

**A study on foster care placement breakdown using rational choice theory**

by

Rebecca C. Blodgett

B.S., University of Maine, 2019

A THESIS

submitted in partial fulfillment of the requirements for the degree

MASTER OF SCIENCE

Department of Applied Human Sciences  
College of Health and Human Sciences

KANSAS STATE UNIVERSITY  
Manhattan, Kansas

2022

Approved by:

Major Professor  
Dr. Bradford Wiles

# Copyright

© Rebecca Blodgett 2022.

## **Abstract**

Foster placement breakdown, wherein foster parents request the removal of their foster children, is detrimental to foster children and is linked to increased behavioral problems, poor academic growth, and housing instability later in life. This study utilized rational choice theory to explore how child (age, gender, race, health, behavior, history of sexual abuse victimization), foster family (number of caregivers, income), and case (TPR status) characteristics affect foster parents' decision-making processes regarding placement breakdown. A secondary analysis was performed on data from the National Survey on Child and Adolescent Well-being II (NSCAW II), a longitudinal study that followed 5,873 children from 83 counties in 30 states, to determine the extent to which child, foster family, and case characteristics are correlated with placement breakdown and potential placement breakdown in the future. A subsample of 280 cases was used. Logistic regressions indicated that in agreement with the hypothesis, each additional year of child age is correlated with a 19.0% (95% CI [1.050, 1.347]) increase in odds of actual placement breakdown and a 10.3% (95% CI [1.022, 1.190]) increase in odds of potential placement breakdown. It was also found that, in disagreement with the hypothesis, for children who had one biological parent with legal parental rights, the odds of potential placement breakdown (i.e., the unwillingness of foster caregivers to continue caring for children long-term) were 0.253 times (95% CI [0.114, 0.559]) that of children who had no biological parents with legal parental rights. No other significant relationships were found, indicating that rational choice theory applied to these data cannot fully explain why placement breakdown occurs.

*Keywords:* foster placement breakdown, rational choice

# Table of Contents

List of Tables .....	v
Chapter 1 - Introduction.....	1
Chapter 2 - Review of Literature .....	3
Chapter 3 - Methods.....	13
Chapter 4 - Results.....	16
Chapter 5 - Discussion .....	22
References.....	29
Appendix A - Codebook .....	34

## **List of Tables**

Table 1. Variables Used in Study .....	15
Table 2. Missing Data .....	17
Table 3. Logistic Regression – Breakdown (Placement Breakdown) .....	19
Table 4. Logistic Regression – PBreak (Potential Placement Breakdown) .....	20
Table 5. Codebook .....	34

## **Chapter 1 - Introduction**

The official purpose of foster care in the United States is to provide “safe and stable out-of-home care” for children who cannot safely live with their original caregivers (Children’s Bureau, 2020, para. 1). Ideally, children in foster care live in one out-of-home placement during their time in foster care until they find permanency, often with their original caregivers (e.g., after the caregivers work to make themselves and their homes safe for children), other family members, or adoptive families; however, many children in foster care do not experience stable placements. In 2019, 35% of children in the U.S. foster care system had lived in three or more different placement settings (Kids Count Data Center, 2021). Children who experience placement instability such as this are more likely to develop academic, social, and behavioral problems (Rubin et al. 2007; Rutter & Sroufe, 2000). They are also less likely to find permanency in a timely manner (Rutter & Sroufe, 2000). Placement instability occurs for multiple reasons, some over which foster parents have no control (e.g., system or policy requirements). Foster parents requesting removal of placements from their homes, however, is known as foster placement breakdown (James, 2004). Placement instability, no matter the cause, conflicts with the goal of providing children in the child welfare system with safe and stable out-of-home care.

### **Purpose and Theory**

The purpose of this study is to explore the extent to which various foster child, foster parent, and case characteristics relate to placement breakdown. Because this study specifically focuses on instances of disruptions over which foster parents have control rather than instability caused by system or policy requirements, this study applies rational choice theory throughout. The foundations of rational choice theory were laid by economist Adam Smith (1776) before

being utilized to build a framework for social exchange (where individuals use a cost-benefit analysis to determine potential risks and benefits in relationships with others; Homans, 1958) and later formalized into a bona fide theory (Coleman, 1994). It posits that individuals are rational actors motivated by self-interests (Hechter & Kanazawa, 1997). Rewards benefit the actor's self-interests, and costs harm the actor's self-interests. Under rational choice theory, individuals make decisions that offer the greatest reward-to-cost ratio. Actors weigh rewards and costs by comparing their options in two different ways: expectations, or comparison between the actor and peers in similar situations (i.e., comparison level), and comparison between the actor and peers in a situation in which the actor could find themselves if they choose one of the options available to them (i.e., comparison of alternatives; Hechter & Kanazawa, 1997). In both scenarios (comparison level and comparison level of alternatives), actors rationally seek to make choices that advance their self-interests. Rational choice theory will inform the selection of foster child, foster parent, and case variables for this study as well as help to keep a tight focus on foster placement breakdown within the larger focus area of placement instability.

## Chapter 2 - Review of Literature

### **Rational Choice Theory**

As mentioned in the previous section, the basic premise of rational choice is that people, as rational actors, seek to maximize their benefit-to-cost ratio when making decisions by utilizing comparison levels and comparison of alternatives. A more granular look into the theory presents assumptions and propositions that must be considered, however.

### *Assumptions*

Abell (2000), building off the work of philosophers Paul Moser and Jon Elster, identified three main assumptions of rational choice theory (beyond the assumption that humans are rational beings): individualism, optimality, and self-regard. The first assumption, individualism, states that it is individuals who take actions that lead to outcomes. The second assumption, optimality, states that individuals act in ways that will lead to the best outcome according to their preferences. The third assumption, self-regard, states that individuals are concerned with their own welfare, not the welfare of others. Put together, rational choice theory assumes that outcomes occur due to individual actions and that individuals are rational actors who make decisions in order to experience their most preferred outcomes without regard to the preferred outcomes of others.

### *Propositions*

As stated above, the most basic proposition of rational choice theory is that actors choose to maximize their benefit-to-cost ratio. This means that when costs are absent or equal, they seek to maximize benefits and when benefits are absent or equal, they seek to minimize costs. Similarly, Nye (1979) lists two assumptions concerning time: When immediate profits are equal, actors seek the alternative with the most long-term profit, and when long-term profits are equal,

actors seek the alternative with the most short-term profit. An additional proposition by Coleman (1994) regarding families revolves around stability. Coleman states that, because families are social structures and stable social structures produce more profits than unstable ones, actors will gravitate towards stable structures. This point may be especially critical when studying foster families. Based on Coleman's proposition, one may expect foster parents to lean away from requesting the removal of their foster children if the benefits of doing so do not clearly outweigh the costs (unless keeping the foster children in the home results in more familial instability than removal).

### **Placement Instability**

Placement instability's negative effects result in detrimental outcomes for children in foster care. Placement changes are significantly and positively correlated to internalizing and externalizing mental health and behavioral problems in youth involved in the foster care system. Further, these effects remain statistically significant even after accounting for the severity of maltreatment experienced by children as a possible confounding third variable (McGuire et al., 2018). One study calculated that all else being equal, children in unstable foster placements showed a 63% increase in behavioral problems (Rubin et al., 2007). Placement instability also negatively affects children's academic growth, even after accounting for school moves. In fact, placement disruptions are more negatively correlated with academic growth than school moves are (Clemens et al., 2018). Placement instability continues to follow individuals into adulthood as well. It is correlated with lower rates of high school graduation and higher rates of houselessness (Dworsky et al., 2013; Goyette et al., 2021). These powerful findings demonstrate the harm experienced by children in unstable foster placements and demonstrate the importance of foster placement instability as an area of research.

