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Profile of children placed in out-of-home care: Association with permanency outcomes



Svetlana Yampolskaya^{a,*}, Patty Sharrock^a, Mary I. Armstrong^a, Anne Strozier^a, Jayme Swanke^b

^a College of Behavioral and Community Sciences, University of South Florida, United States

^b Southern Illinois University Edwardsville, United States

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ABSTRACT

The goals of this study were to explore characteristics and profiles of children who received out-of-home care services and to examine the relationship between their profiles and permanency outcomes. Results of latent class analysis suggest that there are three distinct subgroups of children served in out-of-home care (N = 33,092): *Children with Complex Needs* (6%), *Children in Families with Complex Needs* (64%), and *Older Abused Children* (30%). Of the three identified subgroups *Children with Complex Needs* consisted of youth who were at greater risk for adverse outcomes. These children were less likely to experience timely adoption, had the longest length of stay in out-of-home care, and were least likely to experience timely reunification. Although permanency outcomes for *Older Abused Children Abused Children are* somewhat better than for *Children with Complex Needs*, they represent a vulnerable population of youth in out-of-home care who have a very low chance of being adopted. Overall, this study suggests that service provision by itself may not improve permanency outcomes for children unless both prevention and intervention efforts address co-occurring family needs and are tailored to specific characteristics of the children being served. © 2013 Elsevier Ltd. All rights reserved.

1. Introduction

Although the number of children living in foster care across the United States has steadily decreased over the last six years, there were over 400,000 children nationally who did not have permanent placements at the end of fiscal year 2011 (U.S. Department of Health and Human Services et al. [USDHHS], 2012). The challenge of addressing the permanency needs of maltreated children is illustrated in a median foster care stay of 13.5 months (USDHHS, 2012) and a 12% foster care reentry rate within 12 months of discharge (USDHHS, 2011). When serving children who have been placed in out-of-home care, the fundamental responsibility of the child welfare system is to return them to a familial environment where their safety, permanency, and well-being can be sustainably ensured. This is codified in the Adoption and Safe Families Act of 1997 through provisions requiring reasonable efforts to reunify children with their families, along with timely permanency hearings and adoption proceedings to facilitate the identification of appropriate and permanent placements.

A logical prerequisite to achieving positive and stable outcomes for children placed in out-of-home care is the provision of comprehensive and effective services to meet the individual needs of children and their families. Moreover, services need to be flexible, they must address co-occurring problems, and there should be a match between family

E-mail address: yampol@usf.edu (S. Yampolskaya).

0190-7409/\$ - see front matter © 2013 Elsevier Ltd. All rights reserved. http://dx.doi.org/10.1016/j.childyouth.2013.11.018 problems and the types of services provided to address differences in child and family needs (Appleyard & Osofsky, 2003; Choi & Ryan, 2007; Littell & Schuerman, 2002). In their study on co-occurring problems of substance-abusing mothers in the child welfare system, Choi and Ryan (2007) found that although the overall percentage of matched services was generally low, when services were matched to specific needs, the likelihood of family reunification was significantly improved. Marsh, Ryan, Choie, and Testa (2006) also found a significant positive relationship between the degree of progress made by families on identified co-occurring problems and reunification rates.

Addressing co-occurring needs is a particular concern for child welfare professionals because the children and families they serve are known to experience an array of challenges. For example, studies have demonstrated that children in foster care have high rates of medical problems (Fussell & Evans, 2008), emotional and behavioral problems (Burns et al., 2004; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004), parental substance abuse issues (Thompson & Auslander, 2007; Vaughn, Ollie, McMillen, Scott, & Munson, 2007), and delinquency (Jonson-Reid & Barth, 2000; Widom, 1991). In addition, families involved in the child welfare system have documented substance abuse problems, domestic violence issues, and challenges related to low socio-economic status (Coultan, Korbin, & Su, 1999; Drake, Jonson-Reid, & Sapokaite, 2006; English, Edleson, & Herrick, 2005; Green, Rockhill, & Furrer, 2007; Kohl, Barth, Hazzen, & Landsverk, 2005; Phillips, Burns, Wagner, & Barth, 2004).

The research also illustrates that the presence of these problems is often associated with adverse permanency outcomes. Studies have shown that socio-economic or health problems can hamper timely

^{*} Corresponding author at: Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, College of Behavioral and Community Sciences, University of South Florida, MHC 2435, 13301 Bruce B. Downs Blvd., Tampa, FL 33612-3807, United States. Tel.: + 1 813 974 8218.

exit from out-of-home care. For example, a study by Heggeness and Davis (2010) found that children from families qualified for federal IV-E funding (as a proxy measure of poverty) experienced exit from placement at half the rate of those whose families were not eligible for IV-E funding. Findings from other studies demonstrate the association between having a mental health diagnosis and significantly longer stays in out-of-home care (Glisson, Bailey, & Post, 2000; Kemp & Bodonyi, 2002; Vogel, 1999). In contrast, Hussey and Guo (2005) linked a history of parental alcohol abuse with shorter lengths of stay, but their sample was restricted to children placed in residential treatment centers.

