A study of essential factors for successful placement of foster care children in a Georgia metropolitan county.

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ABSTRACT

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A STUDY OF ESSENTIAL FACTORS FOR SUCCESSFUL
PLACEMENT OF FOSTER CARE CHILDREN IN A
GEORGIA METROPOLITAN COUNTY

Committee Chair: Robert W. Waymer, Ph.D.

Dissertation dated May 2014

This study examines the factors that likely contribute to successful placement of foster children in a metropolitan county in Georgia. All subjects of this study are foster children of the Georgia Department of Human Services, Division of Family and Children Services (DFCS), DeKalb County. One hundred and twenty-three (123) children 15 years old and above, voluntarily agreed to participate in the study. The study utilized a self-administered foster-child survey.

A survey questionnaire was administered in the agency’s regularly scheduled group meetings during the months of March and April 2010. The groups’ sizes varied between 10-20 youth who averaged 40-minutes to complete the survey. Various studies show neglect is a dominant factor in determining placement of a child in foster
care. A diverse range of studies also revealed that foster care children experience multiple types of maltreatment, e.g., neglect, emotional, mental, sexual, or physical abuse, psychosocial disorders, or parental absence, that lead to removal from their home and parents. Thirty-six percent of the survey sample showed child neglect as the biggest factor for the child's placement in foster care, followed by 26% of placements due to multiple forms of maltreatment.
A STUDY OF ESSENTIAL FACTORS FOR SUCCESSFUL
PLACEMENT OF FOSTER CARE CHILDREN IN A
GEORGIA METROPOLITAN COUNTY

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
ALICIA MARTIN

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ATLANTA, GEORGIA
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CHAPTER I
INTRODUCTION

When a child enters into foster care, the young person and his or her family experience a disruption in the family unit. This disconnection in a child's life continues to cause disorder throughout the child's foster care placement. Placement disruption or placement instability is used interchangeably. Research states that multiple placements have detrimental effects on children in foster care. Rubin et al. (2007), for example, states that multiple placements are alleged to affect children's attachment to primary caregivers, as well as potentially leading to psychopathic and other problematic outcomes, such as externalizing behavioral problems.

Rubin et al. (2007) study also states that children with frequent placement disruptions are more likely to develop behavior problems than children who achieved early stability. Rubin et al. (2004) research further posits that placement instability may also affect the quality of care. Placement moves lead to poor health care management for foster children, making them more likely to rely on hospital emergency department visits. Instability of foster care placement is also associated with higher mental health costs. Unfortunately, the impact of multiple placements on children in foster care has been a major topic in child welfare policy for many years.
No child should be deprived of a stable and lasting family life, except for urgent and compelling reasons. This principal of family stability was first adopted more than one hundred years ago at the 1909 White House Conference on Dependent Children (Children’s Bureau, 1967). While progress has been made in preventing the unnecessary removal of children from their parents and in finding other permanent families for children who are unable to return home, concerns remain for the thousands of children who are left behind in foster care and run the risk of experiencing multiple placements (Bazelon Center for Mental Health Law, 2003).

Foster care is rooted in 16th and 17th century “child savers” and “social reformers” opposition to practices and entities that failed to protect the thousands of children separated from their biological families or caregivers in the United Kingdom and sent to the colonies as indentures or to serve as apprentices to farmers and tradesmen. Children as young as six years old were housed in almshouses or workhouses with poverty-stricken, dependent elderly, ill adults that sometimes also included unsavory dwellers. The private and public child protection system emerged in response to secular and religious groups’ hostility to the continued victimization of children and youth under the Elizabethan poor laws “relief system” brought into the colonies by English settlers (Everett, 1995).

Today, public relief and child protection is a multi-dimensional and complex support system for the support and care of families and children, of which foster care is but one. An out-of-home placement of needy, neglected and/or abused children—foster care—is just a single, complex program of the regulated and publicly funded Child Welfare System’s services.
Foster care provides 24-hour, seven day per week care to maltreated children or arranges for children whose parents' condition or behavior prevents them from appropriately carrying out their parental responsibilities. Neglected and abused children are placed in a variety of foster settings: relative foster home (kinship care), non-relative family foster homes, group homes, residential treatment, and institutional care (Everett, 1995).

In a 2008 article published in the Huffington Post (2008), Marion Wright Edlemen, founder and CEO of the Children’s Defense Fund, states: “...every 36 seconds a child is confirmed as abused or neglected; [and that] many remain invisible to those who could help them” (p. 168). She further relates, “On any given day, four or five children die in the United States as a result of abuse or neglect and a child is abused or neglected every 40 seconds” (Huffington Post, 2008, p. 168). Unfortunately, a significant percentage of children placed in foster care experience multiple disruptions in placement while social workers are attempting to find the right foster parent and a suitable foster setting for the child.

Foster care services are provided in all states and are typically administered directly through county social services departments or contracts between the states, private and nonprofit agencies. The placement of vulnerable and at-risk children in out-of-home care occurs for a multiplicity of reasons: neglect, physical abuse, threat of harm, a child's treatment needs, sexual abuse, a child's behavioral problems, emotional abuse, parental treatment needs, domestic violence, parental absence, a parent's voluntary request for temporary help, a court order for removal, or legal actions (Everett, 1995).
In the U.S. Department of Health and Human Services (DHHS) Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) report (Sedlak et al., 2010), more than 1.25 million children (an estimated 1,256,600 children) experienced maltreatment during the NIS-4 study year 2005-2006, which corresponds to one child in every 58 in the United States. The study also showed 61% (an estimated 771,700) were neglected and 44% (an estimated 553,300) were abused. However, it is unknown if physical injuries were detected, but the resultant damage of abuse and neglect can, if not treated, prevail over generations.

According to a 2012 Children’s Defense Fund report, 19,976 children in Georgia were victims of abuse and neglect; 6,895 were in foster care, and 108,245 grandparents were raising grandchildren (kinship care). Of the 2,484,242 children living in Georgia, 24.8% are poor, and 11.3% live in extreme poverty.

While the largest percentage of children enters foster care as a result of the most common form of maltreatment—neglect and multiple types of abuse, other determinant factors include: care giver or child substance abuse, family hardship, educational neglect, abandonment, homelessness, parental illness or imprisonment. A number of studies show that children are coming into foster care because of a plethora of social problems (Barbell & Freundlich, 2001).

Foster care, a short term agreement between the foster parent, the Division of Family and Children Services (DFCS), and the biological parent(s), is only intended to be a temporary arrangement to mitigate a breakdown in the family unit. The primary goals of foster care placement are to provide maximum protection for the child, facilitate and ensure that a child’s growth and development takes place in a safe, permanent ‘family’
setting, and to ultimately keep families together as a unified, stable and secure unit. The child welfare system’s goals for children in out-of-home placement are: reunification with their biological parents; adoption by family members or foster parents; or preparation for independent living (Everett, 1995). However, in Georgia, DFCS also grants foster parents or friends of the family (fictive kin) guardianship of adolescents in foster care.

Statement of the Problem

A 2012 Child Welfare Information Gateway report states that, nationally, in 2010, nearly half (48%) of all foster children lived in homes of non-relatives. Just over one-quarter (26%) lived in foster homes with relatives (kinship care). Fifteen percent (15%) lived in group homes or institutions, 4% lived in pre-adoptive families and the rest lived in other types of facilities. In 2010, the faces in foster care were: non-Hispanic white children, who made up about 54% of all American children under age 18, yet accounted for 41% of foster children; Black children, who are about 14% of all children in the U.S., accounted for 29% of foster children; Hispanic children (who can be of any race) constitute 23% of the U.S. child population, accounted for 21% of children in foster care.

Year after year, an alarming number of African-American families are experiencing disruption in the family unit. Black children are coming into foster care because of major societal problems such as high rates of family and child poverty, homelessness, unemployment, HIV/AIDS, unequal education, family and community violence, and racism; all of which has deleterious effects and directly impact child
well-being and the child welfare system. As indicated by the U.S. Department of Health and Human Services, these factors and others—including children’s exit from and return to foster care—namely, a shrinking pool of qualified adults who desire to foster or adopt; placement into care by other child serving social service systems, e.g., mental health and juvenile justice, are contributing to large caseloads of families with complex needs. The child welfare system must respond to these needs while ensuring the safety of children and protecting the rights of both children and families.

A data snapshot report from The Casey Foundation (2012) using information from the AFCARS Data file shows a dramatic decline in the number of children in foster care. According to the Casey sponsored research, between 2002 and 2012 the U.S. foster care population declined 23.7% from 523,616 children to 399,540 children. The African American foster care population showed the most dramatic decline, 47.8%, accounting for nearly three-quarters of the overall decline, followed by a 2.5% decrease in the number of Hispanic children in care.

Ten states accounted for 90% of the decline beginning with California at the top of the list, followed by—in descending order of percentage of decrease—New York, Florida, Ohio, Illinois, Maryland, Pennsylvania, Michigan, Georgia, and New Jersey (McKlindon et al., 2011). Landsverk and Garland (1999) estimate that between one-half and two-thirds of the children who enter care have behavioral or emotional problems that warrant mental health treatment. Similarly, Gilberti (1999) also found that growing numbers of children with serious emotional problems are being handed over to child welfare agencies so that residential treatment can be arranged.
Unfortunately, abuse and neglect may or may not decrease once a child enters foster care. Many children continue to experience maltreatment while in foster care (Courtney et al., 2001; Courtney & Terao, 2005; Tyler & Melander, 2010). In addition to mental health problems, many of the children have developmental impediments (Garland et al., 2000). Other studies indicate that in addition to higher than average rates of emotional disorders, children in foster care often have physical disabilities (Chipungu & Bent-Goodley, 2004; Garland et al., 2000).

African-American children, in particular, have consistently been over-represented in the foster care population (Tyler & Melander, 2010); current data show no decline in this trend. Bartholet et al. (2011) state that actual Black maltreatment rates are significantly higher than White rates, including evidence that Black children had higher maltreatment rates because of various other markers of maltreatment including maternal arrest, rates of traumatic brain injury, parent self-reported maltreatment, intentional injury deaths, and homicide.

The study also stated black children suffer worse outcomes from incidents of maltreatment, including higher death rates following child abuse, higher rates of death after traumatic brain injury, and higher mortality rates among those referred to child welfare. These forms of psychosocial problems, without a doubt, contribute to the challenges faced by foster parents and child welfare case managers attempting to provide foster children with a stable and loving home environment. The federal government has only recently placed stronger emphasis on “stability” as a key component for defining “adequate” foster care (Bartholet et al., 2011; DHHS Federal Guidelines, 2001).
Bartholet et al. (2011) also state that study evidence contradicts the argument that Black children are included at high rates in the child welfare system because of racial bias. This is not to say the evidence negates the validity of racial bias in the system. Racial bias does exist in the system, operating in ways that lead Black children to be either over- or under-served. But the study found no evidence that initiatives that put emphasis on reducing the high representation of Black children in foster care will provide a path to the delivery of more equitable services.

Other studies have examined the behavior of children in foster family care and found a relationship between children's problematic behaviors and their age, gender, ethnicity, and prior placement history. Younger children have fewer behavioral problems, boys exhibit more problematic behaviors than girls, and African-American children show fewer signs of behavioral problems (Fein, Maluccio, & Kluger, 1990). Fanstel, Finch, and Grundy (1990) noted more severe behavioral problems among children who had experienced three or more placements as opposed to their peers with more stable placements.

Children who are removed from their homes and placed in foster care often experience detrimental short- and long-term effects. Researchers estimate that 30% to 80% of children in foster care exhibit emotional and/or behavioral problems, either from their experiences before entering care or from the foster care experience itself (Chipungu & Bent-Goodley, 2004). Chipungu and Bent-Goodley (2004) also stated that children in care face emotional and psychological challenges as they try to adjust to a new and often changeable environment. Within three (3) months of placement, many children with
severe attachment disorder may exhibit signs of sleep disturbance, hoarding food, excessive eating, self-stimulation, rocking, or failure to thrive.

**Purpose of the Study**

The purpose of this study is to examine the factors that are likely to contribute to successful placement of children in the foster care system in a metropolitan county in Georgia. The study was designed to examine foster care settings inclusive of family foster homes, group homes, and institutions. Participants in the study sample population were 123 African-American foster care youth, age 14-18 years old, currently in the DeKalb County Independent Living Program (ILP).

**Research Questions**

The research questions of the study were as follows:

1. Is there a relationship between age and neglect in placement disruption of foster care children?
2. Is there a relationship between gender and physical abuse in placement disruption of foster care children?
3. Is there a relationship between age and sexual abuse in placement disruption of foster care children?
4. Is a relationship between gender and sexual abuse in placement disruption of foster care children?
Hypotheses

The null hypotheses for the study were as follows:

1. There is no statistically significant relationship between age and neglect in placement disruption of foster care children.

2. There is no statistically significant relationship between gender and physical abuse in placement disruption of foster care children.

3. There is no statistically significant relationship between age and sexual abuse in placement disruption of foster care children.

4. There is no statically significant relationship between gender and sexual abuse in placement disruption of foster care children.

Definition of Terms

Child abuse and neglect is defined by federal and state laws and the Child Abuse Prevention and Treatment Act (CAPTA). The federal legislation provides minimum standards that states must incorporate in the statutory definitions of child abuse and neglect (Child Welfare Information Gateway, 2012, p. 3).

CAPTA defines child abuse and neglect as any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act that presents an imminent risk of serious harm (Child Welfare Information Gateway, 2012, p. 3).

Foster care is a living arrangement for children who a child protective services worker or a court has decided cannot live safely at home. Foster care arrangements include a variety of care settings: non-relative foster homes, relative foster homes
(kinship care), group homes, child care institutions, pre-adoptive homes, and residential treatment group homes (Child Welfare Information Gateway, 2012, p. 4).

Treatment foster care placement, also called therapeutic foster care, involves placement of children with foster families who have been specially trained to care for children with certain medical or behavioral needs. Examples include medically fragile children, children with emotional or behavioral disorders, and HIV/AIDS children. Treatment foster care placement is preferred over residential or group care because it maintains children in a family setting (Child Welfare Information Gateway, 2012, p. 20).

Residential group care is placement for children that have physical or behavioral needs that require the structure and services of residential or group settings (also called congregate care and institutional care). These settings include community-based group homes, campus style residential facilities, and secure facilities. Almost one-fifth of children in out-of-home care live in residential group homes. Residential programs may be operated by public or private agencies and often provide an array of services including therapeutic services for children and families, educational and medical services (Child Welfare Information Gateway, 2012, p. 18).

Child Protective Services (CPS) is the social services agency designated (in most states) to receive reports, conduct investigations and assessments, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently this agency is located within larger public social service agencies, such as departments of social services (Child Welfare Information Gateway, 2012, p. 3).
Emotional neglect is a failure to provide adequate nurturing and affection or the refusal/delay in ensuring that a child receives needed treatment for emotional or behavior problems. Emotional neglect may also involve exposure to chronic or extreme domestic violence (Child Welfare Information Gateway, 2012, p. 5).

Educational neglect is a failure to ensure that a child’s educational needs are met. Such neglect may involve permitting chronic truancy, failure to enroll a child in school, or inattention to special education needs (Child Welfare Information Gateway, 2012, p. 5).

Fictive kin is defined as people not related by birth or marriage but has an emotionally significant relationship with an individual (Child Welfare Information Gateway, 2012, p. 6).

Group home is a residence intended to meet the needs of children who are unable to live in a family setting and do not need a more intensive residential service. Homes normally house 4 to 12 children in a setting that offers the potential for the full use of community resources, including employment, health care, education and recreational opportunities. Desired outcomes of group home programs include full incorporation of the child into the community, return of the child to his or her family or acquisition by the child of the skills necessary for independent living (Child Welfare Information Gateway, 2012, p. 7).

Guardianship is the transfer of parental responsibility and legal authority for a minor child to an adult caregiver who intends to provide permanent care for the child. This can be done without terminating the parental rights of the child’s parents. Transferring legal responsibility removes the child from the child welfare system (CWS),
allows the caregiver to make important decisions on the child's behalf and establishes a long-term caregiver relationship for the child. In subsidized guardianship, the guardian is provided a monthly subsidy for the care and support of the child (Child Welfare Information Gateway, 2012, p. 7).

Institutionalization is the practice of placing children or youth in hospitals, residential treatment, institutions or orphanages. Institutionalization has been associated with developmental delays due to environmental deprivation, poor staff-child ratios, lack of contact with normal societal learning situations, or lack of consistent care giving. The term may also be used to describe the damage caused by people so accustomed to life in an institution that they have difficulties assuming or resuming life outside the institution (Child Welfare Information Gateway, 2012, p. 9).

Kinship care is the full-time care, nurturing and protection of a child by relatives, members of their tribe or clan, godparents, stepparents, or any adult who has a kinship bond with the child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment (Child Welfare Information Gateway, 2012, p. 11).

Medical neglect is failure to seek medical or dental treatment or to comply with medical advice for a health problem or condition that, if left untreated, could become severe enough to represent a danger to the child (Child Welfare Information Gateway, 2012, p. 13).

Out-of-home care is an array of services, including family foster care, kinship care, and residential group care, for children who have been placed in the custody of the
state and who must reside temporarily away from their families (Child Welfare Information Gateway, 2012, p. 15).

Physical abuse is child abuse that results in physical injury to the child. This may include, burning, hitting, punching, shaking, kicking, beating or otherwise harming a child. Although an injury resulting from physical abuse is not accidental, the parent or caregiver may not have intended to hurt the child. The injury may have resulted from severe discipline, including injurious spanking, or physical punishment that is inappropriate to the child’s age or condition. The injury may be the result of a single episode or repeated episodes and can range in severity from minor marks and bruising to death (Child Welfare Information Gateway, 2012, p. 16).

Physical neglect is failure to provide for a child’s basic survival needs, such as nutrition, clothing, shelter, hygiene, and medical care. Physical neglect may also involve inadequate supervision, reckless disregard of the child’s safety and welfare (Child Welfare Information Gateway, 2012, p. 16).

Placement stability is ensuring that children remain in stable out-of-home care, avoiding disruption, removal and repeated placements that have harmful effects on child development and well-being. In the Federal and Family Services reviews, placement stability is one of the four composites used as the basis for national standards for permanency outcome 1: Children have permanency and stability in their living situations (Child Welfare Information Gateway, 2012, p. 16).

Sexual abuse according to the Child Abuse Prevention and Treatment Act (CAPTA), is the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in or assist any other person to engage in, any sexually explicit
conduct or simulation of such conduct for the purpose of producing a visual depiction of
such conduct, or the rape, and in cases of caretaker or interfamilial relationships, statutory
rape, molestation, prostitution, or other form of sexual exploitation of children, or incest

Substance abuse is a pattern of substance use that results in at least one of four
consequences:

1) Failure to fulfill role obligations;
2) Placing oneself or others in danger (e.g., driving under the influence);
3) Legal consequences;

Significance of the Study

This study examines factors that are likely to contribute to successful placement
of foster children. It is critical that social work research fill in the identifiable literature
gap to assist in successful placement outcomes for children in out-of-home care—of
which almost 50% are African-American—attain and maintain stable, safe, affectionate,
and secure continuing care that protects their well-being. The available research on
reasons for foster care placement and the limited research on factors that contribute to
placement disruptions overwhelmingly show and confirm that abuse and neglect
significantly adversely impact a child’s development of social skills, effective coping
abilities and interpersonal relationships (Prino & Peyrot, 1994).

Research also shows abusive interactions are often threatening and cyclic in
nature, perpetuating further discord. The social interactions of physically abused and
neglected children indicated that abused children were four times as likely to be both verbally and physically abusive toward their caregivers compared to non-abused children (Howes & Espinosa, 1985).

African-American children are disproportionately represented in foster care. Many Black children are suffering from abuse and neglect. As social workers, it is imperative that child protective systems facilitate placement outcomes that aid Black children’s development into independent, viable adults after foster care. According to a Smith et al. (2001) 12-month study, up to 50% of children in foster care disrupted from their placement and had to be moved to another home or to a more restrictive setting.

Placement disruptions may lead to long term difficulties for children as they learn to be distrustful of foster care parents, case managers and the foster care system. Moreover, children who experience maltreatment are at increased risk of engaging in delinquent behavior (Ryan & Testa, 2005).

This paper aims to shed light on the perceived problems related to why Black children disrupt from foster care placements. Comprehensive knowledge about what causes or contributes to disruptions and the factors that form successful placements will help heal dysfunctional family relationships, and put a stop to children’s reentry into the foster care system.
CHAPTER II
REVIEW OF THE LITERATURE

Although little is known about the mechanisms responsible for the increased risk for disruptions, the use of substitute care placements (foster care) and placement instability remain a vexing problem for child welfare agencies across the country (Havliceck, 2010). The researcher will provide a review of the current literature on how placement instability or disruption effects successful foster care placements.

Historical Perspective of Child Welfare Services

Throughout history women wanted to give birth to their own children. Many believed they could not bear children which contributed to their feeling of “not being women,” or that they were “cursed” or being “punished” by God. Having multiple children was believed to be a blessing from God. In Genesis 9:1, God blessed Noah and his sons, saying: “…be fruitful and increase in numbers and fill the earth” (Holy Bible, NIV). As people passed through generations they began to treat children as a curse from God instead of a blessing.

Today, due to a plethora of societal ills (i.e., poor parenting skills, economic stress, drugs, alcohol, violence, and domestic violence), many children are being neglected and abused (Solomon & Serres, 1999). Children have been beaten, burned, raped, prostituted, starved, tortured, and abandoned by parents. A study by Bernard et al.

The History of Child Welfare Services: The UK to America

The Elizabethan Poor Law Act of 1601 was England's national government's consolidated laws that assigned the welfare role to local parishes. However, when the parishes, supplanting the Church of England's role, could not meet the government required funding to assure relief-giving functions, the government became the chief enforcer and supplier of poor relief. The Elizabethan Poor Laws represented, on balance, a positive policy, even though it required able-bodied persons work in the poorhouses, and urged relatives to care for their own impoverished kin. The poor laws provided a foundation for welfare, and unemployment relief; initiated public works; regulated local prices to help poor assistance recipients with food, clothing, wood and health care; allowed removal of a child from abusive households; and gave legal protections to apprentices (Jansson, 2001).

The "new world" settlers patterned the colonies' family and children poor relief system after the English, including implementing punitive polices for people who were unemployed, dependent and destitute, while labeling some as unworthy and despicable (at fault for their own predicament). The English system provided service to three tiers of the poor: "worthy poor"—ill, crippled, insane, and the aged; "unworthy poor"—able-bodied but "unwilling" to work; and, later, the "unemployed poor" (Geiser, 150-151). A poor person or family could be auctioned to a low bidder who would take care of them —indentured servitude—in return for payments from local officials.
Impoverished children were shipped from English cities to Virginia and other colonies as indentured servants. Those who survived the harsh, primitive travel conditions to arrive in the American colonies were treated as commodities; they did not have the legal protections provided in 18th century England (Zinn, 1980). As explained by Wollons (1990), thousands of children were brought to the colonies as indentures:

...the indenture system tried to maintain household governance and the family system by placing children in homes while training them for future employment. However, it made little difference whether the child was poor, illegitimate, or orphaned, and, regardless of cause, children who were left on their own were regularly indentured or apprenticed. A child could be placed as an indentured servant or placed under a willing tradesman or master craftsman to be trained in a trade or craft and given basic sustenance in exchange for their labor. Indentureship and binding out of dependent and [orphaned children] to a master artisan until age 21 was a common practice under English poor laws, and continued in the colonies. (Everett, 1995, p. 376)

The colonists were sometimes punitive or harsh in their treatment of indigent white people. However, they were often brutal in their treatment of Native Americans and African slaves (Jansson, 2001). Blacks were not offered relief assistance. Many colonies enacted laws that made slaves ineligible for aid from poor law institutions and forbade slave owners from releasing them when they were ill or aged (Jansson, 2001). Colonial-era poor relief services groups defined Blacks as outside of the social compact.
Native American tribes whose history, culture, societal and family structures included alternative methods of substitute care; so, a child always had care and was never considered dependent or neglected; the tribe formed a major component of the child-rearing system (Wiltse, 1985). The Native American tribal system consisted of extended family units and children were treated as part of the connected family groups of varying ages and blood relationships.