## **Reasons for Placement Instability**

Reasons for placement instability vary greatly. Many placement changes occur due to system- or policy-related reasons (e.g., moving into a kinship placement after a willing family member is located, moving into a home with siblings), but others occur due to the request of the foster parent (James, 2004). The latter may not be as common as the former, but addressing foster placement breakdown requires consideration due to the average foster parent likely requesting to have at least one foster child removed during their tenure (Smith et al., 2001; James, 2004). Further, foster parents' overall commitment and decision-making processes related to keeping their foster children in their homes and providing legal permanence requires attention because that commitment significantly correlates with placement stability (Koh et al., 2014). Causes of foster placement breakdowns include a variety of factors, and a single breakdown often involves multiple factors. Factors that may affect foster parents' commitment to keeping their foster children in their homes include child, foster family, and case characteristics.

### ***Child Characteristics***

**Child Age.** One meta-analysis concluded that older age at placement is positively related to placement breakdown (Oosterman et al., 2007), and another concluded that parents tend to have higher-quality relationships with younger children (Nomaguchi, 2012). When viewing this study through a rational choice lens, one may conclude that fostering young children may be seen as a benefit by foster parents due to the potential of higher-quality relationships.

**Child Gender.** There are slightly fewer girls (48%) than boys (52%) in the foster care system (Child Welfare Information Gateway, 2021), and previous research has shown that adoptive parents generally prefer female placements (Baccara et al., 2014). Utilizing rational choice theory, one may conclude that foster parents' imagined alternatives when parenting

female foster children (e.g., waiting a long time for another female placement or being placed with a boy) may be less attractive than their current realities (e.g., keeping their current foster children), thereby increasing their commitment to their female foster children.

**Child Race.** African American foster children experience more frequent placement disruptions than their Caucasian and Latinx peers (Garcia et al., 2016), are the least preferred race of children among adoptive parents (Baccara et al., 2014), and are overrepresented in the foster care system (Dettlaff & Boyd, 2020). Although these researchers do not reference rational choice theory in their work, these findings illustrate that when viewed through a rational choice lens, imagined alternatives (e.g., being placed with a non-Black foster child or not having a foster child at all if race becomes a large enough cost, such as if it causes strained relationships with extended family) may seem preferable for foster parents of African American children who are considering disruption.

**Child Health.** When asked what would cause them to request a removal of a foster child from their homes, many foster parents stated that foster children's medical problems would be a factor and cited logistical reasons they would have to consider, such as getting children to appointments (Brown & Bednar, 2006). Logistical concerns such as these require time and money, both potential costs for foster parents when viewed through a rational choice lens that will cease to exist if they decide to disrupt the placement. Other costs include living with uncertainty (both due to the medical diagnoses themselves and oftentimes having little to no previous medical history of their foster children), dealing with challenges related to providing medical care to children who do not trust them and have increased behavioral needs, and loss of normalcy (Greiner et al., 2015).

**Child behavior.** Multiple studies show that many foster parents are willing to request the removal of foster children who have behavioral problems ranging from unsafe behavior (Brown & Bednar, 2006) to not following household rules and routines (Brown et al., 2007). Because foster children experience trauma related to the neglect and abuse that brings them into the foster care system and because trauma is positively related to behavioral problems (Milot et al., 2009), a general utilization of rational choice theory suggests that foster child behavioral problems may cause foster parent dissatisfaction on both the comparison level (e.g., compared to friends who have biological children without behavioral problems stemming from trauma) and comparison level of alternatives (e.g., trying for a biological child of their own).

**Child Sexual Abuse.** Foster children who have been sexually abused experience more placement moves than other children (Webster et al., 2000). Many people believe in the cycle of abuse when it comes to sexual abuse (i.e., victims later becoming perpetrators; Richards, 2019), and safety concerns are commonly cited as reasons for potential or actual foster placement breakdown (Brown & Bednar, 2006). Although research shows that the cycle of sexual abuse is only applicable to certain subsets of males (e.g., those abused by female relatives) and not applicable to females (Glasser et al., 2001), a general utilization of rational choice theory predicts that foster parents will be less likely to give children who are sexually abused the benefit of the doubt relating to questionable behaviors, especially if they have other children in the home, due to the foster parents' perspectives and beliefs. For foster parents, the perceived cost of risking others' safety will outweigh many benefits.

### ***Foster Family Characteristics***

**Foster Family Structure.** In interviews pertaining to factors that promote or prohibit successful fostering, foster parents often cited having a strong marriage or being a two-parent

family as a benefit (Redding et al., 2000). None of the participants listed being a single parent as a benefit. While not explicitly addressed in this particular study, rational choice theory and simple math suggests that with two caretakers instead of one, resources (e.g., time, money, talent) can be pooled, reducing the amount of cost experienced by any one parent. Two-parent households also experience less parenting-related stress than one-parent households during periods of stress caused by outside factors, such as during the COVID-19 pandemic (Miller et al., 2020), perhaps due to these combined resources.

**Foster Family Income.** While some studies show no relationship between foster parent income and placement stability (Oosterman et al., 2007), others suggest a link may exist. Fernandez (1999), for example, found that there was an inverse relationship between foster parent income and the chances of foster children experiencing a second placement. In general, stable and adequate income is positively correlated to family resilience due to its positive correlation to higher education (which in turn positively correlates with problem-solving skills) and increased social networks as well as negative correlations to mental health problems and financial stress (Benzies et al., 2009). Viewing these studies through a rational choice lens suggests that complex problem-solving skills and a good social support network may serve as benefits to foster parents, and reducing mental health problems and financial stress may remove costs.

### ***Case Characteristics***

**Siblings.** Between 65% and 85% of foster children have biological siblings, and more than 50% of these children are separated from at least one sibling during their time in foster care (McCormick, 2010). Foster children who are placed in different foster homes than their biological siblings are at increased risk for placement breakdown (Konijn et al., 2019), especially

for children who are originally placed with siblings before being subsequently placed alone (Leathers, 2005). Placing children with siblings reduces insecurity and increases relational adjustment (Konijn et al., 2019). When viewing this study through a rational choice lens, this reduction of insecurity and increase in relational adjustment may be seen as a benefit for foster parents who want to have positive relationships with their foster children

**Termination of Parental Rights.** Courts can involuntarily terminate parents' rights if the parents are deemed permanently unfit caregivers. This termination of parental rights (TPR) ends the legal relationship between parents and children, freeing children for adoption (Child Welfare Information Gateway, 2021). While the goal of foster care is reunification, foster parents often prefer to care for children with TPR status. Many foster parents view visits with birth families as a stressor due to the physical and emotional damages they feel home visits with biological families cause to their foster children, anger at biological parents for not taking better care of their children, and feeling like they have to act as a middleman between caseworkers and biological parents (Jones et al., 1999) and list feelings relating to the uncertain and temporary nature of foster care (e.g., loving foster children too much or having "overwhelming feelings of loss" when they leave) as factors that inhibit successful placements (Buehler et al., 2003). Utilizing rational choice theory to synthesize information from these studies suggests that caring for children with TPR status who are free for adoption and free from contact with their birth families eliminates costs. This also correlates with Coleman's proposition that actors lean towards choosing stability rather than instability (i.e., children who have no ties with their birth parents would be less likely to be pulled from their current caregivers' homes).

