

BYFC



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IN-the-KNOW...

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Placement Stability

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Evidence-Based Management

A stable placement experience can assist children in out-of-home care to develop and maintain family, peer, and community relationships while separated from their families. While some placement changes may be beneficial, multiple and unplanned placements are associated with negative outcomes for children, including increased behaviour problems and poor academic performance (Barth et al., 2007; Price et al., 2008; Unrau, Seita, & Putney, 2008). Even when these children are reunified with their families, stability remains a concern given relatively high rates of re-entry in to out-of-home care (Kimberlin, Anthony & Austin, 2009).

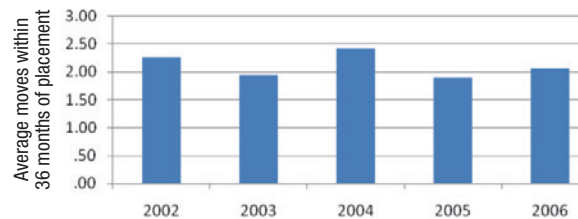
MEASURING PLACEMENT STABILITY AT BYFC

As part of the Evidence Based Management outcome indicator project we have been tracking placement stability at BYFC using data from SIRTⁱ by documenting placement changes following a placement in out-of-home care. Definitions and interpretations of placement changes were developed in consultation with a reference group consisting of BYFC managers and clinicians. A placement change is defined as any new placement that occurred within 36 months of a first placementⁱⁱ. All changes are counted with the exception of complementary placements (i.e. sleep away, summer camp, respite care, hospitalization), family reunifications and entrustments; however, subsequent returns to out-of-home care following reunification are counted. To date we have monitored the placement changes over 36 months for 1608 children entering out-of-home care between 2002 and 2007.

RESULTS

As illustrated in Chart 1, the average number of placements over 36 months ranged from a low of 1.9 in 2005 to a high of 2.4 in 2004 with no clear indication of an increasing or decreasing trend. Children experienced on average 2.2 placements over the five years, with 30% of children experiencing no change in placement while 25% experienced 2 to 3 placement changes and 21% experienced four or more placement changes within the 36 month follow-up period.

Chart 1: Average number of moves by fiscal year, BYFC 2002-2008



Charts 2 and 3 illustrate the average number of placement changes for the combined cohort by age at placement and reason for service (alinéa) at placement. There is a general trend towards increasing rates of placement changes as children get older, with the exception of the somewhat surprising finding that children under age 1 move more often than the 2 to 5 year olds. There is a slight decrease for children who enter out-of-home care in their teens, although this may be attributable to their shorter stays in out-of-home care. As one would expect, adolescents placed because of behaviour problems had higher rates of placement changes than did those entering because of abuse or neglect.

i Système d'information sur les ressources de type intermédiaire et de type familial

ii "first placement" is defined as a child entering out-of-home care for at least 72 hours with no prior placement in the previous 12 months.

Placement Stability

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Chart 2: Average number of moves by age at placement, BYFC 2002-2008

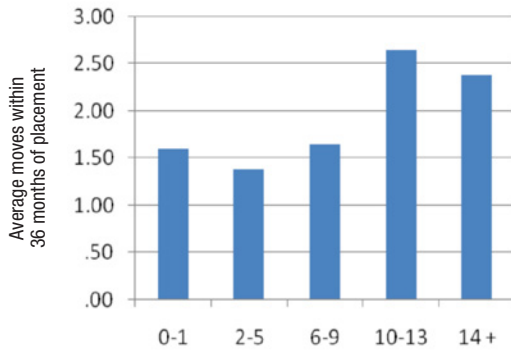
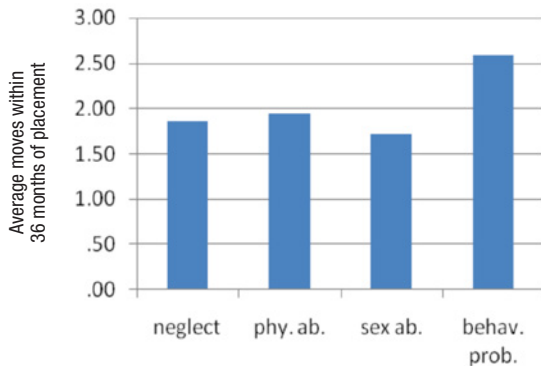


Chart 3: Average number of moves by reason for investigation, BYFC 2002-2008



While the overall rate of placements appears to be relatively low, further analysis shows that there is an important sub-group of children who experience significantly more placement changes than average. Children who are still in out-of-home care 36 months after their initial placement (N=330) experienced an average of 3.4 placement changes, nearly double the rate compared to children who were reunified (N=926). Of particular concern was the finding that 38.5% of the children in long-term care (N=127) had experienced 4 or more placement changes within 36 months. If we were to follow these children for a longer period of time, for instance for 4 or 5 years, we would likely find a higher rate of placement changes.

DISCUSSION

Children in out-of-home care change placements on average 2.2 times. At first blush, children's placements appear to be relatively stable, especially in comparison to anecdotal reports that describe much higher rates of placement changes. The rate of placement changes reported here is comparable to rates reported in a number of other studies. Average placement changes however, only provide part of the story. A fifth (21%) of children in our cohort experienced 4 or more placement changes within 36 months. It is also surprising to note the number of placement changes experienced by toddlers aged 1 or less. Future analyses should focus more specifically on exploring the placement histories and clinical profiles of these sub-groups of children in order to help develop more effective strategies to optimize their placement experiences while tailoring services much more closely to their needs.

