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Report to the Committee on Finance, U.S. Senate

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FOSTER CARE

Children's Experiences Linked to Various Factors; Better Data Needed

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The Honorable Lloyd Bentsen
Chairman, Committee on Finance
United States Senate

The Honorable Robert Packwood
Ranking Minority Member
Committee on Finance
United States Senate

To aid your committee in its deliberations on improving federal child welfare policy, you requested information on children's foster care experiences. Since 1986, the number of children served through foster care programs increased from about 280,000 to an estimated 360,000 in 1989. These programs aim to assure the welfare of children who a state determines must be removed from their homes. The reasons for removal vary, but often involve protecting children from abuse or neglect. Such children may be placed in foster family homes, group homes, or institutions under the supervision of a state child welfare agency. While complete data are unavailable, estimated federal and nonfederal spending for foster care services in 31 states totaled about $1.4 billion for fiscal year 1990. Appendix I provides further information on federal programs supporting foster care services.

In responding to your request, we sought to determine how much time children spend in care, what proportion reenter care, and what factors are related to children's length of stay and reentry. Also, as agreed with your offices, we gathered information on the impact of recent societal changes, such as increases in parental substance abuse, on our analyses and determined the status of federal and state efforts to develop a national foster care information system.

To accomplish our objectives, we obtained and analyzed data on children who entered or left foster care in 1986 in six states and two localities: Georgia, Illinois, New York, Oregon, South Carolina, Texas, Los Angeles County, and New York City.[1] These areas were selected to obtain geographic variability and a diversity of foster care populations.

[1]We selected 1986 as the base year because, at the time we began our review, it was the most recent year for which data were available to track children's reentry patterns over at least 2 years. When we cite the year 1986, we mean the fiscal period that included or ended in 1986 in each of the states involved in our study. Oregon's and Texas' bienniums began on July 1, 1985, and September 1, 1985, respectively. Data for these states are for 1 year. The fiscal year for New York began on April 1, 1985, for the remaining three states, on July 1, 1985. For the two localities, we used their states' fiscal years.

We examined several factors to determine their relationship to length of stay and reentry to care. But we did not determine the causality for the relationships our analyses suggested or study other outcome measures such as reunification rates, because these were beyond the scope of our review. To assist others who may wish to study these relationships further, however, we have included the detailed results of our analyses in appendixes IV through VI.

In addition, to determine how societal changes since 1986 might affect our analyses, we interviewed child welfare agency officials in eight states—those we analyzed plus California and Michigan (see app. II). We also interviewed HHS officials and reviewed pertinent documents to assess HHS's and states' progress toward developing a legislatively mandated information system that would facilitate future analyses. Appendix III provides further details on our scope and methodology.

We conducted our review from January 1989 to February 1991 in accordance with generally accepted government auditing standards. HHS provided written comments on a draft of this report. These comments are presented and evaluated on pages 13-14 and are included as appendix VII. We also received comments on the draft report from several foster care experts and have incorporated their advice where appropriate.

Results in Brief

In examining children's foster care experiences, we identified several factors, related to length of stay and return to care after an initial family reunification, that warrant further study and discussion in future policy debates. Of children reunited with their families in 1986, up to 27 percent subsequently reentered foster care. The median length of stay for children entering or leaving care in 1986 in the states and localities reviewed varied from 8 to 19 months. Children whose initial stay in foster care was under a year, however, were more likely to reenter foster care than those whose initial stays were longer. Moreover, children placed in institutions in the states reviewed generally stayed in foster care longer than those placed in foster family homes.

If a similar analysis of children's foster care experiences were done today, it might show even longer periods of care and increased reentry. Since 1986, certain social conditions affecting children and their families, such as parental substance abuse, have worsened. More families have severe problems, treatment services for children are more difficult to obtain, and caseworkers face the threat of legal liability if an abused

child is returned home and abuse recurs. State child welfare officials cite such factors in reporting increasing lengths of stay for children.

While the Congress may desire more current, wide-ranging, or comprehensive analyses to amend federal foster care policy, such analyses would be difficult to obtain without a national foster care information system. Although 1986 legislation called for the establishment of such a national information system by October 1991, the Department of Health and Human Services (HHS) has yet to promulgate related final rules. As a result, while some states may have developed sophisticated data bases, state information systems tailored to a national system have not been developed. Moreover, states are concerned that the proposed methods for financing these systems will divert funds from providing foster care services and may not provide adequate resources to build the systems.

Various Factors Related to Length of Stay and Reentry

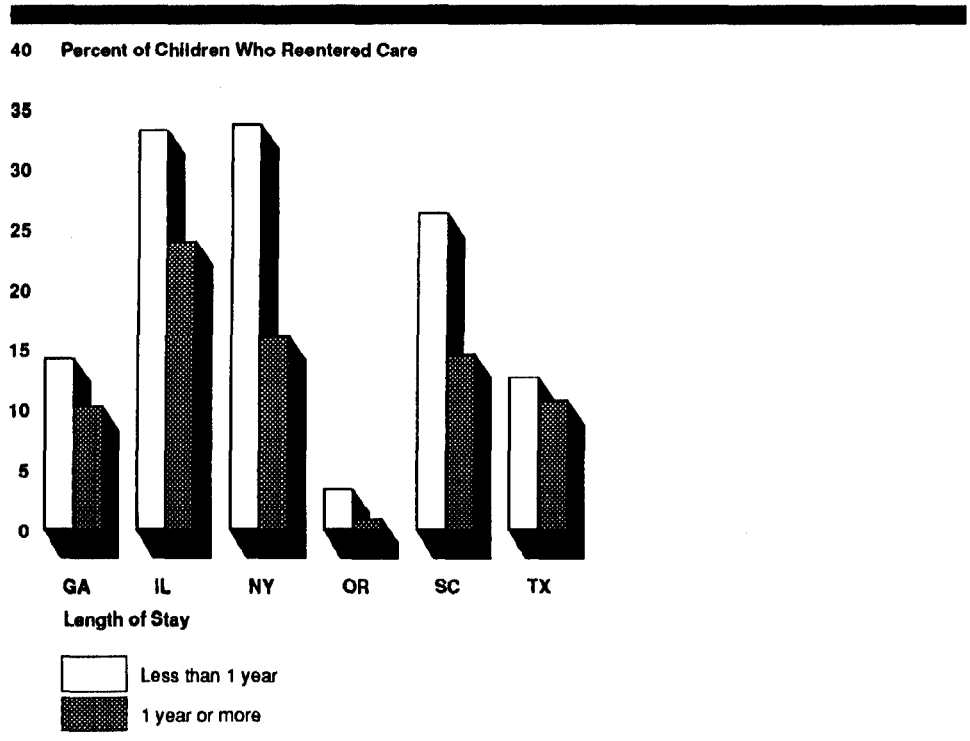
The relationships between many factors and children's length of stay and the probability of reentry are complex. While our analyses show several statistically significant relationships, those that occurred in at least five states and selected others from the two localities are discussed in this section. Although these relationships are not conclusive, they may have implications for foster care policies and warrant further study. Other relationships and further details of our analytical results are presented in appendixes IV through VI.

Short Stays Linked to Increased Reentry

In several states and localities, the relationship between children's length of stay and their reentering foster care after being reunified with their families was statistically significant.[2] A greater proportion of such children whose stay was less than 1 year reentered care than the proportion of those staying 1 year or longer, as figure 1 shows.

[2]Only children who had been reunified with their families were studied for reentry, as the records showing reentry of children who were not sent home (such as those adopted) were not readily available.

Figure 1: Relationship Between Children's Length of Stay and Reentry Rates in Selected States for Children Entering or Leaving Foster Care in 1986



Note: Lengths of stay for GA, OR, and TX are based on first-time admissions; for SC, on all admissions; and for NY and IL, on a random sample of all discharges. Includes children whose placements lasted more than 5 days. Reentry rates were higher in IL and NY partly because children were tracked for reentry for a longer period of time in these states than in others. Data for IL, NY, and SC reflect reentry of all children; data for other states reflect reentry of children discharged from a first placement.

In South Carolina, New York, large urban areas of Texas, and Cook County, Illinois, foster care stays of less than 1 year were significantly associated with increased reentry. Although the analysis for Oregon suggested a relationship between length of stay and reentry, it was not statistically significant because of the small number of children who reentered foster care. Length of stay and reentry also were significantly related in Georgia, but children staying in care 6 to 12 months had a greater chance of reentry than children with longer or shorter stays.

Pooled data from the two localities reviewed provide further evidence that children discharged home after staying in foster care for shorter periods were more likely to reenter care than those staying in care for longer periods.[3] Children staying less than 1 year were twice as likely to

[3]We pooled the sampled case files from Los Angeles County and New York City because too few children reentered care to conduct reliable statistical analyses for each locality separately.

return to care as those staying 1 year or longer (32 versus 16 percent). The difference is statistically significant.

These results suggest that minimizing length of stay may not always be in the child's best interest. However, before policymakers adopt strategies to reduce reentry by encouraging longer stays, further study is needed to understand why this relationship occurs. Certain actions that, in some cases, may extend children's stays also could better assure the permanence of their discharges home. Consequently, additional research could examine the extent to which reentry rates can be reduced by (1) improved planning for family reunification; (2) providing services before reunification, shortly thereafter, or for longer periods; and (3) increased monitoring of families in the early months following reunification.

Placement Type, Parental Visiting, Other Factors Related to Length of Stay

The types of foster care setting in which children were placed were significantly related to length of stay in care. In five states, children placed in an institutional setting were more likely than those placed in foster family homes to stay in care longer than 1 year. For example, about 75 percent of children placed in residential treatment facilities in Georgia and Texas stayed in care over 1 year. These children were more than 3 times as likely as children placed in nonrelative foster homes to stay in care that long.

In performing detailed case file reviews in Los Angeles and New York City, we found many additional factors, unrecorded in the state data bases, that were significantly related to children's length of stay, such as:

- Parental visits. The proportion of children staying in care for more than 1 year was smaller for children whose mothers or other female caregivers visited them regularly compared to those who were visited less frequently. About 50 percent of children who received regular visits were in care for more than 1 year compared to 90 percent who received irregular or infrequent visits and 65 percent who were rarely visited.
- Aggressive behavior. Eighty percent of children with aggressive behavior stayed in care over 1 year, while 42 percent of children without this problem stayed that long.
- Parent/child counseling, other service. The proportion of children in care 1 year or longer was less for children whose parents received counseling services (39 percent) compared to those whose parents did not receive such services (55 percent). Moreover, proportions of children

remaining in care 1 year or longer were greater for children who received counseling or health care services and less when the parents received parenting skills training.

These results suggest factors that may influence length of stay. However, further study is needed to determine why these relationships occur and to what extent potential policy changes would meet children's needs.