Family-related factors such as poverty, history of domestic violence, and substance abuse and mental health problems have been linked to a decreased likelihood of reunification and the hindrance of reunification plans. Both Courtney (1994) and Fernandez (1999) found that the presence of poverty in the family (as measured through Temporary Assistance for Needy Families [TANF] or Aid to Families with Dependent Children receipt or public housing membership) reduced the reunification rates. The relationship between parental substance abuse problems and reduced chances of successful reunification was demonstrated in studies by Green et al. (2007) and Littell and Schuerman (2002). In addition, findings from a study by Brook, McDonald, Gregoire, Press, and Hindman (2010) indicated that children who were removed from their homes due to parental drug abuse had to wait for reunification 200 days longer than parents who did not have such problems.

Furthermore, Cheng (2010) showed that the likelihood of reunification was adversely associated with identified needs for domestic violence services and Grella, Needell, Shi, and Hser (2009) found that mothers with psychiatric problems were less likely to be reunified with their children. In addition, child behavioral and emotional problems have been found to have a negative effect on achieving timely reunification. Study results from Landsverk, Davis, Ganger, Newton, and Johnson (1996) indicated that children with behavioral or emotional problems were half as likely to experience successful reunification as children with no mental health problems.

Similar factors have been found to negatively impact successful adoption outcomes for maltreated children. For example, increased levels of poverty of the birth family, the presence of health problems, having mental health disabilities, externalizing behavior problems or the presence of emotional disturbances were associated with decreased likelihood of adoption (Courtney & Wong, 1996; Leathers, Spielfogel, Gleeson, & Rolock, 2012; Snowden, Leon, & Sieracki, 2008).

Although the literature is informative in regard to the factors influencing achieving permanency for children, studies most often examine family characteristics and child characteristics as independent predictors. Only a small body of literature exists on the effect of cooccurring problems and to our knowledge, no studies exist that examine the differences in permanency outcomes across subgroups of children with similar characteristics and needs. The multiplicity of problems presented by children and their families involved in the child welfare system can be a serious challenge to service providers not only because of the necessity of addressing co-occurring issues but also because little is known about the combinations of needs for this population. This critical knowledge gap increases the difficulty of developing effective interventions and could be socially and financially expensive when services do not result in the desired positive outcomes.

The value of having information about subgroups of children with different combinations of characteristics may be substantial because it will allow for services to be targeted to specific empirically-identified groups and for interventions and service integration mechanisms to be developed that could address multiple co-occurring needs. Arguably, there may be distinct subgroups that are potentially identifiable on the basis of demographic information, other individual characteristics (e.g., their health status, maltreatment type), and their families' needs. In addition, the risk of longer lengths of stay in outof-home care and permanency outcomes might vary among these subgroups.

To address this gap in information about the profiles of children served in out-of-home care and the relationship between these subgroups of children and their permanency outcomes, various characteristics of children served in Florida's foster care system were examined to answer two research questions. First, can discrete subgroups of children served in out-of-home care be identified? Second, how do these subgroups differ in terms of their definitional characteristics and case outcomes?

2. Method

2.1. Sample characteristics

The sample for this study included all children who were removed from home and received at least one day of services in out-of-home care during fiscal year 2008–2009 (N = 33,092). The study population consisted of 49% females. Children's age at the time they were placed in out-of-home care ranged from birth to 18 years (M = 6.42, SD = 5.39). The race/ethnicity distribution of the sample was 39% African American, 48% Caucasian, 11% Hispanic, and 2% Other. Approximately 25% of children had been placed in out-of-home care previously, and 29% were in four or more placements after being removed from the home.

2.2. Data sources

All data for this study were obtained from Florida's Statewide Automated Child Welfare Information System—the Florida Safe Families Network (FSFN). This administrative database contains information collected from numerous sources by child protective investigators and case workers about all children in the state of Florida reported as being maltreated, including data related to demographics, family structure, child physical and mental health issues, maltreatment history, parental substance abuse, children's placement status, the results of child protective investigations, children's outcomes after discharge from out-ofhome care, and dates of children's entry into and exit from different placements.

2.3. Measures

2.3.1. Child demographic characteristics

Characteristics included gender, age at the time of first placement into out-of-home care, and race/ethnicity, which was categorized into Caucasian, African American, Hispanic, and Other.

2.3.2. Family structure

Three types of family structure were examined: (a) two-parent family, (b) female single-parent family, and (c) male single-parent family. A dichotomized variable was created identifying each family structure. The child was considered to have a two-parent family regardless of whether both caregivers were biological parents and regardless of caregivers' marital status.

2.3.3. Child's health status

Child's health status was measured by three variables operationalized according to standardized national definitions and reporting requirements (National Data Archive on Child Abuse & Neglect, n. d.): (a) the presence of any severe emotional problems such as adjustment, attention deficit, and reactive attachment disorders; (b) the presence of any serious physical health problems such as disabilities that adversely impact the child's daily functioning; and (c) the need for special care for chronic physical or mental health conditions. Each health status variable was coded as 1 if the records indicated that the child had the specified health problem and 0 if not. Download English Version:

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