

Special Report Brief

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5519 East 82nd Street, Suite A • Indianapolis, IN 46250

Permanency Plan Achievement for Youth in Traditional and Treatment Foster Care

Overview

In 1995, the Indiana Association of Resources and Child Advocacy (IARCA)¹ began developing an outcomes monitoring project to examine the effectiveness of programs and services provided by its member agencies. Three years later, in 1998, the IARCA Outcome Measures Project (*IOMP*) was initiated. During the 18 years since, the *IOMP* has collected outcome measures for youth served by participating IARCA member agencies in a number of different care and services settings.

Since 1998 agencies have provided information on youth in Foster Care. In 2013, Foster Care was separated into two distinct program types – Traditional Foster Care and Treatment Foster Care. This differentiation has allowed for examination of outcomes for youth placed into these two forms of foster care service.

The *IOMP* defines Traditional Foster Care programs as those providing community-based care of children / youth on a full-time, temporary basis by licensed / certified persons other than their own immediate family. Traditional Foster Care offers a supportive family environment to children whose family cannot raise them because of the child's behavioral difficulties, child maltreatment, problems within the family environment, or parents' physical or mental illness.

The *IOMP* defines Treatment Foster Care programs as those that provide multiple intensive community-based services to children / youth with a range of mental, physical, medical, developmental,

emotional, and behavioral disabilities. Children / youth in Treatment Foster Care require more intensive and specialized services than are provided in Traditional Foster Care.

As the courts view Foster Care as a temporary living arrangement, most youth placed in care have a plan to achieve a more permanent living arrangement. This plan is defined as the intended permanent or long-term arrangement for care and custody of the child / youth. Permanency plans include reunification, adoption, guardianship, and “another planned permanent living relationship” (APPLA). The *IOMP* further breaks down APPLA into categories of permanent custodial relationship, legal guardianship, emancipation / independent living, and other planned permanent arrangements.

In addition to having a permanency plan identified, many foster youth have a second, separate, permanency plan, or a concurrent plan, identified. Concurrent planning also involves a long-term planned living arrangement that is separate from the identified permanency plan and is put into place if the initial plan becomes unviable. According to state policy by the Indiana Department of Child Services, concurrent planning is to be considered for all CHINS (Child in Need of Services) cases.

This current Special Report Brief examines the achievement of permanency for youth placed into the two Foster Care programs (Traditional and Treatment Foster Care). This report examines the achievement of permanency through permanency and concurrent planning and risks associated with achievement for the following identified plans: reunification, adoption, and emancipation / independent living.

¹ IARCA was formerly IARCCA, an Association of Children and Family Services.

Which youth were examined?

A sample of youth placed into and discharged from care between January 1, 2013, and December 31, 2015 was used for this report. Youth were included if information was available from these time frames. In addition, youth were included only if they were in care for at least 14 days and if their permanency or concurrent plan at the time of discharge was reunification, adoption and/or independent living. Cases were excluded if it was stated that they met their plan for permanency (primary or concurrent), but their actual discharge placement was inconsistent with either the permanency or concurrent goal. For example, if a youth was listed as having met a plan of reunification and was placed with their parents, the case was included in the sample. However, if a youth was listed as having met a reunification permanency plan and was placed into a county detention center, the case was removed from the sample. Likewise, if a case had reunification as a goal and it was not met, yet they were listed as being discharged to their parent's home, the case was eliminated.

Within the two Foster Care programs, three separate samples were created to examine achievement of each of the three permanency plans. For each sample, youth were included if either their identified permanency or concurrent plan was listed as reunification, adoption, or of independent living. As an individual youth may have had separate permanency and concurrent plans, that youth may have been included in two samples. For example, a youth with a permanency plan of reunification and a concurrent plan of adoption was included in analyses that examined achievement of and risk factors for both plans. This resulted in the following sample sizes:

	<u>Traditional FC</u>	<u>Treatment FC</u>
Reunification	n=536	n=1,333
Adoption	n=150	n=308
Independent Living	n=52	n=217
Total # in Sample	N=709	N=1,865

What was examined?

Information examined for this Special Report Brief included the following characteristics gathered at intake and at discharge for youth in Traditional and Treatment Foster Care programs between 2013 and 2015.

