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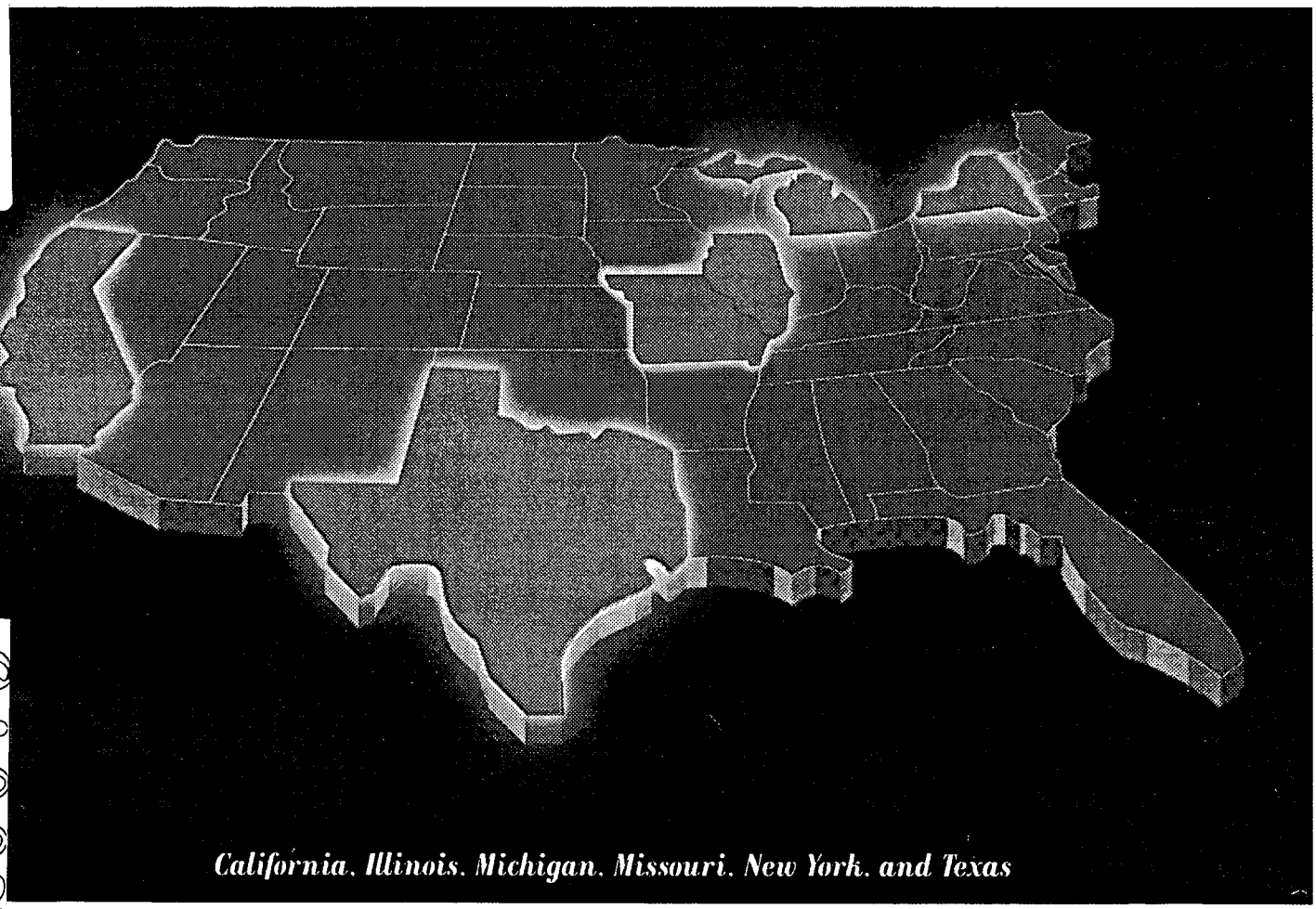
ABSTRACT

The Foster Care Data Archive is a database containing foster care career histories for all children placed in state-supervised substitute-care living arrangements in California, Illinois, Michigan, Missouri, New York, and Texas. This update report examines trends in agency caseloads, characteristics of entrants, and duration in care. Part 1 provides a profile of the Multistate Foster Care Data Archive. Part 2 details foster care caseloads, including census figures and caseload change by year. Part 3 describes entry patterns and characteristics of new entrants. Part 4 discusses the duration of spell in foster care. Part 5 presents information on exits from foster care spells. Part 6 covers reentry to substitute care. Findings indicate that the six states demonstrate very different levels of foster care activity. The prevailing trend has been of significant growth in the number of children receiving state-supported care. Infants and young children are the fastest growing age groups in foster care. Much of the recent growth in foster care has been in kinship placements, which have longer duration of care and smaller reentry rates than non-relative placements. Almost two-thirds of children who leave the child welfare system are reunified with their families, with most reunifications occurring within 2 years of the child's initial removal from home. Approximately 10 to 15 percent of foster children leave care to adoption, with children entering care in infancy much more likely than others to be adopted. Over one-third of children stay in care over 30 months. (KB)

An Update from the Multistate Foster Care Data Archive

Foster Care Dynamics 1983-1994



California, Illinois, Michigan, Missouri, New York, and Texas

The Chapin Hall Center for Children at the University of Chicago

FOSTER CARE DYNAMICS 1983-1994

California, Illinois, Michigan, Missouri, New York, and Texas

An Update from the Multistate Foster Care Data Archive

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INTRODUCTION

The Multistate Foster Care Data Archive Project

The Multistate Foster Care Data Archive project is designed to address dual objectives--to provide new information that is useful to policymakers and analysts who are concerned with child welfare issues, and to develop practical and methodologically valid ways of describing and discussing key issues in foster care.

The Archive is a multistate database that contains foster care career histories for all children who have been placed in a state-supervised substitute care living arrangement. Data for the Archive are extracted directly from the administrative data systems operated by each state's child welfare agency. The unique properties of this information are that it is comprehensive and that it is longitudinal at the level of the individual. Therefore, the complete child welfare history (to date) of every child who has been in the care and custody of one of these state systems in recent years can be described. These career histories can then be examined and analyzed in conjunction with a set of descriptive characteristics for each child.

The Archive was started with five participating states (California, Illinois, Michigan, New York, and Texas). A first report from this project, *Foster Care Dynamics 1983-1992: A Report from the Multistate Foster Care Data Archive,* was published by Chapin Hall in 1994. To our knowledge, this was the first set of published results to compare and analyze the nature of state foster care caseloads and child experiences within the child welfare service system on a systematic basis. One previous update report was also produced in 1995.

The Archive project is an ongoing effort, and the core database is constantly being extended. This development occurs in three ways: through the continual updating and refinement of the records from currently participating states, by introducing new types of information that are closely related to child welfare practice, and by adding new states to the database. With the recent addition of Missouri, the Archive now contains six states, which together provide services to almost half of the total child foster care population in the United States.

This Update Report

This is a time of great flux in the human services policy arena. Welfare reform and the devolution of many federal supports and responsibilities to the states have fundamentally altered the *status quo.* In this climate of change, new principles, policies, management strategies, and programs are being established at all levels of government. Although the familiar federal entitlement status for foster care remains basically intact, at least for the near-term, it is clear that the child welfare system will be affected profoundly by widespread changes in the structure of the human services "safety net."

We believe that information is an essential support for efforts aimed at forming and implementing social policy, and that this information needs to be current and of high quality. One of the key observations of the first report from this project was that foster care is a complex service to manage, to provide, and to study. There is extensive variation between states in how they respond to children at risk of harm. Even within an individual state the behaviors of the child welfare systems can change rapidly over time. Any discussion of the child welfare system must take account of current patterns, prevailing trends, and of the differences in practice that exist within and between state systems. Plans for the future should be grounded on a realistic vision of the present.

This report is intended primarily for the policymaker and is designed to extend understanding of the American child welfare system as it has operated in recent years. Our approach to foster care is intentionally two-sided. On the one hand we attempt to observe and make sense of the agency caseloads in six states as active systems with dynamic attributes that can be described and analyzed as systems. On the other hand, we attempt to develop a clear view of the processes involved in the individual "career" experiences of children who become involved in the foster care system. These two perspectives are complementary and they each provide essential context to the planner. Both approaches draw on the most recent available data from the Archive.

This report is an update and a significant extension of our earlier works. Much of the material in the first few sections--that describing caseload dynamics (Section II), characteristics of entrants (Section III), and durations in care (Section IV)--will be somewhat familiar to readers of the other reports. The tables and discussions that are legacies each contain 1 to 2 years of new data for the five original states and the new information from the Missouri foster care system. Much of the material in these sections is refined or totally new. The last two substantive sections-- on exits from foster care (Section V) and foster care reentry (Section VI)--are completely new to this report.

This update report is almost exclusively descriptive in nature. Our goal is to provide a broad range of new, reliable, and useful information to support the efforts of planners and policymakers working in the child welfare field. Although many of the indicators presented here are analytical in nature, the report itself is not a policy analysis. However, we have observed that certain dominant trends and persistent patterns are clearly represented in these data, and will highlight these to help orient the user to this information:

- The six states described here demonstrate very different levels of foster care activity, whether described by cross-sectional counts of children in child welfare placements, by rates of entry to foster care, or by the lengths of time that children remain in out-of-home care episodes.

- The prevailing trend in all six states for more than a decade has been one of significant growth in the numbers of children receiving state-supported care. There are examples of short-term decreases in state substitute care caseloads, but during the period of observation, these have been more than offset by periods of rapid growth.

- When trends over time are monitored, first admissions to care have been far more dynamic than discharges from or reentries to care. Most episodes of rapid caseload change follow a shift in first admission levels. In the observed cases of extremely rapid short-term growth, most of the activity was concentrated in the major urban centers of the states.

- Overall, infants and young children are the fastest growing age groups in the foster care population. They are entering care in greater numbers than other groups, and tend to remain in foster care longer.

- Much of the recent growth in foster care has involved the placement of children with relatives. Children in kinship placements tend to stay in care longer than children in nonrelative placements. When they do exit, kinship foster children are less likely than others to reenter care.

- Almost two-thirds of the children who leave the child welfare system are reunified with their own families. Most reunifications occur within two years of the child's initial removal from home and entry to care.

- Approximately 10 to 15 percent of Archive foster children leave care to adoption. Children who enter care as infants are much more likely to become adopted than children who enter at older ages. Most adoptions do not occur until 3 to 5 years from the time of entry to care.

- While most children who enter foster care will exit in a relatively timely basis, a substantial share of these children become long-term clients of the child welfare system. Over one-third of Archive children stay in care over 30 months.

I

PROFILE OF THE MULTISTATE FOSTER CARE DATA ARCHIVE

Administrative Data Model and Archive Methodology

The Multistate Foster Care Data Archive is constructed from information drawn directly from the administrative databases that the separate state agencies use to manage and operate their own child welfare caseloads. Utilization of administrative records for research purposes is an area that is rapidly expanding in the human services fields, and the Archive has pioneered this type of activity for comparative child welfare application. The value of good administrative data stems mostly from the fact that it is comprehensive of the service population of interest. In the foster care data, for example, relevant personal characteristics and service events are recorded for *every* child who is served by these agencies. Even rare events and complex patterns can be monitored without the sampling concerns or data collection expenses involved with methods of direct observation. The agencies that provided information for this report each maintain data systems characterized by two key attributes: the information is identifiable and retrievable at the level of the individual child, and the historical integrity of the more important variables is retained over time.[1]

Administrative data use introduces a particular set of challenges, many of which become apparent when information from multiple systems is brought together. The most fundamental challenge is information comparability. In part, comparability issues arise from the fact that each state has developed its own record-keeping procedures, and the type of information gathered as well as the categories used to classify this information are not standardized. But this is not just a data issue; child welfare *practice* also differs widely across states. Jurisdictional variation in laws, policies, traditions, and procedures influence the entire context of child welfare service delivery, and lead to systemic divergence both in activity and in the information considered pertinent. This situation presents a bit of a research quandary--we want to do comparative work specifically for the purpose of highlighting similarities and differences in child welfare practice between places, while at the same time, many of the differences we seek to discuss affect the very information on which we hope to base our comparisons.

The solution developed for this stage of analysis from the Archive has been to define a limited set of characteristics and events that should have clear meaning in all of these jurisdictions. We then reprocess the child welfare data from each state in order to map their local representation of case information into this broader scheme. In each

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[1] It should be noted that the record-keeping apparatus in every state does not currently provide information of the quality reported on here. One reason that these six states were invited to participate in the Archive project was the availability of high-quality tracking information that could support research activity. The most common difficulty we have found in trying to access data from a number of other states results from limitations in the integrity of historical information. This is usually due to a design bias towards currency, where the previous contents of data fields are overwritten when updated or where inactive cases are removed from the database without archival record.

state, we collaborated with local research and policy experts to insure that information was not being altered or corrupted by this process. The result is a new database that is much simpler in form than any of the contributing state data files, but that contains information with clear policy implications that can be meaningfully combined and compared across states.

The core module of the Archive database stores components of substitute care histories within a design that keeps one record for every individual child and a separate record for each event of interest that a child has experienced.

Core Data Module Contents for the Multistate Foster Care Data Archive:

Child record:	Event record:
Unique Identifier	Unique Identifier
State	Date of Event
County	Type of Event *
Date of Birth	
Gender	*Events tracked include:
Race/Ethnicity	Placement in Nonrelative Foster Boarding Home
	Placement in Kinship Foster Home
	Placement in Congregate Care Facility
	Exit Destination from Substitute Care (e.g. reunification, adoption, guardianship, death, independence, runaway, detention).

It should be apparent that this core database contains only the most basic information describing substitute care cases and experiences. These data do not contain indicators for some of the more commonly discussed aspects of the foster care process, such as permanency goals and plans, precipitating reason for placement, or any type of social, behavioral, or medical assessment. These other indicators are each available for some of the participating states, but, for a variety of reasons, they present real methodological issues regarding comparability, reliability, or interpretation across all six states.[2] One significant contribution of the Archive project has been the demonstration that simple indicators, when carefully conceived and collected, can capture and represent the essence of a number of complex and important processes.

The core archive data are characterized by several important features: they are defined for each *individual* child, they represent the order and timing of a *longitudinal* sequence of experiences and events, they retain a *comparable* quality for multistate comparison, and they are *comprehensive*, including all children who enter the child welfare system during the periods of observation. The fundamental operating process of the child welfare system is observed in the actual movements of children--transitions into placements, between placements, out of substitute care, and potentially back into care. The time-based organization of events allows application of a wide range of multivariate event-history techniques.

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[2] The Archive project appreciates the depth of information available in many of the child welfare tracking systems. In addition to the core model described in this report, all of the data provided from each state is retained by the Archive in an *extended* module of the database. These data can be exploited on a state-to-state basis to support analyses that cannot be addressed with the full six-state database.

The idea of a *spell* in substitute care is a key methodological concept that will underlie most of the comparative analysis work that follows. A spell is defined as a continuous episode spent in out-of-home child welfare arrangements. A spell begins with a new foster care placement, and continues until reunification, adoption, or any other discharge from the child welfare system. One child can experience multiple spells by leaving and reentering the substitute care system. Although a single spell can, and often does, include a sequence of movement through two or more physical placements, it always reflects an uninterrupted period in the care and custody of the state. Most of the descriptive work done to date with Archive information has focused on spells because of their clear substantive importance and their comparative simplicity--a child is either in substitute care or not.[3]

By aggregating the Archive data in one manner, we can readily obtain descriptions of state foster care caseloads, their composition, and how they change over time. By looking at the histories of different subgroups of children, we can compare and analyze differential patterns of entry to foster care, the length of time spent in care, and the likelihood of reentry to care. Because these subgroups can be defined by a number of different criteria--by characteristics of the children (gender, age, race/ethnicity), by characteristics of their child welfare experience (children in kinship care settings, children who have reentered care, children who are adopted from care, etc.), or by external attributes (children from the city, the cohort of children entering in 1991, children from California)--a wide range of important issues can be analyzed and evaluated.

Special Archive Definitions

Because each state's definition of its own foster care population is unique, the Archive applied standard definitional criteria to the data from all states. To be included in the comparative analyses:

- children must have entered foster care before the age of 18,
- children must be in state care for reasons of dependency, abuse, or neglect , and
- the substitute care placement must be state supervised and publicly supported.

After preliminary analysis, three additional modifications were made to enhance the comparability of Archive data across states:

- Spells in care that lasted fewer than 5 days were excluded from analyses because the shorter spells, which are typically court-vacated protective custodies, tend to be reported only in certain states, seriously distorting duration comparisons.

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[3] Because spells concatenate sequential placements into one episode, they ignore a significant dimension of the child's placement history. Concern about the movement of children between placements, emphasizing the potential instability and disruptiveness of the foster care experience, has generated much study, especially as one component of the discussions on permanency in foster care. Concern for the number and types of placement changes deserves attention, and the Archive database does contain the placement-specific event data necessary to support such work. The present effort, however, focuses on child welfare histories from the broader perspective of the spell.

- When spells were terminated for exit reasons other than reunification or adoption, and reentry then occurred within 1 week, the gap was "bridged" and the two separate spells treated as one single spell. This change was needed to remove certain "paper change" events that are recorded in the state data systems and to adjust for local differences in reporting sensitivity.

- State policies regarding the participation of older adolescents (young adults) in foster care vary widely. To avoid confusion, spells described here are "ended" just after the eighteenth birthday, even if the youth actually remained in state care. A separate analysis of the adolescent population in foster care that will include these cases is forthcoming.

TABLE 1

Multistate Foster Care Data Archive: State Data Sources

	Child Welfare Agency	Information System	Full data coverage
California	Department of Social Services	Foster Care Information System **(FCIS)**	1988-94
Illinois	Department of Children and Family Services	Child and Youth Centered Information System **(CYCIS)**	1975-94
Michigan	Family Independence Agency	Children's Services Management Information System **(CSMIS)**	1981-94
Missouri	Department of Social Services	Alternative Care Tracking System **(ACTS)**	1982-94
New York	Department of Social Services	Child Care Review Service **(CCRS)**	1982-94
Texas	Department of Protective and Regulatory Services	Foster Care, Adoption, and Conservatorship Tracking System **(FACTS)**	1985-94

A Profile of the Archive Data

The six states participating in this project, the agencies responsible for child welfare in these states, and their child welfare information systems are all listed in **Table 1**. Each of these agencies provide the Archive with individual case records extending back for as long as their data are available. We actively process the data in each state from the earliest date in which the database contains the complete population of children in substitute care.[4] In Illinois, Michigan, Missouri, and New York, we retain all data from 1983 through 1994. The other starting dates are 1985 for Texas and 1988 for California. Thus, complete Archive information is valid from January 1988 through December 1994. This six-state, 7-year series is used as the basis for most of the analyses described in this report. For certain specific topics, the four-state, 12-year data (1983-94) is also used to provide an extended perspective.

Table 2 provides an overview of the populations contained in the Archive database. The combined 1988-94 data describes the foster care histories of well over one-half million (593,509) children, each of whom had at least one substitute care experience during this time period. These counts of children are unduplicated, meaning that each child is counted only once in the tallies, no matter how many times he or she entered and left substitute care. About one-fifth of these children (118,329) were already in care at the start of the time period in January 1988. The remaining 475,180 entered substitute care for the first time during the period of observation. As would be expected, the largest states (California and New York) account for the highest number of foster care cases although, as will be seen, there is not a completely direct relation between a state's total child population and its child welfare population.

During this same time period, there were 110,982 *reentries* to substitute care. These are cases in which a child who was previously discharged from care is readmitted and placed in a new out-of-home arrangement. Unlike the child counts, the reentry numbers are counts of episodes, and the same child may be counted more than once as a reentrant. Adding all of these numbers: the counts of children already in the system in January 1988, those that entered for the first time from 1988 through 1994, and the number of reentry episodes, we obtain a count of the total number of placement episodes observed in the data. For the six-state, 7-year data, the Archive contains information on 704,491 discrete episodes, or *spells*, in substitute care.

The last few rows in Table 2 describe the holdings of the 12-year four-state Archive database. This subset of the Archive contains information of 447,141 children and 547,011 spells in placement. The numbers are smaller than for the 7-year data because of the absence of information on California and Texas child welfare activity, but are larger for the four states represented because they contain an additional 5 years of case tracking information.

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[4] Completeness is a key methodological point. Because of the temporal focus and reliance on entrance cohort data, it is necessary that all children who contact the system be included. The use of cross-sectional or other incomplete data to retrospectively describe durations and exit dynamics, for example, can lead to significant bias because children with longer durations in care would be overrepresented (many of the short-term cases having already left the system).

