

PERMANENCY OUTCOMES OF CHILDREN IN FOSTER CARE:
AN ANALYSIS OF KINSHIP AND
NONKINSHIP FOSTER CARE

by

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A DISSERTATION

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ABSTRACT

This study examined permanency outcomes of children in custody of the Mississippi Department of Families and Children. Outcomes for children who were placed in kinship care were compared with outcomes of children placed in traditional foster care. Secondary data from years 2006-2008 were analyzed. Using a correlational design relying on secondary data, an analysis of the effect of placement type (kinship or nonkinship care) on placement outcome was examined. The outcome variables examined were reunification with parents, adoption, and emancipation or “aging out” of the system. The degree to which a relationship exists between demographic variables of age, ethnicity, and gender, and the type of placement was also examined. Street level bureaucracy theory provided a framework for the research and an explanation of factors influencing workers’ decisions regarding placement for children. These decisions are often influenced by personal discretion, agency policy, and resources. This research provides knowledge addressing the outcomes of children placed in kinship or nonkinship settings that can be used to better inform social workers as they formulate plans of care.

Findings of the study show that children in kinship care have higher rates of reunification with parents, but lower rates of adoption and emancipation than children in nonkinship care. Children in kinship care were also found to experience fewer placement disruptions as well as shorter lengths of stay compared to children in nonkinship care. Additional findings suggest different outcomes for African American children in placement when compared to those of other races. The findings of this study can be used to guide policy and practice decisions related to supporting children in kinship and nonkinship placement settings.

DEDICATION

This paper is dedicated to the children and relative care givers of Mississippi whose resiliency and perseverance often go without recognition but who are increasingly necessary during a time when resources to improve their quality of life are limited.

LIST OF SYMBOLS

df	Degrees of freedom: number of values free to vary after certain restrictions have been placed on data
f	Frequency of data
N	Sample
M	Mean: the sum of a set of measurements divided by the number of measurements
P	Probability associated with the occurrence under the null hypothesis of a value as extreme as or more extreme than the observed value
r	Pearson product correlation
t	Computed value of a t test
$<$	Less than
\leq	Equal to or less than
$=$	Equal to
X^2	Pearson's Chi-square

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CHAPTER 1

INTRODUCTION

Background and Overview

Since the 1990s the child welfare system has seen a dramatic increase in the number of children in state custody who are living with their relatives (Cuddeback, 2004). It is difficult to determine the rate of increase at the national level because many states do not separate relatives from unrelated foster parents in their data base reporting system. In order to get a clearer understanding of these figures the Urban Institute utilized the National Survey of America's Families (NSAF), a nationally representative survey of households. In 2002, 2.3 million children lived with relatives without a parent present in the household. This would account for approximately 5% of all children in the United States. Approximately 50% of these children were residing in "formal kinship care" and 50% in "informal kinship care."

Formal kinship care providers typically receive benefits per child equal to unrelated, traditional foster care providers. Ideally, the only difference between the kinship care provider and the unrelated foster care provider is that they are a relative to the child in their care. Because of the inconsistencies in policies monitoring relative placement from state-to-state, many go without monitoring, services, and oversight (Hagar & Scannapieco, 1999).

These types of issues have spurred debates regarding the child welfare systems' overutilization of relative placement. Most states dictate that their child welfare agencies look first to relatives when placing a child in out-of-home care (Geen, 2000). Federal policy has been vague regarding how states should treat kinship care. Many states have initiated policies that

support greater use of relatives; however, this increase in utilization is not accompanied by an increase in financial support from the government (Roberts, 2001). There is also debate surrounding the licensing and certification of kinship caregivers and families being “paid” to care for their own relatives (Gibbs & Muller, 2000). Underlying this argument is the concern that if relatives are financially supplemented to care for their kin it might sabotage reunification with the parents, delaying permanency for the child.

In 1997 the Adoption and Safe Families Act (P.L. 105-89) passed. The act directly addressed the safety and well being of foster care children. Child well being and safety are primary goals of child welfare, and these goals have been impacted by kinship care. Due to the fear of intergenerational cycles of maltreatment, child welfare agencies have historically been hesitant to pursue kinship care (Ingram, 1996). There is consistent concern by child welfare workers that family members who have had a negative impact on the abusive parent should not be considered as a placement option (Beeman & Boisen, 1999; Berrick, 1998). Debate and concern also centers around the notion the abusive parents might have easier access to the child who has been removed from the home due to neglect or abuse if the child were living with relatives. Research has not borne out these concerns, instead it indicates that children in kinship care actually are at less risk and are as safe as children in traditional care (Lorkovich, 2004; D. M. Rubin et al., 2008; Webster, Barth, & Needell, 2000).

The Adoption and Safe Families Act (ASFA; 1997) also addressed permanency concerns related to children in foster care. Permanency for children in kinship care is surrounded by complications. When reunification with the parent is determined impossible, adoption is the preferred alternative. Many relatives are reluctant to adopt the children in their care. There is concern on their part of severing relationships with the biological parents as well as the parents

permanently relinquishing all legal rights and responsibilities. This would result in the relative assuming financial responsibilities and other parenting roles permanently. Relative caregivers are also concerned that if they do not fulfill the expectations of the child welfare system, they too may lose custody of the child (Berrick, Needell, & Barth, 1994) Most states' child welfare laws allow alternative options when the kinship care provider chooses not to establish legal permanency with the child in their care: (a) allow the child to be placed for adoption outside the family, or (b) the child remains in the custody of the state in foster care status until they reach adulthood (Geen & Berrick, 2002).

The latter of these options poses concerns regarding length of time in state custody and lack of permanency planning. The Adoption and Safe Families Act of 1997 (ASFA) addresses this issue by mandating states to initiate termination of parental rights procedures and expedite the adoption process if the child has been in foster care for 15 of the most recent 22 months. The ASFA policy does allow for exceptions to be made for children who are residing in kinship care, but it is up to the discretion of the state child welfare agencies to determine if such exceptions are allowed. Under the guidelines of ASFA, financial incentives are provided to states dependent on their completed number of adoptions. If kinship caregivers choose not to pursue adoption of the child in their care, the child could be placed in an alternate adoption placement with a nonrelative.

This study attempts to address permanency issues associated with the use of kinship care as a child welfare service. Permanency outcomes are tracked; however, outcomes have not been analyzed and compared to determine if there are any trends. It is my goal that this study will contribute to the knowledge base relevant to kinship care as a child welfare service.

This chapter provides a description of the phenomenon of kinship care. The major hypotheses are also provided, as well as the rationale for undertaking this study. There is also an explanation of the concepts to be used and a chronological synopsis of federal policy and legal decisions that have had a significant impact on the use of kinship care as a child welfare service. A discussion regarding the relevance of this study concludes this chapter.

Kinship Care Examined and Perceived Justification of Its Study

According to existing research, the trend of using extended families as a foster care resource is due to a variety of factors, including structural changes in the typical multigenerational family, the effects of health problems, the incarceration of parents, and other social ills such as drug abuse and the HIV/AIDS epidemic (Brown & Baily-Etta, 1997; Burton, 1992). Additionally, Cuddeback (2004) reported that extended family members often assume responsibility for children in order to minimize the involvement of the child welfare system in their families, as well as to keep children out of institutional care.

Another reason for the increase in the use of kinship care as foster care is the existing gap between the number of children in foster care and the number of traditional foster care homes available. The most recent data collected by the U.S. Department of Health and Human Services (2005) reported that there were approximately 513,000 children nationally in need of foster care. In contrast, there were a total of 133,503 licensed nonrelative foster homes reported in 38 states (AFCARS, 2007). Not all states reported their available numbers. There is debate as to whether or not there is a decline in the number of nonrelative foster homes; however, it is evident that the growth in the number of children entering foster care is not paralleled with the growth of available nonrelative foster care homes. Increased demand for foster care placements provides

another significant explanation for the dramatic increase in the use of kinship care (CWLA, 1994).

The increasing numbers of children being placed in kinship care reveals that child welfare agencies are relying heavily on extended families as a foster care resource. There is a lack of longitudinal research that justifies the use of kinship care by child welfare agencies; however, the continued utilization suggests a trial-and-error approach. Concern is expressed by child welfare practitioners, policy makers, and researchers that while kinship care has become a common practice among child welfare agencies, there is little known about how families and children fare in this arrangement (Hegar & Scannapieco, 1999; Prosser, 1997; Shin, 2003; Smithgall, Gladden, Howard, Goerge, & Courtney, 2004; Tompkins, 2003). Therefore, the use of kinship care as a child welfare service demands further examination.

According to Scannapieco and Hegar (1995), urban states have experienced the greatest growth in kinship care. States such as Illinois, California, and New York have experienced the most rapid growth. However, recent trends indicate that Southern states have also seen a significant increase in the utilization of kinship care by child welfare services (Geen, 2000). Currently, Mississippi utilizes kinship care as a placement option more than any other state. The rate of children placed in kinship care by the Mississippi Department of Children and Family Services has increased by 50% since 2002 (AFCARS, 2007). However, information regarding permanency outcomes for this population is limited (National Data Archive on Child Abuse and Neglect, 2005).

In an attempt to contribute to existing knowledge regarding the utilization of kinship care, an analysis of secondary data collected by a child welfare agency has been conducted. Secondary data was used to examine permanency outcomes among Mississippi families and

children receiving public child welfare services. This study involved families and children in traditional unrelated foster care and formal kinship care. Children placed in informal kinship care placements were not included. Data on these children were not available because the children are not in custody of the state and therefore are not tracked.

Research Questions

The growing body of literature regarding use of kinship care as a child welfare intervention has focused primarily on populations in urban, industrialized cities (Barth, Webster, & Lee, 2002; Belanger, 2002; Carlson, 2002; Courtney & Needell, 1997; Jenkins, 2002; McIntosh, 2002; Shin, 2003). Minimal research has focused on the utilization of kinship care in Southern states. The goal of this project is to examine the use of kinship care and issues regarding permanency for children in an understudied population. The overarching question that the research attempts to address is, are there differences in permanency outcomes for children in kinship care versus children in traditional foster care? In addition, the demographic variables of age, ethnicity, and gender are analyzed across the two groups of kinship and nonkinship care to determine if these variables have any effect on the outcome. Chapter 3 outlines the research questions and hypotheses associated with these major research questions. The methods and statistical analyses are also discussed in chapter 3.

Definitions of Concepts

Definitions of the concepts in the study include the following:

Kinship care: the full-time nurturing and protection by relatives or others who have a kinship bond of care of children who must be separated from their parents (Child Welfare League of America, 1994). It refers to the placement of children who are in the state's legal

custody with relatives or others who have a kinship bond with the child in need of care (CWLA, 1994).

Traditional nonkinship foster care: Foster care is a living arrangement for children whom a child protective services worker or a court has decided cannot live safely at home. Traditional foster care involves placement with a licensed nonrelated foster family while the child's custody is maintained by the state (Crosson-Tower, 1999).

Least restrictive setting: the placement of children in need of out-of-home care in settings that provide just enough structure to meet their specific needs (Crosson-Tower, 1999).

Unrelated family foster care: the placement of children in need of out-of-home care in a family setting with foster parents (Crosson-Tower, 1999).

Permanency: the status achieved when children have adults in their lives that have made a commitment to provide a caring, nurturing home for them until they reach the age of maturity (Crosson-Tower, 1999).

Impact of Federal and State Policy on Kinship Care

Relative care in the United States is not a new phenomenon. However, as recently as 40 years ago relatives were not eligible to receive federal benefits or to become licensed foster parents (Leos-Urbel, Bess, & Geen, 2002). The *Miller v. Youakim Supreme Court* decision in 1979 modified this policy, ruling "kin could not be excluded from the definition of foster parents and that under some conditions, kin might be eligible for foster care benefits" (Berrick et al., 1994). This ruling was followed by the Adoption Assistance and Child Welfare Act of 1980 (P. L. 96-272), which mandated placement of children in need of substitute care in the least-restrictive setting. Under this act, placement within the extended family has been viewed as the most desirable form of substitute care. In 1996, the Personal Responsibility and Work

Opportunity Reconciliation Act required states to give family members preference when placing a child in out-of-home care (Leos-Urbel et al., 2002). Most recently, the Adoption and Safe Families Act of 1997 acknowledged the unique position of kin within the foster care system. ASFA recognizes that termination of parental rights do not have to occur within the allotted time frame if, “at the option of the state, the child is being cared for by a relative,” (ASFA, 1997, p. 3).

At the state level, almost all states give relatives preference when placing a child with someone other than their parents. In 1986, a New York City class action lawsuit (*Eugene F. v. Gross*) subsequently led to legislation that required Commissioners of Social Service Agencies to pursue relatives for children entering the foster care system (Botsko, McGowan, & Pardee, 1998). This action suggests that kinship care placement is the preferred placement option for children in need of out-of-home care. Additionally, in 1989, the Ninth Circuit Court established that children have a constitutional right to associate with relatives, and that states’ failure to use kin as foster parents denies them that right (Gleeson, 1996).

The State Plan for Foster Care and Adoption Assistance states that in order to receive federal foster care funds, states are required to establish and maintain standards for foster family homes that are “reasonably in accord with recommended standards” and apply these standards to all homes receiving federal funds (State Plan for Foster Care and Adoption Assistance, 1982, 42 U.S. Code, section 671). As of 2000, according to the Urban Institute (Boots & Geen, 1999) all but three states (California, Oregon, and New Jersey) allow kin to receive foster care payments regardless of whether the child placed in their care is eligible for federal reimbursement; however, the requirements kin must meet to receive foster payments vary from state to state. Forty states allow kin to care for children in state custody who meet lesser standards than nonkin

foster parents, 21 of whom provide kin meeting such standards with foster care payments. These payments are often at lower levels, usually child-only payments under Temporary Assistance to Needy Families (TANF) guidelines. It is not clear if kin residing in the remaining 19 states are informed of their right to receive the higher foster care rate if they meet nonkin licensing standards (Geen, 2000).

Currently, Mississippi requires their relative caregivers to meet nonrelative foster care standards in order to receive foster payments that are higher than the TANF child-only payments. The TANF payments are adjusted each legislative session. In 2006-2007, the payments were \$120.00 a month for the first child and \$40.00 a month for each additional child. If the relative can prove relationship to the child, special provision does provide that the child welfare worker may waive “any rule, regulation or policy applicable to placement in foster care that would otherwise require the child to have a separate bed or bedroom or have a bedroom of a certain size, if placing the child in a relative’s home would be in the best interest of the child and such requirements cannot be met in the relative’s home” (Mississippi Code Annotated 43-17-3, 2006). This is a significant waiver in that it allows children to remain with kin instead of being placed in formal foster care. It also allows large sibling groups to remain together instead of being placed in separate foster care placements. Depending on the age of the child, foster care board payments range from \$350-400 a month. Other benefits that may be available to relative caregivers include food stamps, health insurance, child care subsidies, and special education services (Child Welfare League of America, 2007).

Relevance of the Study for Social Work

Kinship care continues to be a controversial issue highly debated by practitioners and policy makers alike. The debate is often undergirded with values and attitudes that hold that

families are to assume personal responsibility their families. Care of dependent children by relatives is sanctioned by federal policy and case law, but the process of determining the appropriate type and level of public support for relative caregivers demonstrates the difficult tension between everyday-life and public policy (Burnette, 1997). The lack of research and empirical evidence in this area that justifies the use of kinship care as a placement option adds to the controversial discussion.

Policy and practice procedures dictate the ever-increasing use of kinship care as a placement option; however, to date there is little research addressing how permanency outcomes are affected when children are placed in kinship care versus in traditional foster care. The literature specifically indicates a gap in research focusing on families providing kinship care in rural, southern United States. Research indicates that more populous, urban states such as New York, California, Maryland, and Illinois have led the way regarding legislation and research relative to kinship care (Chipungu, Everett, Verdick, & Jones, 1998). As the utilization of kinship care increases in the South, so must the research addressing these populations. Courts' involvement and state legislation addressing kinship care have also primarily occurred in northern states; however, a few Southern states such as Alabama and Mississippi have had suits filed against them regarding the policies and practice of their child welfare services. Although these suits have not targeted kinship care, they have addressed permanency issues that impact kinship care policy.