### **Rational Choice and Placement Instability**

Peer-reviewed publications concerning rational choice and placement instability remain underrepresented in the literature. Searches resulted in finding a single master's thesis concerning the decision-making process relating to international adoption from China. Findings showed that adoptive parents used a conscious, rational decision-making process when deciding to adopt, and specifically when deciding to adopt from China (e.g., weighing the monetary costs of international adoption vs. the likelihood of adopting a healthy child; Bryant, 2001). While the study's tangential relationship to this paper's focus area might seem a stretch, it illustrates how parents make rational choices when deciding to bring non-biological children into their homes. If potential adoptive parents use rational choice to seek out adoptive placements, it stands to reason that foster parents may also use rational choice to decide whether to disrupt a placement once a child is in their home.

### **Summary**

Placement instability's harm to foster children proves well-represented in empirical research. Sometimes placement instability occurs due to reasons outside of foster parents' control, but alternatively, some placement instability is caused by foster parents' decisions to disrupt their placements, called foster placement breakdown, resulting in an important area of study. Because foster parents, and not outside sources, initiate placement breakdown, appropriately applying rational choice theory facilitates better understanding of factors foster parents consider when deciding whether to disrupt placements. Using rational choice, child characteristics (age, gender, race, health, behavior, and history of sexual abuse), foster family characteristics (structure and income), and case characteristics (absence of siblings in the home, TPR status) may come into play in part or in sum. Using rational choice theory has not been prevalent in studying placement instability in peer-reviewed literature, but it may facilitate

understanding more about foster parents' decision-making processes with regard to placement breakdown.

### **Current Study**

Many studies concerned with factors contributing to placement instability in foster care exist, however, these studies utilize small samples, include data from countries outside of the United States, explore system or policy reasons for disruption, or focus on other variables that would be difficult for social workers to apply in working with foster children and foster families directly (Cross et al., 2013; Konijn et al., 2019). In addition, the dearth of studies applying a formal theory to guide the conceptualization or design of their studies serves as a significant gap in the literature. Because child welfare laws and attitudes vastly differ across cultures, this study focuses on placement instability across all states in the United States (but not placement instability in other countries) to specifically provide professionals within the U.S. child welfare system with usable knowledge. Rational choice theory (Hechter & Kanazawa, 1997), which focuses on individual decisions rather than groups or systems, helps to narrow down variables of interest pertaining to reasons individual foster families identify for disrupting placements. While many placements are disrupted due to other reasons, instability caused by foster families remains an issue for multiple interested parties and thus provides the focus of this paper. System-level causes for instability prove difficult for individual social workers to change, but social workers', supervisors', and policymakers' positions allow for making a difference on individual-level causes of instability via their various activities. However, system-wide reasons for instability, such as finding a kinship placement when official policy is to place children with family members, when possible, results in a system wherein change requires action at the policy level.

Therefore, focusing on causes of instability relating to decisions made on the individual level allows for the greatest chance of change across all levels within the foster care system.

### **Research Questions**

The specific research question explored in this study is:

- In the context of rational choice theory, to what extent do child, foster parent, and case characteristics significantly relate to placement breakdown?

Hypotheses for each characteristic are as follows:

- Higher child age, male child gender, minority status of child, higher number of child health problems, increased child behavioral problems, child history of sexual abuse victimization, separation of child from their siblings, higher number of biological parents retaining parental rights, single foster caregivers, and lower income of foster caregivers will all predict increased placement breakdown.

## Chapter 3 - Methods

### Sample

A secondary data analysis was performed on data from the National Survey on Child and Adolescent Well-being II (NSCAW II), a longitudinal study that followed 5,873 children from 83 counties in 30 states. Children ranged from 2 months to 17.5 years of age at the beginning of the study and had child welfare investigations closed between February 2008 and April 2009 (RTI International, 2014). Information was gathered from caregivers, social workers, and the children themselves from face-to-face interviews and assessments in three separate waves:

March 2008 – September 2009, October 2009 – January 2011, and June 2011 – December 2012.

The sample for this paper includes 280 cases from the NSCAW II. Inclusion criteria for cases were as follows:

- Children associated with each case were in non-relative foster placements in Wave 2 or Wave 3. (Wave 1 data was not utilized due to large amounts of non-random missing data for multiple variables of interest.)
- Children associated with each case were at least 2 years old and less than 18 years old during the wave in which they were in non-relative foster care. (Cases with children above or below this threshold also had large amounts of non-random missing data.)

For cases where children were in non-relative foster placements for both Wave 2 and Wave 3, only data from Wave 2 was used. This allowed for the most accurate comparison of data because it ensured that all data collected from foster caregivers was from each caregiver's first survey response. (Wave 1 did not include caregiver responses.)

### Measures

A combination of rational choice theory and empirical research findings was used to select independent, control, and dependent variables for this study. Independent and control variables chosen for this study include those most likely to be known and documented in each child or family's social services file (e.g., family structure and income but not measures of mental health as indicated by measures used solely by the NSCAW II) to enhance the practical implications of this study. Two dependent variables were constructed to measure actual placement breakdown experienced by children in each case and a proxy for the potential for future placement breakdown measured by foster parents' willingness to continue caring for their foster children long-term should the need arise, respectively. For an overview of measures used in this paper, see Table 1. For a more complete table of measures and variables used to select the sample and construct the measures used in this study, see Appendix A. Separation of children from siblings was not included as a measure due to ambiguous and missing data within the secondary data source.

Logistic regressions were run in SPSS (IBM Corp., 2020) to explore the relationships between independent variables (child age, gender, race, health, behavior, and history of sexual abuse victimization; TPR status of biological parents; and number of caregivers and income in foster families) and dependent variables (i.e., actual placement breakdown; and unwillingness of foster parents to continue caring for their foster child in the future, indicating potential future placement breakdown).

Table 1. Variables Used in Study

<b>Variable</b>	<b>Kind</b>	<b>Type</b>	<b>Measure</b>
Age	Control variable	Ratio	Child's age in years during the time at which all other data was collected (i.e., age at Wave 2 or Wave 3, depending on which wave the child is in).
Gender	Control variable	Nominal	Male or female. Although some children may not identify as strictly male or female, these were the only options participants were given during the interview process.
Race	Control variable	Nominal	White/Non-Hispanic, Black/Non-Hispanic, Hispanic, or Other.
Health	Independent variable	Ratio	The amount of health problems each child has based on how many questions they responded "yes" to when asked if they were currently experiencing a variety of health problems. Higher scores indicate more health problems.
Behavior	Independent variable	Ratio	Percentile scores for behavioral problems based on calculations made by NSCAW II researchers after administering the Child Behavior Checklist for Ages 1.5-5 (CBCL 1.5-5) and Child Behavior Checklist for Ages 6-18 (CBCL 6-18; Achenbach & Rescorla; 2001). Higher scores indicate more behavioral problems.
SexAbuse	Control variable	Nominal	Whether or not children have experienced sexual abuse victimization at any point in their life (at the time which data was collected).
Caregivers	Independent variable	Nominal	Whether current foster caregivers are part of a one- or two- parent household.
Poverty	Independent variable	Ordinal	Foster caregivers' income in regard to poverty level. Includes <50%, 50 - <100%, 100% - 200%, and >200%.
Parents	Independent variable	Ordinal	Number of biological parents who still have parental rights to child (i.e., 0 = both parents have had their rights terminated; 1 = one parent has had their rights terminated; 2 = neither parent has had their rights terminated).
Breakdown	Dependent variable	Nominal	Whether or not a child has experienced placement breakdown at any point during their time in the foster care system at the time of data collection.
PBreak	Dependent variable	Nominal	A proxy variable used to measure the potential for placement breakdown in the future (i.e., 0 = foster parents are willing to care for their child long-term; 1 = foster parents are not willing to care for their child long-term).