During slavery, free Blacks created formal social welfare institutions of their own that functioned alongside the other helping networks to combat poverty and misery and to seek the freedom of slaves. For example, a benevolent society was likely to be concerned with helping the indigent, taking care of orphans, serving the elders, providing funds, educating the illiterate and seeking the abolition of slavery (Martin & Martin, 1985).

In the colonies, towns with large populations placed dependent, abandoned and special needs children in almshouses which first appeared in the colonies in the 1600s. These “catchall” facilities housed families, able bodied paupers, alcoholics, and mentally ill persons. (McGowen & Meezan, 1983). Almshouses did not provide humane treatment of the individuals and communal groups based on the differing needs among the resident pauper population.

One of the responses by public, private and other voluntary agencies to the local catchall institutions (almshouses) was establishment of “orphan asylums” for special classes of the needy child population, including blind, delinquent, homeless, colored and deaf children.

Relief institutions for Blacks were established on a “separate but equal” basis in the 1850s. But, in reality, funding, facilities, and overall commitment to those segregated
almshouses and asylums were not equal. Masses of poor Blacks donated nickels and dimes to help keep the doors of similarly purposed church-organized and operated institutions open (Martin & Martin, 1985).

Throughout the reconstruction period (1863–1877), Blacks received sizeable aid from the Freedmen’s Bureau, and various missionary societies. These agencies were still largely responsible for caring for the needs of Black people, just as they were during slavery (Martin & Martin, 1985). The larger Black churches performed myriad social service functions, e.g., sought out appropriate housing for the poor, looked for and found foster homes for abused, abandoned, and neglected children (Martin & Martin, 1985).

Although institutional placement was a viable form of care before 1850, acceptance of institutional care for dependent children waned as demand increased (Axim & Levin, 1992). No matter the differentiation of the country’s dependent child’s status, substitute care services were overwhelmingly and foundationally, grounded in the English poor-laws, loosely organized, “informal” and indiscriminate. The history of family foster care--part of the ‘relief’ system--in America has typically centered on the experiences, social and religious principles, and the economic and public administration practices of the American colonists.

Formal child welfare systems did not originate until the 19th Century. Charles Loring Brace is credited with being the originator of the formal anti-almshouse/orphan asylum institutional care movement. He and other social reformers created the first voluntary “family-centered” alternative care organization in 1853. A minister, Mr. Brace was the secretary of the New York Children’s Aid Society. He believed if a child was “rescued” from the constraints of abandonment, parental failures, poverty, and living on
the streets in the city with its bad influences, they would thrive and become productive adults (Pecora et al., 1992).

Brace committed his service and started the children’s aid society to "ensure the physical and emotional well being of children and families, and to provide each child with the support and opportunities needed to become a happy, healthy and self-sustaining adult." Initially Brace’s main goal was to get abandoned and orphaned children off the streets of New York City. When he began his rescue work there were more than 30,000 children living without care or supervision. During this period a child was perceived by the community as a nuisance — thieves, violent, or prostitutes (Pecora et al., 1992).

Brace began shipping neglected and destitute children from New York by train to rural areas in western and southern states to be placed in “free custodial care” with farmers, master tradesmen and craftsmen. In exchange for their care, the “foster children” were required to work for the farmers or tradespeople (McDonald, Allen, Westerfelt, & Piliavin, 1996) in whose homes they were placed. Unfortunately, Brace’s approach to substitute care: 1) took away the rights of the children’s biological parents; 2) severed the children’s relationships with parents, siblings and extended family; 3) provided no follow-up on the children after placement, all while his organization, the New York Children’s Aid Society, retained custody of the children and the authority to move them from one placement to another at any time (Kadushin, 1974).

Charity workers, the Catholic Church, parents, other religious groups and the states opposed Brace’s practices for different but related reasons. Charity workers attacked the Children’s Aid Societies’ methods of selecting free foster homes and for its lack of supervision of the children after placement (Kadushin, 1974); the Catholic Church
charged Protestant organizations of attempting to wean children from their Catholic heritage by placing them in non-Catholic homes; poor families objected to their children being taken away; and, the western states objected to the dumping of dependent children in their area, stating Brace's program filled their jails with juvenile delinquents who eventually became anti-social adults (Kadushin, 1974).

Although Brace's placement practices involving the family were disreputable, his approach, placing dependent children in free foster care—which he envisioned as long-term substitute care—in a family-centric setting, appears to be the fore-runner of what is now called "family-centered" practice (Everett, 1995). By the beginning of the 20th Century, most large cities had children's aid societies that were providing out-of-home placement services. Substitute or alternative care programs were established in each state by the societies and public and private agencies. The movement offered a range of placement facilities including receiving homes for emergency placement and boarding and group homes (Pecora et al., 1992).

Charles W. Birtwell, director of the Boston Children's Aid Society, is credited with redefining foster care from long-term substitute care to temporary placement and treatment oriented service, guided by the child's needs, including the need to reunify the child to his/her own family (Kadushin, 1974; Wiltse, 1985). He reshaped systemic foster care procedures to study the individual needs of the child being placed, the prospective foster family; and, to provide supervision of the foster home once a child was placed in substitute care (Kudshin, 1974).

Formal foster care policies aside, according to Wiltse (1985), Maas and Engler, in their 1959 publication, "Children in Need of Parents," charged that foster care rules and
procedures were not being followed; they described the system as “hopeless” and foster
care the equivalent of a “holding tank” for a large number of children.

After Maas and Engler (1959) branded foster care a “holding tank,” researchers in
the 1960s conducted an array of descriptive studies of children in care that substantiated
the representation of foster care as a holding tank, and proposed tentative alternatives for
practice (Madison & Shapiro, 1970).

Researchers of the 1970s identified some of the same deficiencies in the ways
children were being served and subsequently developed and tested specific intervention
methods for addressing the prevailing systemic flaws. For example, federal law required
the development of case plans for children in foster care (Wiltse, 1985; Pecora et al.,
1992). Permanency Planning then became the focus of the 70s agenda for improving
foster care.

The Oregon Project in Permanency Planning, and the Alameda County, California
Project, conducted in 1973-1974 sought to reorient child welfare practice on course of
ensuring permanency for children in care. Both projects and others successfully
demonstrated the efficacy and success of intensive services and aggressive planning’s
impact in bringing about family reunification or adoption of foster children in long-term
care.

By identifying and removing barriers to adoption, offering intensive services to
prevent placement, and developing case plans that included the involvement of biological
parents, the projects were instrumental in proving that continuity of care and permanency
could be achieved for children in foster care through careful goal directed case planning
(Wiltse, 1985).
Another significant consequence of the projects was formation of a new public law that re-conceptualized foster care as a “temporary” service (P.L. 96-272; Adoption Assistance and Child Welfare Act of 1980). The new law mandated provision of preventive services to at-risk families, with the intent of reducing the number of children served in foster care (Fagan & Hanks, 1997).

The underlying philosophy of this law promoted the belief that any dysfunctional family receiving the proper resources could be rehabilitated. This reform’s main objective was to preserve the child’s biological family and reduce the number of foster children. Despite Congress’ best effort, the number of foster children continued to rise. In 1982, it was estimated that there were nearly 262,000 foster children in the United States (Tatara, 1998). The DHHS (1998) reported the rise in foster children to nearly 300,000 (48%) in 1987, and 5057,000 (73%) in 1996.

The Adoption Assistance and Child Welfare Reform Act also attempted to ensure stability, cohesion, and permanency planning for children in foster care. If children are removed from their families, state agencies are charged with the responsibility to quickly determine if reunification could be possible. If reunification is determined not feasible, the state seeks termination of parental rights, freeing the child for adoption. This policy was created to keep children from living indefinitely in foster care and to enable them to live in a loving and supportive adoptive home (Crum, 2007).

Many in Congress opposed the Adoption Assistance and Child Welfare Reform Act because they believed the legislation made it too difficult to terminate custodial rights of habitually abusive parents, even when in the best interests of the child (Fagan & Hanks, 1997). Since the aim of the Act was to preserve children with their biological
families, more than a few members in Congress believed children were being sustained in
dangerous placements. Since the legislation made it difficult to terminate custodial
rights, numerous children were placed in foster care for months or years, living in several
different foster homes, resulting in a lack of emotional stability. The Adoption
Promotion Act of 1997 (P.L. 105-89) was created to expedite each state’s ability to seek
permanency of abused and neglected children, with the intent of providing safe and stable
homes for America’s most neglected. The current legislation provides courts with more
power to terminate custodial rights and [to] place children in stable and secure homes
(Crum, 2007).

White House Leadership and Impact on Children and Youth Policies

A historical perspective of child and family welfare policies would be
incomprehensive without a retrospective account of the White House’s role in facilitating
and advancing standards, practices and public laws to support child and family well-
being.

At the start of the new century, 1900s America was seeing a dramatic increase in
immigrant populations; the country was rapidly becoming industrialized; urban
communities were fast-growing and expanding. The quality of life for children was
seriously wanting; more than 1,150 institutions with varying deplorable conditions held
150,000 children; and many of the young, by modern standards, were in severely poor
health. In 1900, one in four children died by age five; likewise, nearly 2-million between
the ages of 10 and 15 worked in factories, on farms and urban streets (Yarrow, 2009).
The 1890 U.S. Census had counted more than 1.5 million children working across many sectors of commerce and business: mines, mills, canneries; and, as street peddlers, or worse. They worked long hours under unsafe and inhumane conditions. One-fifth of all U.S. children between 10 and 15 were employed, and one-third of southern mill workers were children (Bremner, 1971). Social reformers and activist were outraged that most children were working six-day, 12-hour shifts, including nights, rather than attending school. Child-related issues ranged from maternal and child health, to education, to abuse and neglect, to care of dependent children, and the overly harsh punitive response to child and youth delinquency.

Yet, by 1899, twenty-eight states had passed some form of child-labor legislation—with Colorado and New York taking the lead to do so throughout the mid- to late-1880s. However, most of the state legislation was limited to regulating manufacturing industries and only restricted the labor of children under age 12. The southern states and the federal government had not acted (Yarrow, 2009).

Against the backdrop of progressives’ calls to abolish social and economic injustices against women, children, and the working class, President Theodore Roosevelt directed convening a White House Conference to examine the impact of the prevailing social, cultural and economic policies and practices on children. Child labor, education, financial support to mothers, and the care and protection of dependent children were the reigning concerns of progressives and other reformers (Yarrow, 2009).

James E. West, Roosevelt’s appointee to the Board of Pension and Appeals for the District of Columbia, urged the President to advance a national agenda for the protection of mothers and children. A lawyer, social activist and ex-orphan, West had
both experienced and observed the detrimental effects institutional care, onerous social and callous child labor practices was having on the country’s children (U.S. Dept. of Social and Rehabilitative Services, HEW, 1967; Bremner, 1971).

On the President’s behalf, West organized the nation’s first Conference on Children and Youth as Roosevelt was preparing to leave office, having publicly announced his support for William H. Taft to succeed him. The conference convened on January 25th 1909. In his address to the 200 conferees on the first day, Roosevelt said:

There can be no more important subject from the standpoint of the Nation than that which you are to deal, because when you take care of the children you are taking care of the Nation of tomorrow; and it is incumbent upon every one of us to do all in his or her power to provide for the interests of those children whom cruel misfortune has handicapped at the very onset of their lives. (U.S. Department of HEW, Social and Rehabilitation Service Children’s Bureau; Maternal and Child Health Library; Georgetown University)

At the end of two-days of discussion, information exchange and deliberations, conference participants released their report to the President recommending action on nine issues for improving child well-being. Chief among them was a call to urge Congress to pass the pending legislation for establishment of a Federal Children’s Bureau; set up a national foster care program; expand adoption agencies; and provide mothers’ pensions to keep poor families intact (Yarrow, 2009); and, to enact legislation consistent with all other Conference recommendations.
In 1906, three years before that first White House conference, Massachusetts’s Sen. Winthrop Crane had introduced a bill for creation of a Children’s Bureau, Congress took no action. Crane reintroduced the bill in 1909; however, it again failed passage. Idaho Sen. William E. Borah introduced a strongly similar bill in 1912; it finally passed and was signed into law by President William H. Taft (Bremner, 1971).

The new Bureau was placed in the then Department of Commerce and Labor with a budget of $25,640, a 16-member staff headed by Julia Lathrop, and was mandated to focus on all children, not just disadvantaged children (Bremner, 1971; Social Security Act of 1935). It was further directed to monitor state legislation affecting children, and to gather and disseminate data on child welfare.

The Bureau was also statutorily charged with investigating and reporting on all matters pertaining to the welfare of children and child life among all classes, and to help state and local agencies protect children from abuse and neglect (Bremner, 1971; Social Security Act of 1935). It had not, however, been given enforcement power to order or direct states’ publicly or privately funded child-serving agencies to establish initiatives or programs. The Congressional mandate also did not appropriate financial support to fund reform practices that adversely affected children’s well-being (Yarrow, 2009).

Seven White House Conferences followed the maiden conclave; they were subsequently convened every 10 years through 1971. Each conference focused on child-family problems typical to the decade in which it was convened (Yarrow, 2009). In addition to foster care, mothers’ pensions, and child and maternal health, juvenile justice was another significant issue of child-focused progressive era reform. Child offenders as young as six and seven years old were being prosecuted in criminal courts, and if found
guilty, received the identical sentence as adult offenders; they, also were incarcerated with the adults in the same prisons (Yarrow, 2009).

Child-saving groups, social reformers and progressives advocated for and began to create special facilities for troubled juveniles. These privately operated “specialized youth settings,” effectively separated children and youth from adults. The child-youth detention garrisons focused on rehabilitation, including education and training, rather than punishment (Yarrow, 2009).

As the 19th century was coming to a close, Illinois passed the Juvenile Court Act of 1899, establishing the first juvenile court in the world (Yarrow, 2009; Juvenile Justice Bulletin, 1999). Following passage of the Illinois juvenile court legislation, the years between 1920-25, saw all but two states pass similar legislation.

In the decade following the first White House Conference on children and youth and establishment of the Children’s Bureau (1912), the Bureau, and the many diverse stakeholders in the “child-saving” movement focused their efforts on carrying out the conferees and other child protection activists recommendations to: create alternatives to congregate care institutions and orphanages; increase the number of public and more private adoption agencies; expand family foster care; and provide state-level public financial aid (“mothers’ pensions”) to single women with dependent children, and finding an alternative to the then prevailing criminal handling of delinquent children. Additionally, issues related to working children remained a hyper-focus of the child saving movement (Yarrow, 2009).

Subsequent to the Bureau’s establishment, a massive public awareness and lobbying campaign organized by the National Child Labor Committee and other reform,
religious and civic groups, was launched that dramatically influenced passage of the Keating-Owens Act in 1916 (PL 64-249, 39 STAT 675; 1 Sept. 1916). Supported by President Woodrow Wilson, the Act prohibited the sale in interstate commerce of goods produced by factories that employed children under fourteen, mines that employed children younger than sixteen, and any facility where children under sixteen worked at night or more than eight hours daily. The U.S. Supreme Court ruled the Act unconstitutional and it was overturned in 1918 (West, 1996).

Despite the Court’s action that turned the new child labor law on its head, reformers, unions and other advocates were spurred on to carry out more aggressive campaigns to get anti-child labor laws enacted. Consequently, child-labor protection legislation at the state level grew. Educators and other “child-saving” stakeholders continued to rally for more humanistic education for children and youth. With support from business, Congress had passed the Smith-Hughes Act in 1917 to make federal funds available for classes and programs to teach young Americans various job-specific skills. By 1930, the percentage of child laborers had declined to five percent. President Wilson had declared 1919 the “Children’s Year.” Child labor and compulsory school attendance emerged as one of the four topmost concerns of the second White House Conference. Maternal and child health to reduce infant and maternal mortality; juvenile justice, and standards to address the comprehensive needs of children were the other three (West, 1996).

The economic environment of the country in early to mid-1929 appeared to be robust, increasingly prosperous and primed to deliver on one of President Hoovers campaign declarations “...to permanently wipeout poverty in America....” Instead, a
drought would hit the agricultural industry; the stock market would suffer a third crash on “Black Tuesday,” October 24th—unleashing an economic depression across all sectors of the country’s economy—banks would close, home building would decline, steel production would drop, and consumer spending—due to job losses—also would decline (Jansson, 2001).

In the midst of this national state of affairs, President Herbert Hoover called for a third Conference on Child Health and Protection. Providing a $500,000 grant from leftover WW1 relief, President Hoover directed that the scope of deliberations examine and report “what is being done; to recommend what ought to be done, and how to... protect and ensure the well-being of the nation’s children” (Yarrow, 2009).

In response to Hoover’s charge, six million Americans across the country, in their local communities—would participate in a 16-month process to “Study the Present Status of the Health and Well-being of the Children of the United States and its Possessions.” A community-level public engagement approach involving formulation of state and local committees to deliberate the issues in their own communities began in July 1929. The approach was the first of its size and scope, and would ultimately bring 3,000 citizen-activists to D.C. in November 1930 for the closing stages of the civic engagement process (West, 1996).

At the end of their community-based sessions, conferees were calling for increased scientific research to improve child well-being, and public assistance to the country’s 10 million mentally and physically “deficient” children. James Davis, then Secretary of Labor, would plead for special federal efforts to help socially handicapped children, those in foster homes, the juvenile justice system, and for the inclusion of Black
and Indian children (White House Conference on Child Health and Protection, 1930). Julia Lathrop advanced the idea that the federal government should provide grants to states for educational programs to reduce infant and maternal mortality (Yarrow, 2009).

On November 19, 1930, more than 1,200 delegates and 2,000 invited guests arrived in Washington to present the results of their findings and determinations to the President and the massive body of opinion makers, influencers and decision-makers present for the Conference's plenary sessions. Through their 138 committees, the conferees had produced and published the most comprehensive report (643 pages; 32-volumes and 10,511-page set of appendices) on the needs of the nation's children (Yarrow, 2009; U.S. Department of Health, Education and Welfare; Social Rehabilitation Service, Children's Bureau, 1967).

The period of the Great Depression, would, under President Franklin D. Roosevelt push forward Congressional enactment of the most significant policy affecting children and families, and all Americans. Signed into law on August 14, 1935, the Social Security Insurance Act was a direct response to the post-depression needs of an ever increasing elderly indigent population, including the disabled, needy children and families and in particular impoverished and unemployed Americans. The original Act was the first comprehensive law that included Aid to Dependent Children, Maternal and Child Welfare, Aid to the Blind, Old-Age Assistance, and Old-Age Retirement Benefits (Social Security Act of 1935).

Initially the Social Security Insurance programs also authorized provision of retirement benefits to employees of businesses with 10 or more workers; the program was expanded throughout seven decades following its original enactment to provide
additional “economic security” across a spectrum of needs to more and more Americans (Social Security Act of 1935).

Other amendments added in 1939 modified the original statute to extend benefit payments to the spouse and minor children of a retired worker and survival benefits to dependents of an eligible retiree who had died. The Children’s Bureau Chief at the time, Grace Abbott, assisted in drafting Title IV, which was designed to help needy families and their children (Social Security Act of 1935).

Title IV also directed that payments be made to state child welfare agencies to support children under age 16 who had lost one or both parents. Part A of the Act created several programs, prominent among them, was the Aid to Dependent Children (ADC) program—later changed to AFDC (Aid for Families with Dependent Children). It provided monetary assistance to low-income families until 1997. AFDC is the forerunner of today’s Temporary Assistance to Needy Families (TANF) program (Social Security Act of 1935).

Title V of the Social Security Act, controlled by the Children’s Bureau, (a part of the Department of Labor until 1946) provided grants to states to promote the health of poor mothers and children. Originally, Title V only supported states’ “crippled children,” maternal and child health, and child welfare services;” in ensuing decades, a variety of amendments expanded the title’s mandated provisions to allow federal dollars to be used to support states’ efforts “for the protection and care of homeless dependent, and neglected children, and children in danger of becoming delinquent” (Social Security Act of 1935).
The Federal Emergency Relief Administration (FERA), formed in 1933, funded teacher salaries in poorer states keeping thousands of schools open, created work-study jobs for 75,000 college students, and directed welfare agencies to provide sufficient aid for poor families to remain intact. FERA reinforced Progressive Era ideas that poverty was not a justifiable reason to separate children from their parents by placing them in institutional or other “outside” care settings (Yarrow, 2009; Social Security Act of 1935).

The successive years of 1934, 1938, 1939 and 1950 prompted other child protection statues to ensure and support the well-being of the nation’s children, for example:

The Indian Reorganization Act (Wheeler-Howard Act, June 18, 1934) established both the principle of tribal self-determination, and authorization of the Johnson-O’Malley Act to provide federal funding for [Indian] education and family welfare. These laws gave the Department of Interior’s Bureau of Indian Affairs new funding for K-12 and vocational education in federal and locally monitored public schools, as well as, provided loans for Indian youth to attend college. (Social Security Act of 1935)

The Fair Labor Standards Act (FLSA) of 1938 finally added “exploitation of children in the workforce,” protection of children’s educational opportunities and mandates that banned oppressive child labor and set the minimum hourly wage at 25 cents, and the maximum workweek at 44 hours. FLSA ordered the safeguarding of children’s health and well-being, set legal working ages for jobs, and limited the hours that children were permitted to work (Social Security Act of 1935).
The 1939 White House Conference themed “On Children in a Democracy” was organized to study family life, finances, labor, education and health care. The attendees were charged with creating an action plan for the 1940s. At conclusion of the Conference, 98 proposals that included focus on issues of child malnutrition, racial discrimination, and the respective roles of federal, state and local governments and private charities (Yarrow, 2009).

The Midcentury (1950) White House Conference on Children and Youth sought to explore “how the necessary mental, emotional and spiritual qualities may be developed in children and how the physical, economic, and social conditions favorable to such development may be assured” in order to attain individual happiness and responsible citizenship (Yarrow, 2009). President Harry S. Truman sponsored the 5th White House Conferences on Children and Youth, and in the announcement for it, he spoke of the need for American children to develop “moral strength and strength of character.”

A wide-ranging set of recommendations were reported out at the end of the Conference that included support for public nursery schools, kindergartens, efforts to increase parental education and involvement, more interdisciplinary research on child development, and an end to racial discrimination. World War II ended in May 1945; its conclusion encouraged renewed and strengthened focus on child saving and protection measures. From 1945 to 1960, Child Health and Nutrition was a major concern (Yarrow, 2009).

According to a 1947 report for the Children’s Bureau and the U.S. Public Health Service, child and maternal health programs led to a sharp decrease in infant mortality, and the incidence of communicable diseases, and maternal mortality. President Truman
made repeated, but unsuccessful efforts from 1945 through 1949 to establish compulsory health coverage for all Americans (Yarrow, 2009).