Intake

- Demographics: age, gender, and ethnicity
- Maltreatment factors: reported or substantiated neglect, physical abuse, sexual abuse and witness to domestic violence
- Child-specific risk factors: special education placement and use of psychotropic medication
- Number of prior out-of-home placements
- Parent risk factors: single parent family, suspected or identified: parental substance abuse, parental psychiatric diagnosis, and parental incarceration history

Discharge

- Identified permanency plan at discharge
- Identified concurrent plan at discharge
- Achievement of permanency or concurrent plan

How were the analyses conducted?

Demographic characteristics were examined to describe youth in the two Foster Care program types. Analyses were then conducted for youth in each program type who had an identified permanency or concurrent plan of reunification, a plan of adoption, or a plan of independent living. Three groups of risk factor analyses were then analyzed. For analysis of risk factors, responses of "don't know" were excluded from analyses; resulting in a smaller number of cases for many of the variables. Therefore, number of youth is included for each variable.

Chi-square analyses, including an examination of residual scores, was completed to compare categorical variables, exploring relationships between the achievement of each of the three permanency / concurrent plans (reunification, adoption & independent living) with demographic characteristics and risk factors. For analyses

examining relationships between permanency plan achievement and the number of prior placements, non-parametric tests (e.g., Kruskal-Wallis H on mean ranks) were used. An *a priori* alpha of .01 was chosen to identify if results obtained were statistically different.

What did we find?

Traditional Foster Care

Demographic Characteristics

Table 1 provides an overview of the demographic characteristics and sample sizes for youth in the Traditional Foster Care sample. Just over half of the 709 youth placed in Traditional Foster Care were female (56.4%), of minority race/ethnicity (50.7%), and under six years of age (50.1%). Nearly four of every five youth were reported with suspected or substantiated neglect (78.7%). Just over one in ten of the youth were reported with suspected or substantiated physical abuse (12.4%) and just under one in ten were reported with suspected or substantiated sexual abuse (9.3%). Just over seven in 10 of the 274 youth in the sample were reported to have observed violence in the home (70.8%). About one-tenth of the 640 youth in the sample had histories of placement in special education (12.3%). Use of psychotropic medication, recorded on 672 youth, was over one in ten (11.9%). The median number of prior placements was 1.5.

Nearly three of every five (58.2%) youth came from single parent families (n=596). Almost nine of ten youth had parents with substance use histories (89.8%; n=374). The parents of more than three in four (76.6%) youth had incarceration histories (n=278). Just over three in five (61.5%) youth had a parent with a history of a psychiatric diagnosis (n=169).

Many of the demographic characteristics reported in this sample of youth in Traditional Foster Care are consistent with data reported in the IARCA Annual Reports from 2013, 2014, and 2015. However, several proportions are significantly higher than that reported in the Annual Reports, including the youth's witnessing of domestic violence, coming from a single parent household, and parental factors

of substance use, incarceration history and parent psychiatric diagnosis. These reported proportions are likely higher since cases with responses of "don't know" were removed from analyses for this Special Report Brief, while in the Annual Report they are counted as not present.

Table 1. Demographic characteristics of youth in Traditional Foster Care

Characteristic	# Cases Collected*	% Youth
Gender		
Male	708	43.6%
Female		56.4%
Ethnicity	708	
Caucasian		49.3%
Minority		50.7%
Age	708	
0-6		50.1%
7-12		28.5%
13-20		21.3%
Number of prior placements**	638	
Median		1.0
Mean		1.5
Range		0-32
Suspected/substantiated neglect	709	78.7%
Suspected/substantiated physical abuse	709	12.4%
Suspected/substantiated sexual abuse	709	9.3%
Witness to domestic violence	274	70.8%
Special education	640	12.3%
Psychotropic medication	672	11.9%
Parental substance abuse	374	89.8%
Parental incarceration history	278	76.6%
Parental psychiatric diagnosis	169	61.5%
Single parent family	596	58.2%

* The overall sample size for Traditional Foster Care = 709. The number of cases listed for each characteristic may be smaller due to missing data. ** Due to the number of prior placements not being normally distributed, both the Median (middle score) and Mean (average score; SD=2.5) are reported.

Permanency/Concurrent Discharge Plan

A permanency plan at discharge was reported for all youth in Traditional Foster Care, and a concurrent permanency plan was reported for 85.6% of the sample. Youth who had an identified permanency or concurrent plan for reunification, adoption, and/or independent living are illustrated in Figure 1.