## Chapter 4 - Results

### Preliminary Analyses

First, frequency and distribution analyses were run for each variable of interest. While the original plan was to utilize Breakdown as a scale variable to allow for a richer analysis, there was too little variation in the data to allow for this. Out of all cases ( $N = 280$ ), only five included more than one instance of placement breakdown. In consultation with my major professor, the decision to utilize Breakdown as a binary dependent variable (i.e., whether any placement breakdown had occurred) emerged. There was one major outlier in the variable relating to child health: one case had a non-centered score of 10 (meaning the child was experiencing 10 significant health problems) at Wave 2 while their scores for Wave 1 and Wave 3 were both 1. The next highest health score in any of the remaining cases was 4. Due to these two factors and the fact that other data for the case were within normal ranges, the outlier was manually labeled as randomly missing and removed from subsequent analysis.

Next, skewness and kurtosis were studied to determine whether any continuous variables needed to be centered before further analysis. Of the three continuous variables (i.e., Age, Health, and Behavior), only Health had skewness or kurtosis outside of the  $\pm 2.0$  range, making it non-normally distributed with a skewness of  $-2.46$  and a kurtosis of  $17.40$ . Cube rooting the variable to center it resulted in a skewness of  $1.14$  and a kurtosis of  $-0.50$ , making it acceptable for further analysis.

A correlation matrix was used to look at the relationships between variables. Using a definition of  $> 0.60$  to indicate strong relationships, no strong relationships were found.

Because there were randomly missing data in some variables, multiple imputation was used to fill data. See Table 2 for the number and percentage of random and non-random missing

data for each variable (N = 280). Data was considered randomly missing if labeled “Non-interview” and non-randomly missing if labeled “Legitimate skip”, “Refused”, or “Don’t Know” in accordance with original data documentation instructions (RTI International, 2014). Multiple imputation was only used to fill randomly missing data.

Table 2. Missing Data

<b>Variable</b>	<b>Number Non-Random Missing</b>	<b>Percentage Non-Random Missing</b>	<b>Number Random Missing</b>	<b>Percentage Random Missing</b>
Age	0	0%	0	0%
Gender	0	0%	0	0%
Race	0	0%	0	0%
Health	0	0%	17	6.07%
Behavior	0	0%	20	7.14%
SexAbuse	0	0%	0	0%
Caregivers	0	0%	35	12.50%
Poverty	23	8.21%	17	6.07%
Parents	9	3.21%	25	8.93%
Breakdown	0	0%	0	0%
PBreak	9	3.21%	25	8.93%

Ten iterations of imputation were used. A lower bound of 0 and upper bound of 100 were used for Behavior and a lower bound of 0 was used for Health when imputing data because any other values would be invalid (i.e., behavior scores were reported on a [0, 100] scale, and having “negative” health problems is impossible).

Lastly, two logistic regressions were run in SPSS (IBM Corp., 2020). For the first regression, Age, Gender, Race, and SexAbuse acted as control variables due to the implications of rational choice theory. While these variables have been linked to placement breakdown in previous studies and may play a part in foster caregivers’ rational choices relating to asking for their children to be removed, they are more likely to play a part in other variables that are more

costly or rewarding to foster caregivers, such as child behavior or the amount of contact caregivers must have with biological parents. Health, Behavior, and Parents acted as independent variables, and Breakdown acted as the dependent variable. Caregivers and Poverty were not used because they were, in this sample, relatively unstable variables unsuitable for an analysis regarding total case history of placement breakdown (i.e., variables related to the foster child could be expected to remain relatively stable compared to foster caregiver variables which could change drastically between each change of placement).

For the second regression, Age, Gender, Race, and SexAbuse again acted as control variables, and Health, Behavior, and Parents again acted as independent variables. In this regression, PBreak was used as the dependent variable. Because PBreak measured the willingness or unwillingness of current foster caregivers to continue caring for their foster children, Caregivers and Poverty were added as independent variables.

Because multiple imputation was used and results were given for each of the 10 imputations, final results for each regression were pooled in SPSS.

### **Further Analyses**

Logistic regression was used to analyze the relationship between child age, child gender, child race, child history of sexual abuse victimization, child health, child behavior, TPR status of child's biological parents, and placement breakdown. For complete results, see Table 3.

It was found that, holding all other predictor variables constant, the odds of placement breakdown occurring increased by 19.0% (95% CI [1.050, 1.347]) for a one-unit increase in child age (i.e., an increase in age of one year).

Table 3. Logistic Regression – Breakdown (Placement Breakdown)

<b>Variable</b>	<b>B</b>	<b>S.E.</b>	<b>Sig.</b>	<b>Exp(B)</b>	<b>95% C.I. for EXP(B) Lower</b>	<b>95% C.I. for EXP(B) Upper</b>
Gender (1)	-.041	.467	.930	.960	.384	2.397
Race (1)	18.492	9890.076	.999	107375124	.000	.
Race (2)	19.134	9890.076	.998	204038460	.000	.
Race (3)	19.279	9890.076	.998	235806739	.000	.
SexAbuse (1)	-.262	.705	.710	.769	.193	3.062
Age	.174	.064	.006	1.190	1.050	1.347
Health	.018	.545	.974	1.018	.348	2.972
Behavior	.014	.025	.574	1.014	.965	1.065
Parents (1)	-.307	.683	.652	.735	.193	2.803
Parents (2)	.795	.934	.396	2.214	.352	13.910
Constant	-23.610	9890.076	.998	.000	.000	.

Logistic regression was also used to analyze the relationship between child age, child gender, child race, child history of sexual abuse victimization, child health, child behavior, TPR status of child’s biological parents, number of caregivers in foster home, foster caregivers’ income, and unwillingness of caregivers to continue caring for their foster child long-term (i.e., potential placement breakdown). For complete results, see Table 4.

It was found that, holding all other predictor variables constant, the odds of potential breakdown increased by 10.3% (95% CI [1.022, 1.190]) for a one-unit increase in child age (i.e., an increase in age of one year).

Table 4. Logistic Regression – PBreak (Potential Placement Breakdown)

Variable	B	S.E.	Sig.	Exp(B)	95% C.I. for EXP(B) Lower	95% C.I. for EXP(B) Upper
Gender (1)	.007	.301	.981	1.007	.558	1.816
Race (1)	-.518	.682	.448	.596	.156	2.270
Race (2)	-.642	.706	.363	.526	.132	2.100
Race (3)	-.127	.698	.856	.881	.224	3.459
SexAbuse (1)	.226	.470	.631	1.253	.499	3.150
Age	.098	.039	.012	1.103	1.022	1.190
Health	-.423	.338	.210	.655	.338	1.271
Behavior	.013	.012	.301	1.013	.989	1.038
Parents (1)	-1.376	.405	.001	.253	.114	.559
Parents (2)	-1.302	.847	.128	.272	.051	1.463
Caregivers (1)	-.451	.349	.197	.637	.321	1.264
Poverty (1)	-.708	.643	.272	.493	.139	1.742
Poverty (2)	-.401	.639	.531	.670	.191	2.347
Poverty (3)	.462	.818	.572	1.588	.318	7.922
Constant	-.193	1.226	.875	.824	.074	9.124

It was also found that, holding all other predictor variables constant, for children who had one biological parent with legal parental rights, the odds of potential placement breakdown were 0.253 times (95% CI [0.114, 0.559]) that of children who had no biological parents with legal parental rights (i.e., the odds of potential placement breakdown was 3.953 times higher for children who had no biological parents with legal parental rights compared to children who had one biological parent with legal parental rights).