TABLE 2

Multistate Foster Care Data Archive: Profile of Data Contents

Six-State, 7-Year Data: 1988-94

	California	*Illinois*	*Michigan*	*Missouri*	*NewYork*	*Texas*	*Six State Total*
Count of children in substitute care on January 1, 1988	45,985	15,323	9,830	5,377	35,613	6,201	118,329
Count of children in substitute care on Decenber 31, 1994	85,673	43,711	11,805	8,873	57,474	11,781	219,317
Total N of children in 7-year dataset (unduplicated count)	228,080	79,385	48,035	31,373	163,001	43,635	593,509
Total N of out-of-home episodes in 7-year dataset (some children have multiple spells in care)	264,863	98,511	59,274	40,580	189,007	52,256	704,491

Four-State, 12-Year Data: 1983-94

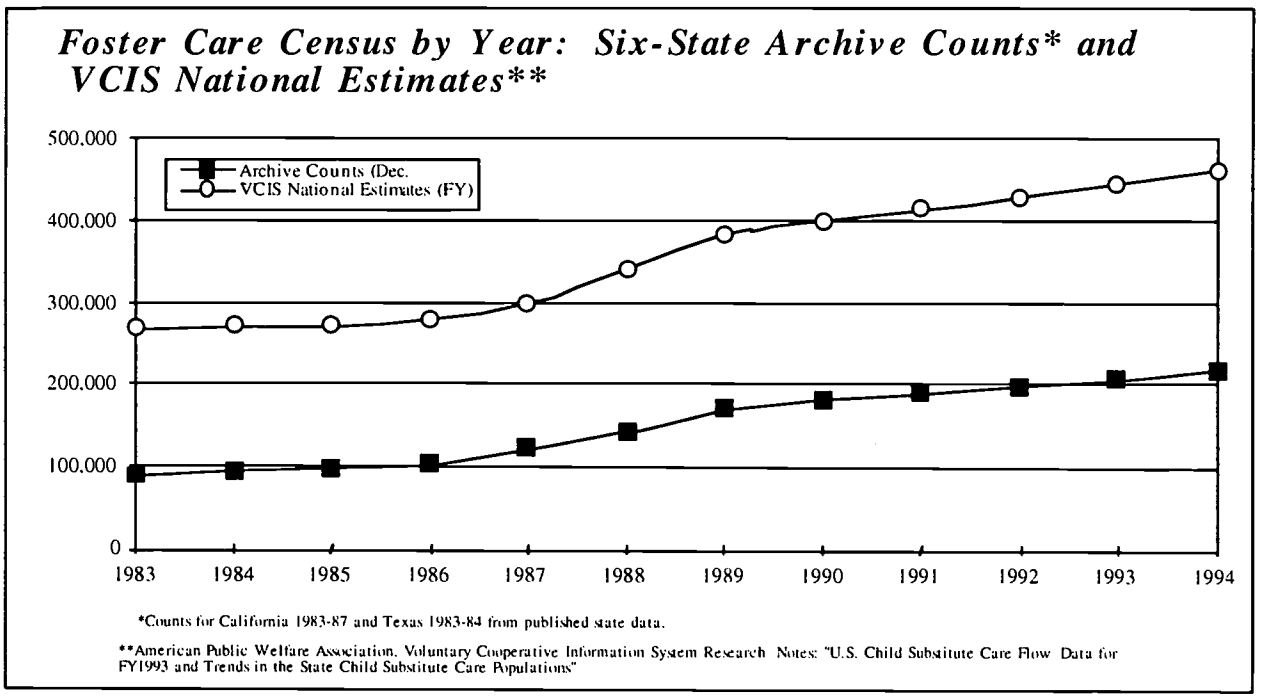
	---	*Illinois*	*Michigan*	*Missouri*	*NewYork*	---	*Four State Total*
Total N of children in 12-year dataset (unduplicated count)	---	106,610	69,187	47,125	224,219	---	447,141
Total N of out-of-home episodes in 12-year dataset (some children have multiple spells in care)	---	136,581	86,664	60,480	263,286	---	547,011

II

FOSTER CARE CASELOADS

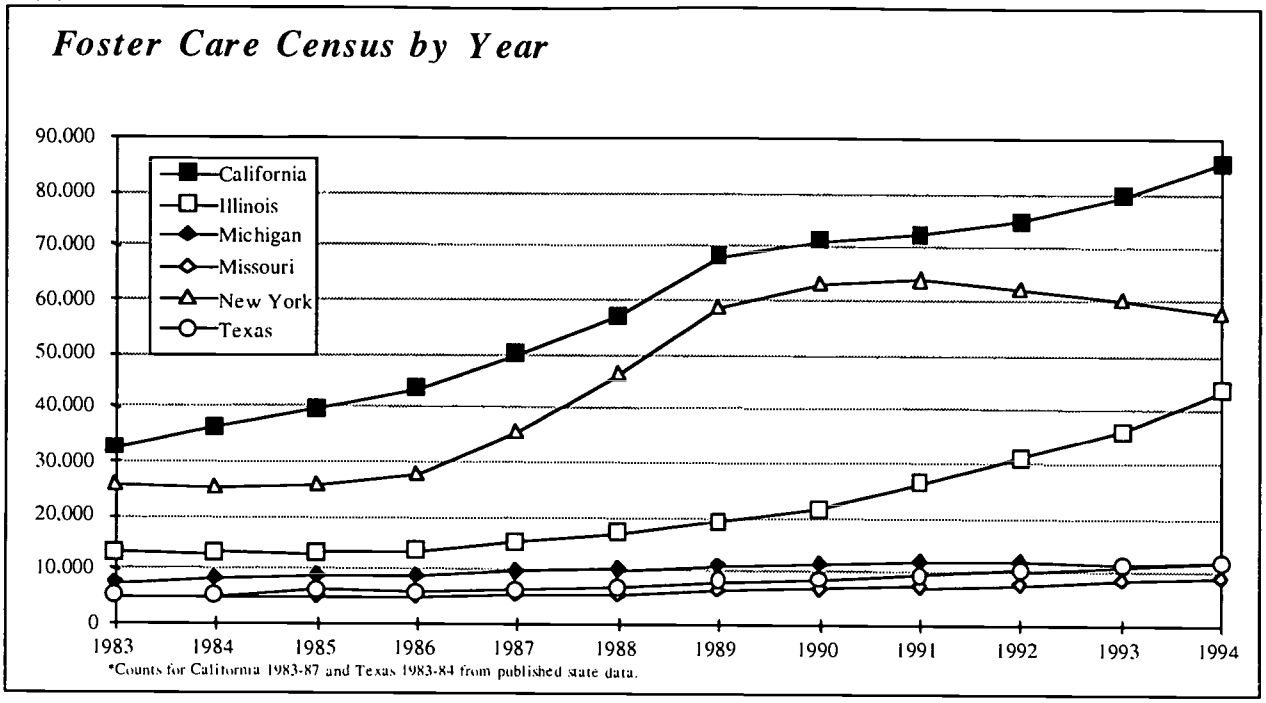
The most familiar indicator used for describing the child welfare system is the count of children in substitute care at a given point in time. **Figure 1** shows the size of the combined six-state foster care population from 1983 through 1994. Substantial growth continues through the entire period. The combined six-state caseload of 218,332 children at the end of 1994 is more than double the 1983 caseload size of 88,343. This change reflects double-digit average annual growth rates and cumulative growth of 147 percent over the full 12 years. Estimates of the entire U.S. foster care population for the same time period are also displayed for comparison. The foster care census and the growth trend of the six Archive states can be seen to parallel the national estimates across the entire interval. Throughout this time, these six states contained roughly one-half of the nation's foster care population. Although we do not claim that the Archive data is fully representative of the nation's foster care system, these states mirror national patterns in fundamental ways.

FIGURE 1



Foster care caseload growth is apparent within each of the six Archive states during these 12 years. The two largest states (California and New York) together contain over two-thirds of the children in the pooled foster care population in any year (**Figure 2 and Table 3**). In Michigan, which shows the slowest overall increase, the caseload still grew by 65 percent during this time. California's foster care population is not only the largest, but with 163 percent cumulative increase, is also the second-fastest growing, after Illinois at 232 percent. Although all states show increases, the patterns of

FIGURE 2



change are not identical, as shown in **Table 3**. Most of New York's growth occurred in a single 3-year period from 1987 through 1989, when the caseload increased by a total of 103 percent. Since 1991, this trend has reversed, showing a 10 percent decrease. The brief period of hypergrowth experienced in New York is not an isolated occurrence. This trend was echoed to a lesser extent in California during the same years, and sustained rapid growth also is seen during the most recent period in Illinois, where the caseload more than doubled in the 4 years from 1991 through 1994.

Caseload size is an extremely useful indicator of the magnitude of child welfare issues and helps us to quickly identify the most obvious trends in the use of foster care arrangements. But the number of children in substitute care, and changes such as the recent growth trend, result from a complex set of underlying processes and conditions. The makeup of a state's foster care population shifts continuously. Foster care is a service intervention that, by design, is often implemented on a short-term basis. Children enter and leave substitute care placements daily. When the aggregate caseload size appears stable over time, it is because the various forces that cause children to move in and out of care are at equilibrium. One way to describe changes in the size of the foster care caseload is as the result of an imbalance between entrances and exits. Whether new admissions are rising or falling, the net population will grow as long as the number of entrants exceeds the number of children discharged. Equalizing entries and discharges stabilizes the caseload at its current level. This important relation between admissions, discharges, and caseload change is simple in form and has unambiguous implications--to reduce the size of the substitute care population, the number of children discharged must exceed the number of new entries for a continuing period of time.[5]

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5 This apparently simple calculus becomes more complex for the planner intent on reducing the caseload size, because any program or policy shift designed to affect one of these two components can also cause changes in the other. For example, we might expect that placement prevention and diversion programs would decrease foster care levels by

TABLE 3
State Foster Care Census and Annual Percent Caseload Change by Year

End-of-year Counts

	California*	Illinois	Michigan	Missouri	New York	Texas*	Total
1983	32,520	13,170	7,779	5,219	25,709	4,992	89,389
1984	36,540	13,145	8,380	5,129	25,480	4,996	93,670
1985	39,666	13,091	8,741	5,218	25,644	6,152	98,512
1986	43,599	13,363	8,961	5,224	27,472	6,058	104,677
1987	49,990	15,310	9,828	5,367	35,566	6,195	122,256
1988	57,150	16,982	10,288	5,589	46,318	6,704	143,031
1989	68,120	19,048	10,974	6,291	58,550	7,834	170,817
1990	70,826	21,484	11,602	6,757	62,787	8,560	182,016
1991	72,087	26,010	11,972	7,279	63,853	9,388	190,589
1992	74,875	30,801	11,707	7,781	62,000	10,211	197,375
1993	79,448	36,097	11,372	8,387	60,160	10,958	206,422
1994	85,367	43,711	11,805	8,873	57,474	11,781	219,011

Percent Change

	California*	Illinois	Michigan	Missouri	New York	Texas*	Total
1983-84	12.4%	-0.2%	7.7%	-1.7%	-0.9%	0.1%	4.8%
1984-85	8.6%	-0.4%	4.3%	1.7%	0.6%	23.1%	5.2%
1985-86	9.9%	2.1%	2.5%	0.1%	7.1%	-1.5%	6.3%
1986-87	14.7%	14.6%	9.7%	2.7%	29.5%	2.3%	16.8%
1987-88	14.3%	10.9%	4.7%	4.1%	30.2%	8.2%	17.0%
1988-89	19.2%	12.2%	6.7%	12.6%	26.4%	16.9%	19.4%
1989-90	4.0%	12.8%	5.7%	7.4%	7.2%	9.3%	6.6%
1990-91	1.8%	21.1%	3.2%	7.7%	1.7%	9.7%	4.7%
1991-92	3.9%	18.4%	-2.2%	6.9%	-2.9%	8.8%	3.6%
1992-93	6.1%	17.2%	-2.9%	7.8%	-3.0%	7.3%	4.6%
1993-94	7.5%	21.1%	3.8%	5.8%	-4.5%	7.5%	6.1%

*Counts for California 1983-87, Texas 1983-84 from published state data.

Recent caseload activity, expressed by the number of admissions, the number of discharges, and the resulting net change in the caseload size is broken down on a monthly basis for the six Archive states combined in **Figure 3**.[6] The predominant pattern is that the admissions outnumber discharges, so the difference between them--net change--tends to stay above zero. Net growth for the six states was highest between 1988 and early 1990 (averaging over +2,000 per month) and it has dropped to an average monthly level of under +1,000 since mid-1990. Another trend evident in

reducing the number of admissions. However, if these programs selectively influence the type of child who is admitted, they might also drive down discharge levels in the near future. Similarly, program initiatives intended to remove increased numbers of children from state care can fail to produce significant reductions in the caseload if they target children who would leave soon anyway, or if they lead to an increase in reentry. The point is not to claim that such efforts are necessarily flawed, but that the impacts of simple "fixes" are often smaller than anticipated, unless they affect the underlying dynamics of the flow of children through care.

6 All of the "monthly" counts presented in this section are actually 3-month moving averages of counts. This procedure was used to "smooth" the time series. There is significant month-to-month variability in these counts that makes it more difficult to see patterns. By removing some of the "noise" in these data via smoothing procedures, we hope to preserve and clarify the underlying trends.

FIGURE 3

Foster Care Admissions, Discharges, and Net Change
Six States Combined (3-month smoothed average counts)

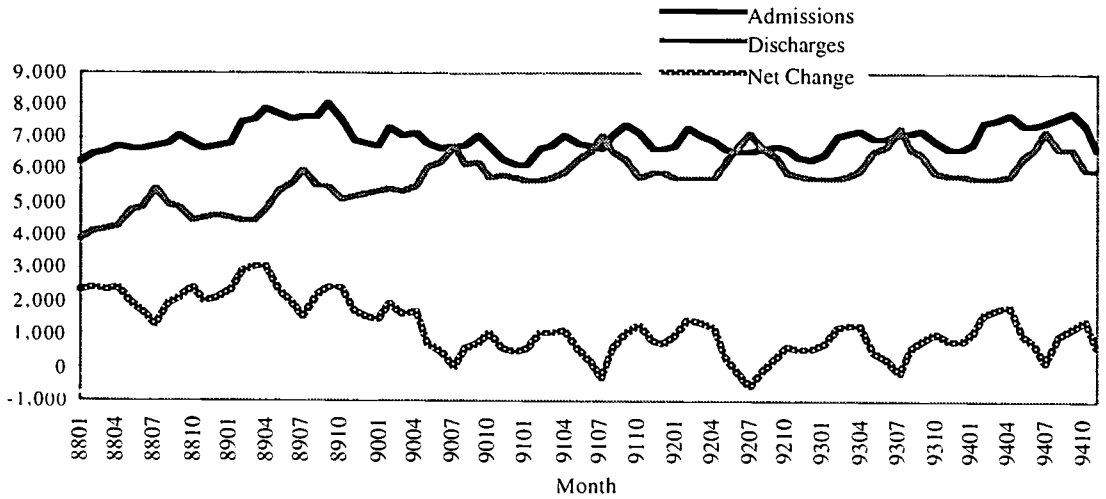


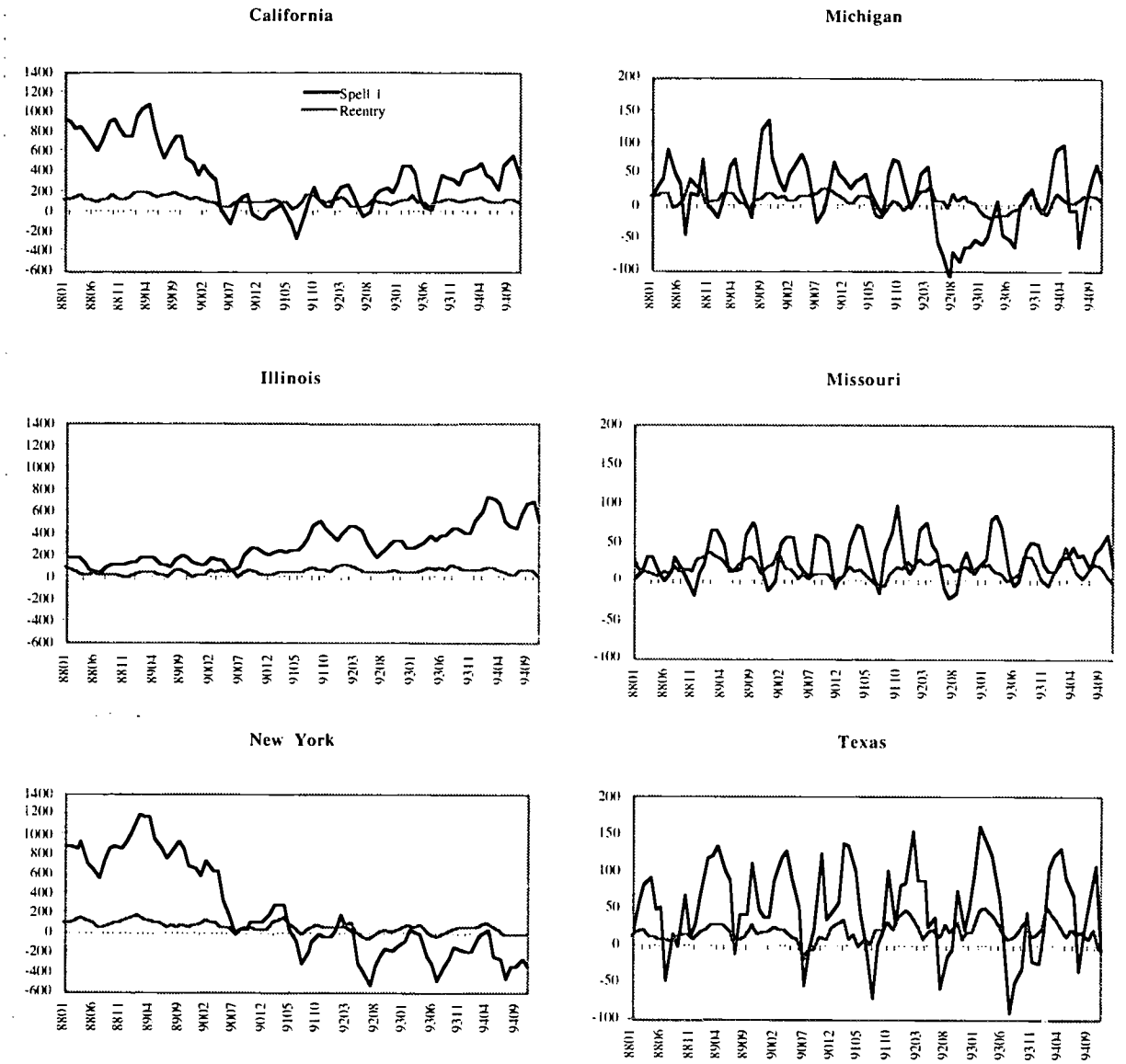
Figure 3 is the regular seasonal variation in the discharges from foster care. In every year, discharges increase by over 1,000 cases per month during the summer, and then return to their springtime level the following autumn. It is assumed that the higher discharge levels during the summer are primarily related to the school calendar (to minimize disruption for the child) and possibly to the agency reporting calendar as well. This regular increase in exits is reflected in the fluctuation of the net change statistic, which also tends to drop during the summer months. The combined foster care population of the six states actually decreased during specific months in the summers of 1990 through 1993.

Monthly trends in net change in the foster care population in each state, classified by spell sequence, are shown in **Figure 4**. The darker line in each chart corresponds to net changes in the numbers of children in their first spell in care, the lighter line to net changes among reentrants to care--children in their second (or higher) spell. Each state shows a significant amount of month-to-month fluctuation in the net change of its caseload size. This "ebb and flow" pattern highlights the fact that the caseload processing operations within the child welfare agencies are not smooth and routine--information that is not apparent when we just look at successive annual foster care counts. The pronounced seasonal regularity observed in the pooled data--the drop in net change during the summer that results from increased discharges--is noticeable in all six states. This seasonal shift persists whether the prevailing pattern of change is towards growth, decline, or stability--and appears to apply both for first spells and for reentry spells.

Comparison of the monthly levels of net change in the populations of first-time entrants to those among children reentering care suggests that these two groups are quite different. Changes in the populations of children in their first spell in care can be quite dramatic. Each of the largest shifts in net monthly change involves only first-spell

FIGURE 4

Smoothed Monthly Net Change in Foster Care Caseloads by State and Spell Sequence

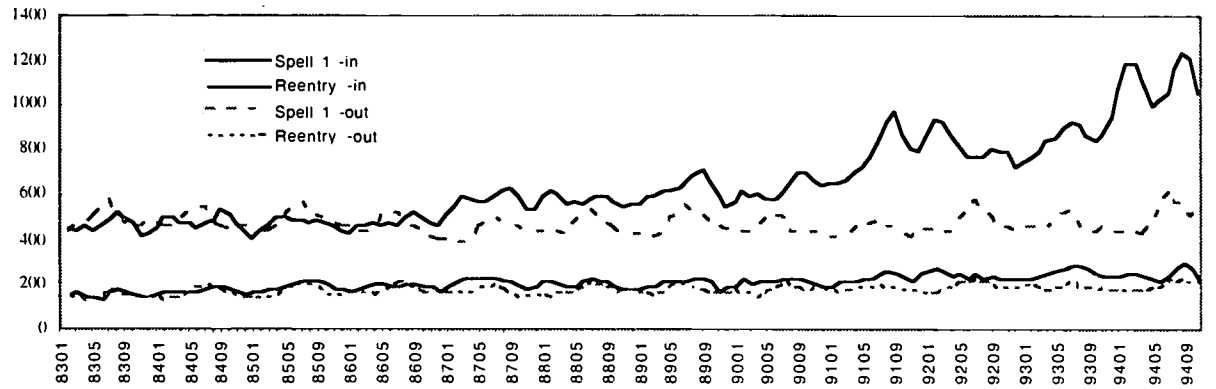


cases. Examples include the rapid decrease in the caseloads of California and New York between 1989 and 1990, the sustained decrease in Michigan during most of 1992 and early 1993, and the sustained growth in Illinois from late 1990 through 1994. By contrast, the net change for reentry spells stays remarkably constant, even during these periods of significant growth or decline in the total foster care population.

FIGURE 5

Smoothed Monthly Foster Care Admissions and Discharges by Spell Sequence: Illinois and New York, 1983-94

Illinois



New York

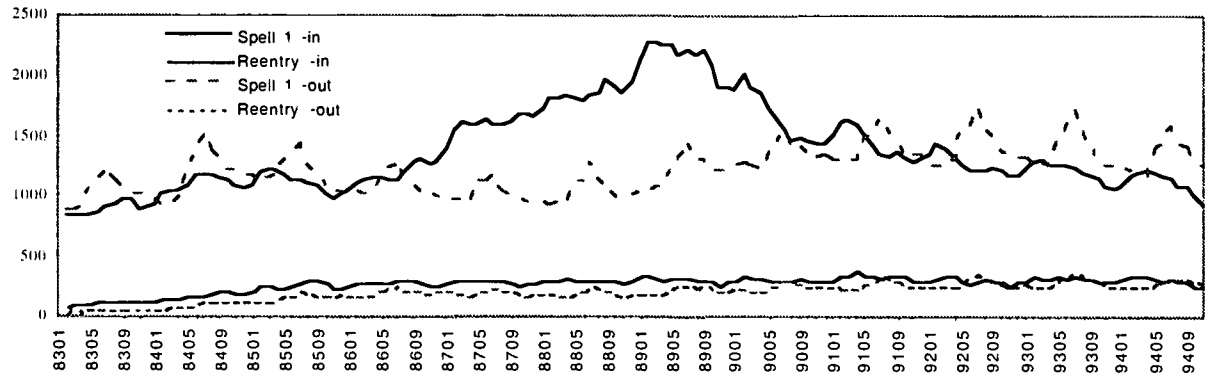


Figure 5 provides a view of foster care caseload dynamics using examples from New York and Illinois, two of the states in which the Archive has a 12-year series of data available. The lines in these two charts represent admissions and discharges from first spells and admissions and discharges from reentry spells, reported monthly from 1983 through 1994. (Net change, as discussed above, can be obtained by subtracting discharges from admissions.) This longer-term data series gives us a different vantage point for evaluating trends. The patterns described from the 7-year data--such as regular seasonal change in discharges, ongoing but less-predictable fluctuation in admissions, and only minor dynamics in reentry spell admissions or discharges--are all evident in these graphs also. What is new here is a perspective about the relationship between admissions and discharges. In both Illinois and New York, the only substantial long-term changes in foster care population dynamics between 1983 and 1994 involved first admissions to care. For Illinois, first admissions rose steadily from 1987 through 1990, then this growth accelerated through 1994. For New York, first admissions grew dramatically from 1986 through 1989, fell rapidly from 1989 until 1991, and then

decreased slowly through 1994. During the same time period, there was no long-term change in discharges from first spell in Illinois and a very small increase in reentry spell activity. In New York, discharges from first spells grew moderately from 1989 through 1991, but did not approach the earlier increase in admissions in magnitude. Compared to admissions patterns, the discharge data look relatively flat except for the seasonal changes. This seeming inflexibility of discharge levels, even as admission levels change, should be a matter of concern for foster care agencies and a topic for continuing research activity. On the surface, it appears that the processes involved in moving children out of the foster care system are constrained or limited in some way, possibly by factors like administrative thresholds in agency or court capacity.

III

ENTRY PATTERNS AND CHARACTERISTICS OF NEW ENTRANTS

Discussion in the previous section was based entirely on counts of children in care at a particular time and on the numbers of children entering and leaving foster care spells. These caseload-level descriptions are valuable for describing the magnitude of child welfare activity, defining the volume of service demands on the agencies, and for monitoring the dynamic behavior of foster care populations over time. Our focus now shifts toward examining the processes that bring children into care or that result in children staying in care. Understanding patterns and changes in these processes will encourage comparison between state systems, help us better understand the differences we observed at the caseload level, and suggest approaches to policy questions that relate directly to practice issues in child welfare.