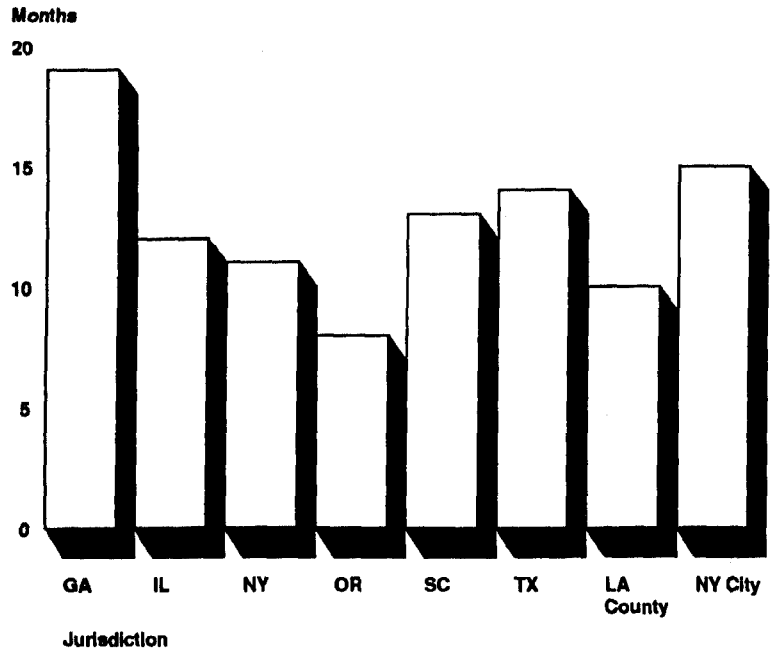
Median Lengths of Stay and Reentry Rates Varied

How much time children spent in foster care and what proportion reentered care after returning home differed by state and locality. Median stays ranged from 8 months in Oregon to 19 months in Georgia, while reentry rates for children discharged from their first placement in foster care varied from 3 percent in Oregon to 27 percent in New York.[4]

Children's median lengths of stay in three states and one locality were 1 year or less (see fig. 2). In these four areas, 63 to 72 percent of the children spent less than 18 months in care. In the other three states and locality, median stays exceeded 1 year and 42 to 54 percent of the children spent 18 months or more in foster care.

[4]Based on data available for five states.

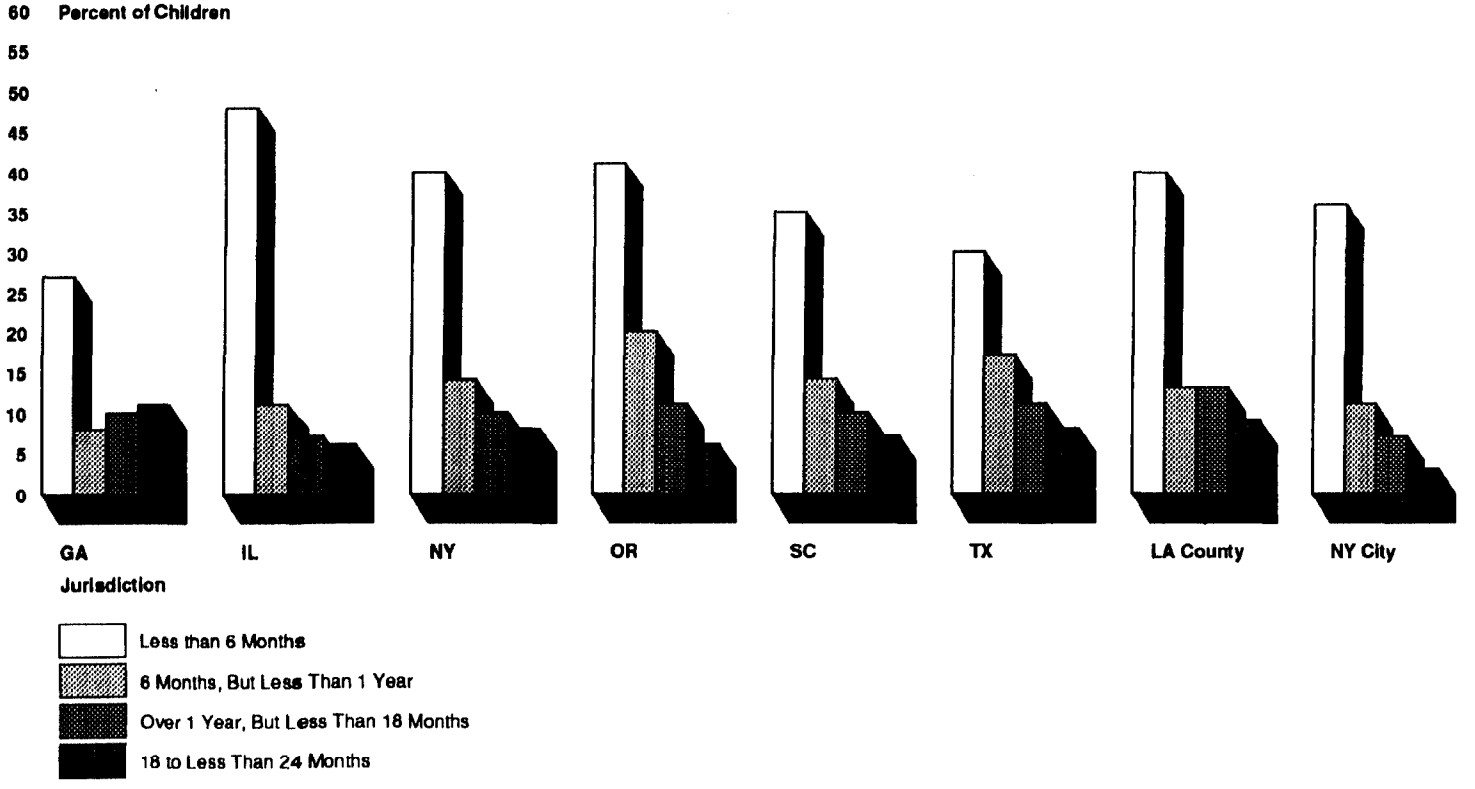
Figure 2: Median Length of Stay for Children Entering or Leaving Foster Care in 1986 in Selected States and Localities



Note: Lengths of stay for GA, OR, and TX are based on first-time admission; for SC, on all admissions; for NY and IL, on a random sample of discharges; and for Los Angeles County and New York City, on randomly selected case files of children discharged in 1986. The data include children whose placements lasted more than 5 days.

In each state and locality reviewed, data were available on foster children's lengths of stay for at least 2 years. Many children who left care during this period had been in care less than 6 months, with generally declining proportions leaving care in subsequent 6-months intervals, as shown in figure 3. Nonetheless, the proportions of children who stayed in care longer than 2 years ranged from 22 percent in Oregon to 43 percent in Georgia. Data for these children are not included in the figure because many children remained in care at the end of the 2-year period, and thus their lengths of stay were not determinable.

Figure 3: Distribution of Lengths of Stay for Children Entering or Leaving Foster Care in 1986 in Selected States and Localities



Note: Lengths of stay for GA, OR, and TX are based on first-time admissions; for SC, on all admissions; for NY and IL, on a random sample of all discharges; and for Los Angeles County and New York City, on randomly selected case files of children discharged in 1986. The data do not include children who remained in care after 2 years. Proportions of these children were 43 percent in GA and New York City, 35 percent in SC and TX, 29 percent in IL and NY, 25 percent in Los Angeles County, and 22 percent in OR. The data include children whose placements lasted more than 5 days. Sampling errors for Los Angeles County and New York City were between 4 and 9 percent.

From 3 to 27 percent of children returned to care after being reunited with their families following a first placement in foster care in five states. In three states, reentry rates were greater among children who had been in foster care more than once than for those who reentered after a first placement (see table 1).

Table 1: Reentry Rates Among Children Reunited With Their Families in Selected Areas in 1986

Area	Discharged from a first placement		Discharged after 2 or more placements		Reentry rate for all discharges
	Percent of all discharges	Reentry rate[a]	Percent of all discharges	Reentry rate[b]	
GA	91	13	9	19	13
IL	[c]	26	[c]	[c]	[c]
NY	[c]	27	[c]	[c]	[c]
OR	43	3	57	23	14
SC	[c]	[c]	[c]	[c]	22
TX	93	12	7	15	12
Los Angeles County	[c]	[c]	[c]	[c]	22[d]
New York City	[c]	[c]	[c]	[c]	32[e]

Note: Reentry rates are calculated for varying time periods reflecting the most recent time for which data were available to analysts. For GA, OR, SC, and TX, children were tracked for reentry for 2 years; in IL, up to 3 years; in NY (including New York City), up to 4 years; and in Los Angeles County, up to 4 years, 2 months.

[a]Reentry rate calculated as a percentage of those discharged from a first placement.

[b]Reentry rate calculated as a percent of those discharged after 2 or more placements.

[c]Data not readily available.

[d]Subject to a 7-percent sampling error.

[e]Subject to a 12-percent sampling error. Data provided by the National Opinion Research Center based on the universe of all 1986 discharges indicate a 31-percent reentry rate.

Recent Societal Changes May Affect Length of Stay in Foster Care

By comparison with our study results for 1986, a similar analysis of today's foster care likely would show longer stays and increased reentry rates. Children now entering foster care are staying longer as a result of changing societal factors, child welfare officials in the eight states we contacted told us.

Several factors were cited by officials in at least five states as contributing to longer stays since 1986. There are more emotionally disturbed, medically needy, and physically handicapped children who require lengthier treatment. In addition, more parents have severe problems, such as substance abuse, that require lengthy, difficult treatment or extensive services before the children can be safely returned home. Moreover, children may spend more time in care today waiting for services, reunification, or adoption. This is due to such factors as too few caseworkers, shortages of treatment facilities and services for children and their families, and caseworkers' fear that abused children released from foster care may be abused again. Further details of state officials' comments are provided in appendix II.

Improved National Data on Foster Care Needed

Our analysis may provide some useful insights on children's length of stay and reentry. If, however, the Congress were to request a similar study today for purposes of setting foster care policy, it would find such an analysis difficult to obtain. Current national data on foster care are neither uniform nor comprehensive. Although the 1986 Omnibus Budget Reconciliation Act called for an improved foster care information system by October 1991, little progress has been made. HHS is behind schedule in developing related regulations, statutory deadlines are outdated, and there is uncertainty over how the system should be financed.

Usefulness of Current Voluntary Foster Care Information Systems Limited

Currently, the primary source of national data on children in foster care is a voluntary information system that is not uniform, comprehensive, or nationwide. Under an HHS grant, the American Public Welfare Association (APWA) has been aggregating state data since 1982 to provide national foster care statistics. However, an advisory committee established by the 1986 act noted certain deficiencies in the APWA system, including (1) a lack of common definitions or methodologies nationwide, (2) an absence of data from states over the years, and (3) the collection of aggregate rather than case-level data, limiting the data's usefulness for analysis.

The existence of these problems was confirmed by our analysis of data from state information systems, which we obtained because the APWA information system lacked case-level data. Definitions of data elements were not uniform across states, varying, for example, for the date of a child's discharge from foster care and the types of placement settings. For example, Georgia's information system categorizes foster family homes as regular foster care, specialized foster care, or other nonrelative placement, while Oregon uses a single descriptor, regular family foster care. Also, most state information systems lacked certain elements that researchers consider useful in studying foster care, such as the child's physical or emotional health problems and demographic data on the child's natural family. As we reported previously, the legislatively required national information system could correct the inconsistency in state definitions, which limits the current system's usefulness for research and oversight.[5]

[5]Foster Care: Incomplete Implementation of the Reforms and Unknown Effectiveness (GAO/PEMD-89-17, Aug. 14, 1989)

Development of Mandated National Information System Delayed

Development of the national foster care information system required by the 1986 act has not progressed as quickly as planned. The act called for (1) an advisory committee to recommend to the Congress and the Secretary of HHS methods of establishing, administering, and financing a national information system; (2) the Secretary to report to the Congress on the Department's recommendations for the system; and (3) the Secretary to develop regulations prescribing state implementation of data systems to feed into the national information system. The first two mandates were accomplished in October 1987 and May 1989, respectively. The advisory committee and HHS reports envisioned states developing data systems that would meet HHS regulations and providing data to HHS to be aggregated nationally. The act required full implementation of the information system by October 1991.

