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# Why Do Foster Care Placements Disrupt? An Investigation of Reasons for Placement Change in Foster Care

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This study examines the reasons for placement changes in foster care and analyzes determinates of the rate of behavior-related placement change. Findings indicate that 20 percent of all changes are behavior related. Older age, externalizing behaviors, and emotional abuse increase the hazard of behavior-related changes. The risk is lower when the child spends more days in kinship care. Having numerous system- or policy-related moves does not increase risk of behavior-related changes. Risk is highest during the 100 days after entry into care, suggesting that factors contributing to behavior-related placement change might be present when a child enters care.

Concerns about drift and instability in foster care are long standing (e.g., Cowan and Stout 1939; Maas and Engler 1959). Children with a higher number of placement changes are known to experience a decreased likelihood of reunification (Fanshel and Shinn 1978; Landsverk et al. 1996), greater severity of behavior problems (Newton, Litrownik, and Landsverk 2000), and more time in residential care (e.g., Wells and Whittington 1993; James 2003). Placement changes during the first year in out-of-home care are associated with increasing instability for children in long-term foster care (Webster, Barth, and Needell 2000). Instability

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also presents a considerable challenge to the social workers who often must identify new foster placements on short notice.

Unfortunately, little is known about the reasons for placement changes in foster care. There is evidence of a statistically significant association between placement stability and degree of behavioral disturbance (e.g., Pardeck 1984; Cooper, Peterson, and Meier 1987; Newton et al. 2000; Barber and Delfabbro 2003; James, Landsverk, and Slymen 2004). This may be one reason why placement changes often are assumed to be responses to deterioration in behavioral functioning (Proch and Taber 1985, 1987). However, there also is evidence that placement changes may occur for reasons that are unrelated to behavior problems. For example, such changes may occur because of the mismatching of child and foster family characteristics, unrealistic expectations on the part of foster families, or unforeseen life events (Proch and Taber 1985; Staff and Fein 1995). Placement changes are also guided by federal, state, and local child welfare policies. Changes may reflect mandates to move children to less restrictive settings (e.g., from residential care to family-based foster care), to use relative placements whenever appropriate and available, and to keep sibling groups together. (These mandated changes are considered to be good placements that are ultimately in the best interest of the child.)

A few works conceptually distinguish between different types of changes (Proch and Taber 1985; Staff and Fein 1995). Kathleen Proch and Merlin Taber define a placement disruption as "an unplanned change in foster placement made in response to a demand for a replacement by a child's caregiver" (1985, p. 309). Placement changes are distinguished from planned moves. A few, although dated, studies address this issue empirically. For instance, Thomas Ferguson's (1966) study conducted in Scotland reports that half of the placement changes experienced by a cohort of foster children resulted from concerns about the foster home or events occurring in the foster home (e.g., illness, death, or change in residence of the foster parents). The remaining placement disruptions resulted from foster children's behavioral difficulties. Alan Gruber's (1978) study of placement disruption in Massachusetts categorizes reasons for the past two moves experienced by a group of foster children on the basis of caseworkers' reports. He classifies placement disruptions into placement changes requested by the foster parent because of the child's behavior problems and placement changes requested because of the child's difficulty in getting along with other children in the home. Eva Russo and Ann Shyne (1980) survey agency members of the Child Welfare League of America that provided care in congregate settings.<sup>1</sup> Respondents were asked about the behaviors that might lead to disruption of the placement. Behaviors were cited by over one-third of the 144 respondents; such behaviors included fire setting, use of drugs, absence without leave, physical abuse of self

or others, refusal to cooperate or to go to school, stealing, disruption of the community, and inappropriate sexual behavior.

This overview of the scarce literature indicates that different authors take different approaches to classifying reasons for placement changes. However, no recent data indicate the percentage of placement changes that results from each set of reasons. The lack of empirical data on reasons for placement change is in part explained by the lack of attention in general paid to placement instability or movement through care (Usher, Randolph, and Gogan 1999; James et al. 2004). The majority of regularly cited studies either are dated (e.g., Fanshel and Shinn 1978; Festinger 1983; Stone and Stone 1983; Pardeck 1984) or were conducted in countries other than the United States (e.g., Rowe et al. 1984; Millham et al. 1986; Packman, Randall, and Jacques 1986; Palmer 1996; Fernandez 1999; Barber, Delfabbro, and Cooper 2001; Barber and Delfabbro 2002). Studies also have significant conceptual and methodological limitations. For example, there is a lack of definitional agreement about what constitutes a placement and a placement change. Many child welfare professionals do not count short stays in out-of-home care facilities or stays in shelters and detention facilities as placements (Staff and Fein 1995; Newton et al. 2000). Child welfare systems may not document such moves, and this prevents their inclusion in analyses. Studies reporting placement change data generally do not clarify their definition of placement. These definitional tensions are reflected in the use of terminology pertaining to placement change. Various terms, such as "placement breakdown," "placement disruption," "placement instability," and "number of placement changes" are used interchangeably in the literature (e.g., Pardeck 1984; Proch and Taber 1985; Cooper et al. 1987; Staff and Fein 1995; Palmer 1996; Teare et al. 1999). It is not clear if experts are discussing the same or different constructs. The convention of operationalizing placement instability as the aggregate score of all placements, regardless of the reason for placement change, is also problematic; it obscures any variance that may be related to the reasons for a placement change. This prevents systematic investigation.

The primary purposes of the current study are systematically to collect and present basic descriptive data on reasons for placement change and to classify data into different types of placement changes. Another aim is to determine what proportion of placement changes in a cohort of foster children is behavior related, and what percent is not. Behavior-related placement changes are crucial because they may be disruptive and can be related to the deterioration of a child's functioning. As discussed above, empirical findings link behavior problems to a greater number of placement changes (e.g., Cooper et al. 1987; Barber and Delfabbro 2003). The current analysis focuses on behavior-related placement change over an 18-month study period.

## Methods

### *Study Cohort*

Data on placement changes were collected for a cohort of 1,084 children between the ages of 0 and 16 years. These children entered foster care in San Diego County between May 1990 and October 1991. They were enrolled in a National Institute of Mental Health (NIMH)-funded longitudinal study of children in foster care (FCMH).<sup>2</sup> While more recent data are preferable, the data collection for this study is complete and reliable with respect to placement history.<sup>3</sup> Administrative and clinical survey data are available for this cohort. Placement data are also unique in that they capture all placement moves (including short stays and stays in shelter care or detention centers) along with other important placement events, such as running away episodes and abductions.