First Admissions to Care: Incidence Rates

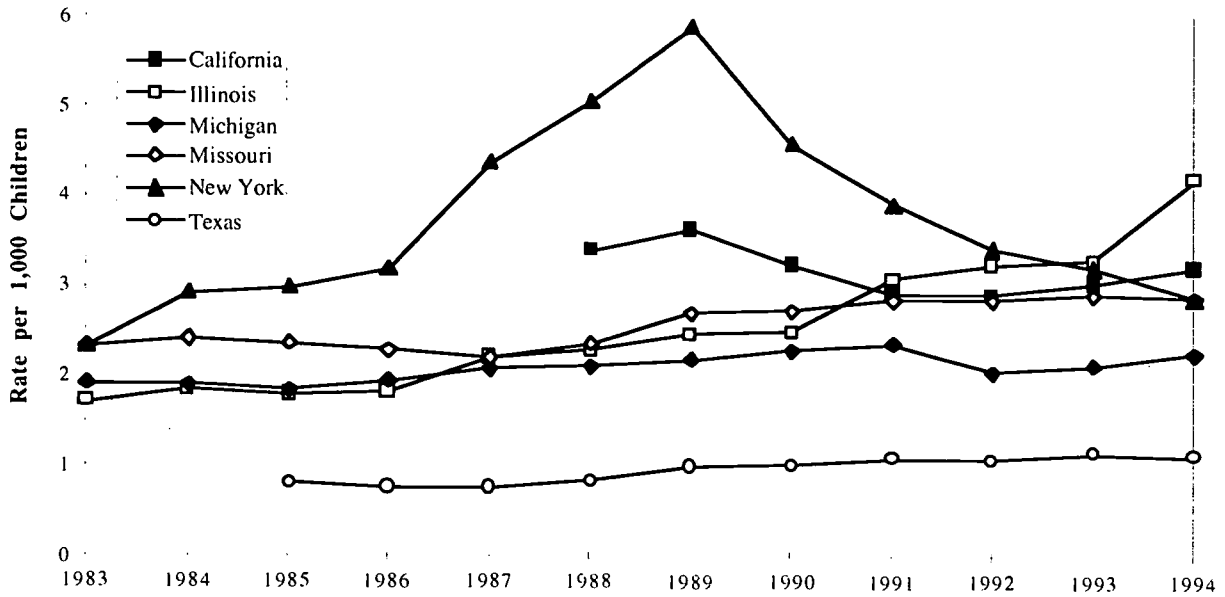
The moment of initial admission of a child to foster care--the time at which the state first assumes care and custody--defines the starting point of every individual foster care history. This is the "front door" to the foster care system. Decisions made about whether or not to admit children and the characteristics of children admitted can have a profound impact on the future size and composition of the child welfare population.

Looking at the populations of children entering care for the first time should be a useful starting point for examining foster care processes. Clearly, the number of children who live in a given state strongly influences the number of children who enter foster care in that state, so comparison between states is helped by adjusting our statistics to account for population size differences. **Figure 6** shows annual rates of first entry to foster care for the six states--the total number of new entrants relative to the child population in each state. These are *incidence rates* of first entry that can be interpreted as the number of children that first enter foster care during the year per 1,000 children in the state. Incidence rates are true measures of the "risk" of entering care, and are highly comparable across states.

The foster care entry rates shown in Figure 6 do not follow a simple pattern. There are clear differences in the entry levels for different states, and these rates can also change markedly over time within a single state. The most noticeable features of this graphic are the dramatic changes observed for New York--where the entry rates more than doubled between 1983 and 1989, and then fell again by almost one-half by 1994. The fact that such a rapid and major fluctuation in entry rates was possible within a single state's child welfare system should be noted by planners and managers alike. Other states show more gradual changes in entry rates over time. California shows a slight decrease since 1988. Texas, Michigan, and Missouri show slight increases over 10- and 12-year periods. Entry rates in Illinois stayed level at around 2 per 1,000 children between 1983 and 1986 and then more than doubled to over 4 per 1,000 by 1994.

FIGURE 6

Annual Incidence Rates of First Entry to Foster Care, by State



*1983-87 California and 1983-84 Texas data not available.

The other striking finding in this comparison is that prevailing levels of entry rates vary so widely across these six states. In 1994, just over one out of every 1,000 children in Texas entered the child welfare system. In Michigan, the 1994 level was slightly over 2 per thousand; in Missouri, California, and New York it was around 3 per thousand; and in Illinois it was over 4 per thousand. A child in Illinois is twice as likely as a child from Michigan, and four times as likely as a child from Texas, to enter a foster care placement. For a social service intervention that is defined similarly in all of the states, these between-state differences in intake are very large. Entry levels can vary because of differences in the proportion of children who need child welfare services and/or because of differing propensities of the state agencies to remove children from troubled homes. The extent of state-to-state variability observed here strongly suggests that the state agencies apply different standards and have different thresholds for entry to foster care.

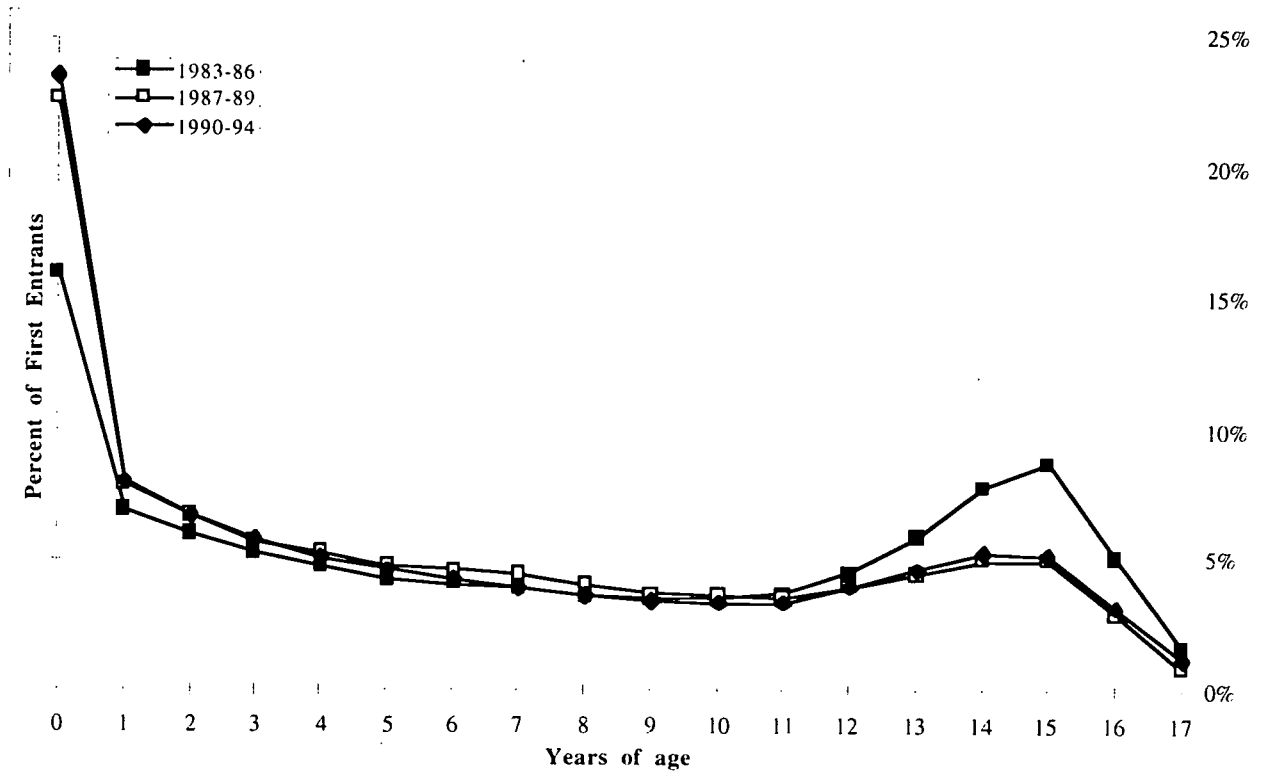
Age at Entry

The period of rapid growth in foster care caseloads during the late 1980s was accompanied by a shift in the age distributions of children admitted to substitute care for the first time. The main change was a striking increase in the percentage of infants entering care, which was balanced by a noticeable decrease in the percentage of children entering care as adolescents. **Figure 7** illustrates these changes by dividing the Archive population into three entry cohorts--children who entered from 1983-86, 1987-89, and 1990-94--and showing the distribution of entrants by single years of age. From the ages of 1 through 12, almost identical patterns applied to all three cohorts. But while just over 15 percent of the 1983-86 entry group were infants, almost one-quarter of the later cohorts were infants. Over three times as many children under the age of 1 year enter care than do children at the age of 1 year.

FIGURE 7

Age at First Entry to Foster Care, by Date of Entry

Percentage Distribution for Six States Combined



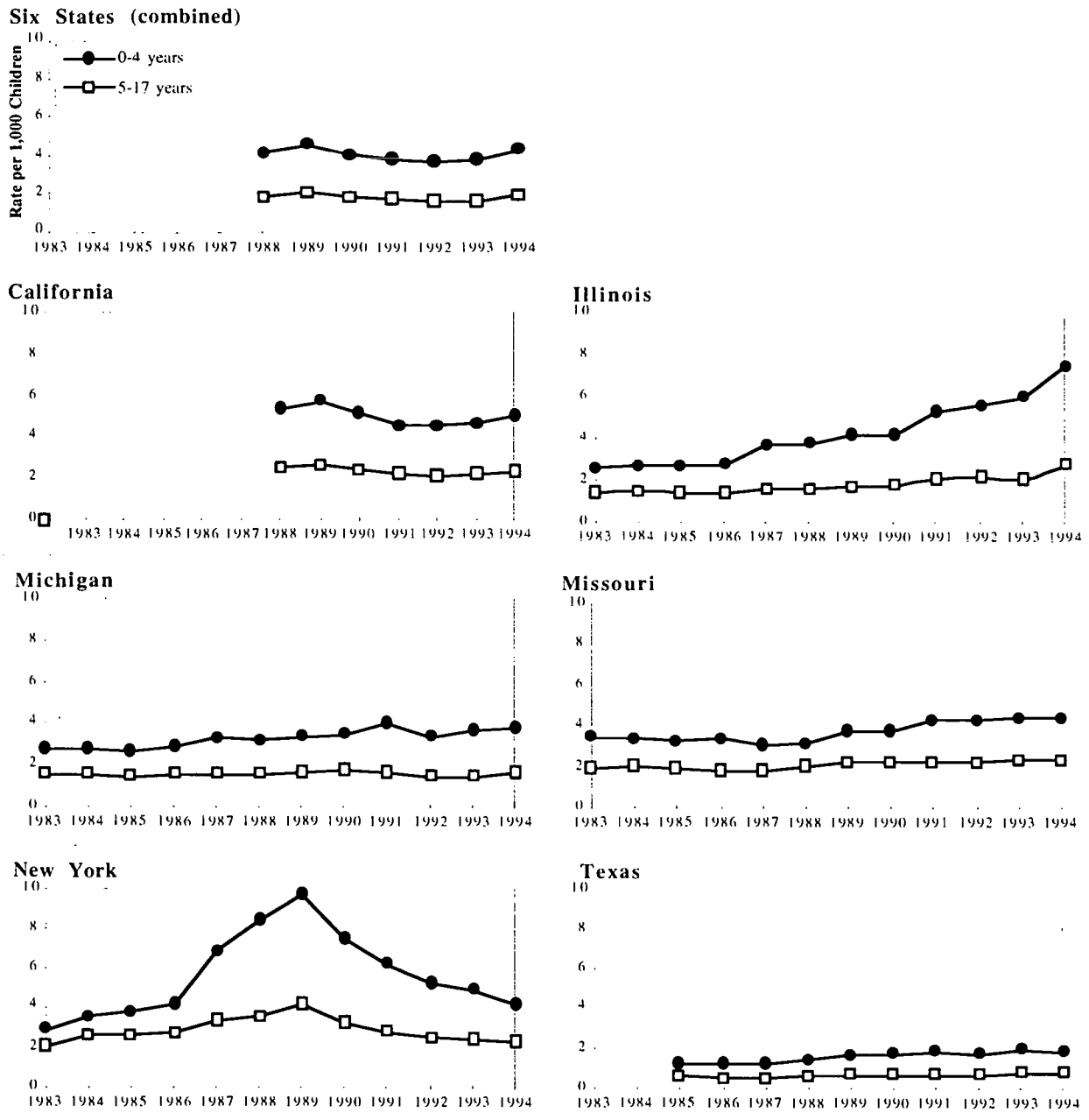
The influence of younger children on the foster care population is also evident in **Figure 8**, which presents incidence rates of entry for two age groups, children 0 to 4 years of age and children 5-17. In the six states combined, the younger children are around twice as likely to enter care than the older children--a pattern that persists in each of the six states. The most interesting observation from this figure is that entry rate trends over time are very stable among the 5-17 year-old group compared to those of the 0-4 year-old group. With the exception of Texas and the growth years in New York, the 5-17 year-old entry rates remain at a level of close to 2 entrants per thousand children across each state. Almost all year-to-year volatility in entry rates within a state, and most of the state-to-state differences, are due to changes in the entry rate levels of the 0-4 year-old group.

Race and Ethnicity

All states classify foster children by primary racial and ethnic characteristics. Although these categories sometimes lack precision, involvement in foster care does vary along ethnic and racial lines, and these patterns do differ among the states. **Figure 9** shows annual shifts from 1988 through 1994 in the racial/ethnic composition of new entry cohorts for each Archive state. When pooled, the six-state totals present a relatively stable distribution across ethnic categories for the 7 years. However, the

FIGURE 8

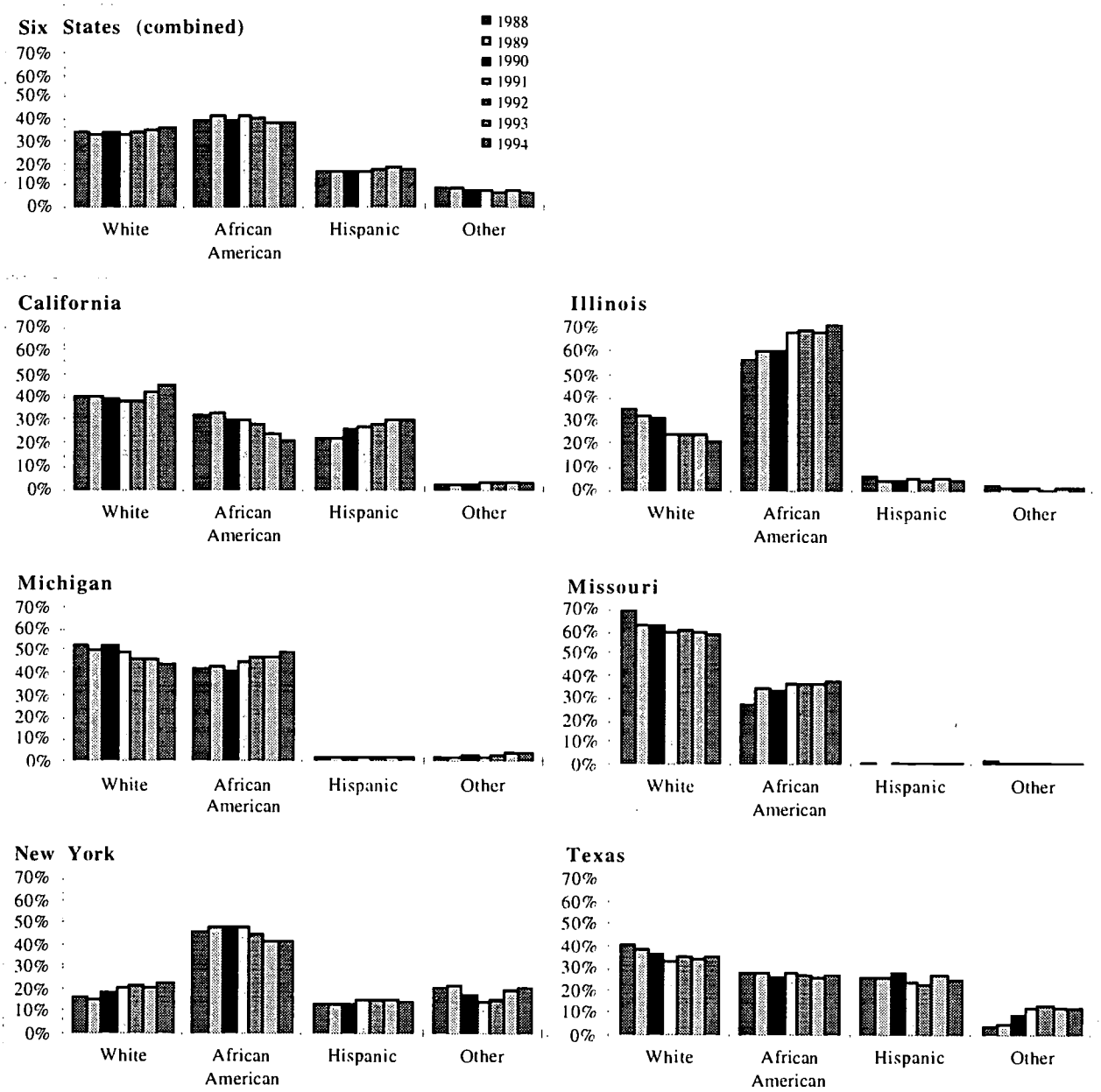
Incidence Rate of First Entry to Foster Care by Year and Age at Entry



separate state figures show that this apparent stability results from averaging across dynamic state patterns. Most noticeably, the African American share of new entrants is decreasing in California as the Hispanic share increases. The share of white entrants is decreasing in Illinois, Michigan, and Missouri as the African American share increases. The overall racial/ethnic composition of the foster care population also varies greatly by state. African American children are the clear majority of foster children in Illinois and

FIGURE 9

Racial/Ethnic Distribution at First Entry to Foster Care by Year



the largest group in New York. White children are the clear majority in Missouri. Michigan has relatively even shares of African American and white children while California and Texas have large percentages of white, African American, and Hispanic children.

IV

THE DURATION OF SPELLS IN CARE

The length of time that children spend in out-of-home care is a dynamic of much interest in child welfare. The duration of a spell in care is the amount of time that a child is separated from the home environment. Duration also determines the amount of state resources required to support the child's stay in care. Combined across many children, duration effects have a huge influence on the size of foster care caseloads. Duration varies for different groups of children. Identifying and understanding which groups of children have tended to stay in care for longer spells helps to explain how caseloads have remained high and helps child welfare agencies identify children particularly at risk of long-term stays in care.

Entry statistics tell us how many children come into the system. Duration distributions tell us how long they stay. Together, these two components fully explain the size of a foster care population at a point in time. If entries increase and average duration remains stable, the caseloads grow; and if entries remain fixed while average durations increase, the caseloads grow. Because entry rates and duration distributions can change independently, separate analysis of these components provides a rich description of the dynamics underlying a child welfare system.

Although measuring the duration of foster care episodes is conceptually straightforward, it is methodologically complex. Full enumeration of durations is impractical, as it requires the observation of entry cohorts until such time as all children have exited from care. Most work that has been done in this area has used cross-sectional samples of exit cohorts, which can produce biased estimates that exaggerate the contribution of short-term spells. Fortunately, empirical tools such as *event history methods* allow us to estimate and analyze duration distributions from longitudinal datasets that contain many incomplete (censored) observations.

Estimated Median Durations in Care

The length of time that we expect a child to remain in care varies widely among the six states and among different characteristic population subgroups. **Table 4** presents estimated median durations (expressed in months) for all first spells in care during the 7-year period from 1988 through 1994. The median of a duration distribution is the point in time by which one-half of the children have experienced the event of interest (exit from care) while the other half have not. Most of the discussion of durations will summarize duration distributions by their median value. The first row in Table 4 presents statewide medians, followed by medians classified by region, race/ethnicity, age at entry, year of entry, and type of discharge from care.

Statewide medians vary from under 8 months in Missouri to over 2.5 years in Illinois. Thus, we would expect that it would take over four times as long for half of the children to leave a typical foster care entry cohort in Illinois as it would for a similar group in Missouri. Texas and Michigan both have relatively short medians of 1 year or

less. The estimated median duration for California is around 1.5 years and for New York is around 2 years.

In most states, median durations are high for children from the primary urban regions, for African American children, and for children who enter care as infants. There are exceptions: in Missouri, median durations are higher for white children and in Texas and Missouri , the median durations for the urban regions are lower than those for the balance of the state. Certain contrasts are quite striking, especially in Illinois, where the median duration for children from the Chicago region is four times greater than that for children from the rest of the state, and where the duration for African American children is over four times as long as that for white children.

In five of the six states observed, children who entered foster care during infancy had substantially longer median durations than all other children. The one exception was Illinois, where the median durations were high for all children who entered their first spell in care before age 12 In all six states, children who first entered care during adolescence had shorter median durations than other children. This last observation is partially explained by the fact that the maximum possible duration for older children is bounded at the time remaining until their eighteenth birthday.

The trends in duration patterns over time, as measured by the median durations for successive entry cohorts from 1988 on, also differ across states. In California and New York, median spell durations have been getting shorter over the 7 years observed. Michigan and Texas have maintained fairly stable duration patterns over this period. Illinois and Missouri both appear to exhibit increases in the median length of stay. Estimation of median durations is not possible for several of the most recent cohorts because too few children had exited by the end of the observation period to provide a sound basis for this estimate.

The median durations presented by discharge type are slightly different from the others, but produce a clear pattern.[7] In all states, the median duration for spells that ended in reunification with the child's family was much shorter than the overall statewide median, and the median duration for spells that ended with an adoption was much longer than the overall statewide median.

Analysis of Duration Patterns Across States

The lengths of time children spend in first spells in foster care clearly vary across states and for different types of children within states. The univariate medians described above showed that duration differs significantly by state, by region within the state, by the racial/ethnic characteristics of the children, and by the ages at which the children first enter foster care. We know that race, region, and age composition are interrelated variables and that they are distributed differentially in each of the Archive states.

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7 There is a methodological issue here. Unlike all of the other medians, where information from the censored spells contributed to the final estimate, the medians computed for discharge destination groups could only use information from already-completed spells, as discharge destination is an attribute of the exit from care. If many of the spells still open at the end of 1994 result in reunifications or adoptions, these estimates might well become larger as the observation period is extended.

TABLE 4

Median Duration (in Months) of First Placement Spell by Region, Race/Ethnicity, Age at Entry and Discharge Destination: 1988-94

	California	Illinois	Michigan	Missouri	NewYork	Texas
Statewide	17.2	32.7	11.8	7.8	23.0	8.4
Region						
Primary urban region*	20.9	58.4	18.0	5.8	31.7	7.2
Balance of state	15.4	14.4	9.1	8.7	13.4	9.1
Race/Ethnicity						
White	14.1	12.8	9.9	8.1	12.6	8.0
African American	28.3	51.8	14.5	7.0	31.6	8.7
Hispanic	14.2	20.9	8.0	3.3	21.6	8.1
Other	12.5	16.8	10.6	7.6	25.0	9.7
Age at Entry						
Less than 1 year	24.4	41.4	18.5	14.7	42.0	10.9
1 to 2 years	17.9	45.2	12.4	8.6	27.8	7.2
3 to 5 years	17.2	47.6	12.1	8.9	27.4	7.0
6 to 8 years	17.3	47.2	12.9	7.1	27.6	8.1
9 to 11 years	17.0	39.6	12.0	7.8	24.2	9.4
12 to 14 years	11.9	19.6	8.4	6.0	13.2	9.8
15 to 17 years	8.6	10.3	6.0	3.9	10.3	7.0
Year of Entry						
1988	20.7	15.7	10.7	5.8	30.6	7.4
1989	18.1	18.2	11.7	6.7	27.3	9.4
1990	15.9	23.1	11.8	7.2	20.4	8.5
1991	14.9	37.1	11.9	7.9	19.9	8.2
1992	16.5	n/a	11.5	7.1	18.7	8.5
1993	16.2	n/a	12.0	8.8	18.8	8.6
1994	n/a	n/a	n/a	11.0	n/a	7.7
Discharge to:						
Reunification	5.6	5.1	5.9	2.8	8.6	4.1
Adoption	32.0	34.3	27.6	25.3	44.7	29.0
Other	17.3	5.6	5.6	2.5	9.0	13.6

Median duration is estimated using Kaplan-Meier method.

* Los Angeles County, CA; Cook County, IL; Wayne County, MI; Jackson County and St. Louis, MO; New York City, NY; Harris and Dallas Counties, TX.

Therefore, it is reasonable to question whether some of the variation in spell durations that we attribute to any of these variables might be explained simply by their relationship one of the other variables.

We applied a proportional hazards analysis to the six-state duration data to investigate the relationship between each of these variables and the likelihood of leaving foster care, while controlling for the effects of the other variables. In addition to the multivariate nature of these models, the proportional hazards approach has the added advantage of considering information from the entire distribution of observed durations. This analysis does not rely on a single statistic (such as the median) to summarize duration, but instead processes the observed duration value for each individual spell.

