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Kinship Care vs. Foster Care: Comparing Outcomes of Placements

During the past 15 years, child welfare professionals have witnessed a rapid increase in the number of children placed with relatives. According to the most recent estimate from the Adoption and Foster Care Analysis and Reporting System (AFCARS), there were 513,000 children in out-of-home placements as of September 2005 with 124,153 living with kin. The primary influences on the growth of this placement option include a persistent shortage of foster care homes and a shift in federal policy toward treating kin as appropriate caregivers with all of the legal rights and responsibilities of foster parents.

The perceived benefits are that kinship care reduces the trauma children may experience when they are placed with persons who are initially unknown to them, and reinforces children's sense of identity and self-esteem which flows from their family history and culture.

For the participating counties in our study (12 of 64 counties in Colorado), kinship care is strongly valued as an out-of-home placement option because they believe children are best served in the least restrictive environment and with family whenever possible. Each county takes the approach that kinship care helps to maintain family relationships and cultural ties while providing children with the opportunity for permanency, safety, wellbeing, and stability. However, these child welfare agencies sought to test these assumptions using data-driven evidence on the outcomes for children placed with kin.

After controlling for demographic and placement characteristics, children in kinship care in Colorado experienced as

good or better outcomes than did children in foster care. Specifically, children in foster care were four times more likely to still be in placement, 10 times more likely to have a new allegation of institutional abuse or neglect, and six times more likely to be involved with the juvenile justice system. Children in kinship care had significantly fewer placements and were seven times more likely to be in guardianship, whereas children in foster care were two times more likely to be reunified with their biological parents.



We believe these results yield important implications. State and county departments of social services should initiate a dialogue with caseworkers, social workers, and caregivers regarding the possible interpretations and applications of the


findings. As for policy implications, lawmakers should enact legislation that solidifies kinship care as a viable out-of-home placement option. Legislators could identify what level of funding support is necessary for optimal kin placements. Foster care should continue to be an essential option, as children in these placements also experience positive outcomes and appropriate kin placements are not always available.

Child welfare professionals also should develop strategies that increase kinship caregiver access to resources for themselves and the children in their care. One possible explanation for the higher use of services by children in foster care may be a greater willingness and/or knowledge of social services by foster parents. However, child welfare professionals must pursue a balance between the independence that some kin caregivers seek and the potential benefits of receiving therapeutic services.



Excerpted from "Matched Comparison of Children in Kinship Care and Foster Care on Child Welfare Outcomes" by Marc A. Winokur, Graig A. Crawford, Ralph C. Longobardi, & Deborah P. Valentine. *Families In Society* © 2008. To read the complete article, log in to www.FamiliesInSociety.org.

Related Articles for Further Reading(Available at www.FamiliesInSociety.org)

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Shaping Our Inquiries Into Foster and Kinship Care (1997)

Implementing Reunification Services (1991)

Family-Centered Practice with Foster-Parent Families (1996)

Children on the Move: Placement Patterns in Children's Protective Services (1995)

Placement Stability: Enhancing Quality of Life for Children With Developmental Disabilities (2006)

Foster Parents' Attitudes Toward Birth Parents and Caseworkers: Implications for Visitations (1997)

Maintaining Attachment Relationships Among Children in Foster Care (1994)

Family Functioning in Foster Care (1997)

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The Prediction of Successful Foster Placement (1983)

Using African-Centered Principles in Family-Preservation Services (1997)

Keeping Them Home: Aboriginal Out-of-Home Care in Australia (2006)

**Policy Focus****Using Mediation to Achieve Permanency for Children and Families (2003;  CE course 100739)**

Achieving permanency in the living situations of children has received increasing emphasis in the past few years, and the authors of this article describe the workings and outcomes of a child welfare mediation program. The program they describe sought to involve families in the decision-making so that prolonged foster care could be avoided. The results of the program are identified and case studies illustrate the program's workings. Such information can be useful to other agencies and professionals attempting to bring some stability into the lives of children.

