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A SYSTEM IN TRANSITION:
An Analysis of New York City's Foster Care
System at the Year 2000

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Executive Summary

New York City's Administration for Children's Services (ACS) operates one of the largest child welfare systems in the country, and has tens of thousands of children in its foster care system. To aid in the reform efforts initiated as part of the settlement of the *Marisol* lawsuit, ACS contracted with the Vera Institute of Justice to conduct a series of research studies utilizing foster care data collected by ACS. This report is one of several recently completed studies conducted by Vera, and additional work is in progress.

This study addresses three areas: who is in foster care and what services foster children need; how frequently foster children switch to new placements and which types of placements they move between; and the characteristics of children leaving care without permission (AWOLs). The report discusses the policy implications produced by the analyses, and identifies possible areas of future research.

Using data from ACS's Child Care Review System, Vera's researchers learned of some broad trends in the child welfare system. ACS has experienced large and at times rapid fluctuations in the number and type of children in foster care. While the number of children in foster care on a given day declined by over 17 percent from 1990 to 1998, the number of children in care over 10 years old increased 18 percent. This group accounted for 41 percent of all children in care in 1998, compared to 29 percent in 1990. This rise in the number of adolescents has serious repercussions for the type of care ACS provides.

Changes in the number of children in care appear to be tightly tied to entries, not discharges. The number of children entering care in the 1990s fluctuated from a high of 16,373 in 1990 to 9,330 in 1996. In contrast, the number of discharges changed little during that period: from a high of 13,364 in 1998 to a low of 12,032 in 1990. Roughly 44 percent of children who first entered foster care while under age 12 in 1994 were still in care at the end of 1998.

Finally, an examination of transfers and AWOLs showed a large number of these events. For example, ACS received an average of 4,003 AWOL reports a year from 1993 to 1998. Despite this volume, data from the 1994 entry group suggests that the typical foster child experiences a stable placement while in care. Less than half of the 1994 entry group (43 percent) have had more than one placement. Even fewer experienced more than one spell (13 percent) or left care without permission (12 percent). Of course, this data could change as the cohort ages.

These findings have several implications. One response to the instability in the types of children in care is to create more flexible placements that can adapt as the foster care population changes. With regard to the increase in adolescents, ACS already plans to expand the use of therapeutic foster bed homes and supervised inde-

pendent living programs, a process the agency may want to accelerate. With federal legislation mandating reductions in the time children spend in care, ACS may want to examine ways to further streamline the discharge process. The data suggest, however, that effective diversion and preventive programs are the best way to achieve long-term reductions in the foster care population. Finally, the concentration of transfers, multiple spells, and AWOL activity suggests a focus on early interventions for children likely to develop these problems. Child welfare managers could also use these events as a possible indication of problems with the care a child is receiving, especially if problems are concentrated in one facility or agency.

This report is based primarily on data maintained by ACS, and except where noted, the data included in this report are of acceptable quality. Some potentially valuable information, however, does not meet the minimum standards for research or policy-making purposes. The transition to the new management information system known as Connections is pivotal, and ACS would be well-advised to continue to focus managerial attention on this matter.

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Acknowledgments

Introduction

Driven by the urgency of their mission and media coverage that often highlights the most egregious cases of child abuse and neglect, child welfare managers frequently spend large amounts of their time managing the most recent crisis. In large child welfare systems, high profile failures are close to inevitable: ensuring the safety of thousands of high-risk children is an extraordinary task, and even a near-perfect success rate can generate a few tragic cases each year. Focusing on crises, however, tends to diminish the time available to examine the system as a whole, and can lead to policymaking based on anecdote instead of reliable information. To inform future policy directions, this report seeks to provide child welfare managers with a data-driven, longitudinal view of trends in New York City's child welfare system.

New York City's Administration for Children's Services (ACS) operates one of the largest child welfare systems in the country. Thousands of children enter and exit foster care each year in New York, and ACS is responsible for tens of thousands of children on any given day. To handle such an enormous volume of children, ACS contracts with approximately 60 private foster care providers with a wide variety of placements located in New York City's five boroughs and several nearby counties, as well as a small number of providers in other states across the country. Given the system's size and complexity, this report required making some difficult choices regarding the topics it would emphasize. To narrow the study, this article identifies three critical questions that face ACS's managers, and demonstrates three analytic techniques that suggest answers to these and other questions that may arise.

Though providing care to foster children is a special mission, child welfare managers face many of the problems encountered by executives in other large organizations. Like other service-providers, child welfare managers need to know the characteristics of their "customers," and what services their customers need. Executives also need to know when the cost of servicing their customers changes, and examine indicators that the services provided are not having their intended effect. Without this type of information, service-providing organizations risk losing touch with their clientele, and may provide inappropriate services at a high cost. That the customers are children makes the success of the organization that much more important, but does not change the type of information needed.

These concerns can be translated into three concrete questions:
1. Who is in foster care and what services are they likely to need?
2. How frequently do foster children move to new placements, and when they move, what types of placements are they coming from and going to?
3. What are the characteristics and patterns of children leaving care without permission?

This list is by no means exhaustive, and no claim is put forth that these queries trump all others in importance. Still, it is hard to imagine child welfare managers *not* needing answers to these questions. This report provides decision makers with some answers to these questions, and with a set of analytical tools that will enable them to answer other crucial questions in the future.

The study tackles the three questions listed above individually, but with a common methodology. For each question, the analysis illustrates why answers to the question are important to policy making. Using data from ACS's administrative database for foster care, the Child Care Review System (CCRS), the questions are answered from three analytic perspectives: point-in-time snapshots, trend analysis, and cohort analysis (Chapin Hall 1999). After presenting results for each question, the report discusses the policy implications and future research ideas that flow from the analyses.

There are three principal descriptive techniques used to study the questions that follow: point-in-time or "snapshot" studies, trend analysis, and cohort analysis. Point-in-time studies choose a particular date or cross-section of data, and examine the population in care. Trend analysis examines critical events, such as entries and discharges, over time for all children in care. Cohort analysis often focuses on the same critical events as trend analysis, but only for a specific group of children who first enter foster care during a common time period (usually a year) as they flow through the system.

Each type of analysis has strengths and weaknesses, and the most appropriate method depends on the specific question posed. For many questions, especially those pertaining to the experience of a typical foster child, cohort analysis is the most appropriate method (Wulczyn 1994; Norval 1977). Compared to point-in-time data, cohort data are more likely to contain a random selection of children who have a typical experience in foster care. Point-in-time data, in contrast, contain a greater percentage of children with longer lengths of stay in the foster care system. To assess system operations as a whole, however, point-in-time and trend analysis are useful tools because they can provide a more detailed picture of the day-to-day challenges managers face, and of the direction in which the system is heading. The following analyses use all three techniques to provide a comprehensive picture.

Critical Question 1: Who Is in Foster Care and What Services Are They Likely to Need?:

One of the most critical pieces of information child welfare managers need is how many children their system serves and the types of services these children need. In addition to making sure that children receive appropriate services and high quality care, officials need this information because it affects a broad array of actors inside

and outside of ACS. Changes in the number of children in care influence the city's budget, hiring decisions, and a panoply of other decisions at ACS, the private foster care providers, and the family court. Fluctuations in the foster care population may produce alterations in state and federal budgets as well. Similarly, changes in the characteristics of children in care may drive internal resource allocation choices, emphases on special programs, and decisions made by contracted foster care and social service providers.

Point-in-time analysis of children in care

The number of children in care at a given time, combined with their age and placement types, is an important indicator of demand for services. Both permanency goals and service demands change with a child's age and level of care. Adoption, for example, is more common among younger foster children placed in traditional foster boarding homes, especially newborns and infants. A foster care system with a large number of young children will need many caseworkers trained to deal with the complicated issues and processes surrounding adoption, and will need to recruit an adequate number of foster parents with an interest in adopting children placed in their homes. A system consisting primarily of older children, in contrast, will need strength in independent living programs and training regimens that produce foster caregivers that understand how to handle the complex emotional and behavioral changes that often accompany adolescence. Age and level of care data cannot substitute for a detailed needs assessment. Level of care, for example, reflects placement availability as well as placement need. Though imperfect, these data can provide a broad picture of service demands. In 1998, for example, virtually no children over the age of 12 and living in congregate care ended a stay in foster care via adoption in New York City.[1]

Graphing children's age and placement type at several points-in-time suggests changes in the types of care demanded, and shows a need for a flexible mix of foster care placements. The graphs in Figure 1 show point-in-time data by age for the same day in four different years (September 1, 1985, 1990, 1995, and 1998). On September 1, 1985, New York City had responsibility for slightly over 18,000 foster children (Figure 1a). Adolescents ages 13 to 17 constituted one-third of all children in care, and 62 percent of this group lived in congregate care facilities. There is a striking difference in the distribution of age and placement only five years later, as shown in Figure 1b. At over 48,000 cases, the foster care census increased more than 250 percent between 1985 and 1990. Additionally, children under five years old accounted for the vast majority of the increase. The 13- to 17-year-old age group climbed only 26 percent, and a lower percentage (53 percent) of this group lived in congregate care facilities than in 1985.

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[1] All statistics cited here come from the author's analysis of the Child Care Review System (CCRS) data unless otherwise noted.

Figure 1a: Children in Foster Care by Age and Placement, September 1, 1985

Count of Placements by Age and Type, Sept. 1, 1985
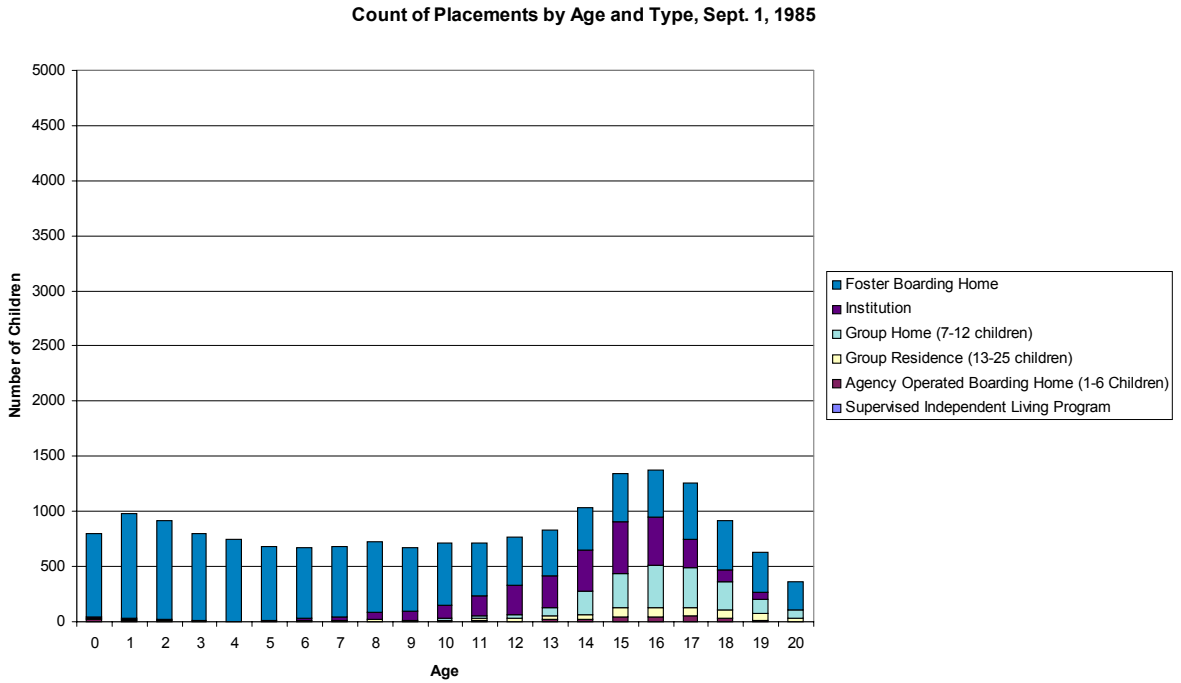
Figure 1b: Children in Foster Care by Age and Placement, September 1, 1990