Proportional hazards models are estimated for each state separately, and then a pooled model is applied for the six states combined. The pooled model also contains specific terms identifying the states to help us quantify between-state differences in duration. In all models, the dependent variable is the probability that a child will exit the spell in foster care at a specific point in time. The independent variables are the year the spell started, region, race/ethnicity, gender, age at entry, and the sequence of the spell in the child's foster care history.[8]

Proportional hazards results are not intuitively easy to interpret. The most useful statistics they produce are estimates of the *risk ratios* associated with each level of each factor in the model. These show the relative "risk" that a child with the given attribute will leave foster care, other things being equal. The model is structured with one category for each variable set as a standard against which risk ratios for the other categories of this variable can be evaluated. Each "standard" category is readily identified by a risk ratio value of 1.00.

Risk ratios from the six one-state models and the pooled six-state model are presented in **Table 5**. It is important to understand that because the "risk" defined is that of leaving care, **higher risk ratios imply shorter spell durations, and lower risk ratios imply longer spell durations.** Each risk ratio is estimated in a way that controls for the effects of all of the other variables in the model. As an example, in Table 5, the risk ratios for "age at entry" in Illinois vary from 0.94 for 6-8 year-old entrants to 2.64 for 15-17 year-old entrants. The "standard" set for comparison here is the duration for children who enter as infants, as indicated by the risk ratio of 1.00 for this category. Children who entered at the ages of 1-2, 3-4, and 6-8 years are expected to have slightly longer durations than infants in Illinois, because their "risk" of leaving care at any time is lower. Children entering care at 9-11 years of age have slightly shorter spells than infants, and entrants from 12-14 and 15-17 years of age have much shorter spells. The "risk" of exit for 15-17 year-olds is more than twice that for infants.

The effects described in the following listing should all be read as "controlling for the effects of the other variables in the model."

Year of Entry: For the six states combined, there were only minor shifts in duration between the 1988 through 1994 entry cohorts. However, this pooled result averages over conflicting patterns in two of the states. For Illinois, spells became longer

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[8] The univariate median analysis only examined first spells. In the multivariate analysis, all spells are included and the difference between a first spell and consequent reentry spells is included as a specific term in the model. Note that the discharge destination categories that were discussed in the univariate duration section are not included in the proportional hazards models.

TABLE 5

Duration of Spells in Substitute Care, Six States, 1988-94
Relative Risk Ratios from Proportional Hazards Models

	California	Illinois	Michigan	Missouri	NewYork	Texas	6-State
Year of Entry							
1988	1.00	1.00	1.00	1.00	1.00	1.00	**1.00**
1989	1.06	0.94	0.96	0.94	1.09	0.95	**1.03**
1990	1.10	0.86	1.01	0.96	1.22	0.97	**1.08**
1991	1.13	0.75	1.04	0.91	1.22	1.00	**1.07**
1992	1.07	0.64	1.02	0.96	1.19	0.99	**1.03**
1993	1.08	0.55	0.98	0.90	1.18	0.98	**1.01**
1994	1.01	0.49	1.09	0.80	1.16	1.02	**0.97**
Region							
Non Urban	1.00	1.00	1.00	1.00	1.00	1.00	**1.00**
Urban	0.79	0.51	0.68	1.19	0.72	1.17	**0.78**
Gender							
Female	1.00	1.00	1.00	1.00	1.00	1.00	**1.00**
Male	0.97	0.95	0.96	0.97	0.97	0.93	**0.97**
Age at Entry							
under 1	1.00	1.00	1.00	1.00	1.00	1.00	**1.00**
1 to 2	1.12	0.98	1.13	1.14	1.27	1.16	**1.16**
3 to 5	1.11	0.96	1.11	1.13	1.25	1.10	**1.14**
6 to 8	1.09	0.94	1.02	1.22	1.26	0.98	**1.11**
9 to 11	1.20	1.06	1.05	1.25	1.37	0.92	**1.19**
12 to 14	1.70	1.76	1.39	1.66	2.16	1.09	**1.73**
15 to 17	2.32	2.64	1.99	2.29	3.13	1.55	**2.46**
Race/Ethnicity							
White	1.00	1.00	1.00	1.00	1.00	1.00	**1.00**
Afr. Amer	0.66	0.69	0.98	0.88	0.84	0.88	**0.75**
Hispanic	1.01	1.15	1.09	1.07	1.04	0.98	**1.01**
Other	0.99	0.93	0.93	1.09	0.87	0.88	**0.87**
Spell Sequence							
Reentry	1.00	1.00	1.00	1.00	1.00	1.00	**1.00**
First Spell	1.06	1.07	1.04	0.92	1.15	0.86	**1.06**
State							
Illinois	na	na	na	na	na	na	**1.00**
New York	na	na	na	na	na	na	**1.20**
California	na	na	na	na	na	na	**1.25**
Michigan	na	na	na	na	na	na	**1.74**
Missouri	na	na	na	na	na	na	**1.79**
Texas	na	na	na	na	na	na	**1.79**

as the risk of leaving care decreased by 50 percent from 1988 to 1994. For New York, spell duration went down by 15 to 20 percent during the same time.

Region: For the six states combined and in four of the states individually, durations were significantly longer in the primary urban places than in the balance of the state. Missouri and Texas are different--durations in the urban regions of these two states were about 20 percent shorter than in the others. Illinois has a particularly strong urban effect with a risk ratio of .51.

Gender: Males appear to have slightly longer stays in foster care than females. This is a small effect but it does persist across all six states. The smallest male risk ratio, .93 in Texas, is still fairly close to 1.00.

Age at Entry: The prevailing pattern is for children who enter care as infants to have the longest spell durations, for children entering between the ages of 1 and 11 years to have spells that are about 15 to 20 percent shorter, and for children entering in their teens to have significantly shorter spells. Illinois and Texas deviate mildly from this pattern. The effect of infancy is especially apparent in New York, where children entering before reaching 1 year of age have spells about one-third longer than children in any other age group.

Race and Ethnicity: African American children tend to stay in care longer than whites or Hispanics in all six states. The racial difference is strongest in California, where the risk ratio is one-third lower for African Americans than for the other groups. Durations for Hispanics are very close to those for whites. Illinois shows the strongest white-Hispanic difference in duration, with spells for Hispanic children in care being about 15 percent shorter than those for whites.

Spell Sequence: Across all states, first spells tend to be slightly shorter than reentry spells. This is most evident in New York, where reentry spells are about 15 percent longer than first spells. In Missouri and Texas, first spells tend to be somewhat longer than reentry spells.

State: Controlling for all of the other variables, the states tend to form into three groups, as characterized by the durations of spells for their foster children between 1988 and 1994. Illinois has the longest spells of all six states. New York and California form a middle duration grouping, where a child's risk of exit is about one-quarter higher than Illinois. Michigan, Missouri, and Texas form a short duration group, with a child's risk of exit being about three-fourths higher than in Illinois.[9]

Influence of Kinship on Duration

The type of placement that children experience is another factor that can be expected to influence the course of their stay in the child welfare system and the duration of their spells in care. In particular, we are interested in the extent to which

[9] The models examine the actual historical caseloads in these states and predict risk of exit (and thereby duration) with a set of variables based directly on characteristics of the foster care population. Note that they do not include any factors external to the foster care system, such as between-group and between-place differences in who is admitted to care in the first place.

rapid growth in the prevalence of kinship foster care placements in some states is redefining the patterns of child welfare experience. The proportional hazards analysis from the previous section is replicated here with data from the four states for which the Archive can support analysis of children placed with relatives--California, Illinois, Missouri, and New York. In addition to the independent variables that were used in the previous six-state analysis, care type is added to the current models. Each spell is classified by the prevailing type of placement used--either nonrelative foster care, kinship foster care, or placement in a congregate care facility.[10]

The results, which are shown in **Table 6**, are quite similar to those from Table 5. Looking first at the care type variable that was just added to the models, it is apparent that kinship foster care spells are longer than other types of placements in all four of these states. This is most pronounced in Missouri and New York, where the risk ratios for kinship are one-half of those for nonrelative foster care placements. Spells in congregate care facilities are somewhat shorter than those in nonrelative foster care in each of the states except California.

The finding that kinship spells are longer in duration than nonrelative foster care and congregate care spells was expected. What is of primary interest in this analysis is whether the addition of new terms for care type has any influence on other relationships in the model. For the entire four-state pooled model, only a few small changes can be seen--most notably that the size of the urban versus non-urban difference has been decreased and that the between-state differences also become smaller. However, none of the relationships is fundamentally changed. Looking at the risk ratios for individual states, the most dramatic change is that the influence of the urban variable in New York, which shows longer durations in New York City than for upstate areas, is greatly reduced when kinship is introduced into the model. The risk ratio for urban region in New York from the previous model was .72. In this model it is .85. About half of the longer duration levels that had been attributed to a New York City effect is explained by the presence of a large proportion of the state's kinship foster care caseload in the city.

Because all of the basic relationships are preserved in this model, we conclude that urban region, race, and care type have significant and independent influence on the duration of spells in foster care. It is interesting that each of these three main explanatory variables is the stronger statistical predictor of duration in a different state. In California, the racial effect is clearly the largest; for New York and Missouri, kinship care is more important; and for Illinois, being in the Chicago area has a stronger influence on duration than either race or kinship. Although the same fundamental patterns exists in each of these states, the relative contribution that can be attributed to the influence of each of these explanatory factors varies.

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10 This classification represents a slight change from the first Archive report, which treated care type as a time-varying effect. Through empirical observation, we have determined that almost all spells could be easily classified by primary care type, based on the total number of days spent in each type of care arrangement.

TABLE 6

Duration of Spells in Substitute Care: 4 Kinship Care States, 1988-94
Relative Risk Ratios from Proportional Hazards Models

		California	Illinois	Missouri	New York	4-State
Year of Entry	1988	1.00	1.00	1.00	1.00	**1.00**
	1989	1.07	0.95	0.95	1.11	**1.06**
	1990	1.11	0.86	0.96	1.20	**1.10**
	1991	1.13	0.77	0.92	1.18	**1.08**
	1992	1.07	0.65	0.98	1.14	**1.03**
	1993	1.09	0.55	0.92	1.12	**1.01**
	1994	1.02	0.49	0.81	1.10	**0.95**
Region	Non Urban	1.00	1.00	1.00	1.00	**1.00**
	Urban	0.82	0.52	1.21	0.85	**0.80**
Gender	Female	1.00	1.00	1.00	1.00	**1.00**
	Male	0.96	0.93	0.95	0.95	**0.96**
Age at Entry	under 1	1.00	1.00	1.00	1.00	**1.00**
	1 to 2	1.15	1.00	1.17	1.33	**1.19**
	3 to 5	1.15	0.99	1.16	1.32	**1.18**
	6 to 8	1.12	0.96	1.24	1.32	**1.17**
	9 to 11	1.22	1.03	1.23	1.38	**1.24**
	12 to 14	1.69	1.59	1.57	2.02	**1.77**
	15 to 17	2.25	2.33	2.15	2.80	**2.45**
Race/Ethnicity	White	1.00	1.00	1.00	1.00	**1.00**
	Afr. Amer.	0.67	0.72	0.91	0.87	**0.76**
	Hispanic	1.03	1.17	1.06	1.05	**1.05**
	Other	0.99	0.94	1.06	0.89	**0.87**
Care Type	Foster Care	1.00	1.00	1.00	1.00	**1.00**
	Kinship Care	0.79	0.83	0.49	0.51	**0.69**
	Congreg Care	0.96	1.24	1.12	1.06	**1.04**
	Mixed-type	0.52	1.55	0.53	0.43	**0.91**
Spell Sequence	Reentry	1.00	1.00	1.00	1.00	**1.00**
	First Spell	1.04	1.01	0.90	1.06	**1.05**
State	Illinois	na	na	na	na	**1.00**
	California	na	na	na	na	**1.22**
	New York	na	na	na	na	**1.12**
	Missouri	na	na	na	na	**1.58**

A Dynamic View of Duration in Care

A complete distribution of durations for any population of foster children includes spells of many lengths. Indicators like the population median are used in an attempt to neatly summarize a complete range of observed (and estimated) values for comparison to other populations. Our ability to estimate population-level statistics for these durations and to analyze differences in duration patterns across subgroups of foster children greatly extends our understanding of the system dynamics of the foster care caseload.

However, these aggregate summary statistics are not as helpful for trying to understanding how length-of-stay influences the process of individual child case experiences. The child who exits a spell in care quickly is not affected by the shape of the full distribution of times-in-care for other children, and the child who remains in care for a long time is not usually concerned with the fact that others have left sooner. What affects children is the experience of the time that they are living in out-of-home care arrangements, not a comparison to the conditions and experiences of others. This section introduces an approach that describes expected length of stay from a different perspective, where the amount of time already spent in care is used as a basis for describing the time remaining in the care episode.

The specific indicator used is the *median residual duration* in foster care. This is also an estimated median of the time remaining in foster care episodes, but it is computed for subgroups defined by the amount of time that they have already been in care. The median residual duration for children just entering care is equal to the full population median as described above. But, as time elapses, some children exit from foster care and the new median residual durations will apply only to the children who remain in care. As these estimates change, they provide a notion of the amount of time these children can expect to remain in this first spell in care.

The examples that follow draw from the population of children who first entered foster care during the years 1988 through 1990. **Figure 10** presents median residual durations from the six Archive states combined, classified by the type of foster care placement.[11] The horizontal axis represents the number of months that a child has already been in care (elapsed duration) and the vertical axis represents the number of *additional* months in care the median child in this category will experience (residual duration). For example, at the time of entry (Month 0), the median duration for children in kinship foster care is 32 months. The median residual duration for children who have already been in kinship care for 1 year is 40 additional months (for a total spell of 12+40=52 months), and the median residual duration for children who have already been in kinship care for 2 years is 47 additional months (for a total spell of 24+47=71 months).

If foster care spells tended to have a fixed maximum length, then the graphs of the median residual durations would be negative and decrease from left to right as we approach the limiting time point. A flat plot of median residual duration implies that the

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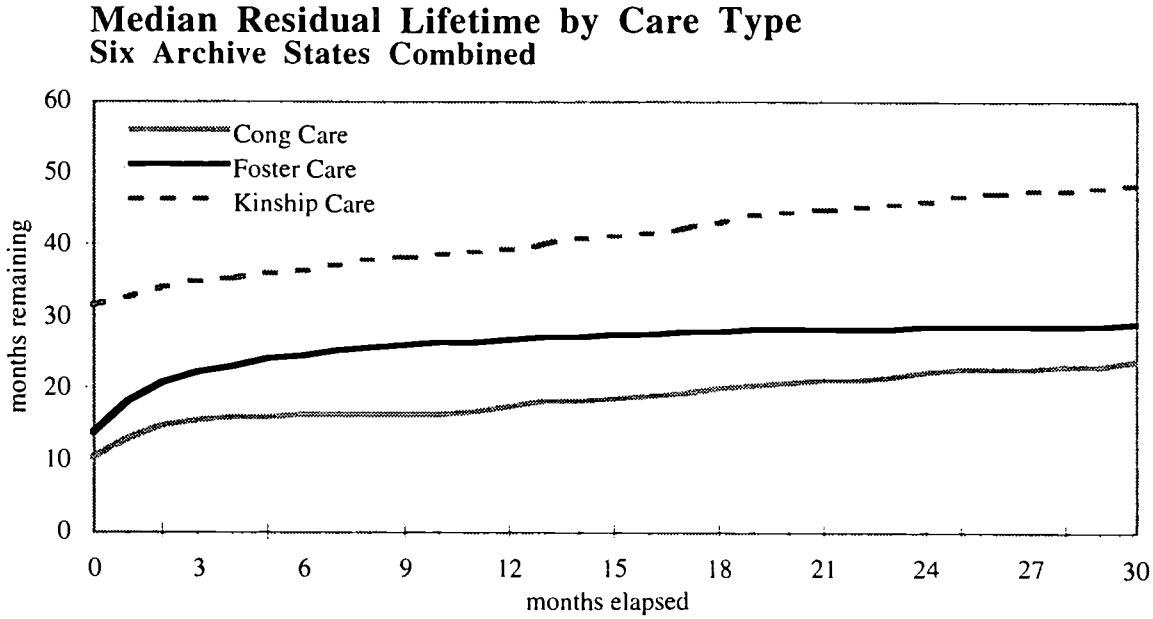
[11] The kinship foster care component is obtained from only four states (California, Illinois, Missouri, and New York.) All other components are from all six of the Archive states.

FIGURE 10



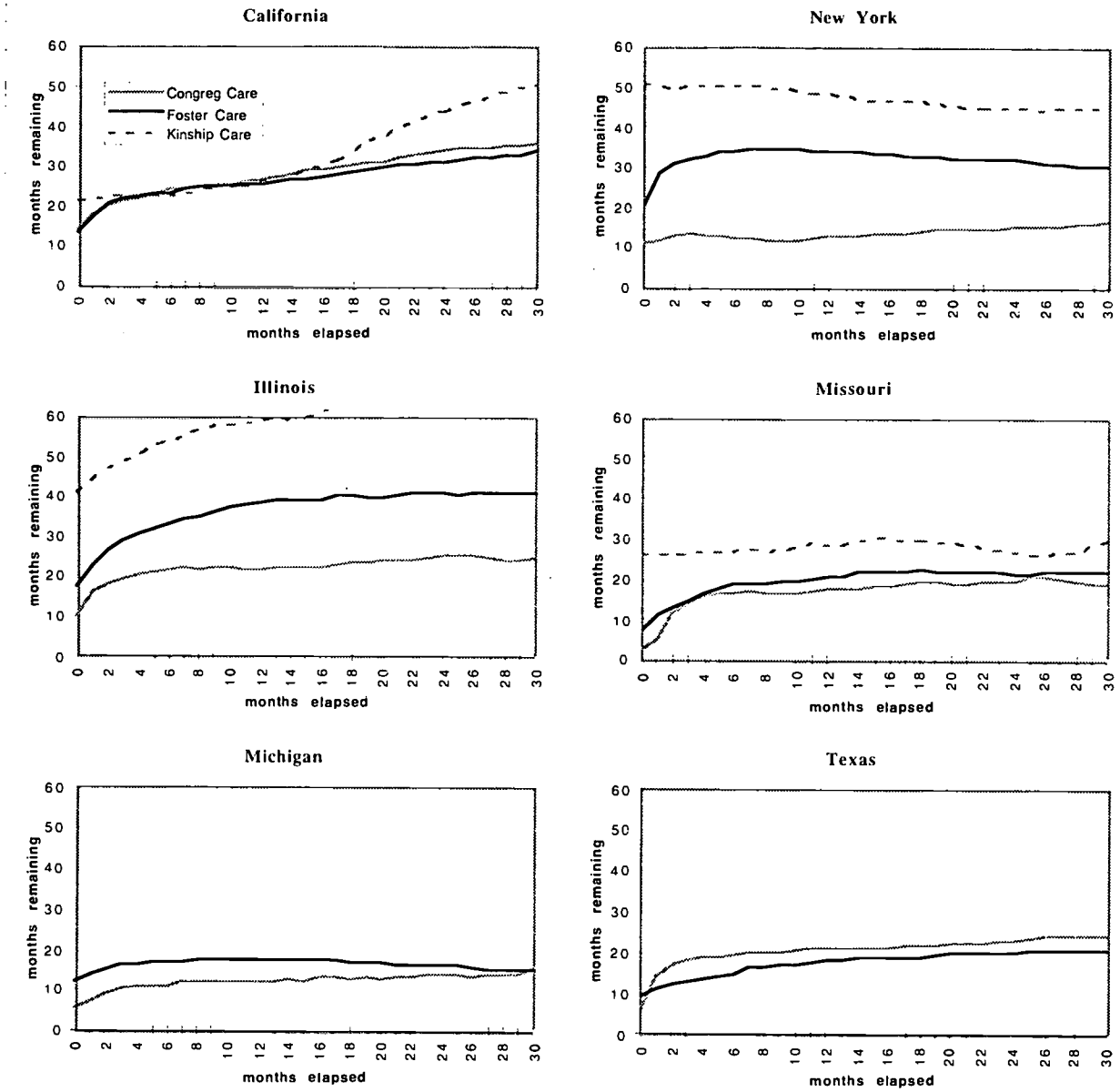
amount of time remaining in the spell is unrelated to the amount of time that has already been spent in care. Increasing median residual duration plots occur during intervals when a significant share of the children exit, but those that remain are expected to be in care for a longer time. The plots in Figure 10 can be described as either increasing or level, but never as decreasing. There is rapid increase during the very early months for children in nonrelative foster care, followed by relatively level trend. For kinship foster care, median residual durations increase gradually and constantly across the full interval of elapsed time in care, while for congregate care they increase in a moderate but constant pattern.

The same indicators are shown for each state separately in **Figure 11** (although only two categories of care are described for Michigan and Texas). Some of the more obvious state-to-state differences observable in these plots reflect findings discussed in previous sections of this report, such as the finding that foster care spells tend to be longer in Illinois, New York, and California than they do in Michigan, Missouri, and Texas; and that the type of care arrangement has a significant influence on duration, with kinship spells being longer, particularly in Illinois and New York. But our current interest here is focused on the shapes of the median residual duration plots. Most of these plots are predominantly flat. Many of them increase quickly at the start and then level off for the remainder of the interval, and a few increase across an extended interval.

The group of plots that differ most are those describing the median residual durations for children in kinship care. In New York and Missouri, the kinship medians are not only much higher than those for nonrelative foster care and congregate care, they also do not show the rapid increase in early months that is characteristic of the other types of spell. In these two states, it appears that a very small share of the kinship cases are short-term, while a significant share of the others cases are short-term. Once

FIGURE 11

Median Residual Durations in Foster Care Spells by Care Type 1988-90 Entry Cohorts



the short-term cases have left nonrelative foster care and congregate care spells, the median residual durations increase by 50 to 100 percent and these groups look somewhat more like the kinship group, although still at lower levels. In Illinois and California, the median residual durations for the kinship care groups increase constantly. The California example is unique among the states shown here in that the median residual durations for kinship foster care and nonrelative foster care are nearly identical during the first 15 to 18 months in care. Only after 18 months do they diverge significantly, with the kinship plot increasing at a much more rapid rate through the

remaining time interval. Our understanding is that this captures the importance of the 18-month case review process in California and the fact that serious efforts are made to establish and act on permanency plans by the 18-month mark. It appears that those kinship cases in California that pass the 18-month threshold tend to have extremely long durations.

This view of foster care duration suggests that there is no empirical evidence of any processes that govern or limit the length of child stays in care. Children leave care on an ongoing basis and, in some of these states, most children leave in a relatively timely fashion. But, in all states, and for each type of foster care, there is a group of children that can be expected to stay in care for a long time. Furthermore, there is no hint that having spent a given amount of time in care improves a child's chances of leaving the foster care system. All evidence is that time already spent in care has no relationship--or a negative relationship--to the likelihood of leaving care. Therefore, statements such as "she has been in foster care for 2 years already so she is due to leave soon" do not reflect what we observe here and do not typically apply to these groups of foster children.

V

EXITS FROM FOSTER CARE SPELLS

Most discussion to this point has focused on entry to foster care and on the length of time that children stay in care after entry. We now shift our focus towards the endpoint of the spell--the exit, or discharge, of the child from state care. Because most children are involved in only one substitute care episode, the exit from the first spell is typically the final outcome of a child's foster care experience.[12] The key attribute of an exit, in addition to when it happens, is the discharge destination--where the child moves when leaving substitute care. Prevailing models of policy and practice view substitute care placements as temporary arrangements for maintaining children while the home environment is stabilized for their safe return. For most children in care, and for the system as a whole, reunification with the family of origin is the preferred exit. Other discharge options, such as adoption, are to be pursued when reasonable efforts do not result in reunification.

