

Factors Leading to Premature Terminations of Kinship Care Placements

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Executive Summary

Introduction

The study examined various types of kinship care placement outcomes by assessing the characteristics of kin caregivers and their dependent children, types of social services received, and relationships with social workers. In so doing, factors leading to premature termination of these placements were also examined. Kinship placements have several types of outcomes. Dependent children may stay with their kin until reunified with their parents or until the age of majority if reunification efforts fail. However, sometimes kinship care arrangements do not “work” for the kin care provider and/or the dependent child and the kin care placement may be terminated prematurely. In this study, four placement outcome groups were examined: 1) children already reunified with birth parents (reunification group); 2) children moving toward reunification (reunification in progress group); 3) children who continue to be placed with kin (continued kinship placement group) after reunification efforts have failed; 4) children whose kin care placements were discontinued prematurely and who were subsequently placed with non-relatives (discontinued kinship placement group).

Kinship foster care is the fastest growing type of substitute care supported by the child welfare system (Glesson, 1995). It was estimated that the number of dependent children in out-of-home care in 2003 was about 523,300 with 23% of these children living in a kinship foster placement (U.S. Dept. of Health and Human Services, 2005). In California, kinship foster care placement accounted for 48% of all out-of-home placements in 1998 and was the most common type of out-of-home placement (U.S. Dept. of Health and Human Services, 2000). For the county of San Bernardino, California, kin care placements constituted 35% of the total 5051 out-of-home placements in 2004 (San Bernardino County Human Services, 2005).

Few studies have been conducted to assess the premature terminations of kinship care or the general outcomes of kinship care in terms of variables related to the goals of the child welfare system such as permanency, children’s well-being, or family reunification. Thus, it’s largely unknown whether and how kinship care placement produces better outcomes than non-kinship care placements. Furthermore, as seen in California, as kin care placements have

become a dominant type of out-of-home placements, it has become critical to determine what factors influence the success or failure of a kinship foster placement (Berrick, Barth, & Needell, 1995). This study attempted to fill some of the gaps in these areas by interviewing kin care providers in two very large and diverse California counties and by interviewing four groups of child welfare workers who make relative placements.

Methods

Data were collected through face-to-face interviews with a total of 130 kin caregivers from May 2004 through October 2005. Participants in this study were randomly selected from lists of kin foster caregivers whose dependent children were first placed with them during the periods of July 2002 through December 2002. These lists of kin caregivers were obtained from San Bernardino and Riverside Child Protective Services (CPS) agencies. The final sample is composed of 31 caregivers from the reunified group, 30 caregivers from the reunification in progress group, 40 caregivers from the continued placement group, and 29 caregivers from the discontinued group.

Interview questions were developed to assess kin caregiver characteristics, dependent children's characteristics, social services utilization patterns, caregivers' perceptions of factors leading to their placement outcome, types of services care providers and children received from Child Protective Services and other social service agencies, kin caregivers' relationships with birth parent(s), and the quality of the dependent children's relationships with birth parent(s) while in placement. Four focus groups with child welfare workers were conducted in an effort to explore their perceptions about why relative placements "work" or don't work.

Quantitative data collected were entered into the SPSS. Descriptive statistics including frequency distribution, measures of central tendency (e.g., mean, median), and measures of dispersion (e.g., standard deviation) were used to describe the characteristics of the variables. Inferential statistics such as Chi-square tests were used to assess the relationships of variables of interest as appropriate. Qualitative data analysis was conducted using various qualitative data analysis techniques.

Findings

Demographic characteristics of the kin caregivers appear to be similar across the four placement outcome groups. Caregivers in the sample are predominantly female (93%) since the majority of the caregivers are either grandmothers or aunts to their dependent children. It is interesting to note that male caregivers were overrepresented in the discontinued group compared to the other three groups. The ethnicity of the kin caregivers in the study are diverse with whites constituting the largest percentage (34%), followed by Hispanic/Latinos (28%), and African Americans (25%).

Caregivers from the discontinued group tend to be younger since over 70% of them were younger than 50 years old, while caregivers from the continued placement group tend to be older. Interestingly, caregivers from the continued group (58%) and from the reunification in progress group (53%) are likely to be grandmothers to their dependent children, while caregivers from the discontinued group (62%) and reunified group (57%) tend to be aunts or great aunts to their dependent children. It appears that children who are placed in a grandmother's care are likely or able to stay longer than those who were placed in an aunt's or great aunt's care.

There were no significant differences in terms of marital status, income, education, or employment status among caregivers from the four outcome groups. Again, there were no statistically significant differences in caregivers' use of alcohol, self-reported health status, or the presence of specific health problems that would limit their ability to care for their dependent children. Although caregivers from the discontinued group are less likely to be satisfied with their lives compared to those from the rest three outcome groups, the finding was not statistically significant.

There were a total of 291 children in the sample. Of these children, 75 have already reunified with their birth parents (group 1), 65 are currently placed in kinship care with reunification pending (group 2), 90 are currently placed in kinship care after reunification efforts failed (group 3), and 61 are placed in non-kinship foster care or in group homes after the failure of placement with the current kin caregiver (group 4). Gender of the children was almost evenly distributed with 49% female and 51% male in the study. The age of the dependent children ranged from one year to 21 years with an average of 8.6 years (SD=5.3 years). The dependent children in this sample are ethnically diverse with Hispanic/Latino being the most common ethnic group (27%), followed by African American (24%), and "mixed" (22%) children.