The timing of this study has particular significance because Mississippi is currently revising state policy regarding kinship care services and payment for these services. In addition, according to the Children's Rights Organization (2008), the state recently settled the *Olivia Y. v. Barbour* case. This settlement was the result of a law suit filed by the Children's Rights

Organization on behalf of children placed in the care of the Mississippi Department of Human Services. Recent legal action in *Olivia Y. v. Barbour* has elevated concern and brought attention to the lack of permanency planning for children in custody of Mississippi DHS/DFCS. In 2004, Children's Rights filed a lawsuit in the U.S. District Court for the Southern District of Mississippi challenging the State in its failure to protect abused and neglected children. The plaintiffs' counsel alleged that the State's welfare system had collapsed under years of mismanagement and underfunding. The neglect of administrators to make reforms had resulted in the states' failure to uphold the federal Adoption Assistance and Child Welfare Act of 1980 (P. L. 96-272). Children in state custody experience extended stays with little effort by DHS/DFCS to provide needed reunification services or to develop adoptive placements for them. During the discovery phase of this lawsuit, data collected from DHS/DFCS indicated that 39.4% of children who were adopted from foster care had been in custody for 48 months or longer. The national median is 31.5%. In addition, it was found that after determining that children have been abused or neglected, DFCS often placed the child in the home of a relative who may have been inappropriate or unable to provide the type of environment needed without proper support from the State (Children's Rights Organization, 2008). Revisions to state policy to meet the demands of the decree can serve as a guideline to similar states that have neglected to make provisions for kinship care families.

The use of kinship care is a highly debated, controversial issue. The debate is complicated by a void in the research that addresses the viability of this form of placement relative to permanency outcomes of the children involved. This study is a step toward filling this void in permanency research by addressing kinship care in a largely rural Southern state, Mississippi. This information can be utilized by states with similar demographics to guide

decisions of policy makers and front line workers in their utilization of kinship care. The results of this study will inform social work research, policy, and practice as they relate to providers of kinship care. Additionally, social work has a commitment to promote social and economic equality among at-risk populations. The profession's ethical mandate to respect the worth and dignity of all individuals and their right to self determination are values that ultimately drive the cause for further research and policy revisions addressing the kinship care populations (National Association of Social Workers, 1996).

CHAPTER 2

THEORETICAL FRAMEWORK AND RELATED LITERATURE

This chapter provides a discussion of the theoretical basis of the study. A historical overview of foster care is also provided. The origin and definition of the term *kinship care* is addressed. Finally, information relative to the use of kinship care as a child welfare service (independent variable), including permanency outcomes associated with kinship care placement (dependent variable), and studies that examine permanency outcomes for kinship care placements as they inform the research question conclude this section.

Theoretical Framework

A review of literature for this proposal has indicated that service provision is a consistent factor that can have an impact on outcomes for children in foster care (Berrick et al., 1994; Iglehart, 1994). Street level bureaucracy theory (Lipsky, 1969) is used to analyze and understand the influence of service provision on permanency outcomes. The rationale for selecting this theoretical framework and its assumptions are discussed. This section also discusses the application of street level bureaucracy theory to this study and its contribution to an understanding of the study problem.

Street level bureaucracy theory provides a framework for understanding the organizational context that influences service provision and decision-making by direct care workers. It has been chosen as the framework for this study because it addresses the impact of the decisions made by the direct care workers that directly impact the client's access to services. Caseworkers in the child welfare system may be seen as "street-level bureaucrats," as they strive

to reconcile agency goals with the realities of agency resources. The outcome of permanency planning cannot be reduced to one simple factor; however, policy makers have increasingly become aware of the significant role of those delivering services and the way in which implementation of policy may alter its intended purpose.

Street level bureaucracy has its roots in the field of sociology. Merton (1940) and Hughes (1958) conceptualized the theoretical concepts. Lipsky (1969) expanded their work by dispelling the notion that policy decisions originate and are completely controlled by those at the top of the organizational hierarchy. Street level bureaucracy theory attempts to explain the gap between public policy and outcome by suggesting that the decisions and actions of individual workers effectively translate into organizational behavior.

Street level bureaucracy theory is based on several assumptions about the critical role and significance of street level bureaucrats in American society (Lipsky, 1980; Vinzant & Crothers, 1998). Child welfare studies support the assumptions of street level bureaucracy theory as referenced in the following. The assumptions and supportive research are as follows:

1. Street level bureaucrats confront a wide variety of complex and unpredictable problems that are typically multifaceted. This places the street level bureaucrat in a position of deciding which problems to address and in what priority. Research by Minkler, Roe, and Price (1992) supported this assumption with the finding that kinship caregivers perceive that child welfare agencies do not prioritize them or their needs while under their supervision.

2. Street level bureaucrats function in a decision-making environment that is complicated and inconsistent. Clients possess multiple needs with limited resources. Individual workers may have personal values that conflict with clients, agencies, communities, and policies. Therefore, clients may be treated according to the workers' values despite organizational policies and

procedures to the contrary. Iglehart (1994) and Berrick et al. (1994) found that kinship caregivers were less likely to be offered services from child welfare workers than nonrelative foster care providers. They also found that kinship caregivers received less monitoring as indicated by contact from the child welfare worker.

3. Street level bureaucrats are expected to achieve the goals of the agency and broader society. These goals may be ambiguous and conflicting. Gleeson and Philbin (1996) conducted a qualitative study using in-depth interviews with child welfare workers. One concern they identified was that the workers' definition of success was not always consistent with federal policy regarding permanency.

4. Personal discretion is often exercised as street level bureaucrats perform their professional duties. Situations are often extremely complicated, and the worker is expected to respond efficiently and effectively to these situations. Neither the situation nor the solution can be easily fit into a predetermined agency program. Decisions made by street-level workers determining which clients receive what services and under what circumstances demonstrates their control over people's lives and their ability to alter the design of intended policy. Studies conducted by Berrick, Needell, and Barth, (1994) and Beeman and Boisen (1999) found that child welfare workers viewed kinship placements positively, but found them more difficult to monitor. The workers also reported that the relative placements were more time consuming and complex because of the multiple family members involved. These findings support the notion that workers are supportive of kinship placements but might be hesitant of its utilization because of their perception of the family's needs or complications involved. Personal discretion about kinship placement influences the workers' decision regarding placement options.

Street level bureaucracy theory provides a framework for examining the degree to which the human element of service provision may impact outcomes for children in kinship care. Caseworkers play a critical role in facilitating interactions between client systems, child welfare systems, and the larger society. They are on the “front lines” of the child welfare system and have the responsibility for interpreting and implementing multiple layers of policy regulations. They are typically involved in a larger bureaucracy with limited resources yet are charged by professional standards with addressing the needs of multiple clients. Organizational policy intent may be to provide services in the best interest of clients; however, human judgments are frequently relied on.

Caseworkers are constantly faced with challenges as they attempt to promote the ambiguous “best interest” of children and families under less than ideal conditions characterized by large caseloads, minimal levels of training, and inadequate resources. For example, Mississippi caseworkers have a statewide average of 48 open cases at any given time (Children’s Rights Organization, 2008). This is much higher than the recommended caseload of 12-15 (Child Welfare League of America, 1994). This challenge is extremely apparent in the area of kinship care, where “informal ties turn into court-ordered, government-supervised relationships” (Burnette, 1997). In an effort to keep a child in the most family-like setting, workers often have them placed with extended family. In the midst of a crisis, the relative often agrees to accept the child temporarily in lieu of the child being placed in a shelter. The relative placement often becomes long term while the courts and case workers determine what placement is in the best interest of the child. The lack of clear guidelines for practice and lack of resources, specifically alternative placement options, place caseworkers in a position of making difficult decisions based on individual discretion. Underlying philosophical assumptions that family is the best

place for the child make the decision even more difficult. Policies such as AFSA are ideally the bases for the worker's final decision regarding placement; however, other contributing factors can potentially influence the decision-making process. These factors include the worker's personal value system and attitude toward kinship care. The worker's assessment of the presenting problems should guide their development of a treatment plan; however, the availability of resources, that is, time and money, often dictate the worker's placement decision. These external forces and personal discretion are often the forces that influence decisions that determine placement options. The worker often does not have data informing them of outcomes of children in kinship care versus traditional foster care, which could help inform their decision making process. This research provides outcome data to assist the workers' decision making process in regard to placement options (see Figure 1).

Related Literature

Foster care is designed to promote the safety of children who have been abused or neglected. Services are provided to families that will enable them to effectively resume their parenting roles and responsibilities as quickly as possible. When this is not able to occur, children may be placed for adoption or in the care of an extended family member. By definition, foster care is temporary with structured time-lines designated for the achievement of planning goals and permanency (Downs, Moore, McFadden, & Costin, 2000; Everett, 1995).

Federally funded foster care increased in the 1960s as the number of children in foster care increased. Not only did America witness an increase in the number of children needing out-of-home placement, the needs of these children stretched beyond those historically experienced by orphanages, group homes, and traditional foster families (Hacsi, 1995). With this circumstance, the role of the foster parent became more complex.

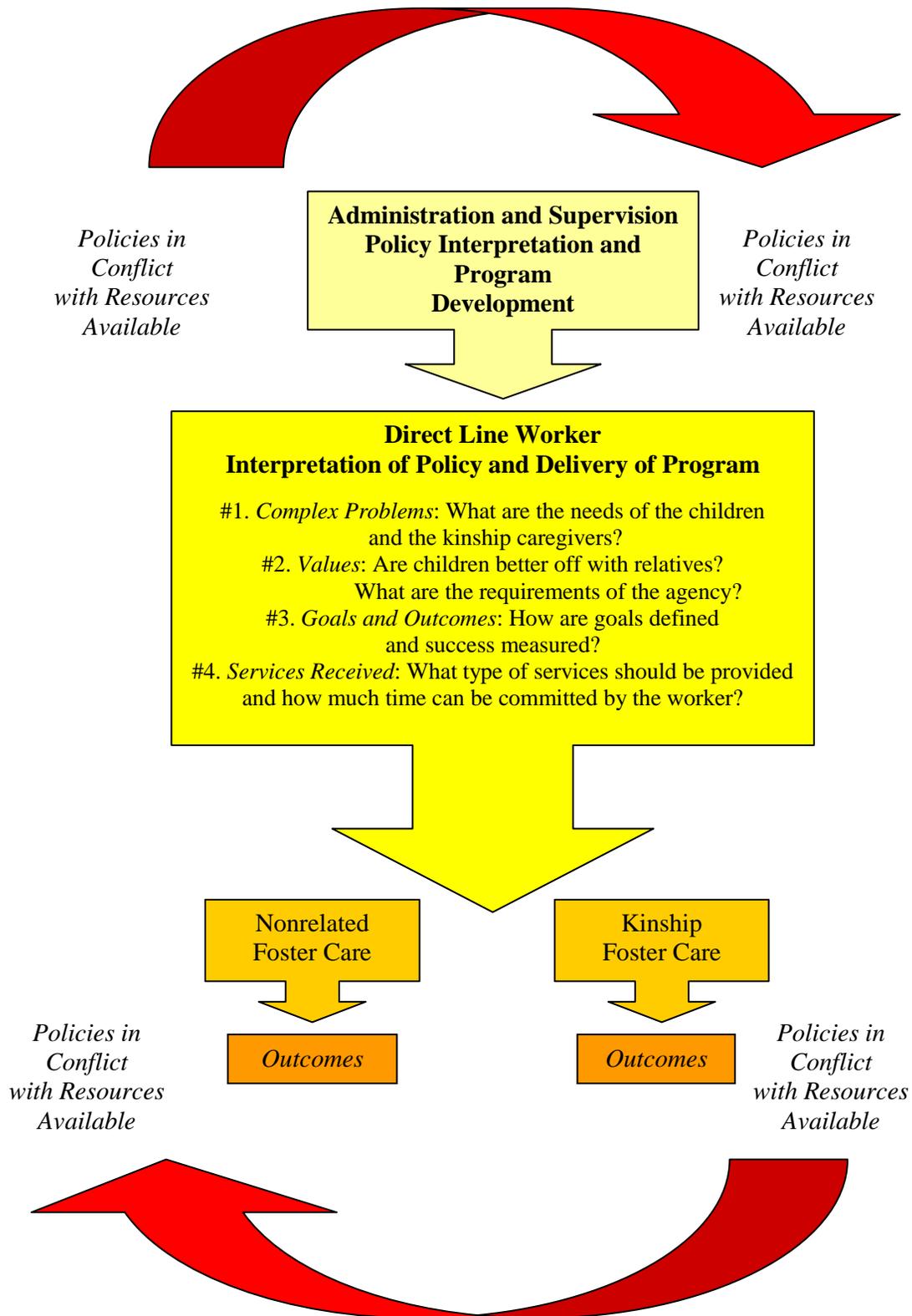


Figure 1. Policies are the framework for street-level workers, yet also provide constraints in their work. Outcomes are influenced by these constraints and the decisions made by the workers.

Kinship Care Defined

According to the Child Welfare League of America (1994), kinship care is the full-time care and protection of children by relatives, members of their tribes or clans, god parents, stepparents, or other adults who have a kinship bond with the children. The practice of relatives caring for their children is a tradition common in most cultures (Bell & Garner, 1996). As a cultural practice it is thought to be an “expected” practice to provide consistency for the child. The term *kinship care* was inspired by the work of Stack (1974) as he investigated kinship care networks in African American cultures. The term was subsequently referenced by The Child Welfare League’s Commission on Family Foster Care in its efforts to promote the recognition of relatives as valuable resources for children in need of out-of-home care (Hegar & Scannapieco, 1995).

Kinship care includes both formal and informal kinship foster care. Informal care involves private family arrangements without the child being taken into custody of the state. Formal kinship care is care provided for a child who is in the legal custody of the public child welfare agency (Hegar & Scannapieco, 1999). Informal arrangements are often initiated by child welfare workers; however, these placements typically are agreed on with the parent and are considered a temporary placement that will prevent the child or children from entering the child welfare system. Informal kinship care providers are eligible to receive Medicaid and public assistance benefits on behalf of their child relative if the child received or was eligible to receive such benefits prior to the placement (Geen, 2004).

Scope and Intensity of Problem

According to the U.S. Department of Health and Human Services’ Administration for Children and Families (1994) the number of children in foster care declined in the 1970s and

early 1980s. Then this trend ceased, and numbers began increasing rapidly. By the year 2005, the estimated number of children in the foster care population had reached 510,000 (AFCARS, 2007). Multiple reasons for the increasing number of children entering foster care placement have been identified. The reasons for this dramatic increase have been attributed to the increase in mandated reporting requirements and/or public awareness; substance abuse resulting in either the incarceration or addiction of the parent; child abuse and neglect; and illnesses or deaths related to the HIV/AIDS epidemic (Downs, Moore, Mcfadden, & Costin, 2000; Hegar & Scannapieco, 1999). These factors as well as increased financial reimbursement for familial foster care have been said to contribute to the utilization of extended family for foster care placement (Berrick, Frasch, & Fox, 2000; Burton, 1992; Edwards, 2003; Fuller-Thompson, Minkler, & Driver, 1997; Minkler et al., 1992). Burnette (1997) suggested that since the WWII era there has been an increase in the trend due to the higher divorce rates, increased longevity, and increased numbers of teenage pregnancies. Within the past decade the utilization has been most significant with a 30% increase in the number of extended family members raising children who have been removed from their parents (U.S. Census Bureau, 2000).

Aside from the previously mentioned issues that may precipitate the placement of the child with the an extended family member, a family member often takes on the responsibility in order to keep a child within the family instead of being placed in some form of institutional care (Cuddeback, 2004; Timmer, Sedlar, & Urquiza, 2004). Kosberg and MacNeil (2003) have also suggested that financial strain or adolescent pregnancy may result in the parent relinquishing the child to the care of another family member, typically a grandparent. However, statistics on children in foster care must be interpreted with caution due to the variations in definitions of

substitute care used by states, differences in data collection methods, and deficits with state reporting systems (Pecora, Whittaker, Maluccio, & Barth, 2000).