### Summary

Two logistic regressions were performed on secondary data of children who had lived in non-relative foster homes (N = 280). Independent variables included child age (Age), child gender (Gender), child race (Race), child health (Health), child behavior (Behavior), child

history of sexual abuse victimization (SexAbuse), number of biological parents who still had legal rights to their child at time of data collection (Parents), income levels of current foster caregivers (Poverty), and number of current foster caregivers in the home (Caregivers). The dependent variable for the first regression measured whether children had ever experienced placement breakdown (Breakdown). The dependent variable for the second regression measured whether children's current foster caregivers would be willing to care for them long-term if the need arose, which was used as a proxy for potential placement breakdown in the future (PBreak). For the first regression, it was found that, the odds of placement breakdown occurring increased by 19.0% (95% CI [1.050, 1.347]) for a one-unit increase in child age). For the second regression, it was found that the odds of potential breakdown increased by 10.3% (95% CI [1.022, 1.190]) for a one-unit increase in child age, and, for children who had one biological parent with legal parental rights, the odds of potential placement breakdown were 0.253 times (95% CI [0.114, 0.559]) that of children who had no biological parents with legal parental rights.

## **Chapter 5 - Discussion**

Rational choice theory does not seem to fully explain why some children experience or are at risk of placement breakdown while other children are not. While increased age was correlated with higher placement breakdown and potential placement breakdown as predicted in the hypothesis, it was the only variable to completely conform with the hypothesis. The finding relating to the number of biological parents retaining rights to their children was not expected. The use of rational choice theory predicted that the greater the number of biological parents involved in children's lives, the greater the risk would be for placement breakdown. Although significant findings were not found for actual placement breakdown, the second logistic regression showed that foster caregivers caring for children with one biological parent who still had parental rights were more likely to be unwilling to care for children long-term, compared to caregivers of children with no biological parents who still had parental rights.

### **Implications**

Given these findings, rational choice theory may only partially explain placement breakdown. This suggests that at least one of the central assumptions of rational choice theory may not hold for foster caregivers who are considering asking for removal of their foster children and that there may be more than rational decisions and self-interest at play. In other words, caregivers may do more than simply weigh the pros and cons of parenting their foster children and imagining alternatives to their current realities. Instead, other extant theories may be able to better why placement breakdown occurs.

One such theory may be family stress theory. Because foster parents can make the permanent decision to ask for the removal of their foster children in a relatively short period of

time (even in just the amount of time it takes to pick up a phone to call their caseworker), it makes sense to factor in one-time and short-term events (e.g., the death of a family member, losing a job, etc.) when looking into reasons why placement breakdown occurs rather than just the relatively stable variables used in this study (e.g., age, behavior, health, etc.). Family stress theory utilizes the ABCX model to take events (A), family resources (B), and how the family defines events (C) into account when determining how a crisis (X) occurs (Hill, 1958). Another useful approach may be to consider the relationships between individuals and subsystems within the foster family and how the family system works. Family systems theory would allow researchers to consider the family as the complex social system that it is rather than solely concerning itself with characteristics of just children or just caregivers (Kerr & Bowen, 1988).

In short, the main implication of this study is that rational choices alone cannot fully explain the phenomenon of foster placement breakdown. Instead, researchers must look at additional factors that may not be strictly rational (e.g., making permanent decisions based on temporary events based on interpretations of those events rather than remaining objective about the situation or allowing a foster child to become a scapegoat within the family system even when the child is not the cause of various problems). Rational choice theory may be helpful in conjunction with other theories, however (e.g., within family stress theory, rational choice theory may help explain how family members make decisions after accounting for the fact that different family members view events and stressors differently and may therefore weigh risks and benefits differently.) While rational choice theory cannot be used to explain the results in this study, it may be useful for researchers who are working with richer data that includes those additional factors.

## **Limitations**

Because this study utilized secondary data, there were some limitations regarding data analysis. The original data was collected in three waves, and the study was originally intended to be longitudinal in nature. Because Wave 1 data was unusable due to missing data and many cases were not in both two remaining waves, a cross-sectional approach was used. Also, because data was not collected with placement breakdown as a dependent variable in mind, some proxy variables were created (e.g., future potential breakdown) and others could not be used (e.g., placement of siblings). While this secondary data analysis provided some utility, collecting and using primary data would have resulted in a more targeted and accurate analysis.

This study utilized rational choice theory to choose variables of interest. While some of these variables may be factors foster parents consider when choosing to remove foster children from their home (i.e., age and number of parents retaining parental rights), they could also be related to factors mentioned in the above section that were not measured. For example, age being correlated to increased placement breakdown may be due to a disparity in how foster caregivers expect older children to act within their family system and how older foster children actually act, making those foster children seem like a greater hindrance in crises or making it harder for them to meld into the pre-existing family system. For parental rights status, having at least one biological parent in a foster family's life may provide an alternative outlet for caregivers' frustrations (e.g., blaming a biological parent for influencing a foster child's behavior rather than directing all the negative attention towards the foster child). In both hypothetical cases, the variables used (i.e., age and parental rights) may be related to how foster caregivers handle situations emotionally rather than or in addition to being factors in a completely rational decision-making process.

In addition to this, rational choice theory was difficult to perform quantitative analyses on within this data set because different variables likely matter in different ways and in different value weights to each individual (e.g., one parent may consider child health problems a deal-breaker while another parent may not mind the extra appointments or find health problems as stressful as the first parent).

Both placement breakdown and potential placement breakdown remain difficult to quantify with total accuracy. In this study, placement breakdown was measured based on reports given by social workers, and many of these social workers may not have been involved in the cases involving placement breakdown when breakdown occurred. This means placement breakdown information may be third hand (i.e., given not by the foster parent who made the decision to end the placement or the social worker on the case when the request was made, but by another social worker altogether). Given the workload of many social workers and the complexity of the foster care system, it is not unreasonable to think that some cases may have been mislabeled or missed. Direct information from the foster caregivers who made the decision to end the placement would have been best in the study, but that information was not available. In addition, potential placement breakdown, while interesting, must be taken with a grain of salt. If the decision to keep a foster child or ask for their removal is not rational (and this study suggests that it is not), foster parents who claim that they are willing or unwilling to continue caring for their foster children long-term may change their mind in the future based on events they are experiencing in their lives or their emotional state.

## **Recommendations**

This study indicates that while it would be convenient to be able to learn about placement breakdown with easily defined variables such as age, behavior scores, or the number of

caregivers in the home, foster families and children must be viewed holistically. Individual situations, emotions, and worldviews must be considered to fully understand why some foster children move from placement to placement while others are able to remain in stable homes. More research is needed to determine why placement breakdown occurs, and this should be a combination of quantitative (to see what factors are associated with breakdown) and qualitative (to see why those factors are associated with breakdown) research. It would also be beneficial to learn directly from foster parents who have previously made the decision to ask for foster children's removals.

If other studies can link certain characteristics of children or families to placement breakdown, practitioners and policymakers must be cautious in how they use research in the field of foster care. Every foster child deserves a safe and stable home, and well-meaning foster parents (given they meet licensing requirements) also deserve the chance to offer their homes to children in need. Therefore, future placement breakdown research should not dictate placement and licensing decisions, even if it indicates some foster children might be more at risk of placement breakdown or some foster parents might be more at risk of asking for children to be removed based on one characteristic or another. Instead, those involved in the foster care system should take that research into account when discussing and implementing support systems as well as providing education. For example, child age (the only variable in this study correlated both to placement breakdown and potential placement breakdown) should not determine whether a child gets placed in a family foster home or a group home. Instead, stakeholders within the foster care field may want to consider offering additional training to foster parents who are open to accepting older children or offering more resources or programming to foster families with older children. The exact nature of these trainings, resources, and programs should be determined

through additional research that delves into the reasons why older children are more likely to experience placement breakdown.

One thing that is astoundingly clear based on past research is that placement breakdown is detrimental to foster children. Because of this, it is recommended that licensing agencies offer additional, mandatory training during the licensing process to make potential foster parents aware of how their future decisions may impact children in the foster care system. This may help potential foster parents make better and more fully informed decisions when deciding whether to become licensed, whether to accept a new foster child into their home, and whether to disrupt a difficult placement.

