focused on how multiple placements affected the child. David L. Hussey and Shenyang Guo (2005) found in their research that the number of out of home care placements is positively associated with higher levels of psychiatric symptomatology. Furthermore, those children with a higher number of out of home care placements presented more disturbed behavior. James G. Barber and Paul H. Dalfabbro (2003) reported that their research indicated that multiple placements up until children have been in care for 8 months (length of their study) is not necessarily damaging to the child.

A review of the Special Youth Carer program in South Australia (Gilbertson, Richardson, and Barber, 2005), the program was reviewed over one year. The program is attempting to reduce placement changes. The description of the program includes one adolescent to one carer per home, the home is not owned by the carer, if there is a breakdown the carer leaves the home, and at 18 the youth can buy the home. The sample was 8 residents. At the end of one year, three had remained in current placement, five had more than one carer. Improvements were noted in positive behavior and placement stability.

In a literature review study (Holland, Faulkner, and Perez-del-Aguila, 2005), the authors were reviewing the research on stability and continuity for foster children. They did a review of 17 research articles, a survey of current policies, and a telephone survey of 52 social workers and voluntary agencies. Their findings include a need for multidimensional care, retention of social workers, and retention and training for caregivers. The authors found that the foster parent training had little impact on placement stability.

In another study (Pacifici, Delaney, White, Cummings, and Nelson, 2005), looking at foster parent training in regards to a DVD training titled Anger Outbursts. Their research included a question - does the DVD increase foster parent knowledge and perception? The sample included 74 foster parents with a control group. The foster parents were asked to view the DVD once a week and receive a phone call from the researcher once a week. The control group did not view the DVD. The authors did a pre-test and post-test questionnaire on parent knowledge and parent perception. The findings were that the DVD increased parent knowledge and the foster parents gained confidence in handling behaviors. The control group got the DVD at the end of the study. The authors state that the quality of foster parent training depends on the trainers and the training needs updated. The limitation to this study according to the authors were that they did not compare the DVD training to the regular foster parent trainings.

An article regarding the need for better screening of foster parents (Orrick, 2006), points out an investigation of foster care in Minnesota after two foster fathers were charged with child molestation of foster children. The article pointed out that one of the foster fathers had an 1982 charge for indecent conduct with a minor, but this could not be proven due to the records no longer existing, so this home was licensed.

Another longitudinal study looked at the child's behavior and the caregiver's parenting skills (Lipscombe, Moyers, and Farmer, 2004). Their literature review regarding placement stability included caregiver stress, relationships between foster child and caregiver, and having birth children or foster children already in the home. The sample included 68 newly placed children between the ages of 11 and 17 who were referred for behavior problems. The method used was interviews with the child, social

worker, and caregivers. One interview was at the two to three month interval and one interview was held at one year or disruption. Their findings include a significant relationship between sexual behavior and disruption. 19% of the sample were at risk for sexual behavior. They also found that if there were birth children or other foster children in the home, the child placed should be within two years of their age to reduce disruption. The caregivers in this sample had five to fifteen years experience. The implications for social work would be to provide increased support to the child and caregiver and interventions to improve relationships to reduce the risk of disruption.

Another article regarding the reason for placement changes and behavior placement changes, stated that the risk of disruption is greatest in the first 100 days (James, 2004). The authors literature review included an association between disruptions and behaviors. And as placement changes increased the chance of reunification decreases. The sample included 580 children between the ages of 2 and 16 over a period of 18 months. The study took place in San Diego, CA, in 1990-1991. The method used was the Child Behavior Checklist: Achenbach 1991. The findings state that 20% of placement changes relate to child's behavior. And of this sample, there was an average of 3.6 placement changes. Out of 580 children, only 28 had one placement. The author contributes this finding to the procedure of placement in San Diego. When a child is placed in out of home care, they are sent to a residential setting for placement. This would increase the number of placements. Implications for social work would include the need for immediate intervention during disruption.