Placements by Age and Type, Sept. 1, 1990
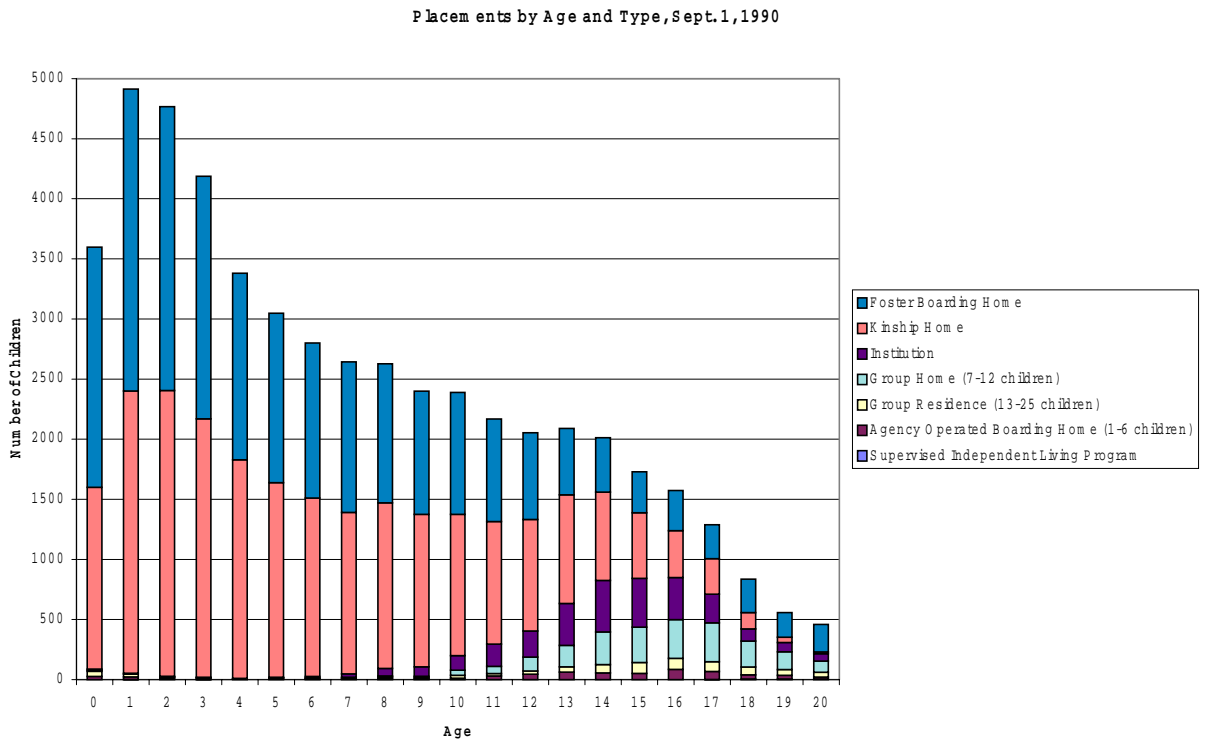
These dramatic changes reflect several alterations in the social, policy, and legal environments surrounding child welfare in New York City. During the late 1980s, New York experienced a crack cocaine epidemic that contributed to increases in the number of drug-exposed and drug-addicted newborns. Changes in the law allowed doctors to order drug tests of new mothers, a factor that many believe led to an increase in removals (ACS 1996). The scarcity of foster boarding homes created a new phenomenon known as "boarder babies"—newborns staying in the hospital waiting for placement (Wulczyn and Goerge 1992). Changes in the social and economic fabric added to the pool of potential foster children; as Wexler and others point out, poverty is the leading predictor of involvement with child welfare (Wexler 1995). In the late 1980s, New York City experienced increased immigration, continued middle class flight, economic recession, and a more polarized income distribution (Mollenkopf 1996). These changes increased the number of low-income families that are most at-risk for involvement with the child welfare system.

In addition, a major policy change contributed to the ballooning in the foster care census. As the result of a Supreme Court ruling in 1979 and two lawsuits involving New York City's child welfare agency in 1985—*Eugene F. v. Gross* in state court and *Jesse E. v. New York City Department of Social Services* in federal court—ACS began treating kinship arrangements as foster care placements in 1985 (ACS 1996). By September 1, 1990, kinship placements accounted for 45 percent of all children in care. To make the graphs comparable, only Figure 1b contains kinship placements. Even after excluding kinship placements, the number of children in foster care rose 65 percent between 1985 and 1990 (Figure 1c).

By 1995, the number of children in care dropped by six percent from 1990 (excluding kinship) to 26,325 (see Figure 1d). Despite a diminished crack cocaine epidemic and the end of the "boarder baby" crisis (see ACS 1996), the demand on foster care services remained far above 1985 levels. Though similar numbers of children were in foster care in 1990 and 1995 (after excluding kinship cases), the age distribution in 1995 changed significantly. In 1995, the number of children under five years of age declined 40 percent, while children ages 13 to 17 years old increased 17 percent.

A graph of the last comparable date with complete data, September 1, 1998 (Figure 1e), shows a flattening of the age distribution and an 11 percent increase in the number of children in care (excluding kinship placements) from 26,325 to 29,246. Unlike the early 1990s, when very young children comprised most of the foster care census, the number of 0- to 4-year-olds and 13- to 17-year-olds is almost precisely the same (10,460 and 10,438, respectively).

Figure 1c: Children in Foster Care by Age and Placement, September 1, 1990   (Excluding Kinship Placements)

Placements by Age and Type, Sept. 1, 1990
(Excludes Kinship Placements)
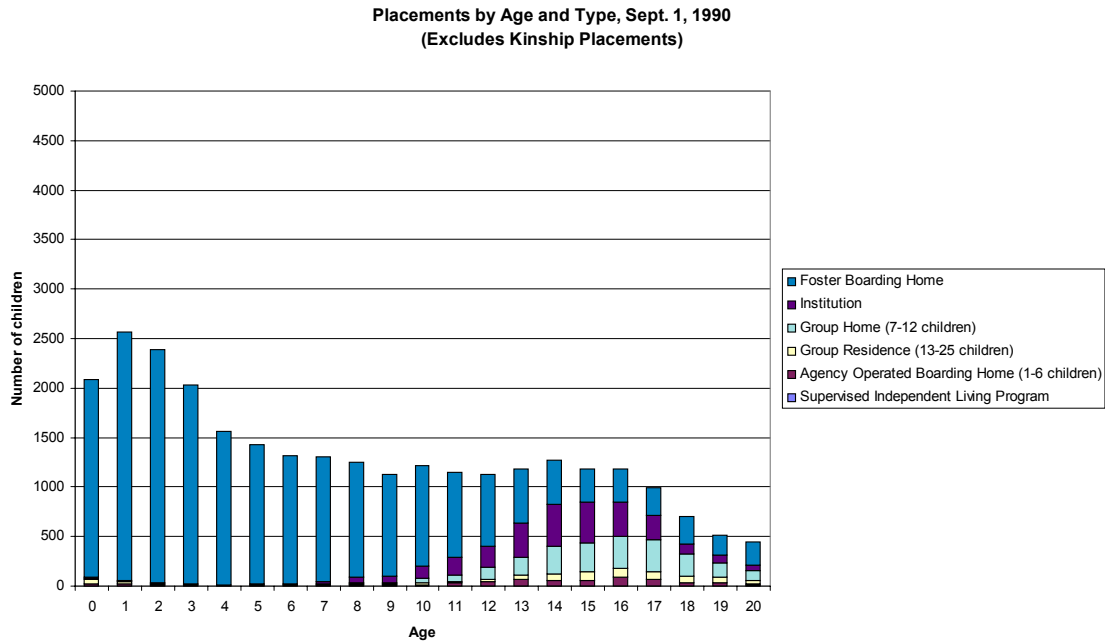
Figure 1d: Children in Foster Care by Age and Placement, September 1, 1995 (Excluding Kinship Placements)

Placements by Age and Type, Sept. 1, 1995
(Excludes Kinship Placements)
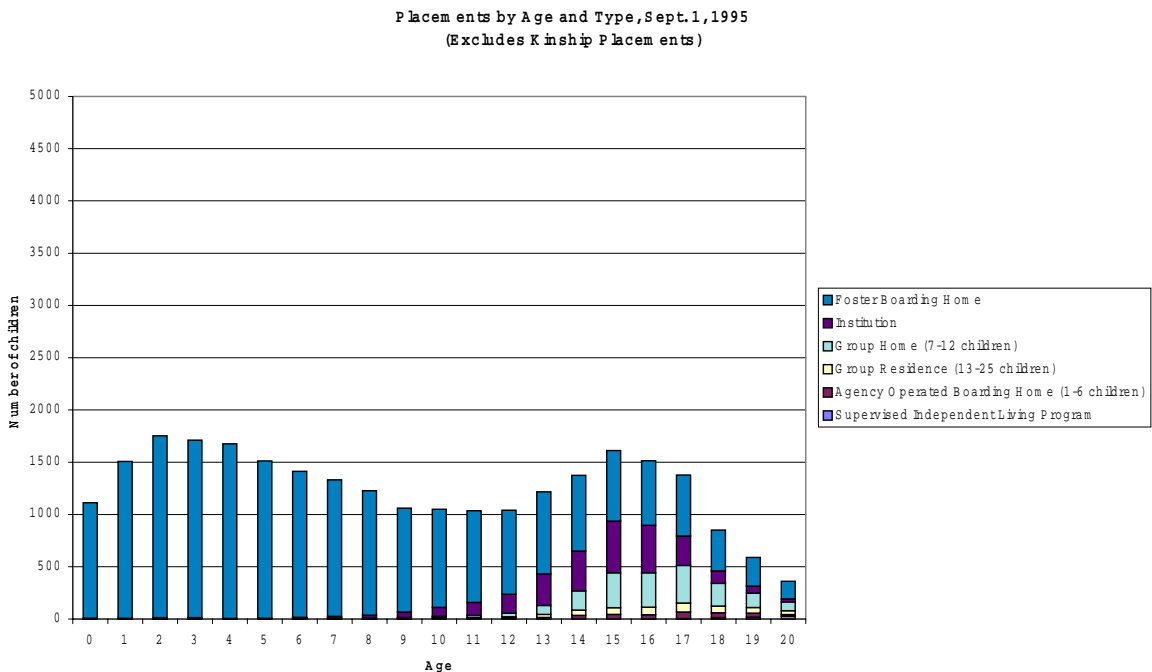
Further analysis of the data reveals a striking pattern. Figure 2 shows the age distribution of children placed in congregate care facilities only. The curves do not vary much, and the correlation between any two of the four dates presented never falls below .95. The inset bar graph, however, indicates that the number of children 7 to 18 years of age (the age range of children served in part by congregate facilities) grew by an average of 400 children a year. Despite a 50.2 percent increase in this age group from 1985 to 1998 (11,345 to 17,043), the total number of children in congregate care facilities remained stable, varying from a high of 5,666 in 1985 to a low of 4,886 in 1990.