We should recognize that the two types of event that define the endpoints of a spell in foster care, admission and discharge, result from quite different underlying processes. At any given point in time, new entries arise mostly in response to events occurring beyond the operation of the foster care system--in the home environments of the children, in the operation of child protective activities, and in the courts. The response of the child welfare agency has only minor impact on admissions and the entry level reflects current processes that are largely external to the system.[13] Discharges on the other hand, result from the agency's complete experience and history of intervention with the child and other involved parties, such as the child's family. The exit patterns we observe at any one time are products of recent caseload activity as much as they are a result of current foster care practice.

One analytic implication is that, unless the foster care system has been extremely stable in recent time, a cross-sectional view of exits should be expected to produce a distorted picture of discharge patterns. Just as a point-in-time analysis of duration exaggerates the contribution of longer spells, a fixed-interval analysis of exits can produce a biased picture also. Exits define the end of spells--sometimes short spells and sometimes long spells. When a foster care population is growing, a fixed-interval view of exits would be expected to show more spells with short durations. Similarly, when the caseload size is declining, the duration bias would be expected to produce estimates that overrepresent longer spells.

Taking a longitudinal view of the discharge process increases both the interpretability and reliability of the tracking of discharge activity. In this section, all

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12 About four-fifths of observed spells in the Archive data are first spells. The issue of reentry to care and subsequent spells will be discussed in the following section of this report.

13 We do not intend to argue that policy has no influence on admissions to foster care in the long term. Indeed, the profound between-state variation in rates of first entry described in Section III must be largely due to different thresholds regarding removal decisions that are grounded in child welfare policy and practice. Instead, we propose that while policy issues help to define the size and selectivity of the "front door" to foster care, the conditions and activities that bring children through this door are largely independent of direct agency control.

discussion of the time from entry to exit and description of exit distributions (i.e., by discharge destination) is based either on analyzing individual career histories or on examining the experiences of entry cohorts (groupings of contemporary cases based on date of entry into care). Both strategies reduce the influence of problems attributable to compositional shifts in the caseload and duration bias, because each is anchored by the defined and comparable moment of a child's entry to the child welfare system.

A separate methodological issue related to exits is the fact that discharge information, by definition, is unobserved for all right-censored cases, i.e., those in which the child remains in foster care at the end of the period of observation (December 31, 1994 for this set of Archive data). When describing spell duration, we are able to apply methodologies that allow the already-elapsed portion of a censored case to contribute to estimates of duration patterns. However, there is no valid way to predict the destination at discharge for censored spells--we only know that the child still remains in care at the end of our observation and will, eventually, exit. Most of the comparative discharge analysis will be based on the earliest entry cohorts (1988-90) available from the six-state dataset so that the highest proportion of spells will have had time to become resolved.

Exits from Annual Entry Cohorts

Figure 12 presents the observed spell ending status for all seven 1-year entry cohorts, starting in 1988 and continuing through 1994, based on pooled data from the six Archive states. The upper segment of each stacked bar on the chart represents those first spells that were never discharged and were still active at the end of 1994, or the censored spells. As would be expected, a small percentage of children who first entered care in 1988 (16 percent) remained in this spell at the end of 1994, compared to a high percentage (73 percent) of the 1994 entrants. Therefore, we are able describe the exit characteristics for 84 percent of the 1988 entrants, but only for 27 percent of the 1994 entrants.

Discharges are categorized into three types for this chart--family exits (reunification and care by relatives), completed adoptions, and "other" exits.[14] Family exits are shown in Figure 12 as the lower (and darkest) section of each stacked bar. Of children who first entered foster care between 1988 and 1990, a stable 56 percent exited to the care of family members, making this by far the most prevalent exit category. This figure starts to drop for the more recent entry groups; family exits were observed for 52 percent of 1991 cohort, 48 percent of the 1992 cohort, 43 percent of the 1993 cohort, and 22 percent of the 1994 cohort. This pattern suggests that the 56 percent figure of the earliest cohorts approximates a final limit for family discharges. Because the family discharges from the 1992 cohort (48 percent) represent 85 percent of those ever expected (56 percent), we can conclude that most family exits that will occur are accomplished within 2 to 3 years from the time of entry . It should also be noted that the 22 percent of 1994 entrants who were discharged to family contain almost all of the

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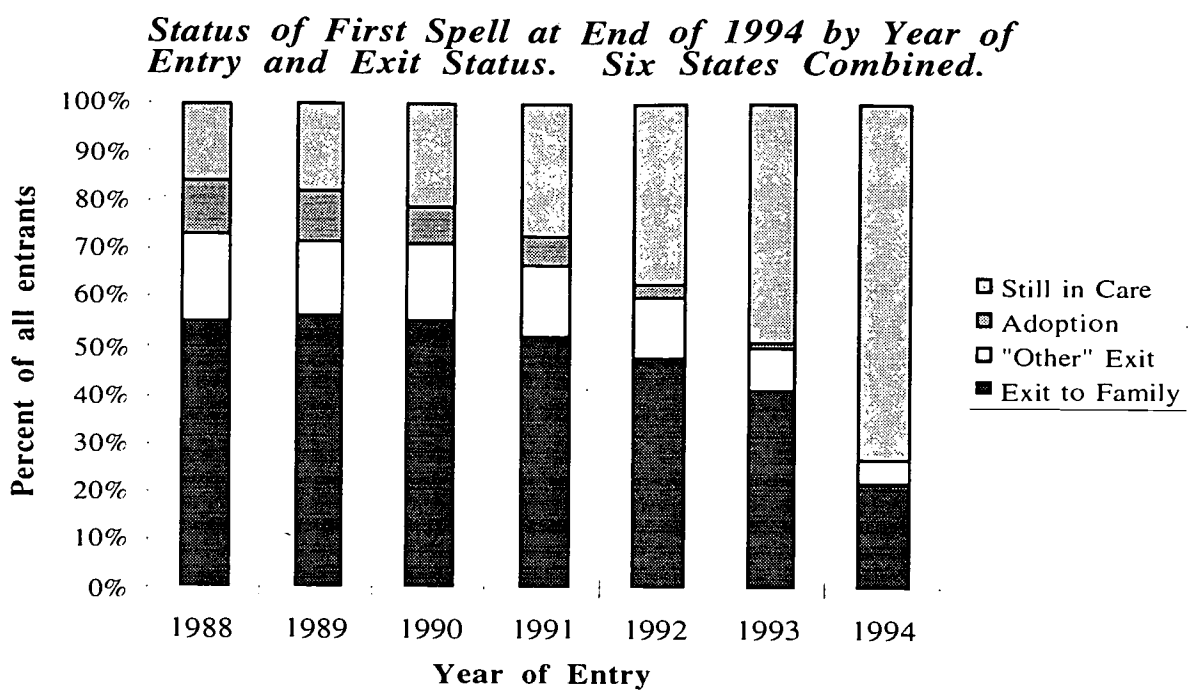
[14] The *family exits* category pools reunifications and placements (outside of foster care) with relatives. The *adoption* category should contain only completed adoptions. The *other exits* category here encompasses a number of possible categories, including children who reach the age of majority while still in care, runaways, children who attain independence, those moved to public care and custody outside of child welfare (e.g. juvenile detention), and some for whom the discharge destination is unknown or undefined. Certain later tables will delineate the "age out" and "runaway" categories.

FIGURE 12



children who were discharged from this group (whose observed experience in care range from 0 to 365 days). The picture that emerges shows reunifications (including similar placements with other relatives) as the most common type of discharge, and that most of these tend to occur within 2-3 years of the time of entry.

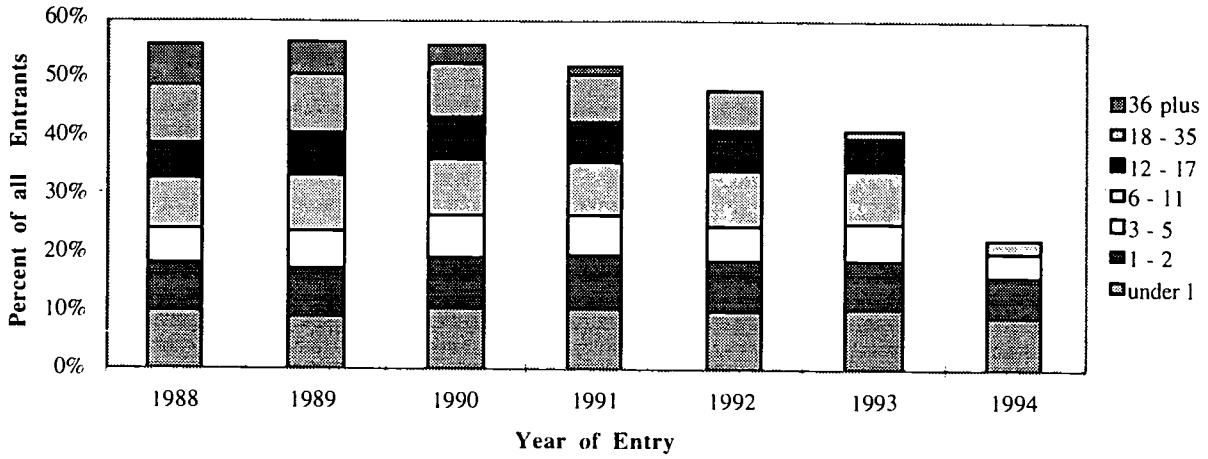
Discharges to completed adoption show the opposite pattern. By the end of 1994, 11 percent of the 1988 cohort had been adopted from a foster care placement, as had 10 percent of the 1989 cohort, 8 percent of the 1990 cohort, 6 percent of the 1991 cohort, and only 3 percent of the 1992 cohort. Unlike family exits, adoptions are barely noticeable from the 1993 and 1994 entry cohorts. Adoptive exits clearly take a longer time to develop than family exits. The fact that they do not seem to "top-off" at some limiting maximum level the way that family exits did suggests that our 7-year data is not yet of sufficient length to observe all of the adoptive exits that occur, even with the earliest 1988 entry cohort.[15]

The time-to-exit patterns are remarkably stable over time for the pooled six-state data. **Figure 13** presents only the percentage of exits to a family discharge destination (reunification or placement with a relative) for the seven annual entry cohorts. These are classified by the duration of the spell in care from which the discharge occurred. For each of the seven annual entry cohorts, 10 percent of the children left care via a family exit within 1 month of the time of they first entered care, another 8 to 9 percent left

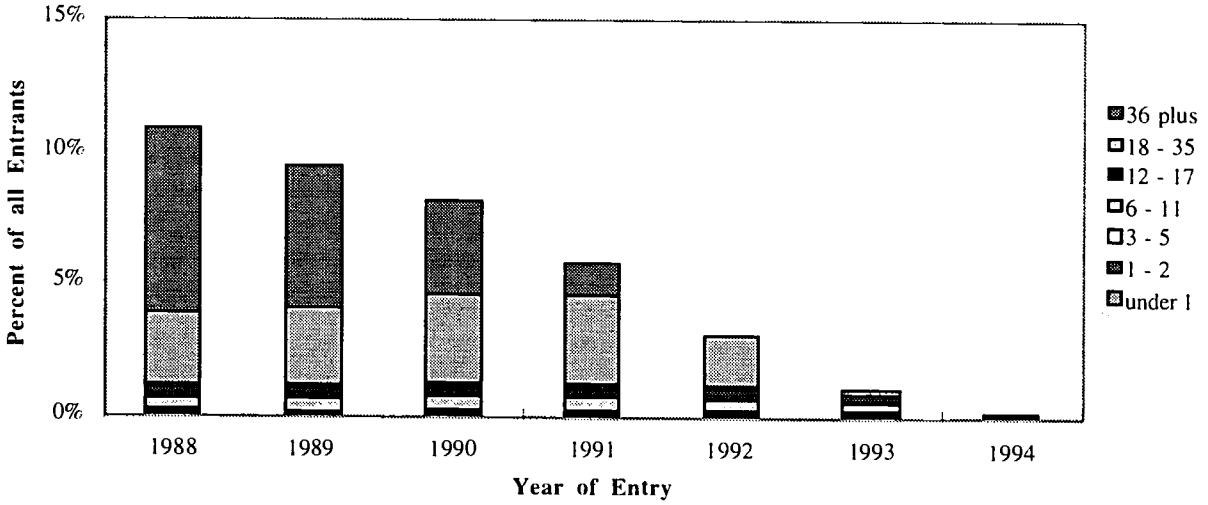
15 Similar tabulations based on the four-state 12 year data suggest that the increase in the percent of adoptive exits probably slows after about 7 years. For those states (Illinois, Michigan, Missouri, and New York), the limit was around 14 percent of entries.

FIGURE 13
Length of First Spell by Year of Entry for Selected Exit Types

Family Exits (Reunification and Relative) before End of 1994, as Percent of Yearly Entrants, by Months to Exit.



Exit to Adoption before End of 1994, as Percent of Yearly Entrants, by Months to Exit.

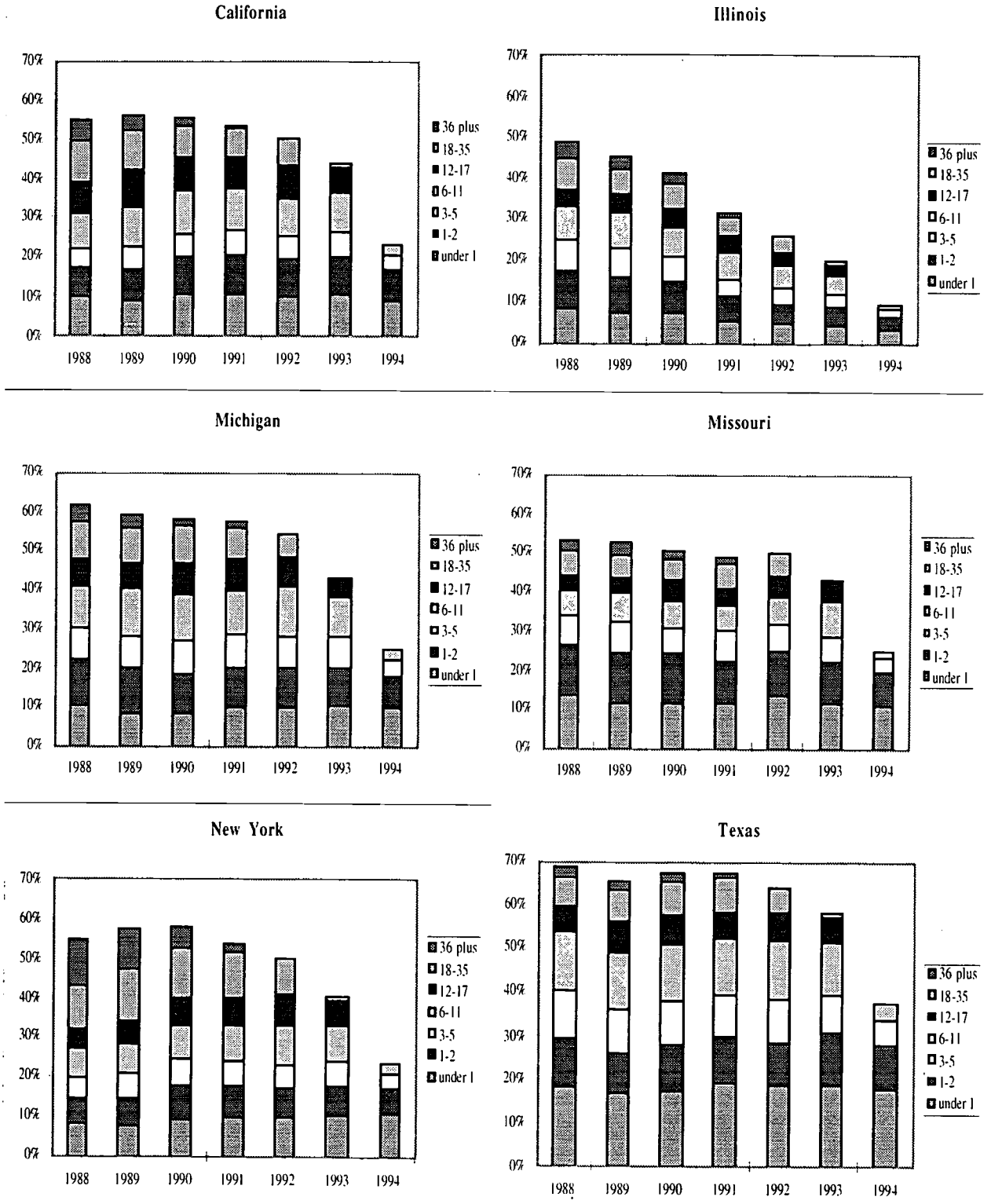


during the second and third months, 6 to 7 percent during the third through fifth month, and 9 to 10 percent in 6 to 11 months. With the exception of the 1994 cohort, where the right-censoring limits our opportunity to observe all exits, the total percentage of family exits during the first year of care stayed fixed at levels between 33 and 36 percent for each consecutive cohort.

Not only do these stable exit patterns persist over time for the pooled six-state data, but they tend to persist within each state as well. **Figure 14** replicates the previous chart for each of the six states separately. With the exception of Illinois, we see remarkable stability in patterns persisting over time: New York and California show is a

FIGURE 14

Family Exits before end of 1994, as percent of annual Entrants, by State.



slight quickening of family exit levels between 1988 and 1990, and Texas and Missouri both have very minor shifts during the middle years. The absolute levels of family discharges, however, do vary significantly across states. In New York and California, family exits during the first year in care run in the mid 30-percent range, in Michigan and Missouri around 40 percent, and in Texas about 50 percent. But within each state, there is little change in the timing of exits for cohorts across the years. Only in Illinois, where the stacked bars become noticeably narrower over time, do we see real change in the timing of family exits. This shift can be interpreted as a continuing decrease in the proportion of children discharged to families from each of the seven consecutive entry cohorts from 1988 through 1994. This table does not indicate whether the change occurred because reunifications are taking longer or because fewer children are being reunified. It will only be possible to draw that distinction after the spells are completed and the full history can be described.

The previous discussion provides a fairly clear picture of how the process of exit from foster care develops over the history of a typical entry cohort. At the 1-year mark, over 60 percent of the entrants remain in substitute care arrangements. About one-third of all entries have left care by way of family discharges and another 5 percent for other exit reasons. By the 4-year mark, more than three-fourths of the initial entrants have been discharged from their first spell in care. Almost 70 percent of these exits (comprising 55 percent of the original entries) were reunifications or other family-based discharges, and virtually all family-type exits that will ever occur have been completed. About 10 percent of exits (or 7 percent of entries) have left care to an adoptive home. (The process of adoptive discharges really just starts after 2 to 3 years in care.) The remaining 15 percent of entrants that have been discharged have either aged out of care, run away, or left for reasons not recorded in the state tracking system. Beyond the 4-year mark, there will be a continued increase in adoptive exits, probably approaching a level of 15 percent after 2 to 3 more years. There will be very few more family discharges, so most of the remaining 15 percent or so of entrants will eventually exit for the reasons combined in the "other" category, by aging out of the system if by no other way.

Exits from Pooled 1988-90 Entry Cohort

Table 7 summarizes the observed exit experiences of the population of children who first entered foster care during the 1988-90 period. This 3-year entry cohort will be used to analyze exit patterns for children with different characteristics. We understand there are some biases inherent in studying exits of this population because some discharges from this cohort are right-censored in the data. But the observed discharges should capture virtually all family exits, over one-half of all eventual adoptions, and approximately one-half of the "other" exits.

Of the more than 207,000 children who first entered foster care between 1988 and 1990 in the Archive states, 18 percent had never left their first out-of-home spell by the end of December 1994. Of the 82 percent discharged from state care, well over one-half (59.4 percent) were reunified with their own families and another 9.2 percent were placed in the homes of relatives outside of the child welfare system (i.e., not in kinship foster care). Just over one-tenth (11.6 percent) were adopted in this time period. The

TABLE 7

Exit Experiences of Children who First Entered Foster Care in 1988-90

COUNTS	First Entry 1988-90	Still In Care at end 1994	Discharged by end 1994	Exit Type					
				Reunify	Adoption	Relatives	Age Out	Runaway	Other
California	78,925	15,206	63,719	41,544	6,950	2,428	3,414	2,934	6,449
Illinois	21,219	5,324	15,895	9,392	1,713	184	1,163	1,155	2,288
Michigan	15,862	812	15,050	7,672	2,650	1,773	548	508	1,899
Missouri	10,130	771	9,359	4,887	1,186	365	328	471	2,122
New York	67,245	14,980	52,265	31,497	5,810	6,759	3,106	758	4,335
Texas	14,265	1,136	13,129	5,557	1,344	4,044	323	489	1,372
6-States	**207,646**	**38,229**	**169,417**	**100,549**	**19,653**	**15,553**	**8,882**	**6,315**	**18,465**

PERCENTS	As Percent of Entries			As Percent of Discharges					
	First Entry	Still In Care	Discharged	Reunify	Adoption	Relatives	Age Out	Runaway	Other
California	100.0 %	19.3 %	80.7 %	65.2 %	10.9 %	3.8 %	5.4 %	4.6 %	10.1 %
Illinois	100.0 %	25.1 %	74.9 %	59.1 %	10.8 %	1.2 %	7.3 %	7.3 %	14.4 %
Michigan	100.0 %	5.1 %	94.9 %	51.0 %	17.6 %	11.8 %	3.6 %	3.4 %	12.6 %
Missouri	100.0 %	7.6 %	92.4 %	52.2 %	12.7 %	3.9 %	3.5 %	5.0 %	22.7 %
New York	100.0 %	22.3 %	77.7 %	60.3 %	11.1 %	12.9 %	5.9 %	1.5 %	8.3 %
Texas	100.0 %	8.0 %	92.0 %	42.3 %	10.2 %	30.8 %	2.5 %	3.7 %	10.5 %
6-States	**100.0 %**	**18.4 %**	**81.6 %**	**59.4 %**	**11.6 %**	**9.2 %**	**5.2 %**	**3.7 %**	**10.9 %**

remainder were divided between those who "aged-out" of care (5.2 percent), those who ran away (3.7 percent), and those who exited for "other" reasons (10.9 percent).

These broad aggregate patterns in foster care exits tend to apply in each of the states, although some clear variation exists. The main differences are in the overall level of exits, where the states fall into two distinct groupings. For Illinois, New York, and California, 20 to 25 percent of all children from the 1988-90 entry cohort remained in their first spells in substitute care at the end of 1994. In Michigan, Missouri, and Texas, only 5 to 10 percent remained in their first spells at the end of 1994.

Other state-to-state differences in discharges can be observed as well. The percentages of completed adoptions are similar in all states except Michigan, where 17.6 percent of the children are discharged to adoption, approximately 50 percent more than in the other five states. California has the highest reunification rate, Texas the highest rate of placement with other relatives, Illinois the highest rates for aging out and running away, and Missouri the highest rates of "other" exits.[16]

16 Two of these findings require additional explanation. The high levels of relative exits in Texas include many children who are moving into situations that are very similar to kinship foster care (including state conservatorship, or custody), but that are not paid for with foster care funds. The Missouri data are highly sensitive to short-term changes in legal status because of court actions, and some of the "exits" to the "other" category probably do not entail a shift in actual living situation.

TABLE 8

Exit Distribution of First Spell in Foster Care, by Age
1988-1990 Entry Cohort, Six States Combined

Age at First Entry	As percentage of All Entries: Destination at Discharge: % Family Reunification	% Relative Placement	% Completed Adoption	% "Other" Exit Type	% Runaway from Care	% Reach Age of Majority	No Discharge by 12/94: % Still in Care end 12/94
0	38	7	23	8	0	0	24
1	50	9	12	8	0	0	21
2	52	8	10	8	0	0	22
3	53	8	9	8	0	0	22
4	54	8	8	7	0	0	23
5	54	8	7	7	0	0	24
6	55	8	6	7	0	0	24
7	55	8	6	7	0	0	24
8	55	8	5	7	1	0	24
9	55	8	4	7	2	0	24
10	55	9	3	8	3	0	22
11	55	7	3	9	6	3	17
12	52	7	1	12	9	9	10
13	53	7	1	13	11	12	3
14	51	6	0	14	12	17	0
15	48	5	0	14	13	20	0
16	39	4	0	14	12	31	0
17	23	3	0	11	7	56	0
Ages 0-17	**48.4**	**7.5**	**9.5**	**8.9**	**3.0**	**4.3**	**18.4**

Comments about constraints on exit before 12/94 based based on age and date at entry.

