

# Matched Comparison of Children in Kinship Care and Foster Care on Child Welfare Outcomes

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## ABSTRACT

The documented growth of kinship care has boldly thrust this topic into the forefront of child welfare practice. This study compares the permanency, safety, and stability outcomes for a matched group of children placed in kinship care and foster care. After controlling for demographic and placement characteristics, children in kinship care had significantly fewer placements than did children in foster care, and they were less likely to still be in care, have a new allegation of institutional abuse or neglect, be involved with the juvenile justice system, and achieve reunification. These findings call for a greater commitment by child welfare professionals, policy makers, and researchers to make kinship care a viable out-of-home placement option for children and families.

Each year, a large number of children in the United States are removed from their homes by child welfare agencies because of allegations of maltreatment. The main removal reasons are chronic neglect; physical, sexual, and psychological abuse; abandonment; threats of harm; and drug addiction (U.S. Department of Health and Human Services [HHS], 2006a). These agencies are accountable for the safety, permanency, and well-being of children in their custody and are responsible for finding appropriate placements that will facilitate these outcomes. If allegations are founded, children removed from the home are placed in out-of-home care settings such as family foster or kinship homes, residential treatment centers, group homes, or other institutional milieus. Children in out-of-home care typically display more educational, behavioral, physical, and psychological deficits than do their peers (Gleeson, 1999). Furthermore, these children are at risk for lingering in or aging out of the child wel-

fare system, which often results in poor adult outcomes (Zuravin, Benedict, & Stallings, 1999). However, it is inconclusive whether these negative outcomes arise from the placement itself, the maltreatment that precipitated the placement, or overall inadequacies in the system.

During the past 15 years, child welfare professionals have witnessed a rapid increase in the number of children placed with relatives (Cuddeback, 2004). 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 (HHS, 2006b). The primary influences on the growth of this placement option include a persistent shortage of foster care homes (Berrick, 1998) and a shift in federal policy toward treating kin as appropriate caregivers with all of the legal rights and responsibilities of foster parents (Leos-Urbel, Bess, & Geen, 2002).

Kinship care is broadly defined as “the full-time nurturing and protection of children who must be separated from their parents, by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child” (Child Welfare League of America, 1994, p. 2). In practice, there are several variations of kinship care, including formal, informal, or private placement of children with family members (which often is broadly defined to include any adult with close family ties) rather than with traditional foster parents. Formal kinship care is a legal arrangement in which the child welfare agency has custody of a child being placed with relatives (Ayala-Quillen, 1998). Informal kinship care is when the child welfare agency facilitates the placement of a child but does not seek custody (Geen, 2000). Private kinship care is a voluntary agreement between biological parents and family members without the involvement of the child welfare system (Dubowitz, 1994).

The most common aims of kinship care are family preservation, in which the permanency goal is reunification with biological parents, and substitute care, in which the permanency goal is adoption or guardianship by kin caregivers (Scannapieco & Hegar, 1999). Kinship care is considered to be the least restrictive (Scannapieco & Hegar, 1999) and safest setting (Gleeson, 1999) on the out-of-home care continuum. 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” (Wilson & Chipungu, 1996, p. 387).

### **Historical, Political, and Practical Context**

Originating in the form of extended families in the African American community (Brooks, 2002; Danzy & Jackson, 1997), kinship care has existed for hundreds of years in the United States (Geen, 2000). As recently as 40 years ago, however, relatives were not eligible to become licensed foster parents or receive federal benefits (Leos-Urbel et al., 2002). This changed with the *Miller v. Youakim* Supreme Court case in 1979, which “determined that 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 & Barth, 1994, p. 1). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 explicitly required states to give preference to family members when placing a child in out-of-home care (Leos-Urbel et al., 2002). The Adoption and Safe Families Act of 1997 continued this federal commitment toward promoting and supporting kinship care placements (Ayala-Quillen, 1998).

According to Geen and Berrick (2002), “Historically, federal policy has been vague as to how state child welfare

agencies should treat kinship care. Under this framework, many states have implemented policies that support greater use of kin” (p. 3). However, a great disparity still exists in state policies and practices regarding the assessment, selection, certification, and monitoring of kin caregivers (Ayala-Quillen, 1998; Leos-Urbel et al., 2002). Social work research has not kept up with the exponential growth of kinship care as a placement option (Berrick & Barth, 1994; Dubowitz, 1994). Furthermore, much of the research supporting kinship care is anecdotal and conjectural, which does not allow for evidence-based decisions to be drawn from comparisons of children in out-of-home care (Goerge, Wulczyn, & Fanshel, 1994).

As is the case with other social work interventions, kinship care is faced with its fair share of controversial issues. The major controversy centers on the unequal financial support (Brooks, 2002) and service provision (Dubowitz, 1994; Roberts, 2001) received by kinship caregivers as compared with traditional foster parents. The certification of kinship caregivers also is a source of much disagreement and dissatisfaction (Gibbs & Muller, 2000). One of the key debates is over the appropriate level of involvement for biological parents prior to and after the removal of their children (Ayala-Quillen, 1998). Additionally, there is concern from all corners about the permanency, well-being, and safety of children in kinship care (Geen & Berrick, 2002; Leos-Urbel et al., 2002).

### **Current Research on Kinship Care**

Most of the published research on kinship care is grounded in caregiver and caseworker perceptions generated from surveys and interviews. The major outcomes from these mostly descriptive and qualitative studies are related to the mental and physical health, resource utilization, and social interactions of kin caregivers. Although these outcomes are very relevant for child welfare professionals, data on child outcomes are what drives the policy and practice of kinship care. Based on the existing quantitative research of kinship care, the most common child outcomes are permanency, reentry, behavior and mental health problems, service utilization, and family relations. Although there is great interest in the safety and well-being of children placed with kin, there is a lack of research on these outcomes (Gibbs & Muller, 2000).