ACS's placement policy encourages family-style foster care (kinship placements or foster boarding homes) whenever possible, and greater efforts to avoid placement in group facilities may explain part of this phenomenon. Another explanation is that capacity, not demand, determines the number of children placed in congregate care beds. Staff members at the Office of Placement Administration assert that they fill congregate care beds immediately, a claim supported by the long waiting lists for Diagnostic Reception Centers (DRCs – short term beds used for evaluation) and Residential Treatment Centers (RTCs – campus based facilities providing intensive treatment).[2] Increased demand, however, does not necessarily result in additional congregate care beds. Developing new congregate care capacity requires substantial capital investment that many private foster care providers may avoid in the absence of financial incentives. Conversely, closing existing congregate care facilities means losing a significant revenue stream. This combination of factors suggests that congregate care placements will remain stable regardless of demand unless child welfare agencies pro-actively decide to change supply.

The changes in the population in care as illustrated by the point-in-time analysis could reflect either differences in the length of stay of some groups or variations in the age distribution of entering and exiting foster children. Thus, the next step in explaining how the census changed requires looking at entry and discharge trend data.

Trend Analysis

Examining trends in entries and discharges from 1985 to 1998, including kinship placements, shows the patterns that helped create the dramatic changes in the point-in-time snapshots (see Table 1). The data suggest that changes in the child welfare census occur primarily due to intake fluctuations. While 10,794 children entered foster care in 1985, that number ballooned to 21,885 by 1989. Following the 1989 peak, entries declined by over 50 percent through 1995, before climbing 30 percent in 1996. Census Bureau estimates, however, indicate that New York City's youth population (below age 18) varied by less than 2 percent each year from 1990 to 1998, and that

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[2] For descriptions of the types of congregate care facilities used by ACS, see Appendix A.

Figure 1e: Children in Foster Care by Age and Placement, September 1, 1998 (Excluding Kinship Placements)

Placements by Age and Type, Sept. 1, 1998
(Excludes Kinship Placements)
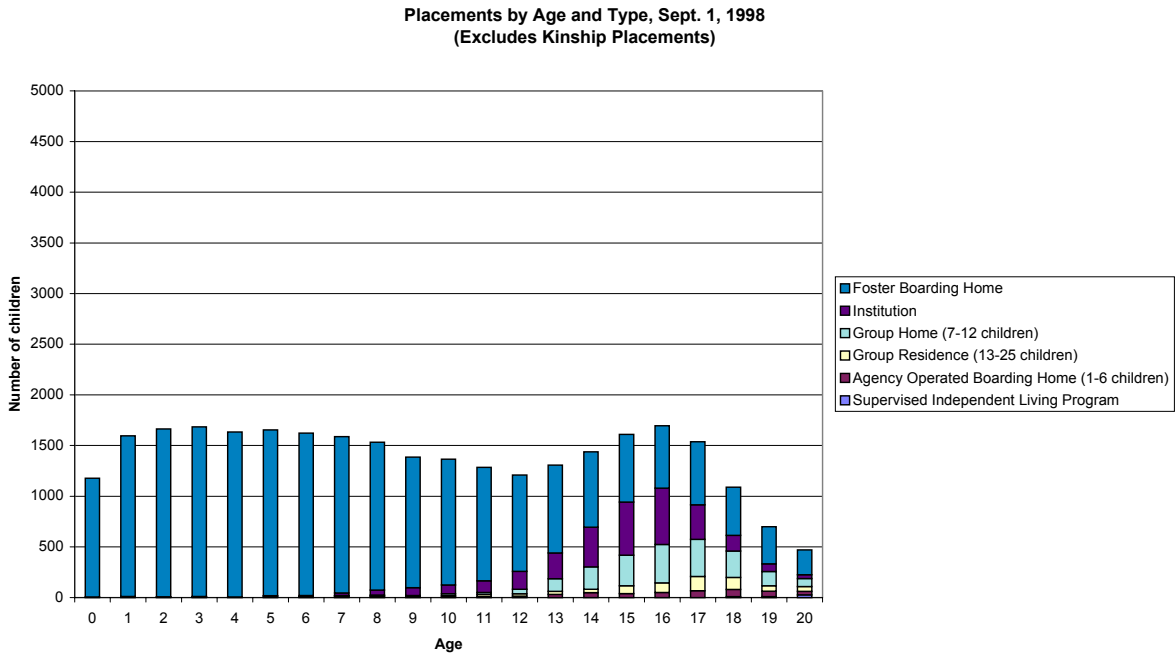
Figure 2: Congregate Care Placements, 1985-1998, with Eligible Population

Congregate Care Placements by Age, 1985-1998
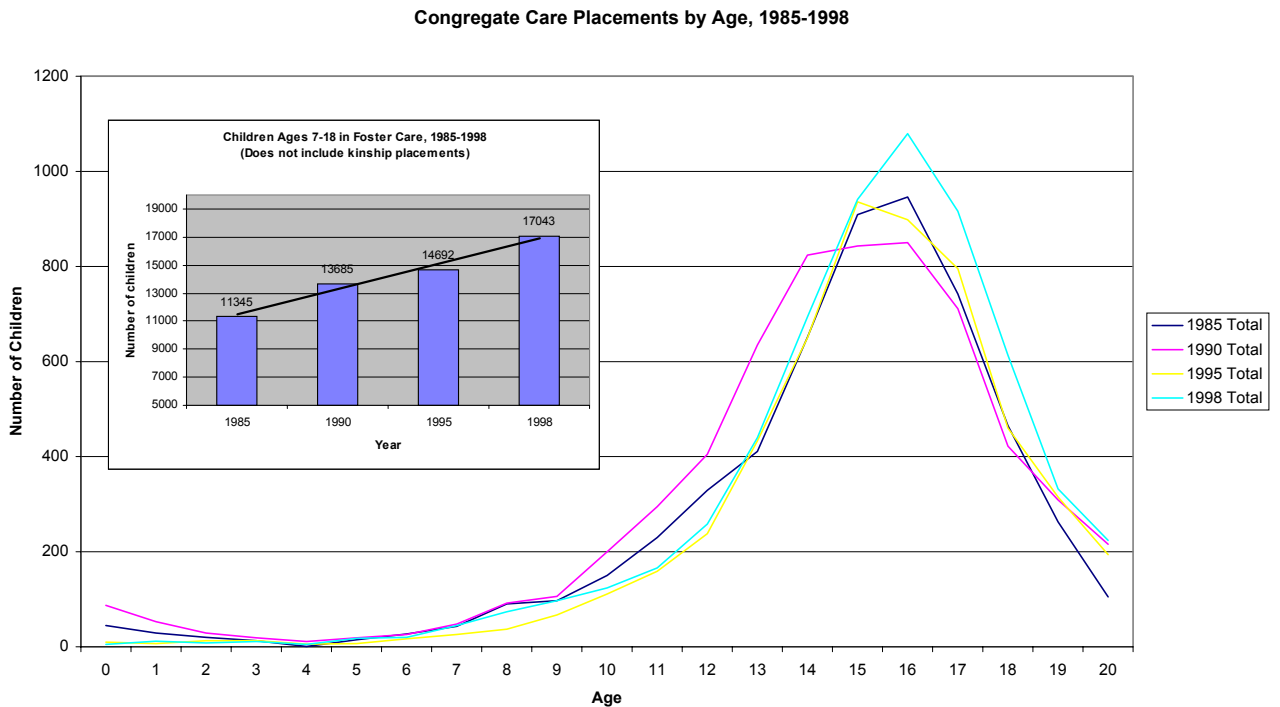
from 1991 to 1997, the number of children declined each year before holding steady in 1998. The average age of entry declined in the late 1980s, supporting the theory that the rising foster care census resulted primarily from an increase in younger entrants into care.

In sharp contrast to foster care entries, the number of discharges remains remarkably stable over time. Between 1990 and 1998, the number of discharges in any one year does not vary more than 10 percent from the average for that period (12,637). There is a strong negative association between entries and discharges, meaning that when entries increase, discharges tend to decrease, and vice versa. This is not an artifact of data from the 1980s increase in kinship placements: entries and discharges have a -.55 correlation for 1985 to 1998, and the correlation increases to -.63 if just data from 1990 to 1998 are considered.

Table 1: Entries, discharges, length of stay, and foster care census, 1985-1998

Year	Entries	Discharges	Net change	Average age at entry (years)
1985	10,794	10,283	511	8.9
1986	11,803	9,885	1,918	8.5
1987	16,167	8,498	7,669	6.8
1988	18,415	8,334	10,081	6.2
1989	21,885	10,517	11,368	6.1
1990	16,373	12,032	4,341	6.4
1991	13,890	12,449	1,441	6.5
1992	11,923	13,052	-1,129	6.8
1993	11,584	12,874	-1,290	7.1
1994	10,757	12,490	-1,733	7.5
1995	9,330	13,364	-4,034	7.9
1996	12,295	12,109	186	7.8
1997	13,207	13,036	171	8.0
1998	12,186	12,330	-144	7.7

Note: Entries include both first-time entries and re-entries.

Entry trends from 1985 to 1990 are consistent with the explanations for changes in the point-in-time data offered above. During the early 1990s, once the boarder baby crisis diminished, the crack cocaine epidemic ebbed, and the kinship placement process stabilized, entries fell. A number of factors explain the reversal of this trend. The murder of six-year old Elisa Izquierdo by her mother in 1995 led to the reorganization of ACS as a freestanding agency in 1996. Simultaneously, ACS's new Commissioner, Nicholas Scoppetta, ordered child protective workers to make children's

safety an overriding priority (Child Welfare Watch 1997). Increased funding allowed the agency to hire additional child protective workers, and the publicity following the Izquierdo case contributed to a rise in reports of abuse and neglect in New York. Each of these events may have led to the subsequent increase in the number of children entering care.