When Family Reunification Works: Data-Mining Foster Care Records (2004;  CE course 100767)

Concurrent permanency planning policy mandates heighten the need to evaluate effective family reunification practices. This study examines family reunification outcomes for those mandated into care for neglect, domestic violence, or substance abuse. Identified are family characteristics and strength-based casework practices from examination of the foster care reunification process. Three casework practices emerge: 1) the worker's active support of resiliency in family attachment; 2) the worker's attention to the resolution of placement separation anxiety and family reunification ambivalence, and 3) the worker's attention to intergenerational family patterns.

Service Needs of Relative Care-givers: A Qualitative Analysis (1997)

Most child welfare agencies do not provide adequate services to relative caregivers. Results of a needs analysis indicated that relatives needed tangible items like beds, food, and clothing in the initial stages of placement. Ongoing needs included information regarding case progress and system procedures, respite, day care, and counseling for the child. The relatives recommended developing a kinship advisory council to assist the agency in policymaking and a respite program for relative caregivers.

Practice Focus**Building Secure Relationships: Attachment in Kin and Unrelated Foster Caregiver-Infant Relationships (2006)**

A secure attachment is a universal need of children that can be very difficult for them to obtain when being moved in and out of homes. This study of attachment shows the positive finding that the majority of infants were able to develop secure attachments with their primary caretaker, whether non-relative foster parent or kinship carer. Given that high numbers of infants enter child placement and that both sets of caregivers face challenges of resources and/or child needs, the need for supports and training for both groups is evident.

Kinship Care and Foster Care: A Comparison of Characteristics and Outcomes (1997)

The increase in children entering foster care includes a substantial proportion in formal kinship care. The authors present a review of previous research and report on a study that examined differences and similarities between kinship and traditional foster care. This study supports many earlier conclusions concerning kinship care, such as children remain in care longer, caregivers are primarily African American, and services provided by kin are less extensive than those provided by traditional foster parents.

Facing Time Limits and Kinship Placements (2004)

The need for TANF and child welfare systems to collaborate to meet the service needs of relative foster care families comes into focus and reveals that children from welfare families with more months counted toward their state's time limits are not more likely to be placed with relatives than their counterparts. The findings also show that children from African American families, from large families, or from families receiving cash during removal are more likely to be placed with relatives. Caseworker training as well as practice and policy procedures are needed for those in the TANF and child welfare systems to better serve relative foster care families.

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Kinship Ties as a Resource of Social Capital

The dramatic growth of kinship care placements since the late 1980s has drawn attention from academics and practitioners, sparking heated debate on the superiority of kinship foster care to non-kinship foster care. As a result, a significant body of research on kinship care has accumulated over two decades.

The primary practice assumptions made by advocates for kinship care is that it helps children ease the pain of losing birth parents because it offers social relationships of extended kin networks and familial and cultural continuity. In addition, biological ties and established bonds between kin caregivers and children are expected to increase caregivers' commitment. These assumed advantages of kinship care could be conceptualized as a resource of social capital.

Social capital can be defined as social relationships, psychological bonds, solidarity, or feeling of closeness. Like human capital (e.g., knowledge and skills) and physical capital (e.g., tools or equipment), social capital is a resource that individuals can use to gain advantages and to obtain profits. Social capital is reliant on the structure of relationships between and among actors. Human capital is generated by changing what is in people's heads, such as capability and skills, but social capital is generated by changing relations among people. Accordingly, to possess social capital, a person must be related to others, and it is those others, not himself or herself, who are the actual source of his or her advantage.

This idea of social capital is often compared to developmental psychologist Bronfenbrenner's idea of a social network. Identifying obligations, expectations, and trustworthiness as potent types of social capital, it is argued that individuals connected with dense social networks are more likely to hoard social capital. What, then, does empirical evidence tell us about these theoretical conjectures?