Historical Development

Historically, dependent, destitute children have required out-of-home care when their families have been unable to care for and protect them. The phenomenon of children being placed with extended kin, primarily a grandparent, is not a new phenomenon. During the Colonial Period, the English Poor Law established essentially a business deal in which the child received care in exchange for contributing the equivalent in work. Children were often sent to live with relatives to provide a source of cheap labor or to accomplish a trade apprenticeship (Downs et al., 2000; Everett, 1995).

Under the English Poor Law, grandparents became responsible for their grandchildren in cases of dependency. England developed the wardship as a legal mechanism that placed dependent children, usually heirs to property, in the care of relatives or other adults. These laws were instituted for the purpose of providing someone to oversee the child's inheritance when the child was orphaned. Others left without inheritances were often placed with family members who were acting out of a sense of emotional attachment or family duty. During this era the prevailing belief was that it was the family's responsibility to guard the child against social problems, hence, guarding society against problems associated with dependent children (Trattner, 1999).

Hegar and Scannapieco (1995) noted that there were few alternatives for children whose parents were unable to care for them until the time of the Industrial Revolution and the growth of social institutions in Europe and the United States. A few private religious institutions were established for orphans. Children were also placed in almshouses where they would reside with

dependent adults who had been placed there due to mental illness, alcohol abuse, or for breaking the law. There was no differentiation among the needs of the population. Therefore, children placed in an indentured position were regarded more fortunate than children in almshouses.

In the United States during the 18th and 19th century, orphanages were established to replace the family caring for their children. This development occurred out of necessity. Families had been torn apart as victims of war and epidemics. They were no longer intact and able to provide care for their children. The government had practically no involvement in this provision of orphanages and most were founded by religious and other charitable organizations seeking to serve children in their communities (Trattner, 1999). The orphanages arose as a common alternative to the terrible conditions of the almshouses, and by the end of the century there were over 100,000 children placed in orphanages. In 1853, Charles Loring Brace founded the Children's Aid Society (CAS). The goal of the CAS was to place homeless youth from New York in foster homes in Midwestern states (Lindsey, 1994). The families were typically the owners of farms where the children would be treated as indentured servants. Brace's system was designed to protect children from their parents, who were deemed unworthy, by severing all ties permanently and placing them in these predominantly Protestant Christian homes. Brace and his program received tremendous criticism from charity workers, the Catholic Church and other religious groups, and poor families who resented the selection process and the lack of placement supervision (Trattner, 1999).

Following Brace's efforts, the Boston Children's Aid Society was established. It responded by developing procedures for studying prospective foster families as well as providing on-going supervision subsequent to placement. The goal of the Society was temporary placement with the objective of reunification with the child's family when possible. The social work

profession was also emerging at this time from the training programs established by the Charity Organization Societies (Cook, 1995).

Government involvement in issues related to child abuse and neglect developed slowly. The first recorded case of child abuse was reported in 1870 when church workers sought assistance from the Society for the Prevention of Cruelty to Animals for removal of a child named Mary Ellen from her parents. The child had suffered cruelty and physical abuse. They presented to the courts the argument that Mary Ellen should have the same rights as animals. Mary Ellen was legally removed from her home, and the Society for the Prevention of Cruelty to Children was established. The first Child Protective Services agency was founded in 1875. It was not until 1935 that the Social Security Act further established child welfare services at the federal level, transferring the protection of children from the private to the public (Trattner,1999).

Other significant events shaping child welfare occurred early in the twentieth century. The first White House Conference on Children in 1909 emphasized the need to separate children who were suffering from neglect from those in poverty. It set the stage for the development of the modern child welfare system. Furthermore, the Children's Bureau, established in 1910, was responsible for promoting child labor laws, implementing financial assistance programs for single mothers, and protecting children from poverty (Downs et al., 2000). From the initial White House Conference in 1909 through the 1960s, the primary goal of the foster care agency was to provide safe, nurturing environments for children whose parents were unable or unwilling to care for them. Although this goal was certainly honourable there was a lack of focus on the reunification of the child with its birth family. During the 1960s, documented studies noted that foster care was becoming a long-term experience for many children (Downs et al., 2000; Everett, 1995). In 1961 Congress passed legislation requiring states to provide foster care as part of their

AFDC programs. Two temporary amendments, later made permanent by the 1962 Public Welfare Amendments, were made to Title IV, Part E. The amendment provided Federal matching funds to states for the cost of providing foster care to AFDC-eligible children. Federal regulations required that states either continue welfare payments to the children's parents and improve conditions in their homes or provide out-of-home care for the children. The first public nonrelative foster care assistance payments were made (Trattner, 1999). As a result, however, the child welfare system came to be seen as a "holding tank" for large numbers of children. Concerns about this lack of permanency planning and placement in the "least restrictive" and "most family like environment" would lead to the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This piece of legislation would have unforeseen ramifications for kinship care in the child welfare system.

Legislative Background

The federal government did not involve itself with children until the mid-1900s. Its involvement with kinship care concerned two federal policy making agencies: income assistance and child welfare. Income assistance was addressed with the amendment of the Social Security Act of 1935. In 1950, this act was amended to offer eligible relative caregivers financial assistance for children in their care through the Aid to Dependent Children program. If the family met the government criteria of being "poor" they could apply to receive benefits as a unit, or they could apply to receive a child-only grant regardless of their income (Hacsi, 1995).

Another amendment was added in 1962 that authorized federal reimbursements for children in foster care placement. This amendment was driven by child welfare policies. The regulations of Title IV-E allowed relatives to become licensed foster parents and receive federally funded foster care board payments for the care of related children placed in their home

by the welfare system. However, the federal policy was unclear, and many states interpreted the law to exclude family members or pay families at a lower rate for foster care services. This led to the development of a two-tier system of payment in many states, with kinship homes occupying the lower tier (Hegar & Scannapieco, 1995). Additionally, the 1962 amendments authorized federal reimbursements for children in group homes, unrelated licensed foster homes, and child care institutions. This amendment led to a paradigm shift in the approach to services. Now, instead of foster care being provided in voluntary, private settings, the move was toward the public, government sector (Gleeson & Craig, 1994; Karger & Stoez, 1998).

Although the 1962 amendment had some positive affects, there were also negative ramifications. Cultures that had historically practiced relative care were now being forced into a government system that often placed the child in need of out-of-home care outside of their extended family and often beyond their cultural environment. The Indian Child Welfare Act of 1978 (P.L. 95-608) mandated preservation of the ethnic heritage of Native American children in foster care. The Act mandated that culturally relevant placement options, including extended family or tribal placements, be considered. This legislation began to address the philosophical concerns of kinship care. It was significant in recognizing the values and culture of minorities in America.

In 1974 the Child Abuse Prevention and Treatment Act (PL 93-247) was passed in response to a growing concern for children's issues. This Act provided federal financial assistance for the prevention, treatment, and identification of child abuse and neglect. Subsequently, the National Center on Child Abuse and Neglect (NCCAN) was established to issue grants for research and for implementing programs in the prevention and treatment of child abuse and neglect. There were also laws passed mandating States to establish legislation that

established policy on child abuse reporting and allowed the reporters to remain anonymous (Hacsi, 1995). The unintended result was a tremendous increase in the number of child abuse reports. It is not clear if the numbers indicated an increased awareness or an actual increase in the rates of abuse; however, the result was the increase in an already overpopulated foster care population.

It was not until *Miller v. Youakim* (1979) that the Supreme Court ruled that relatives were entitled to the same federal financial support received by nonrelative foster care providers if the placement met the federal reimbursement eligibility requirements established in Title IV. The ruling acknowledged that extended families were not legally obligated to provide financial support for related children that were not their dependents. Income eligibility was tied to the status of the child. All kin, regardless of income, would be eligible for federal foster care payments if they cared for a child who was removed from an income-eligible home and if they met state nonkin foster care licensing standards. Many states, like Illinois, where the case originated, had prohibited relative care-givers from receiving the foster care payments (Hegar & Scannapieco, 1995).

In addition to the *Miller v. Youkim* ruling, the Adoption and Safe Families Act (ASFA) of 1997 (PL 105-89) was passed mandating the progressive pursuit of permanent homes for children in care. The Act differentiated between kinship caregivers and nonkinship caregivers. It included a number of provisions that clarified the federal reimbursement of foster care payments made for Title IV-E eligible children placed with kin (Geen, 2004). States could not collect federal reimbursement for all kin caring for Title-IV-E eligible children. The policy stated that “relatives must meet the same licensing/approval standards as nonrelative fosters family homes” (U.S. Department of Health and Human Services, 2000a). It also stated that the court was not

required to terminate parental rights if the child is placed with a relative. Waivers for certain licensing standards were issued on a case-by-case basis only, not for kin as a group. The policy denied any granting of waivers that could compromise safety. As a result of the AFSA rule, by 2001 over half of the states had altered their licensing policies. Of these, 18 states instituted stricter licensing standards for kin that had previously been in place in order to meet federal guidelines for reimbursement (Jantz, Geen, & Bess, 2002). Despite the broad discretion states now have in developing kin care licensing standards, in order to receive federal reimbursement for certain foster care placement costs, states must meet minimum procedural guidelines. According to a report submitted to the Urban Institute (Geen, 2000), many states waive certain licensing standards or develop different assessment options for kin. Only 15 states currently require kin to meet the same licensing standards as nonkin foster parents. The less stringent guidelines allow placement of children with kin before they meet all foster care licensing standards. However, children in kinship care placements may be less likely to be adopted as a result of ASFA. It stipulates that a petition to terminate parental rights must be filed if a child has been in out-of-home care for 15 of the past 22 months regardless of age or special needs. Exceptions include the following: (1) if the child is in kinship care; (2) when it is clearly documented why adoption is not in the best interest of the child; or (3) when the child protection agency fails to make reasonable efforts to return the child home safely (McGowan & Walsh, 2000). As a result of this Act, the law allows for children to remain placed with their kin on a long-term basis without mandating that parental rights be terminated, which can directly impact permanency planning for that child. Family dynamics of the relative placement and state policies dictating how much and what type of support the kinship caregiver receives can determine if the placement has positive or negative implications for the child.

These less stringent guidelines allow for flexibility but deny these children eligibility for federal reimbursements. Just as licensing care standards vary by state, so do the policies regarding eligibility for foster care payments (Geen, 2004). States must decide whether to use state funds to financially support kin caring for children in state custody. About 50% of the states give foster care payments to kin who are licensed based on nonkin licensing standards; however, the Urban Institute has documented that 26 states do not support kin caring for children in state custody with foster care payments (Jantz et. al., 2002). Mississippi supports kin once they have completed foster care training and become licensed foster care parents.

While these changes in child welfare policy were taking place there were also drastic changes occurring with income assistance policies. In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWOR) was signed into law. This policy replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF). With this replacement there was an emphasis on imposed work requirements and time limits to benefits. This change in federal policy resulted in changes in income assistance for all AFDC recipients, including relative care givers (Greenberg & Savner, 1999). Under TANF, two basic types of assistance for relative caregivers were outlined. The first was the “child-only” grant, which considered only the needs and income of the child. These grants are typically very small. In 2001, the average grant was \$7 per day per child. The second type of grant available through TANF is the “family grant.” Relative care givers who meet the state’s income criteria are eligible to receive a grant that addresses their needs, as well as those of the child. The family grants are larger than the child only grants; however, federal law imposes a 60-month time limit and work requirements on such grants. This can lead to additional financial stress for elderly

caregivers unable to work or for caregivers who need assistance for more than 60 months (Geen, 2004).

Concerns about financial stressors have most recently been addressed through the passage of the Improved Adoption Incentives and Relative Guardianship Support Act (S. 3038) and the Fostering Connections to Success Act (H.R. 6307). The adoption incentives program is reauthorized with the Senate bill including an incentive fund for kinship placements in an attempt to move the placement into permanency. Both bills also extend support for kinship care by allowing states the option of using Title IV-E funds for kinship placements. Currently, as stated previously, ASFA recognizes kinship placements as an option for permanency but fails to extend access to Title IV-E funds to these families. A few states currently have waivers, but they are exceptions and do not address the large population of kinship placement families. On October 7, 2008, the Fostering Connection to Success and Increasing Adoptions Act (H.R. 6893) was signed into law by President Bush, resolving the differences between S. 3038 and H.B. 6307. The bill was fully funded and received bipartisan support. It allowed for federal support to youth to age 21 to help ensure their success as adults. H.R. 6893 also encouraged relative guardianship and adoption by providing additional federal funding to families who choose these options. States' legislation will determine how to take advantage of these funds (Child Welfare League of America, 2008).

Child Welfare System Utilization of Kinship Care as Placement

Although there is controversy surrounding the utilization of kinship care, the mandates initiated by ASFA and the demand for foster homes has spurred the use of kinship care by welfare workers (Geen, 2000). When kinship care is chosen instead of traditional foster care, either a formal or informal type of placement may be chosen. The type placement chosen is

usually linked to state child welfare policies as well as to the reasons for removal of the child from the parent.

Informal kinship care is often initiated by child welfare workers; however, the parent typically gives their consent. These placements are usually considered temporary by the family and are preferred by child welfare to keep the child from entering state custody. These placements normally receive minimum interaction with the child welfare worker as compared to formal kinship or traditional foster care placements (Hegar & Scannapieco, 1999). The child welfare agency does not assume legal custody of or responsibility for the child. If the child was eligible to receive Medicaid and public assistance prior to placement, kinship care providers continue to receive these benefits. Most states do not keep data regarding informal kinship care because the child is not in custody of the state (Geen, 2004). Because the parents continue to have custody of the child, relatives do not have to be licensed or supervised by the state.

Formal kinship care involves the courts maintaining legal custody of the child and the child being placed with an extended family member. Formal kinship care providers receive benefits based on the number of children in their care. The formal kinship care provider agrees to work with the child welfare agency to ensure care and protection for the child. Training and certification requirements vary by state and oftentimes requirements are relaxed for relative providers (Hegar & Scannapieco, 1999).

Benefits of Kinship Care

According to the CWLA (1994) there are many positive aspects to kinship care. Kinship care does the following:

1. enables children to live with persons whom they know and trust;
2. reduces the trauma children may experience when they are placed with persons who are initially unknown to them;

3. reinforces children's sense of identity and self-esteem, which flows from knowing their family history and culture;
4. facilitates the children's connections to their siblings; and
5. strengthens the ability of families to give children the support they need. (p. 13)

One of the most obvious benefits of kinship care is the preservation of connection for children to their families. According to Crumbly and Little (1997), out-of-home placement places children at risk of experiencing feelings of fear, rejection, and abandonment.

Consequently, children may exhibit behaviors associated with separation anxiety, adjustment disorders, and attachment disorders. In addition, the authors concluded that placing children with family provides needed support within a context that allows for continuity of care and relationship. Furthermore, relatives are in a unique position to help children cope with unresolved family issues.

Relative caregivers often have extensive knowledge about family dynamics that might have led to the child's removal from the home. Having this insight might assist the child to avoid negative family patterns such as adolescent pregnancy, substance abuse, child abuse, or incarceration. The extended family with whom the child has been placed presumably has been able to function outside of these patterns. Therefore, they are potentially in a position to assist children placed in their care to establish healthy goals and patterns (Cimmarusti, 1999).

Evidence from existing research has indicated that children in kinship care fare better than children in unrelated care in areas such as behavior, physical and mental health, and education (Beeman, Wattenberg, Boisen, & Bullerdick, 1996; Benedict, Zuravin, & Stallings, 1996; Berrick et al., 1994; Chipunga et al., 1998). Four studies (Benedict et al., 1996; Jones, 1998; Keller et al., 2001; Surbeck, 2000) found statistically significant differences in favor of

children in kinship care for behavior problems. Children in kinship care were found to have fewer internalizing (e.g., withdrawn, passive; Landsverk, Davis, Granger, Newton, & Johnson, 1996) and externalizing (e.g., aggressive; Surbeck, 2000) problems as reported by teachers, case managers, and caregivers. There is one study, however, conducted by Starr, Dubowitz, Harrington, and Feigelman (1999) that concluded that there is a higher degree of behavior problems among children in kinship care once they reach adolescence. The majority of studies addressing “well-being” of children in kinship care are cross-sectional. This presents the question as to whether more positive outcomes existed previous or subsequent to children’s relative placements (Iglehart, 1994).