Trends in discharges are not easily connected with external events or high-profile policy changes. The stability in the number of discharges and their negative correlation with entries may reflect a combination of capacity constraints and bottlenecks inherent in the discharge process, as well as work-allocation decisions. Before children may return home on trial discharges, many parents must complete parenting classes, receive treatment, or fulfill other requirements. Discharge plans must contain a number of mandatory items, and in some cases, these include specialized services that may have waiting lists in times of high demand. Trial and final discharges also require the coordination of several tasks that may involve biological parents, service providers, caseworkers, the courts, and other actors. Busy caseworkers, oversubscribed classes, missed appointments, and crowded Family Court dockets (see Sengupta 2000, Advisory Panel 2000) can all delay discharge processing, especially during high discharge periods. Though further analysis is needed before reaching firm conclusions, it seems reasonable to believe that when entries into care rise, caseworkers increase the amount of time allocated to processing entries at the expense of arranging discharges. Conversely, low entry periods may allow the system to reduce discharge backlogs, resulting in a relatively stable number of discharges over time.

These point-in-time and trend analyses provide a detailed picture of system-wide changes in the number of children in care. They do not provide as much information, however, about the experience of a typical foster child as he or she travels through the system. To gain an understanding of this aspect of the flow of foster children requires a cohort analysis. A full-scale examination of multiple cohorts is beyond the scope of this report, but an examination of one cohort shows what can be garnered from this type of analysis.

Cohort Analysis

This report examines the group of children that entered foster care in 1994 as an example because sufficient time has elapsed to allow for the identification of patterns in movements and outcomes, yet 1994 is not so long ago that the experiences of the group are irrelevant to current practice. The entry cohort consists of 8,552 children who entered care for the first time in 1994. The cohort includes a roughly equal number of boys and girls, and the median age of entry is four years old. Where racial characteristics are known (76 percent of the cohort), the group is disproportionately composed of racial minorities relative to the overall population of children in New York City: 66 percent are African American, 27 percent are Hispanic, and 5 percent

are white.

An examination of the entries and discharges experienced by cohort members reveals that a large proportion of children exit care in the first two years, but the rate of exit thereafter declines sharply. The percentage of the total cohort in care declined nearly 25 percent by the end of 1994 (see Table 2). This means that one-quarter of first-time entrants into care in 1994 stayed less than one year. By the end of the next year, 1995, the proportion of the cohort in care shrunk by an additional 13 percent. After the first two years, however, the rate of reduction declined to less than 10 percent per year through 1998. By 1998, 36 percent of the children who entered care in 1994 resided in care.

This method for examining length of stay could be biased if children experienced multiple spells in foster care. A cohort member re-entering care on December 30, 1995 and leaving care on January 1, 1996, for example, would be counted as a child in care on December 31, 1995. If a large proportion of children have multiple spells in care, the statistics cited in the above paragraph may not present an accurate depiction of what happened to the 1994 group. In addition to checking the validity of the above numbers, the number and proportion of children experiencing multiple spells in care is considered an important performance measure in its own right (Wulczyn, 1997, DHHS 2000).

Table 2: 1994 Cohort Entries, Discharges, and Children Remaining in Care

Year	Children entering care only once		Children in care at end of year	
	Number	Percent	Number	Percent
1994	8,336	97.5%	6,367	74.5%
1995	7,994	93.5%	5,271	61.6%
1996	7,756	90.7%	4,613	53.9%
1997	7,599	88.9%	3,827	44.7%
1998	7,489	87.6%	3,064	35.8%

Few children from the 1994 cohort experienced multiple spells. By the end of 1998, 13 percent of the 1994 cohort had entered care more than once, and only two percent more than twice. Nor is the retention data substantially influenced by children on long-term AWOLs or trial discharges who are technically in care, but with whom the child welfare system has lost contact. At the end of each year, AWOLs and trial discharges of any length accounted for no more than 300 children.

The length of time children stay in care, however, varies markedly by age (see Table 3). The data here contradict a common belief that younger children are easier to

adopt, and thus leave foster care faster than older children. After 4 to 5 years in care,[3] there is no substantial difference in retention rates (the percentage of the original cohort in care) for the children who entered care between the ages of 0 and 11. In other words, newborns, five-year olds, and ten-year olds each have roughly the same odds of being in care 4 to 5 years after first entry. Retention rates are *lower* for children age 12 and older, even before adjusting for "aging out." At the end of 1994, at least 74 percent of each group who entered care between the ages of 0 and 11 resided in care. Less than 59 percent of children who entered care between ages 12 and 15 years, however, lived in foster care placements at the end of 1994. The disparity widens by the end of 1995, also a time before the aging out process would occur for the 12- to 15-year-old group.

Table 3: 1994 Cohort Children in Care, 1994-98

Age at entry	Number	Percent in care at end of year				
		1994	1995	1996	1997	1998
0-3 years	3,958	83.3%	74.7%	68.2%	57.5%	45.2%
4-7 years	1,147	76.6%	65.3%	60.0%	51.8%	43.7%
8-11 years	901	74.1%	64.7%	57.5%	49.8%	43.1%
12-15 years	2,022	58.5%	39.3%	30.3%	22.7%	18.4%
16-19 years	524	65.3%	35.9%	18.5%	9.7%	3.6%
Totals	8,552	74.5%	61.6%	53.9%	44.7%	35.8%

One explanation for the phenomenon of the 12- to 15-year-old population staying in care for shorter periods compared to their younger counterparts is that this age group tends to enter foster care for different reasons than younger children. Roughly one-third of the 1994 cohort ages 12 to 15 entered care due to a "status offense." In New York, these children are known as "persons in need of supervision," or PINS. The law defines a PINS child as one who is "ungovernable, truant, or beyond the lawful control" of the parent. When a PINS petition is filed with the Family Court, usually by a parent, a Family Court judge may remand the child to foster care. Results from another recently completed study show that 12- to 15-year-old PINS children stay in foster care for substantially shorter periods than foster children of the same age who enter for other reasons, such as abuse or neglect (Ross, Khashu, and Wamsley, 2001).

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[3] "4 to 5 years" refers to the length of time that children in the cohort could have been in care on December 31, 1998. Because cohort children entered care at any time during 1994, December 31, 1998 may be as long as five years after first entry for those who entered care on January 1, 1994, or as short as four years for those who entered care on December 31, 1994.

The type of placement a child inhabits may also be a contributing factor. Children who stay in care for long periods are not only younger at age of entry, they are also concentrated in foster boarding homes and kinship placements, not congregate care. At the end of each year, between 55 and 59 percent of the children in care lived in foster boarding homes, and between 28 and 31 percent resided in kinship homes. A declining proportion filled congregate placements, though this is primarily due to the age and retention characteristics of the cohort: because children who entered care as adolescents over age 12 (30 percent of the cohort) exit care at a faster rate than children 11 and under, many of the remaining children are below the age at which children commonly enter congregate care.

Policy Implications

The analyses above provide a broad view of changes and trends in New York City's foster care population. The data suggest three implications for policy.

Because the number and age of children in care vary dramatically over time, child welfare agencies need to explore placement alternatives and design more flexible placements that can respond to rapid change. Foster boarding homes appropriate for newborns, for example, may not suit teenagers, and vice-versa. A foster care census that includes few teenage girls will probably have less need for mother/child placements and maternity shelters than one with large numbers of female teens. Creating flexible placements may require increasing the variety of services provided within placements, an action that ACS is currently pursuing.

One response to the increase in the adolescent population in care, for example, is to provide enhanced training and support for some foster parents so that they can better handle the problems associated with teenagers. ACS's implementation of the MAPP training module is a step in this direction. Developing therapeutic and adolescent foster boarding homes–traditional foster homes with enhanced support and training services–could alleviate pressures for congregate care placements. In addition, such placements show promise for producing better outcomes such as reductions in arrest and improved relationships between foster parents and their wards (Chamberlain 1994).

The large increase in adolescents in care can also produce greater demand for mother/child placements. To avoid the costly and time-consuming process of constructing new facilities for such placements, ACS might add specialized services and programming in select foster boarding or kinship homes, and convert existing congregate care facilities to handle mother/child placements or other service needs. Increasing the flexibility of placements would allow ACS to avoid growth and contraction cycles in bed development as they adapt to changes in demand.

The analysis also points to a need for further examination of the discharge process. Streamlining this process should become a priority for several reasons. Leaving

children in care longer than necessary conflicts with ACS policy: the agency's permanency and planning principles state that "every person involved with a child's care must act with urgency to assure a permanent family for each child as quickly as possible." (ACS 2000) Delays in discharge result in increased expenditures, and may create a domino effect: delaying the discharge of one child may lead to postponing the transfer of another boy or girl to the bed occupied by the child awaiting discharge.

The cohort analysis also shows the magnitude of the challenge that the Adoption and Safe Families Act (ASFA) presents. ASFA shortens the time before a permanency planning hearing from 18 to 12 months, and includes other provisions that seek to reduce the time needed to establish permanency for foster children. ASFA regulations, for example, require that child welfare agencies file a petition to terminate parental rights (TPR) for children who have been in foster care for 15 of the most recent 22 months (Department of Health and Human Services 2000).[4] Although ASFA allows for exceptions to some rules, they are granted only on a case-by-case basis. With 45 percent of children who entered care between birth and age 3 years in care 4 to 5 years following their entry, efforts to speed up family reunification, adoption, and other permanency options are necessary. The techniques developed here are one way for child welfare managers to keep track of how Adoption and Safe Families Act regulations are influencing lengths of stay in foster care.

Suggested Research

Policy makers need to know more about the reasons for the fluctuations seen in intakes and the stability seen in discharges. Change in the actual number of children being abused and neglected alone is not a strong explanation–such complex social phenomena rarely change fast enough to fully account for the large movements in the number of entries seen here. Further examination of intake variations should focus on case practice and other policy factors. Caseworkers' decisions to substantiate child abuse reports, for example, can be influenced by "current workload; public opinion; supervisory emphases; local custom; and personal beliefs, prejudices, and other idiosyncrasies." (Leiter, Myers, and Zingraff 1994, p. 68). Research into local customs and other factors that influence removal decisions made by caseworkers could be used to guide training and suggest changes in case practice. An examination of broader patterns in reporting and substantiation could augment such research. The number of entries into foster care, for example, could be a function of the number of calls received rather than changes in practice or supervisory emphasis.

The discharge data suggest further investigation of systemic factors that speed up or slow down discharges. There are studies that examine how child characteristics (e.g. age, race, and gender) and case-specific factors (e.g. nature of maltreatment,

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[4] P.L. 105-98, (codified at 42 USC §§ 670-679a).

presence or absence of parental mental illness, and drug abuse) influence length of stay, but studies of organizational and policy factors that influence discharges are less common (see Glisson, Bailey, and Post 2000). Further examination of such variables as paperwork requirements, program availability, and policies related to discharge could identify which factors influence the speed of discharges.

The first critical question addressed issues primarily pertaining to entry and exit from care. What happens to children while in care, however, is a vital concern for policy makers. The volume and velocity of movements while in care can affect the quality of care, the types of services provided, and the staff needed to process movements. The ability to identify subgroups involved in undesirable internal movements, such as children absent without leave (AWOL), allows child welfare managers to inform child care staff about high risk groups and to provide specialized services to those children most likely to experience problems. The next two critical questions focus on internal movements.