Children who entered care at ages 0-10 in 1988-90 are too young to reach majority by 12/94

children 11-13 have unclear constraints

ages 14-17 will exit by 12/94 for age, if no other exit occurs.

Exits from the 1988-90 entry cohort occurred over a 4- to 7-year period, depending on precisely when the individual child entered. This time period is sufficient to observe discharges for the preponderance of cohort members (82 percent), and we have a good notion of what types of exits to expect for those still in care. However, some structural constraints also influence what we see with these data. **Table 8** presents discharge destinations classified by the age of the child at the time of first entry to care. Not all of the cells in this table are filled. For example, none of the children who enter at under 10 years of age can possibly age out of care within 4 to 7 years. Similarly, none who enter as adolescents aged 14 and over can remain in care at the end of the period of observation--if they are not discharged, they must age out before December 1994. Children who enter at ages 10-13 could fall in either of these two categories, depending on their precise entry date. Although these constraints are largely an artifact of the methodology used here, they also reflect one aspect of the age-specific nature of the underlying processes: children entering at older ages cannot remain in care for a long time, regardless of how, or how long, we observe them.

Discharge patterns for those children who first entered care at younger ages (the upper portion of Figure Table 8) are remarkably similar, with the exception of infants. Children who enter as infants (age 0) are more than twice as likely to be adopted as any of the other young children, and the adoption levels slowly decrease as age at entry increases from 1 year upward. Otherwise, children who enter care at the ages of 1 through 10 years have virtually identical expectations of exit. Characteristically, 55 percent were reunified with parents, 8 percent were placed with relatives, 7 percent were "other" exits, and 24 percent remained in care at the end of 1994.[17]

For children entering as adolescents (ages 14 and over), the proportion of exits to reunification and relative placement decrease rapidly compared to those seen for younger children, from well over half to around a quarter of all discharges. Most of this shift is absorbed by an increase in the percentage of children who age out of care, which peaks at 56 percent for 17-year-old entrants. There are virtually no adoptions. "Other" exits occur at about twice the level as for younger children, and runaways become a significant component of the discharge group.

Discharge Destination by Care Type, Race/Ethnicity, and Gender

Discharge patterns may also be influenced by other characteristics of the child or the child's experience in substitute care. **Table 9** demonstrates that overall exit levels vary greatly with certain characteristics--for example, white children and children from congregate care placement types are discharged from care at a faster pace than other children, and African American children and children from kinship foster care placements are discharged slower. Gender appears to have little influence on the rate of foster care exits. We now examine the distribution of discharge destinations according to type of substitute care placement, race/ethnicity, and gender.

Care type: Seventeen percent of the children exiting from nonrelative foster care are adopted, which is a much higher proportion than for children in other types of substitute care. Adoptions occur less than one-half as often for children exiting from kinship spells, and very few children who leave congregate care spells are adopted. Children in kinship care spells remain in care longer than other children; however, those who are discharged are somewhat more likely to be reunified than other children leaving substitute care.[18] Children from congregate care placements are more likely than others to age out of care or run away from their placements--a finding that is probably related to the high proportion of adolescents in this category.

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17 Note that the exit categories have been expanded a bit from the earlier discussion. The "family" exits are tabulated separately as reunification and relative placements, and the old "other" group is expanded into "runaway", "age out," and a new "other" group. This last group now contains almost exclusively unknown and undefined exits. These are not uncommon in foster care tracking: they emerge from classifications such as "service completed" or "change of legal custody" that are provided without destination information.

18 Table 9 shows that 66 percent of kinship exits are reunifications, compared to 58 percent for nonrelative foster care and 56 percent for congregate care placements. These are percentages of *discharges*. As a percentage of *entries*, only 46 percent of kinship spells have been observed to lead to reunification, as opposed to 50 percent for nonrelative foster care and 51 percent for congregate care. The differences are due to discharge rates, and the fact that 30 percent of the kinship care entrants are still in care.

TABLE 9

Exit Distributions from First Spell in Foster Care by Care Type, Race/Ethnicity and Gender 1988-1990 Entry Cohort, Six Archive States Combined

	Number of Children	Percent Discharged Prior to End 1994	Destination as Percent of All Discharges						
			All Discharges	Family Reunif.	Other Relative	Adopt	Age Out	Run Away	"Other" Exit
Primary Care Type									
Nonrelative Foster Care	110,044	86	100 %	58	10	17	3	2	9
Kinship Foster Care	64,178	70	100 %	66	9	7	6	1	13
Congregate Care	32,220	91	100 %	56	9	2	10	10	14
Mixed Type spell	1,204	78	100 %	44	3	4	14	17	22
Race/Ethnicity									
African American	84,433	73	100 %	56	11	12	5	4	12
Hispanic	33,570	84	100 %	63	10	10	5	5	10
White	71,289	91	100 %	62	7	12	4	4	11
Other or Unknown	18,354	80	100 %	58	11	11	8	3	9
Gender									
Female	106,813	82	100 %	59	10	11	6	5	10
Male	100,828	81	100 %	59	9	12	5	2	11
Primary Care Type by Race/Ethnicity									
Nonrelative Foster Care:									
African American	40,318	79	100 %	53	14	19	3	1	10
Hispanic	16,668	87	100 %	61	10	15	3	3	7
White	44,117	92	100 %	61	7	16	4	3	9
Kinship Foster Care:									
African American	32,168	61	100 %	62	8	7	7	3	13
Hispanic	11,959	77	100 %	69	9	5	4	3	10
White	13,671	87	100 %	68	6	8	3	2	14
Congregate Care:									
African American	10,868	89	100 %	51	11	1	11	10	16
Hispanic	4,816	91	100 %	54	11	2	9	11	12
White	13,096	93	100 %	59	5	2	8	10	15

Race/Ethnicity: Although race and ethnicity have a strong influence on overall discharge levels, only minor racial/ethnic effects appear in the destination distributions. White and Hispanic children who leave care are more likely to be reunified with their families of origin than African American children. Similarly, African American and Hispanic children who exit are somewhat more likely to enter a care arrangement with another relative than are white children. There were no apparent racial/ethnic differences for adoption or the other exit types.

Because care type and race/ethnicity are closely interrelated, discharge measures were computed for these two variables jointly, as shown in the lower panel of Table 9. All of the relationships observed for each variable separately persisted in the bivariate table, with no major interactions apparent. African American reunification percentages

are lower than those for white and Hispanic children within each care type; kinship reunification percentages are higher than those for nonrelative foster care and congregate care within each racial group, etc. One interesting observation is that African American children show the highest percentage of adoptions and the lowest percentage of runaways among children exiting from spells in nonrelative foster care.

Gender: There is little gender difference in discharge levels or discharge destinations, with one interesting exception. Of children that do exit from a first spell in care, females are more than twice as likely as males to leave by running away.

Likelihood of Exits by Time in Care

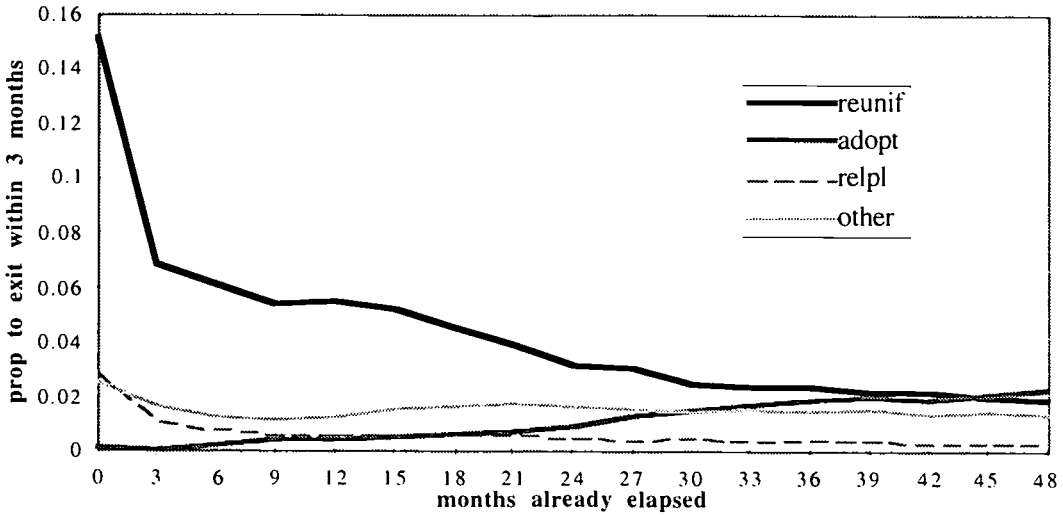
The pattern of exits observed for a cohort of children changes as the amount of time they spend in care increases. This means that the individual likelihood of whether and how a child leaves care shifts fundamentally during the course of the child's stay in care. Most early exits are reunifications to the family of origin, and these reunifications tend to occur more often earlier in the course of a spell than other exits.

Considering this phenomenon from the point of view of the individual case experience, we can describe how the probabilities of discharge to different destinations change as the child spends more time in care. Part of this dynamic is illustrated by **Figure 15**, which represents observed exits by members of the 1988-90 entry cohort for all six states combined. The horizontal axis is the amount of time a child has already spent in care. The graph lines describe the probability that any child who still remains in care will exit to a particular type of destination within the next 3 months. These statistics are the conditional probabilities of exit, by destination, given the time spent in care. They may be more familiar to some as variants of the hazard rate. Note that the population of children for whom exits are possible decreases as time passes, because children who have already been discharged can no longer experience to a first exit.

The conditional probability of exits--which are classified as being family reunifications, other relative placements, adoptions, or "other" exits--is pictured in Figure 15. Beginning at month 0 (the initial date of placement for each child) over 15 percent of the children in care were observed to exit by reunification within 3 months. During this initial 3-month period, discharge levels are about 3 percent by other family exits, almost 3 percent by "other" exits, and virtually none by adoption. Of the children who still remained in care after these first 3 months, the proportion leaving to reunification over the next 3-month period drops sharply to just over 7 percent, exits to other relatives also decrease by half, and "other" exits fall somewhat to about 2 percent. From this time forward, reunification and other relative exits drop slowly but constantly for the remainder of the observed period, about 4 years. Discharges for "other" reasons (runaway, age out, etc.) continue at a stable level of between 1.5 percent and 2 percent of the remaining cases in every 3 months.

FIGURE 15

Type of Exit from First Spell by Elapsed Duration, Six Archive States, 1988-1990 Entrants.



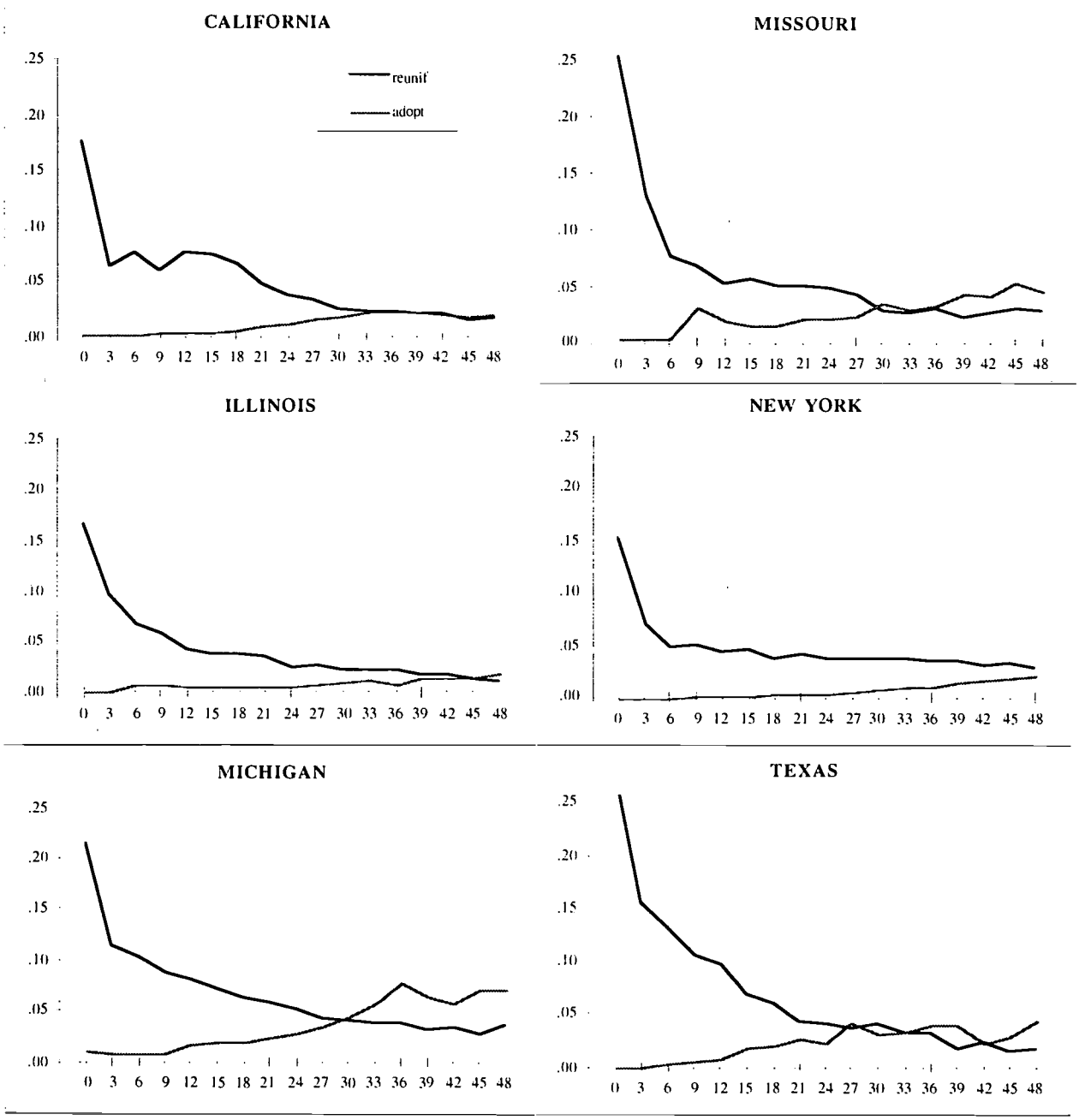
Adoptions increase slowly as a percentage of exits, so that by the 4-year mark, they actually become the most likely destination at discharge for the children who have remained in care for the entire time period.

The exit pattern observed, then, shows higher levels of reunification in the very early stages of care that drop sharply in the first few months and then continue to diminish gradually over time. There is a delayed--but then constant--increase in adoption starting well more than a year after the spells begin. This fundamental pattern is evident in every Archive state, with some variation in the absolute levels and timing of shifts. For simplicity, the graphs in **Figure 16** show only two discharge categories--family exits (reunifications and relative placements are pooled here) and completed adoptions. As with the six-state graph, the data points indicate the percentage of all children who will be discharged to the particular destination over the next 3 months, given that they still remain in care at the starting month of the period being considered.

Although levels vary, family exits clearly dominate early exits in each state. From the date of first entry to substitute care, the percentage of children exiting to family during their first 3 months in care varies between around 15 percent (in Illinois and New York) to just over 25 percent (in Texas and Missouri). In Illinois, New York, and Missouri, the family exits drop off fairly rapidly, reaching the level of 5 percent for children that have remained in care less than 1 full year. California and Texas do not reach the 5-percent level for family exits until 21 months, and Michigan not until 2 full years. After having been in care for 2 years, less than 5 percent of children remaining in care in any state are expected to exit to an own-family or relative setting in any given three-month period.

FIGURE 16

Type of exit from first Spell by elapsed Duration, by State. Family Exits and Adoption only.



The other pattern that is apparent in each of these state graphs is the very gradual appearance of adoptions as an observable type of exit from foster care. The processes of setting adoption as a case plan, terminating parental rights, finding adoptive parents, and finalizing a legal adoption in the courts takes time. A significant benchmark in these tables is the duration in a spell at which adoption becomes a more likely mode of exit from substitute care than reunification. This can be seen in the graphs as the time at which the two lines cross. This varies from between 2 and 2.5 years in Texas, Michigan, and Missouri to just over 4 years (off the graph) in New York.

Long-Term Foster Care Population

The population of children in long-term care arrangements is large enough to have a profound impact on the size of the substitute care population and on the resources expended by the child welfare system. Our description of the processes by which children exit from foster care and return to settings outside of the child welfare system has regarded the children who remained in care at the end of 1994 as an "unobserved" or "leftover" category because their exit status could not be defined. In fact, many of these children are part of a highly significant subgroup of the child welfare population--those children who remain in out-of-home care for an extended period of time.

The "long-term care" segment of the child welfare population is defined here as those children whose tenure in care lasts for a period of 30 months or longer.[19] Given that the substitute care system is primarily designed to provide temporary and short-term care to promote safety and stability for children referred for care, the presence of a substantial number of children in long-term care can be viewed as a problematic outcome of child welfare placement.

In fact, the great majority of children who come through the "front door" of the child welfare system do leave care in relatively short order. Based on the experiences of the pooled 1988-90 entry cohort from the six Archive states, we observe that almost 30 percent of entrants left their first spells before staying 6 months in care, and another 33 percent of entrants exited before reaching the 30-month mark. Therefore, only slightly over one-third of this cohort are long-term care cases.

But, across time, these children in long-term care consume the vast majority of system resources. **Table 10** shows indicators that use the number of care-days of service provided as the standard measure for resource demand. Because "long-term" is defined by duration in care of over 2.5 years, 1991 is the most recent year for which the long-term care status of all entrants can be fully identified with the current data. For calendar year 1991, over three-fourths (77.3 percent) of the more than 68 million days of substitute care service provided by the six Archive states were allocated to children in a long-term care episode. This figure includes all children in long first spells--those who were either just beginning, in the middle of, or completing a stay in care that would total over 30 months in duration. The percentage of care-days consumed by children in long-term care spells varied between the individual states--from a low of 63.5 percent in Michigan to a high of 82.1 percent in New York. In each state, the long-term group received a substantial majority of the service units provided.

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19 The 30-month cutoff is somewhat arbitrary. Federal requirements under the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) include the provision that each child must receive a dispositional hearing within 18 months of coming into care. The purpose of these hearings is to insure that permanency planning and goal-setting are part of the case process. We obtain the 30-month figure by adding 1 year to this hearing deadline.

TABLE 10

Care-day Use by Children in Long-term Spells in Substitute Care.
Six Archive States, Calendar Year 1991. [caredays in thousands]

All Spells, 1991	California	Illinois	Michigan	Missouri	New York	Texas	Six States
Total caredays provided	26,056	8,583	4,388	2,577	23,359	3,349	**68,312**
Caredays provided to any child in long-term spell	20,045	6,972	2,786	1,692	19,177	2,139	**52,811**
Percent of caredays to any child in long-term spell	76.9 %	81.2 %	63.5 %	65.7 %	82.1 %	63.9 %	**77.3 %**

The number of care days provided to children after they have *already* been in care long enough to be defined as "long-term care" cases measures the contribution of just the long-term component of these spells. Because this definition relies only on elapsed durations, it can be computed for any time period through 1994. **Table 11** describes of the contribution of this long-term *portion* of spells during calendar year 1994, the most recent period available. For the six Archive states combined, 44.9 percent of all days spent in substitute care placements during 1994 were provided to children who had *already* been in care over 2.5 years. This measure helps to quantify the continuing burden imposed on the foster care system by maintaining cases in long-term care episodes. We can interpret this last figure as a direct cost of the inability or failure to move children out of the child welfare system on a timely basis. If each of these long-term care children had been discharged at the moment that 30 months had elapsed from their entry date, 45 percent of the daily caseload in 1994 would never have existed. Again, there is variation among the six states. Michigan, Texas, and Missouri show under one-third of 1994 care-days being used to support children after 30 months in care. New York has the highest levels, with over one-half of its 1994 resources supporting the already long-term cases.

The lower section of Table 11 describes care-day allocation for children in kinship care spells only for the four states where kinship care can be identified reliably. In three of these states, the percentage of care-days used for the long-term portion of kinship cases was very similar to the overall percentage of care-days used for the long-term portion of all substitute care cases. In New York, however, over 71 percent of all care provided to children in kinship care in 1994 was for children who had already been in care for over 30 months.

Our earlier examination of the patterns by which children have been discharged from care in recent years showed no apparent shifts in a direction that would help address the issue of long-term care. In each state, the proportion of children who exit via reunification or by placement with other family members continues to be fairly constant over time, and the likelihood of family-type exits becomes extremely small after 2-3 years in care. Similarly, the proportions and timing of adoptive discharges from foster care have remained quite stable in each state, and adoption remains highly selective of only the younger entrants to care.

TABLE 11

Care-day Use by Children in Long-term Portion of Long Spells.
Six Archive States, Calendar Year 1994. [caredays in thousands]

All Spells, 1994	California	Illinois	Michigan	Missouri	New York	Texas	Six States
Total caredays provided	30,142	14,703	4,352	3,164	21,707	4,255	**78,323**
Caredays from long-term portion of spells	13,828	5,805	1,212	1,013	12,045	1,298	**35,201**
Percent of caredays from long-term portion of spells	45.9 %	39.5 %	27.8 %	32.0 %	55.5 %	30.5 %	**44.9 %**
Kinship Spells Only, 1994							
Kinship caredays provided	13,939	8,171	---	401	8,010	---	**30,521**
Caredays from long-term portion of kinship spells	6,468	3,149	---	149	5,719	---	**15,485**
Percent of caredays from long-term part of kin spells	46.4 %	38.5 %	---	37.2 %	71.4 %	---	**50.7 %**

Particularly in California, Illinois, and New York, foster care caseload projections for the near future can be expected to remain quite large unless mechanisms are devised to divert children from long-term involvement in substitute care. These states not only had higher levels of long-term care as defined above by the 30-month criterion--but after the 6-7 years observation for the 1988 entry cohorts, over one-sixth of the new entrants from these three states remained in care at the end of 1994, compared to under one-twentieth for Michigan, Missouri, and Texas combined.

VI

REENTRY TO SUBSTITUTE CARE

Reentries are a significant component of admissions to substitute care, and merit study as they affect caseload sizes and trends. Although first entries are by far the most common type of admission, about one-fifth of all spells in the Archive data began with children entering care for a second or higher-sequence episode in care. As a group, reentrants might be expected to differ from the population of first-time entrants in the patterns of care they experience as returnees.

Archive information can support observation and analysis of recent patterns and trends in reentry, and how these relate to other characteristics of the case process. Levels of discharge from substitute care tell us if children are being moved out of the child welfare system, and reentry levels tell us the extent to which these discharges are persisting. In this sense, the reentry information provides a useful way to qualify the discharge data. The most compelling reason to examine the cases of children who reenter foster care is to gain insight into the apparent success or failure of the initial discharges from care. A reentry is a clear signal that the discharge failed to place the child in a care setting that was safe, permanent, and nurturing. We cannot claim that each discharge was "wrong" because a reentry occurred, but we can observe that the arrangement did not work out.[20] Because individual histories are tracked, we can examine the characteristics of the child and of his or her previous stay(s) in care, as well as the type of discharge experienced, as influences on the likelihood of reentry.

When a child leaves substitute care for reunification with his or her own family--through a completed adoption, or by entering a guardianship arrangement--the discharge is generally presumed to reflect positive case process and the successful termination of a spell in care.[21] Safely moving children out of state custody and into mainstream living situations is, after all, a primary goal of the child welfare system once its initial protective function has been met. Children leaving substitute care represent an important system outcome, and exit rates are commonly reported as a standard indicator for measuring agency performance. Indeed, if children are not being discharged, we should be concerned that the agency is not doing its job.