The utilization of kinship care also benefits child welfare agencies. If the child is placed in informal care, the involvement of the agency is minimized, reducing the work load for case workers and the financial responsibilities of the agency. Before a child is placed in formal kinship placement many states require that relative caregivers meet stringent home licensing standards. If the relative caregivers are unable to meet these standards, they are reimbursed at a lower rate than unrelated foster homes, representing another budget-saving mechanism for child welfare agencies. Kinship care saves money by lowering foster care maintenance costs and reducing administrative requirements (Geen, 2004). Families receiving TANF benefits typically receive less agency supervision and services as compared to those families receiving federal foster care payments (Jantz et al., 2002). Additionally, because kinship care placements have fewer disruptions, the costs associated with multiple placements are minimized (Geen, 2004).

Kinship Care Challenges

The challenges facing kinship care families must also be examined. One difficult dilemma faced by kinship care family arrangements centers around boundaries and role

definition (Crumbly & Little, 1997). When children placed in kinship care are returned to the home, families often find it problematic to reestablish parental roles of authority. Thus, children may become confused regarding whose authority they must respect and whose should take priority, especially when frequent contact continues with the extended family members who provided foster care.

Because kinship care placements are typically not planned and are initiated in a time of crisis, relative caregivers often experience a sense of loss related to their personal privacy, individual goals, and family finances. Anger and resentment and accompanying behaviors may occur as a result of these losses. Kinship care providers are also often faced with the dilemma of conflicting loyalties to the child as well as to the child's parent. If the relative caregiver is a grandparent there is often a change in the dynamics of their relationship with their adult child who is the negligent parent. Feelings of guilt can arise as a result of the caregiver's feelings of failure as a parent or relative. These complex dynamics can make it difficult for kinship care providers to move toward goals of permanency for the child (Cimmarusti, 1999; Gebel, 1996).

Child welfare agencies are also faced with challenges as they utilize kinship care as a viable foster care option. One such challenge is related to relative caregivers' adherence to licensing standards designed for unrelated foster care families. Requiring kinship care families to adhere to the same standards as nonrelated foster families is legally complicated (Shlonsky & Berrick, 2001). The standards are necessary for consistency in provisions of care; however, imposing licensing standards and supervision that are not relevant to safety elicit concern about issues of race and class because they do not consider the context within which care is being provided. The majority of families providing kinship care are ethnic minorities and poor (Geen, 2004). A lack of culturally sensitive policies relative to the delivery of kinship care services

places these families and the child welfare workers in difficult situations in relation to the provision of quality services.

Kinship care also challenges the child welfare workers' practice approach. Child welfare agencies have historically utilized a family preservation model focusing on the biological parents as "family." The needs of the family as a unit, including extended family as caregivers, have not been given adequate attention. The dynamics of working with the child, biological parents, and relative caregivers can be complicated. Few child care workers have been trained to work with this type of system (D. M. Rubin et al., 2008).

Characteristics of Kinship Care Families

The precipitating factors leading to a family becoming a kinship care placement are much different today than they have been historically. Kinship care placements today are primarily due to protective service arising from responses to allegations of child abuse and neglect as opposed to earlier decades when children were placed in foster care for reasons other than neglect or abuse, such as physical or mental illness, death, or incarceration of parents (Hegar & Scannapieco, 1999). This initial dynamic lays the foundation for very unique characteristics of a typical kinship care family.

Demographically, children in foster care today are more likely to be of color, under the age of 10, and to be victims of either their parents' incapacitation due to HIV/AIDS or crack cocaine addiction (Downs et al., 2000; Everett, 1995; Testa, 1992). Children in kinship care share these same characteristics but are also more likely than children in unrelated foster care to live in poverty with caregivers who are single, over the age of 65, and receive less assistance and support services from child welfare agencies (Ehrle, Geen, & Main, 2003). Wulczyn and George (1992) described this status of foster care as an "unprecedented reflection of the level of family

disruption and the difficulty that more families are having in providing a suitable home for their children” (p. 282). In addition, multigenerational cycles of social and economic disadvantage, parental incarceration, and limited access to services suggest the increasing complexity of problems that bring children into kinship care and the likelihood of extended stays in kinship care (Geen, 2004).

There is an admitted gap in research regarding the outcomes of children experiencing kinship care (Edwards, 2003; Ehrle & Geen, 2002). Most of these studies have been comparative analyses comparing children in foster care to children raised in other settings. Using secondary data analysis, Solomon and Marx (1995) compared the outcomes of children raised by grandparents to those raised in families headed by one or two parents. Findings indicate that children raised in two-parent families perform better academically and reported fewer emotional problems than children raised by grandparents. However, the children raised by grandparents fared better academically and were less likely to have school related behavior problems than children raised in single-parent families. There are also indications that gender differences exist for children in grandparent-headed families. Compared to children raised in two-parent families, girls were less likely to have behavior problems in school. In contrast, it was found that boys exhibited more behavioral disorders. Physical health status was the single area where no differences were found.

As previously stated, the challenges facing kinship care families include socioeconomic, environmental, and educational factors that are not unique to foster care; however, how these factors impact the physical and emotional health of grandparent caregivers is unique (Burnette, 1997; Strawbridge, Wallhagen, Shama, & Kaplan, 1997). Ongoing research has addressed the effects of this phenomenon on grandparent as heads of families parenting children (Burnette,

1997; Burton, 1992; Cohon & Cooper, 1999; Cox, 1999; Kosberg & MacNeil, 2003). Whatever the reason for children being placed in the care of grandparents, most grandparents admit they are unprepared to cope with this responsibility. An example of the unpreparedness is the financial burden. Although grandparents parenting their grandchildren are not limited to any one socioeconomic group, the majority are already poor, with limited education, and they are members of minority groups (U. S. Census Bureau, 2000). Financial stressors are often compounded when there are special needs for the child such as ongoing health care due to the exposure to drugs or prenatal HIV (Ehrle, Geen, & Main, 2003).

The health of the relative caregiver needs also to be considered when the caregiver is elderly. Often elderly relative caregivers are faced with their own physical degeneration. Taking on the responsibility of caring for children adds to their physical life demands. The majority of relative caregiver homes are headed by grandparents who are among minority and lower socioeconomic groups. There is the suggestion that these grandparents are already at higher risk for health problems (Cohon & Cooper, 1999).

On the other hand, Sands, Goldberg-Glen, and Thornton (2005) reported positive aspects of psychological and emotional well-being of grandparents who care for their grandchildren. A majority (88%) of the grandparents reported feeling a sense of importance and purpose that was directly related to caring for their grandchild. A smaller number (80%) also reported being thankful for the opportunity to do a better job at parenting their grandchild than they did the grandchild's parent. However, there is more extensive literature indicating negative psychological and emotional consequences, rather than positive, for these grandparents.

Grandparents often report that they experience guilt, betrayal, and self-blame (Gebel, 1996). These feelings are associated with their loss of personal goals and positive self-image as

good parents. They often feel that if they had been better parents to their children, they would not be in the position of parenting their grandchildren. This inadequacy is also complicated by the fears of failing as a parent to the grandchild (Cox, 1999). Emotional stress is further complicated when their disruption of friendships and lifestyles lead to isolation and frustration (Minkler et al., 1992).

This disruption of social support compounds a sense of loss that the grandparent may already be experiencing. The assumption of the role of parent often leads to a loss of their personal plans for retirement. There is also a sense of loss related to the role as grandparent. They are now less able to experience the joyful roles typically associated with grandparenting because they are forced to become a parental figure with greater responsibility for boundary-setting than is usual with grandparents (Morrow-Kondos, Weber, Cooper, & Hesser, 1997).

Increased levels of stress are also likely when grandchildren have special needs that may result from an abuse or neglect. Symptoms of post-traumatic stress disorder are often detected as a result of this abuse or neglect (Burton, 1992). Many of these children have also been prenatally exposed to drugs or alcohol. Complications arising from this exposure may include mental retardation, attention deficit disorder, and hyperactivity (Edwards, 2003).

Few studies address the parents of children in kinship care. Most studies rely on caseworkers' documentation or interviews with caseworkers. Findings have suggested that problems that prevent mothers from caring for their children included inadequate housing, criminal behavior, financial difficulties, and mental illness or development disabilities. The most consistent finding was that 80% of birth mothers identified substance abuse problems as being a contributing factor to their inability to care for their child (Gleeson, O'Donnell, & Bonecutter, 1997; Scannapieco, Hegar, & McAlpine, 1997). Furthermore, Gleeson et al. (1997) identified

that caseworkers had more difficulty identifying the strengths of the mothers in comparison to identifying problems.

Studies specifically addressing fathers of children in kinship foster care are even more limited. O'Donnell (1999) conducted interviews with social workers from two child welfare agencies to assess the involvement of 74 African American fathers who had a total of 100 children placed in 91 kinship homes. The kinship families were randomly selected, and then one child from each of those families was randomly selected for the study. Secondary data also were used to examine permanency outcomes. The findings showed that social workers were unprepared to work with African American fathers because their agencies were not set up to include African American fathers in a useful way during the intake, assessment, and case planning. As a result, social workers did not regularly see fathers in person or make follow-up phone calls to them. In fact, they had more contact with the fathers' families than with the fathers. O'Donnell's (1999) findings also suggest that fathers' behaviors influence social workers' views about involving them in permanency planning efforts. Social workers reported various challenges when they tried to involve fathers. Out of the 74 fathers, 49 (66%) experienced problems that hindered their ability to care for their children, most commonly drug abuse or alcoholism (55%), incarceration (26%), not cooperating with the agency (14%), inadequate housing (12%), and lack of interest in the child (12%).

O'Donnell (2001) conducted a secondary analysis of data collected for a research and demonstration permanency project. Findings indicate that caseworkers could identify 80% of the fathers of children in kinship care; however, there was a significant gap in their information about these fathers. Additionally, fathers were seldom involved in the service planning process.

Although the use of the findings may be limited due to methodological issues, the study suggested the need for further examination of this issue.

Permanency and Kinship Care Outcomes

The stability that kinship care placements provide is a tremendous asset. D. M. Rubin et al. (2008) conducted a secondary analysis using data from the National Survey of Child and Adolescent Well-Being. The data included information on 1,309 children who had entered foster care between 1999 and 2004. The analysis concluded that when kinship care was used as an early intervention, the child was at lower risk of behavioral problems as well as placement disruption as compared to children in unrelated foster care. Although the authors warned against generalizing this information, these findings are consistent with previous studies regarding outcomes for kinship care (D. M. Rubin, O'Reilly, Luan, & Localio, 2007).

These studies by D. M. Rubin et al. (2007) and D. M. Rubin et al. (2008) revealed that positive outcomes associated with kinship care can promote dilemmas with regard to permanency planning. Permanency in child welfare has been a concern since the 1970s; however, the literature reflects limited empirical research in the area of kinship foster care and permanency outcomes. Many studies have concluded that children in kinship care spend longer periods of time in care and are less likely to experience parental reunification (Berrick et al., 1994; Dubowitz, Feigelman, & Zuravin, 1993; George, 1990; Wulczyn & George, 1992). Similarly, Testa and Rolock's (1999) study regarding permanency outcomes of children in kinship care revealed that children in kinship care are less likely than children in unrelated care to be reunited with their parents or to be legally adopted. Terling-Watt (2001) also found that birth parents have less incentive to strive toward reunification if the child is placed with relatives versus nonrelatives. Their conclusions indicate that the parents were able to visit with their child

more often when placed with relatives. These findings are in conflict with the mandates of the Adoption Assistance and Child Welfare Act (PL 96-272) that encourages permanency being achieved through either adoption or reunification with parents. Furthermore, some policy makers have voiced concern that if kinship payments exceed welfare payments, birth parents may have a disincentive to cooperate with reunification efforts (Ehrle & Geen, 2002).

As previously stated, children in kinship care have fewer placements than children in nonkin foster care. With this, kinship care is seen as more stable than nonkinship care; however, children who are placed with relatives are less likely to return home and are less likely to be adopted (U.S. Department of Health and Human Services, Administration for Children and Families, 2000b). A study conducted by Berrick (1997) examined reunification rates of children in kinship care and nonkinship care after a 4-year period. Results indicate that less than half (38%) of the children who were removed from their parents as infants were reunified with their parents. Older children ages 6-17 had a higher reunification rate with parents; however, 26% in kinship care remained in placement, and 17% of children in nonkinship care remained in out-of-home care for 4 years. Fifty percent of African American children and 25% of Hispanics as compared to 19% of Caucasians remained with kin after 4 years.

The Berrick (1997) study's findings are consistent with those of Webster, Barth, and Needell (2000), who found that the majority of kinship foster parents were not willing to adopt, although they were willing to rear children in their care to adulthood. The idea of adopting a child who is already a family member may be difficult for some cultures to accept. Often the push for a legal permanent placement by the child welfare worker may give concern that the grandparent may be taking the child away from their parents if they agree to adopt. This can potentially lead to conflicts within a family system that may already be unstable.

Testa (2001) also supported the idea of placement stability for kinship placements. The author used secondary data to analyze the length of stay for children placed in kinship care versus those placed in nonkin care in the state of Illinois. The analyses found that kin placements were more stable with a 40% disruption rate, whereas nonrelated foster placements had a 70% disruption rate. Findings also indicate that although the placement was more stable, the relative caregivers remained hesitant to adopt.

There may also be hesitancy on the part of the relative to pursue legal guardianship for their grandchild. Iglehart (1994) found that the majority of relative caregivers in Los Angeles County were reluctant to assume legal guardianship of adolescents placed in their care. Similarly, Flint and Perez-Porter (1997) found that although kinship foster parents appreciated some of the advantages that guardianship offered, they had significant concerns regarding financial and service issues.

Reasons for the grandparent's hesitancy to take legal action can be centered in the hope that reunification with the biological parent(s) might eventually occur. Also, relative caregivers' concern is most often centered on the stability of the family and safety of the child rather than the legal status of the child (Dubowitz, Zuravin, Starr, Feigleman, & Harrington, 1993). Grandparents may also maintain long-term responsibility for their grandchild out of a sense of guilt or shame for failing as a parent to their own child. Providing care for their grandchild can be seen as a "second chance" at parenting, if the grandchild has been placed with them due to neglect or abuse from their biological child. They most often do not want to alienate their biological child while attempting to parent their grandchild out of fear of further straining their relationship.

One longitudinal study was found that addressed permanency outcomes of children in kinship care. Link (1996) examined the outcomes of 525 children in kinship care. The findings indicate an association between the age of the child at the time of placement and permanency outcomes. The younger the child, the more likely he or she was to be adopted by the relative caregiver. Additional findings indicate that maternal grandmothers were more likely than any other relative caregiver to pursue adoption of children in their care.

There are numerous studies addressing the issue of lower rates of permanency for children placed in kinship care. Research has indicated that kinship care providers receive substantially fewer services than nonkin foster care providers. Services such as mental health and case management are underutilized by kinship providers. Berrick (1997) found that these services were not made available as consistently for kinship care providers as for traditional foster care parents. Lower rates of reunification could be attributed to fewer services being provided for kinship care families than for licensed foster families (Berrick, 1997; Dubowitz, 1994). In addition, Berrick et al. (2000) found that African American kinship caregivers were less likely to have had contact with their social worker. Gleeson (1999) asserted that this pattern of insufficient services to child and families in kinship care is a contributing factor to the lower permanency rates. Service delivery has been found to be an effective tool for promoting permanence for children in kinship foster care (Mills & Usher, 1996).

Gleeson's (1999) secondary analysis of data explored the question of who is making decisions about permanency. The study identified variables that predicted whether child welfare caseworkers discussed all permanency options with kinship care providers. Results indicate that caseworkers failed to discuss all permanency options that were available with kinship care providers. Caseworkers reported that guardianship was often not presented as an option because

they did not understand it well enough to present it to the relative caregivers or because they did not feel the caregivers could financially afford the process.