Youth with a separate permanency plan and concurrent plan were included in analyses for both plans. That is, if a youth had a permanency plan of reunification and a concurrent plan of independent

living, he / she was included in both analyses. This resulted in a sample for reunification plan being identified for 75.6% of the Traditional Foster Care sample (n=536), an adoption plan identified for 21.2% (n=150), and an independent living plan identified for 7.3% of the sample (n=52).

Discharge Permanency/Concurrent Plan

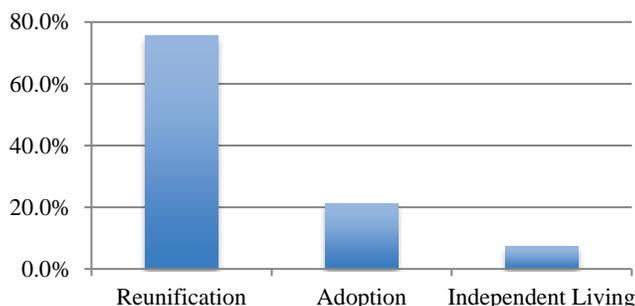


Figure 1. Permanency or concurrent plan identified at discharge for youth in Traditional Foster Care.

Reunification. Reunification plans were achieved for nearly three in five of the 536 youth placed in Traditional Foster Care programs of whom this was recorded as a permanency or concurrent plan (57.5%). Demographic characteristics that were associated with achievement of a reunification plan included the youth's age at program admission and suspected or substantiated sexual abuse. With regard to age, the odds were 2.4 times greater for reunification if youth were under the age of 13 when admitted into foster care than if they were teenagers. Youth who had a history of suspected or substantiated sexual abuse had odds of reunification at a rate 3.3 times lower than those without this variable affirmatively recorded.

For the number of prior placements, analyses examining central tendency (i.e., mean and median) were not appropriate, given the differential distribution of scores between youth who were (n=276) and were not (n=202) reunified. Youth who were not reunified had a range of 0 to 11 previous placements, while the range for youth who were reunified was 0 to 6. An examination of the difference in these distributions was significant.

Adoption. Adoption plans were achieved for just over one-third (36.7%) of the 150 youth placed into Traditional Foster Care programs who had a permanency or concurrent plan of adoption recorded. No demographic characteristics were found to be significantly associated with achievement of a youth's adoption plan.

The number of prior placements was examined. Analyses examining central tendency were not appropriate, since the distribution of scores was different between youth who were (n=52) and were not adopted (n=80). An examination of differences between the samples was significant; youth who were not adopted exhibited a range of 0 to 20 previous placements, while the range for youth who were adopted was 0 to 6.

Independent Living. Independent living plans were achieved for one in four (25.0%) of the 52 youth placed into Traditional Foster Care programs who had this recorded as a permanency or concurrent plan. No demographic characteristics were found to be significantly associated with achievement of living independently for youth with such a plan.

Treatment Foster Care

Demographic Characteristics

Table 1 provides an overview of the demographic characteristics and sample sizes for youth in the Treatment Foster Care sample. Just under half of the 1,865 youth placed in Treatment Foster Care were female (48.2%) and just over half were of minority race/ethnicity (50.8%). About two-thirds of these youth were older than six years of age (65.4%). Nearly seven of every ten youth were reported with suspected or substantiated neglect (71.3%). Nearly one in five youth were reported with suspected or substantiated physical abuse (17.8%); while just over one in ten were reported with suspected or substantiated sexual abuse (11.3%). Nearly 4 of every 5 of the 561 youth in the sample were reported to have observed domestic violence (77.9%). The median number of prior placements was 1.0.

