



Predictors of successful permanency planning and length of stay in foster care: The role of race, diagnosis and place of residence

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Abstract

Permanency planning has been the accepted practice of the American child welfare system for the past quarter-century. Permanency planning for foster care is the process of taking prompt, decisive action to maintain children in their own homes, or to permanently place them with other families. This study examined the significant predictors of successful permanency planning and length of stay in foster care for children served by the child welfare system in Florida. A retrospective study was made of children who had been placed into and exited foster care in Florida between July 1, 1998, and December 1, 1999. Each child ($n=7807$) was studied for 12 months from the day of entry into foster care. The relative importance of factors contributing to the outcome of permanency planning was determined using logistic regression. Results showed that across the state, the child's geographic district of residence was the single most important predictor of outcome. Geography accounted for a 7-fold difference among districts in the rate of successful permanency planning. Other factors that helped determine the outcome of permanency planning were race, presence of a mental disorder, developmental disabilities and placement in therapeutic foster care.

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1. Introduction

Permanency planning has been the accepted practice of the American child welfare system for the past quarter-century. The Adoption and Safe Families Act (ASFA) (P.L. 105–89) attempts to assure permanency planning and requires increased attention to the rate and speed with which permanent placement is achieved for children placed in foster care. According to recent national estimates, there has been a 65% increase in the number of children in foster care in the past decade (Parkinson, 2003). ASFA reduced the number of months a child may remain in foster care without a permanency hearing from 18 months to 12 months. The legislation also placed an emphasis on timely decision-making for children in foster care, including shortening the time to decide whether parents can achieve reunification and encouraging the use of case planning and concurrent permanency planning to find adoptive or other permanent homes for foster children in a more timely fashion.

In Florida, more than 70,000 cases of documented child maltreatment were identified in 2002, resulting in more than 22,000 children being placed in foster care. Although foster care is intended to be temporary, there is mounting evidence that the foster care system is not operating as planned. Despite ASFA, more children than ever before are entering foster care, staying longer than federally mandated, and reentering the foster care system after unsuccessful attempts at reunification.

Children in foster care are of special concern because they are a particularly vulnerable population at high risk for behavioral health problems (Early & Mooney, 2002; Farmer et al., 2001; Shin, 2005). The range and difficulty of problems in the foster care population include high rates of emotional, behavioral, and developmental problems as well as medical conditions and impaired functioning (Becker, Larsen, & Jordan, 2002; Harman, Childs, & Kelleher, 2000; Klee, Kronstadt, & Zlotnick, 1997). Emotional and behavioral health care expenditures for children in foster care that are unsuccessfully reunified are 61% higher than expenditures for children that are successfully reunified (Becker, Jordan, & Larsen, 2006). Further, children with multiple foster care placements have significantly higher odds of entering the delinquency or criminal justice systems. As the number of children in foster care rises, there is a profound impact on the quality of care in the child welfare system. In Florida, the immediate fallout from increasing numbers of foster care children includes overcrowded foster homes and escalating caseloads for child welfare workers.

The purpose of this study is to identify factors associated with successful permanency planning after an occurrence of documented child maltreatment and foster care placement. This study extends our knowledge by focusing on successful permanency planning as an outcome. Implications for policy will also be discussed.

2. Literature review

Previous research examining predictors of length of stay in foster care and permanency outcomes have focused on three distinct time points, including (1) entry to foster care (Beeman, Kim, & Bullerick, 2000; Grogan-Kaylor, 2000; Scannapieco, Hegar, & McAlpine, 1997; Zuravin & DePanfilis, 1997); (2) exit from foster care (Barth & Jonson-Reid, 2000; Becker et al., 2002; Brown, Lipien, Trinidad, & Yampolskaya, 2001; Kemp & Bodonyi, 2002; Potter & Klein-Rothschild, 2002); and (3) reentry to foster care (Festinger, 1996; Wells & Guo, 1999). Although these studies differed in their choice of independent variables as well as statistical and sampling approaches employed, some consistent findings have emerged.

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