In another study of Barber & Delfabbro (2003), the authors studied 235 children over a 12 month period in new foster care placements. The purpose of the study was to study

child well-being in areas of behavior, adjustment, school performance, and parent visitation. Their methods included data abstraction interviews with social workers, and the Child Behavior Checklist. The results included that 25% of the sample were returned to their parents in the first four months. During the first four months for the remaining 75% of the sample there were 123 placement changes. 67% of those placement changes were beyond the control of the social workers for reasons such as a more permanent placement. 33% of those placement changes were due to the caregiver being unable to cope with the child's behavior. Of the later group, the mean number of placements in this four month period was 5.7. The study found modest levels of improvement in well-being areas. In the area of parental visitation, the study found that 45% of the sample were not visiting with their parents. The authors state that the implication for social workers would be to use the Child Behavior Checklist for the children in out of home care to note improvements in well-being.

In a study regarding predictors to disruption (Chamberlain, Price, Fisher, and Stoolmiller, 2006), the authors were trying to find inexpensive predictors used to assess the risk of disruption. The sample was caregivers of 246 children between the ages of 5 and 12 in foster care and kinship care. They were interviewed three times using the Parent Daily Report Checklist (PDR). The caregivers were told to note problems in a 24 hour period with the PDR. The findings were an average of 5.777 problems. The caregivers were found to have a threshold of 6 problems per 24 hour period. The authors found that there were less disruptions in kinship care placements than foster placements. And, with an increase in the number of children in the home, the risk of disruption increases. Implications for social work included to limit the number of placements in a

home, to increase kinship care placements, and develop interventions for behaviors to reduce the risk of disruption.

One article focused on siblings (Dance, Rushton, and Quinton, 2002), where one is placed in care and rejected by the birth parents. The authors studied two other studies regarding older placed children between the ages of 5 and 11, who were a single part of a sibling group. The findings were that in the first year 36% were having unsatisfactory progress. They note that behavior problems and rejection may make it hard for the singled out child to form relationships with new caregivers.

Still other articles focused on specific age groups in foster care. Ira Schwartz, Robert Ortega, Shenyang Guo and Gideon Fishman (1994) completed research involving infants in non-permanent placement. Their research showed that between the years of 1981 and 1987 there was a rise in multiple placements for infants with only 15% of the infants in those years achieving permanency in their initial placement in out of home care. Merlin A. Taber and Kathleen Proch (1988) studied adolescents who had been alienated from their parents and other adults, had multiple placements and tended to move toward more closed therapeutic facilities. Their findings were very discouraging. They found that the very facilities used to assist these children with their mental health and behavior issues contributed to placement disruption. The reason for this is due to the services that the children receive in these placements, and use of a disease model to treat their adolescents in foster care. The disease model basically labels the children with psychiatric disorders and recommends treatment as if the adolescents were patients to be healed and not children to be raised. The emphasis is on the treatment of the diagnosis. The authors report that this is harmful because labeling theory says that people act in accord to their

label that has been attached to them. The social workers, therapists, facilities, etc., respond to reinforce the labels which in turn labels normal behavior as disordered and thus the diagnosis creates disordered behavior. Basically, the researchers report that children are moved from one facility to the next with no parenting or stability, no chance for a stable foster home. Sally E. Palmer (1990), attempted to show that placement stability for foster care would improve if they received help in resolving separation conflicts in a group treatment program. She failed to prove this and her findings were inconclusive. J. Strijker, Tj. Jandberg and B.F. van der Meulen (2005), compared child variables and their profiles, using the Achenbach Child Behavior Checklist, in the hopes to identify which method would be most helpful in identifying those children in out of home care that would be most vulnerable to foster care breakdown (disruption). They reported that their findings indicated that the profiles are helpful in identifying those children in out of home care that would be most vulnerable to foster care breakdown (disruption) but that their findings are consistent with the use of child variables being used in other studies rather than the use of profiles. The researchers focused on conduct problems, mental health problems, and age of the child. They found that the largest percentage of foster home breakdowns were in children who were withdrawn (66.7% of the sample) and that aggressive-delinquent children exhibited a 40% breakdown in foster care. They further found that there were very few breakdowns in foster homes where the children did not exhibit any conduct or mental health problems or children that exhibited attention problems. They further found that the odds for a breakdown are 12.63 times higher for foster children who are older than 10.5 years of age.