Critical Question 2: How frequently do children move to new placements, and when they move, what types of placements are they coming from and going to?

Placement stability is an important attribute of system performance (Wulczyn 1997, DHHS 2000). As noted above, some studies show that multiple placements in foster care indicate that a child is having unusual difficulty adapting to foster care. Studies also show that multiple placements may affect academic performance, and may in themselves create additional trauma for foster children (Altshuler 1997, Eckenrode, Rowe, Laird, and Brathwaite 1995, Widom 1994). Policy makers also need to know about movements between placement types for cost purposes. Congregate care placements cost far more than foster boarding homes or kinship placements. A group home bed, for example, costs about $150 a day, compared to $18-27 a day for a typical foster boarding home placement. A final consideration concerns the ability of child welfare agencies to properly allocate their resources. Private foster care agencies providing a "continuum of care" may give priority in assigning scarce congregate care placements to children they already serve, rather than accepting placements from the child welfare agency. Though the analysis below does not delve deeply into these issues, it provides a starting point for additional inquiry.

Foster care placements can be divided into three categories: kinship placements, where a relative of a child assumes custody; foster boarding homes, where the child lives in a family situation with a foster parent(s); and congregate care placements, where children live in more institutional facilities staffed by professional child care workers. Within the congregate care category, placements come in a wide range of sizes, and offer a variety of services (see Appendix A for detailed descriptions of

congregate care types). "Steps up" refer to movements from more family-like and less expensive placements, to more institutional and more expensive placements, while "steps down" refer to movements in the opposite direction. "Steps sideways" refers to movements to new facilities that are at the same level of care.

Movements to new facilities may occur due to problems between the foster care-giver and the foster child, but other reasons also explain these events. Children needing psychological evaluations, for example, may first enter foster care at a diagnostic reception center (DRC). DRCs are meant as short-term placements (less than 90 days) to stabilize and evaluate children before moving them to more permanent placements. Pregnant foster teens may move from their original placement to a maternity shelter prior to delivery, and then to a mother/child placement after birth. Older children functioning at a high level may move to one of the few Supervised Independent Living Program (SILP) placements as they transition out of foster care. Group homes were originally designed to serve as placements for children who no longer needed the more intensive services provided by the campus-like Residential Treatment Centers (RTCs). In most of these cases, movements from RTCs to group homes are steps down. Theoretically, steps down should be more common than steps up: children are diagnosed at entry, sent to the appropriate facility, and then stepped down once they stabilize.

Point-In-Time Analysis

Point-in-time analysis provides a minimal amount of information on this topic, other than the number and type of transfers that took place on a particular day. Even for this information, an average calculated from trend analysis provides more useful insights.

Stepping Up, Down and Sideways: Trend Analysis

Trends in step activity have changed significantly over time. From 1985 to 1990, steps down consistently outnumbered steps up (see Table 4). In 1991, the trend reversed, and steps up have outnumbered steps down in every year following 1990. Steps sideways are the most common movement, and they became more common after 1989. From 1990 to 1998, three steps sideways occurred for every step up or step down. The most common placement types, foster boarding homes and kinship placements, are also the placement type most commonly involved in steps sideways.

Stepping activity tracks closely with the number of children entering care. The correlation between the total number of steps and entries into care from 1985 to 1998 is .80. A breakdown of the types of step movements in this relationship, however, shows that an increase in entries has a larger effect on steps up and steps down than steps sideways. Steps up and steps down correlate with new entries at .92 and .87, respectively, as opposed to a .56 correlation with steps sideways (.56). This suggests that stepping up and down may be, in part, a sorting process for new entrants. The

high correlation between entries into care and steps down, for example, makes sense: children who enter DRCs are supposed to step down within 90 days of placement. Thus, to the extent that an increase in entries creates more DRC placements, more steps down might be expected. The association between entries and steps up may reflect the use of emergency foster boarding homes or temporary kinship placements for children awaiting placements in congregate care.

Table 4: Stepping Activity, 1985-1998

Year	Steps-Down	Steps-Up	Steps-Sideways	Total Steps	Average Steps Per Workday
1985	2,276	2,062	7,842	12,180	48.5
1986	3,381	2,762	9,184	15,327	61.1
1987	4,214	3,382	10,710	18,306	72.9
1988	5,017	3,723	15,264	24,004	95.3
1989	4,591	3,577	19,591	27,759	110.6
1990	3,365	3,107	21,343	27,815	110.8
1991	2,701	2,705	17,310	22,716	90.5
1992	2,191	2,250	14,333	18,774	74.5
1993	2,096	2,372	13,931	18,399	73.3
1994	2,055	2,391	13,049	17,495	69.7
1995	1,889	2,135	13,155	17,179	68.4
1996	1,916	2,422	14,082	18,420	73.1
1997	2,149	2,579	15,591	20,319	81.0
1998	1,991	2,364	16,313	20,668	82.3
Total	39,832	37,831	201,698	279,361	79.4

Looking at movements by individual facility type also shows changes over time, especially in the use of group homes. As mentioned above, New York City officials originally conceived of group homes as transitional placements that children would move to following intensive treatment in more institutional settings (the next step being movement to a lower level of care or discharge). In other words, group homes should serve as steps down from DRCs, RTCs, and other more institutional forms of care. In the mid to late 1980s, this pattern held. For every child who stepped up to a group home from 1985-1989, three children stepped down to a group home. From 1994-1998, however, this pattern changed: for every step up to a group home, only 1.3 children stepped down to a group home. Instead of a step down, group homes now often serve as a step up, and frequently as the first placement into congregate care that a child experiences. The data bear this out: in 1998, children stepped up *from* a group home 542 times, and stepped up *to* a group home 389 times (see Tables 5 and 6 in Appendix B). Foster children stepped up from group homes to RTCs 146 times, pre-

cisely the opposite activity for which the placement was developed. In only 165 cases were group homes used for their original purpose—as a step down from an RTC. Increases in demand for the most intensive treatments, driven by more adolescents in care, might account for some of this change. When RTCs and other higher levels of care are full, group homes may serve as interim placements until higher level placements become available.

Stepping Up, Down and Sideways: Cohort Analysis

The trend analysis shows the systemwide patterns of stepping up, down, and sideways, but it does not specify how often the typical foster child experiences such activities. Cohort analysis suggests that stepping activity is not a common experience for the majority of foster children (see Table 7). By May 1, 1999, 43.5 percent of the 1994 cohort experienced at least one step up, down, or sideways. The corollary to this statistic is that after four years, well over half the cohort (56.5 percent) lived in only one facility, less than one-quarter experienced more than one step, and less than 15 percent experienced more than two steps. Concern with "foster care drift"—where behavioral problems or other difficulties result in children moving aimlessly from placement to placement—is certainly warranted (see Ford & Tucker 1996, Li 1996, Lee and Lynch 1998), but frequent movements to new homes do not accurately describe the experience of the typical foster child.

Table 7: Frequency of Stepping Activity, 1994 Entry Cohort

Year	Steps	Percent of all steps to date	Cumulative steps	Children ever experienced a step	Percent experiencing at least one step
1994	2,822	30.00%	2,822	1,926	22.50%
1995	2,426	25.80%	5,248	2,858	33.40%
1996	1,640	17.40%	6,888	3,252	38.00%
1997	1,329	14.10%	8,217	3,528	41.30%
1998	1,021	10.80%	9,238	3,696	43.20%
May, 1999	175	1.90%	9,413	3,722	43.50%
Total	9,413	100.00%			

Another frequently expressed view is that long-term residents of the foster care system move more often than their short-term counterparts. The data do not support this hypothesis: stepping activity declines over time at about the same rate as the number of cohort children in care. Approximately 35 percent of the 1994 cohort remained in care at the end of 1998, and those children produced 36 percent of the volume of steps that occurred in the cohort. Indeed, the correlation between the number of each type of movement (steps up, down, and sideways) and the number of children in care from 1994-1998 exceeds .95. In other words, the number of movements to

new facilities during a year is strongly associated with the number of children in care. If long-term residents moved more frequently, the number of movements should remain high even as the number of children declined.

Examining the types of steps also shows that movements to new types of care are less frequent than commonly believed. Just over one-third of the cohort experienced at least one or more steps sideways, while only one-tenth experienced either a step up or step down during the time period studied. The volume of steps up and steps down declines quickly over time: in 1998, the cohort experienced only 21 percent of the steps down and 26 percent of the steps up that took place in 1994. On average, the cohort produces roughly 30 percent fewer steps up or steps down each year.

Policy Implications

Many factors contribute to step activity, including the distribution of a cohort's age of entry, their placement types at entry, reason(s) for entry, and other factors that might affect children's adjustment to foster care and their length of stay. System factors also can influence the data. Policies may encourage or discourage stepping activity, and placement availability likely plays a key role: movements to certain types of facilities cannot take place if no beds are available. In addition, these results report on only one cohort at a particular time in that cohort's existence—analysis of the cohort at a later time, or of other cohorts, could produce different findings. Finally, movements from one facility to another are not uniformly undesirable events. Steps up and steps sideways may be the best (or only) alternative in some difficult situations.

The changes in the usage patterns of group homes are cause for concern. There is some evidence that the increase in steps up from group homes is related to the increase in adolescents among New York City's foster care population shown in the data related to Critical Question 1. These data, discussions with placement staff, and long waitlists for congregate care placements all suggest a greater demand for congregate care beds than in times past. More institutional and restrictive congregate care beds, such as RTCs and Residential Treatment Facilities (hospital-like placements used primarily for mentally ill children—see Appendix A for details), appear to be in especially short supply. With congregate care facilities at full capacity, child welfare staff may have to forego their first placement choice. Children better treated at RTCs may be temporarily placed in group homes or other placements while they wait for an RTC bed to become available. Full capacity could also influence the number of steps sideways, as children waiting in foster boarding homes for congregate care may "burn through" one or more homes before a congregate care placement or specialized adolescent home becomes available.

ASFA, previous child welfare legislation, and some researchers emphasize the desirability of more family-like settings over more institutional ones (see Frank, Klass, Earls, and Eisenberg 1996, Ford and Kroll 1995), so constructing more congregate

care facilities may not be the best way to solve this problem. In addition to re-emphasizing the potential of a therapeutic foster boarding homes as possibilities for reducing pressures on congregate care, ACS could also develop respite care and other specialized programs aimed at maintaining foster or kinship placements for children otherwise headed for congregate care. Given the cost disparity between congregate care and family-like care, even a moderately successful program would generate cost savings.

Starting new programs or expanding existing ones takes considerable time and effort. Until programs emphasizing more family-like care are sufficiently developed, an interim solution may be to upgrade the services provided by some group homes so that they more nearly resemble the type of care found at RTCs. Upgrading selected group homes and other congregate care placements could have several benefits. The government could provide higher reimbursement rates to foster care providers that develop specialized programs to address issues related to adolescence such as running away and drug abuse. The availability of such treatment could reduce "foster care drift" by providing settings that can more adequately address the problems that lead children to cycle through placements. Unlike RTCs, group homes are primarily located within New York City; upgrading these facilities would be consistent with the emphasis on neighborhood based services ACS outlined in its "Plan of Action" and secondarily, keep more child welfare funds within the city limits (ACS 1996). Upgrades require increased expenditures, but these costs pale in comparison to the expense and long lead-time needed to construct new congregate care beds.