We must turn to anthropological studies of African American families, rather than studies in child welfare, for documentation

of the social relationships in kin networks and their implications for children's lives. The prevalence of African American children in kinship care (13.5% taken care of by grandparents or other relatives) is closely related to an African American tradition of extended family structure and dense kin networks. The phrase "kinship care" was actually influenced by the anthropological work by Carol Stack in 1974, who reported extensive supporting networks within African American extended families. Such kinship networks can be described as complex exchange systems displaying a collective adaptation to urban poverty. Participants in



this kind of exchange relationship are relatives and close friends who are defined as kin, who share a sense of obligation to and reliance on one another. Crucially, a domestic network that provides food, shelter, clothing, and, most importantly, childcare demonstrates localized

coalition, collective power, and stability of family life. Anthropological studies have also observed that the mutual aid systems operating within extended family networks respond to dependent family members who become homeless, sick, or unemployed, often by providing them residency. This family support, called an "absorption mechanism," also benefits children by preventing family disruption.

African American extended family networks also provide children with protection from abuse and neglect from their birth parents. Due to strong kin bonds and high values placed upon children, relatives are often willing or feel obligated to step in when children are found to be victims of maltreatment. There are often relatives who are willing to take the trouble of dealing with the child welfare system in order to seek custody of the maltreated relative children.

However, there are concerns that the bonds and mutual reliance among African American kin are increasingly weakening because of urbanization, AIDS and drug epidemics, and cutbacks in social services.

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Incarcerated Parents & Their Children

Exploring the Experiences of Addicted Incarcerated Parents Whose Children Are Cared for by Relatives (2004; CE course 100735)

When Moms Are Incarcerated: The Needs of Children, Mothers, and Caregivers (2000)

"Just Like Baking a Cake": Women Describe the Necessary Ingredients for Successful Reentry After Incarceration (2001)

Grandparents Raising Grandchildren

Grandparent-Headed Families: Needs and Implications for Social Work Interventions and Advocacy (2007)

Designing Interventions for Grandparent Caregivers: An Ecological Perspective for Practice (2003)

African American Grandmothers as Caregivers: Answering the Call to Help Their Grandchildren (2002)

Grandparents Raising Grandchildren in the Inner City (1997)

Mexican American Grandparents Raising Grandchildren: Findings from the Census 2000 American (2007)

Challenges of Grandparent Custody of Children at Risk in New Zealand (2006)

Multigenerational Patterns and Internal Structures in Families: Grandparents Raise Grandchildren (1998)

Grandmothers and Coresident Grandchildren (1999)



Excerpted from "Theoretical Perspectives for Child Welfare Practice on Kinship Foster Care Families" by Hyunah Kang. *Families in Society* © 2007.

Supporting Grandparents: Education of Special Needs Children

Caregivers have indicated that there is hope and faith in the education of their children. Despite the difficulties associated with raising children in kinship care, the value of education in these arrangements continues to be a high priority. Educational services should take advantage of family strengths and values and utilize them to maximize educational opportunities to meet the needs of children. If kinship caregivers and their children cannot develop a comfortable fit between them and the school system, there will be a struggle on both ends.

Greater sharing of information is warranted regarding school processes like psycho-educational evaluations, IEP meetings, and parent-teacher conferences to ensure that certain educational expectations and behaviors are being reinforced on a consistent basis in the home and school. [Grand]parents could also use the assistance of educational advocates for ensuring that school systems meet the needs of students requiring a multitude of services.

A good educational program would incorporate outreach services to parents and students on a variety of topics like mentoring, tutoring, and parenting classes about working with school systems to meet the needs of children in regular and special education programs. Special consideration should be given to help these caregivers understand the Americans with Disabilities Act as it pertains to the educational needs of children with learning disabilities. Since children take their home problems to school, services should also attempt to address some of the problematic family situations, like finances and medical assistance, by seeking to connect families with these resources in the community. The home environment does have an impact on children's ability to function academically in the classroom, and what happens in the classroom—especially their academics and social relationships at school—affects children's interactions at home.

Excerpted from "Education and Kinship Caregivers: Creating a New Vision" by Claudia Lawrence-Webb, Joshua N. Okundaye, & Gayle Hafner. *Families in Society* © 2003.