But because HHS has fallen behind schedule in promulgating the required regulations, timely completion of a national data base is unlikely. Although final rules were to be issued by the end of 1988, as of May 1989 HHS had drafted proposed rules subject to final negotiations and clearances. Not until September 1990, however, were the proposed rules issued for public comment. HHS officials attributed the delays to the Department's need to (1) assess the legal basis for sanctions against states failing to develop required systems or meet reporting standards and (2) address several states' comments on HHS' report to the Congress. The states were concerned about the standardized data elements to be included and the timing, format, and frequency of state reporting. According to HHS officials, the Department expects to issue final regulations by October 1991 and estimates that if it meets this schedule, most states could implement the required data systems by December 1992.

While agreeing that improved foster care data collection is needed, state officials have expressed concerns about the time frames for developing the data bases. APWA's National Council of State Human Services Administrators resolved that the legislatively mandated implementation date of October 1, 1991, be amended. Public comments on HHS' proposed regulations frequently included the suggestion that target dates for implementation be extended. For example, Texas' Deputy Commissioner of Protective Services suggested that implementation should not be expected until 18 months to 2 years after final rules are promulgated. Moreover, California's Director of Social Services believed that October 1, 1994, would be a realistic implementation date.

States Concerned About Financing Data Bases

Another issue surrounding HHS' proposed rules involves the sources and extent of federal financial participation to develop the national data base. In the absence of specific legislative provisions concerning funding, HHS' proposed rules allow federal funding for development of required data systems to come from the states' allocations under title IV-B or administrative costs under title IV-E of the Social Security Act.[6]

This was a source of concern to many state officials reviewing HHS's proposed rules. Another funding source should be established, they felt, or at least the federal government should bear a larger share of system development costs. Variously, state officials pointed out that

- some funds for data base development and operation would have to be drawn from state or federal (title IV-B) monies currently used to provide services. There would be corresponding reductions in services to children and families (although the act directs that unnecessary diversion of foster care and child welfare funds be avoided);
- title IV-E administrative funds would be used to finance data systems. Although developing such systems is expected to be expensive, state officials noted that the administration is seeking to limit increases in title IV-E administrative costs; and
- while data are to be collected on all foster children under the state's supervision, title IV-E administrative costs can be claimed at a 50-percent federal match only for children eligible for title IV-E foster care maintenance (about 40 percent of all foster children, making the federal share of the costs about 20 percent).

Matters for Consideration

To guide and spur development of nationwide foster care data for federal policy deliberations, the Congress may wish to consider (1) reemphasizing to the Secretary of HHS the need for prompt issuance of regulations for improved state data bases; (2) amending the timetable for states to implement automated data systems, basing the deadline on the date HHS issues final regulations; and (3) establishing a specific federal policy on funding these systems.

[6]Title IV-B grants federal funds for states to provide a variety of child welfare services, including prevention of foster care placement and reunification of families with children in foster care. Administrative funds under title IV-E of the act are used to administer a foster care program for children who, if in their own homes, would be eligible for Aid to Families with Dependent Children.

Agency Comments and Our Evaluation

The Department of Health and Human Services (HHS) commented on a draft of this report in a letter dated June 24, 1991 (see app. VII). HHS does not concur with the report, asserting that without additional cautions readers may assume that the statistical correlations presented have broad implications for national or state policy. HHS's comments highlight statistical relationships, data limitations, and methodological issues that it considers problematic. In addition, HHS comments that the development of a national data system will not resolve all foster care data issues, as it says the report contends, and states the progress it has made in developing regulations for a national foster care data base.

We believe that the report appropriately characterizes the limitations on the data we collected and provides adequate cautions to assure that it is used in the proper context by policymakers. For example, we note that we did not determine the causality of the statistical relationships presented, and we point out that further study is needed to understand these relationships before any policies are developed. Also, we deleted from our report discussions of relationships that occurred in less than five of the six states reviewed and an example that HHS believed could be misconstrued. Further, we explicitly have not reported any statistical relationships as conclusions, recommendations, or findings on which to base policy decisions—a point HHS recognizes in its comments. HHS's comments indicate it does not understand the purpose of the report—to present information and analysis for congressional consideration in the longstanding debate on foster care. Thus, in formulating its comments, the Department appears to have reacted to information in the report out of context.

HHS also raises several concerns about our methodology, but we stand by our approach. For example, HHS questions our use of pooled data in analyzing children's experiences in the two localities. Pooling data is an acceptable statistical technique, and we were careful to weight the data and conduct statistical significance tests. In addition, HHS notes problems with the quality of data, specifically those from New York City for which the city was able to provide only 65 percent of the data requested. While we would have preferred a higher response rate, the data were the most we could obtain from the city and by disclosing the response rate in the report we enable the reader to consider it when interpreting the results of the New York City analyses. HHS also notes the absence of several factors, such as state policies and practices, from our analyses. These and other factors, such as child and family characteristics and services provided, that we did not study may have important relationships with children's foster care experiences. However, our

analysis was not intended to address all variation among states in children's lengths of stay or reentry. We believe HHS's concerns regarding our methodology do not significantly detract from our analyses but rather underscore the need for more uniform and comprehensive foster care data.

Contrary to the Department's assertion, we do not contend that the national foster care data system, when established, will resolve all data issues. We believe, however, that analysis of more uniform and comprehensive data will point out areas where further research is needed and better enable that research to be undertaken.

In commenting on the report's matters for consideration, HHS restated its progress to date in developing regulations to guide state development of foster care data systems for use in a national data base. That some progress is being made should not be overlooked, but current data limitations, some noted above, underscore the urgent need for a national data base. The Congress called for national data system development as early as 1986 and mandated development of regulations by December 1988 and system implementation by October 1991. Given that as of September 1991, HHS had not issued final regulations specifying data system requirements, it is unlikely that the implementation will occur on time. A more concerted effort is needed, and the Congress needs to be apprised of the delays HHS is experiencing so it can revisit its expectations for mandated state actions that must await HHS guidance.

We plan to send copies of this report to the Secretary of HHS and other interested parties and make copies available to others upon request.

The report was prepared under the direction of Gregory J. McDonald, Associate Director, Income Security Issues, who may be reached on (202) 275-5365 if you or your staff have any questions about it. Other major contributors are listed in appendix VIII.

Edward A Densmore

for Lawrence H. Thompson
Associate Comptroller
General

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Abbreviations

AFDC	Aid to Families With Dependent Children
APWA	American Public Welfare Association
GAO	General Accounting Office
HHS	Department of Health and Human Services

Background on Federal Programs Supporting Foster Care Services

Since the early 1960s, the federal government, through the Department of Health and Human Services, has shared with state governments responsibility for administering and funding the nation's foster care system. An estimated 360,000 children were in foster care in fiscal year 1989, the latest year for which estimates are readily available. Foster care programs serve children, generally under age 19, who reside outside their homes under the case management and supervision of the primary state child welfare agency or a child-placing agency under contract with the state. Federal funding of foster care services has changed over the years but is currently provided under three titles of the Social Security Act. While complete information on funding is not available for all 50 states, a study by the American Public Welfare Association indicates that total planned federal and nonfederal funding for foster care services was about $1.4 billion in fiscal year 1990.

Federal and State Governments Share Responsibilities

At the federal level, HHS's Administration for Children and Families is responsible for administering and overseeing federal foster care programs. It establishes and disseminates program policy through issuing regulations, guidelines, and policy notices. In addition, the administration reviews state claims for child welfare and foster care funds.

States both fund and administer foster care programs. Among their responsibilities are

- making reasonable efforts to prevent children from entering foster care;
- making it possible for the child to return home if placement is necessary;
- assuring development for each foster child of a case plan designed to achieve the most family-like placement in close proximity to the parents' home;
- assuring that each child's case is reviewed at least every 6 months and that each child receives a dispositional hearing by a competent court or court-appointed body within 18 months of original placement; and
- paying caregivers for such items as food, clothing, shelter, daily supervision, school supplies, liability insurance, and personal incidentals for foster children.

Social Security Act Provides Federal Foster Care Funding

Federal involvement in foster care began in 1961, when some children otherwise eligible for the Aid to Families With Dependent Children (AFDC) program were denied benefits because their homes were found unsuitable. To help ensure that such children received adequate care outside their homes, the Congress made funds available to state child

welfare agencies under title IV-A of the Social Security Act. Today, the federal government assists states in funding foster care primarily through title IV-E and two other titles of the act.

In 1980, the Congress enacted the Adoption Assistance and Child Welfare Act, which removed foster care from title IV-A and placed it under a new title IV-E. This title provides funds to maintain AFDC-eligible children in foster homes or institutions, place children in foster care, administer the foster care program, and develop and operate systems to collect and report foster care data. A major goal of the 1980 act was to provide federal incentives to prevent unnecessary foster care placement and for activities designed to reduce lengths of stay in foster care before a permanent home is found. Although title IV-E is an entitlement program and has an open-ended authorization, funds have been capped at levels appropriated annually—$1.2 billion in fiscal year 1990.

Title IV-B funds a wide range of child welfare services to promote and protect the welfare of children, address abuse and neglect, and preserve families with a child at risk of a foster care placement. In addition, this program provides funds for foster care-related services to reunite families whose children have been placed in foster care and to place children in foster and adoptive homes. Data are not readily available on the proportion of total title IV-B funds used for foster care nationally. A capped program, title IV-B provides 75-percent federal matching up to a ceiling, which was about $253 million in fiscal year 1990.

Title XX, the Social Services Block Grant, also provides funding for, among other things, protecting children from abuse or neglect, preventing inappropriate institutionalization, and arranging institutional placement when in the child's best interest. In addition, title XX funds may be used to achieve or maintain economic self-support or self-sufficiency to prevent, reduce, or eliminate dependency. Reports of planned expenditures by states indicate that they intended to use funds for a variety of purposes, some related to foster care, many not. Data are not readily available on the proportion of title XX funds used for foster care nationally.

Estimates of total federal funding for foster care under all three titles are not readily available. However, one study indicates that in 31 states the federal and state governments planned to spend about $1.4 billion for certain foster care costs in fiscal year 1990, including federal funds from all sources. This estimate comes from an APWA analysis of states'

child welfare services plans.[1] Judging from this survey, in fiscal year 1990 states and localities expected to provide 68 percent of the funding for foster care maintenance (such as food and shelter) and 57 percent of funding for other foster care-related services. The federal government was expected to provide the remaining program funding.

[1] APWA, W Memo, Oct. 1990, p. 18.

State Officials' Views on Increasing Foster Care Caseloads and Lengths of Stay

This appendix provides additional information from child welfare officials in eight states regarding recent increases in foster care caseloads and why children are staying longer in care in 1990 than in 1986.[1]

Foster Care Caseloads Increasing

Foster care caseloads have increased dramatically since 1986. Not only is this because the number of children with special needs is growing, but abuse and neglect reporting is increasing and economic conditions are declining.

More Foster Care Children Have Special Needs

Since 1986, foster care caseloads have grown as more children with special needs enter foster care. In the eight states we surveyed, officials said that the number of children entering foster care due to parental substance abuse, especially abuse of crack cocaine, has increased dramatically since 1986. Between 80 and 85 percent of children entering California's foster care system did so as a result of parental substance abuse, while 80 percent of foster children in Ulster County (near New York City) and 62 percent of Oregon's foster children were in care for that reason, state officials said.