Suggested Research

Further research into the primary reasons for stepping activity would inform interventions intended to limit it. Causes for multiple placements may lie in a child's behavioral problems, the reaction of child care staff to a child's problems, or some combination of the two along with other factors. Some agencies may use transfers as a remedy or disciplinary function more frequently than others, or use replacement in reaction to different behaviors. Requests for transfers by children and foster parents may be handled differently, with some agencies responding more mechanically (and perhaps more frequently) to such requests, while others may investigate the reasons for these requests and attempt to provide services or programming designed to stabilize placements. Alternatively, agencies may replace or transfer children based on a near-uniform set of standards, with child behavior determining the number of movements.

Frequent movers represent one of the foster care system's most vexing problems: what can be done for a child that has not stabilized despite (or perhaps because of) having resided in many placements? One possible avenue of research is to examine how other child welfare agencies handle these situations. Research on prevention,

however, would seem to be the more fruitful area for research; developing programs for frequent movers is likely to be more difficult and less successful than finding ways to stabilize children earlier in their foster care careers.

Critical Question 3: What are the characteristics and patterns of children leaving care without permission?

Children who leave care without permission are both a warning sign and an administrative problem. AWOL children may encounter dangerous situations that they are unprepared to handle, including returning to an abusive parent or engaging in delinquent behavior. AWOLs may occur due to the powerful attachment many children have to their biological parents, even when their parents continue to abuse them (see Toth 1999). Alternatively, when children repeatedly run away from their foster care placement, this may indicate a problem with visitation policies or with the facility providing care. Several children going AWOL from one facility may indicate problems with the conditions or treatment at that facility.

AWOL children also create administrative problems. A child returning to foster care after an AWOL may find her placement disrupted, either because kin or foster parents will not take the child back, or because agencies paid on a per diem basis filled the child's congregate care bed. This can result in a replacement that may involve staying overnight at an emergency placement facility while the placement office locates a new home, registering in a new school, and developing a relationship with a new caseworker. Finally, child welfare agencies remain legally liable for children while AWOL, and can face legal action if a runaway child is injured.

The quality of the available AWOL data is a serious concern, and the analyses presented are offered as an example of how AWOL data can be analyzed as much as for their substantive content. Some facilities known for working with troubled teens appear to have reported less than four AWOLs over a three-year period, while others reported none at all. In addition, AWOLs from ACS's Pre-Placement facility are recorded in a separate database, and are not reported here. ACS is currently re-writing its AWOL regulations and taking other steps that will hopefully improve the quality of the data. Despite these problems, the information in the CCRS represents the best systematic data collected on this topic. Analyzing it provides a starting point for discussion and further research.

Point-in-time Analysis

Knowing the number of children who are AWOL on a given day, for example, is not especially valuable because that number changes so quickly. Anecdotal evidence suggests that children runaway near weekends, and many children know that ACS regulations require an agency to hold a bed for an AWOL child for 72 hours. Given

the limitations of point-in-time AWOL data, the frequency of AWOLs during a given period and the change in that frequency over time—trend data—better describes patterns in the AWOL data.

AWOL Trend Data

ACS typically records between 3,000 and 4,000 AWOL reports a year (see Table 8). AWOL incidents increased by 37 percent from 1990 to 1998, roughly matching the 36 percent increase in the number of children of the age most prone to go AWOL: 13-17 year olds. Increases in AWOLs, however, have not followed a smooth pattern: AWOL reports peaked in 1994, fell the following two years, and increased in 1997 and 1998. Changes in the foster care census alone do not explain AWOL patterns.

Though most AWOLs still originate in congregate care facilities, an increasing number and proportion involve children in foster boarding homes (see Table 9). From 1985 to 1990, roughly a fifth of all AWOLs originated in foster boarding homes. From 1994 to 1998, foster boarding homes were the origin of over a quarter of all AWOLs, and in 1997 almost one-third. These results are consistent with the foster care census data presented above. With more of the most "AWOL-prone" children—adolescents—in foster boarding homes in 1998 than in 1990, it is not surprising that more AWOLs originate from those placements.

Table 8: Reported AWOLs, 1985-98

Year	AWOLs	Average age (years)	Percent Female
1985	3,380	15.6	52.2%
1986	3,384	15.7	50.5%
1987	3,287	15.7	49.5%
1988	3,157	15.6	49.4%
1989	2,896	15.4	49.3%
1990	2,949	15.5	54.5%
1991	2,990	15.4	58.9%
1992	3,238	15.7	59.8%
1993	3,830	15.7	59.0%
1994	4,344	15.8	61.8%
1995	4,023	15.9	57.8%
1996	3,884	15.7	57.1%
1997	3,895	15.9	61.1%
1998	4,041	16.1	62.0%
Total	49,298	15.7	55.4%

Table 9: Proportion of AWOLs by Placement Type, 1985-1998

Year	Congregate care	Foster Board-ing Home	Kinship Place-ment
1985	78%	22%	0%
1986	80%	20%	0%
1987	79%	20%	1%
1988	80%	18%	2%
1989	80%	17%	3%
1990	80%	17%	3%
1991	74%	21%	5%
1992	71%	22%	7%
1993	69%	24%	7%
1994	68%	26%	7%
1995	69%	25%	6%
1996	69%	26%	5%
1997	63%	31%	6%
1998	67%	27%	6%
Average	73%	23%	4%

The distribution of the length of AWOLs does not vary substantially on a year-to-year basis. An analysis of the distribution of AWOL lengths from 1996-98 shows that in the average year, 38 percent of all AWOLs last seven days or less, another 38 percent last eight days to two months, and 24 percent last longer than two months. Only small fluctuations from these numbers take place in any of the three years studied. The relative stability of AWOL lengths and of the number of systemwide AWOL events, however, masks enormous year-to-year variance at the agency and facility levels. In 1996, for example, one RTC campus reported 491 AWOLs, or over 10 percent of all AWOLs reported to ACS for that year. The following year, the number of reported AWOLs from the same facility dropped to below 100. Other facilities also experienced dramatic fluctuations. When substantial increases occur, they consist almost entirely of short-term AWOL events. At the RTC mentioned above, 82 percent of the 491 AWOLs lasted a week or less. The same pattern holds for other facilities that experienced sharp increases.

These results suggest two possible explanations. Like many social phenomena, AWOL events may exhibit intense flare-ups followed by relatively calm periods. At a certain facility at a particular time, going AWOL may become the preferred behavior for expressing discontent or showing independence from authority. As going AWOL loses its novelty, possibly combined with staff responses (tightened security, in-

creased punishments, or transfers of chronic runaways, for example), AWOLs may diminish. Alternatively, and perhaps more likely, AWOL flare-ups may indicate changes in AWOL reporting practices. Some administrators may enforce AWOL reporting guidelines more rigorously than other managers. Administrative turnover or an incident involving an unreported AWOL could also influence reporting. These explanations could be reinforcing: an incident involving an AWOL child may draw the attention of child welfare officials, which may trigger more rigorous reporting for a time. The facility and agency level data, however, suggest some serious data quality problems that undermine the usefulness of this analysis. ACS is in the process of revising its AWOL guidelines, which may produce higher quality data.

Trend data show how frequently an activity occurs systemwide, but they do not indicate what the chances are of a typical child going AWOL, or what types of children entering care are likely to go AWOL. Answers to these questions require cohort analysis.

Cohort Analysis

Children from the 1994 cohort went AWOL 2,139 times through May, 1999 (see Table 10). In keeping with the trend data, children in the 1994 cohort went AWOL almost exclusively during their teenage years; 90 percent of AWOL children were between 12 and 17 at the start of an AWOL period. As expected, the number of AWOLs that occur yearly declined over time as the number of children in care from this cohort diminished.

Table 10: AWOL Events Involving Children from the 1994 Entry Cohort

Year	Number of AWOL events	Average age (years)	Median age (years)	Standard deviation (years)
1994	684	14.9	15.1	1.6
1995	605	15.4	15.6	1.6
1996	373	15.5	15.6	1.9
1997	231	16.3	16.6	1.8
1998	209	17.0	17.1	1.7
May, 1999	37	17.3	17.3	2.0
Total	2,139	15.6	15.6	1.8

Note: Only children 4-21 are counted in this table. There is incomplete data for five AWOL events

AWOL activity is concentrated among a relatively small number of children. One thousand and forty children account for the 2,144 AWOL events, which means that less than 12 percent of the children in the cohort went AWOL during their first four years in care. Most children (60 percent) who go AWOL do so only once, and less

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than a quarter of the children who go AWOL do so more than twice. The 238 children (3 percent of the cohort) who went AWOL more than twice, referred to below as chronically AWOL children, account for 54 percent of the cohort's AWOL activity. Approximately two-thirds of chronically AWOL children are female, 75 percent entered foster care between ages 12 to 15 and 72 percent entered congregate care facilities as their first placement (see Tables 12-15, Appendix B). The racial characteristics of chronically AWOL children, where known, do not deviate significantly from the cohort as a whole. Of the 238 chronically AWOL children, 48 have all of the risk factors identified above—in other words, they are females, age 12 to 15 at time of entry, and first placed in congregate care. These 48 children, less than one percent of the cohort, account for 17 percent of the cohort's AWOL activity. In the entire cohort, 667 girls were between 12 and 15 years at age of entry and first placed in congregate care. Approximately one in every fourteen of these girls became a chronically AWOL child.

Policy Implications

The trend analysis shows that AWOLs constitute a significant burden for the system as a whole. Even if AWOL events are not under-reported, repeating the process of identifying, reporting, and finding an AWOL child between three and four thousand times each year must consume considerable resources. While a substantial proportion of AWOLs last for short periods, the sheer number of long-term AWOLs (over 60 days) is cause for concern. From 1996 to 1998, an average of 961 AWOLs lasting over two months started each year. The cohort analysis, however, shows that AWOL behavior is the exception, not the norm. Relatively few children go AWOL, and even fewer do so repeatedly or for extended periods. Instead, the cohort analysis suggests that AWOL activity is uncommon and highly concentrated.

The questionable quality of the AWOL data reduces the value of any policy suggestions. One clear implication of these analyses, however, is that AWOL *reports* vary markedly by facility and over time. Particularly if agencies handling the same types of children report radically different AWOL rates, this should prompt further investigation. Such a disparity may suggest different interpretations of reporting requirements or underlying problems in the quality of care.

Suggested Research

The analyses suggest four additional lines of research regarding AWOLS: a study of the reliability of AWOL reports; a facility level analysis of AWOL reports; a more in-depth examination of children who go AWOL for extended periods, and if data quality concerns are adequately addressed, the creation of a predictive instrument for children who go AWOL. Data reliability is a difficult topic to examine—foster care providers have a disincentive to reveal that they deviate from policy mandates. Still,

interviews with staffers responsible for reporting decisions at different agencies would show variations in the interpretation of AWOL reporting requirements as well as provide an assessment of the general level of knowledge regarding reporting requirements for AWOLs.

