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## Age-specific risk factors associated with placement instability among foster children

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### ABSTRACT

Placement instability places foster children at an increased risk of negative developmental outcomes. Previous research has yielded inconsistent results on risk factors for placement instability. Therefore, we investigated two research questions: (1) Which child attributes and case histories are associated with placement disruptions (moves indicative of child, agency or caregiver dissatisfaction with the existing placement)?; and (2) How do associations of child attributes and case histories with placement disruptions vary by developmental stage –early childhood (0–5 years), middle childhood (6–12 years), and adolescence (13 years or older)? Using a complete entry cohort of 23,765 foster children in Texas, our results demonstrated that the effects of different risk factors varied by placement end reason and across developmental stages. Of note, kinship placement, compared to non-relative foster care, and placement with all siblings were each associated with an increased risk of substandard care disruptions. Placements with females or Hispanic children were at an increased risk of child-initiated disruption, whereas placements with Black children were more likely to end due to placement mismatch or substandard care reasons. Finally, the adolescence age group was always associated with the greatest increase in risk regardless of disruption reason. These findings provide researchers, caseworkers, and policymakers important information on the risk factors for placement instability among children in foster care.

### 1. Introduction

Over 400,000 U.S. children are in foster care on any given day, and about 6% of all U.S. children will have been involved in foster care by age 18 (U.S. Department of Health & Human Services, 2017; Wildeman et al., 2014). Children usually become involved in foster care after experiencing abuse, neglect, or risks to their safety, and foster care is intended to provide a safe and stable temporary setting. Yet, state foster care systems have long struggled to provide stable placements (U.S. Department of Health & Human Services, 2012). This is in part due to system level issues, such as shortages of foster placements, limited caregiver training, and leniency towards kinship licensure. Placement instability is distressful for children (Unrau, Seita, & Putney, 2008) and may worsen behavior problems (Rubin, O'Reilly, Luan, & Localio, 2007).

To ensure foster care is a protective and stable environment, it is important to understand the risk factors for placement instability. Although prior research has linked some child and case attributes with risk of placement change (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Rock, Michelson, Thomson, & Day, 2013), most of this research focused on whether placement

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change occurred or not, rather than the reasons for the change. Yet placements end for a variety of reasons. Some placement changes serve desirable proactive goals such as moving children to be placed with their siblings, whereas other placement changes are reactive and suggestive of serious concerns about children's adjustment and welfare. We identify three types of placement changes that are indicative of serious concerns in the previous setting (hereafter, we term these *placement disruptions*): child-initiated (e.g., child ran away from placement), substandard care (e.g., violations of standards of care), and placement-mismatch (e.g., caregiver unable to handle child behavior problems). The current study investigated two research questions: (1) Which child attributes and case histories are associated with placement disruptions?; and (2) How do associations of child attributes and case histories with placement disruptions vary by developmental stage?

## 2. Prior research on placement instability

Children develop through interactions between their individual characteristics and the proximal environment (Bronfenbrenner & Morris, 2006) and a child's previous experiences shape their capabilities and interactions with new environments. Characteristics of the children and their proximal environments might increase the likelihood of a placement disruption within the foster care system (risk factors), whereas others might decrease the likelihood of a placement disruption (protective factors). One meta-analysis of 26 studies and a total of 20,650 foster children identified older age, externalizing behavior, previous residential care, and previous placements as risk factors for instability (Oosterman et al., 2007). Additional risk factors for placement instability identified in prior research include disability status, placement in emergency shelters, physical abuse as the maltreatment type, and separate placement from siblings (Connell et al., 2006; Authors; Koh, Rolock, Cross, & Eblen-Manning, 2014; Steen & Harlow, 2012). Both placement with kin and placement with siblings have been identified as protective against placement instability (Connell et al., 2006; Rock et al., 2013; Steen & Harlow, 2012). Previous research provides inconsistent findings regarding the links between children's race or gender and placement stability (Connell et al., 2006; Webster, Barth, & Needell, 2000), which may reflect differences in geography (Steen & Harlow, 2012) or study design. Yet, scientific evidence on risk and protective factors for placement instability is almost exclusively based on a monolithic construct indicating whether or not a placement change occurred in a given period of time, despite the various reasons for placement change. Indeed, the importance of why children move is recognized in the U.S. federal child and family services reviews, where the performance standard for placement stability excludes moves that further foster children's case goals or are considered in their best interests (U.S. Department of Health & Human Services, 2017). The exclusion of such moves sends a strong signal that there is no desire or intent to reduce or discourage such moves. When a child is moved to live with a relative or to be placed with siblings, such a move requires no antecedent harm or dissatisfaction with the prior placement and, because such arrangements are encouraged, there is no presumption of harm to the child. On the contrary, when a child moves because either they or the foster parent is unwilling to continue the arrangement, or because the arrangement provides inadequate or substandard care, both the structure of policy, practice, and common sense dictate that such disruptions have the potential to distress children. Thus, these types of placement disruptions are the focus of this study.

In addition, risk factors for specific placement disruptions depend on a child's developmental stage. At each stage of development, children have specific needs and vulnerabilities and face unique challenges associated with adjustment, bonding, child-caregiver interactions, and risk behaviors (Harden, 2004). The only study to our knowledge that examined risk factors for placement instability by developmental stage found that externalizing behavior problems were linked with increased risk of placement change in middle (ages 6–10), but not early (ages 1–5), childhood (O'Neill, Risley-Curtiss, Ayón, & Williams, 2012). Although that study provided important information on age-specific risk factors for instability, the small sample size and broad operationalization of placement instability limit the findings' generalizability. In the current study, we examined three developmental periods: early childhood (0–5 years), middle childhood (6–12 years), and adolescence (13–18 years).

## 3. Placement disruptions

Placement disruptions refer to placements that end for reasons associated with the suitability of an existing placement, rather than the desire to place a child in a more policy-preferred setting. In our prior research (Font, Sattler, & Gershoff, 2018), we identified three subtypes of placement disruptions. The first type was *child-initiated disruptions*, which include placements ending because the child ran away or refused to stay. The second type was *placement mismatch*, in which the child's needs exceed the caregivers' abilities or tolerance. Specifically, these are placements ending due to child behavior problems or increased level of care (i.e. an increase in the expertise and resources of a placement to meet a specific child's needs). The third type was associated with *substandard care*. Substandard care disruptions include placement endings that were initiated by child protective services if a placement was found to violate state standards of care or to put children at risk, such as unauthorized contact with the biological parent. Despite some research documenting the various types of placement change (Cross, Koh, Rolock, & Eblen-Manning, 2013; Font, 2015; James, 2004), there are very few studies that identify how child and case-related risk factors predict type of placement change. To prevent instability, it is essential to have a clear understanding of how and why a child is at risk of placement change.

### 3.1. Child-initiated disruptions

Children in foster care are not passive individuals in their placements and they may refuse to stay in their placement or run away. Of course, child-initiated disruptions are not generally relevant for children in the developmental stage of 0 to 5 years because they do not likely have the autonomy or ability to run away from placements. Although not widely studied in the context of placement

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