More children entering foster care with other special needs, such as the medically needy, handicapped, or severely emotionally disturbed, or those with acquired immunodeficiency syndrome (AIDS), also have increased foster care caseloads. The number of handicapped children has grown in three states. For example, the proportion of handicapped children entering foster care in Texas has increased from 6.7 percent in 1986 to 11.4 percent in 1989, state child welfare officials said. In addition, the number of children with AIDS has grown in four states. While Illinois and Georgia had few, if any, children with AIDS in foster care in 1986, officials said, each state had about 40 such children by 1989. State officials also reported an increase in the number of severely emotionally disturbed children entering foster care. For example, in Oregon the number of emotionally or behaviorally affected children in care increased from 303 in 1985 to 739 in 1989. In South Carolina, specialized placements that serve mostly children who are severely emotionally disturbed grew from 19 in 1986 to 211 in 1990 and are expected to increase to around 450 in 1991.

[1]The eight states we surveyed are California, Georgia, Illinois, Michigan, New York, Oregon, South Carolina, and Texas.

Abuse and Neglect Reporting Increases

Increased reporting of child abuse and neglect was cited by officials from four states as a reason for growing foster care caseloads. Some of the increased reporting resulted from states' efforts to increase public awareness of child abuse and neglect. Two states developed programs to encourage reporting. Georgia's "It's OK to Tell" campaign, instituted in 1985, increased both the number of such reports and the substantiation rate. Also, under its 1984 Maxine Waters Child Abuse Prevention Act, California teaches school children about abuse and neglect and how to report it. The act is responsible for the rise in abuse and neglect reporting from 238,000 in 1984 to 475,000 in 1988, state officials said. In addition, four states reported an increase in abuse and neglect reports as economic conditions in their states declined.

More Children From Poor Families Entering Care

Poverty increases children's risk of entering foster care, state officials suggest; thus caseloads rise when economic conditions deteriorate. For example, 50 percent of South Carolina's foster children entered care because their parents were unable to provide for their children's food, clothing, shelter, and medical care. Other state officials noted that trends in foster care caseloads are closely related to trends in Aid to Families with Dependent Children enrollments. Two states indicated that a greater proportion of AFDC-eligible children are placed in foster care than children not otherwise eligible for AFDC. In four states, officials cited an increase in foster care caseloads as a result of poverty or deteriorating economic conditions in their states. Economic downturns may reduce parents' ability to provide necessary care for their children, necessitating foster care placement.

Lengths of Stay Growing

Officials in the eight states we surveyed said that children's lengths of stay in foster care have increased since 1986. Not only are there are more children with special needs and substance- abusing parents, both requiring longer treatments, but caseworkers fear returning children to their parents too soon.

More Children With Special Needs Require Longer Treatment

Length of stay has grown as more children with special needs enter the foster care system, officials in five states told us. The average length of stay has increased since 1986, state officials said, because of the extensive treatment needed by the increasing numbers of children with special needs entering foster care. Drug-exposed children, often infants, have more severe physical, developmental and emotional problems, officials in five states indicated. These children often require lengthy and

intensive treatment before they can be returned home or enter a foster family home. In California, officials said the average length of stay increased from 15.2 months in 1987 to 20.2 months in 1990, in part due to the effects of drug-exposed children entering the system.

Children also may be spending a longer time in care waiting for treatment because there are not enough treatment facilities or caseworkers. Officials in seven states reported insufficient foster care treatment facilities to cope with the increasing number of more disturbed children entering care today. In addition, officials in six states said caseloads have grown without commensurate staff increases, giving caseworkers less time with each child.

Treating Parents Takes Longer

Children's stays also have lengthened as a result of the long treatments needed by the increased number of substance-abusing parents. Treating substance-abusing parents requires a lengthy process before their children can safely be returned home, officials from five states said. Caseworkers believe such parents are more difficult to work with because their primary goal is to get more drugs, not to regain their children, according to one state official. Moreover, officials from two states suggested that substance abuse is often an indicator of many other family problems. Dealing with the combination of substance abuse and other family problems is a long-term process. Children from these families often stay longer in care because of the difficulties in treating the parents' multiple problems.

Caseworker Reluctance to Return Children to Their Families

In five states, recent negative publicity in the news media about children who were returned home and abused again may contribute to increased lengths of stay, officials said. Such publicity has increased caseworkers' reluctance to return children to their natural parents. In addition, these officials believe that children may be staying longer in care because caseworkers are afraid they may be held legally liable if a child is returned home and abused again.

Scope and Methodology

To accomplish the objectives of our review, we obtained data on foster children's experiences from six states and two localities, selected for geographic variability and a diversity of foster care populations.

We acquired data on children entering or leaving foster care in 1986 from the states and localities as follows:

- Georgia, Oregon, South Carolina, and Texas—From the states' computerized data bases of children entering or leaving care in 1986.
- New York and Illinois—Through a National Opinion Research Center report on children discharged from foster care in 1986 that used these states' computerized data bases. We contracted with the center because it had access to a previously developed data base and had conducted studies of foster children in Illinois and New York.
- Los Angeles County and New York City—From case files on a generalizable random sample of foster children discharged from each locality in 1986.

In all areas, we excluded children who were in care 5 days or less because courts often have determined that such children should not have been placed in care. For details on the universe and sample sizes for the localities, see table III.1.

Table III.1: GAO Random Sample of Children Discharged From Foster Care in 1986 in Two Localities

	Los Angeles County	New York City
Universe	5,425[a]	9,610
Sample	212	200
Cases reviewed	209	130
Response rate (percent)	98	65[b]

Note: The data include children under age 18 who remained in foster care more than 5 days.

[a]The universe for Los Angeles County was adjusted to exclude children not in foster care, such as probation cases from the juvenile justice system.

[b]The response rate for New York City was low primarily because city officials were unable to locate 39 foster care files.

To analyze children's foster care experience in the states, we constructed data bases that captured longitudinal information on children's movements into or out of the foster care system in state fiscal year 1986. Except in the localities, we excluded children who had been in

foster care before and left care before 1986.[1] From these data bases, we developed admission and discharge cohorts to analyze the statistical association between children's lengths of stay and their age, ethnicity, sex, location, reason for entry, and type of foster care setting. In addition to these factors, our reentry analysis included length of stay.

From the localities, we obtained information on children discharged in 1986 regarding certain factors generally unavailable in state data bases. These include the types of services received during care, visiting patterns, child's health and educational history, household income sources, and parental demographic data.

Our analysis has some limitations. Because of time and cost constraints, we studied only six states and two localities; thus our results cannot be generalized nationally. Also, we did not determine the causes of the associations our analyses revealed.

Length of Stay Methodology

To provide an overview of children's time in foster care, we developed summary data on length of stay, including median length of stay and the distribution of children who stayed in care for various lengths of time. In addition, we analyzed the relationship between selected variables and length of stay. Appendix V presents the results of our length of stay analysis.

Analysis of Georgia, Oregon, South Carolina, and Texas Data

To develop summary information on lengths of stay for these states, we calculated children's stays in care up to 2 years beyond admission (see tables V.1 and V.2). Two years was the longest period for which we had data on all children in these four states. To reduce the impact of temporary placements on our results, we excluded children who were placed in temporary shelters. We also excluded children who died while in care or ran away from a foster care placement.

Using logistic regression, we estimated the relationship between multiple independent variables—age, race, sex, reason for entry, location, and type of placement—and a dependent variable, length of stay (see table V.3). Specifically, we used this approach to assess which variables were significantly related to the likelihood of children being in care for a year

[1]This enabled us to examine which factors were statistically significant for children who were new to the foster care system. We did not exclude children with more than one placement in South Carolina or the localities because such information was unavailable in South Carolina and because of sample size limitations in the localities.

or longer, while controlling for the other variables. Statistical significance was determined at the 95-percent level, meaning that it is unlikely (no more than 5-percent chance) that "significant" variables are not related to length of stay.

Analysis of New York and Illinois Data

The National Opinion Research Center, in its contract work for us, used multiple regression on data for a generalizable sample of children discharged from a first placement in 1986 to assess which of the variables listed above were statistically associated with length of stay of a random sample of children discharged in 1986. This approach produces regression coefficients that summarize the relationship between multiple independent variables and a dependent variable, controlling for the other variables (see table V.5).

Analysis of Los Angeles County and New York City Data

We based summary data for these localities (see tables V.6 and V.7) on random samples of children discharged from care in 1986. In addition, we examined the statistical relationship of selected variables to length of stay (see table V.8).[2] These variables related to characteristics of the child's family, behavior, academic performance, and services provided.

Reentry to Care Methodology

To provide information on the frequency at which children returned to care, we calculated reentry rates for children who were discharged from care in 1986 to the home of their parent(s). In addition, we analyzed the relationship between selected variables and reentry to care. Only children who had been reunified with their families were studied, as the records of children who were not sent home (such as those adopted) were not readily available. Appendix VI presents the results of our analysis of children's reentry to care.

[2]Because of the small sample sizes for the localities, we were unable to conduct multivariate analyses of factors associated with length of stay. Therefore, we looked at the relationship of these factors individually to length of stay, without controlling for the effects of other factors.

Analysis of Georgia, Oregon, South Carolina, and Texas Data

To develop reentry rates in these states, we identified children who were readmitted to foster care within 2 years of discharge (see table VI.1). We excluded children who were 16 or older at discharge.[3]

Using logistic regression, we assessed the degree to which age, race, sex, reason for entry, location, type of placement, and length of stay were statistically associated with these children's likelihood of returning to care within 2 years after discharge (see table VI.2).

Analysis of New York and Illinois Data

Our analyses for these states were based on a generalizable random sample of children under 18 who returned home from a first foster care placement in 1986 and returned to care before March 31, 1989, in New York and before June 30, 1988, in Illinois.[4] Cox regression, another multivariate analytical technique, was used to estimate which of the variables examined in our length of stay analysis, as well as length of stay itself, were statistically associated with children returning to care (see tables VI.4 and VI.5).

Analysis of Los Angeles County and New York City Data

For these localities, we based our reentry analyses on a sample of children under 18 who left foster care in 1986. This analysis was not limited to children who had left a first foster care placement.

Reentry rates for children readmitted to care before August 1989 in the localities are presented in table VI.6.[5] We used a bivariate analytical approach to examine the statistical relationship of selected variables to reentry (see tables VI.7 and VI.8).[6] These variables included length of stay, and several related to the receipt and planned receipt of health and social services.

Descriptive Data Methodology

A general description of foster children in states and localities we reviewed is provided in appendix IV. Statistics for Georgia, Oregon, and Texas include all children admitted or discharged for the first time in

[3]Within 2 years, these children would have turned 18 and, therefore, would have "aged out" of the foster care system.

[4]These dates represent the end of the most recent fiscal year for which data were available.

[5]We included one child who returned to care in October 1989.

[6]Because of small sample sizes for the localities, we were unable to conduct multivariate analyses of factors associated with reentry.

1986. Data for South Carolina include all children admitted or discharged in that year. The statistics for these four states describe children under 18 admitted to care and children under 16 who returned home from foster care. Statistics for Illinois and New York are for all children discharged from a first placement in 1986. Statistics for Los Angeles County and New York City are projected from random samples of children under 18 discharged in 1986.

Descriptive Data on Children Whose Foster Care Experiences Were Analyzed

This appendix presents descriptive data on the children whose lengths of stay or reentry to care were analyzed in six states and two localities. We first present data on the children in the four states that we analyzed (see tables IV.1 and IV.2); next, children in the two states the National Opinion Research Center analyzed (see tables IV.3 and IV.4); and finally, children whose case files we analyzed in the two localities (see table IV.5).