Table 2. Demographic characteristics of youth in Treatment Foster Care

Characteristic	# Cases Collected*	% Youth
Gender	1,860	
Male		51.8%
Female		48.2%
Ethnicity	1,860	
Caucasian		49.2%
Minority		50.8%
Age	1,856	
0-6		34.6%
7-12		27.9%
13-20		37.4%
Number of prior placements**	1,431	
Median		1.0
Mean		2.0
Range		0-27
Suspected/substantiated neglect	1,865	71.3%
Suspected/substantiated physical abuse	1,865	17.8%
Suspected/substantiated sexual abuse	1,865	11.3%
Witness to domestic violence	561	77.9%
Special education	1,408	26.6%
Psychotropic medication	1,601	29.8%
Parental substance abuse	713	92.3%
Parental incarceration history	609	80.3%
Parental psychiatric diagnosis	256	69.9%
Single parent family	1,158	56.7%

* The overall sample size for Treatment Foster Care = 1,865. The number of cases listed for each characteristic may be smaller due to missing data. ** Due to the number of prior placements not being normally distributed, both the Median (middle score) and Mean (average score; SD=2.8) are reported.

About one-fourth (26.6%) of 1,401 youth in the sample had histories of placement in special education, and about three in ten (29.8%) of 1,601 youth had histories of psychotropic medication use. More than half (56.7%) of the 1,158 youth on whom family status was recorded came from single parent families. For those on whom the information was recorded, characteristics of these youth's parents were: more than nine in 10 of the 658 youth for whom it was reported had parents with substance use histories (92.3%). More than four in five (80.3%) of the 609 youth had parents with incarceration histories. Of the 256 youth for whom this variable was entered, nearly seven in ten (69.9%) had parents with a history of psychiatric diagnosis.

Many of the demographic characteristics reported in this sample of youth in Treatment Foster Care are consistent with that reported in the IARCA Annual

Reports from 2013, 2014, and 2015. However, some proportions were significantly higher than that included the youth's witnessing of domestic violence, coming from a single parent household, and parental factors of substance use, incarceration history and parent psychiatric diagnosis. These reported proportions are higher as responses of "don't know" were removed from analyses for this Special Report Brief and was included in the Annual Report as not being present.

Permanency/Concurrent Discharge Plan

A permanency plan at discharge was reported for all youth in Treatment Foster Care, and a concurrent permanency plan was reported for 87.1% of the sample. Youth who had an identified permanency or concurrent plan for reunification, adoption, and/or independent living are illustrated in Figure 2.

Youth with a separate permanency plan and concurrent plan were included in analyses for both plans. That is, if a youth had a permanency plan of reunification and a concurrent plan of independent living, he/she was included in both analyses. This resulted in a sample for reunification plan being identified for 71.5% of the sample (n=1,333), an adoption plan identified for 16.5% (n=308), and an independent living plan identified for 11.6% of the sample (n=217).

Discharge Permanency/Concurrent Plan

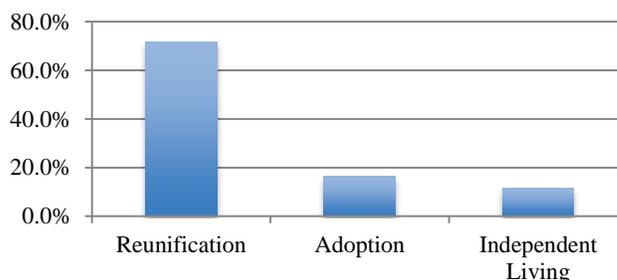


Figure 2. Permanency or concurrent plan identified at discharge for youth in Treatment Foster Care.

Reunification. Reunification plans were achieved for half of the 1,333 who were placed in Treatment Foster Care programs for whom this was recorded as a permanency or concurrent plan (50.4%). Demographic characteristics that were associated with achieving a reunification plan included the

youth's age, having a history of suspected or substantiated sexual abuse, participation in special education and use of psychotropic medication.

The odds of reunification for youth who were under the age of 6 when admitted into foster care were 2.0 times greater than those youth who were over the age of 6 when placed in care. Conversely, the odds of reunification were two times lower (2.1) if the youth was age 13 or older than if they were under age 13. Youth in special education had odds of reunification that were 1.6 times lower than those for youth who were not recorded as being placed in special education. The odds that youth prescribed psychotropic medication at admission would reunify were 2.2 times lower than for youth not prescribed this type of medication.