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Use of Attachment Theory by Child Welfare Workers

The following is a summary of a Thesis completed by Rebecca Miller for the McGill University Masters in Social Work program (2007).

WHAT IS ATTACHMENT THEORY?

Attachment theory posits that during their first years of life infants develop attachment to their primary caregiver; this can take up to the first three years to fully develop. These attachment experiences and responses form the basis of internal working models that guide individuals from infancy through adulthood. Maltreated infants are at a higher risk of developing insecure and disorganized attachments with their primary caregiver. As a result, these children are more likely to have behavioural and relationship difficulties throughout their lives.

While it may be necessary to remove children from their birth families, being in care is also associated with a new set of risk factors including developmental delays, poor education attainment, and internalizing and externalizing behaviours (Stone, 2007). Given that all children develop attachments regardless of their circumstances, any move into foster care can disrupt an attachment relationship. Recurring moves can further exacerbate the risks associated with non-secure attachment. There is also evidence that a foster carer's own attachment experiences can impact the attachments of their foster children (Dozier, Stovall, Albus & Bates, 2001). This leads to the possibility that children in placement could overcome attachment adversities they have faced provided appropriate consideration is given to the nature of their attachments.

THE RESEARCH

The purpose of the research was to examine the extent to which child welfare workers incorporate the use of attachment theory in planning for and intervening with children in care. The author reviewed 30 case files of children between the ages of 0-3 in foster care with Batshaw Youth and Family Centres in March 2007. The files were examined for information on case planning and decision-making relating to attachment theory. Semi-structured follow-up interviews were conducted with three caseworkers who had a varying degree of reference to attachment theory in their files.

The study pointed to inconsistencies in the use of attachment theory in decision-making. In 13/30 files attachment theory was considered either directly or indirectly. In 17/30 files attachment theory was examined superficially or was not mentioned at all. In some cases this was understandable given that the children had permanency plans secured very quickly and were remaining with their current caregivers for the long term. The use of attachment theory was generally related to the age of the child: the older the child the more emphasis was placed on attachment themes.

Interviews with the caseworkers indicated that the use of attachment theory in decision-making might in fact be more extensive than is reflected in the files themselves. Two workers stated that at times, long-term goals such as securing a permanent plan for a child may take precedence over the immediate consideration of attachment for the child. This dichotomizes the notion of attachment from permanency planning, while in reality a permanency plan inherently aims to foster healthy attachments for children.

IN SUMMARY

Of particular importance is the need to identify children in care who may have a difficult time developing secure attachments to foster carers. By doing so, foster carers may be better able to cope with behavioural problems associated with the attachment difficulties of their foster children, and this in turn may help prevent placement breakdowns. Formal attachment testing is often desirable because it can help workers and foster carers identify some of the attachment needs of children in their care. Moreover, there is a need for child welfare workers to work collaboratively with professionals such as psychologists who are trained to assess parent-child relationships from an attachment perspective and subsequently assist interveners and caregivers.



Use of Attachment Theory by Child Welfare Workers

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In terms of decision-making, workers need support to bring attachment theory to the forefront of their intervention and decision-making processes. In particular, workers need to be trained on how to apply attachment theory. Evidence-based and clinically-oriented training using specific case examples could contribute to increased expertise among staff and contribute to better outcomes for children.

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Did you know? *Gérald Savoie*

Sarah Dufour and Chantal Lavergne¹ conducted a study on the representation of visible minorities in youth protection services on the island of Montréal. A summary of their findings was presented at the Multi-Racial/Multi-Cultural Committee in December '09. More specifically, they found that for children whose signalement was retained at Batshaw Centres between July 2007 and July 2008:

- Black children were nearly 3 times more likely per capita to be the subject of a retained report ("signalement") than were Caucasian children.
- Caucasian children are more likely to be placed than Black children.
- Compared to Black and Caucasian children, children from other visible minorities (excluding First Nations and Inuit) are underrepresented at all levels, from signalement and retention to placement.

- While visible minority children are signalled more often for physical abuse than Caucasian children, the latter are more frequently signalled for multiple problems.
- There were no significant differences in known risk factors for Black families compared to the other two groups.
- Black and visible minority children are more likely to be reported by professionals (CSSS, Schools, Police) than by community or family members, as compared to Caucasian children.

Rates of overrepresentation varied significantly by neighbourhood, however, the study was not designed to determine whether factors such as neighbourhood level risk factors or access to prevention services could account for this variation. A second phase of the study covering a three year period is being undertaken. It is hoped that it will help us to better understand these phenomena. [ITK](#)

¹ Dufour, Sarah, Lavergne, Chantal, et. al. *La réponse du système de protection de la jeunesse montréalaise aux enfants issus de minorités visibles*, revue Intervention, numéro 131, Hiver 2009.

- All material featured in *In the Know* is available in the library. For complete copies of any material or for the bibliography for the Neglect literature review, please contact Janet Sand at: janet_sand@ssss.gouv.qc.ca.
- If you have any comments or questions related to the contents of this issue, you may direct them to Claude_laurendeau@ssss.gouv.qc.ca. We welcome your feedback!

