



RETURNING TO CARE

Discharge and Reentry
in Foster Care



Trudy Festinger
with the assistance of Michael Botsko



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Child Welfare League of America
Washington, DC

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INTRODUCTION

Throughout the history of foster care* children have been discharged to their families, and throughout that history, some have returned to care. Reentry is not a new phenomenon, but it was not until the federal Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), with its emphasis on permanency planning, that interest in the subject heightened. Prior to the enactment of that legislation, a number of evaluations and descriptive studies examined permanency planning, and produced data that influenced its development [Rzepnicki 1987]. During the years surrounding and subsequent to the law's implementation, as agencies sought to discharge children as quickly as possible, questions arose about the definition of reentry, about reentry rates, and about "serial separation traumas" [Gershenson 1986]. Questions were also posed about what child, family, or situational factors contribute to reentry. The research reported here was conducted to address these last "what" questions. But first, let us briefly review some of what has come before.

In the 1970s and 1980s, a number of studies reported reentry rates that ranged from 3 percent to 33 percent [Sherman et al. 1973; Fanshel and Shinn 1978; Lahti et al. 1978; Stein et al. 1978; Fein

* The term foster care, as used in this study, covers both foster home and group care.

et al. 1979; Block and Libowitz 1983; Fein et al. 1983; Yoshikami et al. 1984; Jones 1985; Lawder et al. 1986; Tobis 1988; CYIMIS 1990]. The variations in reported reentry rates were, at least in part, a function of the sample characteristics, the amount of time elapsed following the discharge from foster care, and the definition of reentry used. For instance, reentry rates will usually be lower if they include children returned from disrupted adoptive placements, since the latter rates are fairly consistently lower than those for children returned to their homes [Lahti et al. 1978; Fein et al. 1979; Festinger 1986; Seltzer and Bloksberg 1987; Barth and Berry 1988]. On the other hand, rates are apt to be higher if they concern children who were largely discharged from residential treatment facilities [Block and Libowitz 1983], but they are apt to be lower if the sample excludes children in care less than 90 days [Wulczyn 1991]. Rates will differ if they are restricted to those returned to foster care, or also include those admitted to mental hospitals or facilities in the juvenile justice system. Rates will also vary depending on whether they concern only cases reopened at a particular agency, or if the definition of reopened includes both children placed in foster care and also those receiving services in their own homes [Claburn et al. 1977]. Finally, rates will differ depending on whether they are calculated as a proportion of a discharge cohort that is followed over time, or as a proportion of reentries among admissions to foster care at a particular point in time. The latter will be affected by the total number of admissions, whereas rates based on a follow-up of discharges will be influenced by the number of children discharged. The differences in definitions of which children are included make comparisons very difficult and therefore raise an enormous hurdle when cross-state figures of new entrants and reentrants to care are examined [Tatara 1993]. Indeed, one report noted, "We truly do not know whether we have a rising, declining, or stable re-entry rate across the country" [Maximus 1989].

The concern about rates of reentry led several investigators to produce comprehensive reports on rates in Illinois and New York,

based on each state's computerized tracking system [Wulczyn et al. 1985; Goerge and Wulczyn 1990; Wulczyn 1991]. In Illinois, among 3,574 children discharged home from their first placement episode in 1982, 22.2 percent reentered foster care by May 31, 1984. Discharges for earlier years were also examined to determine reentry rates. On the whole, children in care for shorter durations, such as less than a year, had higher reentry rates, as did children who were between the ages of 10 and 12 at the time of placement. In New York State, children who entered foster care for the first time in 1984 and 1985 were followed over time. Of 19,622 children discharged along the way, 22 percent reentered foster care by May 31, 1989. Of all age groups, children between the ages of 10 and 12 at placement had the highest rate of reentry (33.4%). When examining placement durations, children whose placement lasted less than 90 days had the highest reentry rate (33%), with this rate decreasing steadily as the time in care increased: for children in placement six months to one year, the rate of reentry was less than 19 percent. An analysis of the joint effects of age at placement, gender, race/ethnicity, and duration of placement showed that older children at placement and those with shorter placements were more likely to reenter when the other factors were controlled.

Data from these sources and three other states (Georgia, Oregon, and Texas) were presented in a 1991 report [U.S. General Accounting Office 1991] showing that from 3 percent to 27 percent of children returned to care after being discharged to their families following a first placement. The report also shows that in four states, stays in care of less than a year were significantly associated with increased reentry levels. Furthermore, in three states, rates of reentry were higher among children who had been in care more than once than for children following a first placement.

Other investigators have also reported on factors related to reentry. Since these investigators were not constrained by the limited number of factors available on computerized tracking systems, the results cover many domains. The picture here is

clouded, however, by the use of differing samples, time frames, and definitions discussed earlier. I will move across this landscape with a broad brush in an effort to portray accurately, if very briefly, at least some of the major findings of what were often well conceived and carefully conducted investigations.

Placement factors. Contrary to the findings from the child tracking systems, a number of studies have shown a link between reentry and longer time in care [Lahti et al. 1978; Fein et al. 1983; Fein and Maluccio 1984], although one study found this to be the case only among planned discharges [Block and Libowitz 1983], and another reported an association with shorter time in care [CYIMIS 1990]. Less placement stability while in care has also been reported as a factor [Lahti et al. 1978; Block and Libowitz 1983; Maximus 1989].