Additionally, Mason et al. (2003) qualitatively explored permanency planning decision making. They identified barriers to permanency around the following themes: the culture of the child welfare system, family dynamics, caseworker bias, caseworker knowledge and skills, and complications within the legal system. These findings affirm the need for continued research and greater understanding of the context in which kinship caregiving occurs.

Children placed in kinship care are found to benefit from the emotional commitment of and the stability provided by their relative caregivers. However, the permanency of these placements as well as the type and frequency of support they receive from the caseworkers continues to be problematic. Findings show that children placed in kinship care are less likely to be reunified with their biological parents. Additionally, they are less likely to have parental rights terminated, allowing them to be adopted by extended family or nonrelated caregivers. These factors result in lower rates of permanency for children in kinship care.

Gaps in Current Research

The literature review indicates that there is a gap in the empirical studies in the area of kinship care and permanency outcomes. Those studies that exist tend to have nonprobability samples and lack comparison groups. Studies that have used comparison groups are not generalizable due to the regional variations in the definition of kinship care and the benefits associated. However, there is consensus that children in the child welfare system who are placed with kin remain in the system longer than children in nonrelative placements. Children in kinship care placements are also less likely to achieve permanency. This study intends to add to these data and narrow the research gap regarding outcomes of children in kinship care versus children

in nonkinship, traditional foster care families. Findings can be utilized to inform child welfare policy and program development to achieve their goals of permanency for children in foster care.

CHAPTER 3

METHODOLOGY

Purpose

According to the literature, the outcomes for children in kinship care and traditional foster care vary depending on particular variables involved. The purpose of this study was to examine permanency outcomes (e.g., adoption, or reconciliation with parents) for children receiving either kinship or traditional nonrelative foster care services. In this chapter the design, research questions and hypotheses, data collection, and data analysis are discussed. Descriptive information pertinent to the sample is provided, and the limitations of the study are also discussed. The children from whom data were derived for this study received foster care services from the Mississippi Department of Human Services during the calendar years 2006 -2008. The aim of this study was to contribute to knowledge relative to this population in order to better inform policy and program development.

Research Design

The premise of this study was that children who are placed in kinship care experience different types of placement outcomes, such as fewer placement disruptions or longer lengths of stay, than children in traditional foster care. Age, ethnicity, and gender of the child may also affect the type of placement outcome, as well as how long children remain in care. To examine these areas of research, this cross-sectional study used a quantitative research design. Quantitative methods are beneficial and appropriate when the research situation is relatively controlled, when the research seeks to verify hypotheses, or when characteristics of a population

are described with precision (Rubin & Babbie, 1993). The study relied on a design intended to describe placement outcomes and any associations between outcomes and child demographics.

A nonexperimental or correlational design relying on secondary data analysis was used. A correlational study examines the relationship between two or more variables and allows the researcher to analyze how variables might affect a pattern (Gall, Borg, & Gall, 2002). This design allowed the researcher to examine how type of placement affected placement outcome. Specifically, the degree to which a relationship exists between demographic variables of age, ethnicity, and gender and type of placement chosen, as well as length of time in placement, were examined among children served by the Mississippi Department of Family and Child Services.

Research Questions

The project's research questions and hypotheses will be discussed in this section. The primary focus of this research was to determine if there were any correlations between the type of placement a child experiences (predictor variable), kinship or nonkinship care, and the child's permanency outcomes (dependent variables). The outcomes consisted of three categories: adoption, reunification with parent, and emancipation or "aging out" of the system. Length of time in care and the number of placement disruptions were also compared in the two groups. Univariate and multivariate analyses were used to examine each of the predictor variables for the two groups of children who were placed into one of two placements: kinship care or nonkinship care.

Research Question 1

RQ1: Is there a correlation between type of placement and permanency outcomes?

Subquestion 1: Do children residing in kinship care experience fewer placement disruptions as compared with children in nonkinship care?

H₁: Children residing in kinship care experience fewer placement disruptions than children in nonkinship care.

Subquestion 2: Is there a relationship between type of placement and length of time in care?

H₂: Children in kinship care remain in care longer than children in nonkinship care.

Subquestion 3: Is there a relationship between type of placement and rate of parental reconciliation?

H₃: There are lower rates of parental reconciliation among children in kinship care than children in nonkinship care.

Subquestion 4: Is there a relationship between type of placement and rate of adoption?

H₄: There is a lower rate of children in kinship care who are adopted compared to children who are in nonkinship care.

Subquestion 5: Is there a relationship between type of placement and rate of “aging out”?

H₅: There is a higher rate of “aging out” for children in kinship care compared to children in nonkinship care.

Research Question 2

RQ2: Are the demographic variables of age, race, and sex of the child related to placement outcomes across the two groups of kinship and nonkinship care?

Subquestion 6: How is age related to placement outcomes across the two groups of kinship and nonkinship care?

H_{6a}: Children ages younger than 5 years are more likely to be adopted than children ages 5-18 years.

H_{6b}: Children ages 5-18 years of age are more likely to reunify with their parents than children younger than 5 years.

Subquestion 7: How is race related to placement outcomes across the two groups of kinship and nonkinship care?

H_{7a}: African American children will be more likely to remain in kinship care placement longer than children of other races.

H_{7b}: African American children in kinship care will be more likely to reunify with their parents than children of other races.

H_{7c}: Across the two groups, African American children will be less likely to be adopted than children of other races.

Subquestion 8: How is sex of the child related to placement outcomes across the two groups of kinship and nonkinship care?

H₈: Sex of the child is related to placement outcomes across the two groups of kinship and nonkinship care.

Key Variables

In this section of the chapter, the independent and dependent variables are defined.

Kinship Care (independent variable) is the placement of a child with a relative by the child welfare system. The relative does not obtain legal custody of the child. Custody remains with the Department of Children and Family Services. The child is placed with the relative following the order to remove the child from the home due to neglect, abuse, or abandonment. The care is typically provided by extended family members such as grandparents, aunts, and uncles. Older siblings, although they are part of the nuclear family, may also provide kinship care.

Nonkinship Care (independent variable) care is a living arrangement for children who a child protective services worker or a court has decided cannot live safely at home. Traditional foster care involves placement with a licensed nonrelated foster family while the child's custody is maintained by the state (Crosson-Tower, 1999).

Age (independent variable) is categorized according to the coding criteria established by the Adoption and Foster Care Analysis and Reporting System (AFCARS). The categories are established as follows: 0-4, 5-12, and 13-21 years.

Race (independent variable) is categorized according to the data reported to AFCARS. The ethnic groups include African American, Caucasian, Native American, and Hispanic.

Sex (independent variable) is categorized male or female.

Placement Outcomes (dependent variable) are divided into three categories: adoption, reunification with parents, or discharged to some other form of placement, such as long term care residential facilities or group homes.

Placement Disruption (dependent variable) is defined in this research as the number of times that a child was removed from kinship care or foster care and placed in another form of placement such as group home, therapeutic homes, and so forth.

Aging Out (dependent variable) is when a child reaches the age of 18 while in custody of the Department, that is, the child has not been placed in a permanent setting (adoption, or reunification with parents) but has remained in custody of the state.

Length of Time in Placement (dependent variable) in this research is determined by the date the child was first removed from the home.

Data Collection

Considering the research questions and population for this study, this researcher determined that the use of secondary data would be the most appropriate method of inquiry. Secondary analysis allows the researcher access to existing data relevant to the study. It also allows the study to be conducted without being intrusive (Frankfort-Nachmias & Nachmias, 2000). Child Welfare guidelines require each state to track similar data; therefore, this method can provide a model for other states that can be easily replicated and useful for their program and policy formulation.

The data for this study were obtained from the Mississippi Department of Family and Children Services (MSDFCS), a state agency that provides social services to vulnerable children and adults in the State of Mississippi. The mission of the program is to support family preservation and community living, as well as prevent family violence and disruption. Data analyzed were extracted from the 2006-2008 foster care data base of the Mississippi DFCS. These years were chosen for analysis because they provide the most recent compiled data. The population included cases statewide from children who had been taken into the custody of DFCS and placed either in kinship or unrelated foster care. Data for children living in informal kinship care placements were not included because these children were not in state custody; therefore, there were no existing data. Some variables which were requested were not provided by the agency due to lack of availability or the data being imbedded in narrative sections of the child's chart. Allowing access to the narrative sections of the chart would place the anonymity of the child at risk. Having access to additional variables could have impacted formulation of research questions and hypotheses. Variables not provided but requested included: age of kinship

caregiver; socioeconomic status of kinship caregiver; any physical, emotional, or mental, disability of child; history of abuse of child; and child's involvement with legal systems.

All cases reviewed were open cases during the fiscal years 2006, 2007, 2008 (October 2006 through September 2008). The target sample were children residing in either unrelated family foster care or kinship foster care. All children were in custody of and under supervision of DFCS. Children known to be residing in other forms of settings such as therapeutic foster care, group homes, or psychiatric residential settings were excluded from the study because this information does not address the current research questions.

The data for this study was monitored by the Children's Bureau, Department of Health and Human Services via the Adoption and Foster Care Analysis and Reporting System (AFCARS). AFCARS is a federal data collection effort that provides child-specific information on all children covered by the protections of Title IV-B and Title IV-E of the Social Security Act. On an annual basis all states submit data to the U. S. Children's Bureau. The data include information concerning each child in foster care and each child who has been adopted under the authority of the state's child welfare agency. The AFCARS databases have been designed to address policy development and program management issues at both the state and federal levels. In order to ensure that consistent and reliable data are used, the Children's Bureau conducts an assessment review process to validate and verify each State's information system gathering process. Included are documentation review, data collection and extraction tests, staff interviews and case record reviews (AFCARS, 2007). The demographic profile section of data contains information regarding age, gender, and race of the target child as well as the number of previous foster care placements. This information is collected by the child's caseworker and entered into the system.

Collected data also included the permanency outcomes for the child. According to federal foster care statutes and regulations, achieving permanency for children, whether they are in kinship care or nonrelative care, must be a priority for state welfare agencies. Outcomes in foster care cases include (1) family reunification, (2) adoption, (3) legal guardianship, and (4) independent living or aging out of the foster care system. The age of aging out is 18 for the state of Mississippi (AFCARS, 2007). These data are collected by the child's caseworker as the child's plan for permanency is monitored.

The Director of DCFS has assigned a Data Specialist employed by the agency to be responsible for accessing data for this researcher. She was responsible for stripping data of all identifying information, such as name, address, or county of residence. This step ensured confidentiality through anonymity of families and children served through this agency. The data was sent to the researcher in Excel format and transferred into SPSS once received.

Data Analysis

This section will address the data analyses used to provide insight into permanency outcomes of children in the custody of Mississippi DFCS and living in traditional or kinship foster homes. The analyses were chosen to address the study's research questions presented earlier. The Statistical Package for the Social Sciences (SPSS v. 18) was used to analyze the data. Descriptive statistics are provided for all of the independent variables. This information provides a broader understanding of the target population. The mean, median, mode, standard deviations, and frequencies and percentages were computed as appropriate. This information is presented in appropriate formats such as graphs, tables, and so on. Data were analyzed both including and excluding outliers to give an accurate representation of the sample.

Research Question 1 and its subquestions were tested using chi-square and ANOVA. ANOVA and Chi-square analyses were used to address Hypotheses 1-5, which examined the relationship between the two independent variables of types of care and the permanency outcomes. Differences between the two groups related to gender were tested utilizing the *t* test. One-way ANOVA allowed for the examination of differences related to age or ethnicity.

Age, race, and sex of child were correlated with the two groups of kinship and nonkinship care. To examine yearly trends, each year's data were analyzed separately. In addition, the combined effect of age, sex of child, and race on placement outcomes was examined using regression analysis (see Figure 2).

RQ3: Is there a relationship between age of child and placement outcomes across the two groups?

RQ4: Is there a relationship between sex of child and placement outcomes across the two groups?

RQ5: Is there a relationship between race of child and placement outcomes across the two groups?

The process of analysis is presented in Figure 2.

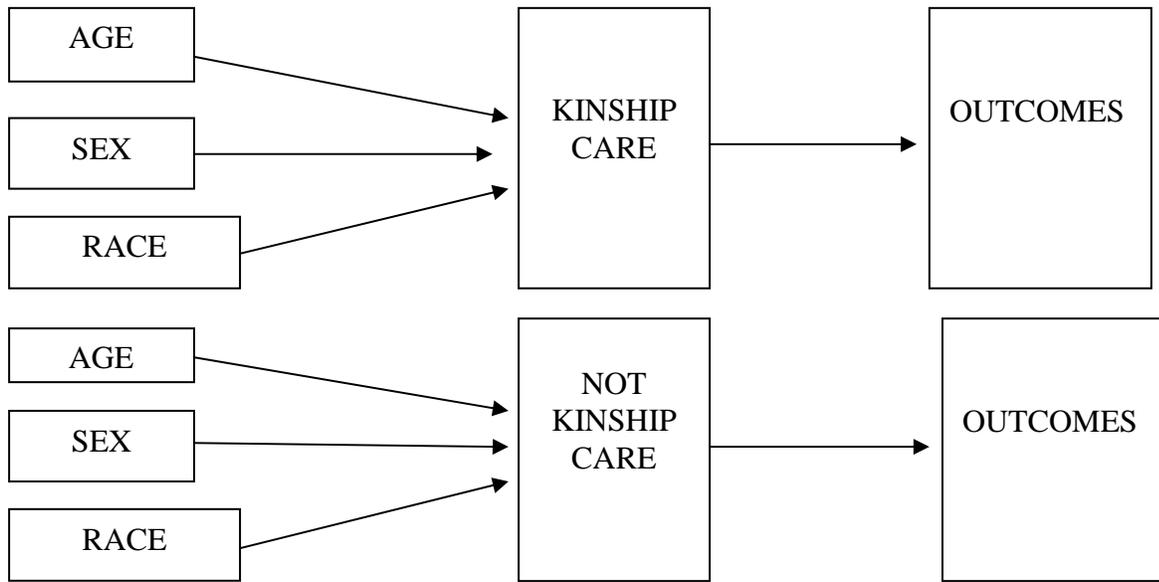


Figure 2. The variables of age, sex, and race might impact outcomes across the two groups.

Protection of Human Subjects

A proposal was submitted to The University of Alabama’s Institutional Review Board for approval prior to obtaining data from the Mississippi DFCS. The approved IRB proposal for this study is found in Appendix B. The IRB proposal specifically addressed the protection of human subjects as well as the study’s benefits and risks of participation. The limitations of the proposed study were also addressed in this document. A letter from the Director of the Mississippi DFCS supporting this study accompanied the IRB proposal.

Limitations

The analysis of secondary data is inherently limited. The data collected were not gathered specifically for the present study. This created a gap between the original purpose of the primary data collection and the purpose for which the data were used. For example, federal law prohibits the attachment of any identifiers to the analyzed data. Some demographics, such as county of residence or socioeconomic status of the child, were not supplied, eliminating the possibility of known frequencies to be used for statistical comparisons. This information would have provided more insight into demographic trends; however, the available data did provide insight relative to the objectives of the study.

CHAPTER 4

FINDINGS

Data Analysis

This chapter includes the findings and a general description of the total sample characteristics. Following the sample description, the relationship between the independent variable, placement type, and the dependent variables related to placement outcome will be analyzed and described. These analyses were divided by year to determine if any potential trends might exist from year to year. A chart presenting a listing of the hypotheses and related findings is found in Appendix A.

Data analysis was conducted utilizing the Statistical Package for the Social Sciences (SPSS). Descriptive statistics and frequencies were used to analyze the demographic variables. Research questions and their subquestions were tested using one-way ANOVA and chi-square. Analysis of variance (ANOVA) was used to compare the means of continuous independent variables associated with the two groups kinship care and nonkinship care placements. The dependent variables examined were number of placements and length of time in care. Chi-square was used to analyze the relationship between placement type and rate of adoption, rate of emancipation, and rate of parental reconciliation. When chi-square was used the assumption of equal distribution among cells was not violated. This was tested by examination of cell frequencies; none was found to be less than five. The degree of correlation was determined utilizing Pearson's r and Cramer's Phi.