Table IV.1: Distribution of Children Who Entered Foster Care in 1986 in Selected States by Selected Variables

	Georgia	Oregon	South Carolina	Texas
Number of children admitted	**3,217**	**1,538**	**1,742**	**3,496**
Variable	**Percent of admissions**			
Age at admission (years)				
Under 3	33%	15%	27%	38%
3-8	31	24	31	34
9-14	26	26	32	22
15-17	10	35	11	6
Race				
White	55	80	51	52
Black	41	6	48	23
Hispanic	1	3	[a]	22
Other	2	11	2	3
Sex				
Female	53	47	55	53
Male	46	53	45	47
Location				
Large city[b]	8	6	0	39
Other	92	90	100	61
Missing	[a]	3	[a]	[a]
Reason for entry				
Abuse	26	25	33	26
Neglect	39	11	32	31
Abuse/neglect[c]	[a]	[a]	[a]	28[c]
No caretaker	4	8	9	[a]
Behavior	[a]	26	3	1
Other	26	30	22	13
Missing	5	[a]	[a]	[a]

(continued)

Variable	Percent of admissions			
	Georgia	Oregon	South Carolina	Texas
Type of placement				
Nonrelative	48%	59%	45%	70%
Relative or guardian	49	17	42	14
Residential treatment	3	20	[a]	9
Group home	[a]	2	13	2
Other	[a]	2	[a]	6

Note: Data include children under age 18 who remained in foster care more than 5 days and exclude children who died while in care, ran away from their foster care setting, or were placed in temporary shelters. Data for GA, OR, and TX are for children who were admitted to foster care for the first time. Data for SC include all children admitted, because data were unavailable to identify those with no prior history. All numbers are rounded to nearest percent; they may not total 100 percent due to rounding.

[a]No cases or fewer than 1 percent of the cases were in this category.

[b]Includes children who were residents of the largest county in metropolitan areas containing a central city with a population of 350,000 or more. SC had no cities this large.

[c]The TX state files contained a category entitled "abuse/neglect." We were unable to differentiate the primary reason for these children's entry to care.

Table IV.2: Distribution of Children Who Left Foster Care in 1986 in Selected States by Selected Variables

	Georgia	Oregon	South Carolina	Texas
Number of children discharged	**1,663**	**847**	**1,129**	**1,831**
Variable	**Percent of discharges**			
Age at discharge (years)				
Under 3	22%	17%	21%	30%
3-8	39	25	39	40
9-15	39	58	41	31
Race				
White	60	85	56	50
Black	37	5	43	23
Hispanic	[a]	3	[a]	24
Other	2	7	2	3
Sex				
Female	51	51	53	52
Male	49	49	47	48
Location				
Large city[b]	6	20	0	36
Other	94	74	100	64
Missing	[a]	6	[a]	[a]
Reason for entry				
Abuse	23	35	28	31
Neglect	36	11	41	30
Abuse/neglect[e]	[a]	[a]	[a]	25[c]
No caretaker	6	9	8	[a]
Behavior	[a]	24	1	1
Other	27	21	22	13
Missing	8	[a]	[a]	[a]
Type of placement				
Nonrelative	49	32	44	72
Relative or guardian	41	11	36	6
Residential treatment	2	10	[a]	7
Temporary shelter	8	45	[a]	11
Group home	[a]	1	20	3
Other	[a]	1	[a]	1

(continued)

Variable	Percent of discharges			
	Georgia	Oregon	South Carolina	Texas
Length of stay (months)				
Under 1	24%	37%	16%	25%
1-5	30	38	29	33
6-11	11	12	18	21
12-17	8	6	12	9
18 or longer	27	7	26	11

Note: Data include children under age 16 who returned home after leaving foster care and who remained in foster care more than 5 days. Data for GA, OR, and TX are for children who were discharged from foster care after a first placement. Data for SC include all discharged children, because data were unavailable to identify those discharged after a first placement. All numbers are rounded to nearest percent; they may not total 100 percent due to rounding.

[a]No cases or fewer than 1 percent of the cases were in this category.

[b]Includes children who were residents of the largest county in metropolitan areas containing a central city with a population of 350,000 or more. SC had no cities this large.

[c]The TX state files contained a category entitled "abuse/neglect." We were unable to differentiate the primary reason for these children's entry to care.

Table IV.3: Distribution of Children Who Left Foster Care in 1986 in Illinois by Selected Variables

	Illinois	Cook County[a]	Rest of state
Number of children discharged	**9,080**	**4,291**	**4,789**
Variable	**Percent of discharges**		
Age at entry (years)			
Under 1	12%	14%	10%
1-2	14	13	14
3-5	16	16	16
6-8	13	15	12
9-11	12	12	12
12-14	17	16	17
15-17	16	13	19
18-20	1	1	[b]
Race			
White	49	22	72
Black	44	66	24
Hispanic	6	10	2
Other	2	2	2
Location			
Cook County	47	100	0
Other	53	0	100
Length of stay			
Under 6 months	48	37	58
6 to less than 12 months	11	11	11
12 to less than 18 months	7	9	6
18 to less than 24 months	5	6	5
2 to less than 3 years	7	7	6
3 to less than 4 years	6	7	5
4 years or more	16	24	9

Note: Data include all children discharged in 1986 who had stayed in care over 5 days.

[a]Includes Chicago.

[b]No cases or fewer than 1 percent of the cases were in this category.

Table IV.4: Distribution of Children Who Left Foster Care in 1986 in New York by Selected Variables

	New York	New York City	Rest of state
Number of children discharged	**15,899**	**9,599**	**6,300**
Variable	**Percent of discharges**		
Age at entry (years)			
Under 1	13%	14%	12%
1-2	10	10	9
3-5	12	13	11
6-8	10	10	9
9-11	10	10	9
12-14	23	21	27
15-17	22	21	23
18-20	1	1	[a]
Race			
White	31	9	65
Black	39	51	20
Hispanic	15	23	3
Other	15	17	12
Location			
New York City	60	100	0
Other	40	0	100
Length of stay			
Under 6 months	40	47	30
6 to fewer than 12 months	14	11	18
12 to fewer than 18 months	10	7	14
18 to fewer than 24 months	8	6	10
2 to fewer than 3 years	9	8	11
3 to fewer than 4 years	6	6	6
4 years or more	14	16	11

Note: Data include all children discharged in 1986 who had stayed in care over 5 days.
[a]No cases or fewer than 1 percent of the cases were in this category.

Table IV.5: Distribution of Children Who Left Foster Care in 1986 in Los Angeles County and New York City by Selected Variables

	Los Angeles	Sampling error[a]	New York City	Sampling error[a]
Number of cases reviewed	**198**		**117**	
Variable		**Percent**		
Sex				
Male	47%	7%	55%	9%
Female	53	7	45	9
Age at entry (years)				
Under 3	33	7	35	9
3-8	34	7	26	8
9-14	25	6	23	8
15-17	7	4	15	6
Race				
White	26	6	8	5
Black	35	7	57	9
Hispanic	24	6	25	8
Other	15	5	10	5
Missing	1		0	
Primary reason for placement				
Abuse	40	7	12	6
Neglect/abandonment	39	7	36	9
Parents' problems	5	3	16	7
Child's problems	6	3	15	6
Other	10	4	20	7
Missing	2		0	
Prior placement				
Yes	16	5	14	6
No	84	5	86	6
Destination upon discharge				
Home	64	7	48	9
Relative or guardian	10	4	17	7
Adoption	6	3	20	7
Emancipation	8	4	10	5
Other	14	5	[b]	[b]
AFDC status				
Not eligible	7	4	[b]	[b]
Receiving (nonrelative)	46	7	6	4
Receiving (relative)	26	6	75	8
Could not determine	22	6	16	7

(continued)

Variable	Percent			
	Los Angeles	Sampling error[a]	New York City	Sampling error[a]
Father's education				
8th grade or less	7%	4%	[e]	[e]
9-12th grade	13	5	[e]	[e]
High school graduate	9	4	[e]	[e]
Some college/college degree	8	4	[e]	[e]
Missing	64	7	[e]	[e]
Mother's education				
8th grade or less	18	5	8%	5%
9-12th grade	27	6	19	7
High school graduate	16	5	6	4
Some college/college degree	13	5	12	6
Missing	27	6	56	9
Father's location				
Unknown	37	7	31	8
Known	50	7	41	9
Other/data missing	13	5	28	8
Mother's location				
Unknown	7	4	14	6
Known	92	4	80	7
Other/data missing	1	1	7	5
History of abuse in family				
Yes	75	6	93	5
No	24	6	7	5
Missing	[b]	[b]	[b]	[b]
Father's criminal history[d]	(n=113)[e]			
Drugs	15	7	[e]	[e]
Theft or vandalism	15	7	[e]	[e]
Violence against others	15	7	[e]	[e]
Other	43	9	[e]	[e]
No criminal history	40	9	[e]	[e]
Mother's criminal history[c]	(n=198)[e]		(n=116)[e]	
Drugs	10	4	[e]	[e]
Theft or vandalism	8	4	[e]	[e]
Violence against others	5	3	[e]	[e]
Other	18	5	[e]	[e]
No criminal history	54	7	[e]	[e]
Not specified	18	5	[e]	[e]

(continued)

Variable	Percent			
	Los Angeles	Sampling error[a]	New York City	Sampling error[a]
Female caregiver visits				
Regular/frequent	35%	7%	37%	9%
Irregular	10	4	17	7
Rare or not at all	17	5	20	7
Not applicable	7	4	9	5
Data missing	31	6	17	7
Male caregiver visits				
Regular/frequent	13	5	10	5
Irregular	4	3	6	4
Rare or not at all	25	6	17	7
Not applicable	26	6	47	9
Data missing	32	6	20	7
Other agency that provided services[c]	(n=179)[d]		(n=99)[d]	
Welfare agency	42	7	72	9
Child protective services	34	7	46	10
Other social agencies	19	6	60	10
Health agency	10	4	36	9
Law enforcement	15	5	27	9
None	26	6	[d]	[e]
Child's health[c]	(n=170)[d]		(n=98)[d]	
Child's drug or alcohol abuse	[b]	[b]	6	5
Low birthweight or premature birth	4	3	11	6
Perinatal or congenital birth defect	[b]	[b]	9	6
Physical health problem or injury	10	5	21	8
Developmental problem	7	4	13	7
Mental retardation	4	3	5	4
Failure to thrive	[b]	[b]	5	4
Emotional or behavioral problem	16	6	18	8
Lack of immunization	[b]	[b]	9	6
Drug-addicted newborn	11	5	[b]	[b]
Other	11	5	24	8
No health problems	57	7	29	9

(continued)

Variable	Percent			
	Los Angeles	Sampling error[a]	New York City	Sampling error[a]
Services provided for in child's plan[c]	(n=181)[d]		(n=93)[d]	
Financial assistance	[b]	[b]	37%	10%
Housing	5%	3%	5	4
Employment training	[b]	[b]	11	6
Parental counseling	42	7	23	9
Parenting skills	39	7	28	9
Visits with child	40	7	42	10
Counseling for child	20	6	38	10
Health care for child	8	4	23	9
Obtain guardian for child	8	4	[b]	[b]
Adoptive home study	[b]	[b]	[b]	[b]
More education for parent	[b]	[b]	[b]	[b]
Health care for parent	[b]	[b]	[b]	[b]
Find adoptive home	3	2	[b]	[b]
Terminate parental rights	3	2	[b]	[b]
Other	26	6	28	9
Nothing further needed	12	5	6	5
Barriers to plan implementation[c]	(n=180)[d]		(n=82)[d]	
No barriers	82	6	70	10
Caregiver uncooperative	13	5	17	8
Parents would not give up rights	[d]	[b]	[b]	[b]
Adoptive home unavailable	[b]	[b]	[b]	[b]
Delay in terminating parental rights	[b]	[b]	[b]	[b]
Child uncooperative	[b]	[b]	[b]	[b]
Guardian/adoption process slow	[b]	[b]	[b]	[b]
Other barriers	4	3	[b]	[b]
18-month review conducted				
Yes	41	7	32	8
No	14	5	5	4
Not applicable	43	7	56	9
Could not determine	2	2	7	5
After-care provided				
Yes	80	6	82	7
No	20	6	18	7

(continued)

Variable	Percent			
	Los Angeles	Sampling error[a]	New York City	Sampling error[a]
Type of after-care services provided[c]	(n=171)[d]		(n=108)[d]	
None	23%	6%	19%	7%
Worker visits	39	7	42	9
Other social services	15	5	25	8
Physical/mental health	19	6	18	7
Court oversight	53	7	20	8
Adoption unit assistance	5	3	7	5
Financial assistance	[b]	[b]	18	7
Other	20	6	33	9

Note: Data are based on a random sample of children under age 18 who were discharged from foster care in 1986 and who were in foster care more than 5 days and exclude children who died while in care or ran away from their foster care setting.