### **Conclusion**

Placement breakdown, wherein foster parents voluntarily ask for the removal of their foster children, is detrimental to foster children and negatively affects their futures. Rational choice theory suggested that factors such as child age, gender, race, health, and behavior; number of foster caregivers and income within a foster home; and TPR status of children's biological parents may affect the decisions of foster caregivers to ask for removal. Two logistic regressions were utilized on secondary data (N = 280) to determine which of these factors are correlated to placement breakdown and potential placement breakdown. It was found that increased child age is linked to higher rates of both types of placement breakdown (which was expected) and having one parent retaining parental rights is linked to lower rates of potential placement breakdown (which was not expected). No other significant relationships were found. This suggests that rational choice theory cannot fully explain placement breakdown without the aid of other theories. Future research should take more irrational factors like emotions and relationships into account by using theories that may be a better fit, such as family stress theory or family systems

theory. Overall, it is recommended that policymakers and practitioners use their power to educate foster caregivers on the negative effects that placement breakdown has on children. Future research may be used to add or fine-tune training and resources offered to foster parents.

## References

- Abell, P. (2000). Sociological theory and rational choice theory. *The Blackwell companion to social theory*, 2, 223-44.
- Baccara, M., Collard-Wexler, A., Felli, L., & Yariv, L. (2014). Child-adoption matching: Preferences for gender and race. *American Economic Journal: Applied Economics*, 6(3), 133-58. <http://dx.doi.org/10.1257/app.6.3.133>
- Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work*, 14(1), 103-114. <https://doi.org/10.1111/j.1365-2206.2008.00586.x>
- Brown, J. D., & Bednar, L. M. (2006). Foster parent perceptions of placement breakdown. *Children and Youth Services Review*, 28(12), 1497-1511. <https://doi.org/10.1016/j.childyouth.2006.03.004>
- Brown, J. D., Bednar, L. M., & Sigvaldason, N. (2007). Causes of placement breakdown for foster children affected by alcohol. *Child and Adolescent Social Work Journal*, 24(4), 313-332. <https://doi.org/10.1007/s10560-007-0086-9>
- Bryant, M. R. (2001). *Decision making and the adoption process for American families of Chinese children: An application of rational choice theory* [Unpublished master's thesis]. Virginia Tech. <https://vtechworks.lib.vt.edu/bitstream/handle/10919/32411/thesis.pdf?sequence=1&isAllowed=y>
- Buehler, C., Cox, M. E., & Cuddeback, G. (2003). Foster parents' perceptions of factors that promote or inhibit successful fostering. *Qualitative Social Work*, 2(1), 61-83. <https://doi.org/10.1177/1473325003002001281>
- Achenback, T. M., & Rescorla, L. A. (2001). Manual for the ASEBA school-age forms & profiles. *Burling: University of Vermont (Research center for children, youth and families)*.
- Child Welfare Information Gateway. (2021). *Foster Care Statistics 2019*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubPDFs/foster.pdf>
- Child Welfare Information Gateway. (2021). *Grounds for involuntary termination of parental rights*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/topics/systemwide/lawspolicies/statutes/groundtermin/>
- Children's Bureau. (2020, June 25). *Title IV-E foster care*. U.S Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/cb/grant-funding/title-iv-e-foster-care>

- Clemens, E. V., Klopfenstein, K., Lalonde, T. L., & Tis, M. (2018). The effects of placement and school stability on academic growth trajectories of students in foster care. *Children and Youth Services Review*, 87, 86-94. <https://doi.org/10.1016/j.childyouth.2018.02.015>
- Coleman, J. S. (1994). *Foundations of social theory*. Harvard university press.
- Cross, T. P., Koh, E. U. N., Rolock, N., & Eblen-Manning, J. (2013). Why do children experience multiple placement changes in foster care? Content analysis on reasons for instability. *Journal of Public Child Welfare*, 7(1), 39-58. <https://doi.org/10.1080/15548732.2013.751300>
- Detlaff, A. J., & Boyd, R. (2020). Racial disproportionality and disparities in the child welfare system: Why do they exist, and what can be done to address them?. *The ANNALS of the American Academy of Political and Social Science*, 692(1), 253-274. <https://doi.org/10.1177/0002716220980329>
- Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health*, 103(S2), S318-S323. <https://doi.org/10.2105/AJPH.2013.301455>
- Fernandez, E. (1999). Pathways in substitute care: Representation of placement careers of children using event history analysis. *Children and Youth Services Review*, 21(3), 177-216. [https://doi.org/10.1016/S0190-7409\(99\)00014-6](https://doi.org/10.1016/S0190-7409(99)00014-6)
- Font, S. A. (2015). Is higher placement stability in kinship foster care by virtue or design?. *Child Abuse & Neglect*, 42, 99-111. <https://doi.org/10.1016/j.chiabu.2015.01.003>
- Garcia, A. R., Kim, M., & DeNard, C. (2016). Context matters: The state of racial disparities in mental health services among youth reported to child welfare in 1999 and 2009. *Children and Youth Services Review*, 66, 101-108. <https://doi.org/10.1016/j.childyouth.2016.05.005>
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *The British Journal of Psychiatry*, 179(6), 482-494. <https://doi.org/10.1192/bjp.179.6.482>
- Goyette, M., Blanchet, A., Esposito, T., & Delaye, A. (2021). The role of placement instability on employment and educational outcomes among adolescents leaving care. *Children and Youth Services Review*, 131, 106264. <https://doi.org/10.1016/j.childyouth.2021.106264>
- Greiner, M. V., Ross, J., Brown, C. M., Beal, S. J., & Sherman, S. N. (2015). Foster caregivers' perspectives on the medical challenges of children placed in their care: implications for pediatricians caring for children in foster care. *Clinical Pediatrics*, 54(9), 853-861. <https://doi.org/10.1177/0009922814563925>
- Hill, R. (1958). 1. Generic features of families under stress. *Social Casework*, 39(2-3), 139-150.

- Homans, G. C. (1958). Social behavior as exchange. *American Journal of Sociology*, 63(6), 597-606. <https://doi.org/10.1086/222355>
- IBM Corp. (2020). *IBM SPSS Statistics for Macintosh* (Version 27.0). Armonk, NY: IBM Corp. <https://www.ibm.com/products/spss-statistics>
- James, S. (2004). Why do foster care placements disrupt? An investigation of reasons for placement change in foster care. *Social Service Review*, 78(4), 601-627. <https://doi.org/10.1086/424546>
- Jones, G., & Morrisette, P. J. (1999). Foster parent stress. *Canadian Journal of Counselling and Psychotherapy*, 33(1). <https://cjc-rcc.ucalgary.ca/article/view/58612>
- Kids Count Data Center. (2021). *Children in foster care with more than two placements in the United States*. [Data set]. Annie E. Casey Foundation. <https://datacenter.kidscount.org/data/tables/8822-children-in-foster-care-with-more-than-two-placements#detailed/1/any/false/1729/any/17680,17681>
- Kerr, M. E., Bowen, M., & Kerr, M. E. (1988). *Family evaluation*. WW Norton & Company.
- Koh, E., Rolock, N., Cross, T. P., & Eblen-Manning, J. (2014). What explains instability in foster care? Comparison of a matched sample of children with stable and unstable placements. *Children and Youth Services Review*, 37, 36-45. <https://doi.org/10.1016/j.chilyouth.2013.12.007>
- Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, G. J., Colonesi, C., Lindauer, R., & Assink, M. (2019). Foster care placement instability: A meta-analytic review. *Children and Youth Services Review*, 96, 483-499. <https://doi.org/10.1016/j.chilyouth.2018.12.002>
- Leathers, S. J. (2005). Separation from siblings: Associations with placement adaptation and outcomes among adolescents in long-term foster care. *Children and Youth Services Review*, 27(7), 793-819. <https://doi.org/10.1016/j.chilyouth.2004.12.015>
- McCormick, A. (2010). Siblings in foster care: An overview of research, policy, and practice. *Journal of Public Child Welfare*, 4(2), 198-218. <https://doi.org/10.1080/15548731003799662>
- McGuire, A., Cho, B., Huffhines, L., Gusler, S., Brown, S., & Jackson, Y. (2018). The relation between dimensions of maltreatment, placement instability, and mental health among youth in foster care. *Child abuse & neglect*, 86, 10-21. <https://doi.org/10.1016/j.chiabu.2018.08.012>
- Miller, J. J., Cooley, M. E., & Mihalec-Adkins, B. P. (2020). Examining the impact of COVID-19 on parental stress: A study of foster parents. *Child and Adolescent Social Work Journal*, 1-10.