Views on Quality Care in Kinship Homes

The perspectives of kinship stakeholders—kinship caregivers, children living with relatives, and caseworkers of children in kinship placements—reflect some areas of agreement with existing standards for assessing and evaluating the quality of kinship homes, such as the importance of the relationship between the child and relative, and the caregiver's ability to meet the child's developmental needs.

In keeping with the overarching goals of child welfare intervention, caseworkers tend to focus on child safety and permanency issues in placement decisions. Caregivers, however, focus on the ability to provide children with love and moral and spiritual guidance. Along these lines, caregivers viewed school performance, appropriate behavior, and happiness as important outcomes of kinship care while the main outcome of consideration for caseworkers was the child's permanency status. These differences in perspective are important reminders of the responsibilities that families see for themselves, even when workers may not focus on accountability in these areas. Current assessment standards can be enhanced by including the caregiver's expectations for the placement, thereby enhancing the caseworker's ability to assist the family in meeting the caregiver's goals as well as the goals of the case plan.

The caregiver's ability to meet the child's needs certainly relates to the caregiver's age and health status, considerations present in existing standards for kinship foster family assessment. Participants generally agreed that age should not be a factor in caregiver selection, but that their physical and mental health should be considered relative to the child's needs and capacity for self-care. In relation to the caregiver's ability to provide physical care, some participants, including children, also expressed preferences for employed and financially stable caregivers. Though not explicit in existing standards, the caregiver's financial ability to meet the child's needs, and whether that ability could be enhanced through available funding, should be made part of any assessment prior to placement.

Perspectives also reflect consensus on the need for caregivers to be able to protect the child from the parent and from negative dynamics in and around the family home such as criminal activity, child maltreatment, do-

mestic violence, and substance abuse. Existing standards address the presence of substance abuse but appear to limit the assessment to the kinship home. Here, caseworkers extended to the caregiver's ability to handle the substance abusing biological parent. Will the caregiver be able to set boundaries? Can the caregiver provide adequate protection when the parent is using substances? Case-workers and caregivers also expressed concern about the caregivers' representation of the biological parent to the child. Does the caregiver have the skills to preserve a relationship between a substance abusing parent and child? If not, how can they be assisted?

Another dimension of the caregiver's ability to protect the child involves the safety of the



caregiver's neighborhood. Children in kinship care in related studies were more frequently exposed to violence in their neighborhoods when compared to children in nonkinship care. Several caseworkers believed that kinship homes should protect children from hazards in the physical environment in and around the home. This construct is absent from current standards and should be given consideration in the context of other criteria.

Another safety concern relates to the caregiver's approach to discipline. Previous research has suggested that kin caregivers are more likely to hold favorable views of physical punishment. Assessment of their attitudes toward physical discipline and knowledge of alternative techniques can indicate early on whether they will need assistance in employing appropriate discipline *before* problems surface that may require the child's removal. Interpretations of abusive and nonabusive behaviors may further relate to the caregiver's beliefs about the validity of allegations made against the child's parent and/or the caregiver's beliefs about the child's exposure to danger prior to placement. An existing standard related to this construct concerns the possibility that family members will pressure a child to recant allegations of abuse. This construct may be supported by the caregiver's beliefs about abusive behaviors and/or the allegations made, though other factors may also play a role.



Excerpted from "The Meaning of Quality in Kinship Foster Care: Caregiver, Child, and Worker Perspectives" by Robert Chipman, Susan J. Wells, & Michelle A. Johnson. *Families in Society* © 2002.