[a]Sampling errors were calculated using a 95-percent confidence level. This means that the chances are about 19 out of 20 that the actual percentage being estimated falls within the range defined by our estimate, plus or minus the sampling error.

[b]Estimate is unreliable; sampling error is greater than or equal to size of estimate.

[c]For these variables, more than one factor could have been reported in the case files. As a result, percentages do not add to 100.

[d]Number of cases reviewed (n) is smaller than the full sample of discharges because data were missing in some files.

[e]Estimate is unreliable due to high item nonresponse; therefore, the estimate and sampling error are not presented.

Length of Stay Analysis Results

This appendix presents the results of our analyses of lengths of stay in six states and two localities. We first present analytical results for the four states we reviewed (see tables V.1 through V.4); then the two states analyzed by the National Opinion Research Center (see table V.5); and last, results in the two localities (see tables V.6 through V.8).

Table V.1: Number of 1986 Admissions and Median Length of Stay in Foster Care in Selected States

	Number of admissions			Median length of stay (months)		
State	All admissions	First admission	Admitted previously	All admissions	First admission	Admitted previously
Georgia	3,515	3,217	298	19.1	19.0	23.7
Oregon	3,071	1,538	1,533	9.3	8.4	10.0
South Carolina	1,742	[a]	[a]	12.7	[a]	[a]
Texas	6,249	3,496	2,753	24.1	13.7	28.2

Note: Data include children under age 18 when admitted to foster care who remained in foster care more than 5 days and exclude children who died while in care, ran away from their foster care setting, or were placed in temporary shelters.

[a]SC did not retain records of prior foster placements when it instituted a new data system in the early 1980s. Therefore, we were unable to determine which children had a prior foster care history.

Table V.2: Distribution of Foster Children Who Entered Care in 1986 by Length of Stay in Selected States

	Georgia	Oregon	South Carolina	Texas
Number of children admitted	**3,217**	**1,538**	**1,742**	**3,496**
Length of stay (months)				
Under 1	12%	8%	13%	11%
1-5	15	33	22	19
6-11	8	20	14	17
12-17	10	11	10	11
18-23	11	6	7	8
24 or more	43	22	35	35

Note: Data include children under age 18 when admitted to foster care who remained in foster care more than 5 days and exclude children who died while in care, ran away from their foster care setting, or were placed in temporary shelters. Data for GA, OR, and TX are for children admitted to foster care for the first time. Data for SC include all children admitted because data were unavailable to identify those with no prior history.

Table V.3: Children Admitted in 1986: Likelihood of Being in Care for 1 Year or Longer in Selected States by Selected Variables: Logistic Regression Results

	Georgia	Oregon	South Carolina	Texas
Number admitted	**3,217**	**1,538**	**1,742**	**3,496**
Variable		**Odds ratio[a]**		
Age at admission (years)				
Less than 3	1.16	1.21	0.80	0.83
3-8	1.06	1.45*	0.80	0.75
9-14	1.21	1.39*	1.03	0.83
15-17	1.00	1.00	1.00	1.00
Race				
White	1.00	1.00	1.00	1.00
Black	1.45*	2.75*	1.15	1.04
Hispanic	[b]	[b]	[b]	1.05
Other	1.21	1.27	0.62	1.11
Sex				
Female	1.00	1.00	1.00	1.00
Male	1.06	1.05	1.09	1.03
Location				
Large city[c]	1.71*	0.13*	[d]	1.42*
Other	1.00	1.00	[d]	1.00
Reason for entry				
Abuse	1.00	1.00	1.00	1.00
Neglect	1.74*	0.96	1.20	1.94*
Abuse/neglect[d]	[d]	[d]	[d]	1.43[d]
All other	0.85	0.82	0.72*	1.38*
Type of placement				
Nonrelative	1.00	1.00	1.00	1.00
Relative/guardian	2.76*	0.67*	0.38*	1.64*
Residential treatment	3.10*	1.42*	[e]	3.65*
Group home	[e]	[e]	0.69*	[e]
All other	[e]	1.21	[e]	4.17*

Note: Data include children under age 18 when admitted to foster care who remained in foster care more than 5 days and exclude children who died while in care, ran away from their foster care setting, or were placed in temporary shelters. Data for GA, OR, and TX are for children admitted to foster care for the first time. Data for SC include all children admitted, because data were unavailable to identify those with no prior history.

[a]An odds ratio approximates the relative likelihood of an event occurring. These odds ratios are computed in relation to a defined reference group (1.00). Thus, for example, children classified as "neglected" in TX are nearly twice as likely as abused children (the reference group) to have remained in foster care 1 year or longer. An asterisk (*) indicates that the odds ratio is significantly different from 1.00 at the 95-percent confidence level.

[b]Included in "other" category.

[c]The TX state files contained a category entitled "abuse/neglect." We were unable to differentiate the primary reason for these children's entry to care. The other states did not have this category.

[d]Includes children who were residents of the largest county in metropolitan areas containing a central city with a population of 350,000 or more. SC had no cities this large.

[e]Categories with under 3 percent were combined into the "other" category. Cases classified as "other" were excluded if they comprised under 3 percent of the cases.

Table V.4: Children Admitted in 1986: Percentage of Children in Foster Care for 1 Year or Longer in Selected States by Selected Variables

	Georgia	Oregon	South Carolina	Texas
Number admitted	**3,217**	**1,538**	**1,742**	**3,496**
Variable	**Percent in care 1 year or longer**			
Age at admission (years)				
Under 3	66%	39%	51%	52%
3-8	63	41	50	50
9-14	65	44	54	57
15-17	58	35	52	70
Race				
White	60	38	48	53
Black	70	49	56	55
Hispanic	[a]	34	[a]	53
Other	65	47	35	55
Sex				
Female	64	38	51	53
Male	65	40	52	54
Location				
Large city[d]	80	10	d	58
Other	63	43	5	50
Reason for entry				
Abuse	63	40	52	46
Neglect	72	39	57	59
Abuse/neglect	[c]	[c]	[c]	54[c]
No caretaker	43	35	49	[a]
Behavior	[a]	33	58	81
Other	58	45	42	52
Missing	55	[a]	[a]	[a]

(continued)

Variable	Percent in care 1 year or longer			
	Georgia	Oregon	South Carolina	Texas
Type of placement				
Nonrelative	52%	40%	62%	47%
Relative/guardian	75	31	39	58
Residential treatment	76	44	[a]	75
Group home	[a]	61	54	36
Other	[a]	[a]	[a]	95

Note: Data include children under age 18 when admitted to foster care who remained in foster care more than 5 days and exclude children who died while in care, ran away from their foster care setting, or were placed in temporary shelters. Data for GA, OR, and TX are for children admitted to foster care for the first time. Data for SC include all children admitted, because data were unavailable to identify those with no prior history. All numbers rounded to nearest percent.

[a]Fewer than 1 percent or fewer than 30 cases in this category.

[b]Includes children who were residents of the largest county in metropolitan areas containing a central city with a population of 350,000 or more. SC had no cities this large.

[c]The TX state files contained a category entitled "abuse/neglect." We were unable to differentiate the primary reason for these children's entry to care.

Table V.5: Children Discharged in 1986: Relative Differences in Length of Stay in Two States by Selected Variables: Multiple Regression Results

Variable	Regression coefficients	
	Illinois	New York
Age at entry (years)		
Under 1	0	0
1-2	132	33
3-5	350*	140
6-8	790*	−316*
9-11	241*	−220
12-14	−21	−747*
15-17	−233*	−832*
Race		
Black	22	268*
White	−71	235*
Other or uncoded	0	0
Sex		
Male	0	0
Female	24	−24
Location		
Major urban area	408*	53
Rest of state	0	0
Reason for entry		
Abuse	−738*	0
Neglect	−647*	−642
Other	0	−610
Ever placed in an institutional setting		
Yes	382*	466*
No	0	0

Note: Sample size in each state was 1,488 children discharged from a first foster care placement. Total discharges in IL were 8,995; in NY, 15,899.

[a]The coefficients in this table represent estimates of the difference between the average length of stay for a particular group and that for a reference group (0), controlling for the effects of the other variables. For example, in IL children who were placed in an institutional setting stayed in care about 382 days longer than their reference group counterparts who were not placed in institutions.

*Coefficient is significantly different from 0 at the 95-percent confidence level.

Table V.6: Median Length of Stay for Children Discharged From Foster Care in 1986 in Los Angeles County and New York City

	Median length of stay (months)	Number of children
Los Angeles County	10.3	190
New York City	14.5	117

Note: Data are not limited to children discharged from a first placement. Excludes children who died while in care or ran away from their foster care setting.

Table V.7: Distribution of Length of Stay for Children Discharged in 1986 in Los Angeles County and New York City

	Los Angeles County	Sampling error[a]	New York City	Sampling error[a]
Number of children	**190**		**117**	
Length of stay (months)				
Less than 6	40%	7%	36%	9%
6-11	13	5	11	6
12-17	13	5	7	5
18-23	9	4	[b]	[b]
24 and over	25	6	43	9

Note: Data exclude children who died while in care or ran away from their foster care setting.

[a]Sampling errors were calculated using a 95-percent confidence level. This means that the chances are about 19 out of 20 that the actual percentage being estimated falls within the range defined by our estimate, plus or minus the sampling error.

[b]Estimate is unreliable; sampling error is greater than or equal to size of estimate.