Included children were those who had remained in placement for at least 5 months, were placed in San Diego County, and are represented by available data in the San Diego County Health and Human Services Agency system. The children who remained in placement less than 5 months were excluded because of juvenile court stipulations. Data collection was only permitted when all issues about a child's legal disposition and custody were resolved. The current study adds the exclusion criterion that children had to be at least 2 years old (313 were so excluded). This reflects that the Child Behavior Checklist (CBCL; Achenbach 1991), which is used to measure behavior problems, is designed for children ages 2 and older. These criteria identify an eligible cohort of 771 children. Because there were a number of cases for which CBCL scores could not be obtained (114), or for which data on placement change are missing (34) or incomplete (43; see section on missing data below for details on this issue), the final cohort is 580.

Chi-square and *t*-test analyses indicate that the 580 children in this study are similar to the 771 children in the larger cohort with respect to gender, age, maltreatment types, and behavior problems. However, children who are not included in the final study cohort have a slightly higher proportion of Hispanic children and a lower proportion of children of other ethnic backgrounds. They also have, on average, one more placement. Discussions with personnel involved in the original FCMH study revealed that children with frequent placement changes are hard to track and do not tend to stay long enough in a placement for a caretaker to provide reliable clinical survey data.

As table 1 suggests, the majority of children in this cohort are female (55.3 percent) and nonwhite (20.0 percent are of Hispanic descent, 27.9 percent are African American, and another 5.9 percent are of other racial or ethnic origin). For this cohort of children, the average age at entry into care was 7.2 years (SD = 3.9).

Table 1

## CHARACTERISTICS OF STUDY COHORT

Characteristic	<i>N</i> (%) or Mean (SD)*
Gender:	
Male	259 (44.7)
Female	321 (55.3)
Race or ethnicity:	
White	268 (46.2)
Hispanic	116 (20.0)
African American	162 (27.9)
Other	34 (5.9)
Age at entry into care	7.2 (3.9)
Maltreatment type:	
Sexual abuse:	
Yes	91 (15.7)
No	489 (84.3)
Physical abuse:	
Yes	156 (26.9)
No	424 (73.1)
Neglect or caretaker absence:	
Yes	430 (74.1)
No	150 (25.9)
Emotional abuse:	
Yes	85 (14.7)
No	495 (85.3)
Behavior problems (problematic range $\geq 60$ ):	
Externalizing problems:	
Yes	275 (47.4)
No	305 (52.6)
Internalizing problems:	
Yes	221 (38.1)
No	359 (61.9)
Previous episodes in out-of-home care:	
Yes	162 (27.9)
No	418 (72.1)
Number of days in out-of-home care	473.1 (114.7)
Number of placement changes	3.6 (2.9) <sup>†</sup>

NOTE.—*N* = 605.

\* In this column, either *N* (%) or the mean (SD) are presented, depending on the type of variable.

<sup>†</sup> Standardized to account for varying lengths of stay in out-of-home placement over the 18-month study period.

Information on maltreatment type was originally collected from case records. The data presented here refer only to the surveyed episodes of out-of-home placement. They do not necessarily reflect the total maltreatment history of these children. As table 1 suggests, the majority of children entered this episode in out-of-home care because of reasons of neglect or caretaker absence (74.1 percent). Other maltreatment types include sexual abuse (15.7 percent), physical abuse (26.9 percent), and emotional abuse (14.7 percent).

The degree of behavioral problems is determined through scores obtained from the CBCL (parallel CBCL versions 2–3 and 4–18; Ach-

enbach 1991), which is a widely used measure of behavior problems and social competence. Its reliability and validity are well established. The CBCL is standardized by age and gender on large populations of children from different socioeconomic backgrounds, and it has previously been used in research with child welfare populations (e.g., Garland et al. 1996; Glisson, Bailey, and Post 2000). The CBCL was administered to foster caregivers, on average, 7.5 months after children entered their care. Children's internalizing and externalizing behavior scores are reported here. Given the considerable age heterogeneity of this cohort, standard *t*-scores are used. This allows the combination of results from subjects who used different versions of the CBCL. As table 1 suggests, close to half of the children (47.4 percent) scored in the problematic range (score  $\geq 60$ ) for externalizing behavior problems, and about 38 percent scored in the problematic range for internalizing behavior problems.

This was the first episode in out-of-home care for almost three-quarters of the children (72.1 percent). This group of children stayed in out-of-home care for an average of 473 days ( $SD = 114.7$ ). During this period, they experienced a total of 2,243 placements, with an average of 3.6 ( $SD = 2.9$ ) placement changes.<sup>4</sup> A placement is defined as a stay in any out-of-home care facility at which a child spent at least one night. Children experienced from zero to 15 placement moves over the 18-month period.

Table 2 presents an overview of the types of out-of-home care settings and other significant placement events. The table suggests that close to half of all placements were in nonrelative foster homes (46.6 percent). Of these homes, 21 percent served as emergency shelter homes. Placements in emergency shelter homes are limited to 30-day stays. Twenty-six percent of these placements served as long-term foster homes. About 13 percent of the placements were with relatives. Placement into family foster agency homes (FFAs) occurred in 84 instances. The FFAs are California's version of treatment foster care. Some FFAs served only as short-term homes. Altogether, 7 percent of the placements were in group homes or residential care. Some of these homes and settings serve a specific target population. The majority offer short-term stays, which are generally limited to 90 days.

San Diego's practice is to use a central receiving shelter as the gateway into out-of-home care. Accordingly, 28 percent of all placements were in that shelter. Placements into shelter are only counted as a placement if the child spent at least one night. Upon disruption of a placement, many children were returned to the same shelter by a foster parent or social worker before again beginning the placement process.

A small number of children (eight) entered care through medical (nonpsychiatric) facilities. This was due primarily to injuries or conditions related to the reasons (e.g., sexual abuse, physical abuse) for their

Table 2

## PLACEMENT TYPES AND OTHER PLACEMENT EVENTS

Placement Type and Event	N (%)
Placement types:	
Nonrelative foster homes:	1,045 (46.6)
Emergency care units	467 (20.8)
Long-term foster homes	578 (25.8)
Relative foster homes	294 (13.1)
Foster family agency homes	84 (3.7)
Group home or residential care:	149 (6.6)
Detention or short-term care centers	101 (4.5)
Long-term centers	48 (2.1)
Shelter care	619 (27.6)
Medical hospital	8 (.4)
Inpatient psychiatric	41 (1.8)
Other placement types	3 (.1)
Other placement events:	
Reunification	236 (81.9)
Running away episodes	47 (16.4)
Abductions	3 (1.0)
Transfer into another county's jurisdiction	1 (.3)
Death of foster child	1 (.3)

NOTE.— $N = 2,243$  for placement types, and  $N = 288$  for other placement events.

referral into care. This cohort also experienced 41 entries into inpatient psychiatric care.