Descriptive Statistics

The sample population for the study consisted of cases of individual children who had been removed from their home and placed in either kinship or nonkinship care by the Mississippi Department of Family and Children Services. Secondary data from the years 2006-2008 were analyzed with a total sample of 16,154. Age at placement was coded by year from birth to 23. The majority were ≤ 6 years of age (54.8%). The rate of placement decreased with ages ranging 16-23. The sample had a mean of 8 years ($SD = 5.828$; Table 1). Data coded as age unknown were removed. Sex was nearly equally divided with 47.9% being male and 52.1% female (Table 2). The examination of race revealed that Caucasian and African American accounted for the largest percentages with 46.2% and 50.3% respectively. The remaining 3.5% represented other races. These numbers were consistent with population reports from the 2006-2008 American Community Survey, which indicated a child population in Mississippi of 758,827. Of these, 52% were Caucasian and 44% African American (U.S. Census Bureau: American Community Survey, 2009).

Table 1

Age at Time of Placement in Years

Characteristic	<i>N</i>	Minimum	Maximum	<i>M</i>	<i>SD</i>
Age	15,886	0	23	7.95	5.828
Valid <i>N</i> (listwise)	15,886				

N = 15,886.

Table 2

Sex of Child

		<i>N</i>	%	Valid %	Cumulative %
Valid	Male	7,732	47.9	47.9	47.9
	Female	8,422	52.1	52.1	100.0

N = 16,154.

Regarding length of time in care, a large number (43%) were reported as being in the care of the agency for less than one year. The second largest group (25%) was in care less than 2 years. Frequency did decrease as the length of time increased (Table 3). The average length of time in care was less than one and a half years ($M = 1.44$; $SD = 2.12$).

Rate of adoption was examined of valid cases for this variable ($n = 16,154$). The vast majority (14,143 cases; 89.4%) were not adopted (Table 4). The percentage of actual adoption was 2.2% (348 cases) with 7.6% (1,226) being coded as *unable to determine*. Of the children adopted, the largest percentage (.8%) ranged in ages 6-12 years (Table 5). The rate decreased to 0.1% for children age 13 and older. In regard to the total number of removal from homes, ($n = 16,154$) the majority (89.4%) had been removed from their original home setting one time.

Table 3

Length of Time in Care

	Years	N	%
Valid	0	6,942	43.0
	1	4,067	25.2
	2	1,961	12.1
	3	1,210	7.5
	4	734	4.5
	5	445	2.8
	6	284	1.8
	7	165	1.0
	8	94	.6
	9	66	.4
	10	44	.3
	11	31	.2
	12	29	.2
	13	17	.1
	14	19	.1
	15	15	.1
	16	11	.1
	17	9	.1
	18	4	.0
	19	3	.0
	20	1	.0
21	1	.0	
	Total	16,152	100.0
	Missing	2	.0
	Total	16,154	100.0

Table 4

Adopted

		<i>N</i>	%
Valid	Yes	348	2.2
	No	14,443	89.4
	Unable to Determine	1226	7.6
	Total	16,017	99.2
Missing	System	137	.8
Total		16,154	100.0

Table 5

Age at Adoption and Placement Setting

		Age at Adoption					Unable to determine	Total
		< 2	2-5	6-12	≥13			
Placement	Kinship	8	9	12	3	6	38	
	Nonkinship	26	23	38	1	20	108	
Total		34	32	50	4	26	146	

The child's number of placement settings during this removal episode was also examined. This number gives an account of the number of placements the state arranged, places the child has lived, including the current setting, during the current removal episode. When cases with missing data were removed, a sample of 15,886 existed. The majority (57.9%) had

experienced two or fewer placements. Although the numbers were a small percentage, 159 children (1%) had experienced 20-44 placements.

Analysis also revealed that the majority of placements utilized by the agency were either kinship (32%) or traditional nonrelative (34%) foster family placement settings. Other settings included group home (13%), institutional care (5%), preadoptive placement (1%), and trial home visit (12%). Another finding revealed that 188 (1.2%) were coded as having run away as a permanent outcome. Still, this small percentage of a large sample (15,886) represents a notable number of children coded as running away.

Of the total sample ($n = 16,154$), 62% of cases remained open at the time data were collected. Of the closed cases, the majority of children (52%) were reunified with a primary caretaker. Twenty-two percent were placed in other relative placements. Other placements included adoption (5.4%) and emancipation (1.6%). There were nine children (0.3%) who were reported as having died while in placement. Data did not provide information explaining cause of death.

Research Question 1

Association Between Type of Placement and Permanency Outcomes

Research Question 1 examined variables to determine if there was a correlation between type of placement and permanency outcomes. Cross tabulations were used to compute the cell distributions of each placement type. Chi-square distribution analysis determined the association between the independent variable, placement type, and the dependent outcome variables related to permanency outcomes. A one-way ANOVA was conducted to identify differences across placement types. There was a correlation found to exist between placement type and outcomes. Sub-questions examined specific variables.

Subquestion 1: Do children residing in kinship care experience less frequent placement disruptions as compared to children in nonkinship care?

Hypothesis 1: Children residing in kinship care experience less frequent placement disruptions than children in nonkinship care.

A one-way ANOVA was also used to examine difference in frequency of placement disruptions between the children in kinship care and nonkinship care. The frequency was determined using the number of physical placement settings during the current episode. As seen in Table 6, children in kinship care placements had a lower rate of disruption with fewer placements ($M = 2.36$; $SD = 2.29$) than children in nonkinship care ($M = 3.12$; $SD = 3.08$). The results indicate significant statistical difference between the two groups, $F(1) = 207.851$, $p = .000$, associated with placement type and rate of placement disruption (Table 6).

Table 6

Association between Placement Type and Number of Placement Settings

Placement Type	<i>M</i>	<i>SD</i>
Kinship Care	2.36	2.297
Nonkinship Care	3.12	3.088

Note: ANOVA ($df = 1$) (p value = .000).

Subquestion 2: Is there a relationship between type of placement and length of time in care?

Hypothesis 2: Children in kinship care remain in care longer than children in nonkinship care.

When examining length of time in care, the average overall length of stay was between 1 and 2 years ($M = 1.39$). The Pearson's r correlation coefficient revealed a significant difference

between length of time in care and placement setting ($p = .01$). An ANOVA also indicated a statistically significant difference between the two groups on length of time in care, $F(1) = 325.280, p = .000$, with children in nonkinship care ($M = 1.8$) remaining in care nearly twice as long as children in kinship care ($M = 1$).

Subquestion 3: Is there a relationship between type of placement and rate of parental reconciliation?

Hypothesis 3: There are lower rates of parental reconciliation among children in kinship care than children in nonkinship care.

One thousand five hundred and nineteen children in the dataset were reunited with their parents. Cross tabulations revealed that the majority of the children who experienced reunification were those who had been in relative care ($n=901, 59\%$) as seen in Table 7. When looking at all cases there were 10,543 total cases, of which 5,143 were in kinship care (48.8%). Therefore, of all cases in kinship care (5143), 901 children were reunified with their parents (17.5%). Of all cases (5,400) who were in nonkinship care, 618 were reunified with parents (11.4%). A Chi-square test for independence was run to examine the variables. This statistic was set at the .05 level and revealed a significant correlation between placement setting and rate of reunification, $X^2(1, n = 1519) = 52.725, p = .000$. When the data were compared year to year, there was a trend that indicated an overall decrease in rate of reunification from 2006-2008.

Subquestion 4: Is there a relationship between type of placement and rate of adoption?

Hypothesis 4: There is a lower rate of children in kinship care who are adopted as compared to children who are in nonkinship care.

To examine the overall relationship between the outcome variables and placement setting, a chi-square test for independence was conducted. The analysis reveals that the two variables were not independent, thus indicating that a relationship existed between the two variables, $X^2(7, n = 3828) = 834.947, p = .000$. Specific types of outcomes and their relationship to type of placement were then analyzed. Adoption rates were examined after removing data that was coded as *unable to determine* ($n = 10,543$). Cross tabulations revealed that the majority of the children in care were not adopted (91.5%). The chi-square statistic revealed statistical significance at the .05 level between the two placement types and their rate of adoption. Of the 146 that had been adopted, 108 (74%) were in nonkinship care, revealing a statistically significantly higher rate of adoption for children who were not in kinship care placements, but in traditional foster home placements (Table 8).

Table 7

Association Between Placement Type and Rate of Reunification

			Reason for discharge	Total
			Reunification with Parents or Primary Caretakers	
Placement Setting	Kinship Care	Count	901	901
		% within Placement Setting	100.0%	100.0%
		% within Reason for discharge	59.3%	59.3%
		% of Total	59.3%	59.3%
	Nonkinship Care	Count	618	618
		% within Placement Setting	100.0%	100.0%
		% within Reason for discharge	40.7%	40.7%
		% of Total	40.7%	40.7%
Total	Count	1,519	1,519	
	% within Placement Setting	100.0%	100.0%	
	% within Reason for discharge	100.0%	100.0%	
	% of Total	100.0%	100.0%	

Note: $X^2(1, n = 1519) = 52.725, p = .000$.

Table 8

Association Between Placement Type and Rate of Adoption

		Adopted				
		Yes	No	Unable to Determine	Total	
Placement	Kinship Care	Count	38	4,686	404	5,128
Setting		% Placement	.7%	91.4%	7.9%	100.0%
		Setting				
		% Ever Adopted	26.0%	48.8%	54.1%	48.9%
		% of Total	.4%	44.7%	3.9%	48.9%
	Nonkinship Care	Count	108	4,912	343	5,363
		% Setting	2.0%	91.6%	6.4%	100.0%
		% Ever Adopted	74.0%	51.2%	45.9%	51.1%
		% of Total	1.0%	46.8%	3.3%	51.1%
Total		Count	146	9,598	747	10,491
		% Setting	1.4%	91.5%	7.1%	100.0%
		% Ever Adopted	100.0%	100.0%	100.0%	100.0%
		% of Total	1.4%	91.5%	7.1%	100.0%

Note: $X^2(2, n = 10,491) = 38.6, p \text{ value} = .000.$

Subquestion 5: Is there a relationship between type of placement and rate of “aging out”?

Hypothesis 5: There is a higher rate of “aging out” for children in kinship care compared to children in nonkinship care.

Of the cases providing valid data, chi-square indicated that there was no significant correlation between placement type and rate of emancipation. Chi-square value resulted in $X^2(1, n = 93) = 3.108, p = .078$. A total of 93 (.9%) were emancipated from care. The majority (59%) of those who were emancipated were in nonkinship care (see Table 9). When the data was separated by year, chi-square analyses did not reveal any trends in correlation across the three years.

Table 9

Association Between Type of Placement and Rate of Emancipation

		Reason for discharge		
		Emancipation	Total	
Placement Setting	Kinship Care	Count	38	38
		% within Placement Setting	100.0%	100.0%
		% within Reason for discharge	40.9%	40.9%
		% of Total	40.9%	40.9%
	Nonkinship Care	Count	55	55
		% within Placement Setting	100.0%	100.0%
		% within Reason for discharge	59.1%	59.1%
		% of Total	59.1%	59.1%
Total	Count	93	93	
	% within Placement Setting	100.0%	100.0%	
	% within Reason for discharge	100.0%	100.0%	
	% of Total	100.0%	100.0%	

Note: $X^2(1, n = 93) = 3.108, p = .078$

Research Question 2

Relationship Between Demographics and Placement Outcomes

Cross tabulations were computed to examine the cell distributions across each placement type with p values set a priori at .05 unless otherwise noted. One-way ANOVA was used to identify differences, and chi-square was used to determine the association between the independent variable placement type and the dependent variables of placement outcome, as well as the relationship that the variables of age, race, and gender had with placement outcome. Placement outcome is a categorical variable that is defined by reunification with parents, adoption, emancipation, transferred from DHS to another agency such as residential setting, death of the child, runaway, or guardianship.

Subquestion 6: How is age related to placement outcomes across the two groups of kinship and nonkinship care?

Univariate analysis of variance was used to determine the differences between age, placement type, and placement outcomes. There was a statistically significant difference between age and placement outcomes for both kinship ($p = .000$) and nonkinship care ($p = .000$). When examining the outcomes of reunification with parents, children in kinship care ($M = 6.71$) were slightly older than those in nonkinship care settings ($M = 6.55$). Data revealed that children who were adopted while in kinship care were older ($M = 4.51$) as compared to children adopted while in nonkinship care ($M = 4.09$). When age at emancipation was examined, children in kinship care were older ($M = 17.03$) than those in nonkinship care ($M = 15.85$). There were also

notable differences related to death, runaways, transfer to other agency, and guardianship. Death was more likely to occur in nonkinship care settings ($n = 8$) than kinship care settings ($n = 1$). Although the n was small ($n = 9$), the age of the children who died in kinship care ($M = 11$ years) was notably older than those in nonkinship care ($M = 1.5$ years). Of the children who were coded as “runaway” for their discharge plan, children in kinship placements ($n = 2$) were notably younger ($M = 11.5$) than children who had run away from nonkinship care settings ($n = 3$; $M = 17.0$). Regarding children who transferred to another agency, thereby terminating DHS custody, those who transferred from nonkinship care settings ($n = 4$) were younger ($M = 6.74$) than those who were transferred from kinship care settings ($n = 5$; $M = 12.8$). Finally, children who entered into a guardianship arrangement from kinship care ($n = 269$) were about 4 years younger than children in nonkinship care placements ($n = 21$; $M = 10.29$). Figure 3 demonstrates the mean age of child at discharge from the two placement settings of kinship and nonkinship care.

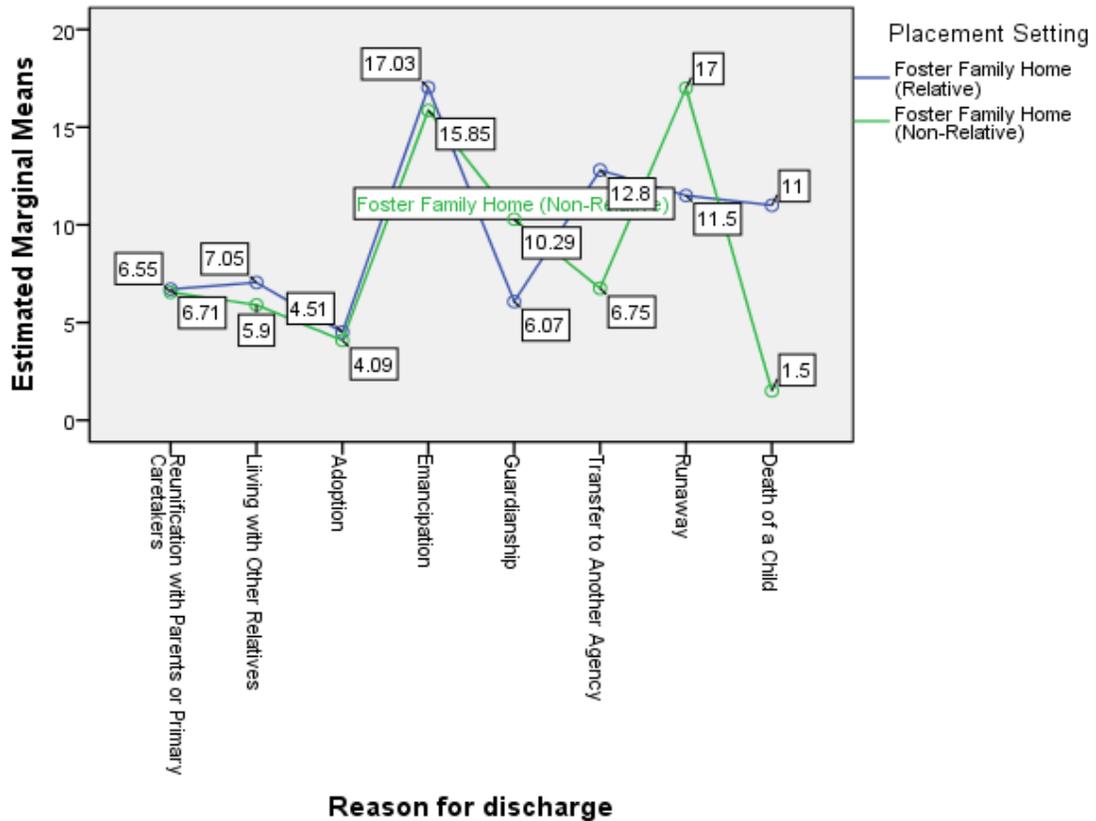


Figure 3. Estimated marginal means of age at placement in years.