Brown vs. Board of Education of Topeka declared state-level sanctioned segregation of public schools unconstitutional in May 1954, on the grounds that such laws were a violation of the “equal protection of the law” clause of the 14th amendment. The decision reversed the previous Supreme Court’s 1896 Plessey v. Ferguson “separate but equal” decision, made 60-years earlier (U.S. National Archives & Records Administration). The 1954 decision “affirmed that separate educational facilities are inherently unequal” (Yarrow, 2009).

1960 was the “Golden Anniversary” year of the White Conference on Children and Youth. President Eisenhower charged participants to examine and assess “how to promote opportunities for children and youth to realize their full potential for a creative life in freedom and dignity.” According to a report by the Child Welfare League of America (CWLA), seven thousand delegates attended the Conference. Emphasizing the importance of high quality education, the President called for citizens to complete up to two years of secondary education to better prepare to compete in an increasingly complex world. Eisenhower had been elected the 34th President of the United States in 1953 and was in office through 1961 (Yarrow, 2009).

In the decade following the Conferences’ 50th anniversary, a number of “child protection or support laws were passed, among them:

An amendment to the Social Security Act in 1961 created a new foster care component to the Aid to Dependent Children (later, AFDC) program establishing the “Fleming Rule.” The new regulation was a direct response to Louisiana’s expulsion of 23,000 children,
primarily African American, from the state’s welfare roll that had been born to unwed women. The Fleming Rule, (named after Arthur Fleming, Secretary of the Department of Health, Education and Welfare (HEW) ordered states to provide either support or foster care placement (Yarrow, 2009; Bell, 1965) for children of single women.

Dr. C. Henry Kempe published his research on the extent of “battered children” seen in hospitals across the country in 1962, Duncan Lindsey’s report: “Introduction to Child Abuse” for Child Welfare Resources, Child Welfare (1996 – 2005), detailed account of Kempe’s survey of eighty-eight hospitals identified 302 children who had been "battered." The survey, which for the first time defined the "battered child syndrome," graphically catalogued brutality to young children, many of whom suffered multiple injuries. His report ignited a broad-based national effort to find ways to protect children. Specifically, it led to calls for child abuse reporting systems, to ensure that whenever a "battered child" was even suspected, the case would be reported and measures taken to protect the child. The report of the survey catalyzed federal and state agencies to begin addressing child abuse. By 1966, every state had passed legislation requiring better reporting and intervention in cases of child abuse (Yarrow, 2009).

The 1963 Comprehensive Community Mental Health Centers Act (CHMA, PL88-164) authorized federal funding to build public and nonprofit clinics for child and adult mental health. The intent was to provide outpatient diagnostic, therapeutic, and preventive services (Yarrow, 2009).

Social reformers and child protection advocates, publicly pronounced a 1965 amendment to the Social Security Act, authorizing Medicaid and Medicare programs, one of the greatest pieces of federal legislation passed. Medicaid and Medicare was
created as means-tested social welfare programs to help low-income children, pregnant
women, people with disabilities, the elderly and other vulnerable citizens pay for some or
all of their medical bills (Yarrow, 2009).

The nation’s last White House Conference on Youth was held in 1971 under
President Richard M. Nixon. Its thematic focus was "the individuality of children
through the support of healthy personality development;" it deviated from past
conference formats. Conference seven, was not held in the White House, but Estes Park,
Colorado, and took place in spring—April 18 through April 21. Delegates were
nominated by their governors, and appointed by the President (Yarrow, 2009).

Child welfare, rights and protections incorporates child welfare programs,
services, and supports that includes those who have the responsibility to care for children,
and ensures that all possible resources are made available to provide for their well-being.
The multi-faceted program primary centers of concern are child safety, health, and
education to secure every child’s well-being (Yarrow, 2009).

**Permanency Planning**

Permanency planning, case planning reviews and timelines specifications were
More than a decade later, the Family Preservation and Family Support Services Program
of 1993 (PL 103-66) and its amendment in 1997 put focus on family service and
preventive services for children, youth and families at risk. Marking prevention a
national priority, it provided opportunities for states, tribes and localities to engage in
child welfare reform.
The Multi-Ethnic Placement Act (PL 103-382) of 1994 and its amendment, Inter-Ethnic Placement Act of 1996, prohibited consideration of race in placement decisions and mandated that an increased effort be made to find and recruit potential foster families of color. It also required timelier placement of children into foster and adoptive homes.

Amending titles IV-B and IV-E, Adoptive and Safe Families Act of 1997 (P.L. 105-89) was designed to shorten the length of time children and youth spend in foster care and speed up the process of terminating parental rights and freeing children for adoption.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) was designed to connect and support kinship caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, and improve incentives for adoption. Amending parts B and E of Title IV of the Social Security Act, it provides new federal funding to states for subsidized guardianship payments for relatives, incentives for adoption, adoption assistance, kinship navigator programs, new family connection grants, and federal support for youth to age 21. Putting focus on kinship and relative caregivers, the new law has the potential to increase placement stability while children and youth are in the care of states, tribes and localities (Sudol, 2009).
Placement Stability

When children are removed from an unsafe home environment because of maltreatment—neglect, or abuse while residing with their biological family, it is the responsibility of the Department of Children and Family Services (DFCS) to ensure that the out of home placement will be in a stable, safe environment that will promote the child’s well-being. This section presents research on Placement Stability and Instability of foster care children.

Royes and Belcher (2007) studied 138 children that were enrolled in Treatment Foster Care (TFC). The study was conducted by an urban-based community mental health program. Its data was pre-identified prior to analysis. The instrument used to measure functional impairment was the Child and Adolescent Functional Assessment Scale (CAFAS). The objective of the study was to analyze parental risk factors (domestic violence, parental illicit drug use, alcoholism, mental health disorders, and incarceration) and the child’s functional impairment to predict the rate of placement change while in TFC. The children’s mean age was 8.6 years; the majority was African-American (84.7%) and male (65.2%).

Clinicians documented each child’s functional impairment on school/work performance, home role performance, community mood/emotions, self-harmful behavior, and Thinking Subscales of the Child and Adolescent Functional Assessment Scales. The results showed older children experienced a higher rate of placement change. The rate of placement change was lower for children with a history of parental illicit drug use. Children with higher moods/emotions subscale scores had higher rates of placement change. The data suggests that parent mental health disorders were associated with
higher placement change rate. The study concluded that parental mental health disorders and mood impairment play a significant role in placement stability for children in TFC. Integrated mental health and case management services may improve placement stability for at-risk children in TFC (Royes & Belcher, 2007).

Rubin et al. (2004) studied 1635 children who entered foster care between July 1993 and June 1995. The primary purpose was to test the hypothesis that instability of foster care placements is associated with higher costs for mental health care services. The secondary purpose was to test the hypothesis that foster care children are also more likely to generate higher costs for non-mental health claims.

The results showed that of the 1635 children in the study, 41% had greater foster care placements, and 5% had episodic foster care during the year of observation. The top 10% of mental health services users account for 8% of the 2.4 million in mental health costs. Both multiple placements and episodic foster care increased the predicted probability of high mental health service use. Higher physical health care costs also increased the probability of high mental health use for all children, but this increased probability was most dramatic among children with episodic foster care (Rubin et al., 2004).

In summary, foster care placement instability was associated with increased mental health costs during the first year in foster care, particularly among children with increasing general health care costs. These findings highlight the importance of interventions that address the global health of children in foster care and may permit better targeting of health care resources to subgroups of children most likely to use services (Rubin et al., 2004).
The National Survey of Child and Adolescent Well-Being (NSCAW) studied 729 children who entered continuous foster care to separate out the direct impact of children’s behavioral problems on placement stability in foster care (Rubin et al., 2007). Study results show 52% of the children achieved early stability; 19% achieved later stability; and 28% remained unstable. Early stabilizers were more likely to be young, have normal baseline behavioral problems. After accounting for baseline attributes, stability remained an important predictor of well-being at 18 months.

Children with unstable placements were more likely to have behavior problems than children who achieved early stability across every level of risk for instability, among the low risk group; the probability of behavioral problems among early stabilizers was 22%, compared to 36% among unstable children, showing a 63% increase in behavior problems due to instability alone. In brief, children in foster care experience placement instability unrelated to their baseline problems, and ties instability to significant impact on their behavioral well-being. This finding presents an opportunity for intervention to improve both placement stability and outcomes among youth entering care (Rubin et al., 2007).

Webster et al.’s (2000) study examined the number of placement moves experienced over an eight-year period. This longitudinal study looked at 5,557 children in one state who first entered out-of-home care between birth and age six. This group of children represented 28% of all young children who entered care during the period; nearly 30% were in kinship care, and 52% were in nonrelatives care experienced placement instability. In the study, placement instability is defined as three or more moves after the first year in foster care. Children in kinship care, regardless of age, had
fewer placement moves than those in non-kinship care. A test of multivariate analysis found that children who had more than one placement move during their first year of care were more likely to experience placement instability in long term out-of-home care, then if they did not move or were moved only once during their first year in care.

Sally Palmer’s (1996) study analyzes the placement experiences of 184 children in four Ontario (Canada) Children’s Aid Societies. This research is based on theories of attachment and development regarding the importance of family relationship, as applied to children in out-of-home care. The study provides an empirical test of this theory, by seeking connection between inclusive practice and placement stability. Inclusive practice was defined as treating parents as an important part of their children’s lives. For example, involving parents in the placement process and helping children with their feelings about living apart from their family. In summary, a significant percentage of variability in placement stability was accounted for by two conditions: the children’s behavior and the involvement of their parents in preparing them for placement.

Barber and Delfabbro’s (2003) study analyzes one of the key assumptions underlying the philosophy of permanency planning — that placement instability adversely affects the psychosocial development of children in foster care. This study observed and assessed placement movements and the psychosocial well-being of foster care children over an 8 month period. The result of this study states that most of the children who remained in foster care throughout the period could be assigned to one of three groups: 1 (stable throughout); 2 (unstable); 3 (initially unstable), then stable. The results for these 120 children were generally consistent with linear trend toward improvement in Groups 1 and 2, whereas Group 3 children displayed improvement only while their
placements were unstable. In summary, although results for Group 3 permit more than one interpretation, results for Group 2 suggest that placement instability up to at least an 8 month point is not necessarily damaging to the child.

Barth et al.'s (2007) study discusses whether foster children identified as having emotional and behavioral disorders (EBD) may have different out-of-home care placements than their peers without EBD. This study compared the factors influencing placement movements for 362 children with EBD and 363 children without EBD using clinical Child Behavior Checklist (CBCL) scores at baseline date collection of the National Survey and Adolescent Well-Being. The analyses explored potential case characteristics influencing the number of placements for children with a clinical CBCL score at baseline data collection. Overall, children with clinical-level CBCL score were 2.5 times as likely to experience four or more placements as their nonclinical peers. The findings indicated that the presence of depression and not residing with siblings predicted movement among children with EBD. Among children without EBD, only older age was strongly associated with placement moves.

A Zinn et al. (2006) study was the first stage of an examination of placement instability in substitute care in Illinois. This study’s goals were to develop an accurate picture of the nature and prevalence of placement instability in Illinois, to gain a better understanding of the predictors of placement instability. There were two components to this study: a web survey administered to approximately 1,200 DCFS and private agency case managers. The analysis of administrative data allowed exploration of historical changes in the rate of placement instability, and to examine the correlates to those changes. Findings from the Analysis of Administrative Data: (1) placement with
relatives, with at least one sibling, and in the same local network as a child's home of record substantially reduced the risk of placement instability; (2) children's age at placement was positively associated with the risk of experiencing a placement move; (3) African-American children placed in White foster homes were at greater risk of experiencing a placement move than African-American children placed in African-American foster homes, and also were at greater risk of experiencing a move than White children generally; (4) behavior problems and prior institutionalization or runaway increased subsequent placements instability; and (5) several factors related to foster homes were associated with placement instability, including the age and race of the foster parents and the presence of other children in the foster home.

Also, Zinn et al.'s (2006) study, case managers reported that: (1) a significant proportion of children suffer from mental health or behavior problems, and that these problems precipitated a significant proportion of moves from prior placements; (2) case managers' assessments of foster homes were generally positive; (3) the majority of prior placement moves were attributed in part to factors related to children's prior foster homes; and, (4) that purposive moves, (for example, moves to relative or pre-adoptive homes and incidental events in the lives of foster parents (e.g. arrival of additional foster children, divorce, and illness/death) contributed to placement instability.

Several findings from Zinnet al. (2006) analysis of the study show: (1) the placement change rate in Illinois are relatively high and have been increasing; (2) family and community matter; placement with relatives, with one sibling is over 60% less likely to experience placement instability more than a child placed with a non-relative caring for at least one other non-related foster child; (3) the effect of race was found to be a
complex matter. An African-American child placed in an African-American foster home and whose case is managed by an African-American case manager has a lower likelihood of changing placements than does a White child in a White home, managed by a White case manager; and (4) behavior problems and prior institutionalization or runaway increased subsequent placement instability. Children transitioning from residential care facilities, detention, or runaway and children diagnosed with conduct disorders and other externalizing behavior problems were at increased risk of subsequent placement instability.

These findings point out the importance of care decision-making and placement support decision-making and placement support for step-down to foster homes involving children with emotional and behavioral problems. Treatment foster home effects warrant further scrutiny. Placement in treatment foster home reduced greatly the likelihood of a subsequent move (Zinn et al., 2006).

Zinn et al.'s (2006) key findings were: (1) children's mental health and behavioral problems present a significant challenge to placement stabilization; (2) case managers' assessments of foster homes were generally positive; (3) the majority of prior placement moves were attributed to factors related to children's prior foster parent(s). Over three-quarters of all moves from prior foster homes were attributed to foster parent's inability or unwillingness to continue fostering, and almost a third of all moves from prior foster homes were attributed exclusively to foster parent related issues; (4) purposive moves and incidental events in the lives of foster parents contributed to placement instability; (5) Many foster parents work outside of their homes and place their foster children in daycare. As a result, almost a third of foster children are placed in
daycare, the overwhelming majority of who spend five or more days per week in
daycare; and (6) many foster families are headed by a single caregiver, and in some,
neither foster parent is employed. Five in ten foster homes are headed by an
unmarried/unpartnered adult, and three in ten are headed by one caregiver. Also, in one
out of five foster homes, neither parent is employed.

Case managers recommend a mix of services to help prevent instability. When
asked which types of services would be helpful in maintaining the stability of children’s
current placements, most case managers recommended mental health services, care
giving and child care assistance or developmental disability services (Carnochan et al.,
2013).

A Carnochan et al. (2013) article defines placement stability as an outcome goal
in child welfare performance measurement, and is grounded in the importance of
providing stability for children as they are developing attachments, and relationships to
their caregivers. Over the years, various research has shown that children are vulnerable
to placement instability; especially those children in long periods of foster care.

"Achieving Placement Stability," (Carnochan et al., 2013) provides an overview of the
federal placement stability measure and the diverse set of factors associated with
placement instability. The factors include: characteristics of child and family origin,
placement type and quality, and the welfare system and services.

Cross et al.’s (2013) article examined the reasons children experience multiple
placement changes in foster care. Their research used content analysis and qualitative
analysis to study 53 child welfare cases with placement instability. The researchers
coded case records for reasons placement moves occurred which showed, in most cases
three categories for moves: (1) care-giver related reasons such as maltreatment by caregivers or changes in caregiver lives; (2) child behavior related reasons such as aggressive behavior; and (3) system or policy related reasons such as the need to use temporary placements or the aim of placing children with siblings. In summary, children’s previous instability should be considered in choosing and supporting caregivers, providing health resources, and considering moves to improve care.

Katherine Hill (2012) discusses permanency and placement planning for older youth with disabilities in out-of-home placement. This study used state administrative data to examine the experience of older youth with disabilities in foster care. The findings concluded that older youth with disabilities were more likely to experience longer times in out-of-home placements, and higher rates of placement instabilities than their peers without disabilities. Also, 60% of the youth in the sample had a concurrent plan on file and that youth with disabilities have different placement plans than their peers without disabilities.

Meloy and Phillips (2012) utilizes administrative data from Illinois to explore the potential of child care assistance programs to reduce placement disruptions among foster children under the age of five. The survival analysis results suggest that receipt of child care assistance is associated with a reduced risk of placement disruption over time, especially for children who enter foster care as preschoolers. These findings are discussed in the context of the literature on the compensatory role that early care and education can play in short circuiting detrimental effects of multiple displacements on younger children placed in foster care.
O’Neil et al. (2012) used the National Survey of Child and Adolescent Well-being (NSCAW), long term foster care general sample to examine foster child and caregiver characteristics, and the caregiver-child relationship as a predictor of placement stability. The study sample was divided into two groups: early childhood and middle childhood. In the early childhood group more caregiver than child characteristics affected the placement stability (researchers expected this result). In the middle childhood group, it was expected that more child than caregiver characteristics would predict placement stability, however, only child problem behaviors and caregivers experience and age affected placement stability. Marital status, caregiver education, and income did not affect placement stability.

Valerie O’Brien (2012) reports some of the key findings of a UK study on kinship placements that contend the benefits and challenges of kinship care were generally seen as positive in terms of identity formation, stability of placement, behavioral and mental health outcomes, enabling siblings to live together and child protection. However, there are concerns about the length of time children stay with relatives; agencies are not sure about how best to position themselves in relation to the families, or how best to conduct home studies and license relative carers. There is evidence that relatives receive both less support and supervision from agencies than do traditional foster parents.

Ziviani et al. (2012) observed children and youth in Australia, with challenging behaviors related to or secondary to disability, who are in out-of-home care. The purpose of the interventions were to enhance the skills of children and youth, foster caregivers and parents in order to improve placement stability, community participation and the overall well-being of the children and youth. Also, this study reviewed the effectiveness
of current practices and interventions for children and youth in out-of-home care who have challenging behaviors related to disabilities. Three of the reviewed studies reported positive outcomes for children and youth, as well as their caregivers/parents and the fourth found no significant change. In summary, the studies generally demonstrated gains from the interventions provided, however, the nature and extent of these benefits differed greatly across the various outcomes measured. As a result, the complexity of providing services to children and youth with behavioral issues and/or disability who are in out-of-home care; the costs associated with these services, and the risks of these are not effective, this study points out the need for further research of the efficacy of support services for this group.

A longitudinal study by Wigley et al. (2012) examined outcomes in children’s services. The study cohorts were children considered at risk of becoming looked after. The findings revealed the need for preventative multi-agency work with families with several risk factors, the importance of education and children’s social carers working cooperatively together on behalf of children in need. This study substantiates the ongoing challenges in providing low level emotional therapeutic work, building on young people’s prosocial relationships with peers, and finding effective ways of improving their self esteem and self efficacy. This study points out the importance of the organizational context when meeting young people’s needs, inclusive of strong leadership, quality assurance, and ongoing assessment and focused interventions.

Stott (2012) examined the role of placement instability of children while in foster care as one factor that could contribute to young adult misbehaviors. The use of substances by this population group both while in foster care and after aging out of foster
care, and their engagement in risky sexual behaviors illustrate continuing risks despite the protective factors associated with removal from their high-risk families and environments. Placement instability impact on emotional development, identity formation, and acquisition of positive social networks, might be one factor in foster care which increases foster care youths’ risk.

Foster care placement instability has been shown to be problematic for adolescents in care, resulting in low educational achievement, high school dropout rates, identity confusion, low self esteem, drug use, juvenile arrest and ever increasing incarceration rates, increased mental health care needs and social work network disruption have been correlated with placement instability (Stott, 2012).

Summing up Stott’s study, foster care placement instability has largely, been associated with children’s problem behaviors. Findings in the study indicate that the consequences and costs associated with placement movements can be long-term. Also placement instability, above and beyond the adversity and high risk environments to which these young adults have been exposed, is increasing the likelihood of substance abuse in young adulthood. Young adults who are continually moved in care may be using substances to cope with feelings of disconnection and hopelessness (Stott, 2012).

Stott (2012) also states that a history of frequent disruptions in significant relationships and social networks may lead young adults to lack social skills to befriend other young adults not involved in high risk behaviors and therefore, only associate with other high risk groups.

The need for case managers to attempt reducing unplanned pregnancies and risky sex among this population was also stressed. The rates of child bearing in every day
study on the outcome of young adults from foster care far exceed population norms. Finally, an important, but unexpected finding that arose from the research showed that a significant number of youth are experiencing, intimate partner violence before age 18. This factor is a statistically significant predictive variable of young adult’s risky sexual behaviors. The high incidence of youth affirming that they have experienced intimate partner violence as a teen and the effect that experience may have on their future sexual decision making.

States are under increasing pressure to reduce the number of foster children placements. Blakely et al.’s (2012) study looked at how the states are addressing placement stability. Findings from the Federal Child and Family Service Review (CFSR) of 48 states found that 40% met targets for placement stability. However, many states have had to identify approaches to increase placement stability as a part of their Program Improvement Plans (PIPs). Thematic analysis of the interviews revealed that the following nine approaches to reduce the incidence of foster home disruptions are being used: improving services to foster children, placement-matching, recruitment of foster parents, provision of services and support to foster parents, training, consultation and collaboration, collaborative team approaches, involvement with biological parents, and prevention modalities. In summary, 91% of the states reviewed are using five of the nine approaches to reduce placement disruptions; only a few states are systematically evaluating the effects of these programs.

A study by Perry et al. (2012) on placement stability in kinship and non-kin foster care compared the stability of kinship and non-kin foster placements in an Ontario, Canada child protection agency. The two-year study (2008-2010) showed that non-kin
placements were four times more likely than kin placements to end within the first month; this difference then decreased, but kin placements remained significantly more stable in 2-6 months. Kin placements were also more likely to end successfully by discharge to parents, whereas non-kin placements were much more likely to end because the child moved to another placement. Children’s ages did not differ between placement types, and the stability difference persisted when children who had been physically and sexually abused were separated from those who had not. Within kin placements, those that were preceded by non-kin foster placement were more stable than those that were not preceded by kinship placement.

The purpose of Wells and Chuang’s (2012) study was to test how ties between child welfare agencies and behavioral health providers affected placement stability for adolescents engaged with both systems, specifically those who were able to remain with their families after maltreatment investigations had been completed. This study also extends child welfare research by examining how integration with providers may help important subgroup of children stay at home or return home if placed in foster care. The primary strategy for improving family stability is to support caregivers in changing their own behavior. However, child behaviors are significant predictors of placement changes for older children involved with child welfare. Addressing children’s behavioral health may both directly improve their well being, and enable them to stay with their families or at least achieve permanence more quickly after a removal from home (Wells & Chuang, 2012).

The study focused on the majority of those adolescents engaged with child welfare, and those children who had been allowed to remain with their families after the
completion of a maltreatment investigation and initiation of CPS. The connection between the child welfare and behavioral health care providers examined in this study did not appear to prevent removal from home for adolescents who begin in home, but may reduce placement instability for those who later moved into out-of-home settings (Wells & Chuang, 2012).

Wells and Chuang (2012) also pointed out that common agency ownership appeared to reduce the number of placement changes for adolescents receiving behavioral health care who were removed from the home at some point after the first several months of engaging with child welfare. This study used sample data from the National Survey of Child and Adolescent Well Being (NSCAW) and the majority of local child welfare agencies in the NSCAW sample units of larger agencies; among those, substance abuse treatment and mental health services were frequently offered to the families. Findings from this study indicate that the recent trend toward omnibus health and human service agencies serve families well. However, in some areas adding behavioral health care to public agencies may be either infeasible or else undesirable because of strong community-based providers available locally. Finally, consolidation may actually reduce service capacity if used as an opportunity to reduce costs.