Placement events that are not counted as placements include 236 reunifications with parents, 47 running away incidents, three abductions, and one transfer into another county's jurisdiction. One child died while in out-of-home care.

#### *Collection of Data on Reasons for Placement Change*

To obtain data on reasons for placement change, trained research assistants abstracted case files of the San Diego County Health and Human Services Agency. Training involved an orientation to the structure and organization of the case files. With the assistance of the trainer, each assistant abstracted approximately five case files. Subsequently, assistants abstracted 5–10 case files by themselves, and the abstracts were reviewed by the trainer.

Information on reasons for placement change was contained in several places in the case file. To standardize the abstraction process, guidelines were established to proceed through case files in a specified order, accessing objective data sources first (e.g., computer records of placements and financial information on placements). Court reports and progress notes are more subjective and variable in quality. They were abstracted as a last resort when other, objective sources were unavailable.



The goals of the abstraction process were to obtain as much information as possible on a particular placement change and, whenever possible, to confirm the specified reason for the change through corroboration in more than one section or data source. Abstractors were instructed to specify the source of their abstract, so that potential discrepancies between abstractors could be explained.

Each abstractor had a laptop computer with a downloaded master file of each child's complete placement history. Each history included the timing and the sequence of placements over the 18-month study period. The placement history data were abstracted from case files as part of the original FCMH study. They were based on financial documentation of children's stays in particular settings. While interrater reliability of the original placement history data was high, going back into the case files further permitted correction of any errors that were made.

The aim of the abstraction process was to identify the primary reason for the placement change. The abstraction of these data could be straightforward and, in some cases, lasted 5–10 minutes. In other instances, it was an involved process that on rare occasions required 2 hours. On average, a file could be abstracted in about 30–45 minutes. The files were generally in good condition. The rate of missing or incomplete data was low.

#### *Interrater Reliability of Abstractions*

Rigorous quality assurance mechanisms were established to ensure completeness and reliability of the data. Abstractors received extensive training and continued supervision. All case abstracts were reviewed for completeness by the principal investigator and entered into a master file. Abstractors were instructed to be detailed and specific, recording verbatim narrative from the case files. They were further instructed to seek consensus with a second abstractor when questions arose about a placement change. This involved having a second abstractor review a disputed placement change and deciding together whether the reason for the placement change could be determined. Consensus was sought for 13 percent of all files (not including case files specified for interrater reliability). Additional training occurred when it was determined that abstracts of a particular abstractor seemed ambiguous and incomplete.

Interrater reliability was assessed five times throughout the data collection process. This process involved randomly choosing between 1 and 2 percent of case files for independent review by each abstractor at specified intervals. Preestablished guidelines specified that abstractors would be retrained if interrater reliability fell below 90 percent. Using Cohen's kappa for nominal polychotomous data with two raters and generalized kappa for nominal polychotomous data with more than two

raters (see Fleiss 1971; Bartko and Carpenter 1976), the interrater reliability coefficients all were between .91 and .95.

#### *Missing and Incomplete Data*

Cases were excluded if the case file for a child could not be located or if a child's case file was missing and the information could not be obtained from a sibling's file. Altogether, 34 missing cases were identified for the eligible cohort of 771 children. These were all active (open) cases. The associated case files were located in social service agencies and were not accessible for review. In addition, there were 43 cases for which it was not possible to determine the reasons for some of the placement changes. This continued to be the case, even after seeking consensus. In some of these cases, no information was recorded about the placement change. In other cases, the reason for the placement change could not be found in the case file, or the placement change was mentioned in the case file, but no specific reasons were provided. Finally, in some cases, reasons for the placement change were reported, but no determination could be made as to the primary reason for the placement change.

#### *Coding of Data*

The coding of the abstracted narrative data was guided by the question, What was the primary reason cited for the child's placement change? Narrative data were thematically coded and labeled for descriptive ease, using a constant comparative method of analysis (Glaser and Strauss 1967). No formal coding theory was used, since this was not a qualitative study seeking understanding of a complex event. The coding process was both inductive and deductive. Inspection of individual narratives led to the identification of descriptive categories and assignment of quantitative codes. Each new narrative containing a reason for placement change was compared against categories developed during the review of earlier cases. This process was repeated until it was believed that all cases could be effectively classified into mutually exhaustive categories. The coding and classification process was further guided by a priori knowledge of the conceptual literature in this area. This literature indicates that placement changes occur for multiple reasons. Such reasons might include deterioration in the child's behavioral and emotional functioning, events in the foster family environment, and policy-guided placement changes (e.g., Proch and Taber 1985; Staff and Fein 1995).

Coding categories were identified by examining case files to compile reasons for placement changes. When possible, the list adopted the exact language of the files. All abstractors helped to construct this initial list from the files they abstracted. After a first complete review of the nar-

rative, the principal investigator assigned codes to each reason for placement change and expanded and refined the initial list of reasons. For subsequent reviews of the data (all data were reviewed at least three times), categories were narrowed and sharpened. The coding of data was an iterative process. Forty-six codes were subsequently collapsed into broader categories for use in subsequent multivariate analyses.

To apply the codes reliably to all placement changes, two interrater reliability checks were conducted. A second abstractor independently coded 20 percent of the files based on the initial list of codes. These files were randomly chosen. Using Cohen's kappa for polychotomous data with two raters, a coefficient of  $\kappa = .93$  was calculated. This reliability coefficient was very high and engendered confidence that the abstracted narrative could be reliably coded. To strengthen the coding process further, a second abstractor reviewed all placement changes that the principal investigator could not code with confidence. A second interrater reliability check occurred with the final list of codes. At that time, 10 percent of randomly chosen files were independently coded. A kappa of  $\kappa = .92$  was calculated.

### *Data Analysis*

Descriptive analyses provide frequencies of different types of placement changes. In a multivariate model, the hazard, or relative risk, of experiencing a first behavior-related placement change is tested. These tests use event history analysis, which has a number of advantages over other multivariate analytic methods (e.g., Allison 1984, 1995; Bolen 1998; Singer and Willett 2003). First, event history analysis models the rate at which an event occurs and the factors associated with the occurrence of the event. Second, it provides a mechanism for addressing censored cases that do not experience the event within the study period. The use of these censored events is particularly appropriate for this investigation, as a large proportion of children did not experience any behavior-related placement changes (see results).