Table V.8: Children Discharged in 1986: Bivariate Analysis of Length of Stay and Selected Variables, Pooled Data From Los Angeles County and New York City

Variable	Number of children	Percent in care for 12 months or more[a]	Sampling error[b]	P-value[c]
Aftercare service				
Received any aftercare:				.233
No	59	43%	13%	
Yes	248	52	6	
Worker visits:				<.001*
No	195	59	7	
Yes	112	34	9	
Other social service help:				.234
No	255	52	6	
Yes	52	42	14	
Physical/mental help:				.223
No	256	49	7	
Yes	51	58	14	
Court oversight:				<.001*
No	194	60	7	
Yes	113	30	9	
Adoption agency took over case:				<.001*
No	291	47	6	
Yes	16	96	8	
Financial assistance:				<.001*
No	269	41	6	
Yes	38	95	7	
Child's school/learning condition[d]				
Poor academic performance:				<.001*
No	263	46	6	
Yes	40	81	13	
Satisfactory performance:				<.001*
No	250	45	6	
Yes	53	77	12	
Adjustment/behavior problems:				<.001*
No	257	45	6	
Yes	46	80	12	
Learning disabilities/dyslexia:				<.001*
No	277	47	6	
Yes	26	88	12	

Variable	Number of children	Percent in care for 12 months or more[a]	Sampling error[b]	P-value[c]
Other problems:				<.001*
No	270	46%	6%	
Yes	33	86	11	
Child's behavior/mental health problems[d]				
Acting out/aggressive behavior:				<.001*
No	242	42	6	
Yes	62	80	10	
Withdrawal, turning inward, and depression:				<.001*
No	277	47	6	
Yes	27	85	13	
Social adjustment problems:				<.001*
No	270	45	6	
Yes	34	85	12	
Other				<.001*
No	235	42	7	
Yes	69	78	10	
Steps taken/being taken to implement plan for exit[d]				
Financial assistance:				<.001*
No	267	42	6	
Yes	38	93	8	
Counseling for parents:				.016*
No	209	55	7	
Yes	96	39	10	
Aid in developing parenting skills:				<.001*
No	210	58	7	
Yes	95	32	10	
Regular visits with child:				.665
No	193	49	7	
Yes	112	52	10	
Counseling for child:				.005*
No	234	46	7	
Yes	71	65	11	
Health care for child:				.003*
No	269	47	6	
Yes	36	74	15	
Other:				.299
No	235	49	7	
Yes	70	56	12	

(continued)

Variable	Number of children	Percent in care for 12 months or more[a]	Sampling error[b]	P-value[c]
Female caretaker visits with child[d]				<.001*
Regular/frequent	110	50%	10%	
Infrequent	39	90	10	
Rarely or not at all	54	65	13	

Note: Data include children under 18 years of age who returned home after leaving foster care and had remained in foster care more than 5 days.

[a]Figures based on weighted data for Los Angeles County and New York City.

[b]Sampling errors were calculated using a 95-percent confidence level. This means that the chances are about 19 out of 20 that the actual percentage being estimated falls within the range defined by our estimate, plus or minus the sampling error.

[c]P-value indicates the level at which the chi square test is statistically significant. An asterisk (*) denotes statistical significance at the 95-percent confidence level or greater ($p < .05$); that is, if there was no difference in the universe, it is unlikely (less than 5-percent chance) our sample results would show a difference of this magnitude.

[d]Data elements were not available for every case; therefore, the total number of cases in this category do not sum to the total number of sample cases of children discharged from care.

Reentry to Care Analysis Results

This appendix presents the results of our analysis of children's reentry to care following reunification with their families in six states and two localities. We first present analytical results for the four states we reviewed (see tables VI.1 through VI.3); then the two states analyzed by the National Opinion Research Center (see tables VI.4 and VI.5); and last, results in the two localities (see tables VI.6 through VI.8).

Table VI.1: Number of Children Discharged Home From Foster Care in 1986 and Reentry Rates in Selected States

	Number of children			2-year reentry rates		
State	All discharges	First discharge	Discharged previously	All discharges	First discharge	Discharged previously
Georgia	1,828	1,663	165	13%	13%	19%
Oregon	1,984	847	1,137	14	3	23
South Carolina	1,129	[a]	[a]	22	[a]	[b]
Texas	1,979	1,831	148	12	12	15

Note: Data include children under age 16 who returned home after discharge and remained in foster care more than 5 days.

[a]In SC, we were unable to determine which children were discharged from a first foster care placement. The state did not retain records of prior foster placements when it instituted a new data system in the early 1980s.

Table VI.2: Likelihood of Children Discharged in 1986 Reentering Care in Selected States by Selected Variables: Logistic Regression Results

	Georgia	Oregon	South Carolina	Texas
Number discharged	**1,628**	**832**	**1,129**	**1,831**
Variable		**Odds ratio[a]**		
Age at discharge (years)				
Under 3	0.74	0.00	1.68*	1.94*
3-8	0.78	0.52	1.33	1.34
9-15	1.00	1.00	1.00	1.00
Race				
White	1.00	1.00	1.00	1.00
Black	1.42*	1.35	1.10	1.09
Hispanic	[b]	[b]	b	0.93
Other	0.59	0.38	0.58	0.54
Sex				
Female	1.00	1.00	1.00	1.00
Male	0.98	1.44	0.96	1.05
Location				
Large city[c]	1.16	0.65	[c]	1.13
Other	1.00	1.00	[c]	1.00

(continued)

Variable	Odds ratio[a]			
	Georgia	Oregon	South Carolina	Texas
Reason for entry				
Abuse	1.00	1.00	1.00	1.00
Neglect	1.02	0.85	1.21	1.10
Abuse/neglect[d]	[d]	[d]	[d]	1.32[d]
Other	1.85*	1.61	0.96	1.19
Type of placement				
Nonrelative	1.00	1.00	1.00	1.00
Relative or guardian	0.55*	1.02	9.78*	0.61
Residential treatment	[e]	2.68	[e]	1.57
Temporary shelter	0.45*	0.87	[e]	4.76*
Group home	[e]	[e]	0.84	[e]
Other	[e]	[e]	[e]	2.03
Length of stay (months)				
Less than 1	1.03	8.11	2.53*	0.84
1-5	0.87	6.94	1.87*	0.89
6-11	1.58*	4.84	1.66*	1.25
12 or more	1.00	1.00	1.00	1.00

Note: Data include children under age 16 who returned home after discharge and remained in foster care more than 5 days. Data for GA, OR, and TX are for children discharged from foster care for the first time. Data for SC include all children discharged because data were unavailable to identify those who left a first foster care placement.

[a]An odds ratio approximates the relative likelihood of an event occurring. The odds ratios in this table are computed in relation to a defined reference group (1.00). Thus, for example, SC children who were in care less than 1 month were about 2.5 times as likely to reenter as children who were in care 1 year or longer (the reference group). An asterisk (*) indicates that the odds ratio is significantly different from 1.00 at the 95-percent confidence level.

[b]Included in "other" category.

[c]Includes children who were residents of the largest county in metropolitan areas containing a central city with a population of 350,000 or more. SC had no cities this large.

[d]The TX state files contained a category entitled "abuse/neglect." We were unable to differentiate the primary reason for these children's entry to care. The other states did not have this category.

[e]For type of placement variables, categories with fewer than 3 percent were combined into the "other" category. Cases classified as "other" were excluded if they comprised fewer than 3 percent of the cases.

Table VI.3: Percentage of Children Discharged in 1986 Who Reentered Care by Selected Variables in Selected States

	Georgia	Oregon	South Carolina	Texas
Number discharged	**1,663**	**847**	**1,129**	**1,831**
Overall reentry rate	**13%**	**3%**	**22%**	**12%**
Variable	**Percent of discharges**			
Age at discharge (years)				
Less than 3	13%	0%	24%	15%
3-8	12	2	22	11
9-15	13	4	20	11
Race				
White	11	3	23	12
Black	16	3	20	13
Hispanic	[a]	[a]	[a]	12
Other	10	2	21	7
Sex				
Female	13	2	22	12
Male	13	4	21	13
Location				
Large city[b]	16	2	[a]	13
Other	13	2	22	12
Missing	[a]	17	[a]	[a]
Reason for entry				
Abuse	10	2	22	11
Neglect	10	1	24	12
Abuse/neglect	[c]	[c]	[c]	13[c]
No caretaker	21	3	20	[a]
Behavior	[a]	6	[a]	[a]
Other	17	3	18	13
Missing	15	[a]	[a]	[a]
Type of placement				
Nonrelative	16	2	9	10
Relative or guardian	10	2	46	6
Residential treatment	16	9	[a]	13
Temporary shelter	9	3	[a]	28
Group home	[a]	[a]	7	18

(continued)

Variable	Georgia	Oregon	South Carolina	Texas
Length of stay				
Less than 1 month	15%	3%	25%	14%
1-5 months	13	3	27	11
6-11 months	16	5	25	13
12 months or longer	10	1	15	11

Note: Data include children under age 16 who returned home after discharge and remained in foster care more than 5 days. Data for GA, OR, and TX are for children discharged from foster care for the first time. Data for SC include all children discharged because data were unavailable to identify those who left a first foster care placement. All figures rounded to nearest percent.

[a]Less than 1 percent or fewer than 30 cases in this category.

[b]Includes children who were residents of the largest county in metropolitan areas containing a central city with a population of 350,000 or more. SC had no cities this large.

[c]The TX state files contained a category entitled "abuse/neglect." We were unable to differentiate the primary reason for these children's entry to care.

Table VI.4: Likelihood of Reentry to Care for Children Discharged in 1986 in Illinois by Selected Variables: Cox Regression Results

	Hazard ratio[a,b]		
Variable	Illinois state	Cook County[c]	Rest of state
Age at entry			
Under 1	[c]	1.00	1.00
1-2	[c]	1.43	1.50
3-5	[c]	1.10	1.92
6-8	[c]	.81	1.78
9-11	[c]	.90	2.87*
12-14	1.51*	1.88*	2.44
15-17	[c]	.91	1.71
Race			
Black	1.39	2.50	1.30
White	2.28*	3.40	2.38*
Other	1.00	1.00	1.00
Sex			
Male	[d]	1.00	1.00
Female	[d]	.94	.94
Location			
Cook County	.95	[e]	[e]
Rest of state	1.00	[e]	[e]
Reason for placement			
Other	1.00	[f]	[f]
Neglect	.66*	[f]	[f]
Abuse	.73*	[f]	[f]

(continued)

Variable	Hazard ratio[a,b]		
	Illinois state	Cook County[c]	Rest of state
Ever placed in an institutional setting			
Yes	1.08	1.04	1.27
No	1.00	1.00	1.00
Length of stay[b]	.9998*[b]	.9995*[b]	1.00[b]

Note: This analysis is based on a random sample of 865 children under age 18 who were discharged to parent's home from a first foster care placement lasting more than 5 days. Total discharges were 8,995.

[a]A hazard ratio reflects the relative likelihood of an event occurring. Except for the length of stay variable, hazard ratios were computed in relation to a defined reference group (1.00). For IL, the reference group for the age variable is comprised of all children except those 12 to 14 years of age. Hazard ratios marked with an asterisk (*) are significantly different from the reference group at the 95-percent confidence level.

[b]The hazard ratios for length of stay reflect the change in the likelihood that a child will return to care associated with a 1-day increase in length of stay. For example, in IL, the likelihood of a child returning who was discharged from care after 31 days is slightly lower (.9998) than that of a child discharged after 30 days. While the decrease in likelihood of returning is negligible for a 1-day increment, the likelihood of returning decreases proportionally for each additional day of care.

[c]Includes Chicago.

[d]Sex was not included as a variable for statewide analysis but was analyzed in substate areas.

[e]Not applicable.

[f]Reason was included as a variable for the statewide analysis but not for the substate analysis.

Table VI.5: Likelihood of Reentry to Care for Children Discharged in 1986 in New York by Selected Variables: Cox Regression Results

Variable	Hazard ratio[a,b]		
	New York State	New York City	Rest of state
Age at entry			
Under 1	[b]	1.00	1.00
1-2	[b]	1.33	1.41
3-5	[b]	1.52	.88
6-8	[b]	.94	1.91
9-11	1.50	1.43	2.44
12-14	1.16	.99	1.73
15-17	[a]	1.04	.52
Race			
White	1.00	1.00	1.00
Black	1.31	1.15	1.40
Hispanic	.88	.74	1.39
Other	.83	.75	.72
Sex			
Female	[c]	1.00	1.00
Male	[c]	1.22	1.21
Location			
New York City	1.00	[d]	[d]
Rest of state	.77	[d]	[d]
Reason for entry			
Other	1.00	1.00	1.00
Neglect	.90	[e]	[e]
Ever placed in an institutional setting			
Yes	.72	1.17	.40*
No	1.00	1.00	1.00
Length of stay	.9989*[b]	.9987*[b]	.9992*[b]

Note: This analysis is based on a random sample of 693 children under age 18 who were discharged to parent's home from a first foster care placement lasting more than 5 days. Total discharges were 15,899.