Another article found that the amount of time spent in foster care positively correlated to the increase in disruptions of foster care placements (Pardock, 1984). John Pardock (1984) further found that age, ethnicity, age of child, home and school behavioral problems as well as emotional problems, alcoholism in parents, and social worker turnover all are factors related to the foster child having multiple placements while in out of home care.

One article examined foster care moves in New York (Wulczyn, Kogan, and Harden, 2003). Their findings include that the risk of disruption is higher the older the child is and in the first six months.

Another study examined disruptions and the factors that influence them (Smith Stormshak, Chamberlain, Whaley, and Bridges, 2001). Their sample was 90 youth in treatment foster homes over a one year period. Their findings include that 25.5% had a disruption in one year, with 17.8% in the first six months and 9.2% in the second six month. Also older girls were more likely to disrupt, and the sample had an average of 4.25 previous placements. The authors stated the need for social work to support foster parents and improve training.

Lily Barr (2004) examined attitudes and factors that influenced if children were or were not adopted. She found that many social workers were concerned with attachment of the child to the foster parent if adoption was to occur and the child had to be moved from the foster home to the adoptive home. She found that this did factor into reasoning for long term foster care placement instead of adoption.

Attachment theory is the framework that was used for this study. For the purpose of this study, the term out of home care is defined as any child residing outside of their

parent or previous legal guardian's home. Furthermore, for the purpose of this study, the term disruption is defined as any child experiencing more than one placement while in out of home care other than being placed in the home of initial removal. There are several studies that seem to support research projects like this one. Variables such as age, length of stay, type of previous placements and reason placed in care have been reviewed in the above literature review. Other variables that we utilized in the study include gender, sibling group placement and if the sibling group is placed in the same placement. This research attempted to answer the question, "What are the contributing factors to foster care disruptions?"

Methodology

As stated in the literature review, the research attempted to answer the question, "What are the contributing factors to foster care disruptions?" For the purpose of this study, the term out of home care is defined as any child residing outside of their parent or previous legal guardian's home. Furthermore, the term disruption is defined as any child experiencing more than one placement while in out of home care other than being placed in the home of initial removal. We reviewed 50 randomly selected children in out of home care in the Cabinet for Health and Family Services software system known as TWIST (convenience sample/data abstraction). These cases involved children currently or previously in out of home care (foster care), regardless of whether a disruption has occurred or not, who was placed through the Northeastern region of Kentucky which is an area of fifteen counties. The researchers generated a list (form TWS-058d) of all children in out of home care cases in the Northeastern region of Kentucky from TWIST, then randomly chose 50 of those children listed. The researchers cut out each foster

child's name and case number, placed the pieces of paper in a bowl and randomly drew fifty cases out of the bowl. The foster children that were drawn out of the bowl was divided into two piles. One pile went to each researcher. The foster children that were drawn from the bowl were used for the sample. The researchers then accessed TWIST, looked up each case using the case number and gathered only the data that was requested on the data collection tool in order to collect only the data required for this project. See the Appendix for a copy of the data collection tool. No identifying data such as social security numbers and names was collected. The data that was collected is as follows: number and type of placements, gender, length of time in foster care, age group of the child, race, sibling information, history of foster care placement and the reason the child is in out of home care. The purpose for collecting this data is due to the hypothesis that the above factors contribute to foster care disruptions.

There are several independent variables that was researched. The age of the child was collected indicating if the child is between the ages of 0-1 year old, 2-4 years old, 5-11 years old or 12-18 years old. Race of the child was collected indicating if the child is white or African American. The sample collected did not have any other races represented. If the foster child has a sibling group in out of home care or not was collected. If the foster child does have a sibling group in out of home care, the independent variable of if the child is placed in the same home as his/her siblings was collected. If the child has been in out of home care in the past and if so, how many times was collected. The reason that the child is in foster care was collected indicating if the child was placed in out of home care for the following purposes: physical abuse, neglect,

emotional injury, sexual abuse, dependant, or status offender. All that applied was collected per case.