A later Wells and Chuang (2013) study also discovered that cross-training between child welfare agencies and behavioral health care providers did not prevent removals from home; cross-training was associated with fewer placement moves and shorter out-of-home stays for adolescents removed from home after initially receiving in-home CPS. Cross-training did create the opportunity for frontline staff to develop better mutual understanding and personal relationships.
Turner and MacDonald (2011) reports findings on the impact of treatment foster care (TFC) on psychosocial and behavioral outcomes, delinquency, placement stability, and discharge status for children and adolescents who, for reasons of severe medical, social, psychological and behavioral, are in restrictive settings or at risk of placement in such settings. The study investigated the effectiveness of TFC with children and young people. The results from this research are a total of 5 studies inclusive of 390 participants in the review. The data suggest that TFC may be a useful intervention for children and young people with complete emotional, psychological, and behavioral need, who are at risk of placements in family settings that restrict their liberty and opportunities for social inclusion. In summary, the results of individual studies does indicate that TFC is a promising intervention for children and youth experiencing mental health problems, behavioral problems and problems of delinquency.

Clark et al. (2006) describes a functional, behavior analytic approach to reducing running away through assessing the motivations for running, involving the youth in the assessment process, and implementing interventions to enhance the reinforcing value of placements for adolescents, thereby reducing the probability of running away and associated unsafe periods. This study compared 13 adolescents who ran away frequently and received interventions with a group of matched adolescents who had similar patterns of running but received services as usual. The percentage of days on runaway status showed a significant pre-post reduction for those in the functional group. The comparison group had no statistical change. This approach did show potential benefits for foster care and child protection in improving youth safety, permanence, connections for live and decrease in placement moves.
The Wulczyn et al. (2003) study examines movement patterns in foster care. The primary focus was how to best capture the inherent structure of movement. For example, movement from a foster family home to a group care placement is differentiated from movement from a group care placement to foster family home because other order of placement by type is distinct. This study defines movement as multi-dimensional patterns that involve the number of moves, time in care (placement duration), and a time pattern. The pairing of a movement with its timing relative to the start and end of a placement forms a trajectory. This study also addresses several questions regarding placement stability and charge for children in foster care. The data from this research support findings from other studies that suggest that the majority of foster children do not experience multiple placements.

Additionally, most of the movement occurs in the first half-year of children’s foster care placement. Age does prove to be a prominent variable in this study. Adolescents in family care tend to have a higher risk of placement change than younger children. This is consistent with other research suggesting that adolescents have more difficulty connecting to a family and remaining in substitute care. This study continues an abundance of research and evidence on adolescents that runs away from foster care placements or who must leave because of behavior problems. The study’s finding that infants in foster care placements generally have a lower average rate of movement but are more likely to belong to the class of children with a high initial movement rate has not been identified previously (Wulczyn et al., 2003).

Wulczyn et al.’s study (2003) continues the discussion of evidence in the literature regarding the qualitative differences between children who are chronic movers
and their counterparts who move less frequently. Chronic movers are often children who present with extreme behavior problems. Such problems are implicated in placement charge regardless of type. In summary, findings from this study are informative regarding child welfare practice with foster children. It is clear, however, that placement stability is an elusive goal.

Children who remain in their placement contend with less disruption in their lives. Based on current data, different placement types may require different clinical emphasis. Case managers should provide substantial support to foster families in the first 6 months of placement, as this seems the most vulnerable period for children placed in foster homes. Children in group homes have higher movement rates later in the placement trajectory; services to stabilize the children in a group home should be instituted during this period. Finally, the child welfare agencies must do a better job of tailoring services to the age of the child. Global child welfare services may not be sufficient to prevent the higher rates of movement that characterize specific age groups. Also, the methods used in treatment foster care (TFC) may be more appropriate for adolescents in foster families. The lower rates of placement disruption are found in a treatment foster care sample that includes children and adolescents (Wulczyn et al., 2003).

**Identifying Factors that Contribute to Placement Instability or Stability**

Proctor et al. (2011) studied 285 children from the Southwestern site of Longitudinal Studies of Child Abuse and Neglect (Longscan). This study identified individual and environmental variables associated with caregiver stability and instability
for children in diverse permanent placement types (i.e., reunification, adoption, and long-term foster care/guardianship with relatives or non-relatives) following five or more months in out-of-home care prior to age 4 due to substantiated maltreatment. One out of seven, or 14% of the 285 children between the ages of 6 and 8 experienced caregiver instability in their permanent placement. The strongest predictor of stability was whether the child had been placed in adoptive care. However, for children who were not adopted, a number of contextual factors, (e.g., father involvement, expressiveness with the family), child characteristics (e.g., intellectual functioning, external problem behaviors), predicted stability and instability of permanent placements.

The Proctor et al. (2011) study findings suggest that if we are to understand what predicts caregiver stability and find stable permanent placements for children who have external foster care a number of factors should be considered, in addition to placement type. These factors include involvement of a father figure, family functioning, and child functioning.

Park and Ryan’s (2009) longitudinal study followed 5,978 children in out-of-home care to examine whether placement and permanency outcomes differ between children with and without a history of inpatient mental health treatment. A history of inpatient mental health treatment preceding out-of-home placement was associated with an increased risk for placement instability for white children, and a decreased likelihood of achieving permanency for African-American children. Children with an inpatient mental health treatment episode may benefit from assessment services upon their entry into out-of-home care and continued follow-ups for reducing placement disruptions and in facilitating timely permanence (Proctor et al, 2011).
Ryan and Testa (2005) state that children who experience maltreatment are at increased risk of engaging in delinquent behavior. The use of substitute care placement and placement instability are often identified as correlates. It is not clear from prior studies, however, whether delinquency precedes or follows placement instability.

The Ryan and Testa (2005) study also identifies selected factors related to child maltreatment and delinquency and disentangling the timing of delinquency petitions relative to movements within the child welfare system. The results from this study indicated that substantiated victims of maltreatment average 47% higher delinquency rates relative to children not indicated for abuse or neglect. Additionally, approximately 16% of children placed into substitute care experience at least one delinquency petition compared to 7% of all maltreatment victims who are not removed from their family. Placement instability further increases the risk of delinquency for male children but not for female foster children.

Havlicek (2010) used child welfare administrative data to retrospectively follow the entire placement histories (birth to age 17.5) of 474 youth. The study showed five distinct patterns of movement are differentiated: late moves, settled with kin, community care, institutionalized, and early entry. These patterns suggest high but variable rates of movement.

Gilbertson and Barber’s (2003) study suggest placement instability is particularly a problem for adolescents with behavioral problems. This was a qualitative study of 19 foster children who had ended a placement because of their disruptive behavior. The young participants whose placements had been terminated were in care because of abuse, neglect, parent incapacity, parent rejection, or a combination of these factors. The
findings strongly suggest that system factors identified in the series of alternative care reviews are directly implicated in placement failure and thus bring together and illustrate findings from other research on placement breakdown, inadequate carer support, inadequate pre-placement information and a fostering system in crisis.

Additionally, carer shortage is evident in those placements that were apparently made on the basis of expediency rather than an attempt to match the needs of the child with the carer’s capacity to meet those needs. Collected data shows that on the process of placement deterioration, the incidents that precipitated the decision to end placement, formal carer support, and the carer’s response to the breakdown (Gilbertson & Barber, 2003).

Ryan, Testa, and Zhai (2009) state that the risk of delinquency is particularly high for African-American males, adolescents, and children in substitute care settings. This study tests aspects of social theory within the context of foster care. Ryan et al. (2009) focused specifically on the effects of foster parent, foster child attachment, commitment, and permanence. The results indicate that strong levels of attachment decrease the risk of delinquency for youth in foster care. Involvement with religious organization also decreases the risk of delinquency. In contrast to perceptions of placement instability, placement with relatives and school suspensions are associated with an increased risk of delinquency.

Johnson-Reid and Barth’s (2003) study investigated re-entry into foster care following an exit from child welfare foster care and to better understand a subset of delinquent outcomes related to child welfare services by investigating an understudied form of juvenile court response to delinquent behavior. The findings were from a
statewide investigation of entry into probation foster or group care among all children age 7 through 17 who exited child welfare foster care. This study also added to our understanding of a population of children in probation out-of-home placement by examining the proportion of youth with prior child welfare involvement.

The study’s findings also suggest that unstable placements during, and unstable exits from child welfare foster care associates strongly with subsequent placement into probation foster care. Age at entry to child welfare foster care was also an important factor. Children between the age of 12 and 15 placed in child welfare foster care was more than two times at risk of entry into probation foster care than younger or older children. Among the children exiting child welfare placements, those who had entered their first period in care at age 12-14, or were first removed because of sexual abuse or neglect were at greater risk of probation out-of-home placement (Johnson-Reid & Barth, 2003).

Results of a study conducted by Gavita et al. (2010) suggest that foster children manifest a high incidence of behavioral problem compared with children from the general population, and that these problems are associated with unplanned disruptions in foster care placement. This study investigated the efficacy of a short cognitive behavioral placement program delivered to foster parents having in placement children with aggressive behavior for increasing placement stability and foster parent quality of life.

The study was a randomized controlled comparative pre-post design and the intervention combined components from most validated parent programs for defiant behavior in the literature, focusing on providing foster parents with child development information/psycho-education, parental stress reduction, parenting skills, problem solving
skills and efficient communication skills. Results are supporting the efficacy of the program improving the quality of life for foster parents, after treatment but no differences were found regarding placement stability between the parent cognitive behavioral group and the waiting list (Gavita et al., 2010).

Schofield et al. (2007) present findings from a study of children looked after by 24 local authorities. It combines analysis of statistical data with analysis of qualitative and quantitative data from a questionnaire survey of a targeted sub-sample of children who had been looked after for 4 years or more. This study highlights a complex picture of continuity and discontinuity in attempts to achieve stability and permanence in a range of birth family, foster care, adoption, residential, and care placements for long-stay children. Some long-stay children are moving smoothly and in a planned way toward a family for life, while some experience long-stay periods and a sense of belonging in stable homes. A further group of children experienced stability without having a family to belong to when they move into adult life.

Koh’s (2010) study investigates the permanency outcomes of children in kinship foster homes in comparison to children in non-kinship foster homes. To examine whether the effects of kinship placements are generalizable across states, the study utilizes the Adoption and Foster Care Analysis and Reporting System (AFCARS) data obtained for five states that participated in the Fostering Court Improvement Project; they were Arizona, Connecticut, Missouri, Ohio, and Tennessee. The study also addresses the issue of selection biases with the use of Propensity Score Matching (PSM) methods.

A partially longitudinal file was created from the states AFCARS 6-month submission from March 2000 to September 2005. The PSM method created the matched
samples of the study, balancing the mean covariates between kin and non-kin children. Analyses of survival times were conducted to investigate the permanency outcome of children in kinship or non-kinship foster homes using unmatched and match samples (Koh, 2010).

The study assessed permanency outcomes including legal permanence and placement stability. Also, it also found that the direction and the size of kinship effects vary across states with respect to the outcome of legal permanence, but positive advantage of kinship placements are reported for placement stability in all five states (Koh, 2010).

McAuley and Trew’s (2000) study examined all children entering new planned long-term foster placements in Northern Ireland within a seven month period. This part of the study charted the competencies and behavior of 19 children over time in school and home environments. Three questions were examined: first, the extent, if any of cross-informant agreement ratings between foster mother, foster father and teachers; secondly, the stability of rated adjustment over time; and finally, the relationship, if any, between rated adjustment early in placement and placement outcome by the year point. All the adult informants completed the test at 4 months and again at one year into placement.

The results of the study indicated strong agreement between foster mothers and foster fathers, but not between foster carers and teachers. Stability of rated adjustment over time was found with all informants. There was some evidence that foster carer’s ratings of the children’s externalizing behavior at 4 months predicted placement outcome at two years (McAuley & Trew, 2000).
Leathers' (2006) study examined risk of placement outcomes among adolescents placed in traditional family foster care for a year or longer. The caseworkers and foster parents of 179 randomly selected 12-13 year old adolescents placed in traditional foster care were interviewed by telephone. A foster parent's report of externalizing behavior problems was expected to be a stronger predictor of disruption and negative outcomes than a caseworker's report. Additionally, the association between behavior problems and placement disruption was expected to be mediated by the youth's degree of belonging and integration in the foster home.

The conclusion of this study suggests that integration in family foster care might be an important dimension of placement adaptation that should be considered during service planning for youth in long-term foster care. In addition, using standardized measures of behavior with both foster parents and caseworkers might be necessary to assess both long-term risk of negative outcomes and more immediate risk of placement disruption (Leathers, 2006).

Turner and Macdonald's (2011) study assessed the impact of Treatment Foster Care (TFC) on psychosocial and behavioral outcomes, delinquency, placement stability and discharge status for children and adolescents who, for reasons of severe medical, social, psychological and behavioral problems, were placed in out-of-home care into restrictive settings.

The settings were: (a) children and adolescents with mental health problems who may require psychiatric hospitalization; (b) drugs and substance-dependent children and youth who may be in need of out-of-home placement in a group child welfare and/or hospital setting; (c) delinquent youth at-risk of incarceration or placement in highly
restrictive group/residential settings; and (d) children placed in out-of-home care as a result of abuse and neglect, and who have, or are deemed at-risk of developing one or more of the problems identified above (Turner and Macdonald, 2011).

The Turner and Macdonald (2011) results showed a total of five studies that included 390 white participants in this review. Data suggest that TFC may be a useful intervention for children and young people with complex emotional, psychological and behavioral needs, who are at-risk of placements in nonfamily settings that restrict their liberty and opportunities for social inclusion.

The conclusion also shows that the findings of previous reviews mirror those of earlier reviews. While the results of individual studies generally indicate that TFC is a promising intervention for children and young people experiencing mental health and/or behavioral problems or problems of delinquency, the evidence base is not sound and more research is needed due to the limited number of studies in this area (Turner & Macdonald, 2011).

Koh and Testa’s (2008) study compares the permanency outcomes of children in kinship foster care with a matched sample of children in non-kinship foster care in Illinois. This study addresses the issue of selection bias by using Propensity Score Matching (PSM) to balance means differences in the characteristics of children in 36 kinship and non-kinship homes. The data was collected March 1998 to September 2007, 6-month files submitted by the state of Illinois to the Federal Adoption and Foster Care Analysis Reporting System (AFCARS).

A longitudinal sample of linked records for 21,914 kin children and 10,108 non-kin children was created and a random sample of 1500 children in non-kinship
sample by using PSM. Placement stability was measured in two ways: (1) whether the child has moved out of their initial placement, and (2) whether the child experienced three or more placements within one year of entry into care. The study suggests that children in kinship foster homes are older than those in non-kinship foster homes (Koh and Testa, 2008).

Children and caregivers in kinship placements are more likely to have disabilities. Children in non-kinship placements are more likely to have been removed from their birth homes because of abuse or neglect and have had to be entered into out-of-home care at later years compared with children in kinship foster care. This study also reports that kinship placement is more stable than non-kinship placement even after controlling for a range of characteristics. Prior to matching, differences in reunification rates, combined adoption and guardianship rates and placement stability are all significant. After matching, the differences in permanency rates disappear. Children in non-kinship foster homes still show a higher risk factor for initial placement disruption after matching, but there is no difference in rates of instability within a year compared with children in kinship foster homes (Koh & Testa, 2008).

Berry and Barth (1990) discuss adoption. The article evaluates a sub-sample of adoptive placements of adolescents derived from a larger survey of older children adoptions in 13 counties of Northern and Central California. The results show 24.2 overall disruption rate for adolescents; Latino adolescents’ adoptions did better than average with a disruption rate of 10%, as did the adoptions of black adolescents, at 14%. White adolescents made up the majority of the sample and had a disruption rate of 23%
(about average) while all five of the Asian adolescent adoption (100%) disrupted. There were no age or gender differences in regard to disruption rates within the older group.

Although the disruption rate for adolescent adoptions (24%) is about double that of all older child adoptions (11%), Berry and Barth's (1990) study indicates that the rate can be minimized in the adoptive placement of any individual adolescent with proper attention to indicators of disruption risk. For example, adolescent placements are particularly successful when they involve adoptions by foster parents, when adoptive parents are appropriate in relation to the child (in their forties or older), when there are other foster children present in the home, and when adoption subsidies are sufficient to cover the needs of the child and family.

The Berry and Barth (1990) study also states that the presence of other foster children in the home is conducive to adoption success; and the adoptive child does not feel like an outsider. However, the likelihood of placement disruption is somewhat higher when there are other biological children in the home, assuming that the presence of biological children makes the outsider status of the adopted adolescent more noticeable.

Their findings indicate that the age of the adoptive parents whose adoption of adolescents disrupted was significantly younger than those whose adoption remained intact. Perhaps older parents have more experience and can withstand adolescents better. This study also substantiates the need for adequate and timely adoption subsidies in older child adoptions. Although there were no significant differences in family income between successful and unsuccessful placements, adoptive placements that disrupted had been awarded significantly lower adoption subsidies (Berry & Barth, 1990).
A study by Tyler and Melander (2010) compared young adults with and without a history of foster care placement to determine if the associations between a history of poor parenting and negative outcomes including depression, delinquency, physical and sexual victimization, and substance use, are similar for these two groups. The sample consisted of 172 homeless young adults from the Midwestern United States. Multivariate results revealed that among those previously in foster care, a history of physical abuse and neglect was positively associated with more depressive symptoms whereas sexual abuse and neglect were related to delinquency and physical victimization. Also, caretaker monitoring was linked to greater delinquent participation. Among those without a history of foster care, physical abuse was related to more depressive symptoms whereas sexual abuse was positively correlated with delinquency, sexual victimization, and substance use. Furthermore, lower monitoring was related to more substance use.

Those with and without a history of foster care placement were compared to determine if the associations between family histories and negative outcomes are similar for these two groups. Overall, the results indicate that abuse and inadequate parenting are linked to numerous negative outcomes among both groups of young people but the significant paths vary somewhat between groups. For homeless individuals with a history of foster care placement, physical abuse and neglect are correlates of depressive symptoms whereas neglect is also related to more delinquency and physical victimization (Tyler & Melander, 2010).

Additionally, sexual abuse is negatively associated with delinquency and physical victimization whereas lower monitoring is related to greater involvement in delinquency. Finally, females and Whites are more likely to experience higher levels of sexual
victimization whereas running away more often is positively linked to being a victim of physical assault. With the exception of sexual abuse, these results are in the expected direction and are generally consistent with the larger literature on foster care youth (Benedict et al., 1994; Clausen et al., 1998; Courtney & Terao, 2005; Poertner et al., 1999; Taussig, 2002; Thompson et al., 1994; Unrau & Grinnell, 2005; Vaughn et al., 2007).

Tyler and Melander’s (2010) study is guided by a social stress framework, which is useful for understanding the process that links numerous stressors experienced by many homeless young people with negative outcomes such as substance use and depression. Stressors, according to Wheaton (1999), are "conditions of threats, demands or structural constraints that by their very occurrence or existence, call into question the operating integrity of the organism" (p. 177). Although a majority of people adapt to stress, those with unique social circumstances such as those with foster care histories and homeless individuals may experience more negative outcomes compared with the general population due to the additional stressors associated with their social situation.

The location of individuals within the social system influences their chances of encountering stressors, increasing the likelihood of them becoming emotionally distraught (Aneshensel, 1992). In other words, stressors tend to vary according to one's position in society and thus their impact on negative health outcomes, such as depression, are likely to differ across social conditions. Foster care placement is a unique social circumstance rife with individual level stressors that may be important in understanding the prevalence of depression and other negative outcomes.
According to Hartford et al. (1995), several themes emerged from this study: the agency's strong commitment to serving children in families; the need to use a wide variety of alternative placement options; the stability of long-lasting placements and other permanency outcomes such as adoption and reunification; and a high rate of placement change for some of the children which required much effort by families and staff. The ramifications of these themes for program planning and child welfare practice are significant. One impressive aspect of the study was the large number of placements workers needed to arrange for the children collectively.

The Casey (2003) program stresses, as do most agencies, family services stability for the children in its care and achieves it for many of the children, but much of the practice of its social workers is concerned with change--preparing children for a move, implementing the change, and dealing with the results of the ensuing placement. Although the significance of any particular placement change on the lives of the child and family involved can only be understood when more is known about each situation, the fact of the need for subsequent placements demonstrates the effort required on behalf of the children.

How social workers, foster parents, and especially children, deal with this aspect of substitute care practice is an area in need of further study. Acknowledgment needs to be made of the time and emotional energy required for a practice of change, and training should be provided to support social workers and foster parents for this stressful work. Moreover, further studies should examine the amount of time social workers spend on placement changes, comparing it to "normal" caseload requirements that are beginning to be evaluated in child welfare practice (Fein & Staff, 1991).
The Hartford et al. (1994) study also underscored the difficulty of working with those children who required many placements, including several placed into residential or hospital settings. The children in this subgroup of the population were not able to benefit from family living even under the conditions established in a family-based treatment care program. The call on resources that such children command should give impetus to the development of programming even more intense than treatment foster care to meet the needs of the youngsters and the broken families, as exemplified in the growth of “wraparound” services (Dennis, 1992; Graham, 1993).

Further, little is known about what positive and negative feelings foster children and families have when the child is moved to a more restrictive setting. The transition from a residential or hospital setting back to a family placement can be presumed to be difficult, because the use of the same family as a resource was an infrequent occurrence. The move from residential settings, moreover, involves the facility's staff, the placing agency's staff, the child, and the families and is another disruptive process that has not been adequately assessed or accorded the attention it should have (Hartford et al., 1994).

The large number of adoptions and reunifications and the supports supplied after these statuses were achieved, was also a striking finding for an agency not specializing in either of those services at the time of the study. The prevalence of these services suggests the importance of conveying to adoptive and biological parents their probable lifetime need for sporadic aftercare services. Family resource services should be formalized, offering a variety of group and individual contacts that would support the reunified and adoptive families, as well as those providing foster care (Hartford et al., 1994).
These services and the wide scope of placements the agency made demonstrate a continuum of resources that developed without formal programming. In addition to long-term treatment foster care, and post-reunification and adoption care, the services included transitional and independent living, connections with group care facilities, and permanency planning with state agencies. This continuum of services, providing stability in the midst of change, should be recognized formally and provided by many agencies to assure that children can move freely among services according to need, without the obstacles of categorical entry criteria (Hartford et al., 1994).

This study documented the complex nature of children's placement histories in long-term treatment foster care. The histories are a reflection of the complicated needs of the youngsters and the variety of placement situations they experience. Only with this perspective about change can we plan policy, and design services that attend to the needs of the youngsters that reinforce our commitment to quality care and permanency for children (Hartford et al., 1994).

A study by Leslie et al. (2000) determined what factors influenced outpatient mental health service use by children in foster care. The method used was a detailed survey from which administrative data were collected on 480 children who entered long-term foster care in San Diego County from May 1990 through October 1991. These data were linked with claims data from Medicaid and San Diego County Mental Health Services information systems. A Poisson regression model was used to determine whether the following factors influenced outpatient mental health service use: age, race/ethnicity, gender, maltreatment history, placement pattern, and behavioral problems as measured by the Achenbach Child Behavior Checklist (CBCL) (Leslie et al., 2000).
The results revealed that, except for maltreatment history, all independent variables included in the multivariate regression model were statistically significant. The total number of outpatient mental health visits increased with age, male gender, and non-relative foster placements. Relative to Caucasians, visits were lower for Latinos, and Asian/Others, but comparable for African-Americans (Leslie et al., 2000).