Distinct profiles of each placement outcome group are emerged from the data set. Caregivers from the reunified group are more likely to be either white (36%) or African American (32%), younger, aunts or great aunts to their dependent children. Caregivers from this group are more likely to have positive relationships and frequent contacts with their children prior to placement and are likely to have had positive relationships and frequent contacts with their birth parents during placement. Dependent children from this group are more likely to be African American (34%), white (25%), or mixed (20%), younger, and healthy. They are less likely than the discontinued group to have gotten into trouble either at school or home than or special needs.

Caregivers from the reunification in progress group are more likely to be Hispanic/Latino, younger, grandmothers (54%) or aunts (39%) to their dependent children. More caregivers from this group are reported to have lower incomes (35% reported to make less than \$1,500 per month) and unemployed (36%) compared to those from the other outcome groups. Caregivers from the group are more likely to have frequent contact with birth parents during placement. Furthermore, prior to placement, caregivers from the group are more likely to have had positive relationships and to have had more frequent contacts with their dependent children. Children from the reunification in progress group are likely to be younger, healthier, and Hispanic/Latino (46%). Children from this group were less likely than the discontinued group to have gotten into trouble either at school or home.

Caregivers from the continued placement group are more likely to be older, grandmothers (58%) or aunts (28%), and white (38%) or African American (28%). More children from this group are likely to be mixed (26%) or African American (22%) and older compared to those from the other groups. Children from this group are less likely than the discontinued group to have gotten into trouble either at school or home and to have special needs. Caregivers from the group are more likely to have had positive relationships with their children's birth mothers, but to have had poorer or no relationships with birth fathers. Caregivers from the group are more likely to have had positive and more frequent contacts with their dependent children prior to placement. Caregivers from the group also were less likely to receives services and support from child protective services or other social services agencies.

The profile of the caregivers from the discontinued group appears to be quite different than the other outcome groups. Caregivers from this group are more likely to be younger, aunts or great aunts to the dependent child, and to be less satisfied with their lives. Children from this group are more likely to be older and less healthy than children from the other groups. They are also more likely to have gotten into trouble at school or home and to have special needs. Compared to caregivers from other outcome groups, caregivers from the group are less likely to have had positive relationships with their dependent children and frequent contacts with their dependent children prior to placement. Furthermore, caregivers from the group are less likely to have had positive relationships with and frequent contacts with birth parents during placement. In addition, caregivers in this group received less services or support from child protective services or other agencies.

Discussion

Findings of the study indicate that certain dependent children's characteristics such as health status, age, or getting into trouble at home or school, were found to be significantly associated with premature terminations of placements. Children with such characteristics are likely to need more services and support from child protective services and other agencies due to their health and mental health issues. However, caregivers from the discontinued group reported to have received significantly less services in childcare, respite care, school expenses, training, or therapy than the other placement outcome groups. Furthermore, caregivers from this group also reported to have had less frequent contact with their social workers.

Caregivers in the continued placement group are another group who tended to receive less support and services from the Child Protective Services or any other sources when compared to the other outcome groups. Despite both caregivers' and their dependent children's potential needs for support and services resulting from their long-term placements, the reasons why they received fewer services are not clear. It is possible that kin caregivers in the group have fewer expectations of receiving services or are less willing to receive services. It might also be that child welfare services workers believe that families in this group need fewer services.

The caregivers' frequency of contact with birth parents appears to be a contributing factor associated with differential placement outcomes. Obviously, caregivers from the continued and discontinued group are less likely to have had frequent contacts with their dependent children's birth parents, particularly with birth fathers compared to those from the reunified and reunification in progress groups during the placement.

The pattern of caregivers' relationships with birth parents is rather different from that of the frequency of contact with birth parents. As expected, caregivers from the continued and discontinued groups tended to have poorer relationships with the dependent children's birth fathers when compared with the reunified and reunification in progress groups. However, more caregivers from the continued placement group tended to have positive relationships with the children's birth mothers than those from other outcome groups. Although kin caregivers from this group might not have had frequent contacts with their dependent children's birth mothers (mostly their daughter or daughter-in-law), they might have had relatively good relationships with them.

The findings of the study reveal that caregivers from the discontinued group are likely to have less positive relationship and less frequent contact with their dependent children prior to placement as when compared to those from the other three outcome groups. This suggests that the caregiver's quality and frequency of contact with their dependent children prior to placement

can be a factor associated with the discontinued placement outcome. This also signifies a critical need for public child welfare workers to assess potential kin caregivers' attachment to and quality of attachment with their potential dependent children before placement decisions are made.

The findings of this study that clearly stand out are that the kinship care providers in the discontinued placement group are more likely to be aunts or great aunts than the other groups and report:

- less contact with child welfare workers
- fewer discussions of services plans between themselves and child welfare workers
- caring for children who are getting into "trouble" more often at home and/or school than the children in the other groups
- expressing more of a need for "foster" parenting or kinship care training

Some of these findings were consistent with the discussions that occurred in the focus groups. Several child welfare workers reported not having time to do "social work" with these families and not being able to spend the "two or three hours" it would take to do real problem and being forced to essentially tell some kin care providers to just "deal with it." Other child welfare workers also mentioned the need for training kin care providers and how they do not get the training often provided to foster or adoptive parents. Although the child welfare workers did acknowledge that there were kin care providers other than grandmothers or grandparents they did not particularly name or talk about the sub-group of aunts or great aunts mentioned above.

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