



Foster Care Reentry: A survival analysis assessing differences across permanency type



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ABSTRACT

Foster care reentry is an important factor for evaluating the overall success of permanency. Rates of reentry are typically only measured for 12-months and are often evaluated only for children who exit foster care to reunification and not across exit types, also known as 'permanency types'. This study examined the odds of reentry across multiple common permanency types for a cohort of 8107 children who achieved permanency between 2009 and 2013. Overall, 14% of children reentered care within 18-months with an average time to reentry of 6.36 months. A Kaplan-Meier survival analysis was used to assess differences in reentry across permanency types (including reunification, relative guardianship and non-relative guardianship). Children who achieved guardianship with kin had the lowest odds of reentry overall, followed by guardianship with non-kin, and reunification with family of origin. Children reunifying against the recommendations of Children and Family Services had the highest odds of reentry. A Cox regression survival analysis was conducted to assess odds of reentry across permanency type while controlling for demographics, services, and other risk factors. In the final model, only permanency type and cumulative risk were found to have a statistically significant impact on odds of reentry.

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1. Introduction

Foster care is designed to be a temporary solution for children who cannot safely live in their homes. The goal of the foster care system is to achieve a permanent placement for the child as quickly as possible, through either stabilization of the child's family of origin or by finding alternative, permanent care for the child (i.e., adoption or guardianship). However, for some children, the chosen 'permanent' placement following an episode of foster care dissolves through a failed reunification, adoption, or guardianship placement, leaving them to re-enter the foster care system.

In the U.S. the Adoption and Safe Family Act (ASFA) of 1997 was a significant reform aimed at decreasing time to permanency and foster care stays, among other things. States are now required to report on a variety of case-level outcomes through the Adoption and Foster Care Analysis and Reporting System (AFCARS) related to safety and permanency. One of those federally mandated data points for states related to the achievement of ASFA's goals is a child's reentry into the foster care system. Rates of reentry into foster care vary widely by state and are likely underestimated due to the fact that federal guidelines only require tracking of reentry for 12-months. Evidence has shown that reentry is likely a problem well beyond

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the 12-month timeframe (Shaw & Webster, 2011), indicating that outcomes related to permanency are much worse than reported.

Ideally, interventions of the child welfare system should help promote family stability and prevent the need for future child welfare involvement. However, child welfare involvement does not always improve the family situation. In fact one study found that children who had been temporarily removed from the home as a result of an abuse/neglect case experienced a second substantiated report of abuse or neglect 79.3% of the time (Solomon & Åsberg, 2012). While this example does not directly mirror the occurrence of reentry into foster care after an episode of out of home placement, reentry is most often preceded by another occurrence of abuse and neglect (Kimberlin, Anthony & Austin, 2009). Additionally, this finding is an indicator that removal from the home may not fully address the family issues and ensure long-term safety and stability for children.

Understanding more about reentry rates over time, as well as, which children are at greater risk of re-entering the system is critical since reentry can lead to many negative outcomes including, poor outcomes for children, drain on state resources, and ultimately an indication that the child welfare system did not achieve its goal of safety and permanency for the child (Carnochan, Rizik-Baer, & Austin, 2013; Kimberlin et al., 2009). However, a current challenge in our understand of reentry has been the literatures focus on children who have been reunified with their families of origin, leaving a gap in the research regarding the risk of reentry across various permanency types.

2. Reentry into foster care

Reentry is problematic for both the child welfare system and the families themselves. For the child welfare system reentry places a resource strain on an already overwhelmed system. For children reentry often means children have experienced repeat maltreatment, additional family disruptions and develop difficulty with forming healthy attachments (Carnochan et al., 2013; Kimberlin et al., 2009). Due to reentries association with negative outcomes researchers have sought to identify how frequently reentry occurs and which groups are more at risk.

2.1. Rates of reentry

It's challenging to get a clear picture of the different rates of reentry as they vary based on length of time observed, type of permanency achieved, and population risk factors. One study in a single U.S. county found 14% of children who had achieved reunification within 2 years of first foster care entry reentered the system within 12 months (Wells & Guo, 1999). Another longitudinal study following children post-permanency for 2–10 years found that 37% of children who were reunified with their family of origin or achieved permanency through kinship care reentered foster care with an average time to reentry of 26.7 months (Lee, Jonson-Reid, & Drake, 2012). A California study following a cohort of children who had shorter lengths of stay in foster care (less than 12 months) found that 13.3% reentered within the year after achieving permanency (Shaw, 2006).

Several studies have looked beyond single-sites in order to grasp rates of reentry nationally. In one such cohort study following reunified children over 8 years, researchers found around 25% of children nationally reenter care, but that number ranged widely by state from 21% in the lowest reentry state to 38% in the highest (Wulczyn, Hislop, & Goerge, 2000). Another study with a national data set, including only children between 5 and 12 who had reunified with their families of origin, found that 16.28% reentered within the 36-month study period with an average time to reentry of 6.91 months (Barth, Weigensberg, Fisher, Fetrow, & Green, 2008).

The latest federal report from the Administration of Children and Families reporting on outcomes from 2009 to 2012 indicates the median rate across U.S. states for reentry is 11.9%, ranging from 2.3% (North Carolina) to 27.8% (Pennsylvania). The report notes that states with higher rates of children age 12 and over entering foster care also had higher rates of reentry (U.S. Health and Human Services, Administration for Children and Families (ACF), 2013).

2.2. Variables impacting reentry

Despite the varied findings on the scope of the problem researchers and practitioners have attempted to understand what factors place children at a higher risk of reentry. Consistent across their findings are characteristics broadly related to the child/family and the child's experience in the foster care system as impacting rates of reentry. For example, Wells and Guo (1999) found in their Ohio cohort study of children who were reunified with their families that children who were African American and older in age had higher risk of reentry. In addition to demographics they found that the experience of the children while in care was also a risk factor, for example children with more placements and those in care for shorter amounts of time had an increased risk of reentry. The strongest predictor of reentry found in the study was placement type, specifically those whose last placement was a relative foster home had lower rates of reentry than all other placement types.

Additional studies have further corroborated Wells and Guo's (1999) identification of the importance of child/family characteristics when assessing risk of reentry (Kimberlin et al., 2009). Consistent with Wells and Guo, Yampolskaya, Armstrong, and King-Miller (2011) found that increased age was associated with maltreatment; however others have found indication that age may be more a more complicated factor, with one studying finding that infants and older youth (above age 11) have higher risk (Shaw, 2006). Other child and family factors have also been found to increase risk such as, parental drug/alcohol

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