Concerning maltreatment history, differences were only found in one category: children experiencing caretaker absence received fewer visits compared to children who did not experience caretaker absence. Children with CBCL Total Problem Scale T-scores of 60 or greater had significantly more visits than those with a score less than 60. The study concluded that both clinical and non-clinical factors influence outpatient mental health service use by foster children. Limitations imposed by gender, race/ethnicity, and placement setting need to be addressed by child welfare policies. These findings suggest that guidelines are needed to systematically link children in foster care with behavioral problems to appropriate services (Leslie et al., 2000).

Palmer's (2000) study analyzes the placement experiences of 184 children in four Ontario (Canada) Children's Aid Societies. The research is based on theories of attachment and development regarding the importance of family relationships, as applied to children in out-of-home care. It provides an empirical test of this theory, by seeking links between inclusive practice and placement stability. Inclusive practice was defined as treating parents as an important part of their children's lives, e.g. involving parents in the placement process and helping children with their feelings about living apart from their families. These practices, and other relevant variables, were measured at the outset, and then children's placement changes were tracked for eighteen months. A significant
percentage of variability in placement stability was accounted for by two conditions: the children's behavior and the involvement of their parents in preparing them for placement.

A study conducted by Dumont et al. (2007) examined individual, family, and neighborhood level predictors of resilience in adolescence and young adulthood and described changes in resilience over time from adolescence to young adulthood in abused and neglected children grown up. The study methodology used documented cases of childhood physical and sexual abuse and neglect (n = 676) from a Midwestern county area during the years 1967-1971 and information from official records, census data, psychiatric assessments, and self-reports obtained through 1995. Analyses involved logistic regressions, replicated with Mplus to test for possible contextual effects.

The study results showed that almost half (48%) of the abused and neglected children in adolescence and nearly one-third in young adulthood were resilient. Over half of those who were resilient in adolescence remained resilient in young adulthood, whereas 11% of the non-resilient adolescents were resilient in young adulthood. Females were more likely to be resilient during both time periods. Being white, non-Hispanic decreased the likelihood of resilience in adolescence, and growing up in a stable living situation increased the likelihood of resilience in adolescence, but not in young adulthood. Stressful life events and a supportive partner promoted resilience in young adulthood. Neighborhood advantage did not exert a direct effect on resilience, but moderated the relationship between household stability and resilience in adolescence and between cognitive ability and resilience in young adulthood (Dumont et al., 2007).

Drapeau et al. (2007) conducted qualitative research with the objective of gaining a better understanding of the processes that contribute to resilience among adolescents in
foster care. Twelve boys and girls (15.9 years), identified as resilient, participated in this study. The mean duration of the teenagers' placement is 7.3 years. The results point to three types of turning points: action, relation, and reflection. Four processes, directly or indirectly linked to the turning point, were also identified: increase in perceived self-efficacy, distancing oneself from the risks, new opportunities, and the multiplication of benefits.

Brinkley (2005) asserts that the federal Adoption and Safe Families Act of 1997 has placed emphasis on the need for stability of foster children in out-of-home placements. This has led to the importance of determining the characteristics needed to support foster parents in providing stable placements for the children in their care. This study did not find a significant correlation between the face-to-face contacts social workers have with the child in placement and the stability of the child's placement. However, the lack of prior research focusing on the needs of the foster parents and the social worker role in providing stable placements for the children indicates a need for further exploration.

Study findings indicate no significant correlation resulted from the Pearson correlation conducted between the face-to-face visits and children with two or less placements. The number of face-to-face visits in placement does not appear to be related to the number of placements children experience. The findings further indicate over half of the children, at a minimum, are visited in their placements during a month and that over half have two or less placements. This data does not reflect whether the specific children who are seen on a monthly basis are the same children who have two or less placements; nor does the documenting of a contact with the child in out-of-home
placement provide specific details as to what type of supports are being provided to the foster parents to enable them to deal with the children placed in their home or facility. In order to provide greater insight into the needs of the foster parents it appears that a more specific determination of the variables would be needed (Brinkley, 2005).

The objective of a study conducted by Chamberlain et al. (2006) was to identify reliable, inexpensive predictors of foster care placement disruption that could be used to assess risk of placement failure. Using the Parent Daily Report Checklist (PDR), foster or kinship parents of 246 children (5-12 years old) in California were interviewed three times about whether or not their foster child had engaged in any of the 30 problem behaviors during the previous 24 hours. The PDR was conducted during telephone contacts (5-10 minutes each) that occurred from 1 to 3 days apart at baseline. Disruptions were tracked for the subsequent 12 months. Other potential predictors of disruption were examined, including the child's age, gender, and ethnicity, the foster parent's ethnicity, the number of other children in the foster home, and the type of placement (kin or non-kin).

The findings revealed that foster/kin parents reported an average of 5.77 child problems per day on the PDR checklist. The number of problem behaviors was linearly related to the child's risk of placement disruption during the subsequent year. The threshold for the number of problem behaviors per day that foster and kinship parents tolerated without increased risk of placement disruption for these latency-aged children was 6 or fewer. Children in non-kin placements were more likely to disrupt than those in kinship placements. There was a trend for increased risk of disruption as the number of children in the home increased. The study concluded that the PDR Checklist may be
useful in predicting which placements are most at risk of future disruption, allowing for targeted services and supports.

Allen and Bissell’s (2004) article describe the policy framework that shapes foster care, its impact on key decisions about safe and stable homes for children, and the major policy barriers that remain to improving foster care. The article concludes with a discussion of what further policy reforms are needed to keep maltreated children in safe and stable homes.

Kools’ (1997) study examined the impact of long-term foster care on adolescents using Dimensional Analysis to investigate adolescent perceptions of impact of extended (long-term), out-of-home care. Foster care was found to have a negative impact on identity development. The institutional structure of group foster care, diminished status, and stereotypical view of the foster child, contribute to devaluation of the adolescent's self by others. Suggestions for clinical practice and program development were made. The purpose of this study was to explore adolescent perceptions of the impact of long-term foster care. It was assumed that adolescents who had been removed from their biological families and lived in foster care for large portions of their lives would possess a fundamental expertise on the phenomenon of extended foster care.

As adolescents, they were also expected to be able to analyze and verbally articulate their experiences. Living in long-term foster care was found to have a primarily negative impact on the central process of adolescent identity development. Several characteristics of the foster care context contributed to the impact of foster care on the child's development and functional abilities. Adolescent perceptions of the contextual features of foster care and the experiences encountered while in foster care led to the
identification of two major, parallel processes: the devaluation of self by others and the protection of self. This paper focused on the process of devaluation of self by others, along with contributing conditions and consequences (Kool, 1997).

To summarize, the consequences of devaluation of self by others on the self, interpersonal relationships, and the development of independence are interwoven. Of primary importance is the development of a stigmatized self-identity. This negative conception of the self, in turn, has a destructive impact on other fundamental areas of human development: the ability to be satisfactorily affiliated with others and to function autonomously and productively in a social context. This sample was made up of older adolescents, of ethnic minority groups (predominantly African American), from low socioeconomic backgrounds, who resided in a large urban area. They had lived in long-term foster care and experienced multiple placement transitions (Kool, 1997).

The sample is representative of adolescents who have experienced living in group homes as well as foster family homes. However, their experiences and perceptions may not reflect those of children who have lived exclusively in foster family homes, experienced short-term placement, or maintained relative stability in their living arrangements. While these adolescents have the defining experience of living in foster care, it was beyond the scope of this study to determine how they compare with other non-foster youth who experience the stigma of racism and/or poverty. Further research is needed to adequately understand identity development in other groups that are often marginalized in society. Although this study has only begun to explore adolescent perceptions of the impact of foster care, the conceptual fit of the findings with extant theory will be explored (Kool, 1997).
Likewise, some modest suggestions for improving clinical practice and program development are offered. The findings from this investigation suggest that those who provide care for children and adolescents in long-term foster care should focus on two key objectives: reduction of devaluation of the foster child and promotion of normative identity development. To reduce the potential for devaluation of the self by others and its consequences, interventions should be designed to decrease experiences of depersonalization and stigmatization. In order to accomplish this, it is first necessary for caregivers to make explicit the assumptions and biases regarding children in foster care that may underlie practice. In particular, the potential for an automatic focus on deviance and psychological impairment needs to be considered so that age-appropriate behaviors, potential strengths, and adaptive coping abilities that a child demonstrates are not inadvertently overlooked or extinguished. A formal opportunity to explore personal views with other caregivers is one possible mechanism for increasing awareness of biases and their impact on individual children (Kool, 1997).

The data from this study indicated that adolescents in foster care need concrete guidance and counseling about future options. They need assistance in developing reality-based aspirations in the areas of education and job or career alternatives. Comprehensive assessment of the youth's strengths and limitations can facilitate appropriate goal-setting. Likewise, adolescents in foster care can be assisted to develop a specific plan and strategies to ensure goal attainment. Assistance and support should be readily available at every step, including post-discharge, to put goals within reach and maximize the potential for achievement (Kool, 1997).
In summary, clinical interventions and program development need to be directed toward abatement of the negative impact of foster care on the self, relationships and independence. Prevention of the development of a stigmatized self-identity, social isolation, and poor independent living skills is of paramount importance. Failure to attend to the needs of these children in a humanistic and individualized manner may lead to devastating outcomes. Possible long-term consequences include mental illness, criminality, and inability to function productively and independently in society—all of which may lead to a life of dependence and dysfunction (Kool, 1997).

**Foster Parents/Foster Carers**

Foster parents or foster carers are called to the tremendous responsibility of taking care of someone else’s child or children for little to no money. “Foster parents are often disrespected and not valued as being the foundation of American substitute care for welfare agencies. I thought that the hardest job was taking care of my children but the hardest job is taking care of someone else’s children.” This statement was made by Rev. Leroy Jackson, former Director of the DeKalb Foster Parent Association (Jackson, 2010).

Crum (2010) discussed foster parent characteristics that lead to increased stability or disruption. Empirical evidence identifies the characteristics of foster children who are likely to experience placement disruption. The literature identifies flaws in areas of the foster care system, which significantly correlate with placement instability. For the study, foster parents for child welfare agencies were asked to complete the Parent Child Relationships Inventory which measures parental characteristics (parenting support, limit setting, parent satisfaction, and communication), and the Parenting Alliance
Measure to determine perceived alliance between foster parents. The results of the study revealed a significant relationship between variables — parent support and limit setting on placement stability.

These two variables explained approximately 15% of the total variance in placement stability. There was no significant relationship found between the predictor variable on placement disruptions. There were additional analyses performed to determine if a relationship existed between foster parents’ gender and number of disruptions, longest placement, and parenting variables. The results revealed that there were no significant statistical differences between gender and number of disruptions except for parenting support and limit setting. In this study, it appeared that female foster parents feel more support in their parenting role and are more satisfied with the parenting role. The last test in this research was conducted to analyze private and public agencies on the following variables: number of placement disruptions, longest placement, continuing education, parenting alliance, parenting support, communication, limit setting, and parenting satisfaction. The test revealed no significant statistical difference between public and private foster agencies on any of the above variables (Crum, 2010).

Oke et al.’s (2013) article “Against the Odds: Foster Carers’ perceptions of family commitment and belonging in successful placements, examine foster parents attributes associated with placement stability for teenagers growing up in long term foster care, focusing on unexpected placement success. Researchers explored experiences and perceptions relating to family, belonging and commitment in a group of foster carers providing a stable placement for young persons who had not been expected to settle. (Their placements showed positive outcomes, despite factors of the child in question,
about the child’s history that might have predicted otherwise). Seven foster carers were interviewed following a semi-structured guide, which covered their ideas about their relationship with the child in question, about the foster family and the child’s sense of belonging in foster and birth family.

The foster carers’ responses were analyzed and these children remained in their home succeeding against the odds. Four major themes were revealed: (1) The child-emotional bonding, and the carers’ enlarged view of family and their parental regard for the young person; (2) Jam Sandwich – working within a “compromised space” between local authority and birth family; (3) Repair and Rebuild – the craft of fostering, including and managing the foster/birth family boundary; and (4) Sticking With It – resilience, tenacity and maintaining hopefulness. As a result, the carer’s accounts offer attributes of successful placements (Oke et al., 2013).

Preston et al.’s (2012) research is a qualitative study designed to explore the role that emotional resilience of foster carers plays in promoting placement stability. The participants in this study were seven foster carers working for a local authority as contract carers and were identified by the fostering service as having formed stable placements with children exhibiting challenging behaviors. In summary, this study identified an extensive range of characteristics and factors that were employed by these foster carers to promote placement stability. The construct of ego-resiliency appears to be the most useful in explaining the findings. These foster carers were subjected to a daily diet of challenging behaviors and yet, for the most part, remained positive about continuing with the placement. Through modulation of ego-control, ego-resiliency (emotional resilience) enabled the foster carer to be flexible in their response to a range
of stressful situations. Their adaptability clearly involved the management of their emotions which is suggestive of their being moderately ego-over controlled.

There were three potential underlying constructs namely emotional abuse, interpersonal characteristics, and external factors that emerged from the data and were identified as likely to influence foster placement outcomes. This qualitative study is a starting point for further investigation. In the proposed model, the relationships between emotional resilience, interpersonal characteristic and external factors are important. In summary, the emotional resilience of foster carers has been found to play a role in promoting placement stability (Preston et al., 2012).

Everson-Hock et al.’s (2012) research was designed to identify and synthesize evidence that evaluates the effectiveness of additional training and support provided to approved carers (foster carers, residential child care workers, birth family members), professionals (teachers, social workers), volunteers (independent visitors) involved in the care of or working directly or indirectly with looked-after children and young people (LACYP) on the physical and emotional health and well-being of LACYP. LACYP have long been recognized as a high-risk group for behavioral and emotional problems and are more likely to experience, behavioral physical and psychological problems than the general population, which can impact on those who look after them. Problem behaviors in LACYP can increase foster carer strain, which in turn can lead to significantly higher rates of placement disruption. Six studies were included (five randomized controlled trials and one prospective cohort study) all of which focused on foster carers. Three studies reported a benefit of training and three reported no benefit.
Robertson (2006) states that since the release of Zero to Three's principles on assessment of young children, child welfare social workers and other professionals have improved ways to incorporate parents and parenting caregivers into their child's team. However, given the increasing numbers of young children coming into care, and their risk for long-term disability, it is imperative that child welfare social workers become the catalyst to improve options for all young foster children.

This paper provides a brief overview of young children in the foster care system and discusses the role of parents, and parenting caregivers in the assessment of young children. The paper then explores the interdependence of assessment and intervention and the challenges involved with including parents and parenting caregivers in the assessment of their children (Robertson, 2006).

The final section of Robertson's paper synthesizes the findings to make several recommendations to improve social work practice for young children in foster care and their families. It reviews: (1) the trend of increasing numbers of young children with special needs entering the child welfare system; (2) the current thinking about best practices and the role of parents in the assessment of young children—including the concept of contextualization or that for young children, assessment is viewed as a first step to intervention and that early childhood intervention and reassessment are intensive and integrated processes; (3) examines some of the challenges of including parents in the assessment of young children in foster care; and, (4) makes recommendations for social workers on ways to incorporate best practices for assessment and interventions for young foster children that include parents (Robertson, 2006).
The paper also refers to two primary categories of caregivers for young children in foster care. In the first category is the biological or birth parent, referred to as the parent. In the second category is the parenting caregiver, which includes the foster parent who is contracted by the foster care system to care for the child, a grandparent or relative who is parenting informally, or a non-relative in the child's life with whom he or she feels most comfortable or safe (Robertson, 2006).

Orme et al. (2004) state that foster family applicants form the pool from which caregivers are selected for 75% of the 568,000 children in foster care (Department of Health and Human Services, 2000). We know little about these applicants along dimensions thought to influence the behavioral and emotional adjustment of foster children. This limits our understanding of how best to recruit, assess, train, and support these applicants. This study examined the psychosocial functioning of 161 family foster care applicants in terms of parenting, family functioning, marital quality, psychological problems, and social support. It also examined demographic characteristics.

The majority of men and women had one or more problems in psychosocial functioning, but most only had one or two problems. However, approximately 17% of women and 24% of men had three or more problems. Considerable diversity existed in demographic characteristics. Implications of these results for the recruitment, assessment, training, and support of foster family applicants are discussed (Orme et al., 2004).

Green (2001) states that the use of relatives as foster parents increased substantially in the 1990s and federal and state governments are struggling to adapt existing foster care policies and practices to reflect the unique circumstances of these
placements. An examination of the evolution of policies affecting kinship caregivers was based on data from the 1997 and 1999 state Child Welfare Surveys.

In 1999, ten states required kin to meet the same standards as non-kin foster parents to care for children in state custody. The other 41 states offered kin at least one other assessment standard that is different than non-kin standards. Of these 41, twenty-five states provide foster care payments to kin meeting these different standards. We also found that 39 states help place children with kin, in some instances, without seeking state custody (Green, 2001).

Additionally, at least 16 states made changes to their kinship care policies between the 1997 and 1999 state child welfare surveys, illustrating that kinship care policies are still in flux. Finally, it is noted that recent federal policy changes that took effect after the survey period will likely have a significant impact on states' licensing and payment of kinship foster parents (Green, 2001).

Harden et al. (2007) state foster parents are an increasingly vulnerable population, with documented parenting difficulties. The care they provide to maltreated children plays a critical role in foster children's well-being. Parenting attitudes figure largely in the quality of care any parent may provide, and may be particularly salient for foster children. This study was designed to create and test a measure of foster parent attitudes.

Following focus groups and expert item review, a measure of foster parenting attitudes was administered to 90 foster mothers in two urban settings. The measure had very good test-retest reliability and good internal reliability. Validity was established through the measure's significant positive relation to a general measure of parenting attitudes. Exploratory factor analysis yielded 7 factors, the most robust of which was
attachment/commitment to the foster child. These findings are discussed in the context of the then current practice and research (Harden et al., 2007).

Shore et al. (2002) state that with a growing number of children living in kinship foster care, it is important that all stakeholders involved in the foster system understand how youths are faring in kinship care compared to youths in non-kinship care. In the study, the first evaluations were of teacher ratings of problem behaviors exhibited in school by youths in kinship and non-kinship foster care. That was followed by an examination of correspondences on how parent and teacher ratings of problem behaviors across home and school settings differ by kinship status.

Youths in the study represented an ethnically diverse sample (N = 185), with significantly more children of color in kinship placements. Across the majority of problem behavior scales on the Teacher's Report Form (TRF), teacher perceptions of youth behavior did not differ significantly according to kinship or non-kinship care placement (Achenbach, 1991). Furthermore, the youths in this study had elevated scores relative to general population norms on only a few TRF problem behavior scales. A sub-sample (N = 122) with foster parent assessments on the Child Behavior Checklist (CBCL) permitted comparison of perceptions of youth behavior across the home and school settings for youths in kinship and non-kinship placements (Achenbach, 1991). Correlations between the TRF and CBCL composite scale scores (internalizing, externalizing, and total problem behaviors) indicated slightly higher agreement between teacher and foster parent ratings for kinship placement (Shore et al., 2002).

The purpose of a study conducted by Brown et al. (2006) was to describe the perceived causes of placement breakdown by foster parents. Sixty-three foster parents
from 50 families were asked to describe their challenges in response to the following question: "What would make you consider ending a foster placement?" The responses to the question were analyzed using multidimensional scaling and cluster analysis, to yield nine themes. Foster parents indicated that they would consider ending a placement if there was a danger to their family, if the child could not adapt to the home or if they could not handle the child's behavior.

Participants reported that the complex health needs of a foster child, problems dealing with the foster agency, and several unsuccessful attempts to make the placement work would cause a placement to breakdown. Foster parents also indicated that they would consider ending a placement if their personal circumstances changed, their own health deteriorated, or there was a lack of appropriate external support in place. The results of the study point to gaps in the research on violence in general foster care, foster parent perceptions of contributions to a foster child's transition back to his or her birth family, and the process of foster parent decision-making in cases of placement breakdown (Brown & Bednar, 2006).

Brown and Campbell (2007) state that, in this study, a random sample of 61 foster parents from a central Canadian province participated in a telephone interview that included the question: "What in your opinion is a successful foster placement?" A total of 71 unique responses were obtained and grouped together by foster parents. The grouping data were analyzed using multidimensional scaling and cluster analysis. Six themes resulted: security for child, family connections, good relationships, positive family change, seamless agency involvement, and child growth. The results were generally consistent with the then available literature. Differences between the literature
and foster parents interviewed were discussed and implications made for foster care research.

The Brown and Campbell (2007) study's objective was to describe the needs of foster parents for placement success. Sixty-three foster parents from a central Canadian province were asked: "What do you need for a successful foster placement?" Foster parents grouped together all responses, which were analyzed using multidimensional scaling and cluster analysis procedures. Participants' responses indicated that they needed the right personality and skills, information about the foster child, a good relationship with the fostering agency, individualized services, community support, linkages to other foster families, supportive immediate and extended families, as well as self-care skills. There were some differences between the existing literature and the needs identified by study participants. Differences included the need for information about policies and procedures, their treatment by professionals, and the need for formal foster parent organizations.

Taking the position that social workers are prepared to develop useful foster care recruitment and retention strategies, Rodwell and Biggerstaff's (1993) article describes the three phases of a Virginia-based project "Strategies for Recruitment and Retention of Foster Care Families." The research phase, the planning phase and the development of multi-media models for recruitment and retention are discussed. Principles for planning and implementation are presented as well as implications for a social work approach to developing a long-term recruitment and retention strategies recommended here calls for development of a five-year campaign. The assumption is that short term campaigns do not provide long term or on-going results for the agency. With long term commitment, a
structure will be in place and an agency will be able to respond to the needs of the children in care as they arise.

Foster parents, taking part in the study, reported that it took them one to twenty years from first hearing about the need for foster parents to get to the application process. A recruitment strategy must be in place to respond to these families when they decide to join the foster care team. A retention strategy must also be in place to engage families in on-going renewal efforts to continue their commitment to providing care (Brown & Campbell, 2007).

Agency resources, including money and staff, have to be allocated to recruitment and retention activity if increasing and expanding the pool of foster carers is to have a greater measure of success. Developing effective marketing and retention material requires time and money. The agency must have a long-term, substantial commitment to the requirements before beginning. A surprising finding from the Virginia studies indicates that there are more than enough foster care placements to respond to the number of children in care (Brown & Campbell, 2007).

Many approved families have no children placed with them. Other families were approved for more children than are in their care. Yet, many foster care administrators and supervisors reported a lack of foster care homes in their locality. It appears that the homes that are available do not match the needs of children in the foster care system. This finding suggests that agencies in the planning phase of a recruitment and retention strategy, first, should analyze characteristics of families who are approved and are not being utilized. The agency should develop a plan for removing from the approved status those families unable to meet the current needs of foster children coming into care.
Clearly every effort through supervision and training should be undertaken to enable families to stretch to respond to the current needs of children; however, some families will not choose to serve this need (Brown & Campbell, 2007).

In addition, normal life changes will also call for closure of some foster homes. To focus on these homes as a potential source of care when their situations stabilize is not fruitful. The system should focus on recruitment and development of new foster families rather than using agency resources to reawaken old ones. The continued interest of these non-active families in children in need of care can be captured by the agency in other ways. Some may help in the recruitment of other families, while some may serve to facilitate foster care training programs. What should be avoided are underutilized families telling the community that no new homes are needed when analysis of the children in need of care might indicate lack of match resulting in underutilization (Brown & Campbell, 2007).