[a]A hazard ratio reflects the likelihood of an event occurring. Except for the length of stay variable, hazard ratios were computed in relation to a defined reference group (1.00). For NY state, the reference group for the age variable is comprised of all children except those 9-14 years of age. Hazard ratios marked with an asterisk (*) are significantly different from the reference group at the 95-percent confidence level.

[b]The hazard ratios for length of stay reflect the change in the likelihood that a child will return to care associated with a 1-day increase in length of stay. For example, in NY, the likelihood of a child returning who was discharged from care after 31 days is slightly lower (.9989) than that of a child discharged after 30 days. While the decrease in likelihood of returning is negligible for a 1-day increment, the likelihood of returning decreases proportionally for each additional day of care.

[c]Sex was not included as a variable for statewide analysis but was analyzed in substate areas.

[d]Not applicable.

[e]Reason was included as a variable for the statewide analysis but not for the substate analysis.

Table VI.6: Percent of Children Discharged in 1986 Who Returned to Care in Los Angeles County and New York City

	Number of cases reviewed	Percent reentered care	Sampling error[a]
Los Angeles County	126	22.2%	7%[b]
New York City	56	32.1	12[b]

Note: Data include children under age 18 who returned home after leaving foster care in state fiscal year 1986, had remained in foster care more than 5 days, and reentered care by Aug. 1989.

[a]Sampling error was calculated using a 95-percent confidence level. This means that the chances are about 19 out of 20 that the actual percentage being estimated falls within the range defined by our estimate, plus or minus the sampling error.

[b]Although our estimates are subject to sampling errors, statistics developed by the National Opinion Research Center for New York City based on the universe of children discharged home indicated a 31-percent reentry rate. The data were for children who reentered care before Apr. 1989.

Table VI.7: Bivariate Analysis of Reentry to Care by Length of Stay for Children Who Returned Home From Foster Care in 1986 in Los Angeles County and New York City

	Number of cases reviewed[a]	Percent reentered care[b]	Sampling error[c]	P-value[d]
Length of stay[e]				.015*
Less than 12 months	123	32%	9%	
12 months or more	58	16	9	

Note: Data include children under age 18 who returned home after leaving foster care in state fiscal year 1986, had remained in foster care more than 5 days, and reentered care by August, 1989.

[a]Length of stay data were not available for every case; therefore, the total number of cases reviewed does not sum to the total number of cases reviewed as shown in table VI.6.

[b]Figures based on weighted data for Los Angeles County and New York City.

[c]Sampling errors were calculated using a 95-percent confidence level. This means that the chances are about 19 out of 20 that the actual percentage being estimated falls within the range defined by our estimate, plus or minus the sampling error.

[d]The p-value indicates the level at which the chi square test is statistically significant. An asterisk (*) denotes statistical significance at the 95-percent confidence level or greater ($p < .05$); that is, if there was no difference in the universe, it is unlikely (less than 5-percent chance) our sample results would shown a difference of this magnitude.

Table VI.8: Bivariate Analysis of Reentry to Care by Selected Variables for Children Who Left Foster Care in 1986 in Los Angeles County and New York City

Variable	Number of cases reviewed	Percent reentered care[a]	Sampling error[b]	P-value[c]
Aftercare services				
Received any aftercare:				.679
No	25	23%	18%	
Yes	157	27	7	
Worker visits:				.382
No	84	23	9	
Yes	98	29	10	
Other social services:				.904
No	139	26	8	
Yes	43	27	14	
Physical/mental health:				.635
No	140	26	8	
Yes	42	30	14	
Court oversight:				.022*
No	85	19	9	
Yes	97	35	10	
Financial assistance:				.074
No	171	28	7	
Yes	11	9	17	
Steps taken/being taken to implement plan for exit[d]				
Financial assistance:				.067
No	168	29	7	
Yes	12	9	17	
Counseling for parents:				.412
No	92	24	9	
Yes	88	30	10	
Aid in developing parenting skills:				.623
No	92	29	10	
Yes	88	25	10	
Regular visits with child:				.603
No	96	29	10	
Yes	84	25	10	
Counseling for child:				.790
No	127	28	8	
Yes	53	26	12	

(continued)

Variable	Number of cases reviewed	Percent reentered care[a]	Sampling error[b]	P-value[c]
Health care for child:				.554
No	164	28%	7%	
Yes	16	21	20	
Other steps taken:				.015*
No	142	31	8	
Yes	38	13	11	
Number of aftercare services				.139
0	24	24	18	
1	52	21	12	
2	46	27	13	
3+	60	33	12	

Note: Data include children under age 18 who returned home after leaving foster care, had remained in foster care more than 5 days, and who reentered care by Aug. 1989.

[a]Figures based on weighted data for Los Angeles County and New York City.

[b]Sampling errors were calculated using a 95-percent confidence level. This means that the chances are about 19 out of 20 that the actual percentage being estimated falls within the range defined by our estimate, plus or minus the sampling error.

[c]The P-value indicates the level at which the chi square test is statistically significant. An asterisk (*) denotes statistical significance at the 95-percent confidence level or greater ($p < .05$); that is, if there was no difference in the universe, it is unlikely (less than 5-percent chance) our sample results would shown a difference of this magnitude.

[d]Data elements were not available for every case; therefore, the total number of cases in this category do not sum to the total number of sample cases of children discharged to their homes.

Comments From the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

JUN 24 1991

Mr. Gregory J. McDonald
Associate Director, Income Security Issues
United States General
Accounting Office
Washington, D.C. 20548

Dear Mr. McDonald:

Enclosed are the Department's comments on your draft report, "Foster Care: Children's Experiences Linked To Various Factors, But Better Data Needed." The comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely yours,

For Richard P. Kusserow
Inspector General

Enclosure

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE U.S. GENERAL ACCOUNTING OFFICE'S REPORT "FOSTER CARE: Children's Experiences Linked To Various Factors, But Better Data Needed"

General Comments

The General Accounting Office (GAO) has analyzed available data from six States, along with New York City and Los Angeles County, to produce this report. The GAO was asked by the Senate Finance Committee to examine factors related to length of stay and reentry rates in foster care; they found relationships with certain other elements in the data they examined. The lack of caution in the way these statistical correlations -- and questionable findings -- are presented could easily mislead readers to assume that such correlations have implications for national or State policy. Because of this lack of caution, the omission of State policy context for interpreting the data, problems with the methodology used by the GAO in interpreting the data, and problems with the data itself, we do not concur with this report. We recommend that the report, in its present form, neither be submitted to the Congress nor made available to the public.

We strongly agree that further discussion and study about these reported correlations are needed. The GAO has not reported them as conclusions, as recommendations, or as findings on which to base policy decisions. If the report is to be released, the text must clearly explain the limitations of the data, and must emphatically caution readers against concluding that a causative relationship exists in any of the statistical correlations reported.

We believe that more study is needed before the release of this report because:

Now on p. 4.

- There are problems with the methodology used by the GAO in analyzing available data. One example involves footnote 3 on page 6, which states, "We pooled the sampled case files from Los Angeles County and New York City because too few children reentered care to conduct reliable statistical analyses for each locality separately." We strongly question correlations based on these data.

- There are problems with the data analysis. The Department has been hindered in analyzing data from the Voluntary Cooperative Information System (VCIS) by the dissimilarity of State systems. The differences between the ways States define fiscal years, entry, exit, and reentry rates make comparisons difficult. This report is prone to the same criticism.

Page 2

- There are also problems with the quality of the data. The response rate in New York City was low -- 65 percent -- primarily because city officials were unable to locate 39 foster care files out of 130 cases reviewed (p. 35, Table III.1, footnote c).

Now on p. 26, footnote b.

- There is no sense of how State foster care policies and practices, which differ greatly, may influence the findings. For example, the report finds, in Georgia, reduced reentry rates for stays between six months and one year, but increased reentry rates for stays over one year. It may be that a given State's policies concerning aftercare services, for example, make its foster care more "efficient" -- i.e. reduced reentry rates achieved with shorter stays. Without the context of State policies, practices, and perhaps other factors, we simply do not know.

- There is also no discussion of the very different reasons for each child's placement in foster care, the individualized needs of their families, and how these factors should be the basis on which decisions are made on their behalf. Instead, the report implicitly assumes that all foster children and the families from which they originate can be aggregated and compared. This leads to a very limited analysis that also lends itself to faulty implications.

Several of the correlations reported are particularly problematic. These include:

Now on pp. 5 and 6, cited sentence deleted.

- Placement Setting and Service Provision: On page seven there is a discussion of the fact that children placed in institutions and in relative foster care have longer foster care stays than children placed in family foster care. Without a discussion of possible reasons for this finding, the clear implication is that greater usage should be made of family foster care and that fewer children should be placed with relatives or in institutional foster care. In fact, words to this effect appear on the following page: "for example, the finding on placement type suggests that to reduce children's lengths of stay, policymakers should assure that more children are placed in foster family homes and fewer in institutions or with relatives."

Page 3

Now on pp. 5 and 6.

On the same page the report compares the services received by foster children and their parents on the basis of their length of stay in care: "moreover, proportions of children remaining in care one year or longer were greater when these children received counseling or health care services and less when their parents received parenting skills training." Again, the reader is left with the impression that one type of service provision should be emphasized over another, when in fact such decisions on placement setting and service provision should be based on the individualized needs of the child and his or her family.

Now on p. 3.

Now on p. 5.

- Length of Stay: "A greater proportion of children reentered care if their length of stay was less than one year than if it was one year or longer. (p. 5)" This is a finding that has been reported before (in New York and Illinois), but one that has uncertain implications for policy. Surely this is true for some children, but other children will best be served by a short stay in foster care. We agree that "further study is needed to understand why this relationship occurs," (page 6), and recommend that this caveat be included in the same paragraph as the correlation, rather than at the end of a discussion of State data.

Now on p. 5.

Now on p. 5.

- Parental Visitation: "Ninety percent of those who received irregular or infrequent visits and 65 percent of those who were rarely visited stayed in care more than one year (p. 8)." A number of studies have found that regular parental visiting is related to shorter stays in foster care. The most involved parents are likely to visit whenever possible, and are more likely to conform to agency requirements. We are very concerned, however, with the statement that "half the children who were visited regularly by their mothers or other female caregivers were in care more than one year (p. 8)." This statement can easily be misinterpreted to mean that frequent visitation causes longer stays.

Page 4

Matters for Consideration

To guide and spur development of nationwide foster care data for federal policy deliberations, the Congress may wish to consider (1) reemphasizing to the Secretary of HHS the need for prompt issuance of regulations for improved state data bases, (2) amending the timetable for states to implement automated data systems, basing the deadline on the date HHS issues final regulations, and (3) establishing a specific federal policy on funding these systems.

Department Comment

The draft report noted that the development of the national foster care and adoption information system has fallen behind schedule. The notice of proposed rulemaking was published in September, 1990, and the period for comments closed December 26. The Department received over 1,500 separate comments in nearly 100 letters. These comments are being analyzed as we prepare to draft the final regulation, which should be published later this year.

We disagree, however, with the GAO's contention that the data system, when established, will help resolve all data issues as they relate to child welfare policy.

Technical Comments

We note that page 8 of the study does not continue on page 9 and page 10 does not continue on page 11.

We also note that the report does not correlate such readily-available factors as the age of children or the size of a State's foster care population.

Now on p. 22, footnote revised.

Footnote 1 on page 26 references a report related to the Social Services Block Grant program by the American Public Welfare Association, but the text refers to an evaluation of State child welfare plans.

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