Demographics. Older age at discharge has been consistently related to reentry [Lahti et al. 1978; Block and Libowitz 1983; Fein et al. 1983; CYIMIS 1990], but results have been inconsistent with respect to gender [Block and Libowitz 1983; Fein et al. 1983; Maximus 1989; CYIMIS 1990], and race/ethnicity [Maximus 1989; CYIMIS 1990].

Family characteristics. Although two studies found that children returned to two-parent families were more likely to reenter [Sherman et al. 1973; Block and Libowitz 1983], a third study found no relationship [Slaght 1993]. Yet another study linked reentry to single parents with lower incomes [Maximus 1989]. Lower income of mothers has also been reported [Lahti et al. 1978] as have more general external circumstances, including inadequate income and housing problems [Sherman et al. 1973].

Parents' problems. Oddly enough, few differences with respect to parents' personal problems have been found when reentries and nonreentries have been compared. For instance, Sherman et al. [1973] found no differences with respect to the parents' emotional adjustment, behavioral problems, marital functioning, or relationships to the children. Another study found no differences in stressful

life events and in sources or number of personal supports [Fein et al. 1983]. Here the investigators do note that the "parent's emotional or social problems were seen by caseworkers as barriers" to discharge home in 80 percent of "disruptions," but it is not clear to what extent this was also the case among children who, as it turned out, remained at home. Another study examined a series of problems in the areas of mental and physical health, parenting skills, finances, and housing at the time that children were placed [Turner 1984a; Turner 1984b]. Although individual problem areas did not stand out, the parents of reentrants had significantly more problems at placement than the parents of nonreentrants. Furthermore, those parents who had more problems were more likely to request the child's placement. The latter condition was therefore also related to reentry. Finally, a recent case record follow-up in Baltimore [Slaght 1993] noted that several principal reasons for entry into care—substance abuse and mental illness of the caregiver—were unrelated to reentry.

Children's problems. Reentry was more likely for children placed for child-centered reasons rather than family reasons [Block and Libowitz 1983; CYIMIS 1990]; for children with a diagnosis of schizophrenia or mental retardation and for children exhibiting various problem behaviors [Block and Libowitz 1983]; for children acting out at home at the time of placement [Turner 1984a]; and for children who scored lower on measures of emotional and developmental functioning, school functioning, and family adjustment [Fein et al. 1983]. Particularly negative reactions to foster care [Block and Libowitz 1983] and limited attachment to foster parents [Lahti et al. 1978] have also been reported as factors. Finally, the children's behavior problems stood out as the main reason parents gave when asked about the reason for the reentry [Block and Libowitz 1983; Fein et al. 1983].

Service characteristics. Such factors as the frequency of casework contacts and the receipt of aftercare services were unrelated to reentry in one study [Block and Libowitz 1983], as were ratings of

the mother's response to casework intervention during placement. But in a subset of cases discharged to fathers, their negative response to casework intervention was linked to reentry. The investigators also noted that children who had unplanned discharges were more likely to reenter than those whose discharges were planned. Turner [1984a; 1984b] also investigated a number of service characteristics. He found such caseworker characteristics as education, social work experience, and caseload size unrelated to reentry. He reported, however, that reentry cases, in contrast to nonreentries, received a shorter period of case management services while in care, and were less likely to receive such services following discharge. This led him to suggest that "perhaps there was a qualitative difference between the efforts of workers for nonrecidivist cases and those for recidivist cases."

Finally, workers were clearly sensitive to the overall stability of the situation in the homes to which the children were discharged. When workers rated the likelihood that children would return to care, and when investigators gleaned workers' predictions from comments in case records, workers were distinctly more apt to consider reentry a possibility among children who subsequently reentered than among children who did not [Sherman et al. 1973; Fanshel and Shinn 1978; Block and Libowitz 1983]. When asked to identify factors that most influenced these ratings, one study reported special worker concern about a lack of supportive services, and the family's needs with respect to housing, financial and health services, and emotional support [Sherman et al. 1973]. Another study identified, in descending order, the personality problems of parents, the personality problems of children, mental illness in the family, poor child-rearing capacity, and marginal finances [Fanshel and Shinn 1978].

All of this leads one only to the unhelpful generalization that the situations that resulted in reentry were more problematic in one way or another than those that did not, whether because of factors concerning the children, their families, or the services provided.

The picture is inconsistent, and therefore cloudy. Perhaps this is a necessary result of studies done over a period of many years, a number of them focusing on the clients of a single agency. Or perhaps it reflects the difficulty of attempting to capture the reasons for an outcome that is the product of complex forces interrelated in very complex ways. To shed light on this phenomenon was a challenge then, as it is now.

The pages that follow take a fresh look at reunification practices across a variety of agencies. I conducted the study reported here precisely because of the lack of clarity about reentry, and because of heightened concern about reentry in recent times. Following a brief description in chapter I of the approach used, chapter II describes the children who were discharged and their families, the caseworkers, the services the caseworkers thought were needed, and what the caseworkers sought to provide. In the third chapter, the reasons that some children reentered foster care are reviewed and the factors that distinguished those who reentered from those who did not are elicited. The final chapter offers a summary of the findings and discusses some of their implications for practice.