Adoption. Adoption plans were achieved for about 3 in every 10 (29.2%) of the 308 youth placed into Treatment Foster Care programs who had adoption recorded as a permanency or concurrent plan. Demographic characteristics that were associated with achievement of an adoption permanency plan included the youth's ethnicity, age, participation in special education and use of psychotropic medication. With regard to ethnicity, the odds of being adopted were 2.9 times greater for Caucasian youth when compared to minority youth. With regard to age, the odds of adoption were 3.3 times greater for youth aged 6 or younger than for those over age 6; conversely, the odds were 4.3 times lower for youth over the age of 12 than if they were 12 or younger. The odds of adoption for those in special education were 2.5 times lower for adoption than for those youth not placed in special education. Youth taking psychotropic medication at intake were 2.9 times less likely to be adopted when compared to adoption rates of their peers who were not taking medication.

The score distributions of the number of prior placements for youth in Treatment Foster Care were different, altering the type of analyses that could be done. An examination of mean rank ordered scores for youth who were (n=76) and were not adopted (n=171) was statistically significant. Those not

adopted had prior placements that ranged in number from 0 to 24 while those that were adopted had been in placement in the past 0 to 11 times.

Independent living. Independent living plans were achieved for one in five (20.7%) of the 217 youth placed into Treatment Foster Care programs for whom this was recorded as a plan. There were no demographic characteristics that were significantly associated with achievement of a youth's permanency or concurrent plan of independent living.

Summary / Next Steps

This Special Report Brief examined youth who had a permanency or concurrent plan of reunification, adoption, and / or independent living in Traditional and Treatment Foster Care programs between 2013 and 2015.

While there were certain risks associated with the achievement of either a permanency or a concurrent plan, these could be specific to this sample and warrant further study to replicate the results. Agencies are therefore encouraged to discuss these results and consider further examination of youth placed in their care. Part of this discussion should also focus on how youth who come into their care are supported when they present with different risk factors. For example, what specific supports or services are provided to youth having a diagnosis requiring use of psychotropic medication? Are there ways to improve services provided, or are there additional evidence-based approaches that could be considered? Agencies should also discuss other potential risk factors not examined as part of this Special Report Brief. For example, are there differences in outcomes for reunification, based on the family's level of involvement in care? Are youth more likely to achieve independent living if they have full-time employment or are enrolled in post-high school programs (such as trade school or college)? Through identifying and addressing any patterns between the risks and challenges which youth and families face, attaining a successful placement into a permanent setting is possible.

Factors Associated with Youth Achieving Permanency or Concurrent Plan

Traditional Foster Care

Reunification (n=536)

Youth under the age of 13 years
No reported/substantiated sexual abuse

Adoption (n=150)

No factors identified

Independent Living (n=52)

No factors identified

Treatment Foster Care

Reunification (n=1,333)

Youth under the age of 7 years and not 13 years of age or older
Not in special education
Not on psychotropic medication

Adoption (n=308)

Caucasian ethnicity
Youth under the age of 7 years and not 13 years of age or older
Not in special education
Not on psychotropic medication

Independent Living (n=217)

No factors identified



IARCA Institute for Excellence
5519 East 82nd Street, Suite A
Indianapolis, IN 46250

Overview of this Special Report Brief

This Special Report Brief reviews the data for youth in Traditional Foster Care and Treatment Foster Care collected during three years of data collection (2013-2015) by the *IOMP*. The Brief examines characteristics of children and their families when youth are placed into foster care programs. Achievement of permanency outcomes is examined.

This Special Report Brief was funded in part by the Lilly Endowment, Inc., and was prepared by Steven M. Koch, Ph.D., and Jacqueline Remondet Wall, Ph.D.

History of the IOMP

Since 1998, the IARCA Outcome Measures Project (i.e., the *IOMP*) has been monitoring outcomes for Indiana youth and their families who received services from IARCA member agencies.

Programs evaluated as part of the *IOMP* project include: transitional / independent living, day treatment, home-based, shelter care, traditional foster care, treatment foster care, residential care programs utilizing public schools, residential care programs utilizing both public and on-grounds schools, residential locked- & staff-secure programs, psychiatric residential treatment facilities, crisis stabilization, and outpatient treatment programs.

The *IOMP* examines the clinical functioning of the youth and family when children enter and leave treatment. It also examines placement and functional outcomes, and gathers information on consumer satisfaction. Additional data is gathered, including social and demographic information, child- and parent-specific risk factors, youth strengths, and the services provided during care. Other Special Report Briefs and Annual Reports and Executive Summaries for youth in care can be obtained from: www.evaluateoutcomesnow.org.