However, we cannot infer that discharges are always good because higher exit rates are a preferred system-wide outcome. Exits from foster care are successful when they move the child into an arrangement that is safe, nurturing, stable, and permanent--at least in comparison with the placements within substitute care. Discharges can be

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20 It would be overly simplistic to assess the success or failure of discharges at the individual case level by the observed child welfare outcome alone. The fact that a child eventually returns to care does not necessarily mean that the attempted exit was improper or imprudent. Similarly, the fact that a child is never returned to care does not necessarily mean that the out-placement was actually in the child's best interest. But, for the aggregate of all cases, and in the absence of other criteria, the reentry rate can be assumed to act as a reasonable proxy for success of exits.

21 The meaning of discharges due to reaching majority (aging out of care), runaway, and "other" reasons are more ambiguous.

inappropriate or premature.[22] Analysis of reentry levels should help, at the aggregate level, to evaluate the success of discharges. Finer analysis of observed reentries should help to highlight characteristics of children or other aspects of their spell in care that affect the likelihood of successful exits.

Issues Involved in Analyzing Reentry

The study of reentry presents significant methodological challenges because reentry can only occur after a sequence of other events. In order to reenter substitute care, the child must first experience a prior stay in care, then be discharged to an arrangement outside of the child welfare agency, undergo a subsequent removal from or dissolution of this new living arrangement, and as a result, return to the auspices of the child welfare agency for care. The reentry itself is a single event that occurs at one time point, but the context of the reentry is embedded in the child's entire history with the system until that date. The case events that combine to define a reentry can develop in a very short time (sometimes a matter of days), or the process can take years to unfold.

Children currently in care are not at risk of reentry--although most will become potential reentrants when they eventually are discharged from care. Similarly, only some children among those who have been discharged in recent years are potential reentrants--some have already reentered care, some have remained outside of the child welfare system through the time they reached the age of majority. Only children who have left care, who remain out of care, and who still are of an eligible age have the potential to reenter care.

This ongoing and sequential nature of the events that define reentry introduces a significant potential for observation bias to influence an analysis. Clearly, when using data that covers a limited time period, we observe the reentry process more completely for older children, and for children who move more quickly by having shorter initial spells, shorter times to reentry, and shorter reentry spells. For this reason, reentry has not been addressed directly in previous Archive reports. But the Archive now contains a minimum of 7 years of data for each state, and we find that indicators for reentry are beginning to show sufficient stability to support reliable observation and analysis across states. However, we must attach the caveat that this analysis is still empirically "early" and only partially complete.

Two main indicators are used to describe reentry levels, both of which express the number of children who reenter care as a percentage of a larger group of children. First, reentry is described as a percentage of the original population of first entrants. This measure is useful to portray the relative size of the reentry group, and to gauge the potential effect of reentry on the foster care caseload as a whole. This is referred to as

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22 Decisions to discharge children can be particularly difficult because they usually must be based on predictions of the caregiver's ability to maintain a safe and nurturing home environment, and of the child's potential to adjust to the setting. There is almost always some element of risk involved in the act of reunifying children with the very families that recently presented cause for removal, just as there is potential harm in continuing to keep the child in care or by breaking family links to pursue alternate permanent outcomes.

The information contained in the Archive is not readily adapted to addressing questions that directly inform the individual case decision process, provide specific decision criteria, or help with the development of valid assessment tools. Other types of research are more appropriate for assisting caseworkers and courts with these difficult individualized and complex choices.

the "impact" measure of the reentry process. Second, reentry is also described as a percentage of the number of children who have already exited their first spell in care. Because the discharge group is the population "at risk" of reentry, this indicator is similar to a reentry "rate" and can be interpreted as the likelihood, or propensity, of a discharged child to reenter care. We focus on these two rates because the reentry profile of a population can vary in two basic ways--around differences in the initial level of discharges (which determines the pool of children "at risk" of possible reentry), and around the actual reentry patterns among this group.[23]

Patterns and Trends in Reentry to Foster Care

In the discussion of aggregate caseload dynamics, it was apparent that the number of children who return to the custody of the child welfare system after discharge from an initial spell in care is a rather small component of the number of first-time entrants (cf. Figure 5). For the six Archive states combined, over 5,000 children per month have been placed in substitute care since 1990; fewer than 1,500 of those children each month are reentrants to care. Observed reentry levels appear to be far more stable over time than first entries. This suggests that the factors influencing the reentry process are not as sensitive to short-term change and fluctuation as those that bring new entrants into the system. One possible reason may be that reentry is necessarily dependent on prior discharge levels, and we have already observed that the discharge process itself tends to be far less volatile over time than the entry process.

Table 12 and the attached figure present discharge and reentry statistics from the Archive states for the 7 years from 1988 through 1994. Of the 66,278 children who first entered care in all six states in 1988, 16 percent remained in placement continuously through the end of 1994, 67 percent were discharged and had not returned to foster care as of the end of 1994, and 17 percent were discharged and then reentered another spell in care. Because our observation of these cases continued only through December 1994, both the discharge and reentry percentages drop off fairly quickly for the cohorts that started after 1990. Of the 1993 entrants, for example, almost one-half (49 percent) remained in the first spell at the end of 1994, another 42 percent had been discharged and never returned to care, and only about 9 percent of these entrants had been discharged and reentered care. Children who entered substitute care at later dates have had less elapsed time in which to be discharged or to reenter.

The lower panel in Table 12 also details reentry status at the end of 1994, but only for the subgroup of children who did exit from their first spell in care. Of the 1988 entrants who were discharged, over 20 percent had reentered care by the end of 1994. Another 22 percent of those who completed a first spell reached the age of majority without returning to care. The other 57 percent, who still remained out of care but who

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23 These measures are formally related. The reentry "rate" can be described as the conditional probability of reentry, given discharge, or Pr { Reentry | discharge}. The "impact" measure is the conditional probability of reentry for any first entrant, or Pr{ reentry | entry}. If the discharge rate for first entrants is written as Pr { disch | entry} then the following relationship holds:

Pr { reentry | entry } = Pr {disch | entry } * Pr {reentry | disch}.

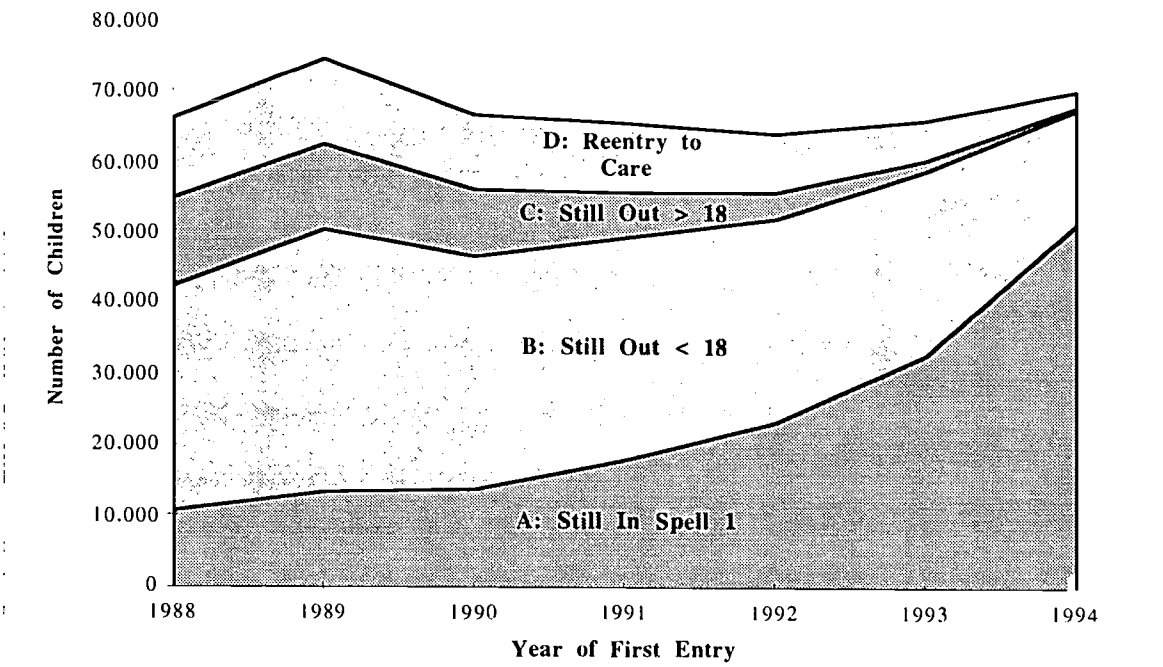
Thus, the overall reentry level is the product of the discharge rate and the reentry rate from the discharge population.

TABLE 12

Substitute Care Status at End of 1994 by Year of First Entry to Care

Six Archive States Combined

SIX STATE TOTAL	Year of First Entry 1988	1989	1990	1991	1992	1993	1994
Count of First Entries	66,278	74,609	66,759	65,707	63,970	66,040	70,270
Still in 1st Spell	10,611	13,689	13,929	18,166	23,459	32,613	51,399
Discharged:							
Still Out, <18 yrs old	31,948	37,046	32,590	31,050	28,417	26,039	16,399
Still Out, >18 yrs old	12,287	11,809	9,682	6,946	4,099	1,630	301
Reentered Care	11,432	12,065	10,558	9,545	7,995	5,758	2,171
Percent of First Entries	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Still in 1st Spell	16.0 %	18.3 %	20.9 %	27.6 %	36.7 %	49.4 %	73.1 %
Discharged	84.0 %	81.7 %	79.1 %	72.4 %	63.3 %	50.6 %	26.9 %
Still Out, <18 yrs old	48.2 %	49.7 %	48.8 %	47.3 %	44.4 %	39.4 %	23.3 %
Still Out, >18 yrs old	18.5 %	15.8 %	14.5 %	10.6 %	6.4 %	2.5 %	0.4 %
Reentered Care	17.2 %	16.2 %	15.8 %	14.5 %	12.5 %	8.7 %	3.1 %
Percent of Discharges	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Still Out, <18 yrs old	57.4 %	60.8 %	61.7 %	65.3 %	70.1 %	77.9 %	86.9 %
Still Out, >18 yrs old	22.1 %	19.4 %	18.3 %	14.6 %	10.1 %	4.9 %	1.6 %
Reentered Care	20.5 %	19.8 %	20.0 %	20.1 %	19.7 %	17.2 %	11.5 %



were below the age of 18 at the end of 1994, are potentially "at risk" of experiencing a return to substitute care even though this has not yet occurred. Expressed as a percentage of the children in a cohort who have been discharged from care, reentry levels do not really start to drop off quickly until after the 1992 cohort. It appears then, that by the end of 1994 we might well have observed most of the reentries that will occur for the children who have exited from the 1988 through 1992 cohorts. This would suggest either that more reentries tend to occur from initial spells that are of shorter duration, or that most reentries probably occur within 2 years from the time of exit, or both.

Table 13 illustrates the relationship between the length of the initial spell and the percentage of children who reenter care. One concern often expressed about initiatives designed to increase the pace of discharges from substitute care is that pressured reunifications and hasty discharges might lead to higher failure rates and increased reentry to care. In this table, reentry rates are classified by the length of time the child spent in the initial spell in care.[24]

TABLE 13

Reentry to Foster Care by Duration of Prior Spell in Care, Six Archive States

	Year of First Entry to Care							
	1988	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**Total**
Entries to first spell	66,278	74,609	66,759	65,707	63,970	66,039	70,270	473,632
First spell completed (exit)	55,667	60,920	52,830	47,541	40,511	33,426	18,871	309,766
Reentry to second spell	11,432	12,065	10,558	9,545	7,995	5,758	2,171	59,524
Reentry as percentage of completed first spells:	20.5 %	19.8 %	20.0 %	20.1 %	19.7 %	17.2 %	11.5 %	19.2 %
Reentry as percentage of completed first spells, by first spell duration:								
under 1 month	31.1 %	28.8 %	27.4 %	27.3 %	27.3 %	22.9 %	*13.6 %*	*25.5 %*
1 - 2 months	31.8 %	30.3 %	27.3 %	27.0 %	26.8 %	22.4 %	*12.0 %*	*25.7 %*
3 - 5 months	28.3 %	26.3 %	26.6 %	24.0 %	23.4 %	20.3 %	*9.4 %*	*23.4 %*
6 - 11 months	23.2 %	21.9 %	22.8 %	21.0 %	19.2 %	12.4 %	*5.4 %*	*19.5 %*
12 - 17 months	20.7 %	20.4 %	19.6 %	19.9 %	14.5 %	*8.0 %*		*17.6 %*
18 - 35 months	16.0 %	14.6 %	13.0 %	10.7 %	*8.3 %*	*3.5 %*		*12.7 %*
over 3 years	*7.9 %*	*7.2 %*	*4.8 %*	*3.7 %*				*6.8 %*

24 The cells in Table 13 with italicized numbers are partially censored and the shaded areas are fully censored in the observation of discharges. Thus, no child entering in 1993 could stay in care for over 3 years before the end of 1994. The effect of censorship on the reentry side is a function both of the date of entry and the amount of time spent in care before discharge. A child who entered in 1991 and stayed in care for 18 months prior to discharge would be "at risk" of reentry for a period of 18-30 months before the end of 1994. So would the child who entered in 1992 and was discharged after 6 months in care.

Overall, an association between the duration of the first spell and the likelihood of reentry is evident. Looking at all but the most recent 2 years (i.e. at children who first entered in 1988 through 1992), around 25-30 percent of children who leave their first spell within 6 months reenter care, about 20 percent of children who exit between 6 months and 18 months eventually reenter, and under 15 percent of children who remain in their first spell for over 18 months reenter care. This information does not necessarily suggest that children should be kept in care longer, but it does reinforce the concern that, within current practice, early discharges are more likely to be temporary.

Patterns of Reentry: Analysis of 1988-90 Entry Cohorts

For the same reasons that applied in our discussion of discharges, most of the following discussion of reentry will be based on the experience of the 1988-90 entry cohorts. These children, by virtue of their longer exposure, are more likely to show complete histories than are recent entrants. This group first entered care 4 to 7 years before our observation period ended. We observe over four-fifths of the eventual discharges from these first spells, and presumably the majority of all reentries. We are confident that the observed patterns represent stable findings; however, the conclusions drawn from 7 years of tracking data are still somewhat preliminary, and the need for the ongoing collection of case history information for service populations must be emphasized.

The basic reentry process for this cohort is presented in **Figure 17,** which combines the experience of all six Archive states. A total of 208,839 children entered substitute care for the first time between 1988 and 1990. Eighty-one percent of these children were discharged before the end of 1994, and 15 percent of these children (19 percent of those that were discharged) returned for a second spell in substitute care--that is, 32,116 children entered a second spell before 1995. Figure 17 follows children through up to five spells, after which the numbers become fairly small. The percentage of children discharged decreases from spell 1 through spell 3, and reentry percentages increase from spells 1 through spell 5. Although only 19 percent of children discharged from spell 1 were observed to reenter care, as we look down to spell 4, reentry approaches one-half of all discharges (44 percent). This suggests that a small subgroup of children in care tend to circulate in and out of the foster care system fairly frequently.

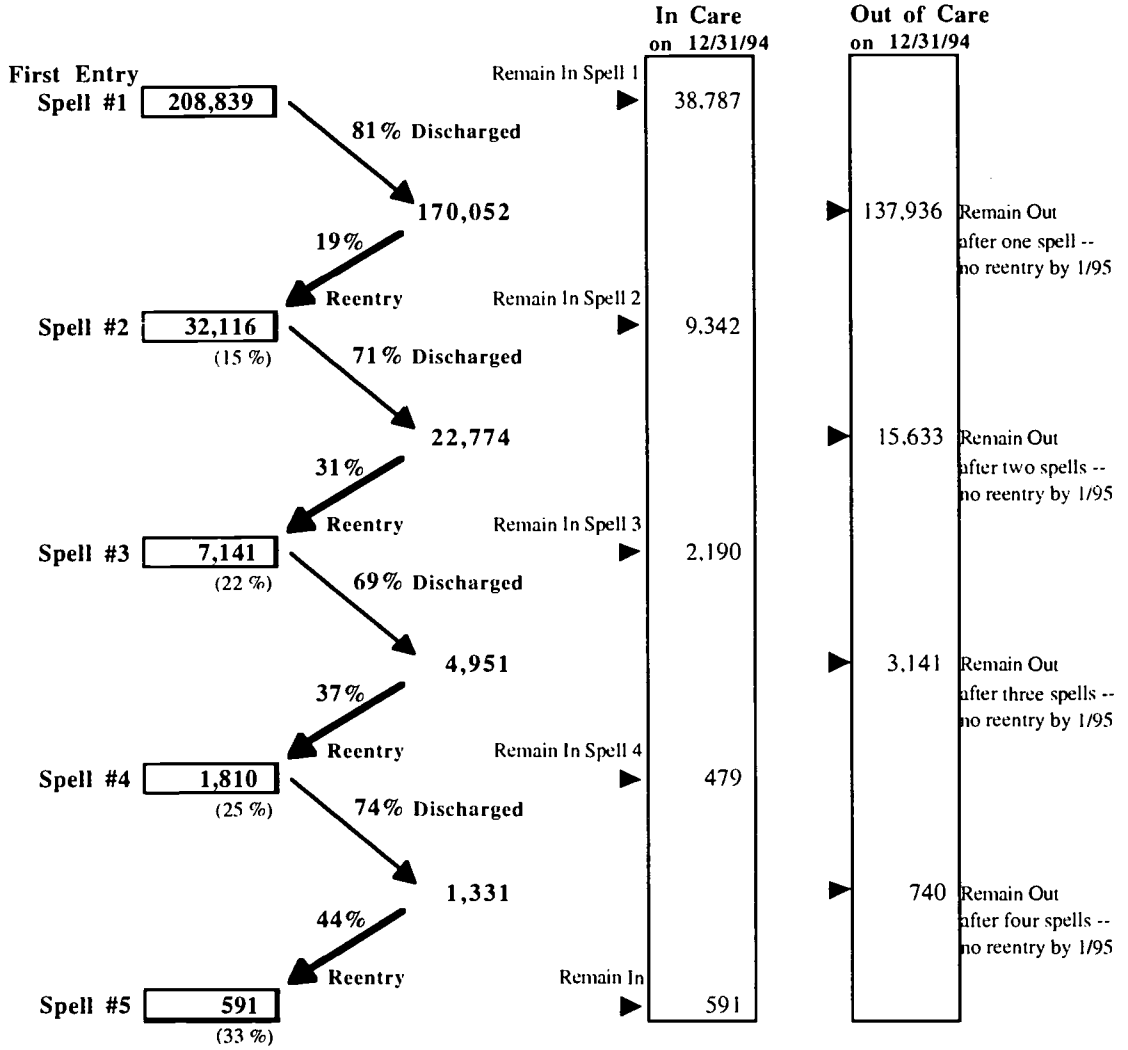
At the end of 1994, a total of 51,389 children from the original entry cohort were in foster care. Just over three-fourths of these children were still in their first spell, never having left substitute care. The other one-quarter, or 12,602 children, had left and returned at least once since their initial entries.

Reentry does differ across states. **Table 14** presents the discharge and reentry experiences of the combined 1988-90 entry cohorts in each of the six Archive states. This table and its attached figure emphasize three indicators: the percentage of entries discharged, the percentage of these discharges that reenter, and the overall percentage of reentrants. As observed earlier, Michigan, Missouri, and Texas tend to keep children in care for shorter time periods and have higher discharge rates than do California, New York, and Illinois. However, there is no apparent relationship, at the state level, between discharge and reentry levels. Illinois and Missouri show the highest levels of return to care for children who have been discharged once, and New York shows the lowest.

FIGURE 17

Discharge and Reentry Patterns for Children in Substitute Care

Tracking 1988-90 Entry Cohort across multiple spells in care from entry date through 12/31/94 or through first five spells. Six Archive States Combined



Summary Information

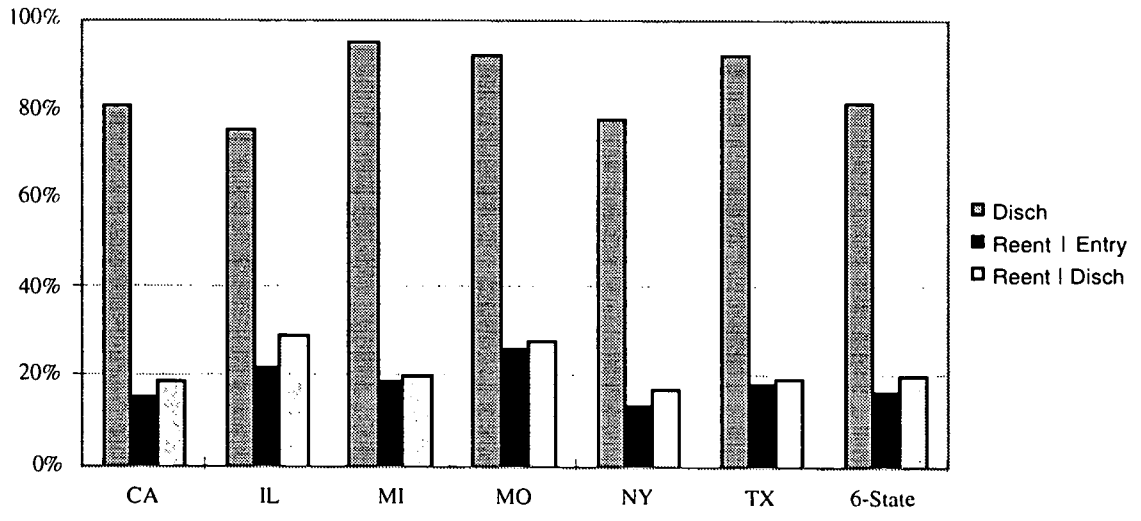
N Children	208,839			157,450	Total number out of care as of 12/31/94
Total Spells	250,497	1.20	Avg. # spells per child		
Discharges	199,108	79.5 %	Exit Rate	51,389	Total number still in care on 12/31/94
Reentries	41,658	20.9 %	Reentry Rate (given discharge)	24.5 %	of children still in care have
		16.6 %	of spells lead to reentry		reentered one or more times

TABLE 14

Reentry to Foster Care by State from 1988-90 Entry Cohort

Observed activity from first entry through 12/31/94. Six Archive States Combined.

State:	CA	IL	MI	MO	NY	TX	6-States
Count of First Entries	78,925	21,219	15,862	10,130	67,245	14,265	207,646
Still In First Spell	15,206	5,324	812	771	14,980	1,136	38,229
Discharged:							
Still Out, <18 yrs old	40,564	8,461	8,905	4,653	30,253	8,748	101,584
Still Out, >18 yrs old	10,851	2,812	3,113	2,102	13,123	1,777	33,778
Reentered Care	12,304	4,622	3,032	2,604	8,889	2,604	34,055
Percent of First Entries	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Still In First Spell	19.3 %	25.1 %	5.1 %	7.6 %	22.3 %	8.0 %	18.4 %
Discharged:	80.7 %	74.9 %	94.9 %	92.4 %	77.7 %	92.0 %	81.6 %
Still Out, <18 yrs old	51.4 %	39.9 %	56.1 %	45.9 %	45.0 %	61.3 %	48.9 %
Still Out, >18 yrs old	13.7 %	13.3 %	19.6 %	20.8 %	19.5 %	12.5 %	16.3 %
Reentered Care	15.6 %	21.8 %	19.1 %	25.7 %	13.2 %	18.3 %	16.4 %
Percent of Discharges	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Still Out, <18 yrs old	63.7 %	53.2 %	59.2 %	49.7 %	57.9 %	66.6 %	60.0 %
Still Out, >18 yrs old	17.0 %	17.7 %	20.7 %	22.5 %	25.1 %	13.5 %	19.9 %
Reentered Care	19.3 %	29.1 %	20.1 %	27.8 %	17.0 %	19.8 %	20.1 %



The net result is that Missouri has the highest reentry percentage overall (based on high discharge and high reentry among discharges), and Illinois has the second-highest reentry percentage (lowest discharge, but highest reentry among discharges). New York, which has low discharge and low reentry among discharges, has the lowest reentry rate. Overall, of the children who first entered care in 1988-90, between 13.2 percent (New York) and 25.7 percent (Missouri) reentered care before 1995.