- Nomaguchi, K. M. (2012). Parenthood and psychological well-being: Clarifying the role of child age and parent–child relationship quality. *Social Science Research, 41*(2), 489-498. <https://doi.org/10.1016/j.ssresearch.2011.08.001>
- Nye, F. I. (1979). Choice, exchange, and the family. In W.R. Burr, R. Hill, F. I. Nye, & I. Reiss (Eds.), *Contemporary theories about the family* (Vol. 2, pp. 1-41). New York: Free Press.
- Oosterman, M., Schuengel, C., Slot, N. W., Bullens, R. A., & Doreleijers, T. A. (2007). Disruptions in foster care: A review and meta-analysis. *Children and Youth Services Review, 29*(1), 53-76. <https://doi.org/10.1016/j.childyouth.2006.07.003>
- Redding, R. E., Fried, C., & Britner, P. A. (2000). Predictors of placement outcomes in treatment foster care: Implications for foster parent selection and service delivery. *Journal of Child and Family Studies, 9*(4), 425-447. <https://doi.org/10.1023/A:1009418809133>
- Richards, K. (2019). Sympathy for the devil? Child sexual abuse, public opinion and the cycle-of-abuse theory. In Lumby, C & Gleeson, K (Eds.) *The Age of Consent: Young People, Sexual Abuse and Agency* (pp. 101-115). University of Western Australia Press.
- RTI International (2014). *The National Survey on Child and Adolescent Well-being II (NSCAW II) General Release, Waves 1-3* [Dataset]. National Data Archive on Child Abuse and Neglect. <https://doi.org/10.34681/EBFD-GS84>
- Rutter, M., & Sroufe, L. A. (2000). Developmental psychopathology: Concepts and challenges. *Development and psychopathology, 12*(3), 265-296. <https://doi.org/10.1017/S0954579400003023>
- Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics, 119*(2), 336-344. <https://doi.org/10.1542/peds.2006-1995>
- Smith, A. (1776). *An inquiry into the nature and causes of the wealth of nations: Volume one*. London: printed for W. Strahan; and T. Cadell.
- Smith, D. K., Stormshak, E., Chamberlain, P., & Bridges Whaley, R. (2001). Placement disruption in treatment foster care. *Journal of Emotional and Behavioral Disorders, 9*(3), 200-205. <https://doi.org/10.1177/106342660100900306>
- Ware Jr, J. E., Kosinski, M., & Keller, S. D. (1996). A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Medical care, 220-233*.
- Webster, D., Barth, R. P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare New York, 79*(5), 614-632. [https://www.researchgate.net/profile/Daniel-Webster-6/publication/12303141\\_Placement\\_Stability\\_for\\_Children\\_in\\_Out-of-Home\\_Care\\_A\\_Longitudinal\\_Analysis/links/56c5f8c508ae0d3b1b5fb301/Placement-Stability-for-Children-in-Out-of-Home-Care-A-Longitudinal-Analysis.pdf](https://www.researchgate.net/profile/Daniel-Webster-6/publication/12303141_Placement_Stability_for_Children_in_Out-of-Home_Care_A_Longitudinal_Analysis/links/56c5f8c508ae0d3b1b5fb301/Placement-Stability-for-Children-in-Out-of-Home-Care-A-Longitudinal-Analysis.pdf)

White, James M., Martin, Todd F., & Adamsons, Kari. (2019). *Family theories: An introduction* (5th ed.). Sage Publications.

## Appendix A - Codebook

Table 5. Codebook

<b>Name</b>	<b>Wave</b>	<b>Type</b>	<b>Description</b>	<b>How variable was created</b>	<b>Type of Variable</b>
NSCAWID	Both	Nominal	Unique case identifier	NSCAWID*	-
OOH2	2	Nominal	Where child was living: (-4 = Unable to derive) 1 = Bio parent home 2 = Adoptive parent home 3 = Formal Kin Care 4 = Informal Kin Care 5 = Foster Care 6 = Residential Care 7 = Other	CH2TOTSET*	-
Age2	2	Scale	Age of child in years: [2, 17]	YCHAGE2*	-

Name	Wave	Type	Description	How variable was created	Type of Variable
Health2	2	Scale	Number of health problems child was experiencing: (-6 = Non-interview) [0, 14]	Count of "yes" responses to: heart problem; blood problems; cystic fibrosis; cerebral palsy; muscular dystrophy; epilepsy/seizure disorder; migraine/frq headaches; arthritis/joint problems; dental problems; repeated ear infections; back/neck problems; hypertension/high blood pressure; AIDS; chronic bronchitis (HS23A9A*, HS23A10A*, HS23A11A*, HS23A12A*, HS23A13A*, HS23A14A*, HS23A15A*, HS23A16A*, HS23A19A*, HS23A21A*, HS23A24A*, HS23A25A*, HS23A26A*, HS23A28A*)	-
Behavior2	2	Scale	Standard CBCL score based on caregiver response: [0, 100]	TC2_TPT* for ages 1.5 - 5; BC2_TPT* for ages 6 - 17	-
Caregivers2	2	Nominal	Number of caregivers for child: (-7 = legitimate skip) (-6 = Non-interview) 1 = 2 caregivers 2 = 1 caregiver	CH25PREA*	-

Name	Wave	Type	Description	How variable was created	Type of Variable
Poverty2	2	Ordinal	Income group child's caregiver's family falls under: (-7 = Legitimate Skip) (-6 = Non-interview) (-2 = Refused) (-1 = Don't Know) 1 = <50% 2 = 50% - <100% 3 = 100% - 200% 4 = >200%	CG2POVRT* If missing, noted the reason why using negative numbers based on response to questions asking for an estimate of their income (IN22N*) and whether their income was under a certain amount (IN23AA*) based on skip-logic document provided with data	-
Parents2	2	Ordinal	For each child, the number of biological parents who still have legal parental rights. (-7 = Legitimate Skip) (-6 = Non-Interview) [0, 2]	Inverse count of mother's rights terminated (PO28A*) and father's rights terminated (PO29A*). Used number of parents with rights instead of number of parents with TPR status to allow reference group to be the group where no parents have legal rights (i.e., both parents have had parental rights terminated).	-