All analyses were conducted using SUDAAN 8.0. This program allows for adjustment of sibling cluster effects when conducting event history analysis. Altogether, 390 sibling clusters were identified with up to six siblings in a cluster. Shenyang Guo and Kathleen Wells (2003) address the negative consequences of ignoring autocorrelated data in foster care cohorts. Autocorrelated data may arise from longitudinal studies, in which subjects are measured at different points in time. They may also arise from clustering, in which measurements are taken on subjects who share a common characteristic, such as belonging to the same family. The effects of sibling clusters need to be considered in foster care research, as siblings often enter or exit care at roughly the same time. Many states also mandate placement of siblings in the same home (e.g.,

Hegar 1988). Autocorrelated data violate independence of observation assumptions. Most standard statistical tests heavily depend on such assumptions (Heck and Thomas 2000). Ignoring autocorrelated data can lead to incorrect inferences about regression parameters. Such inferences may result from underestimated standard errors and inefficient estimators. (Additional details pertaining to the multivariate analysis are discussed in the results section.)

## Results

### *Descriptive Data on Reasons for Placement Change*

Table 3 presents the detailed list of reasons for changes of placement (COP) that this study identified. To facilitate presentation of these data, reasons for placement changes are thematically organized. The following four broad categories are identified: system- or policy-related COP, foster family-related COP, biological family-related COP, and behavior-related COP.

*System- or policy-related COP.*—As table 3 suggests, approximately seven out of 10 placement changes for this cohort of children occurred for system or policy reasons. Moves related to system or policy reasons are defined as those moves that occurred to implement procedural, policy, and system mandates. For example, they include moves to place a child with kin or with a sibling, as well as moves to settings of lesser restrictiveness. System- or policy-related moves also reflect such events within the service system as group home closings or funding problems. Most system- or policy-related moves were also routine or planned. Twenty-nine percent of all placement moves were routine moves into short-term homes. For example, these include moves from a shelter to short-term placement. About one in four moves were into long-term foster homes. Fifteen percent were moves to kin, while 1.3 percent of the moves were initiated for the primary purpose of reunifying siblings. Changes occurred for such reasons as closure of a home, lack of funding, placement coordination errors, and proximity to a child's biological family or school. The vast majority of children ( $N = 546$ ; 94.1 percent) experienced at least one system- or policy-related move. The average is 2.1 such moves ( $SD = 1.0$ ). The maximum is seven.

*Foster family-related COP.*—One hundred twelve children (19.3 percent) experienced foster family-related placement changes. About 85 percent of these children experienced only one such change during the 18-month period. The maximum for such moves is four. Some of these changes were precipitated by stressors or events occurring in the foster families (3.2 percent). In nine instances, the foster families moved; 14 foster families requested removal of a child because of vacation plans; two placement changes occurred because of the death of foster parents;

**Table 3**

DESCRIPTIVE FINDINGS FOR REASON FOR PLACEMENT CHANGE

Reason for COP	N	(%)
I. System- or policy-related COPs:	1,167	70.2
COP to short-term facility:	487	29.3
Shelter to short-term foster home	400	24.1
Step-down to short-term foster home	13	.8
Short-term foster home to another short-term facility	72	4.3
To short-term foster home after abduction	2	.1
COP to long-term facility:	394	24.0
To long-term foster home	374	22.5
Step-down to long-term foster home	12	.7
Moved to family friend	8	.5
COP to relative:	255	15.3
To relative	245	14.7
Permanent placement with relative	10	.6
COP with sibling:	22	1.3
Moves to be with sibling	17	1.0
Moves with sibling because of sibling's problems	5	.3
Other system- or policy-related COPs:	9	.5
Group home closes	3	.2
Moves to be closer to biological parent or school	4	.2
Placement coordination error	1	.1
Moves because of lack of funds	1	.1
II. Foster family-related COPs:	134	8.1
COP because of stressors or events in foster family's life:	62	3.7
Foster family moved	9	.5
Foster family goes on vacation	14	.8
Foster parent dies	2	.1
Foster parent leaves foster care	3	.2
Foster parent requests COP: can no longer care for foster child because of events or emergencies in life	30	1.8
Foster parent requests COP: cannot provide long-term care	3	.2
Foster parent requests COP: refuses to keep because of disagreement with court	1	.1
COP following complaints or abuse allegations against foster family:	72	4.3
Foster home is on hold: licensing problems	8	.5
Foster parent involved in criminal activities	8	.5
Sexual abuse allegations or sexually inappropriate behaviors	9	.5
Physical abuse allegations or physically punitive behaviors	15	.9
Neglect of foster kids	10	.6
Allegations of general violence in foster family	1	.1
Generally inappropriate behavior	3	.2
Protective issues: past abuse of children	4	.2
Fails to meet child's treatment needs	10	.6
Unspecified allegations	4	.2
III. COP related to problems with biological family:	34	2.0
Move to confidential placement	9	.5
Reentry following reabuse or failure to comply	18	1.1
Foster parent requests COP: conflict with biological parent	7	.4
IV. COP related to child's behavior problems:	328	19.7
Child's behavior cited as reason for COP	111	6.7
Foster parent requests COP: too much stress because of foster child's behavior	5	.3
Foster parent requests COP: cites foster child's behavior problems	100	6.0
Foster parent requests COP: foster child exhibits behavior problems, but social worker also has concerns about foster parent	14	.8
Foster child requests COP: documentation of behavior problems in home	9	.5

Table 3 (Continued)

Reason for COP	N	(%)
Mismatching of foster parent and foster child with documentation of behavior problems	5	.3
No specific reason given, but previous documentation of behavior problems	4	.2
Move to more restrictive facility to address foster child's emotional and behavioral needs:		
Group home or residential care	35	2.1
Foster family agency home	45	2.7

NOTE.— $N = 1,663$ ; COP = change of placement; “step-down” refers to changes of placement into less restrictive care environments.

three foster parents decided to discontinue foster care; in 30 instances, foster parents' personal situations or specific events were recorded as the primary reasons for the placement changes; three foster parents did not want to provide long-term foster care; and one foster parent requested a move because she disagreed with a court decision.<sup>5</sup>

A small number of placement changes (4.3 percent) were precipitated by complaints or abuse allegations against the foster families. Eight foster homes experienced licensing problems because of noncompliance with foster care regulations; another eight foster parents were reportedly involved in criminal activity. Nine placement moves occurred because of allegations of sexual abuse or sexually inappropriate behaviors, 15 placement changes were initiated because of allegations of physical abuse or excessive discipline, and 10 were initiated because of alleged neglect of the foster children. Domestic violence was reported in one case. Caseworkers mentioned the inappropriate behavior of three foster parents, noting that they were emotionally punitive, cold, or insensitive. Four placement changes occurred because social workers discovered that foster parents had abused a child in the past. In 10 instances, foster children were removed because the foster parents were described as failing to meet the children's treatment needs (e.g., not taking children to therapy).