A study conducted by Rodger et al. (2006), responding to the need for more foster families to provide care for increasing numbers of children coming into care, was designed to understand the motivations and needs of foster parents in order to improve recruitment and retention. To meet this goal, the study identified characteristics of current foster families, and performed a factor analysis on the Foster Parent Satisfaction Survey (FPSS).

According to Denby, Rindfleisch, and Bean (1999), predictors of foster parent's satisfaction and intent to continue to foster were identified, and the results were used to differentiate between foster parents who did and did not consider quitting fostering. A sample of 652 foster parents completed a survey of 139 items including the Foster Parent
Satisfaction Survey. The results showed that foster parents were motivated by wanting to be loving parents to children and saving children from harm. The factor analysis of the FPSS resulted in five factors that were consistent with typical scoring methods of the instrument.

A discriminant function analysis using these factors and whether parents had considered quitting fostering revealed that one factor, Challenging Aspects of Fostering, correctly classified 75.5% of parents. The study concluded that foster parents' satisfaction is related to their perceptions about teamwork, communication, and confidence in relation to both the child welfare agency and its professionals. Further, the most frequently endorsed reasons for fostering reflected foster parents' altruistic and internal motivations to foster. Negative relationships with professional staff from the child welfare agency were linked to considering quitting fostering.

**Education**

The ideal of universal education for all young Americans was the largest welfare measure of the 19th Century and one that most clearly expressed the period's faith in individuals' betterment. It also suggest that the need to take a broad view of child welfare and not limit the assessment of the obligation simply to public and private aid but to extend support mechanisms to poor and neglected youths. Today's poor and neglected youth are foster care children. These children are the most at-risk children in American society (Lips, 2007).

The population of youth in foster care approached 700,000 nationally in the course of a year, which doubled in the past two decades (Jacobson, 2008). Youth in foster
care are vulnerable and an academically at-risk population in the United States. Aside from lower standardized achievement scores, higher grade retention numbers, and a greater dropout rate than non-foster youth, 30% to 50% of foster care children are placed in special education programs, generally related to either a learning disability or an emotional disturbance (Zetlin et al., 2004).

Peter Pecora's (2012) study described the factors linked with educational success for youth and young adults that were placed in out-of-home care. The factors are pursuing permanency to help youth find enduring mentors, maximizing placement and school stability, conducting strengths-based assessment, aggressively pursuing educational supports and treating mental health issues that may act as barriers to classroom success.

Ferguson and Wolkow's (2012) qualitative study focuses on identifying barriers to school success. This study revealed widespread systems failings and pervasive disregard for the educational needs of foster care children and youth. Potential solutions focus primarily on facilitating collaborative relationships between the various systems and individual professionals in charge of these student’s needs. Also, there were recommendations that called for improved school records, increased stability of educational placements and educational supports for students in care.

According to Greenen and Powers (2006), thirty to forty percent of foster care youth receive special education services. This does not include the substantial number of foster care youth with disabilities. Research also reveal that the educational system often ignores or ineffectively address the needs of foster care youth with disabilities.
The educational system, for example, covers youth with mental retardation as well as youth with emotional disorders and behavioral problems. And this diversity of problems or needs may correspond to underlying population differences. For example, childhood disadvantage and educational failure is more common among serious and repeat offenders than among first time offenders (Uggen & Wakefield, 2007).

The foundation of public education was built upon a moral enterprise that would teach youth moral rules to allow them to avoid poverty, alcoholism, and crime (Jansson, 2001). Even though this developmental foundation was established in the 19th Century, America is still having some challenges in the 21st Century with persistently educating foster youth.

According to Lips (2007), foster youth are more likely to be homeless, unprepared for employment, limited to low-skill jobs, and dependent on welfare or Medicaid. Foster care youth are also more likely than the general population to be convicted of crimes and incarcerated, abuse drugs and alcohol, or to have poor physical and mental health.

**Foster Care Children & Youth: Barriers to Educational Success**

The Child Welfare League of America found that almost all the reviewed studies of those who were in out-of-home care revealed that foster care youth's level of educational attainment is below that of other citizens of comparable age.

In 2010, the National Assessment of Educational Process (NAEP) stated “two out of every three fourth graders overall are not proficient in reading; and more, four of five fourth graders from low-income families are also not proficient in reading. Failure to help children from low-income families reach this milestone cements educational failure
and poverty into the next generation” (Web case study; Casey Foundation May 18, 2010). The children referred to are low income Black, Hispanic and Native American students.

Placement instability can often have a direct detrimental effect on student educational achievement and school mobility. School mobility and student mobility are used interchangeably. According to Barak (2004), student mobility refers to the phenomenon of students changing schools for reasons other than grade promotion. Students who transfer frequently between schools during the school year are at a greater risk for academic and behavioral problems (Hartman, 2002; Rumberger, 2002). Research suggests that differences in student achievement between non-mobile and mobile students can also be attributed to students’ background characteristics. For example, a Minneapolis-based study found a strong relationship between mobility and students’ race and family income (Kids’ Mobility Project, 1998). Children in foster care attend an average of nine (9) schools by the age of 18 years (Weinberg, Zetlin, & Shea, 2003).

A child placed into foster care may move at least three times before a permanent home is found; so, the potential impact of mobility on student’s education success is significant. Students who move often between schools may experience a range of problems such as:

1. Lower achievement levels due to the discontinuity of curriculum between schools;
2. Behavioral problems;
3. Difficulty developing peer relationships; and
4. A greater risk for dropping out of school (Hartman, 2002).
According to Staub et al. (2010), children in foster care change schools from one placement to another and, with their history of abuse and neglect, have an elevated risk of falling behind in reading proficiency, repeating one or more grades, being suspended or expelled from school, and being under prepared for post training opportunities. School mobility has a significant negative impact on children's academic outcomes and educational success at all levels.

The McKinney-Vento Act of 1987 provides financial assistance to Departments of Family and Children Services to transport foster children to their home school once they enter into custody. A federal judge ruled that under the McKinney-Vento Act of 1987, which guarantees the right of homeless children to education, all students must be given an adequate education as defined by No Child Left Behind Act of 2001 (Barak, 2004).

There is a newer law in place for foster children. “Fostering Connections” signed into law October 7, 2008, requires that states ensure that: 1) children in foster care attend school; 2) and when placed in foster care, remain in their home school where appropriate; or 3) when a move is necessary, get help transferring promptly to a new school by providing federal support to assist with school-related transportation costs (National Conference of State Legislatures, 2011).

Weinberg, Zetlin, and Shea (2003) studies show that school mobility also effects youth with specialized educational needs. For example, among them: delays in obtaining school records can result in delayed enrollment into special education programs. Students with Individualized Education Plans (IEP) are developed specifically for a student with a learning disability or behavioral modification plan. The research also
show youth that experience multiple school transfers do not attend enough days in the school year to be properly evaluated for IEP services.

Suspensions and expulsions are also shown to increase placement disruptions. A study conducted by the Children and Family Research Center found that with each placement move, the odds of finding permanence declined by 25%. Corresponding with placement moves was school disruption, which has been linked to increased suspensions and expulsions. The more placement moves, the more school moves, the more likely the child will be expelled or suspended from school. As a result, school discipline problems were found to lead to longer lengths of stay in foster care, more disruptions in placement and more involvement with the judicial system. The ability of the school to meet the needs of children with special needs is critical to placement stability (Weinberg, Zetlin, & Shea, 2003).

A Pecora (2012) study discusses the challenges faced by the United States and other countries with respect to education attainment of youth placed in out-of-home care and the transition to adulthood of foster care alumni. This article examined strategies for improvement in the pursuit of permanency to help youth find enduring mentors, maximizing placement and school stability, conducting strength-based assessments, aggressively pursuing educational supports and treating mental health problems that may act as barriers to classroom success. The discussion also recommends policy and programs designed to pursue permanency, provide strength-based assessments and educational support; improve identification and treatment of mental health problems that may act as barriers to classroom success; minimize placement disruptions/changes; encourage youth to obtain a high school diploma and not just a GED; improve life skills
preparation and provide concrete resources to youth as they leave care; support better preparation for access to, and success in post-secondary education programs, and implement ongoing performance measurements.

Pecora et al. (2006) study also examines foster care experiences that are associated with educational achievement and a positive financial situation after leaving foster care. The Northwest Foster Care Alumni study was an investigation to evaluate the intermediate and long term effects of Family Foster Care on Adult Functioning using a sample of 659 young adults from Casey Family programs (private operating foundation); Oregon Department of Human Services, Children, Adults and Families of Social and Health Services, Children’s Administration, Diversion of Children and Family Services. The investigation focused on adults who spent time in foster care in one of the three agencies from 1988 to 1998. The study read case records, reviews, structured interviews and a survey response rate of 76%.

Over half (54.4%) of the interviewed alumni were people of color. The average age of the foster care alumni cohort was 24.2 years old, and 60.5% were women. This study also looked at placement data. The data from case records regarding the reasons for initial placement into foster care because the alumni were placed for multiple reasons; the categories are not mutually exclusive. The most common reason for initial placement was child maltreatment (64.3%) while the least common was child behavior problems (19.6%). Alumni entered foster care at an average age of 11.1 and exited, on average, at age 18.5. These average ages are older than some studies because Casey served some older youth a part of a transition program and all of the agencies did not discharge older youth until they had completed high school (Pecora et al., 2006).
Many of the youth in the Pecora et al. (2006) study had unstable living situations while in care: alumni had an average of 6.5 placements, an average length of tie in care of 6.1 years, an average placements change rate of 1.4 placements per year. Almost one third experienced eight (8) or more placements. While most youth did not have any reunification failures (a return home, followed by re-entry into foster care), over 1 in 10 had two or more failures, and over 1 in 5 had run away at least twice (Pecora et al., 2006).

Nearly one-third of the alumni reported 10 or more school changes from elementary through high school. Some of these changes however, may have occurred prior to and/or after discharge from foster care. On a high rate, the alumni reported while in foster care 8 in 10 alumni reported access to “a lot of” therapeutic services during care. The proportion of alumni who reported that they had participated in fun activities with their foster family was similar—76% (Pecora et al., 2006).

Over four in five alumni reported feeling loved while in care; over 60% found their foster parents to be some or a lot helpful; but slightly less than half reported having a close and confiding relationship with an adult while growing up. About one-third of alumni reported some maltreatment while in care, but alleged as well as substantiated reports vary from the case record review findings that 17.6% of the alumni were allegedly abused by a foster family member in the case record (Pecora et al., 2006).

Despite the fact that 65% of the alumni experienced seven or more school changes from elementary through high school, they completed high school at similar rates (84.8%) as the general population rate of 87.3% for ages 18-29. GED completion rates were nearly 30%. Also, indicates that although two in five alumni received some education beyond high school, less than half of these (20.6%) completed a degree or
certificate, one in six completed a vocational/technical degree and only 1 in 50 completed a Bachelor's or higher degree for alumni ages 25-33, the Bachelor's completion rate (2.7%) was lower than for the general population in similar age range 25-34 (U.S. Bureau, 2000, b, p.1). At the time of the interview, over 1 in 10 alumni (11.9%) were enrolled in college (Pecora et al., 2006).

In summary, Pecora (2006) states, despite the challenges of child maltreatment, placement instability, and other adversities, many alumni demonstrated positive outcomes in the areas of education. The foster care alumni obtained a GED instead of a high school diploma at a rate nearly six times the rate of the general population. Completion rates for post-secondary education were low. Also, Alumni were in fragile economic situations, one-third had no health insurance. The Pecora study found that the service delivery systems were unable to prepare some alumni to secure and sustain jobs that pay a living wage with health insurance and help them complete vocational training or education.

Zetlin et al. (2010) exploratory study solicited, from child welfare systems, perspectives, based on personal experience, as to what barriers they encountered when dealing with the education of students in foster care and what strategies they used to secure what was necessary to help the children achieve in school. The study was conducted from August 2005 to July 2006. A total of 13 caregivers participated in the two focus groups; seven from one country attended one focus group session, and six from the other country comprised the other group. They care for a total of 33 children, with one to six children in their homes. All but one caregiver were women. Three were relative caregivers and six had adopted some or all the children in their care. The
children's age ranged from 3 years old to 23 years old; some had been cared for since birth. The article discussed details of the distinct themes identified by caregivers, school liaisons and agency advocates.

One of the struggles that caretakers discussed was to getting the school to acknowledge that their children needed services for their learning and behavior problems and to have the school provide more intensive support to challenging children. The caregivers described young children who suffered from medical and behavioral disorders such as parental exposure to drugs or alcohol; post-traumatic stress, bipolar or obsessive-compulsive disorder; depression; anxiety; migraine headaches; or irritable bowel syndrome. At school, the children got into repeated trouble on the school bus; were suspended numerous times from school; had attention deficit disorder or school phobia; had speech delays, learning disabilities or both and were unable to process academically (Zetlin et al., 2010).

Unfortunately, the foster parents were a sole advocate for the most part. The caregivers sought needed services without the help of the child welfare workers. The caregivers recognized that the case managers were overwhelmed and not available to intercede. Caregivers believed that they were responsible for the child's schooling, not the social worker. Another issue was that caregivers who became adoptive parents had less access to services when they adopted the child. They had more services when the child was in foster care (Zetlin et al., 2010).

School liaisons' focus groups also discussed school stability. The school liaisons recognized that the most serious problem for students in foster care was the lack of stability in their lives (Zetlin et al., 2010). When a child comes into care or their foster
home changes, or their social worker and school change, or all their connections related to school change, education performance is undermined. The school is a positive factor in the child's stability. A strong home and strong school partnership is missing when dealing with foster children (Zetlin et al., 2006).

The school liaisons also discussed teamwork with the child welfare agency. There needs to be more communication and collaboration among the agencies. Child welfare agencies need to inform schools when a student is moved and need to be unenrolled. The school liaisons stressed that to ensure "continuity of services and stability" between the home and school, the administrator should be informed when a home placement changes, especially if a child is to remain in the same school (Zetlin et al., 2010).

One of the major concerns of child welfare education liaisons is that the position is not well integrated into their agency's operations. They receive little guidance from agency supervisors. Some even questioned whether agency administrators have any idea about what they do. Another area of contention that agency liaisons complained about had to do with compliance of educational law. Schools seemed to think that their policy superseded anything other policies or mandates, even when informed by the agency liaison that the school's policy is not in line with the law (Zetlin et al., 2010).

In summary, Zetlin et al. (2010) states all three groups looked within their own group to deal with problems; there was no collaboration, no team approach and no shared view on how and what was needed to be effective. All participants agreed that unattended problems continued to escalate, and that some "school" problems threatened the stability of home placements. All groups stated that the other groups need to play a
larger role and work more collaboratively to develop mutually supportive and responsive practices to address school barriers to school success for foster students.

Additionally, all three groups shared a similar goal for improvement of educational prospects for children in foster care. The school liaison saw the schools as operating in a crisis intervention mode. The schools struggle to address learning and behavioral problems without the cooperation or input of the home or the child welfare agency. It is clear that no single group or agency has all the resources or expertise to provide services and support to population of students at risk for poor educational outcomes and a lifetime of negative social ills. Effectively addressing the educational needs of foster youth requires, coordination, communication and collaboration between the child welfare system, the school, family members, and foster youths (Zetlin et al., 2010).

Berridge et al.'s (2006) paper's intent is to assess the impact of current or lack of sufficient social theory research in determining the intellectual, professional and political reasons for the low academic achievement of children. David Berridge, the United Kingdom’s Professor of Child and Family Welfare at the University of Bristol with other research colleagues has investigated this issue in various pretenses, over the past decade, with particular emphasis on older students. The poor educational achievements of looked-after students (foster children) are frequently stressed and this tends to be used as a minor argument for ineffectiveness of the care system more generally.

For example, the 1998 white paper Modernizing Social Services contends that “...too many reports and inquiries have highlighted cases where social services have failed vulnerable children. Children in the care of local authorities have been abused and...
neglected by the care system that was supposed to look after them. The majority of
looked after (foster) children leave care with no educational qualifications at all, many of
them at great risk of falling into unemployment, homelessness, crime and prostitution”

The primary debate in this article, as put forth by Berridge (2006), is that previous
analyses and explorations by researchers, policy makers, professionals and the media on
the low academic achievement of looked-after students have often been insufficient or
simplistic. He asserts that greater acknowledgement of some wider sociological, social
policy and indeed educational literature is required for an adequate understanding of low
educational performance and attainment of “looked-after” (foster) children. Effective
action to remedy a social problem can only be taken once if it is fully understood. This is
not to encourage or advocate complacency in addressing the issue; some looked-after
students no doubt could and should do better in school. But it is undeniable that these
educational issues are more complex and deeply entrenched than is usually assumed and
the explanations are more structural in origin (Berridge, 2006)

Berridge’s (2006) paper continues his argument that social risk factors play a
significant role in the education performance and attainment of looked-after children. He
quotes Rutter (1999) who states that family break down and entry into care are factors
closely linked to educational failure of looked-after (foster) children. According to
Berridge (2006), it is false to therefore attribute the poor academic results of looked-after
children mainly to inadequacies in social work and not schools.

Berridge (2006) also contend, that while being aware of the limitations of
official statistics, we should nevertheless attempt to make use of whatever exists, and
that the looked-after children’s statistics are a rich source of accumulated data. So far, too much observation and analysis has been overlooked; there is, for example, a need to distinguish between the educational experiences of different social cohorts. For example, looked-after girls outperform boys in their results to a greater extent than is evident; Berridge further asserts that we need to consider why this is. Berridge (2006) also cites Green’s (2005) article that maintains that child welfare research generally gives insufficient attention to gender and to the explanations and possible remedies that could be quite different. Furthermore, the official data suggest that children who are looked-after longer tend to do better educationally than those who stay in care more briefly. Green implies that this may be because children who stay in long-term care enters the system for different reasons than those who spend a shorter time in care; but, if the care system were an additional educational risk factor, the reverse might be expected.

Berridge (2006) also contends that there is an important conceptual issue: the educational problems of looked-after children are often referred to as “under-achievement” and this term should not be used for low-performing looked-after students because the definition is unclear. The characteristics of looked-after children are very different to the general school population, so the comparison is invalid. Previous conceptualization of poor educational performance has been inadequate, for that reason it should be referred to as low achievement, not underachievement.

Berridge (2006) further discusses the influences on academic achievement; he states that despite changes to the social structure of modern England, one of the strongest
influences on educational attainment remains social class. Social class is linked with
cognitive development for preschool children, as well as achievement on [school] entry
and during junior school. Additionally, teachers’ assessments of students’ abilities have
been found to be associated with social class independent of ability, with teachers having
more favorable views of children from non-manual backgrounds. The socio-economic
risk factors, such as social class and poverty are linked to family breakdown and
admission to care—also predicting low educational achievement. Poverty has been found
to affect educational achievement independently of social class. Schools with greater
levels of student poverty, achieve lower test results. Poor children make slower progress
than the more affluent. Parents’ education level, related to social class, also influences
children’s educational achievement.

Berridge (2006) cautions not to assume that there is a causal relationship with
socio-economic status and low achievement; he advises that families should not be
blamed because teacher-labeling has an influence. However, interestingly, school
appears to have less influence in academic subjects where parental involvement is likely
to be greater, such as reading. Overall, it can make a difference to student achievement
of looked-after children emerging from the poorest social groups where parental
involvement and support have often been problematic; these factors would have major
influence on student academic achievement. It is also known from divorce studies that
educational progress is affected by changing in parenting before and after the transition,
which again has major implications for looked-after children, who experience family
breakdown.
Berridge’s (2006) article also discusses the effect of social immobility on education performance. He states that helping looked-after children to break free of social disadvantage is valuable to bring about a form of social mobility. Affluent families use a variety of economic, cultural and social strategies to ensure that their children do well at school, and to maintain their social advantage, including paying for private education or buying expensive properties in catchment areas of good schools, in effect buying themselves out of the system.

Berridge (2006) posits that if society wants to close the educational performance gap of looked-after children, and wants the children to do well, the state needs to match some of the economic, social and cultural strategies used by middle-class parents to ensure that their children do well in school. It has been argued that England and the USA have one of the worst records for intergenerational social mobility in the developed world, and that it has deteriorated further (Blanden et al., 2005). This has been attributed to the growing link between income and educational attainment. Intergenerational mobility, and hence equality of opportunity have declined at a time of rising income inequality (Berridge, 2006).

In conclusion, looked-after children originate from the most disadvantaged social groups, characterized by family breakdowns, parental poverty, low parental support, maltreatment and consequently, a high level of special educational needs—all of which are strongly linked to low educational attainment. Research, although dated, suggest that children who are fostered do less well educationally as those from a similar socio-economic background who do not enter care. Foster (looked-after) children that experience residential care do less well, but are confounded by their greater behavioral
problems and more unsupportive parents. The factors that cluster to predict entry into care are also associated with educational failure (Berridge, 2006).

**Fostering Connections to Success and Increasing Adoptions Act**

The purpose of the Fostering Connections to Success and Increasing Adoptions Act of 2008, PL. 110-351 enacted October 7, 2008 was to amend parts B and E of the Title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoptions, and for other purposes. Mandates in the amended Act include:

1. Creation of a new plan options for States and Tribes to provide kinship guardian assistance payments under Title IV-E on behalf of children who have been in foster care of whom a relative is taking legal guardianship;
2. Extension of eligibility for Medicaid to children receiving kinship guardianship assistance payments;
3. Fingerprint-based criminal records checks of relative guardians, and child abuse and neglect registry checks of relatives guardians and adults living in the guardian home, before a relative guardian may receive Title IV-E kinship guardianship assistance payments on behalf of a child;
4. Educational and Training Voucher Program amended to permit vouchers for youth who enter into kinship guardianship or are adopted from foster care after 16; and
(5) Requirement that a case plan include provisions for ensuring the educational stability of the child in foster care.

**Theoretical Framework**

The theoretical basis for understanding successful foster care placements can be best found in Social Learning Theory, Afrocentric Perspective, and Attachment Theory. When clinicians discuss Social Learning Theory, one always thinks of Albert Bandura. However, Social Learning Theory is derived from the work of Gabriel Tarde (1843-1904) which posits that social learning occurred through four main stages of imitation; close contact, imitation of superiors by inferiors, understanding of concepts, and role model behavior.

Another researcher, Julian Rotter, came along and moved away from theories based on psychosis and behaviorism, and developed a learning theory based on four components inclusive of behavior potential, expectancy, reinforcement value, and the psychological situation. In Social Learning and Clinical Psychology, Rotter (1954) states that the effect of behavior has an impact on the motivation of people to engage in specific behavior. People wish to avoid negative consequences, while desiring positive results or effects.

If one expects a positive outcome from a behavior, or thinks there is a high probability of a positive outcome, then an individual will be more likely to engage in that behavior. The behavior is reinforced, with positive outcomes, leading a person to repeat the behavior. This Social Learning Theory suggests that behavior is influenced by three environment factors or stimulus and not psychological factors alone (Rotter, 1945).
However, Albert Bandura (1977) continued to expand on Rotter’s premise, as well as earlier research by Miller & Dollard and is related to Social learning theories of Vygotskey and Lave. This theory incorporates aspects of behavioral and cognitive learning. Behavioral learning assumes that people’s environment (surroundings) cause people to behave in certain ways. Cognitive learning presumes that psychological factors are important for influencing how one behaves. Social learning theory suggests a combination of environment (social) and psychological factors influence behavior (TheFreedictionary.com 2013).