Some believe AWOLs result primarily from child-specific behavioral disorders, while others believe that foster children "vote with their feet," suggesting that AWOLs are an indicator of a facility's quality of care. A facility level analysis could match AWOL patterns with evaluations of foster care facilities, and combined with interviews of selected child care staff, children, and other knowledgeable observers, could shed light on the balance between these two explanations. Special attention to facilities that experienced AWOL epidemics might also reveal informative patterns. These studies could help determine whether AWOL programs should focus primarily on those *children* going AWOL, or on those *facilities* from which children AWOL. Facility-focused prevention might involve the establishment of a "rapid-response" team that would identify facilities experiencing AWOL epidemics, develop appropriate short-term programming, and aid in both the substantive and administrative issues surrounding AWOL children.

Discovering where long-term AWOL children go, why they left, and (if they came back) why they came back, would aid in establishing the level of danger encountered by children who AWOL for long periods, and in creating programs to address issues raised by children running away from foster care.[5] In addition to examining case records, and interviewing staff and children who went AWOL, checks of arrest, detention, and school records could also help document what happens to children during long term AWOL events. Another avenue to explore are institutional responses to long term AWOLs: what mechanisms exist to find these children, how often are they used, and which have proved most effective are important questions that could shape future policy responses.

Once more is known about AWOL activity and the quality of AWOL data, developing a method to identify children likely to become chronically AWOL could help ACS act pro-actively in addressing problems associated with these events. The current data, for example, shows that the first AWOL event is a strong predictor of future running away. Of the 1,041 cohort children who went AWOL at least once, 23 percent (238) went AWOL at least three times. Multivariate analysis that incorporated CCRS and case-specific data (such as a history of running away before entering foster care) might produce a strong predictive instrument. Examining case records and other relevant data pertaining to the 238 chronically AWOL children identified here might reveal additional factors that could further focus programs designed to address AWOL issues. Caution is warranted here—identifying a child as likely to become

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[5] A Vera study in this area is in progress.

chronically AWOL should result in addressing the underlying difficulties of the child's situation, not overly restricting the child's movements.

Summary Discussion

The analyses presented here paint a complicated picture of the challenges facing ACS's child welfare managers. Managers in the agency do not control many factors that directly impact their work. Changes in the social, political, and legal climates, for example, can push the child welfare system into new and unanticipated directions with little warning. In addition, managers rely heavily on actors who have a substantial degree of independence, such as the private service providers and the Family Court. The system also must reconcile several competing and at times conflicting priorities, such as child protection, family preservation, and fiscal prudence, to name just a few. These factors make changing directions an extraordinary task. Nonetheless, the analyses suggest some important areas where ACS should consider such an undertaking.

Three key findings stand out: a) ACS is caring for a substantially older population than they were ten years ago b) entries into foster care are a critical input and c) the typical foster child does not runaway from care, have multiple spells in care, or experience repeated movements to new facilities—these problems are concentrated among a relatively small proportion of foster children. The implications of these findings are briefly highlighted below.

Older children in care. Adolescents in foster care present different problems than younger children, and require different services. ACS needs to continue to mobilize and reorient its resources to accommodate this population. The expansion of therapeutic foster bed homes and supervised independent living programs that ACS has begun should continue, and if possible, accelerate. Creating more flexible placements, specialized adolescent programs, and additional alternatives to congregate care are necessary steps in meeting the needs of these children.

Controlling entries. The decision to keep or remove a child from the care of a parent(s) is a terrible responsibility, and errors in either direction can create individual tragedies of the greatest magnitude. The data presented above and the other research cited suggest that managers can influence how child protective workers make this critical decision. Before embarking on new policies, and in their response to external events, ACS managers and other officials should focus their attention on how these changes will influence entries into foster care. The analyses also suggest a renewed effort to strengthen diversion and preventive programs. While these programs have a

mixed record of success (see Littell and Schuerman, n.d.), even small improvements in this area would produce more desirable outcomes and could save substantial funds.

Concentrated problems. If the conclusions drawn from the examination of the 1994 cohort apply to other groups of children entering care, the finding that most foster children do not experience multiple placements, multiple spells, or go AWOL is encouraging. This suggests focusing on early interventions for children likely to develop these problems. While more research might produce a method to identify children at risk for these difficulties, the first AWOL or step to a new placement appears to be a strong indicator that a child may need additional attention. ACS should also use these events as a possible indicator of problems with the care a child is receiving, especially if problems are concentrated in one facility or agency.

One final note on the information presented here is necessary. This report is based primarily on data kept by the agency. Except where noted, the data included in this report are of acceptable quality. Some of the historical data, however, is of too low a quality to use for research purposes. As technology increases the agency's ability to use this information, data quality becomes an increasingly important issue. ACS's Quality Improvement unit has focused on improving the reliability of this information, and ACS staff report more confidence in recently gathered data. The transition to the new management information system known as Connections is pivotal, and ACS should continue to focus attention on this matter.

The reform efforts at ACS are both a unique opportunity and a Herculean task. This report seeks to aid those engaged in this endeavor to improve the lives of New York City's foster children, and will prove useful, hopefully, to others involved in the management and oversight of child welfare agencies.

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Appendix A: Congregate Care Facility Types

ACS categorizes most of its congregate care facilities by the number of beds they contain. The drawback to this system is that it ignores substantial differences in the services provided to children in similarly sized facilities. To partially compensate for this lack of detail, four specialized types of placements (that could be of any size) are listed in the tables above and described in the section labeled "service types" below.

Size types

Residential Treatment Centers (RTCs) are campus-like facilities that house 25 or more children, and provide a variety of counseling and educational services. Most RTCs are located in the suburbs north of New York City.

Group Residences are facilities with 13-24 beds. Relatively few of these facilities exist, and many of them are mother-child placements.

Group Homes are facilities with 7-12 beds. They are the most common form of congregate care, and the majority are located in New York City.

Supervised Independent Living Programs (SILPs) are two or three bed placements usually reserved for older, higher functioning children transitioning to independent living.

Agency Operated Boarding Homes (AOBH): are placements with 1-6 beds.

Others: ACS infrequently places children in a variety of specialized (and expensive) congregate care facilities. These include residential treatment facilities (RTFs) for severely disabled or psychologically disturbed youth, and non-charitable institutional boarding homes (NCIBs) usually located out-of-state.

Service distinctions

Diagnostic Reception Centers (DRCs) are staff secure facilities intended as first placements for troubled children entering foster care. They vary in size, and children are not supposed to stay longer than 90 days.

Hard-to-place facilities are placements specially designed to handle more troubled children, and the agencies operating these placements receive a higher per diem reimbursement rate.

Mother-Child: Mother-child placements are especially equipped to handle foster children with babies and children of their own. Many of these placements are in group residences.

Maternity placements are specially designed to address the needs of pregnant foster children. In general, maternity placements do not allow girls to return following the birth of their baby.

Appendix B: Supporting Tables

Table 1: Characteristics of entries, discharges, length of stay, and foster census, 1985-1998

Year	Number of entries (M910s)	Average age at entry (years)	Number of discharges (M990s)	Average age at discharge (years)	Average length of stay of discharged children (years)	Estimated net change in foster care census
1985	10,794	8.93	10,283	11.28	2.06	511
1986	11,803	8.54	9,885	11.25	1.91	1,918
1987	16,167	6.75	8,498	10.97	1.97	7,669
1988	18,415	6.23	8,334	10.12	2.01	10,081
1989	21,885	6.10	10,517	9.65	1.83	11,368
1990	16,373	6.36	12,032	9.46	1.85	4,341
1991	13,890	6.50	12,449	9.44	2.22	1,441
1992	11,923	6.82	13,052	9.66	2.66	(1,129)
1993	11,584	7.13	12,874	10.09	2.88	(1,290)
1994	10,757	7.50	12,490	10.26	3.21	(1,733)
1995	9,330	7.88	13,364	10.45	3.76	(4,034)
1996	12,295	7.81	12,109	10.76	3.54	186
1997	13,207	7.98	13,036	10.59	3.58	171
1998	12,186	7.70	12,330	10.48	3.75	(144)

Note: Entries include both first-time entries and re-entries.

Table 2: 1994 Cohort Entries, Discharges and Remaining Care

Year	Number children in cohort who enter only once	Percent of cohort that enters care only once	Second time entries	Third time or more entries	Children exiting once	Children exiting twice	Children exiting three or more times	Number of children in care at end of year	Percent of cohort in care at end of year
1994	8,336	97.5%	216	8	2,255	62	2	6,367	74.5%
1995	7,994	93.5%	300	34	1,095	121	15	5,271	61.6%
1996	7,756	90.7%	196	42	554	111	24	4,613	53.9%
1997	7,599	88.9%	113	44	685	97	20	3,827	44.7%
1998	7,489	87.6%	79	31	620	91	18	3,064	35.8%
Totals	7,489	87.6%	910	166	5,354	503	85	N.A.	N.A.

Table 3: 1994 Cohort Children in Care, 1994-98

Age at entry	Number	In care at end of 1994		In care at end of 1995		In care at end of 1996		In care at end of 1997		In care at end of 1998	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0 years	2,492	2,162	86.8%	1,965	78.9%	1,789	71.8%	1,461	58.6%	1,113	44.7%
1 years	594	472	79.5%	413	69.5%	387	65.2%	353	59.4%	283	47.6%
2 years	471	366	77.7%	321	68.2%	290	61.6%	254	53.9%	215	45.6%
3 years	401	297	74.1%	257	64.1%	232	57.9%	206	51.4%	179	44.6%
4 years	352	260	73.9%	215	61.1%	201	57.1%	176	50.0%	144	40.9%
5 years	291	227	78.0%	198	68.0%	179	61.5%	153	52.6%	126	43.3%
6 years	258	193	74.8%	166	64.3%	150	58.1%	126	48.8%	109	42.2%
7 years	246	198	80.5%	170	69.1%	158	64.2%	139	56.5%	115	46.7%
8 years	217	155	71.4%	139	64.1%	123	56.7%	113	52.1%	102	47.0%
9 years	219	161	73.5%	142	64.8%	128	58.4%	105	47.9%	94	42.9%
10 years	227	170	74.9%	151	66.5%	130	57.3%	111	48.9%	95	41.9%
11 years	238	182	76.5%	151	63.4%	137	57.6%	120	50.4%	97	40.8%
12 years	308	202	65.6%	165	53.6%	147	47.7%	114	37.0%	101	32.8%
13 years	403	234	58.1%	181	44.9%	151	37.5%	124	30.8%	105	26.1%
14 years	615	349	56.7%	220	35.8%	160	26.0%	120	19.5%	89	14.5%
15 years	696	397	57.0%	229	32.9%	154	22.1%	101	14.5%	78	11.2%
16 years	342	234	68.4%	133	38.9%	63	18.4%	40	11.7%	19	5.6%
17 years	171	102	59.6%	51	29.8%	32	18.7%	11	6.4%	0	0.0%
18 years	9	6	66.7%	4	44.4%	2	22.2%	0	0.0%	0	0.0%
19 years	2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Totals	8,552	6,367	74.5%	5,271	61.6%	4,613	53.9%	3,827	44.7%	3,064	35.8%