*Biological family-related COP.*—A small number of children ( $N = 28$ ; 4.8 percent) were moved because of problems with the biological parents. These parents threatened and harassed foster parents and, in some cases, abducted the children from the foster homes. Nine children were subsequently moved from their foster homes, and the new placement locations were not disclosed to their biological parents. In seven placement changes, foster parents cited conflict with the biological parents. Eighteen reentries into care followed either reabuse by biological parents or failure to comply with court mandates. Altogether, 31 children experienced this type of change.

*Behavior-related COP.*—Multiple reasons frequently played a role in a placement failure. The reasons might involve both the actual behaviors of children and the coping strategies of the foster families. Because a change of placement is identified as related to a child's behavior does not mean that the child caused the placement disruption. It only means that the case file listed the child's behavior as in some way related to the primary reason for a change of placement. If the file did not provide any indication as to the primary reason for the child's removal (e.g., without providing further clarification, a worker might have expressed concerns about both the child's behavior and the foster parents' treatment of the child), the reason for the placement change was coded as undetermined, and the record was subsequently excluded from this analysis.

About 20 percent of all placement changes for this cohort of foster children could be specifically linked to children's behavior problems. In 111 instances, the initiators of the moves were not identified, but the case files cited child behavior problems as the reason for the placement changes. The foster parents were named as the initiators of the placement changes in 119 instances. In 14 of these instances, the social workers also expressed concerns about the foster parents. In five cases, social workers reported that the foster parents and children were mismatched, but documented histories of behavior problems were found.<sup>6</sup> In nine cases, the foster children requested the moves, and the case files noted extensive behavior problems. In four placement changes, no specific reasons for the changes of placement could be identified, but there was previous documentation of behavior problems. Another 80 placement changes were into higher-level settings (FFAs, group homes, or residential care) that specifically addressed children's emotional and behavioral problems.

Behavior-related placement changes were experienced by 141 children (24.3 percent). Children experiencing this type of placement change had 2.3 such changes on average ( $SD = 2.0$ ). About half of the children with such changes (49.6 percent) experienced one behavior-related placement change, another 22 percent experienced two behavior-related placement changes, and another 8.5 percent experienced three such changes. The remaining 20 percent experienced between four and 14 behavior-related placement changes over the 18-month study period.

#### *Proportion of Different Types of Placement Moves across Placement Changes*

Table 4 presents the proportion of different types of placement changes across the first six placement changes. The totals represent the number of children experiencing the respective placement changes. Of the 580 children in this study cohort, 28 did not experience any placement changes. About 7 percent of the children experienced more than six

Table 4

PROPORTION OF DIFFERENT TYPES OF PLACEMENT CHANGES ACROSS THE FIRST SIX MOVES

	Behavior-Related COP N (%)	System- or Policy-Related COP N (%)	Foster Family- Related COP N (%)	Biological Family-Related COP N (%)	Total*
COP 1	12 (2.2)	527 (95.5)	10 (1.8)	3 (.5)	552 (95.2)
COP 2	64 (14.3)	334 (74.9)	32 (7.2)	16 (3.6)	446 (76.9)
COP 3	65 (27.4)	113 (47.7)	55 (23.2)	4 (1.7)	237 (40.9)
COP 4	52 (34.7)	69 (46.0)	22 (14.7)	7 (1.2)	150 (25.9)
COP 5	32 (32.0)	59 (59.0)	7 (7.0)	2 (2.0)	100 (17.3)
COP 6	32 (52.5)	24 (39.3)	4 (6.6)	1 (1.6)	61 (10.5)
N	257	1,126	130	33	580
Total N of this type (%)	78.3	95.9	97.0	97.1	100

NOTE.—COP = change of placement.

\* The percentage figures in the total column represent the percentage of children experiencing the respective placement change rather than the total percentage across rows.

placement changes, with one child experiencing 15 placement changes. Data indicate that the vast majority of first (95.5 percent) and second (74.9 percent) placement changes were related to system or policy reasons. These percentages reflect San Diego's standard practice in the early 1990s: children were moved from the central shelter to an emergency care unit and, subsequently, to the intended placement site. The proportion of behavior-related placement changes increases from 2 percent to 53 percent over the six placement changes. The proportion of system- or policy-related placement changes decreases from 96 percent to 39 percent. Over 60 percent of the placement changes occurring from changes 7–15 were behavior-related (not shown). Figure 1 graphically illustrates that at the point of the sixth placement move, the proportion of behavior-related placement changes surpasses that of moves related to system or policy concerns.

#### *The Risk of the First Behavior-Related Placement Change*

Subsequent analysis tested the hazard or relative risk of experiencing a first behavior-related placement change. Careful consideration was initially given to modeling all different types of placement changes over time. Cases that experienced other types of changes would have been censored, and particular consideration would be given to issues of auto-correlation between placement changes over time. However, such analyses would be undermined by lack of statistical power. They also would not be conceptually sound. For example, the number of changes related to foster or biological families was quite small, and statistical power across



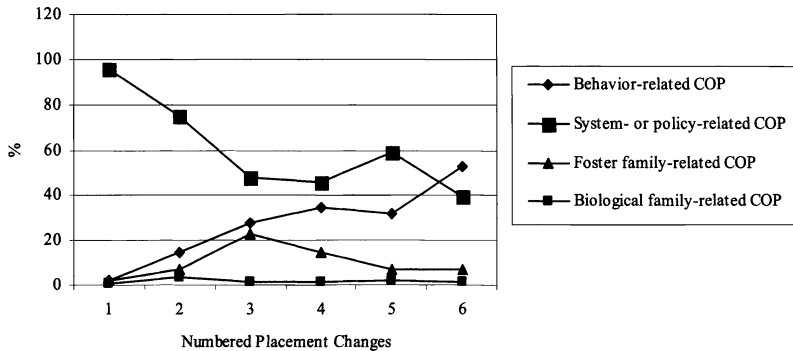


FIG. 1.—Different types of placement changes across the first six moves. Note: COP = changes of placement.

different placement changes would be insufficient to predict first or second changes. Furthermore, different types of moves might be predicted by different covariates. For example, characteristics of the foster family are likely to be important predictors of foster family-related changes. System-level characteristics, such as caseworker decision-making processes or bed availability, might very well influence the occurrence of system- or policy-related moves. This not only complicates the analyses but also oversteps the limits of the available data.