There are three core concepts that form the base of Social Learning Theory. The first concept is that people learn through observing others (observational learning). The second concept is that internal mental states are foundational to social learning. Bandura states that intrinsic reinforcement—forms of internal reward, such as pride, satisfaction or a sense of accomplishment are among the essential parts of the process of social learning. This emphasis on internal thoughts and cognitions helps connect Social Learning theories to Cognitive Development theories. Bandura himself describes his approach as a “social cognitive theory” (Bandura 1977).

Finally, learning does not necessarily lead to change in behavior. Observational learning demonstrates that people can learn new information and behavior without changing behaviors. The modeling process have several steps to achieve effective learning: retention; reproduction (performance of the behavior observed); and motivation (learner has to be incited to imitate the behavioral that has been modeled. Reinforcement and punishment play a role in motivation) (Bandura, 1977).
Social Learning Theory has been in effect since Jesus' time on the earth. Our Christian walk tells us to follow Jesus; meaning to do what Jesus did. God wants all of us to model Jesus' steps. To date, Social Learning Theory is a very important part of our everyday lives. Children model their parents’ or other influencers—siblings, peers, or other characters’ behaviors. Children’s behavior becomes what they see and experience whether it’s good or bad. Bandura’s (1977) Social Learning Theory has had important implications in the field of education. Teachers and parents recognize the importance of modeling appropriate behaviors.

When a child enters foster care it is because a negative situation has occurred in the family. Children are placed in foster care so they can learn new experiences and be healed from the negative experiences they’ve observed or gone through. Most children in care have formed attitudes about life, family and parents based on an abusive or neglectful environment. They suffer from traumatic events that can negatively shape their way of thinking and behaving. A child’s removal from biological parents, siblings, schools, neighborhoods, cultural and religious practices can induce trauma in the child. Social Learning Theory posits that if one renews their mind by learning new behaviors it will change their life (Bandura, 1977).

A secondary theoretical approach incorporated in this paradigm is the Afrocentric Perspective. Racial disproportionality in child welfare is a term used to refer to the high representation of African-American children in the child welfare system as compared to their percentage in the general population (Bartholet et al., 2011). Also there is research from the NSW Department of Community Services (DOCS) (2007).
The research is from a comprehensive literature review of Australian and international research on permanency planning and out-of-home care. Their findings show that instability is associated with being from economically and socially marginalized racial minorities. In comparison to their counterparts, Aboriginal and Torres Strait Islander children in Australia were found to experience higher levels of instability or placement disruption (Fernandez & Maplestone, 2006).

After studying the research, a clinician will need to use an Afrocentric viewpoint to explain the higher number of African-American children in foster care. According to Schiele (2000), there are groups, especially African-Americans and Hispanics, that disproportionately experience poverty. The Afrocentric framework of social policy analysis draws from Young (1990).

Young (1990) identifies “The Five Faces of Oppression”: (1) exploitation, (2) marginalization, (3) powerlessness, (4) cultural imperialism, and (5) violence. Analyzing the history of child welfare and working with foster care children, there is evidence that children in care meet all five attributes of oppression. Schiele (2000) points out that the “Five Faces of Oppression” model may help reach a balance between “recognizing the importance of all forms of oppression” (p. 175). Schiele also points out that “due to the history and power of racism in the United States, African-Americans and Latinos often suffer all five forms of oppression” (p. 175).

Human beings form bonds with others—caregivers, parents, grandparents, siblings or someone else—in the earliest moments of their life and continues through the prime developmental years. Those early attachments are foundational imprints to lifelong human development and behavior. Various studies have looked at the effect of
humans’ attachment to others and discovered how we navigate relationships, interact with others, situations, and personal growth.

Primary attachment relationships become internalized by individuals (in early childhood—infancy to 7-8 years), and the expectations of self and others become a formal foundation for future (emotional and social) interactions with others outside the primary attachment relationship. An attachment is a deep and enduring emotional bond between people that persists across time and space (Bowlby, 1969; Ainsworth, 1969). Attachments can be reciprocal, but are often one way (Bowlby, 1969).

On the basis of the type—or style—of primary attachment experience, a child begins to generate a framework of expectations concerning the availability and responsiveness of others, as well as a sense of his or her own worthiness of love and care. These expectations provide a basic context for guiding behavior, interpreting experiences and negotiating subsequent intersects with the environment and other social relationships. Attachment theory examines an individual’s sense of balance between closeness to and distance from key people in his or her life (Ainsworth, 1967; Ainsworth & Bowlby, 1991; Bowlby, 1969, 1973, 1980). The theory attempts to explain the nature of affective bonds that people make with each other (Smith, Murphy, & Coates, 1999). It assumes that early childhood experiences of attachment to caregivers have long-term effects on social relations and stress regulation of adults (Adshead, 2010).

According to its developer, John Bowlby (1969), the fundamental tenet of attachment theory has both a protective and instructive function. The protective function serves to keep the child close enough to the mother in times of potential danger so that it is protected. When there is no danger, the instructive function of attachment is indicated,
as the mother becomes the secure base from which the child can explore the environment (Bowlby, 1988; Crittenden, 1988; Krause & Haverkamp, 1996). Bowlby further posits that the maintenance of affectional bonds, especially between a mother and her young, is essential to the survival of the human species (Bowlby, 1988; Crittenden, 1988). As stated by Peluso et al. (2002), Bowlby developed Attachment Theory in the 1950s and 1960s as an expansion of Psychoanalytic Theory.

Ainsworth and associates (Ainsworth, Blehar, Waters, & Wall, 1978) experimentally defined three sub-groups of attachment relationship styles—secure, anxious-avoidant, and anxious-resistant (or ambivalent). Recently, a fourth attachment style has been described by some attachment theorists (Sagi, Donell, van Ijzendoorn, Mayseless, & Aviezer, 1994) characterized by a disorganized or disoriented response of the child to the primary caretaker. Infant attachment relationship can be broadly classified as secure or insecure, and the quality of care an infant experiences can determine the quality of the attachment relationship and may cause potential development difficulties.

According to Ainsworth, et al. (1978), a secure attachment is characterized by intense feelings of intimacy, emotionally security and physical safety when a child is in the presence of a parent or attachment figure. This promotes an overall sense of self-worth and belongingness in the child and serves to increase emotional and social development. The opposite of this effect occurs in an insecure attachment relationship. For example, incidents of trauma or neglect are significant deficits in the development of self, and a child’s ability to relate to others suffers as well. These effects can have
long-term negative psychological consequences for the individual (Crittenden, 1988; Hughes, 1997; Sroufe, 1988).

Ainsworth et al. (1978) noted that children that typify those that fall into the anxious-avoidant group have low need to accept physical contact from the caretaker (parent) when united after a separation (Sagi et al., 1994). The mothers of these children were observed to be rejecting, emotionally distant and often to display feelings of anger toward their children. This suggests that children who must live with parents that continually reject them might use some form of disconnection or avoidance as a defense (Bowlby, 1980; Sroufe, 1988).

The third group identified by Ainsworth et al. (1978) was the anxious-ambivalent children characterized by intense distress at their caretaker’s departure and an inability to be soothed upon the return of the caretaker (see also Sagi et al., 1994). Children with this type of attachment style seemed to show an unusual amount of internal conflict regarding the perceived physical and emotional availability of the attachment figure. This conflict indicates that parenting was inconsistent or unresponsive in meeting the child’s needs (Ainsworth et al., 1978; Lieberman & Pawl, 1988). Research on the consequences of this attachment style indicates that anxious-ambivalent children experience developmental delays compared with the development of securely attached children.

The fourth attachment style is characterized by a disorganized or disoriented response of the child to the primary caretaker. This response, often a mixture of the anxious-avoidant and anxious-ambivalent styles, is not as easily classified as the other attachment styles. This style has not been thoroughly validated as the other three (see Sagi et al., 1994, for a review of this attachment style). Bowlby (1980) states that, in
order to survive, a child will mold his or her relationship to the primary caregiver(s), despite suboptimal emotional responsiveness from the caregiver(s).

Bowlby (1969, 1973, 1980) further theorizes that people have thousands of early attachment experiences that influence their working mental models of the self and others in later life. The mental models that people form influence their thoughts, emotions, and behaviors with others in many ways. Research has shown that across time and space a person's attachment model can:

1) Influence his or her career and workplace functioning (Lee & Hughley, 2001; van Ecke, 2007; Wolf & Betz, 2004; Wright & Perrone, 2008);

2) Be related to ethical behavior standards (Albert & Horowitz, 2009);

3) Also relate to leadership qualities (Davidovitz, Mikulincer, Shaver, Izsak, & Popper, 1907); and,

4) Relate to helping others, turnover intentions, and emotional regulation (Richards & Schat, 2011).

In “Next Steps in Attachment Theory” David C. Bell (2012), states: “Thanks to the phenomenal success of attachment theory, great progress has been made in understanding child and adult relationships” (p. 278).
CHAPTER III

METHODOLOGY

Chapter III provides an overview of the methodological framework adopted to gather necessary quantitative and qualitative information to address the research question in Chapter I. Specifically, it includes the following: research design, description of the site; sample and population; instrumentation, treatment of data, and limitations of the study.

Research Design

An explanatory research design was selected to examine the foster care placement patterns among 123 African American foster children in DeKalb County of Georgia. Age and gender are considered to be the controlling variables. Two levels of analysis – descriptive and explanatory research design – were used to analyze the data collected from these sample respondents. Data was collected via a self-administered questionnaire developed by the researcher in consultation with the dissertation committee. Once these data was collected, the responses were coded and analyzed utilizing the IBM-SPSS application.
Description of the Site

The DeKalb County Department of Family and Children Services was established as the County Department of Public Welfare in 1937, and its purpose was to administer funds legislated through the Social Security Act of 1935 to assist needy families, children, and disabled, aged and blind adults. The agency’s mission and primary responsibilities remain the same as originally conceived, but have expanded and changed over time in response to the changing economic and social environment.

According to the 2012 census, DeKalb County’s population was 707,089. The most populated county in Metro Atlanta, it is also the most racially and ethnically diverse county in Georgia. Primarily a suburban community, DeKalb is also the second county with the most affluent African-American majority in the United States, behind Maryland’s Prince Georges County in suburban Washington, D.C. However, unlike Prince Georges County, DeKalb County residents experience a greater income gap among racially segregated communities. That is, predominantly African-American communities, in DeKalb County, incomes tend to fall below the county’s median household incomes, while the communities with a predominantly white population show income levels above the county median.

Sample and Population

The target population for the research was composed of Dekalb county foster care children. A self-selected form of convenient sampling was utilized to survey 123 African-American foster care youth in Dekalb County between 14-18 years of age, who
voluntarily agreed to participate in the study; of the 123 participants, 75 were females and 48 were males.

Age-wise, close to one-half of the sample (45.5%) were 16 and 17 years old; most (74%) were high school students, which indicate that their education levels correspond to their age patterns.

The Institutional Review Board (IRB) at Clark Atlanta University approved the research proposal including its intent to collect data from the DeKalb County Department of Family and Children Services IL Program (Appendix A). The researcher also obtained permission to collect data from the DeKalb County Program Coordinator. A Memorandum of Understanding was established to ensure the study met the compliance requirements for collection of data and utilization of its results.

**Instrumentation**

The researcher developed a *Disruption of Placement Survey* which consisted of 17 questions designed to solicit information on specific demographic and fundamental factors. Questions 1 through 5 of the survey focused on respondents’ demographic information: (age, gender, race, grade level, and are you a foster care child). Questions 6-1 through 6-7 solicited information pertaining to the reason for DFCS Custody: (neglect, sexual abuse, domestic violence, parental substance abuse, child’s behavior and multiple reasons for DFCS custody). Questions 7-11 solicited information pertaining to the number of disruptions in a foster care home, group home, or institutional setting (e.g., a treatment facility); reason for disruption; length of DFCS placement; and, type of
placement. Questions 12 through 17 addressed such issues as length of time in foster care, and number of placements.

All are closed ended questions with options of dichotomous (yes/no) or categorical responses, i.e., from a later in life career decisions to become a foster parent and/or a group home staffer to later kinship placement and disruption from kinship care. The average time taken for participants to complete the survey was about 40 minutes. The researcher provided ample time for participants to allow completion of the survey at each participant’s own pace. All information used in this analysis was, therefore, derived from the self-reported survey data.

**Treatment of the Data**

Statistical treatment of the data employed descriptive statistics, which included measurements of central tendency, frequency distribution, and cross tabulation. The test statistic for the study was chi square. Frequency distribution was used to analyze each of the variables of the study in order to summarize the basic measurements. A frequency distribution of independent variables was used to develop a demographic profile and to gain insights about the respondents of the study.

Cross tabulations were utilized to demonstrate the statistical relationship between independent variables and the dependent variables. Cross-tabulations were conducted between age, neglect, gender, physical abuse and sexual abuse.

The test statistic employed in the research study was chi square. Chi square was used to test whether there was a significant and statistical significance at the .05 level of probability among the variables in the study. Chi-Square was utilized to show the
strength of the relationship between disruptions from foster homes, disruptions from
group used to demonstrate and relationship between variables. To control the effects of
age and gender partial correlation analysis was employed. In probability theory and
statistics, partial correlation measures the degree of association between two variables,
with the effect of a set of controlling random variables removed.

**Limitations of the Study**

Like any research, this study has some limitations: (1) There was no concrete
way to compare the data to previous years because no baseline was collected or
established prior to the study; (2) participants’ reluctance to disclose the truth about their
past experiences in foster care; (3) participants may have minimized placement moves or
lost count of the actual incidences; (4) The sample size (n=123) could be viewed as
small; and thereby not adhering to asymptotic conditions or inadequate to capture the
significant relationships between all variables listed; and finally, (5) convenience
sampling is not necessarily representative of its population.
CHAPTER IV
PRESENTATION OF FINDINGS

The purpose of this chapter is to present the findings of the study in order to describe and explain the factors necessary for successful placement of foster care children ages 14-18 years old. The findings are organized into two sections: demographic data, and research questions and hypotheses.

Demographic Data

This section provides a profile of the study respondents. Descriptive statistics were used to analyze the following: gender, age group, ethnicity and education. A target population for the research was composed of foster care children females and males who are 14-18 years of age; who live in a large metropolitan area in Atlanta, Georgia. One hundred and twenty three respondents were selected utilizing convenience sampling from among two selected sites.

As indicated in Table 1, the typical respondent of the study was an African-American female, age 16 years old and with middle school education.
Table 1

Demographic Profile of Study Respondents ($N=123$)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>48</td>
<td>39.0</td>
</tr>
<tr>
<td>Female</td>
<td>75</td>
<td>61.0</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 yrs</td>
<td>20</td>
<td>16.3</td>
</tr>
<tr>
<td>16 yrs</td>
<td>54</td>
<td>43.9</td>
</tr>
<tr>
<td>17 yrs</td>
<td>49</td>
<td>39.8</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>103</td>
<td>83.7</td>
</tr>
<tr>
<td>White</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6</td>
<td>4.9</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td>Middle School</td>
<td>92</td>
<td>74.8</td>
</tr>
<tr>
<td>Some High School</td>
<td>14</td>
<td>11.4</td>
</tr>
<tr>
<td>High School</td>
<td>10</td>
<td>8.1</td>
</tr>
</tbody>
</table>
Table 1 presents the demographics of the respondents of the study. There were 123 respondents in the current study. The majority of the respondents (83.7%) identified their ethnicity as African American, while (5.7%) specified White, (4.9%) specified Latino/Hispanic, (5.7%) indicated other. No other ethnicities were reported by the respondents. The gender composition was 39.0% male and 61.0% female. The age composition was 16.3% for 15 year olds, 43.9% for 16 year olds and 39.8% for the 17 year olds.

For the education composition, 5.7% were in elementary school, while 74.8% specified middle school, 11.4% specified some high school, and 8.1% were in high school. In order to participate in the study, all respondents had to be willing to voluntarily complete the survey and they had an option of declining participation at any time.

Table 2

Have you ever been placed in foster care?

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>98</td>
<td>81.0</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>19.0</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 2, of the 123 respondents, 81% indicated that they were placed in foster care, while 19% indicated that they were not placed in foster care. However, the
19% was placed in foster care at one time and may have been adopted or living with relatives. Children in foster care who live with relatives do not view it as foster care.

Table 3

*Neglect was the reason why you were placed in DFCS custody*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>44</td>
<td>35.8</td>
</tr>
<tr>
<td>No</td>
<td>79</td>
<td>64.2</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 3, of the 123 respondents, 35.8% indicated that neglect was the reason they were placed in DFCS custody, while 64.2% indicated that neglect was not the reason for entering DFCS custody.

Table 4

*Physical Abuse was the reason why you were placed in DFCS custody*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>45</td>
<td>36.6</td>
</tr>
<tr>
<td>No</td>
<td>78</td>
<td>63.4</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>100.0</td>
</tr>
</tbody>
</table>
As shown in Table 4, of the 123 respondents, 63.4% indicated “no” for physical abuse being the reason for entering DFCS custody, while 36.6% indicated “yes” to physical abuse being the reason entering DCFS custody.

Table 5

*Sexual Abuse was the reason why you were placed in DFCS custody*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12</td>
<td>9.8</td>
</tr>
<tr>
<td>No</td>
<td>111</td>
<td>90.2</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 5, of the 123 respondents, 90.2% indicated “no” to sexual abuse as a reason for entering DFCS custody, while 9.8% stated “yes” to sexual abuse as the reason for entering DFCS custody.

Table 6

*Domestic Violence was the reason why you were placed in DFCS custody*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17</td>
<td>13.8</td>
</tr>
<tr>
<td>No</td>
<td>106</td>
<td>86.2</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>100.0</td>
</tr>
</tbody>
</table>
As shown in Table 6, of the 123 respondents, 86.2% indicated “no” for domestic violence being the reason for DFCS custody, while 13.8% stated “yes” for domestic violence being the reason for DFCS custody.

Table 7

*Parental Substance Abuse was the reason why you were placed in DFCS custody*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24</td>
<td>19.5</td>
</tr>
<tr>
<td>No</td>
<td>99</td>
<td>80.5</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 7, of the 123 respondents, 80.5% indicated “no” to parental substance abuse as the reason for being placed in DFCS custody, while 19.5% indicated “yes” for parental substance abuse as being the reason for DFCS custody.

Table 8

*Child’s Behavior was the reason why you were placed in DFCS custody*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>42</td>
<td>34.1</td>
</tr>
<tr>
<td>No</td>
<td>81</td>
<td>65.9</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>100.0</td>
</tr>
</tbody>
</table>
As shown in Table 8, of the 123 respondents, 65.9% indicated “no” for child’s behavior being the reason for placement in DFCS custody, while 34.1% indicated “yes” for child’s behavior being the reason for placement in DFCS custody.

Table 9

*Multiple Problems was the reason why you were placed in DFCS custody*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>40</td>
<td>32.5</td>
</tr>
<tr>
<td>No</td>
<td>83</td>
<td>67.5</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 9, of the 123 respondents, 67.5% respondents indicated “no” for multiple problems were the reason for DFCS custody, while 32.5% stated “yes” for multiple problems being the reason for DFCS Custody.
Table 10

*How many times have you been disrupted from foster care?*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 times</td>
<td>59</td>
<td>49.6</td>
</tr>
<tr>
<td>1-2 times</td>
<td>32</td>
<td>26.9</td>
</tr>
<tr>
<td>3-4 times</td>
<td>17</td>
<td>14.3</td>
</tr>
<tr>
<td>5 or more times</td>
<td>11</td>
<td>9.2</td>
</tr>
<tr>
<td>Total</td>
<td>119</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 10, of the 119 respondents, 49.6% of the respondents stated that they were not disrupted from foster care, 26.9% indicated that they were disrupted 1-2 times, 14.3% indicated that they were disrupted 3-4 times, and 9.2% indicated that they were disrupted 5 or more times.
Table 11

*How many times have you been disrupted from a group home?*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 times</td>
<td>69</td>
<td>58.0</td>
</tr>
<tr>
<td>1-2 times</td>
<td>34</td>
<td>28.6</td>
</tr>
<tr>
<td>3-4 times</td>
<td>11</td>
<td>9.2</td>
</tr>
<tr>
<td>5 or more times</td>
<td>5</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>119</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 11, of the 119 respondents, 58% stated that they were not disrupted during their stay in a group home, 28.6% indicated they were disrupted 1-2 times, while 9.2% indicated they were disrupted 3-4 times, and 4.2% indicated they were disrupted 5 or more times.

Table 12

*How many times have you been disrupted from an institutional setting?*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 times</td>
<td>99</td>
<td>88.4</td>
</tr>
<tr>
<td>1-2 times</td>
<td>11</td>
<td>9.8</td>
</tr>
<tr>
<td>3-4 times</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td>Total</td>
<td>112</td>
<td>100.0</td>
</tr>
</tbody>
</table>
As shown in Table 12, of the 112 respondents, 88.4% of the respondents indicated that they were not disrupted during their stay in an institutional setting, while 9.8% indicated they were disrupted 1-2 times, and 1.8% indicated they were disrupted 3-4 times.

Table 13

Reason for the disruption in placement

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive behaviors</td>
<td>42</td>
<td>53.8</td>
</tr>
<tr>
<td>Sexually acting out</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>Case manager</td>
<td>23</td>
<td>29.5</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Foster parent request</td>
<td>10</td>
<td>12.8</td>
</tr>
<tr>
<td>Total</td>
<td>78</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 13, of the 78 respondents, 53.8% indicated that aggressive behaviors led to placement disruptions, 2.6% indicated sexually acting was the reason for placement disruption, 29.5 percent indicated that it was the case managers’ fault, while 1.3% indicated that mental health problems led to placement disruptions, and 12.8% indicated that the disruptions occurred at the foster parent’s request.
Table 14

*How long have you been in DFCS custody?*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>29</td>
<td>25.2</td>
</tr>
<tr>
<td>1-3 yrs</td>
<td>34</td>
<td>29.6</td>
</tr>
<tr>
<td>4-7 yrs</td>
<td>28</td>
<td>24.3</td>
</tr>
<tr>
<td>8 or more years</td>
<td>24</td>
<td>20.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>115</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As shown in Table 14, of the 115 respondents, 29.6% indicated that they have been in DFCS custody between 1-3 years, 25.2% indicated that they were in DFCS custody under 1 year, while 24.3% indicated they spent 4-7 years in DFCS custody, and 20.9% indicated they spent 8 or more years in DFCS custody.
Table 15

**What type of placement do you currently live in?**

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster home</td>
<td>21</td>
<td>18.3</td>
</tr>
<tr>
<td>Adoptive</td>
<td>3</td>
<td>2.6</td>
</tr>
<tr>
<td>Group home</td>
<td>87</td>
<td>75.7</td>
</tr>
<tr>
<td>Kinship placement</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>115</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As shown in Table 15, of the 115 respondents, 75.7% indicated that they currently live in a group home, while 18.3% currently live in a foster home, 3.5% live in kinship placement, and 2.6% live in adoptive homes.

Table 16

**How long have you lived where you are living now?**

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>66</td>
<td>56.4</td>
</tr>
<tr>
<td>1-3 yrs</td>
<td>32</td>
<td>27.4</td>
</tr>
<tr>
<td>4-7 yrs</td>
<td>11</td>
<td>9.4</td>
</tr>
<tr>
<td>8 or more yrs</td>
<td>8</td>
<td>6.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
As shown in Table 16, of the 117 respondents, 56.4% have remained in their placements less than 1 year, 27.4% indicated they have been in their placements for 1-3 years, while 9.4% indicated 4-7 years, and 6.8% indicated 8 or more years.