Name	Wave	Type	Description	How variable was created	Type of Variable
PBreak2	2	Nominal	Whether or not a foster parent has, is planning, or is willing to care for child long-term through adoption, guardianship, or long-term foster care: (-7 = Legitimate Skip) (-6 = Non-Interview) 0 = Yes 1 = No	= 0 if foster parent answered yes to at least one question when asked if they have, are planning on, or are willing to commit to long-term care through adoption guardianship, or long-term foster care (PO21A*; PO25A*; PO25DA*; PO25GA*; PO23A*; PO25BA*; PO25EA*) = 1 if foster parent did not answer yes to any of the above questions AND answered no to at least one of the above questions	-
OOH3	3	Nominal	Where child was living: (-4 = Unable to derive) 1 = Bio parent home 2 = Adoptive parent home 3 = Formal Kin Care 4 = Informal Kin Care 5 = Foster Care 6 = Residential Care 7 = Other	CH3TOTSET*	-
Age3	3	Scale	Age of child in years: [2, 17]	YCHAGE3*	-

Name	Wave	Type	Description	How variable was created	Type of Variable
Health3	3	Scale	Number of health problems child was experiencing: (-6 = Non-interview) (10 = Outlier) [0, 14]	Count of "yes" responses to: heart problem; blood problems; cystic fibrosis; cerebral palsy; muscular dystrophy; epilepsy/seizure disorder; migraine/frq headaches; arthritis/joint problems; dental problems; repeated ear infections; back/neck problems; hypertension/high blood pressure; AIDS; chronic bronchitis (HS33A9A, HS33A10A*, HS33A11A*, HS33A12A*, HS33A13A*, HS33A14A*, HS33A15A*, HS33A16A*, HS33A19A*, HS33A21A*, HS33A24A*, HS33A25A*, HS33A26A*)	-
Behavior3	3	Scale	Standard CBCL score based on caregiver response: [0, 100]	TC3_TPT* for ages 1.5 - 5; BC3_TPT* for ages 6 - 17	-
Caregivers3	3	Nominal	Number of caregivers for child: (-7 = legitimate skip) (-6 = Non-interview) 1 = 2 caregivers 2 = 1 caregiver	CH35PREA*	-

Name	Wave	Type	Description	How variable was created	Type of Variable
Poverty3	3	Ordinal	Income group child's caregiver's family falls under: (-7 = Legitimate Skip) (-6 = Non-interview) (-2 = Refused) (-1 = Don't Know) 1 = <50% 2 = 50% - <100% 3 = 100% - 200% 4 = >200%	CG3POVRT* If missing, noted the reason why using negative numbers based on response to questions asking for an estimate of their income (IN32N*) and whether their income was under a certain amount (IN33AA*) based on skip-logic document provided with data	-
Parents3	3	Ordinal	For each child, the number of biological parents who still have legal parental rights. (-7 = Legitimate Skip) (-6 = Non-Interview) [0, 2]	Inverse count of mother's rights terminated (PO28A*) and father's rights terminated (PO29A*). Used number of parents with rights instead of number of parents with TPR status to allow reference group to be the group where no parents have legal rights (i.e., both parents have had parental rights terminated).	-

Name	Wave	Type	Description	How variable was created	Type of Variable
PBreak3	3	Nominal	Whether or not a foster parent has, is planning, or is willing to care for child long-term through adoption, guardianship, or long-term foster care: (-7 = Legitimate Skip) (-6 = Non-Interview) 0 = Yes 1 = No	= 0 if foster parent answered yes to at least one question when asked if they have, are planning on, or are willing to commit to long-term care through adoption guardianship, or long-term foster care (PO31A*; PO35A*; PO35DA*; PO35GA*; PO33A*; PO35BA*; PO35EA*) = 1 if foster parent did not answer yes to any of the above questions AND answered no to at least one of the above questions	-
Health2C	2	Scale	Centered Health2	Health2 <sup>^(1/3)</sup> . Centered due to Health2 having high kurtosis (10.24).	-
Health3C	3	Scale	Centered Health3	Health3 <sup>^(1/3)</sup> . Centered due to Health3 having high kurtosis (9.59).	-
Gender	Both	Nominal	Child gender: 1: Male 2: Female	CHDGENDR*	Control
Race	Both	Nominal	Child race/ethnicity: (-4 = Unable to derive) 1 = White/Non-Hispanic 2 = Black/Non-Hispanic 3 = Hispanic 4 = Other	CHDRACEH*. Recoded original variable so that 1 = 2 and 2 = 1 in order to allow reference group to be White/Non-Hispanic.	Control

Name	Wave	Type	Description	How variable was created	Type of Variable
SexAbuse	Both	Nominal	Child history of sexual abuse victimization: 0 = No 1 = Yes	= 1 if original report alleged sexual abuse (CAA1A_2*) OR previous reports alleged sexual abuse (HB33AT2*, HB33BT2*, HB33CT2*, HB33DT2*, HB33ET2*, HB33FT2*, HB33GT2*, HB33HT2*, HB33IT2*, HB33AJ2*) OR subsequent reports alleged sexual abuse (HR35AT2*, HR35BT2*, HR35CT2*, HR35DT2*, HR35ET2*, HR35FT2*, HR35GT2*, HR35HT2*, HR35IT2*, HR35JT2*) = 0 if no allegations present in any of the above reports	Control
Age	Both	Scale	Age of child in years: [2, 17]	Age2 for cases that included data in Wave 2. Otherwise Age3.	Control
Health	Both	Scale	Number of health problems child was experiencing: (-6 = Non-interview) (10 = Outlier) [0, 14]	Health2 for cases that included data in Wave 2. Otherwise Health3.	Independent
Behavior	Both	Scale	Standard CBCL score based on caregiver response: [0, 100]	Behavior2 for cases that included data in Wave 2. Otherwise Behavior3.	Independent

<b>Name</b>	<b>Wave</b>	<b>Type</b>	<b>Description</b>	<b>How variable was created</b>	<b>Type of Variable</b>
Caregivers	Both	Nominal	Number of caregivers for child: (-7 = legitimate skip) (-6 = Non-interview) 1 = 2 caregivers 2 = 1 caregiver	Caregivers2 for cases that included data in Wave 2. Otherwise Caregivers3.	Independent
Poverty	Both	Ordinal	Income group child's caregiver's family falls under: (-7 = Legitimate Skip) (-6 = Non-interview) (-2 = Refused) (-1 = Don't Know) 1 = <50% 2 = 50% - <100% 3 = 100% - 200% 4 = >200%	Poverty2 for cases that included data in Wave 2. Otherwise Poverty3.	Independent
Parents	Both	Ordinal	For each child, the number of biological parents who still have legal parental rights. (-7 = Legitimate Skip) (-6 = Non-Interview) [0, 2]	Parents2 for cases that included data in Wave 2. Otherwise Parents3.	Independent

Name	Wave	Type	Description	How variable was created	Type of Variable
Breakdown	Both	Nominal	Whether a child has experienced placement breakdown during their entire stay in foster care: 0 = No 1 = Yes	= 0 if no placement changes have happened due to the request of the foster parent = 1 if any of the following placement changes happened due to foster parent request: D01LN10_W3*; D02LN10_W3*; D03LN10_W3*; D04LN10_W3*; D05LN10_W3*; D06LN10_W3*; D07LN10_W3*; D08LN10_W3*; D09LN10_W3*; D10LN10_W3*; D11LN10_W3*; D12LN10_W3*; D13LN10_W3*; D14LN10_W3*; D15LN10_W3*; D16LN10_W3*; D17LN10_W3*; D18LN10_W3*; D19LN10_W3*; D20LN10_W3*; D21LN10_W3*; D22LN10_W3*; D23LN10_W3*; D24LN10_W3*; D25LN10_W3*	Dependent

Name	Wave	Type	Description	How variable was created	Type of Variable
PBreak	Both	Nominal	Whether or not a foster parent has, is planning, or is willing to care for child long-term through adoption, guardianship, or long-term foster care: (-7 = Legitimate Skip) (-6 = Non-Interview) 0 = Yes 1 = No	PBreak2 for cases that included data in Wave 2. Otherwise PBreak3.	Dependent