Figures 2 and 3 present the cohort's survival function and cumulative hazard rate, respectively, for experiencing a first behavior-related placement change. The survival probability for each individual is the probability of not yet having a placement disruption by a specified time (Allison 1984; Singer and Willett 2003). The probability decreases most rapidly during the first 200 days. However, the probability of surviving to the end of the 18-month (or 549-day) study period still is .76.

Figure 3 presents the cumulative hazard function. This "assesses, at each point in time, the total amount of accumulated risk that individual *i* has faced from the beginning of time until the present" (Singer and Willett 2003, p. 488). The cumulative hazard function can be estimated using the negative log survivor function method, which is based on Kaplan-Meier survivor function estimates. The diminishing slope to the curve in figure 3 indicates that the risk of a placement disruption grows at a slower rate over time. The risk or hazard is greatest during the first 100 days following entry into care. The hazard curve diminishes in steepness between 100 and approximately 300 days. It begins to flatten thereafter.

*Covariates.*—The choice of covariates was based on known empirical and conceptual significance. The majority of covariates (gender, race or ethnicity, behavior problems as measured by CBCL scores, and stays in kinship care) are associated in some way with the stability of foster care

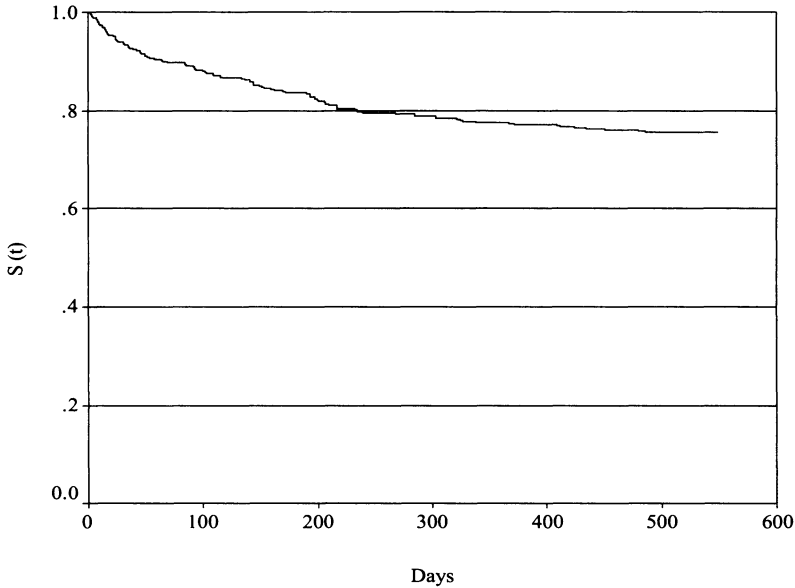


FIG. 2.—Survival function of first behavior-related placement change

in at least some studies (e.g., Pardeck 1984; Wells and Whittington 1993; Iglehart 1994; Barber and Delfabbro 2003; James et al. 2004).<sup>7</sup> The role of the type of maltreatment has not previously been examined. Still, its inclusion in the model is justified by evidence that various types of maltreatment affect child outcomes (e.g., Trickett and McBride-Chang 1995). Three variables are examined to consider how having other types of placement changes affects the occurrence of a behavior-related placement change. The first two are subcategories of the system- or policy-related placement moves. Including these variables permits examination of whether routine moves (defined as standard moves from shelters to short-term care and from short-term to long-term care) and moves intended to benefit the child (e.g., moves to kin or with siblings) increase the risk of a behavior-related placement change. The third change variable captures moves that are related to problems in either the foster family or the biological family. The two types of moves are combined because of their relatively small number.

*Multivariate analysis.*—The Cox model demands proportionate hazard rates among the covariates. To confirm that this is the case, tests were conducted for the interactions between each of the covariates and time (Allison 1995). No significant interactions are found. This suggests that a Cox proportional hazards model is appropriate.

Table 5 presents results for the Cox proportional hazards model. The log-likelihood chi-squares at the bottom of the table indicate differences

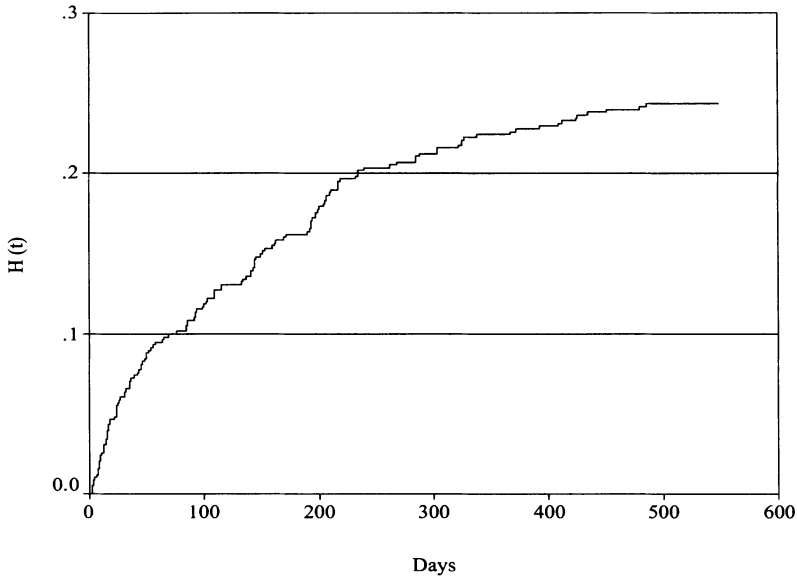


FIG. 3.—Cumulative hazard function of first behavior-related placement change

in models with and without the covariates. As indicated by the  $p$ -value, the covariates statistically significantly predict the relative risk of first behavior-related placement change. With respect to individual covariates, the increased risk of a first behavior-related placement change is associated with older age at entry, the presence of externalizing problems in the problematic range, and entry into care because of emotional abuse. One unit increase in age increases the hazard of experiencing a first behavior-related placement change by 13 percent. The relative risk of a behavior-related move increases by 48 percent if a child entered care because of emotional abuse. Externalizing behavior problems are associated with a 243 percent increase in risk. Since CBCL scores were collected prior to the first behavior-related placement change for only 25 percent of uncensored cases, their inclusion does not disentangle the relationship between behavior problems and placement change. Days in kinship care and the number of moves are associated with a lowered hazard of a behavior-related placement change. A child's hazard of experiencing a behavior-related placement change is reduced by 1 percent with each day spent in kinship care. A greater number of routine placement moves is associated with a 46 percent decrease in hazard. Obviously, this last finding suggests that routine system moves do not contribute to an increased risk of behavior-related placement change. The two placement change variables are not statistically significant predictors, nor are gender, race or ethnicity, or any of the other maltreatment-type variables or internalizing behavior problems.