There are several dependent variables that was researched. Number of placements was collected by counting all placements located in TWIST under placement summary. Number of foster home placements, number of relative placements (child placed with a relative that is biologically kin), number of PCC (private child care – loosely defined as group homes for children with behavior issues) placements, number of other placements not specifically listed in the research and length of time in foster care was also collected in the same way. For the purpose of this study, the term foster child is defined as any child in the custody of the Cabinet for Health and Family Services.

There were ethical considerations to control for. In an attempt to protect the sample's confidentiality, no names, case numbers, social security numbers or other identifying information was abstracted for this project. The researchers used a data collection tool and only abstracted data as instructed by the tool. Only the researchers had access to the data collected and the tool was destroyed upon completion of the research. All information was aggregated in order to further protect sample individuals. This research presented no more than minimal risk due to the methods of the research listed above.

Analysis for this research is descriptive statistics using bi-variate analysis and multiple regression. The weakness of this study is the small sample size that was used for the study. The strength of the study is the fact that the sample used was randomly selected.

Results

Descriptives Statistics

Out of the total sample of fifty, twenty-one were in one placement only (n=21). In otherwords, 58% of the sample population had two or more placements. The most frequently occurring number of placements over one placement is two placements. See table below for details.

Number of placements

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	21	42.0	42.0	42.0
2	12	24.0	24.0	66.0
3	5	10.0	10.0	76.0
4	5	10.0	10.0	86.0
5	2	4.0	4.0	90.0
6	3	6.0	6.0	96.0
8	1	2.0	2.0	98.0
12	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Out of the total sample of fifty, eleven children were never placed in a foster home (n=11). In otherwords, 89% of the sample population were children who have been placed in at least one foster home placement. The most frequently occurring number of foster care placements per foster child was one foster home placement. See table below for details.

Number of foster care placements

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	11	22.0	22.0	22.0
1	23	46.0	46.0	68.0
2	10	20.0	20.0	88.0
3	3	6.0	6.0	94.0
4	1	2.0	2.0	96.0
5	2	4.0	4.0	100.0
Total	50	100.0	100.0	

Out of the total sample of fifty, four children were placed in a relative placement (n=4). In otherwords, 92% of the sample population were children who have never been in at least one relative placement. One of the four children were placed in two relative placements whereas the other three were placed in only one relative placement. See table below for details.

Number of relative placements

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	46	92.0	92.0	92.0
1	3	6.0	6.0	98.0
2	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Half of the sample were placed in private childcare (PCC) placements (n=25). Thirty-four percent of the sample has been in one PCC placement. See table below for details.

Number of PCC placements

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	25	50.0	50.0	50.0
1	17	34.0	34.0	84.0
2	3	6.0	6.0	90.0
3	4	8.0	8.0	98.0
5	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Out of the total sample of fifty, nine children were placed in other placments not specifically listed on the data collection tool (n=9). See table below for details.

Number of other placements not listed

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	41	82.0	82.0	82.0
1	4	8.0	8.0	90.0
2	3	6.0	6.0	96.0
3	1	2.0	2.0	98.0
4	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Sixty percent of the sample population were female. See chart below for details.

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	20	40.0	40.0	40.0
female	30	60.0	60.0	100.0
Total	50	100.0	100.0	

Of the foster children sampled, the minimum amount of time in care was one month and the maximum length in care was 99 months with the mean amount of time in foster care being 20.54 months in care. See table below for details.

Statistics

Length of time in foster care

N	Valid	50
	Missing	0
Mean		20.54
Median		14.50
Mode		5
Range		98
Minimum		1
Maximum		99

The majority of the sample were foster children in the age range of 12 to 18 years old (n=30). See table below for details.

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0-1 years	1	2.0	2.0	2.0
2-4 years	6	12.0	12.0	14.0
5-11 years	13	26.0	26.0	40.0
12-18 years	30	60.0	60.0	100.0
Total	50	100.0	100.0	

The sample consisted of 49 white children and one African American child. See table below for details.

Race

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid White	49	98.0	98.0	98.0
African American	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Forty-eight percent of the sample were children with no siblings (n=24). See table below for details.

Sibling group or single

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	24	48.0	48.0	48.0
2	10	20.0	20.0	68.0
3	10	20.0	20.0	88.0
4	4	8.0	8.0	96.0
9	2	4.0	4.0	100.0
Total	50	100.0	100.0	

Of the 26 foster children with siblings, 19 of them were placed in the same placement as their siblings. See table below for details.

