

F F T A



Foster Family-based Treatment Association

Annotations of Research in Treatment Foster Care

Citation

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Keywords

Foster care, mental health, intensive placement, restrictive placement

Research Questions

- For what reasons will a child be placed into intensive or restrictive care?
- Into what type of intensive or restrictive care will the child be placed?
- What is the probability of a child being placed into intensive or restrictive care?
- What role do clinical factors play in increasing or decreasing the chances of intensive or restrictive care placement?
- What role do nonclinical factors play in increasing or decreasing the chances of intensive or restrictive care placement?

Method

Subjects: The study focused on 981 children ages 2 and older who had an out-of-home placement at some point during the study.

Design: The authors investigated the entry into intensive or restrictive mental health and residential care placements using the National Survey of Child and Adolescent Well-Being (NSCAW). The NSCAW was initiated under the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and used a stratified two-stage sample. Intensive or restrictive placements were defined as treatment foster care, group homes, residential treatment centers, and inpatient psychiatric care. The NSCAW survey included 5,501 children, ages birth to 14, for whom an investigation of child abuse or neglect was opened between November 1999 and January 2001. The survey included children from 96 counties in 36 states.

Materials/Measures: This study looked at the probability and factors related to first placement into intensive or restrictive care. For the purposes of the research, placement into such facilities could have occurred at any point during the study. The type and timing of placements were gathered from case records. The study examined child sociodemographics, maltreatment history, behavioral functioning, developmental functioning, health status, prior episodes in out-of-home care, number of placements, episodes in kinship care, onset of outpatient mental health services,

urbanicity, and insurance type. Logistic regression analysis was done to determine the odds of being placed into intensive or restrictive placement based on predictor variables (e.g., sociodemographic, placement history, etc.). Univariate statistics were used to determine the relationship between the placement outcome and the predictor variables. Multivariate statistics were used on a sample of 858 children due to missing information. No significant differences were found between the original group of 981 children and the sample of 858 used for multivariate statistical analysis.

Procedures: Face-to-face interviews with the children, biological and/or foster caregivers, and caseworkers were conducted by trained field representatives. A series of interviews (“waves”) was conducted over a 36-month period: baseline, 12 months, 18 months, and 36 months. Wave four (36 months) was weighted due to attrition.

Results/Findings

Entry into intensive or restrictive placements: Children in the study were removed from the primary caregiver due to supervisory neglect (46%), physical abuse (30%), emotional abuse (13%), sexual abuse (11%), and abandonment (5%). Approximately a quarter of the children in the sample (25.8%) were placed into intensive or restrictive care during the study. The most common placement was residential treatment centers (42%), followed by group homes (39%) and treatment foster care or inpatient psychiatric care (10%). Of the children placed into intensive or restrictive placements, 48.3% were placed in such a setting as a first placement and 38% were placed as a second placement (e.g., after a kinship care placement or another nonintensive placement).

Likelihood of intensive or restrictive placements: Four factors were found to have a significant impact on the likelihood that a child would be placed into an intensive or restrictive placement. Boys were twice as likely to be placed into intensive or restrictive settings. As a child aged, each year increased the odds of the child being placed into such settings by 32%. Children with behavioral problems were 5 times as likely to be placed into intensive or restrictive settings. An unexpected finding suggested children with fewer prior placements were more likely to be placed into intensive or restrictive settings. Two factors were found to be near significant levels. Children with developmental problems were twice as likely to be placed into intensive or restrictive settings. A placement into kinship care decreased the likelihood of placement in such settings by 75%.

Follow-up analyses: Children with more placements were more likely (1.7 times) to be placed into intensive or restrictive settings when the number of placements was considered throughout the entire study (instead of up to intensive or restrictive placement). The study also found two significant differences between the group of children placed into intensive or restrictive settings on his or her first placement and the group placed during a subsequent setting. Children who were initially placed into an intensive or restrictive setting were likely to have had fewer placements and to have been removed from their home due to neglect.

Limitations

The study was limited in the number of factors that influenced placement. It is likely that other factors had an impact on the type of placement setting but were not accounted for (e.g., reason for placement change). The current data did not measure the variations in protocols that may change how a child is placed in out-of-home placement. Future research may wish to look at

these protocols. The study was also brief in duration; a longitudinal study may give more depth and understanding to the data found in the current study.

Application to Practice and Policy

Placement into intensive or restrictive settings was found to be common. However, it was found that treatment foster care, a setting with vast empirical evidence of success, appears to be underutilized. Proper testing of behavioral and developmental functioning should be used in deciding the proper setting for a child. Given the mental health system's propensity to use the most cost-effective treatments, policies on out-of-home placement should reflect overall cost *and* effectiveness of placement settings.

Data should be interpreted with caution as there could be many factors related to out-of-home placement that were not accounted for. Intensive or restrictive placement may be due to an increased recognition of the mental health needs of foster children and an attempt to quickly address these needs. Placement into these settings may also be seen as more effective than non-intensive or nonrestrictive placements. These placements may also reflect a shortage of foster caregivers. Intensive or restrictive settings may be used as an alternative option when others are not immediately available.

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