Table 4: Steps up, steps down and steps sideways, 1985-99

Year	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	Total
Steps down	2,276	3,381	4,214	5,017	4,591	3,365	2,701	2,191	2,096	2,055	1,889	1,916	2,149	1,991	39,832
Steps up	2,062	2,762	3,382	3,723	3,577	3,107	2,705	2,250	2,372	2,391	2,135	2,422	2,579	2,364	37,831
Steps Sideways	7,842	9,184	10,710	15,264	19,591	21,343	17,310	14,333	13,931	13,049	13,155	14,082	15,591	16,313	201,698
Total Steps	12,180	15,327	18,306	24,004	27,759	27,815	22,716	18,774	18,399	17,495	17,179	18,420	20,319	20,668	279,361

Table 5: Destination Facility Type by Origin Facility Type, Steps up, 1998

Destination Facility Type	DRC	HTP	M/C	Maternal	RTC	Group Residence	Group Home	SILP	AOBH	FBH	Kinship	Total
Diagnostic Re-ception Center	0	19	2	2	50	50	203	0	50	251	73	700
Hard to Place	0	0	0	0	0	0	42	0	17	48	11	118
Mother-Child	0	0	0	0	0	0	27	0	3	47	5	82
Maternal	0	0	0	0	0	0	39	0	8	31	4	82
RTC	0	0	0	0	0	32	146	1	31	278	77	565
Group Residence (13-25 children)	0	0	0	0	0	0	80	0	9	98	28	215
Group Home (7-12 children)	0	0	0	0	0	0	0	5	51	251	82	389
SILP	0	0	0	0	0	0	0	0	0	10	1	11
Agency Operated Boarding Home (1-6 children)	0	0	0	0	0	0	0	7	0	112	23	142
Other Congregate Care	5	5	0	0	19	0	5	0	0	20	6	60
Total	5	24	2	2	69	82	542	13	169	1146	310	2364

Note: Table reads from second row, third column: 19 children stepped up from a Hard-To-Place facility to a DRC.

Table 6: Destination Facility Type by Origin Facility Type, Steps down, 1998

Destination	DRC	HTP	M/C	Maternal	RTC	Group Residence	Group Home	SILP	AOBH	Other	Total
Hard to Place	23	0	0	0	76	0	0	0	0	0	99
Mother-Child	9	0	0	0	3	0	0	0	0	0	12
Maternal	7	0	0	0	22	0	0	0	0	0	29
RTC	324	0	0	0	0	0	0	0	0	14	338
Group Residence (13-25 children)	72	9	3	8	30	0	0	0	0	6	128
Group Home (7-12 children)	210	33	13	13	165	78	0	0	0	6	518
Agency Operated Boarding Home (1-6 children)	0	0	2	0	6	1	25	0	4	0	38
Foster Boarding Home	33	5	2	3	22	37	55	0	0	1	158
Kinship Home	94	9	37	59	119	45	74	4	53	10	504
Other Congregate Care	35	1	6	7	57	7	33	0	15	6	167
Total	807	57	63	90	500	168	187	4	72	43	1,991

Note: Table reads as follows from the second row, second column: 23 children stepped down from a DRC to a HTP placement.

Table 7: Frequency of Stepping Activity, 1994 Entry Cohort

Year	*Steps*	Percent of all steps to date	Cumulative steps	Children ever ex-perienced a step	Percent experiencing at least one step
1994	2,822	30.0%	2,822	1,926	22.5%
1995	2,426	25.8%	5,248	2,858	33.4%
1996	1,640	17.4%	6,888	3,252	38.0%
1997	1,329	14.1%	8,217	3,528	41.3%
1998	1,021	10.8%	9,238	3,696	43.2%
1999	175	1.9%	9,413	3,722	43.5%

Table 8: Characteristics of AWOLs, 1985-1998

Year	AWOLs (M950 AWOL events)	Average age (years)	Standard deviation	Percent from congregate care	Percent from Foster Boarding Home	Percent from Kinship	Percent Female
1985	3,380	15.6	2.4	78.3%	21.7%	0.0%	52.2%
1986	3,384	15.7	2.4	80.2%	19.7%	0.1%	50.5%
1987	3,287	15.7	2.6	79.1%	20.0%	0.9%	49.5%
1988	3,157	15.6	2.5	79.6%	18.4%	2.0%	49.4%
1989	2,896	15.4	2.5	79.6%	17.4%	2.9%	49.3%
1990	2,949	15.5	2.4	80.1%	17.1%	2.8%	54.5%
1991	2,990	15.4	2.3	73.8%	21.0%	5.2%	58.9%
1992	3,238	15.7	2.1	71.3%	21.8%	6.9%	59.8%
1993	3,830	15.7	2.2	68.7%	24.3%	7.0%	59.0%
1994	4,344	15.8	2.2	67.5%	25.6%	6.9%	61.8%
1995	4,023	15.9	2.2	69.1%	24.8%	6.1%	57.8%
1996	3,884	15.7	2.0	69.4%	25.7%	4.9%	57.1%
1997	3,895	15.9	2.0	62.8%	31.2%	6.0%	61.1%
1998	4,041	16.1	1.9	67.1%	26.9%	6.0%	62.0%
Total	49,298			72.7%	23.0%	4.3%	55.4%

Table 9: AWOLs by facility type, 1985-1998

Frequency	DRC	HTP	M/C	Maternal	RTC	Group Residence	Group Home	SILP	AOBH	FBH	Kinship	Other	Total
1985	125	21	29	72	1,175	201	876	0	80	715	1	6	3,301
1986	95	18	50	64	1,091	295	907	0	123	649	4	4	3,300
1987	110	41	43	76	1,074	263	822	0	104	643	29	6	3,211
1988	101	17	41	41	1,058	276	748	0	141	561	61	11	3,056
1989	102	38	65	23	933	142	804	0	134	492	83	7	2,823
1990	151	28	94	38	871	123	803	6	195	494	82	4	2,889
1991	165	46	64	65	724	111	805	1	169	614	151	7	2,922
1992	217	66	58	68	679	90	930	1	144	695	219	22	3,189
1993	216	95	62	56	722	116	1,085	1	183	908	260	32	3,736
1994	241	79	64	98	748	154	1,270	2	212	1,092	296	15	4,271
1995	259	96	71	46	933	114	1,119	6	106	992	243	11	3,996
1996	210	78	48	57	1,136	132	859	3	108	986	190	33	3,841
1997	271	104	87	69	732	178	863	7	102	1,208	232	13	3,866
1998	365	208	73	41	697	188	1,006	4	102	1,078	242	10	4,014
Total	2,628	935	849	814	12,573	2,383	12,897	31	1,903	11,127	2,093	181	48,415

Table 10: AWOL Events

Year	Number of AWOL events	Average age (years)	Median age (years)	Standard devia-tion (years)	Minimum age (years)	Maximum age (years)
94	684	14.9	15.1	1.6	5.2	18.6
95	605	15.4	15.6	1.6	6.3	19.3
96	373	15.5	15.6	1.9	5.4	19.7
97	231	16.3	16.6	1.8	6.3	19.5
98	209	17.0	17.1	1.7	11.7	20.6
99	37	17.3	17.3	2.0	13.4	20.4
Total	2139	15.6	15.6	1.8	5.2	20.6

Note: Only children 4-21 are counted in this table. Some data missing=5 AWOL events

Table 11: Number of Children Involved in AWOL Events

Number of AWOL events	Children	Percent of Chil-dren	Cumulative Number of Children	Cumulative Percent of Children	Number of AWOL events	Cumulative number of AWOL events	Percent of all AWOLs	Cumulative Percent of AWOLs
1	623	59.9	623	59.9	623	623	29.1%	29.1%
2	179	17.2	802	77.1	358	981	16.7%	45.8%
3	92	8.8	894	86	276	1,257	12.9%	58.6%
4	55	5.3	949	91.3	220	1,477	10.3%	68.9%
5	30	2.9	979	94.1	150	1,627	7.0%	75.9%
6	22	2.1	1,001	96.3	132	1,759	6.2%	82.0%
7	11	1.1	1,012	97.3	77	1,836	3.6%	85.6%
8	11	1.1	1,023	98.4	88	1,924	4.1%	89.7%
9	4	0.4	1,027	98.8	36	1,960	1.7%	91.4%
10	3	0.3	1,030	99	30	1,990	1.4%	92.8%
12	3	0.3	1,033	99.3	36	2,026	1.7%	94.5%
13	1	0.1	1,034	99.4	13	2,039	0.6%	95.1%
14	1	0.1	1,035	99.5	14	2,053	0.7%	95.8%
15	2	0.2	1,037	99.7	30	2,083	1.4%	97.2%
18	2	0.2	1,039	99.9	36	2,119	1.7%	98.8%
25	1	0.1	1,040	100	25	2,144	1.2%	100.0%

Note: The second two cells in the second column read "623 children went AWOL once, 179 children went AWOL twice." Column three reads "Of all children who went AWOL, 59.9% went AWOL once". Column four reads "623 children went AWOL once, 802 children went AWOL once or twice." Column five reads "Children who went AWOL once accounted for 623 AWOLs, children who went AWOL twice accounted for 358 AWOLS."

Table 12: Chronic AWOL age of entry

Age at En-try	Frequency	Percent	Cumulative Frequency	Cumulative Percent
4	2	0.8	2	0.8
6	3	1.3	5	2.1
7	3	1.3	8	3.4
8	5	2.1	13	5.5
9	9	3.8	22	9.2
10	8	3.4	30	12.6
11	11	4.6	41	17.2
12	32	13.4	73	30.7
13	52	21.8	125	52.5
14	52	21.8	177	74.4
15	42	17.6	219	92.0
16	14	5.9	233	97.9
17	5	2.1	238	100.0

Table 13: Chronic AWOL Gender

Gender	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Female	156	65.5	156	65.5
Male	82	34.5	238	100.0

Table 14: Chronic AWOL Race

RACE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Black	117	49.4	117	49.4
Hispanic	60	25.3	177	74.7
Mixed	7	3.0	184	77.6
Unknown	43	18.1	227	95.8
White	10	4.2	237	100.0

Table 15: Chronic AWOL First Placement

FACNEW	Frequency	Percent	Cumulative Frequency	Cumulative Percent
DRC	41	20.4	41	20.4
Maternity Shelter	5	2.5	46	22.9
RTC	23	11.4	69	34.3
Group Residence	4	2.0	73	36.3
Group Home	64	31.8	137	68.2
AOBH	8	4.0	145	72.1
FBH	52	25.9	197	98.0
Kinship	4	2.0	201	100.0

Frequency Missing = 37.