Is child placed in same placement?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	19	38.0	38.0	38.0
	No	7	14.0	14.0	52.0
	N/A	24	48.0	48.0	100.0
	Total	50	100.0	100.0	

Eighteen percent of the sample had been in foster care in the past. See table below for details.

Has child been in OOHC in the past?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	18.0	18.0	18.0
	No	41	82.0	82.0	100.0
	Total	50	100.0	100.0	

Of the nine children that have been in out of home care (OOHC) in the past, six children had been in OOHC one time prior to their current placement two children had been in care twice and one child had been in care five times prior. See table below for details.

If child has been in OOHC in the past, how many times?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	41	82.0	82.0	82.0
	1	6	12.0	12.0	94.0
	2	2	4.0	4.0	98.0
	5	1	2.0	2.0	100.0
	Total	50	100.0	100.0	

Out of the total sample of fifty, four children were in OOHC due to physical abuse (n=4). See table below for details.

Physical Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	8.0	8.0	8.0
	No	46	92.0	92.0	100.0
	Total	50	100.0	100.0	

Fifty-eight percent of the children were placed in OOHC due to neglect See table below for details

Neglect

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	58.0	58.0	58.0
	No	21	42.0	42.0	100.0
	Total	50	100.0	100.0	

Out of the total sample of fifty, one child was in OOHC due to emotional injury (n=1). See table below for details

Emotional Injury

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	2.0	2.0	2.0
	No	49	98.0	98.0	100.0
	Total	50	100.0	100.0	

No children in the sample were placed in OOHC due to sexual abuse. See table below for details.

Sexual Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	50	100.0	100.0	100.0

Out of the total sample of fifty, eight children were in OOHC due to physical abuse (n=8). See table below for details

Dependent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	16.0	16.0	16.0
	No	42	84.0	84.0	100.0
	Total	50	100.0	100.0	

Out of the total sample of fifty, six children were in OOHC due to a status offense (n=6). See table below for details

Status Offender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	12.0	12.0	12.0
	No	44	88.0	88.0	100.0
	Total	50	100.0	100.0	

Bivariate Statistics

Bivariate statistics were completed to see which variables correlated with the number of placements. Gender is a predictor with beta weight and significance according to the table below.

Correlations

		Number of placements	Gender
Number of placements	Pearson Correlation	1	.269
	Sig. (2-tailed)		.059
	N	50	50
Gender	Pearson Correlation	.269	1
	Sig. (2-tailed)	.059	
	N	50	50

The following table indicates that the length of time in foster care correlates with the number of placements.

Correlations

		Number of placements	Length of time in foster care
Number of placements	Pearson Correlation	1	.429**
	Sig. (2-tailed)		.002
	N	50	50
Length of time in foster care	Pearson Correlation	.429**	1
	Sig. (2-tailed)	.002	
	N	50	50

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion

This small research project has implications for further research. The findings of this research did not prove the hypothesis underlying the project in its entirety. Bivariate statistics were completed on the independent variables and the dependent variable of number of placements. The only two independent variables that correlated with the number of placements were gender and length of time in foster care. Further research must continue in order to determine factors of disruptions, as moves while in foster care happen too frequently. This is supported by the random sample containing 29 children out of 50 who have had more than one placement. Other research topics that need to be addressed after looking at the variables of this sample include previous placements in OOHC before the child's current placement and length of time in OOHC. The concern is that 18% of the sample had previous OOHC placements. This is a significant amount of children experiencing OOHC repeatedly. Also, there are children that have been in care in this sample up to 99 months, with the mean amount of time in foster care being 20.54 months in care. This is a large amount of time in OOHC when there are federal mandates requiring that children obtain permanency in a timely manner.

There are also implications for practice and policy. Of the sample researched, 14% of the children with siblings in OOHC were not placed in the same placement. This is a serious matter to split up siblings. Current practice states that children should be placed in the same placement if possible. This policy should be looked at for possibly a stronger policy statement regarding separation of siblings. Also, procedure for such separations should be uniform and adhered to.

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Appendix

Data Collection Tool