Table 17

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 times</td>
<td>37</td>
<td>30.8</td>
</tr>
<tr>
<td>1-2 times</td>
<td>31</td>
<td>25.8</td>
</tr>
<tr>
<td>3-4 times</td>
<td>26</td>
<td>21.7</td>
</tr>
<tr>
<td>5 or more times</td>
<td>26</td>
<td>21.7</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 17, of the 120 respondents, 30.8% indicated that they have never been moved from placements, 25.8% indicated they have been moved 1-2 times, while 21.7% indicated 3-4 times, and 21.7% indicated 5 or more times.
Table 18

*Would you ever consider becoming a foster parent as an adult?*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>67</td>
<td>55.4</td>
</tr>
<tr>
<td>No</td>
<td>54</td>
<td>44.6</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 18, of the 121 respondents, 55.4% stated “yes” to becoming a foster parent and 44.6% stated “no.”

Table 19

*Would you ever consider working at a group home as an adult?*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>54</td>
<td>44.6</td>
</tr>
<tr>
<td>No</td>
<td>67</td>
<td>55.4</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 19, of the 121 respondents, 55.4% indicated they would not consider working at a group home, and 44.6% indicated that they would consider working at a group home.
Table 20

*Have you ever been placed in a kinship care placement?*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>33</td>
<td>27.5</td>
</tr>
<tr>
<td>No</td>
<td>87</td>
<td>72.5</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 20, of the 120 respondents, 72.5% indicated “no” to being placed in kinship care placement, while 27.5% indicated “yes” to being placed in a kinship care placement.

Table 21

*Did you experience disruption during the kinship care placement?*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>14.0</td>
</tr>
<tr>
<td>No</td>
<td>98</td>
<td>86.0</td>
</tr>
<tr>
<td>Total</td>
<td>114</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 21, of the 114 respondents, 86% indicated “no” to experiencing disruptions during kinship care placement, while 14.0% indicated “yes” to experiencing disruptions during kinship care placement.
Research Questions and Hypotheses

There were four research questions and four null hypotheses in the study. This section provides an analysis of the research questions and a testing of the null hypotheses.

Research Question 1: Is there a relationship between age and neglect in placement disruption of foster care children.

Hypothesis 1: There is no statistically significance relationship between age and neglect in placement disruption in foster care children.

Table 22

_Age of Foster Child by Neglect as the reason for placement in DFCS custody_

<table>
<thead>
<tr>
<th>Age</th>
<th>Neglect</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>15 years</td>
<td>2</td>
<td>1.6</td>
<td>18</td>
<td>14.6</td>
<td>20</td>
</tr>
<tr>
<td>16 years</td>
<td>18</td>
<td>14.6</td>
<td>36</td>
<td>29.3</td>
<td>54</td>
</tr>
<tr>
<td>17 years</td>
<td>24</td>
<td>19.5</td>
<td>25</td>
<td>20.3</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>35.8</td>
<td>79</td>
<td>64.2</td>
<td>123</td>
</tr>
</tbody>
</table>

df = 2  
_p = .008_
Table 22 is a cross-tabulation of age by neglect. It shows the association of age with neglect and indicates whether or not there was a statistically significant relationship between the two variables. As indicated in Table 22, 36 or 29.3% of the 16 year old respondents stated no to neglect being the reason they were placed in DFCS custody; 25 or 20.3% of the 17 year olds stated no, and 18 or 14.6% of the 15 year olds stated no to the neglect being the reason they were placed in DFCS custody.

When the chi-square statistical test for significance was applied, the null hypothesis was not rejected (p = .008) indicating that there was a statistically significant relationship between the two variables at the .05 level of probability. As indicated, there was a relationship (.008) between the two variables. When the chi-square statistical test for significance was applied, the null hypothesis was not rejected (p = .008) indicating that there was a statistically significant relationship between the two variables, at the .05 level of probability (P = .008 is < 0.05).

Research Question 2: Is there a relationship between gender and physical abuse in placement disruption of foster care children.

Hypothesis 2: There is no statistically significance relationship between gender and physical abuse in placement disruption in foster care children.
<table>
<thead>
<tr>
<th>Gender</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>14</td>
<td>11.4</td>
<td>34</td>
<td>27.6</td>
<td>48</td>
<td>39.0</td>
</tr>
<tr>
<td>Female</td>
<td>31</td>
<td>25.2</td>
<td>44</td>
<td>35.8</td>
<td>75</td>
<td>61.0</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>36.6</td>
<td>78</td>
<td>63.4</td>
<td>123</td>
<td>100.0</td>
</tr>
</tbody>
</table>

df = 1 \quad p = .172

As indicated in Table 23, 44 or 35.8% of the female respondents stated no to physical abuse as the reason for being placed in DFCS custody; 34 or 27.6% of the male respondents stated no to being placed in DFCS custody for physical abuse.

As shown in Table 23, the statistical measurement chi-square was employed to test for the strength of association between gender by physical abuse. As indicated, there was not a relationship between the two variables. When the chi-square statistical test for significance was applied the null hypothesis was rejected (p=.172) indicating that there was no statistically significant relationship between the two variables at the .05 level of probability.

Hypothesis 3: There is no statistically significance relationship between age and sexual abuse in placement disruption in foster care children.

Table 24

Age of Foster Child by Sexual Abuse as the reason for placement in DFCS custody

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>15 years</td>
<td>3</td>
<td>2.4</td>
<td>17</td>
</tr>
<tr>
<td>16 years</td>
<td>3</td>
<td>2.4</td>
<td>51</td>
</tr>
<tr>
<td>17 years</td>
<td>6</td>
<td>4.9</td>
<td>43</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>9.8</td>
<td>111</td>
</tr>
</tbody>
</table>

\[ \text{df} = 2 \quad p = .359 \]

Table 24 is a cross-tabulation of age by sexual abuse. It shows the association of age by sexual abuse and indicates whether or not there was a statistically significant relationship between the two variables. As indicated in Table 24, 51 or 41.5% of the 16 year old respondents stated no to sexual abuse being the reason for their placement in DFCS custody, while 43 or 35.0% of the 17 year old respondents and 17 or 13.8% of the 15 year old respondents agreed that sexual abuse was not the reason for DFCS custody.

As shown in Table 24, the statistical measurement chi-square was employed to test for the strength of association between ages by sexual abuse. As indicated, there was no relationship between the two variables. When the chi-square statistical test for
significance was applied the null hypothesis was rejected ($p=.359$) indicating that there was not a statistically significant relationship between the two variables at the .05 level of probability.


Hypothesis 4: There is no statistically significance relationship between gender and sexual abuse in placement disruption in foster care children.

Table 25

*Gender of Foster Child by Sexual Abuse as the reason for placement in DFCS custody*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Sexual Abuse</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes # %</td>
<td>No # %</td>
<td>Total # %</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2 1.6</td>
<td>46 37.4</td>
<td>48 39.0</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>10 8.1</td>
<td>65 52.8</td>
<td>75 61.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12 9.8</td>
<td>111 90.2</td>
<td>123 100.0</td>
<td></td>
</tr>
</tbody>
</table>

$df = 1 \quad p = .095$

Table 25 is a cross-tabulation of gender by sexual abuse. It shows the association of gender by sexual abuse and indicated whether or not there was a statistically significant relationship between the two variables. As indicated in Table 25, 65 or 52.8%
of the female respondents stated no to sexual abuse being the reason they were placed in DFCS custody. In the study, 46 or 37.4% of the male respondents stated no to sexual abuse being the reason for placement in DFCS custody.

As shown in Table 25, the statistical measurement chi-square was employed to test for strength of association between genders by sexual abuse. When the chi-square statistical test for significance was applied, the null hypothesis was rejected (p = .095) indicating that there was not a statistically significant relationship between the two variables at the .05 level of probability.
CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

This study was designed to answer four research questions concerning the factors necessary for successful placement of foster care children in a metropolitan county in Georgia. The conclusions and recommendations of the research findings are presented in this chapter. Recommendations are proposed for future discussions for policy makers, social workers, practitioners, and administrators. Each research question is presented in order to summarize the significant findings of interest.

Research Question 1: Is there a relationship between age and neglect in placement disruptions of foster care children.

In order to determine if there is a relationship between age and neglect in placement disruptions of foster care children, a cross tabulation of age and neglect were analyzed. Of the 123 foster care children in DFCS custody surveyed a minority (35.8%) of the respondents indicated that neglect was the reason they were placed in DFCS custody. However, the majority (64.2%) of the respondents indicated that neglect was not the reason they were placed in DFCS custody. When the chi-square statistical test for significance was applied, the null hypothesis was not rejected (p=.008) indicating that
there was statistically significant relationship between the two variables at the .05 level of probability (see table 22).

Research Question 2: Is there a relationship between gender and physical abuse in placement disruption of foster care children?

Thirty-six point six percent (36.6%) of the foster children respondents indicated that physical abuse was the reason they were placed in DFCS custody. A majority (63.4%) indicated that physical abuse was not the reason they were placed in DFCS custody. When the chi-square statistical test for significance was applied, the null hypothesis was rejected (.172) indicating that there was not a statistically significant relationship between the two variables at the 0.5 level of probability (see Table 23).

Research Question 3: Is there a relationship between age and sexual abuse in placement disruption of foster care children?

Approximately ten percent (10%) of the foster care children indicated that sexual abuse was the reason for placement in DFCS custody. A majority (90.2%) indicated that sexual abuse was not the reason for placement in DFCS custody (see Table 24). When the chi-square statistical test for significance was applied, the null hypothesis was rejected (p= .359) indicating that there was not a statistically significant relationship between the two variables at the .05 level of probability (see Table 24).

Research Question 4: Is there a relationship between gender and sexual abuse in placement disruption of foster care children?
Approximately ten percent (9.8%) indicated that sexual abuse was the reason or DFCS custody. Of this 9.8%, 8.1% of these respondents were females. However, the majority (90.2%) indicated that sexual abuse was not the reason for DFCS custody (see Table 25). When the chi-square statistically test for significance was applied, the null hypothesis was rejected (p=.095) indicating that there was not a statistically significant relationship between two variables at the .05 level of probability (see Table 25).

In summary, the 123 foster care children surveyed responded by representing 25.2% of the females stating they were physically abused; 19.5% of the 17 year olds stating they were neglected; 8.1% of the females stating that they were sexually abused; and 4.9% of the 17 year olds stating sexual abuse was the reason for DFCS custody.

**Recommendations**

Research concerning placement stability has come a long way since the 1970’s. However, there continues to be a gap in literature. We now know the importance of attachment and stability in child development and the poor learning and psychosexual outcomes for children in care experiencing instability. As a result of the findings of this study, the researcher recommends the following:

1. Research should continue in order to develop baseline data on African-American foster care children who were placed in successful and unsuccessful placements. Researchers need more feedback from the children that were placed in DFCS custody.

2. Additional policies at the state, county and agency levels are needed to ensure initial placement decisions on first placements are permanent placements.
3. The Departments of Juvenile Justice and Family and Children Services should develop a program to compel parents to immediately pick-up their child(ren) when he or she is released from RYDC facilities. This will decrease DFCS case loads, because children who are juvenile delinquents are coming into DFCS custody due to parents not picking up their children from these facilities.

4. Structure retention strategies for foster parents to include competitive rates for stipends, involving foster parents in decision making, showing respect for their work, exhibiting cultural competency, and supporting foster parents in dealing with and managing difficult behaviors of children.

5. Establish organizational structures to support case managers, pay increases, peer support, flexibility, supportive supervision and reasonable workloads, and focus increased efforts on worker’s first two to three years on the job.
APPENDICES
APPENDIX A

IRB APPROVAL LETTER

CLARK ATLANTA UNIVERSITY
Institutional Review Board
Office of Sponsored Programs

April 25, 2012

Ms. Alicia Martin <aliciamartinsww@yahoo.com>
School of Social Work
Clark Atlanta University
Atlanta, GA 30314

RE: A Study of the Factors Necessary For Successful Placements of Foster Care Children in a Metropolitan County in Georgia.

Principal Investigator(s): Alicia Martin

Human Subjects Code Number: HR2012-4-434-1

Dear Ms. Martin:

The Human Subjects Committee of the Institutional Review Board (IRB) has reviewed your proposal and approved it as exempt in accordance with 45 CFR 46.101(b)(2).

Your Protocol Approval Code is HR2012-4-434-1/A.

This permit will expire on April 24, 2013. Thereafter, continued approval is contingent upon the annual submission of a renewal form to this office.

The CAU IRB acknowledges your timely completion of the CITI IRB Training in Protection of Human Subjects – "Social and Behavioral Sciences Track". Your certification is valid for two years.

If you have any questions, please contact Dr. Georgianna Bolen at the Office of Sponsored Programs (404) 880-6879 or Dr. Paul I. Muesy, (404) 880-6829.

Sincerely,

Paul I. Muesy, Ph.D.
Chair
IRB: Human Subjects Committee
cc: Office of Sponsored Programs, "Dr. Georgianna Bolen" <georianna.bolen@clau.edu>
APPENDIX B

LETTER OF REQUEST FOR APPROVAL TO ILP COORDINATOR

DeKalb County Department of Family and Children Services
The Trussell Building
175 Sams Street
Decatur, Georgia 30030

Date: 3/15/2010

Mrs. Robin Stewart
ILP Coordinator (DeKalb County DFCS)
175 Sams Street
Decatur, Georgia 30030

Dear Ms. Stewart:

I would like to request an appointment with you to discuss my research project. I am a doctoral candidate at Clark Atlanta University, and I have completed all the course requirements and am preparing to write my dissertation. I am interested in learning more about the success of African American foster care children.

I am requesting your permission to give the Independent Living Program (ILP) staff access to a survey to collect placement data in DFCS. The purpose of my study is to learn more about children's placements. The survey is voluntary and short.

I would appreciate an opportunity to discuss this potential research with you. I am sending you a copy of the proposed survey questionnaire for your review. I will be in touch with you via telephone to confirm a date.

Thank you very much for your consideration.

Sincerely,

Alicia Maxis
CAU Doctoral Candidate

Alida Martin
CAU Doctoral Candidate

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APPENDIX C

LETTER OF APPROVAL FROM ILP COORDINATOR

Dear Ms. Martin,

The Independent Living Program will participate in your survey, which outcomes will help to address the issue of children's, especially men's, disruptions in placement. This information will help the program and other stakeholders to understand what makes a successful placement for our children, and why our children may have issues that need to be addressed to prevent the disruptions.

However, I ask that the survey participants remain anonymous, and only demographics and comments will be recorded for your illustration.

Sincerely,

Regina Stewart
Region IV Independent Living Coordinator

Cc: Deby Harris
APPENDIX D
SURVEY QUESTIONNAIRE
DISRUPTION OF PLACEMENTS SURVEY

Section I Demographic Information
Place mark (x) next to the appropriate item. Choose only one answer for each question.

1. My gender is: 1) ______ Male  2) ______ Female
2. My age is: 1) ______ under 13  2) ______ 14-15  3) ______ 16-17  4) ______ over 17
3. My race is: 1) ______ African American  2) ______ White  3) ______ Hispanic  4) ______ other
4. My grade level: 1) ______ Middle School  2) ______ High School  3) ______ College  4) ______ other

5. Have you ever been placed in foster care?  1) ______ Yes  2) ______ No

6-1 Neglect was the reason why you were placed in DFCS custody
   1) ______ Yes  2) ______ No

6-2 Physical Abuse was the reason why you were placed in DFCS custody
   1) ______ Yes  2) ______ No

6-3 Sexual Abuse was the reason why you were placed in DFCS custody
   1) ______ Yes  2) ______ No

6-4 Domestic Violence was the reason why you were placed in DFCS custody
   1) ______ Yes  2) ______ No

6-5 Parental Substance Abuse was the reason why you were placed in DFCS custody
   1) ______ Yes  2) ______ No

6-6 Child’s Behavior was the reason why you were placed in DFCS custody
   1) ______ Yes  2) ______ No

6-7 Multiple Problems was the reason why you were placed in DFCS custody
   1) ______ Yes  2) ______ No
APPENDIX D
(continued)

7. How many times have you disrupted from a foster care home?
   1) ___ 0 times  2) ___ 1-2  3) ___ 3-4  4) ___ 5 or more times

8. How many times have you disrupted from a group home?
   1) ___ 0 times  2) ___ 1-2  3) ___ 3-4  4) ___ 5 or more times

9. How many times have you disrupted from an institution (The Bridge / Inner Harbour)  
   1) ___ 0 times  2) ___ 1-2  3) ___ 3-4  4) ___ 5 or more times

10-1 Why did the placements disrupt?
   1) ___ Aggressive behaviors  2) ___ Sexually acting out
      3) ___ Case manager  4) ___ Medical Problems
      5) ___ Mental Health Problems  6) ___ Foster parent request

10-2 How long have you been in DFCS custody?
   1) ___ under one year  2) ___ 1-3 yrs  3) ___ 4-7 yrs
   4) ___ 8 or more yrs

11. What type of placement do you currently live in?
   1) ___ Foster home  2) ___ Adoptive home  3) ___ Group home
      4) ___ Kinship (relative) Placement

12. How long have you lived in this placement?
   1) ___ under one yr  2) ___ 1-2 yrs  3) ___ 3-4 yrs
   4) ___ 5 or more yrs

13. How many times have you been moved in placements?
   1) ___ 0 times  2) ___ 1-2 yrs  3) ___ 3-4 yrs  4) ___ 5 or more yrs

14. Would you ever consider becoming a foster parent as an adult?
   1) ___ Yes  2) ___ No

15. Would you ever consider working at a group home as an adult?
   1) ___ Yes  2) ___ No

16. Have you ever been placed in a kinship (relative care placement?)
   1) ___ Yes  2) ___ No

17. Did you disrupt from this placement?
   1) ___ Yes  2) ___ No
APPENDIX E

SPSS ANALYSIS

TITLE 'DISRUPTION OF PLACEMENTS SURVEY'.
SUBTITLE 'Alicia Martin Social Work PhD Program'.

DATA LIST FIXED/
ID 1-3
GENDER 4
MYAGE 5
MYRACE 6
GRADE 7
PLACE 8
REASON1 9
REASON2 10
REASON3 11
REASON4 12
REASON5 13
REASON6 14
REASON7 15
FOSTER 16
GROUP 17
SETTING 18
DISRUPT 19
CUSTODY 20
PLACEMT 21
HOWLONG 22
MOVEDIN 23
FParent 24
WORKING 25
KINSHIP 26
DIDYOU27.

VARIABLE LABELS
ID 'Case Number'
GENDER 'Q1 My Gender'
MYAGE 'Q2 My Age'
MYRACE 'Q3 My Race'
GRADE 'Q4 My grade level'
PLACE 'Q5 Have you ever been placed in foster care'
REASON1 'Q6-1 NEGLECT was the reason why you were placed in DFCS custody'
REASON2 'Q6-2 PHYSICAL ABUSE was the reason why you were placed in DFCS custody'
REASON3 'Q6-3 SEXUAL ABUSE was the reason why you were placed in DFCS custody'
REASON4 'Q6-4 DOMESTIC VIOLENCE was the reason why you were placed in DFCS custody'
REASON5 'Q6-5 PARENTAL SUBSTANCE ABUSE was the reason why you were placed in DFCS custody'

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APPENDIX E

(continued)

REASON6 'Q6-6 CHILDS BEHAVIOR was the reason why you were placed in DFCS custody'
REASON7 'Q6-7 MULTIPLE PROBLEMS was the reason why you were placed in DFCS custody'
FOSTER 'Q7 How many times have you been disrupted from foster care'
GROUP 'Q8 The number of times you have been disrupted from a group home'
SETTING 'Q9 The number of times you have been disrupted from and institutional setting'
DISRUPT 'Q10-1 Why did the placements disrupt'
CUSTODY 'Q10-2 How long have you been in DFCS custody'
PLACEMENT 'Q11 What type of placement do you currently live in'
HOWLONG 'Q12 How long have you lived there'
MOVEDIN 'Q13 How many times have you been moved in placements'
FPARENT 'Q14 Would you ever consider becoming a foster parent as an adult'
WORKING 'Q15 Would you ever consider working at a group home as an adult'
KINSHIP 'Q16 Have you ever been placed in a kinship care placement'
DIDYOU 'Q17 Did you disrupt from this placement'.

VALUE LABELS
GENDER
1 'Male'
2 'Female'
MYAGE
1 '14 yrs'
2 '15 yrs'
3 '16 yrs'
4 '17 yrs'
5 '18+yrs'
MYRACE
1 'AfriAmerican'
2 'White'
3 'Hispanic'
4 'Other'
GRADE
1 'Elementary'
2 'Middle School'
3 'SomeHigh School'
4 'High School'
PLACE
1 'Yes'
2 'No'
REASON1
1 'Yes'
2 'No'
REASON2
1 'Yes'
2 'No'
REASON3
1 'Yes'
2 'No'
APPENDIX E
(continued)

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<td>2 '1-2 times'</td>
<td>2 '1-3 yrs'</td>
</tr>
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<td>4 '5 or more times'</td>
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<td>2 '1-2 times'</td>
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<td>2 '1-2 times'</td>
<td>2 '1-3 yrs'</td>
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<td>2 'No'/</td>
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<td></td>
<td>3 'Case manager'</td>
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</tr>
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<td></td>
<td>4 'Medical Problems'</td>
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</tr>
<tr>
<td></td>
<td>5 'Mental Health Problems'</td>
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<tr>
<td></td>
<td>6 'Foster parent request'</td>
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</table>

| 1 'Yes'| 1 'Under 1 year'|
| 2 'No'/| 2 '1-3 yrs'    |
|         | 3 '4-7 yrs'    |
|         | 4 '8 or more yrs'/ |
## APPENDIX E

(continued)

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<th>3 '3-4 times'</th>
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<td>WORKING</td>
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<td>KINSHIP</td>
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<td>DIDYOU</td>
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<td>2 'No'</td>
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### MISSING VALUES

| GENDER MYAGE MYRACE GRADE PLACE REASON1 REASON2 REASON3 REASON4 REASON5 REASON6 REASON7 FOSTER GROUP SETTING DISRUPT CUSTODY Placement HOWLONG MOVEDIN FPARENT WORKING KINSHIP DIDYOU (0). |

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APPENDIX E

(continued)
APPENDIX E

(continued)
APPENDIX E

(continued)

END DATA.

FREQUENCIES
/VARIABLES GENDER MYAGE MYRACE GRADE PLACE REASON1 REASON2 REASON3
REASON4 REASON5 REASON6 REASON7 FOSTER GROUP SETTING DISRUPT
CUSTODY PLACEMT HOWLONG MOVEDIN FPARENT WORKING KINSHIP DIDYOU
/STATISTICS = DEFAULT.
REFERENCES


Adoption Promotion Act of 1997 (P.L. 105.85)


Family Preservation and Support Services Program of 1993 (PL 103-64)


Fostering connections to success and increasing adoptions Act of 2008 (PL 110-351)


Hill, K. (2010, January 1). The transition of youth with disabilities from the child welfare system. An analysis of the state administrative data. Retrieved from ProQuest LLC.


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Inter-Ethnic Placement Act of 1996
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Multi-Ethnic Placement Act (PL 103-382) of 1994


Social Security Act of 1935, Ch. 531, 49 Stat. 620