Table 5

COX REGRESSION MODEL PREDICTING THE RELATIVE RISK OF THE FIRST BEHAVIOR-RELATED PLACEMENT CHANGE (EMPIRICAL ESTIMATES)

Variable	Beta Coefficient	SE	Wald	p-Value	Risk Ratio
Gender (male = 0)	.30	.20	2.39	.12	1.35
Age at entry (1-year intervals)	.12	.02	30.35	.000	1.13
Race or ethnicity:			1.89	.13	
Hispanic	-.14	.20			.87
African American	.11	.20			1.12
Other	-.79	.39			.45
White (reference group)	.00	.00			1.00
Maltreatment type (no = 0):					
Sexual abuse	-.20	.27	.57	.45	.82
Physical abuse	.15	.20	.57	.45	1.17
Neglect or caretaker absence	.11	.22	.27	.61	1.12
Emotional abuse	.39	.19	40.12	.04	1.48
Behavior problems (no = 0):					
Internalizing	.12	.23	.25	.61	1.12
Externalizing	.89	.23	15.38	.000	2.43
Prior out-of-home care episodes	-.11	.18	.27	.54	.90
Days in kinship care	-.01	.00	46.22	.000	.99
No. of routine placement moves	-.61	.11	29.30	.000	.54
No. of planned placement moves to kin or siblings	.19	.22	.75	.39	1.21
No. of other disruptive moves	-.26	.15	3.07	.08	.77
	Without Covariates	With Covariates	Model $\chi^2$	df	p-Value
-2 log likelihood	1,757.20	1,575.31	181.90	17	.00

## Discussion

Child welfare experts generally agree that placement instability is a serious problem that adversely affects outcomes for foster children (e.g., Newton et al. 2000; Smith et al. 2001; Barber and Delfabbro 2002). It also presents a considerable challenge to social workers who are faced with finding new and appropriate foster placements for affected children, often on short notice. To promote placement stability, it is important to understand the reasons that lead to placement change.

For this cohort of children, only one-fifth of all placement changes were related to child behavior problems. Rather, about 70 percent of all placement changes were the result of system or policy mandates. San Diego County's extensive utilization of short-term facilities accounts for 29 percent of all system- or policy-related changes. Some children spent extended time periods in such facilities. Children entered care through

short-term facilities and cycled through them again after many placement disruptions. While the use of shelters and short-term facilities might facilitate more efficient assessment of foster children's immediate needs, they also add additional moves to children's placement histories.

Concerns about the high number of system moves are tempered by findings from the multivariate analysis, which suggests that a greater number of routine moves does not increase the hazard of experiencing a first behavior-related placement change. In fact, the event of behavior-related placement change is predicted by lower numbers of routine moves. Children who experienced behavior-related placement changes experienced the first behavior-related move, on average, 135 days following entry into care. This move tended to follow one or two standard moves (e.g., from shelter to short-term care, from short-term care to long-term care). While this finding eases some of the concern about the high number of system moves, this study cannot clarify whether repeated system moves contribute to other adverse outcomes.

The remaining 10 percent of the placement changes were prompted by stressors or events occurring in the foster families' lives, complaints or abuse allegations against foster families, and concerns about interference by the biological families. While only 8 percent of the placements disrupted because of factors related to the foster families, some of the reasons provided are nonetheless disconcerting. There is evidence from the literature that providing additional financial and emotional support to foster parents translates into higher retention rates, greater satisfaction, and improved child functioning (e.g., Chamberlain, Moreland, and Reid 1992). In order to decrease the rate of foster family-related placement disruptions, child welfare systems might have to consider ways to support foster parents more effectively. It might also be necessary to review and, if necessary, improve screening and training procedures for prospective foster parents. Foster family-related moves are not statistically significantly related to risk of behavior-related placement change.

Abstraction of case file data for this study provides the overwhelming impression that placement changes, particularly unplanned placement changes, present a considerable challenge to caseworkers. In some instances, workers received a 7-day notice from the foster parent that a placement was about to disrupt. In many other instances, foster children were simply dropped off at shelters, or foster parents asked workers to remove the children immediately. Caseworkers are under enormous pressure to identify appropriate foster homes from the limited pool available and to meet the policy demands regulating placement change. By policy, appropriate placements must consider the level of restrictiveness required to meet each child's needs. Whenever possible and if appropriate, children should be placed with kin and should remain with siblings. Efforts should be made to place children in culturally matched

homes. They should also be placed close to their original community, in order to facilitate visitation by the biological parent. Changes in placement for most foster children also imply changes in community, friends, and schools. Because these competing interests must be addressed within a limited time frame, it is not surprising that San Diego County relies so extensively on short-term placements.

The multivariate analysis suggests that the risk of behavior-related placement changes is predicted by some previously examined covariates: older age at entry and externalizing behaviors in the problematic range. While the current analysis cannot determine whether high levels of behavior problems were already present prior to the first behavior-related placement change, the cumulative hazard function suggests that the relative risk of experiencing the first behavior-related placement change is highest during the first 100 days after entry into care. This suggests that factors contributing to behavior-related placement change might be present at the time children enter care or that they develop them shortly afterward. Children who experience behavior-related placement changes might fall into the group of high-risk foster children that David Fanshel (1992) describes as being in need of special treatment services. This also echoes James Barber, Paul Delfabbro, and L. L. Cooper's (2001) assertion that more intensive or residential care options are needed for children who are older and have high rates of behavior problems. In general, the current findings suggest that analyzing the reasons for placement changes is potentially important for disentangling the complicated relationship between the number of placement changes and behavior problems (Newton et al. 2000).