Hypothesis 6a: Children ages younger than 5 years are more likely to be adopted than children ages 5-18 years of age.

ANOVA was used to further examine if children younger than 5 years were more likely to be adopted than children ages 5-18. There was no significance found, $F(1) = .041, p = .840$.

Hypothesis 6b: Children ages 5-18 years are more likely to reunify with their parents than children younger than 5 years.

Regarding the rate of parental reconciliation, Pearson's chi-square failed to reveal a statistically significant association between child's age and type of placement, $X^2(19, n = 1519)$

= 21.47, $p = .311$). Cross tabs did reveal that children across all age groups in kinship settings were more likely to reunify with parents (59.3%) than those in nonkinship placements (40.7%).

Subquestion 7: How is race related to placement outcomes across the two groups of kinship and nonkinship care?

Hypothesis 7a: African American children will be more likely to remain in kinship care placements longer than children of other ethnicities.

Race and its relationship to placement outcomes was analyzed across the two groups. A simple t test revealed that African American children ($n = 5563$; $M = 1.56$) were more likely to remain in kinship care longer than children of other races.

Hypothesis 7b: African American children will be more likely to reunify with their parents than children of other ethnicities.

Chi-square was used to analyze any association between African American children's rate of reunification with parents and their placement type. The opposite of the hypothesis was found to be significant. African American children in kinship care ($n = 425$) were less likely to reunify with their parents than children of other races, ($n = 476$), $X^2(7, n = 901) = 40.34, p = .000$.

Hypothesis 7c: Across the two groups, African American children will be less likely to be adopted than children of other races.

When examining rate of adoption for African American children as compared to children of other races, Pearson's chi-square ($p = .05$) revealed significant statistical difference, $X^2(1, n = 10491) = 21.94, p = .000$. African American children were more likely to be adopted ($n = 83$) than children of other races ($n = 63$). In regard to placement type and rate of adoption, cross tabulations revealed that African American children in nonkinship care were more likely to be

adopted ($n = 66$) compared to African American children in kinship settings ($n = 17$) (Tables 10-11).

Table 10

Length of Time in Care for African American Children

African American		<i>N</i>	<i>M</i>	<i>SD</i>	Std. Error Mean
Length of Time in Care	Yes	5,563	1.56	2.129	.029
	No	4,979	1.19	1.618	.023

Table 11

Reason for Discharge for African American Cross tabulation

		Black or African American		<i>n</i>
		No	Yes	
Reason for discharge	Reunification with Parents or Primary Caretakers	53%	47%	901
	Living with Other Relatives	45%	55%	995
	Adoption	50%	50%	206
	Emancipation	47%	53%	38
	Guardianship	63%	37%	269
	Transfer to Another Agency	0	100%	5
	Runaway	0	100%	2
	Death of a Child	100%	0	1
Total	50%	50%	2,417	

Subquestion 8: How is sex of child related to placement outcomes across the two groups of kinship and nonkinship care?

Hypothesis 8: Sex of child is related to placement outcomes across the two groups of kinship and nonkinship care.

An examination of the relationship between sex, placement type, and placement outcomes was conducted utilizing cross tabulations and Pearson's chi-square. Frequencies revealed discharge data for about one third ($n = 3828$) of the total sample ($n = 10,543$). The assumption is that the remaining cases had not yet been discharged from DFCS custody. Of the 3,828 total sample, males accounted for 1,787 and females 2,041. Chi-square analysis revealed a significant relationship at the .05 level associated between placement setting and females, $X^2(1, n = 2041) = 8.07, p = .000$, but not with males, $X^2(1, n = 1,787) = .407, p = .523$. Chi-square further revealed statistical significance for both male, $X^2(7, n = 1,787) = 2367.2, p = .000$, and female, $X^2(7, n = 2,041) = 2711.9, p = .000$, in association with reason for discharge. Cross tabulations were used for further examination of the specific variables. Males in kinship care ($n = 425$) were nearly twice as likely to be discharged to reunify with parents as males in nonkinship care settings ($n = 277$). Males in both kinship and nonkinship care settings ($n = 4$) were more likely to run away than females ($n = 1$). Males in nonkinship settings had a notably high death rate ($n = 7$) as compared to males in kinship care ($n = 0$) or females in either placement setting ($n = 2$) (Table 12).

Table 12

Reason for Discharge and Placement Setting Cross tabulation

Sex	Reason for discharge		Placement Setting		<i>n</i>	
			Kinship	Nonkinship		
Male	Reason for discharge	Reunification with Parents or Primary Caretakers	61%	39%	702	
		Living with Other Relatives	89%	11%	532	
		Adoption	28%	72%	364	
		Emancipation	43%	57%	40	
		Guardianship	95%	5%	134	
		Transfer to Another Agency	25%	75%	4	
		Runaway	50%	50%	4	
		Death of a Child	0	100%	7	
		Total		64%	36%	1,787
		Female	Reason for discharge	Reunification with Parents or Primary Caretakers	58%	42%
Living with Other Relatives	84%			16%	618	
Adoption	40%			60%	389	
Emancipation	40%			60%	53	
Guardianship	90%			10%	156	
Transfer to Another Agency	80%			20%	5	
Runaway	0			100%	1	
Death of a Child	50%			50%	2	
Total				62%	38%	2,041

Note. $X^2(7df), p = .000$.

Research Questions 3, 4, and 5 examine the relationship between age, race, and sex of the child and placement outcomes across the two groups. Linear regression was performed to assess the combined effect of the three variables on placement outcome. None of the predictor variables

had a significant ($p < .01$) zero-order correlation placement type. These findings reveal that there is no statistically significant relationship between the variables of age, race, and sex of child on placement outcomes.

The relationship between age and placement setting, sex of child and placement setting, and race and placement setting was investigated using the Pearson correlation coefficient. Preliminary analyses were performed to ensure that there were no violations of the assumptions of normality, linearity, and homoscedasticity. No violations were found. The data were analyzed by year to determine if any trends existed. Analyses revealed that there was a positive correlation between age and reason for discharge for the years of 2006 ($r = .039$) and 2007 ($r = .033$). The 2008 data revealed a negative correlation between the two variables ($r = -.082$). Although 2006 and 2007 were positively related, the coefficients were weak, concluding that the variables have no relationship. All 3 years revealed a negative correlation between age and placement setting (2006, $r = -.058$; 2007, $r = -.041$; 2008, $r = -.025$). Further analyses revealed statistical significance between age and reason for discharge across the 3 years. No significance was found between age and placement setting. Sex of child and reason for discharge had a negative correlation each year (2006, $r = -.003$; 2007, $r = -.008$; 2008, $r = -.030$). In contrast, sex of child and placement setting had a positive correlation all three years (2006, $r = .005$; 2007, $r = .020$; 2008, $r = -.030$); however, the coefficients were weak, resulting in no relationship between the variables. Each year's data revealed no statistical significance found between sex of child and reason for discharge or sex of child and placement type. Regarding race and placement setting, all 3 years revealed a negative correlation between the two variables (2006, $r = -.032$; 2007, $r = -.054$; 2008, $r = -.054$). There was statistical significance between the two variables across the 3 years. A weak positive correlation was revealed between the variables of race and reason for

discharge for each year (2006, $r = .025$; 2007, $r = .052$; 2008, $r = .043$). No statistical significance was found between the two variables across the 3 years.

Examining the data for yearly trends revealed that the utilization of kinship care decreased (2006, 1981; 2007, 1927; 2008, 1235). Frequencies also revealed a trend of children entering placement settings younger. The cumulative percentage of children ages 5 years and younger who were placed in either kinship or nonkinship care increased each year (2006, 49.8%; 2007, 50.4%, 2008, 51.6%). Analyzing the data for yearly trends in reason for discharge revealed that of the discharged cases ($n = 3,828$), the rate of reunification with parents or primary caretaker decreased each year (2006, 722; 2007, 457; 2008, 340). Further examination revealed an increase in adoption (2006, 204; 2007, 253; 2008, 296) and guardianship rates (2006, 75; 2007, 104; 2008, 111) each year. Reported deaths of children in care decreased each year (2006, 4; 2007, 3; 2008, 2) (Tables 13-15).

Table 13

Reason for discharge: Report Year 2006

		<i>N</i>	%	Valid %	Cumulative %
Valid	Reunification with Parents or Primary Caretakers	722	18.9	49.1	49.1
	Living with Other Relatives	427	11.2	29.0	78.1
	Adoption	204	5.3	13.9	92.0
	Emancipation	36	.9	2.4	94.4
	Guardianship	75	2.0	5.1	99.5
	Transfer to Another Agency	1	.0	.1	99.6
	Runaway	2	.1	.1	99.7
	Death of a Child	4	.1	.3	100.0
	Total	1,471	38.4	100.0	-
Missing	System	2,358	61.6	-	-
Total		3,829	100.0	-	-

Table 14

Reason for discharge: Report Year 2007

		<i>N</i>	%	Valid %	Cumulative %
Valid	Reunification with Parents or Primary Caretakers	457	12.7	35.2	35.2
	Living with Other Relatives	437	12.2	33.6	68.8
	Adoption	253	7.0	19.5	88.2
	Emancipation	36	1.0	2.8	91.0
	Guardianship	104	2.9	8.0	99.0
	Transfer to Another Agency	7	.2	.5	99.5
	Runaway	3	.1	.2	99.8
	Death of a Child	3	.1	.2	100.0
	Total	1,300	36.2	100.0	-
Missing	System	2,291	63.8	-	-
Total		3,591	100.0	-	-

Table 15

Reason for discharge: Report Year 2008

		<i>N</i>	%	Valid %	Cumulative %
Valid	Reunification with Parents or Primary Caretakers	340	10.9	32.2	32.2
	Living with Other Relatives	286	9.2	27.1	59.2
	Adoption	296	9.5	28.0	87.2
	Emancipation	21	.7	2.0	89.2
	Guardianship	111	3.6	10.5	99.7
	Transfer to Another Agency	1	.0	.1	99.8
	Death of a Child	2	.1	.2	100.0
	Total	1,057	33.8	100.0	-
Missing	System	2,066	66.2	-	-
Total		3,123	100.0	-	-

CHAPTER V

INTERPRETATION AND DISCUSSION

The findings of this study contribute to previous research regarding the placement outcomes of children in kinship and nonkinship placement settings. This study contributes to a small number of studies that focus on children in foster care who reside in the southeastern region of the United States. Secondary data was collected from the Department of Family and Children's Services for the State of Mississippi, which is legally mandated by the federal courts to examine the placement outcomes of children in its custody. The Mississippi Department of Family and Children's Services has frequently utilized kinship care as a resource for placement of children in need of removal from their home. In 2006 and 2007 more than 50% of the children in the sample were placed in kinship care. However, in 2008, the percentage dropped to less than 40%. Overall, there were statistically significant differences found associated with kinship care and permanency outcomes. Children in kinship care had lower rates of disruption and a fewer number of placements. Children in kinship care had shorter lengths of stay as well as higher rates of reunification with parent(s) or primary caregiver. These findings promote the use of kinship care by indicating that kinship care settings provide stability for children. Stability is essential for children, especially from birth to three years of age. Developmental psychologists stress that children experiencing stability and having opportunity to develop secure attachments promote confidence and trust in others (Thompson, 2000). Short lengths of stay away from the parents and minimal placement disruptions allow for children to feel a sense of security. Additionally, if the child has previously bonded with the kinship caregiver, the kinship placement setting

supports an already existing relationship instead of placing the child in a situation where they have to form new relationships under difficult circumstances.

Children in traditional foster home settings had a higher rate of adoption. Children in traditional foster home settings also had a higher rate of emancipation. There was also statistical significance found associated with race and placement outcomes. African American children were more likely to remain in care longer and less likely to be adopted than children in nonkinship care settings. When examining frequencies, the overall rate of kinship care dropped across the 3 years.

The stability of kinship care settings is important as it provides children with family connections, culture, and history. The first research question examined correlation between the type of placement: kinship versus nonkinship and their placement outcomes; number of placement disruptions, length of time in care, rate of adoption, rate of parental reconciliation, and emancipation.

Association Between Placement Type and Placement Disruptions

Regarding stability, analyses of these data revealed that an association existed between placement type and the number of moves the child experienced. Children in kinship care placements had lower rates of placement disruption than children in nonkinship care. The majority of children in kinship care experienced fewer than three moves while in care as compared to children in nonkinship care experiencing more than three. This stability is a positive indicator for kinship care placements and is consistent with the findings of Dubowitz et al. (1993) that indicated that once children are placed in kinship care settings they are more likely to remain in these settings.

Association Between Placement Type and Reunification with Parents

This study revealed a weak correlation between type of placement and reunification with parents or primary caregiver; however, frequencies revealed a higher percentage (59.3%) of children in kinship settings were reunified with their parents than those in nonkinship settings (40.7%). This is inconsistent with previous studies, which found that children in kinship care had a lower rate of reunification with parents (Terling-Watt, 2001; Testa & Rolock, 1999). These results could be reflective of the close bonds that families in the South typically possess. While the child is in kinship care, the close relationship between the caregiver and the parent(s) might support and encourage the goal for reunification.

Association Between Placement Type and Rate of Adoption

The stability that kinship care placement provides may influence the establishment of permanency goals. Previous studies (Terling-Watt, 2001; Testa & Rolock, 1999) found that children who were placed with relatives were less likely to reunify with their parents or be legally adopted. The findings of this study are consistent with the previous studies regarding rate of adoption. The majority of the total sample (89.4%) were not adopted. Of the 146 who were adopted, the majority (108) were in nonkinship care settings. The low rate of adoption among children in kinship settings is an area of concern. Adoption provides the child with a sense of stability and permanency. The low rate is also in conflict with the mandate of the Adoption Assistance and Child Welfare Act (PL 96-272) that encourages permanency be achieved either through means of adoption or reunification with parents. The low rate of adoption could be explained by the hesitancy of the caregiver to legally assume all responsibility for the child. Additionally, if the caregiver adopts, there is no financial compensation as with foster care.

Association Between Placement Type and Length of Time in Placement

Statistical findings revealed that children in nonkinship care placements remained in care nearly twice as long and were more likely to “age out” of the system than children in kinship care. These findings are inconsistent with the findings of Berrick et al. (1994), and Dubowitz, Feigelman, and Zuravin (1993), which revealed that children in kinship care remained in care longer than children in nonkinship care. Factors influencing this study’s findings could be related to family dynamics, payment issues, or attributes of the child. Families’ emotional ties and philosophical beliefs might encourage extended family members to provide on-going support to parents. The child could be allowed to return home with extended family providing in-kind support as needed. Another factor might be payment differentials in Mississippi for kinship and nonkinship care placements. As stated previously, kinship caregivers do not receive subsidies for care unless they meet licensure criteria for licensed foster care placements. Finally, although the question was not proposed in this research, children who suffer from more severe behavioral problems could have a higher rate of placement with nonkinship than kinship care. Children, who are more difficult to manage due to excessive behavior problems, might not be tolerated by family members. Additionally, family members might not have received the necessary training to equip them to handle such situations. Future research might address such issues.

Influence of Age, Race, and Sex of Child on Placement Outcomes

The second research question examined placement type and outcomes as they were affected by the variables of age, race, and sex of child. There were statistically significant findings related to age, placement type and placement outcomes. Descriptive statistics revealed that younger children were more likely to be placed in nonkinship care ($M = 5.94$) than kinship care ($M = 6.77$). This could provide explanation as to why children in kinship care whose

discharge plans were reunification with parent(s) or primary caretaker, adoption, or emancipation were older than those discharged from nonkinship settings. Further examination revealed no statistical significance between children aged birth to 5 years and rate of adoption or parental reconciliation. These findings are inconsistent with a previous longitudinal study by Link (1996) that revealed that the younger the age of the child, the more likely he or she was to be adopted. The lack of association could be due to the overall low rate of adoption (11%). However, cross-tabs did reveal that children across all ages in kinship care were more likely to reunify with parents or primary caregiver (59.3%) than those in nonkinship placements (40.7%). These data are consistent with this study's previously stated findings revealing the high rate of reunification with parent(s) or primary caregiver for children in kinship care.