Table 15 uses the same format to show reentry experiences of the 1988-90 cohort, classified by the primary type of care arrangement experienced during their first spell in substitute care.[25] Here, reentry patterns are more consistent than when classified by state. The children in congregate care arrangements experienced the highest discharge level (91 percent), the highest reentry level given discharge (24 percent), and hence the highest overall reentry rate (22 percent). The children in nonrelative foster care had moderate discharge levels (86 percent), moderate rates of reentry given discharge (21 percent), and hence moderate reentry levels (18 percent). Children in kinship foster care had the lowest discharge levels (70 percent), the lowest reentry rates given discharge (15 percent), and the lowest resulting reentry level (11 percent). This last finding merits emphasis--although children in kinship placements are discharged at a slower pace than children in nonrelative foster care, once discharged they are almost one-third less likely to return to a foster care setting.

Reentry levels also vary substantially according to the child's destination at first exit from care. Because discharge destinations can only be defined for children who have, indeed, left their first spells in care, only the percentage of reentrants after exit (by exit type) is presented in **Table 16.** Overall, of the 169,417 entrants from 1988-90 who were eventually discharged from care, 20.1 percent reentered care before the end of 1994. Almost two-thirds of these exits were reunifications. The reentry percentages from reunification discharges (23 percent) and from discharges to other relatives (25 percent) are both slightly higher than the 20 percent total for all exits combined.[26] Of children adopted from foster care, just over 1 percent returned for another spell before 1994. As might be expected, runaway exits showed the highest reentry percentage of 54 percent. This figure might seem frighteningly low, although it is partially explained by the fact that 80 percent of the runaways who did not reenter had reached the age of 18 before 1995. Thus, runaways tend to be older children who are approaching the age of majority. The "other discharge" group shows moderately low levels of reentry.

The lower section of Table 16 shows the relationship between length of the first spell and reentry percentages, controlling for type of exit. For most exit types, this relationship follows the pattern of reentry percentages, being higher for shorter spells. With reunifications, for example, children with initial spells of less than 6 months had a 26 percent to 29 percent reentry rate, while this rate dropped to under 20 percent for children whose first spell lasted over 18 months. The main exception is for the group

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25 This analysis aggregates all six states. We know that a small, but unreported number of kinship care arrangements from Michigan and Texas are included in the nonrelative foster care category.

26 The total reentry percentage is not quite an appropriate figure for comparison because it includes the children who left care upon reaching the age of majority. Because this subgroup has virtually no chance of reentry, its presence reduces the overall percentage. Adjustment by removing these 8,882 children from the denominator gives an overall reentry percentage of 21.2 percent, which is a better standard for comparison to the other exit-specific percentages.

TABLE 15

Foster Care Reentry by Care Type : 1988-90 Entry Cohort

Care Type:	Congreg. Care	Foster Care	Kinship Care	Mixed Types	Total
Count of First Entries	32,220	110,044	64,178	1,204	207,646
Still In First Spell	2,793	15,696	19,484	256	38,229
Discharged:					
Still Out, <18 yrs old	7,380	61,938	31,914	352	101,584
Still Out, >18 yrs old	14,925	12,621	5,912	320	33,778
Reentered Care	7,122	19,789	6,868	276	34,055
Percent of First Entries	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Still In First Spell	8.7 %	14.3 %	30.4 %	21.3 %	18.4 %
Discharged:	91.3 %	85.7 %	69.6 %	78.7 %	81.6 %
Still Out, <18 yrs old	22.9 %	56.3 %	49.7 %	29.2 %	48.9 %
Still Out, >18 yrs old	46.3 %	11.5 %	9.2 %	26.6 %	16.3 %
Reentered Care	22.1 %	18.0 %	10.7 %	22.9 %	16.4 %
Percent of Discharges	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Still Out, <18 yrs old	25.1 %	65.6 %	71.4 %	37.1 %	60.0 %
Still Out, >18 yrs old	50.7 %	13.4 %	13.2 %	33.8 %	19.9 %
Reentered Care	24.2 %	21.0 %	15.4 %	29.1 %	20.1 %

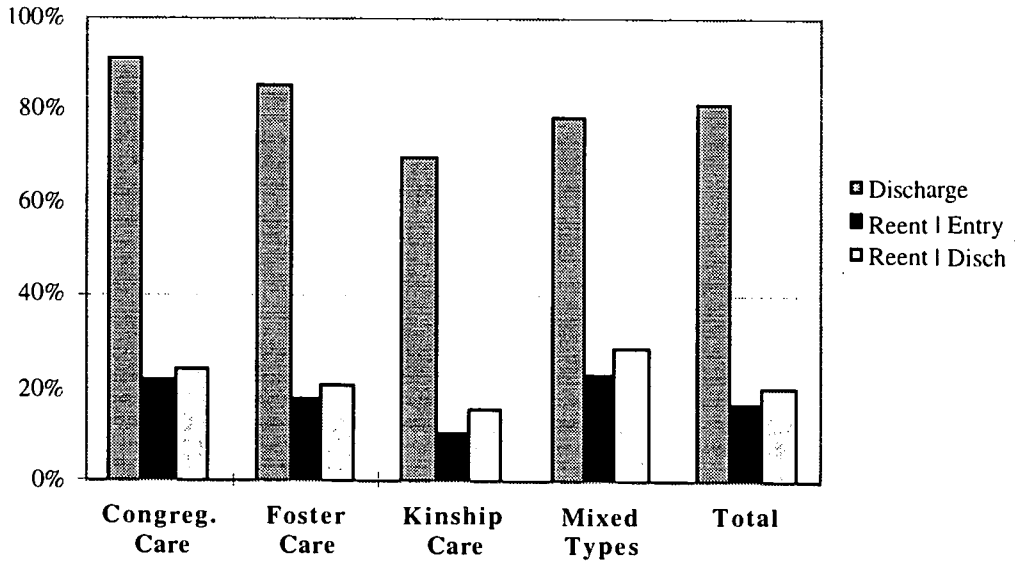


TABLE 16

Foster Care Discharge and Reentry by Exit Type: 1988-90 Entry Cohort
Six Archive States Combined

Exit destination:	Family Reunif.	Relative Placement	Adoption	Runaway	Other Discharge	Reach Majority	Total
Total Discharges	100,549	15,553	19,653	6,315	18,465	8,882	169,417
Still Out, < 18 yrs old	61,117	9,886	19,217	566	10,692	0	101,584
Still Out, > 18 yrs old	15,985	1,818	224	2,331	4,644	8,882	33,778
Reentered Care	23,447	3,849	212	3,418	3,129	0	34,055
Pct. of Discharges	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Still Out, < 18 yrs old	60.8 %	63.6 %	97.8 %	9.0 %	57.9 %	0.0 %	60.0 %
Still Out, > 18 yrs old	15.9 %	11.7 %	1.1 %	36.9 %	25.2 %	100.0 %	19.9 %
Reentered Care	23.3 %	24.7 %	1.1 %	54.1 %	16.9 %	0.0 %	20.1 %

Pct. of Reentries, by first spell duration	Family Reunif.	Relative Placement	Adoption	Runaway	Other Discharge	Reach Majority	Total
under 1 month	27.7 %	31.7 %	9.1 %	47.8 %	30.7 %	0.0 %	29.0 %
1-2 months	28.8 %	32.0 %	14.1 %	57.8 %	27.3 %	0.0 %	29.7 %
3-5 months	26.3 %	29.2 %	9.1 %	56.9 %	22.7 %	0.0 %	27.0 %
6-11 months	23.1 %	23.7 %	3.1 %	55.4 %	18.8 %	0.0 %	22.6 %
12-17 months	22.3 %	22.5 %	2.5 %	52.8 %	13.8 %	0.0 %	20.2 %
18-35 months	19.5 %	17.7 %	1.1 %	56.2 %	10.4 %	0.0 %	14.5 %

that exited as runaways, where there is basically no relationship between initial spell duration and the likelihood of reentry.

Table 17 presents the elapsed time between discharge and reentry, again by exit type, for all children for whom a reentry was observed. These are expressed as cumulative percent distributions, or as the percent that had reunified by a given time since discharge. Only 8 percent of children who were returned to their families reentered substitute care within a month of discharge; about 40 percent had reentered by the 6-month mark, and almost three-fourths had reentered within 18 months. The only groups that varied from this pattern significantly were children who aged out, and hence never reentered, and runaways, where over two-thirds of reentries occurred in less than 3 months. Timing to reentry is helpful for understanding the nature of this process. Reentries, or the "failures" of discharges, while not usually immediate, tend to occur by 2 years in most cases.

Reentry and Case Characteristics

Figure 18 presents reentry levels for selected characteristics of the foster care population--primary type of care during the first spell, the race/ethnicity of the child, the region within the state, the age at which the child first entered foster care, and the age at which the child was discharged from the first spell in care.

TABLE 17

Elapsed Time from Exit to Reentry by Discharge Destination

Reentrants from 1988-1990 Entry Cohort, Six Archive States Combined.

		Exit Destination					
		Family Reunif.	Relative Placement	Adoption	Runaway	Other Discharge	Total
Children who Reenter Care before 12/31/94 :		23,447	3,849	212	3,418	3,129	34,055
Percent with Elapsed Time Between Spells:	under 1 month	8.3 %	16.0 %	12.3 %	42.8 %	21.6 %	13.9 %
	1-2 months	14.6 %	15.3 %	11.3 %	25.6 %	14.3 %	15.8 %
	3-5 months	16.9 %	15.9 %	8.0 %	15.3 %	13.8 %	16.3 %
	6-11 months	21.7 %	18.9 %	15.1 %	9.4 %	17.7 %	19.7 %
	12-17 months	12.5 %	11.0 %	10.8 %	3.7 %	10.6 %	11.2 %
	18-35 months	18.4 %	15.0 %	28.8 %	2.6 %	15.2 %	16.2 %
	over 3 years	7.7 %	7.9 %	13.7 %	0.5 %	6.7 %	6.9 %
Cumulative Percent with Elapsed Time Between Spells Less Than:	1 month	8.3 %	16.0 %	12.3 %	42.8 %	21.6 %	13.9 %
	3 months	22.9 %	31.3 %	23.6 %	68.4 %	36.0 %	29.6 %
	6 months	39.8 %	47.2 %	31.6 %	83.7 %	49.8 %	45.9 %
	12 months	61.5 %	66.1 %	46.7 %	93.1 %	67.5 %	65.6 %
	18 months	74.0 %	77.1 %	57.5 %	96.9 %	78.1 %	76.9 %
	36 months	92.3 %	92.1 %	86.3 %	99.5 %	93.3 %	93.1 %

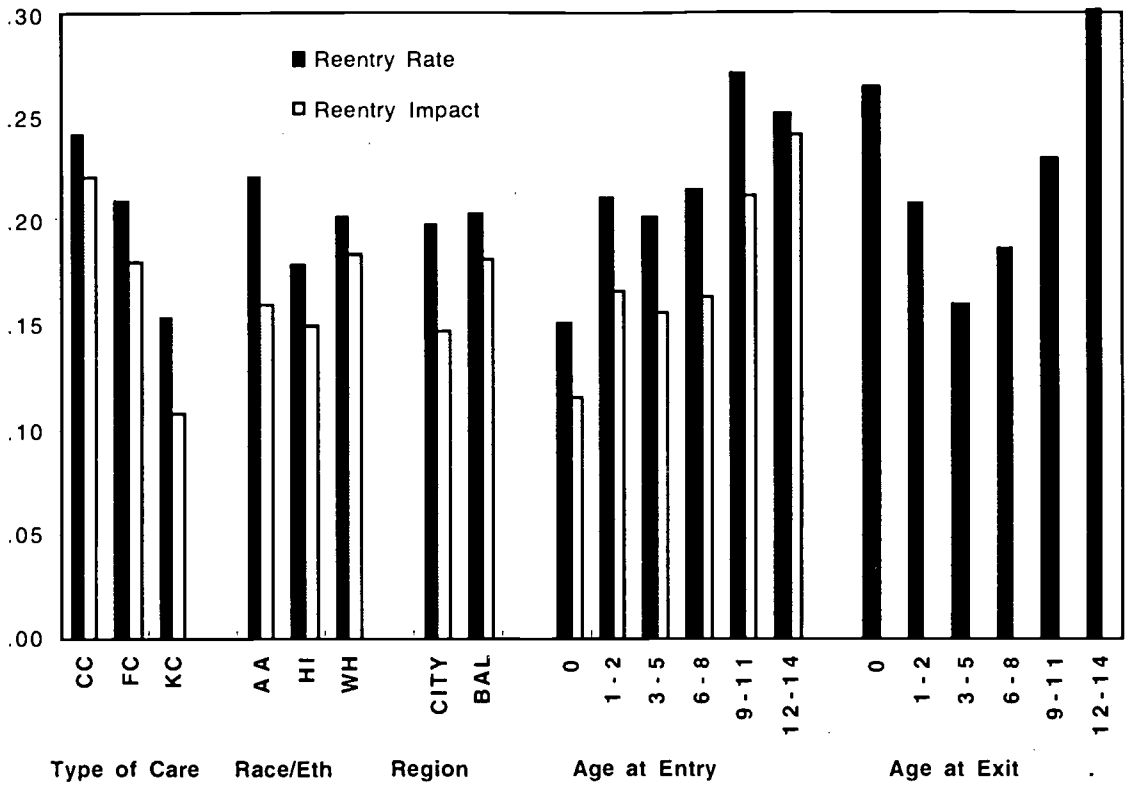
The darker (and usually taller) bar in each pair is the reentry "rate," or the percentage of children discharged who were observed to reenter care. The lighter colored bar is the reentry "impact," the reentries as a percentage of the initial entry cohort.[27]

Looking at all of the different the reentry "rate" indicators, we see some variability across these different categories--from a low of 15 percent for infants and for children in kinship care through a high of 30 percent for children who exit at ages 12 to 14 years. Reentry varies noticeably by care type--children from congregate care placements reenter most often (24 percent) and children from kinship placements reenter least often (15 percent). There is less overall variation by race/ethnicity, although African American children do reenter slightly more often than white and Hispanic children, with 22 percent as compared to 20 and 18 percent, respectively. At this aggregate level there are no region differences--the reentry rate for children from the primary urban county is identical to that of children from the remaining areas of each state. Age at first entry to care is related to reentry patterns--children who entered as infants are least likely to reenter (15 percent), children who entered between the ages of 1 and 8 have moderate reentry levels (around 20 percent), and children who first enter care between the ages of 9 and 14 have relatively high reentry levels (over 25 percent). The age at discharge from the first spell affects reentry levels differently than age at entry. The pattern curves--those children that exit as infants have a high reentry rate,

27 Note that the "impact" percentages are not displayed next to the reentry rate percentages for the age at discharge categories. Because these categories are defined by status at the time of exit from care, there is not an entry group that would form a suitable basis of comparison here.

FIGURE 18

Foster Care Reentry Rate and Reentry Impact by Selected Characteristics 1988-90 Entry Cohorts, Six Archive States Combined



those who exit between 3 and 5 years of age have a low reentry rate, and the rates increase as age increases, ending with a high reentry rate for children who exit between the ages of 12 and 14.

In general, the population "impact" of reentry follows similar patterns to the "rates" of reentry--after all, these rates are a significant component of the final impact. The degree to which they diverge is wholly accounted for by differences in discharge levels--in the case of 100 percent discharge, the reentry rate and the reentry "impact" are equal. The largest disparities appear for kinship care arrangements, African American children, and children in the primary urban places. For each of these groups, the net impact of their reentry rate is mitigated by significantly lower discharge levels, which determine the number of children who are potential reentrants. Overall, although reentry levels do show some variability by characteristics of the child and the case, they appear to be more regular across all categories than do the discharge levels.

VII

DISCUSSION AND IMPLICATIONS

This report has presented many of the results we have obtained by applying an analytic approach to description of structure, process, and trends in the foster care systems of six American states. The breadth of child welfare topics and issues addressed within this report illustrates the value of analyzing the virtually untapped store of information held within agency administrative records, and emphasizes the importance of longitudinal data models for policy analysis. The comparable across-state indicators used in this analysis, while limited in number, are precisely those that describe the case processes and events that are central to many current policy discussions. Overall, the reports from the Archive project are the most systematic and comprehensive descriptions of the child welfare system and foster care activity available.

Although the data approach used in this work is analytic, the report itself is not designed as an analysis of foster care policy or an evaluation of child welfare activity across states. Rather, we hope that the information provided in this work becomes a resource used as a basis for analysis by the policymakers and managers who make decisions. This project has presented a body of new information and modelled analytic tools that we hope offer a starting point in creating demand for new standards in information resources for planning and management.

One of the more persistent findings in the Archive work is that there are large state and regional differences in all aspects of the provision of child welfare services. We see great variability in initial entry rates, in the prevalence of children living in substitute care arrangements, in the timing and type of exits from care, and in the rates of reentry to care. These observations are of major importance for the discussion of foster care policy, because they remind us that there is not one child welfare system in the United States, but many parallel systems that operate with some shared principles, laws, and guidelines. Comparative data, by providing empirical examples of alternatives, should invite the states to challenge their current child welfare policies and to evaluate the effectiveness of agency and program administration. But these data alone are not evaluative. For example, the fact that one state has unusually long foster care durations (or low entry rates, or high numbers of reentrants, etc.) has no innate evaluative meaning. Rather, this information should prompt state managers to ask questions about why their system does operate differently, and whether the explanations they produce are consistent with their own principles about caring for children in need.

The comprehensive and comparative nature of the description of child welfare practice presented in this report provides a rich empirical context for discussion of broader issues in child welfare policy. One instructive example is to interpret the implications of the findings from the Archive data as they bear on the permanency planning framework, which is the primary practice model that has guided child welfare service delivery throughout the 1980s and 1990s.

Within the philosophy of the permanency planning framework, children who are removed from home for their own protection are to be handled with procedures that are

minimally intrusive; they are to be placed in the least-restrictive feasible living arrangement; and each child is assigned a permanency goal and a plan for reaching that goal. Both public policy and professional practice standards define reunification with the family of origin as the preferable case goal. Stabilization and maintenance of the biological family, if safe and viable, is the preferred outcome, and service interventions are directed towards that goal until it is determined to be unsafe or unrealistic. In lieu of reunification, practice typically prefers placement with other relatives. When family options are exhausted, case activity shifts to clearing legal barriers from the path to adoption and finding an adoptive family for the child. Certain older foster children might be tracked towards independence. As a rule, long-term foster care is considered as a case plan only in exceptional circumstances.

The findings in this report provide a basis for a reconsideration of the permanency model, and the degree to which it applies in current child welfare practice. Indeed, we do find that a majority of the children who enter the foster care system are reunified with their own families, that reunifications tend to occur relatively soon compared to other exits, and that most of these reunifications do not result in a consequent reentry to care. We also see that 10 to 15 percent of children in foster care are eventually placed into adoptive homes. These findings characterize a foster care system that, for the most part, operates the way it was designed to run.

However, the report also describes the existence of a large portion of foster children who stay in care for a long time, which is not consistent with the role and purposes of the child welfare system under the permanency planning model. Over one-third of all foster care entrants observed by the Archive stayed in care for over 30 months, the cutoff we used to define long-term care. One way to quickly summarize this finding is that the foster care population can be conceptualized as two or more distinct subpopulations. One subgroup fits the permanency planning model and moves through the system fairly rapidly, with most exits resulting in reunifications. At the same time, other subgroups do not fit that model, and apparently stay in the system for a long time.

This type of insight should provide significant stimulus to the policymaker. Under current programs, we reported here that the likelihood of reunification (including out-placement with relatives) diminishes greatly as the length of the child's stay in care increases. Case management programs thus might emphasize timely work towards family reunification, so that continued separation will not inhibit the chances of returning a child home. The possibility of rejecting reunification as a case goal should be considered as soon as it becomes apparent that the path to reunification is not viable. One of the conditions that helps lead to the presence of a long-term care population is adherence to case plans based on inappropriate or infeasible permanency goals. Defining a goal of long-term care has been discouraged. However, it appears that in practice, an unstated plan of long-term care exists whenever we maintain an unrealistic goal of reunification, or have an unlikely candidate wait for an adoptive placement. After a certain amount of time has passed, the goal of returning a child home should become harder to justify, unless there are special reasons to assume that late reunification is viable.

Expansion of adoptive programs should be encouraged, and the adoptive process should be accelerated. Once reunification is rejected as a valid goal, adoption is the best

remaining pathway from care. In recent years, the percentage of children who leave foster care via adoption has remained fairly stable at approximately 15 percent, even as many more children than this lingered in episodes of long-term care. Barriers to adoption need to identified, especially for older children and children in kinship arrangements, and incentives structured to increase the numbers of adoptive placements. Attempts to create alternative exit statuses have been initiated in a number of states. Illinois, for example, has obtained a IV-E waiver to establish a subsidized guardianship program directed specifically to reducing its long-term kinship care population.

In addition, the existence of a substantial long-term care population suggests that it should be examined, and the reality of long-term foster care should be given more direct consideration. What conditions of the child or the program context will justify long-term care arrangements, and how should these be planned for and arranged. Are most of the long-term care case situations where the child would benefit from adoption, if adoptive homes could be found?

Adjusting to Future Change

As caregiver of last resort for children in need of protection, the American child welfare system forms a crucial part of the public system of social supports. Our society holds family-based childrearing as a basic right and a fundamental responsibility, and we rely primarily on parents and the family to nurture and care for our next generation. When the family falters or fails in this role seriously enough that a child's safety and well-being are at risk, the state is empowered, and ultimately expected, to intervene and assume direct responsibility for the welfare of the child. Our legislators and policymakers soundly affirmed the importance we assign to the child welfare role of the state during the recent debates on welfare reform. The main outcome of recent legislative actions, from the child welfare perspective, is that foster care is one of the few safety net programs to retain a federal entitlement status, even as most other human services have been "decategorized" and "devolved" to state and local control.

The consequences of welfare reform and its impact on the child welfare system are a matter of open conjecture. One possibility that must be considered is that the child welfare system might be required to absorb a substantial number of new entrants. This will occur if foster care placement becomes a buffer used for many children from families who lose public assistance and other benefits due to time limits, eligibility changes, and other sanctions. If one outcome of welfare reform is increased pressure on the child welfare system, planners will need to be able to forecast and manage the systemic effects of a period of special growth.

The detailed trend data stored in the Archive provides a valuable resource for monitoring and evaluating changes in the child welfare caseloads. With many years worth of foster care tracking records, the Archive provides an unusually strong baseline against which to examine changes and trends. If the child welfare population does start to receive new types of clients as a result of welfare reform or other social changes, this should become quickly apparent in the Archive caseload change data. Importantly, the Archive will not only be quick to identify shifts in ongoing patterns, but it will be able to help identify many characteristics of any new group of entrants.

We have identified and described systematic differences in the child welfare experiences of children--as classified by their age at entry to care, by their geographic region, by the type of care setting in which they are placed, by their racial and ethnic characteristics, and by the state in which they are served. The capacity to describe the attributes of new entrants along these categories is an essential step towards projecting their service needs and the demands they will place on the foster care system. In short, this database can provide precisely the type of information, and context for using the information, that is needed to support effective foster care planning and response to changes.

Thus, by building a longitudinal foster care database from administrative records of children in foster care, the Archive project has created an information resource with the capacity to inform and support the monitoring of trends, the analysis and the prediction of system behaviors, and the management and planning of service delivery.

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