Assessing Permanence: Kinship Care Principles

Practice strategies that support kinship care, including adoption, should flow logically from philosophy and policy, but they can still be challenging to develop and implement. There are two important points to consider. First, practitioners need to assess the best permanency option for children. Not all children in kinship care can or should be adopted, and other permanency options are available. Second, providing services to kinship caregivers and children should be determined by the specific needs of the family. Kin providers come from a variety of backgrounds and possess different strengths and weaknesses, as do the children in their home, and resources and services should be designed to address this. We discuss lessons learned from the Kinship Adoption Project (KAP) in Cuyahoga County, Ohio, including barriers and permanence of kinship care, needed shifts in philosophy and policies, and practice strategies to promote permanence in kinship homes. Achieving successful outcomes for children in kinship care requires child welfare policy makers, administrators, and practitioners to make philosophical shifts, policy changes, and practice efforts that support kin caregivers and children.

Assessing the best permanency option for children in kinship care requires workers to be knowledgeable about the options, the criteria required to be met under each option, and the resources available within the system to provide for each option. There are three primary options to consider when formalizing permanence for children in kinship care. They include **legal custody**, **legal guardianship**, and **adoption**. Although licensing kinship providers as foster parents may provide caregivers with much needed financial assistance and social service support, foster care is not a permanent option for children.

In some cases in which kin caregivers come forward to be a placement resource for a child, they assume legal guardianship or legal custody of the child. Each state has laws that dictate how these legal statuses are achieved and maintained. In Ohio, where KAP took place, legal guardianship is granted by a probate court. It is a voluntary process. Guardianship is maintained until otherwise ordered by the court. Caregivers who opt for legal custody are expected to maintain children in their care until they reach independence or until there is a change in the court's order. With legal custody, parental consent is acceptable but not required. Finally, adoption also requires court intervention, first for a termination of parental rights (either with or without parental agreement) and then for the adoption. Under this option, the kinship caregiver legally becomes the parent.

Guiding kin toward legal custody or guardianship has advantages and disadvantages. First, compared with completing a foster care or adoptive home study assessment, the length of time involved in gaining legal custody or guardianship is minimal. Also, some kin families may not meet the additional criteria required by agencies to become an adoptive parent. For example, as noted earlier, some kin families have a history of difficulties, including past involvement with child protective services. Although they may have changed their lifestyle, past issues may preclude them from becoming approved for adoption. Also, as one study confirmed, some kinship caregivers are concerned about the impact of adoption on the birthparents and the role confusion this creates for children. Thus, they choose an alternative better suited to their specific situation.

On the other hand, taking legal custody or guardianship of a child causes many kinship families to lose financial support, including foster

care stipends or potential adoption subsidies. In many cases, kinship providers are only able to apply for much lower financial assistance for children in their care. In addition, they may lose access to case management services that could help them access financial and other concrete resources as needed.

Knowing about the advantages and disadvantages of legal custody, guardianship, and adoption as soon as possible helped kin caregivers make better informed choices earlier so that children could move to permanency sooner. Practitioners did express concern that if families were given the decision-making power, the majority would opt to foster children (a temporary care plan) and overwhelm an already overburdened system. The licensing process for foster and adoptive families requires time and resources, and, as noted, there are criteria that families must meet in order to be licensed. Some kin families are excluded because they fail to meet the criteria. This is unknown sometimes until families begin the licensing process, and agency time and resources are already invested in the process. As staff began telling families about all of the options, some chose to take legal custody. In fact, one family that was already in the process of completing an adoptive home study decided instead to request legal custody to avoid the intrusiveness and complexity of the adoption process. Other kin caregivers opted for legal custody because they had other legal barriers to adoption.

All of these permanency options require an early comprehensive assessment of the kinship family to first determine whether the family is a viable permanency option and then to determine which permanency alternative is best suited to meet the child's and family's needs. The assessment should comprise the caregivers' ability to provide a safe, stable, and nurturing environment; their ability to meet the child's basic and special needs short term and long term; and their willingness to access community services to assist them in managing the child's care. Beyond the family assessment and prior to making a permanency decision, practitioners should assess the financial and social service resources available, as they could vary widely.



Excerpted from "Kinship Care and Permanence: Guiding Principles for Policy and Practice" by Tami W. Lorkovich, Trista Piccola, Victor Groza, Merri E. Brindo, & Jonnie Marks. *Families in Society* © 2004 (CE course 100739).

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