Examination of the relationship between race, placement type, and placement outcome revealed that African American children were more likely to remain in care longer than other races. Statistically significant findings further indicated that African American children in kinship care were less likely to reunify with their parents and less likely to be adopted than children in nonkinship care settings. These findings are consistent with those of Berrick (1997), whose study revealed that African American children in kinship care remained in care longer than Hispanic or Caucasian children. The findings are also supported by historical research that found that pre-Civil War African American families traditionally cared for their family members, as services provided by private orphanages and foster care agencies were highly segregated (Hegar & Scannapieco, 1999). The Civil War did not positively impact the situation, and the African American community continued to care for dependent children. This continued sense of responsibility within the African American culture and the emphasis on family connectedness could contribute to the understanding of these findings.

Regarding sex of child and its association with placement type, findings revealed a statistical significance between females and placement type. Kinship care was more likely to be utilized for females than nonkinship care. Analysis revealed that there is a statistically significant association between sex and placement outcome. Males (61%) and females (58%) in kinship care had a higher rate of reunification with parents than males (39%) or females (42%) in nonkinship placements. However, both sexes had lower rates of adoption and emancipation in nonkinship care placements than those in kinship care placement. The overall rates of placement outcomes may account for these statistics.

Younger Children Entering Custody

The data were also examined by year to assist in predicting any possible trends. Frequencies revealed that the age of children entering state custody was lowering each year. By 2008, over half (51.8%) were under the age of 5. This could present a challenge to workers as they are considering placement options. This study indicates that kinship caregivers are more likely to provide care for children over 6 years of age. In addition, although we do not have access to caregivers' age for this study, literature has indicated that kinship caregivers are more likely to be over the age of 65 (Ehrle, Geen, & Main, 2003). Implications could be twofold. Younger children may be more difficult to place with kinship caregivers, increasing the demand for nonkinship caregivers. Additionally, placing younger children who require more physical care with elderly caregivers could be placing the child in yet another high-risk situation. The kinship caregiver might also suffer from the increased level of stress associated with caring for young children, placing their own welfare at risk.

Decreased Utilization of Kinship Care

Analyses also revealed a decreasing trend in the utilization of kinship care across the 3 years. In 2008, the rate of placement in kinship care dropped by 62%. This decrease parallels revisions to agency policy that occurred as a result of the *Olivia Y. v. Barbour* lawsuit (Children's Rights Organization, 2008). Prior to the lawsuit, kinship caregivers were required to meet nonrelative foster care standards but were allowed certain waivers, such as number of bedrooms available. If the worker determined that placing the child in the relative's home would be in the best interest of the child, waivers could be issued to the family (Mississippi Code Annotated 43-17-3, 2006). The lawsuit settlement mandated the agency to cease the practice of issuing waivers. This policy was implemented at the state level in 2007. Kinship care homes must now meet the same standards as nonrelative foster homes. Although this policy may help to ensure that kinship placements are meeting federal guidelines of the Adoption and Safe Families Act of 1997, it also hinders the ruling of the Adoption Assistance and Child Welfare Act of 1980, which mandates the placement of children in the most unrestrictive and family-like setting. The current data revealed a 62% decrease in kinship placement settings following the implementation of the new policy in 2007. This decrease coupled with the annual decrease in reunification rates raise concerns regarding policy function and intent. Future analyses will reveal if these trends continue. Additionally, the decrease in the option of kinship caregiver placements increases the stress for the case worker as they are seeking adequate care for the child.

Trends in Placement Outcomes

Trends related to placement outcomes revealed a change in the type of permanency being achieved. The reunification rate with parents or primary caretaker decreased each year; however,

the rates of adoption and guardianship increased. As cited previously, 59% of the children who were reunited with parents or primary caregivers were in kinship care. The decline in kinship care placements could contribute to the decline in reunification rates. Although the adoption and guardianship rates have increased they continue to account for a small percentage of the overall placement outcomes. Best practice policy may need to address these issues in the future as the agency continues to focus on complying with federal guidelines. Rates of emancipation remained the same for 2006-2007, but then decreased by 58% in 2008. A possible explanation for this dramatic difference is the small *n* (93). Although it is not a focus of this study, another important finding was that the rate of deaths decreased each year.

The findings of this study support the application of the street level bureaucracy theory. Results reveal multiple factors, such as placement setting and certain child demographic factors that influence the placement outcomes of children in foster care. These factors, as well as resources available, may influence the placement type chosen. The worker continues to be in a position of developing care plans for children within the guidelines of agency policy, yet often being greatly influenced by the availability of resources, that is, kinship versus nonkinship care families. Personal discretion, agency policies, and resources will continue to impact placement decisions; however, the findings of this research will equip the worker with data regarding placement outcomes to inform their decision making process.

Additional Findings

This study focused on the outcomes of adoption, reunification with parents or primary caregiver, and emancipation. However, there were additional findings provided by the data significant to outcomes of children in care. Statistical significance revealed an association with age, placement type, and the discharge plans coded as death, runaway, transfer to other agency,

and guardianship. There was a small n related to death; however, the data revealed that children who died in nonkinship care were much younger than those in kinship care. This could be explained by the median age of children in nonkinship care being younger than those in kinship care. Conversely, children in kinship care who ran away were younger than those in nonkinship care. Given the assumption that the children in kinship care are returning home when they run away, kinship care placements may provide children geographical accessibility that otherwise might not exist in nonkinship care. Additional findings revealed that children in kinship care who transferred to another agency upon discharge were considerably older ($M = 12.80$) than those in nonkinship care ($M = 6.75$). As children enter the teenage years, kinship caregivers who are often elderly might have more difficulty providing discipline as well as financial and emotional support. The age of children who enter into a guardianship arrangement were revealed as being younger in kinship care ($M = 6.07$) than nonkinship care ($M = 10.29$).

Implications for Social Work

Kinship care continues to be a debated issue in child welfare. There is limited longitudinal research that addresses kinship care and permanency outcomes. Child welfare case workers have relied on their personal values, judgment, interpretation of agency policy, and agency resources to make placement decisions for children in custody of Family and Children's Services. The limited research makes it difficult for workers to utilize empirical data to inform their decisions about placement.

The present findings should serve as a basis for social workers as they are developing plans of care for children who differ in age, sex, and race. Analyses of demographics revealed an association between age, race, and sex of children and their placement outcomes. Children in kinship care across all age groups were more likely to reunify with parent(s) or primary caregiver

and less likely to be adopted than children in nonkinship care settings. Regardless of placement setting, African American children were found to remain in care longer and be less likely to reunify with parents than children of other races. However, African American children in nonkinship settings were more likely to be adopted than children of other races. Examination of sex of child and placement outcomes revealed that females were placed in kinship care and had higher rates of reunification, but lower rates of adoption and emancipation. These findings can inform practice decisions for caseworkers as they are considering what type of placement would best serve a child of a particular age, race, or sex.

Trends in the utilization of kinship care by MDHS should inform their policy and program development addressing permanency placements. The findings of this study revealed a decrease in the utilization of kinship care from 2006-2008. This decrease could have occurred as a result of the implementation of new policy related to kinship care licensure standards. The changes were made in order for the state to comply with lawsuit standards. If the Department of Human Services is going to continue to pursue kinship care as a viable option for placement of children, then new policy, such as kinship guardianship, which provides some type of support for kinship care givers, should be explored.

Mississippi continues to be challenged with limited resources including the number of foster homes available and complying with standards set forth by the *Olivia Y v. Barbour* lawsuit. Information from this study can assist the Mississippi Department of Human Services in addressing concerns related to permanency issues and the development of new policies, such as guardianship programs for kinship caregivers. States with similar demographics who have not had to address legal issues related to kinship care and permanency can utilize the information to avoid similar allegations.

Strengths and Limitations

This study is a contribution to current research in that it provides information regarding outcomes of children in state custody in a Southern state. Previous studies have primarily focused on areas in the North or Midwest. The findings of this study can be utilized by other Southern states and assist them in developing policy and practice procedures for kinship care. An additional strength of the study was the availability of data from a state agency. Because of confidentiality restraints, accessing state agency data is often limited. This places a constraint on objective analysis of their data as well as limiting the generalization of findings to other states with similar demographics. This research provides the agency with statistically sound information that can be utilized to improve services to children in its care. It also can be informative to other states to inform child welfare policy and practice procedures. An advantage of utilizing secondary data is that it provided a large representative sample of children in kinship and nonkinship care spanning over a 3-year period. This allowed for analysis of trends and comparisons of outcomes across the 3 years and generalization to other populations. However, the use of secondary data also limited the utility of study findings. The original purpose of data gathering was not the same as the purpose of this study, thereby limiting the researcher's inquiry. There were also no narrative or qualitative data available that gave explanations to quantitative data included in the research. The findings cannot be generalized to all children in public kinship care due to the variability in state policies, such as licensure requirements or payment subsidies.

Although the findings of the study can be generalized to states with similar demographics, the generalizability is also limited due to the population studied. The findings of this study might differ from those of more urban states whose population might also be more ethnically diverse.

Future Research

The findings of this research have given insight into questions regarding kinship care; however, there are more areas that need to be addressed. This research focused on the specific outcomes of reunification with parent(s), adoption, and emancipation. Although there existed a higher rate of adoption for children in kinship care than nonkinship care, adoption as a permanency outcome accounted for a very small percentage of the whole sample. Questions regarding the lack of adoption placements are generated from this finding. Such information would be beneficial as issues related to permanency are addressed.

Additional research addressing placement stability is also needed. The findings revealed that the majority of all children in care, kinship and nonkinship, had an average of three placement changes. Further study is needed to explore ways to decrease the number of moves children experience, regardless of placement type. This study also revealed that children in kinship care had shorter lengths of stay and were less likely to emancipate than children in nonkinship care. These findings are inconsistent with those of similar studies in other states. This leads to questions regarding possible discrepancies in support services provided to kinship versus nonkinship families. Future research could give explanations and guidance to any needed policy revisions. This study also revealed that children in kinship care experienced fewer placement settings than children in nonkinship care. Future research could analyze these findings, isolating demographic variables for analyses to determine if children with specific characteristics, that is, age, race, or sex, might remain longer than children of other age, race or sex characteristics.

Analyses addressing the association between demographics and placement outcomes revealed statistical significance. These findings lead to questions regarding the demographics of

the caregivers and their association with placement outcomes of the children in their care. Demographics such as age, race, and sex of caregiver could influence the outcome of the placement setting. To date, no such data is coded for analyses in the DHS data system. The effects of demographics on outcome might also be further examined through regression analysis. Regression analysis would allow for the examination of the effect of all the demographics variables together on the outcome. Additionally, ANCOVA analysis might be conducted to examine if holding one demographic variable constant, such as age, would have a significant effect on outcome variables.

Finally, this study revealed that Mississippi's Department of Children and Family Services' utilization of kinship care has decreased across the 3 years of study, with a dramatic 62% decrease in 2008. The positive outcomes associated with kinship care as revealed in this study raise question as to the decrease. There was also a trend that revealed a decrease in the rate of reunification during the studied time period. Further inquiry relative to the causes of these decreases and their impact on placement outcomes needs to be conducted. If decreased utilization of kinship care continues due to a reaction in policy revisions, future research might inquire what alternative type placements will increase. Deductive reasoning would suggest there will be an increase in the utilization of traditional foster care because licensure restrictions prevent now the child from being placed with relatives. Future research could inquire if there is indeed an increased utilization in traditional foster care and, if so, are the children being placed with traditional foster homes that fulfill federal mandate of the Indian Child Welfare Act of 1978 (P.L. 95-608) which emphasized the importance of recognizing values and culture of children when placing them in foster care.

Conclusion

The goals of this study, which were to provide descriptive analyses and to examine placement outcomes associated with placement setting and child demographics, were met. The hypotheses proposed were tested and the data analyzed. As the findings of this study have indicated, children in kinship care were provided placement stability with fewer placement disruptions. There were also shorter lengths of stay and high rates of reunification with parents for children in kinship care. However, the rate of utilization of kinship care decreased significantly over the 3 years studied. As Mississippi Department of Family and Children's Services revises policy regarding kinship and nonkinship care placements, they are challenged with complying with federal regulations while providing best placement choice for the child. Many families are willing to care for relative children, but they may need additional support and services to meet new standards as set forth by agency policy. Workers are also challenged with limited placement options when kinship caregivers are not able to provide care. These challenges are neither unique nor new, but they continue to be inadequately addressed.

Mississippi faces many of the same issues as other states relative to foster care. These findings can help to inform policy and practice decisions that address the needs of children in care of the State. Mississippi can utilize this opportunity to learn from this data as well as other states and revise their practices to best meet the needs of children in both kinship and nonkinship care.

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APPENDIX A

SUMMARY OF HYPOTHESES AND FINDINGS

H ₁ : Children in kinship care experience less frequent placement disruptions than children in nonkinship care.	Supported
H ₂ : Children in kinship care remain in care longer than children in nonkinship care.	Not Supported
H ₃ : There are lower rates of parental reconciliation for children in kinship care than among children in nonkinship care.	Not Supported
H ₄ : There is a lower rate of adoption for children in kinship care than children in nonkinship care.	Supported
H ₅ : There is a higher rate of “aging out” for children in kinship care compared to children in nonkinship care.	Not Supported
H _{6a} : Children ages younger than 5 years are more likely to be adopted than children ages 5-18.	Not Supported
H _{6b} : Children ages 5-18 years are more likely to reunify with their parents than children younger than 5 years.	Not Supported
H _{7a} : African American children will be more likely to remain in kinship care longer than children of other ethnicities.	Supported
H _{7b} : African American children will be more likely to reunify with their parents than children of other ethnicities.	Not Supported
H _{7c} : Across the two groups African American children will be less likely to be adopted.	Not Supported
H ₈ : Sex of the child is related across the two groups of kinship and nonkinship care.	Supported

APPENDIX B

CODES AND THEIR VALUES

Variables	Values
Report Year	None
Report Period Date	None
FC04ChildID	None
FC05Most Current Periodic Review	None
FC06DOB	None
FC07Sex	1 = Male; 2 = Female
American Indian or Alaskan Native	0 = No; 1 = Yes
Asian	0 = No; 1 = Yes
Black or African American	0 = No; 1 = Yes
Native Hawaiian or Other Pacific Islander	0 = No; 1 = Yes
White	0 = No; 1 = Yes
Race Combined: calculated field based on race adding a 2+ category	1 = American Indian/Alaska Native, 2 = Asian, 3 = Black, 4 = Native Hawaiian, 5 = White, 6 = 2 or more races, 7 = unable to determine
FC16Ever Adopted	0 = No; 1 = Yes
FC17Age at Adoption	0 = N/A, 1 = <2, 2 = 2-5, 3 = 6-12, 4 = >13, 5 = unable to determine
FC18DateofFirstRemovalfromHome	None
FC19TotalNumberofRemovalsfromHome	None
FC20DatedischargedfromlastFosterCareEpisode	None
FC21DateoflatestRemovalfromHome	None
FC23DateofPlacementinCurrentSetting	None
FC24NumberofPreviousPlacmeentSettingsduringthisEpisode	None
FC41PlacementSetting	1 = pre-adoptive home 2 = kinship 3 = Nonkinship

	4 = group home
	5 = institution
	6 = IL
	7 = runaway
FC43Case Plan Goal	1 = Reunify
	2 = live with other relatives
	3 = adoption
	4 = long term foster care
	5 = emancipation
	6 = guardianship
FC56Date of Discharge from Foster Care	None
FC58Reason for discharge	0 = NA
	1 = reunify with parents
	2 = living with other relatives
	3 = adoption
	4 = emancipation
	5 = guardianship
	6 = transfer to other agency
	7 = runaway
	8 = death of child
Age at Placement in years: Calculated field based on date of first removal and DOB	None
Length of Time in Care: Calculated field based on date of first removal from home and date of discharge	None