Emotional abuse is predictive in the current analysis. Entering out-of-home care because of emotional abuse increases the risk of behaviorally related placement changes by 48 percent. Interpretation of this finding is not obvious. The maltreatment literature suggests that emotional or psychological maltreatment is the core component of all forms of child abuse and neglect (e.g., Myers et al. 2002). There is significant evidence of the serious developmental consequences that emotional abuse has for children (e.g., Hart, Binggeli, and Brassard 1998). In this cohort, emotional abuse is statistically significantly correlated with neglect or caretaker absence. The vast majority of children who entered care because of neglect or caretaker absence were removed from their families because of chronic parental substance abuse and familial dysfunction. Future studies should more closely examine the relationship between maltreatment and placement instability.

Another result confirming the literature is that stays in kinship care decrease the risk of first behavior-related placement changes. Kinship care is associated with decreased rates of reunification (Courtney 1994) but also with more stable placement histories (Iglehart 1994). The reasons for this are not clear. There is evidence of comparable rates of

behavior problems among children placed into kinship care and non-relative foster homes (Dubowitz et al. 1993). Perhaps relatives have a different level of commitment to the child and thus have a higher rate of tolerance for problems. Perhaps caseworkers perceive events occurring in a kinship home differently.

One implication of this study's findings is that behavior-related placement disruption needs to be taken seriously; it is associated with other variables that indicate risk for a foster child. Behavior-related placement change could, therefore, serve as a clear marker for needed and immediate intervention. A recent analysis (James et al. 2004) finds that the rate of outpatient mental health service use almost doubles following the first behavior-related placement change. This indicates an appropriate system response to a disruptive event, but it remains unknown whether the mental health services provided address the problems and are effective in preventing future behavior-related placement changes. Several studies suggest that externalizing behaviors are particularly prevalent among foster children (Pilowsky 1995; Landsverk et al. 1996; Garland et al. 2000) and seem to drive placement instability (Smith et al. 2001; James et al. 2004). The current study confirms that much energy should be focused on treating these problems. A growing body of literature affirms the effectiveness of a variety of treatments in addressing disruptive behaviors. This is true in general and in particular for foster children (Chamberlain and Mihalic 1998; Epstein, Kutash, and Duchnowski 1998; Henggeler et al. 1998; Burns and Hoagwood 2002). However, disruptive behaviors are often not regarded as mental health problems, and mental health care providers may not be reimbursed if the primary diagnosis is one of conduct disorder. This means that the primary problem associated with placement disruption may be left unaddressed under current systems of care.

From a methodological standpoint, case file abstraction is useful for identifying the reasons for placement changes. Previous concerns about this data collection method focus not only on the reliability of case file abstractions but particularly on the validity of entries made at the caseworker level (Shlonsky 2002). Some of these concerns can be effectively addressed by standardizing the abstraction process, accessing objective data sources first, verifying information across the case file, and repeatedly establishing interrater reliability. This method, while tedious and time consuming, also has the advantage of providing access to rich qualitative data.

### Study Limitations

Several limitations must be acknowledged. First, the study's cohort is biased toward children with longer stays in care. Thus, the average

number of placements for this cohort is likely larger than for cohorts that include all children who enter out-of-home care. However, excluding children with shorter stays would likely not have increased the rate of disruptive or behavior-related placement changes; placement instability is consistently linked to longer stays in care (Pardeck 1984; Goerge 1990).

Second, this study also excludes children with the most volatile placement histories. This reflects that clinical survey data could not be collected for children who had frequent placement changes. Excluding these children is likely to produce conservative estimates in the multivariate analysis.<sup>8</sup> This exclusion also points to an interesting methodological dilemma in foster care research, namely, the difficulty of obtaining reliable and timely clinical data for the most vulnerable children in out-of-home care.

Third, data on reasons for placement change are based on information abstracted from case files. While these data are drawn from a variety of documents (e.g., financial and computerized records, court reports, and social worker narratives), they for the most part reflect the social workers' perspectives on why placement changes occurred. It is not known how much these perspectives objectively capture the circumstances that lead to placement changes. Studies are needed to measure the perspectives of foster parents and children in determining the reasons. Such studies would provide additional perspectives and would allow researchers to assess to what extent such perspectives converge.

Finally, San Diego's heavy utilization of short-term facilities limits the extent to which these study findings can be generalized to other service systems. Other systems that are less reliant on short-term facilities would be expected to have a higher proportion of behavior-related placement changes.

## Conclusion

The majority of children who experienced behavior-related moves in this cohort did so shortly after entering out-of-home care. This suggests that a percentage of children might enter care with attributes or conditions (older age, evidence of externalizing problems) that demand immediate intervention if the risk of experiencing behavior-related placement change is to be reduced. Findings from this study suggest that behavior-related placement change could serve as a critical marker for needed and targeted intervention. While high degrees of movement are promoted in some service systems by system policies and mandates, the current results suggest that such routine moves do not increase the child's risk of behavior-related placement changes.



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## Notes

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1. The Child Welfare League of America sent questionnaires to the following types of League member agencies: group homes, child-care institutions, and residential treatment centers.

2. All children entering out-of-home care between May 1990 and October 1991 were eligible to participate in the study. However, consent by each child's caretaker was required for enrollment. For children ages 8 and older, the child's assent was required. Caretaker consent or child assent was obtained for about 82 percent of the eligible cohort.

3. With regard to the original FCMH study, interrater reliability for the abstraction of placement history data from case files was calculated at  $\kappa = .88$  (Garland et al. 1996).

4. The average number of placement changes represents a standardized figure to account for varying lengths of stay in care over the 18-month study period.

5. Of the 14 foster families requesting removal of the child because of vacation plans, seven provided long-term care and seven provided short-term care. Unfortunately, the case files provide only limited information surrounding the foster parents' requests. In one instance, there is an indication that the planned vacation might have served as a

reason to take a break from foster care. In two instances, the children were returned to the foster parents following their vacation. In two other cases, there were plans to return the child to the foster parent after vacation. However, in one case, the new caretaker (a relative) decided to keep the child. In the other case, the plans apparently did not materialize, but no reason was provided why the child was not returned to the foster parent following vacation. Finally, there was one instance in which a child had to enter a second, 30-day short-term foster home because the first short-term foster parent went on vacation before a long-term home could be identified.

6. The term "mismatching" was generally used in the case files to indicate that a child's needs and a foster parent's characteristics or caretaking style were not a good fit. This type of placement change reason was only counted as behavior related if there was prior documentation of child behavior problems.

7. The CBCL scores in the final model only serve as a gross indicator of behavioral functioning: 75 percent of CBCL scores (for uncensored cases) were obtained following the first behavior-related change.

8. When compared with the frequency of other reasons for placement change, the proportion of behavior-related changes is comparable among the 719 children for whom data are available on full reasons for placement change.