A “substantive synthesis of research” by Cuddeback (2004) confirms much of the conventional wisdom about kinship care. For example, kinship caregivers are more likely to be older, single, less educated, unemployed, and poor. Furthermore, kin caregivers report less daily activity, more health problems, higher levels of depression, and less marital satisfaction than do foster parents and noncustodial grandparents. Cuddeback is unequivocal in stating that kinship care families receive less training, ser-

vices, and financial support than do foster care families. As for child functioning, Cuddeback found inconclusive evidence that children in kinship care have greater behavioral problems than do children in foster care. Although children in kinship care are more likely to have repeated a grade or be enrolled in special education, there are no reported differences in educational attainment. Finally, Cuddeback concludes that children in kinship care have more stable placements, but are reunified more slowly, than children in foster care.

### **Purpose of Study**

According to Geen (2004), “despite the centrality of kinship foster care in child welfare, our understanding of how best to utilize and support kin caregivers, and the impact of kinship foster care on child development, is limited” (p. 144). Thus, this research initiative joins the “nationwide effort to examine the current status of kinship care to make recommendations to strengthen the policy and practice framework for this social work intervention” (Beeman, Wattenberg, Boisen, & Bullerdick, 1996, p. ii). Through the use of generalizable samples, equivalent groups, and repeated measurements this study addresses some of the major limitations of research on kinship care (Berrick & Barth, 1994).

For the participating counties in this study, 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. Although policies and practices on diligent search, assessment, certification, and service provision differ, 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, well-being, and stability. However, these child welfare agencies sought to test these assumptions using data-driven evidence on the outcomes for children placed with kin.

The purpose of this study is to compare child welfare outcomes for a matched group of children placed in kinship care and foster care. The core research question is as follows: Are there significant differences between children in kinship and foster care on permanency outcomes (i.e., rates of reunification, adoption, guardianship, reentry, and Division of Youth Corrections [DYC] involvement), safety outcomes (i.e., new allegations of institutional abuse or neglect), and stability outcomes (i.e., still in placement, days in out-of-home care, and number of placements)?

### **Methods**

In this article, we report on a study of short-term child welfare outcomes using a comparative design that involves a matched sample of children in kinship care and foster care. We describe the sampling and matching approach,

data collection procedures, and data analysis techniques before presenting the findings.

### **Sampling Approach**

We employed a nonprobability design with both purposeful and convenience sampling. The theoretical population for the study was all children placed in formal kinship care in the United States. The accessible population was all children placed in formal kinship care from 12 of 64 counties in Colorado. The selected sample included children who met the following criteria:

1. Children were designated in Program Area 5 (children whose well-being has been threatened or harmed due to abuse or neglect) or Program Area 6 (children whose special needs are a barrier to their adoption).
2. First out-of-home (OOH) placement occurred in 2002.
3. Total OOH length of stay was greater than 60 days.
4. Ninety percent of total OOH days were spent in either kinship care or foster care.
5. Last placement was in the specified placement type.

The actual sample was comprised of 1,377 children who met these criteria, with 505 children in kinship care and 872 children in foster care. The counties from which the sample was drawn represent urban, rural, and suburban settings and comprise roughly 90% of the kinship and foster care population in Colorado during the study time period.

The reasoning behind these criteria was that we wanted the sample to be as independent as possible to allow for a clearer comparison between the two placement types. Thus, each placement had to be longer than 60 days to include only children with intensive experiences in either kinship or foster care. Furthermore, we restricted the sample to children who spent at least 90% of their total OOH days in either placement type to decrease the heterogeneity of the sample and to exclude children who may have spent a significant amount of time in the other placement type. The bar was not set at 100% because many otherwise eligible children had experienced short-term placements in settings such as receiving homes. This filter still allowed for a sample with sufficient power and did not result in the loss of very many cases when compared to a level of 70% or 80%. Additionally, there was not a loss of diversity from this restriction because there is a relatively homogeneous population of youth in the state child welfare system.

To ensure that the kinship care and foster care groups consisted of cases with comparable demographic and placement characteristics, we used a matched sample design (Shadish, Cook, & Campbell, 2002). However, “matching has a beleaguered history in quasi-experimentation because there is always the possibility of selection bias. The minimum risk is undermatching because some nonredundant predictors of outcome were not included in the matching methodology” (Shadish et al., 2002 p. 120). To

address this threat, we were guided by two of the principles for better matching advocated by Shadish et al., 2002. First, the two groups were already similar before the matching, as they were comprised of children from the same geographic location, removed from the home for abuse and/or neglect, and in a less restrictive out-of-home placement. Second, most of the available matching variables (e.g., gender, age at entry, ethnicity) were considered stable and reliable, as they are most likely measured without error. Although propensity score-matching may be a more sophisticated approach (Dehejia & Wahba, 2002; Guo, Barth, & Gibbons, 2004), it was not used in this study because none of the predictor variables had a correlation of greater than  $r = .25$  with type of placement, and only two of the available predictors (i.e., age at entry and program area) were significantly correlated with placement type.

Thus, we implemented a one-to-one matching approach using gender, ethnicity, program area, county, and age at entry. These five variables were selected because they were (a) identified in the literature as predictive variables for child welfare outcomes, (b) available from the Colorado Trails database, and (c) significantly correlated with the study outcomes, but not intercorrelated with the other predictors. For example, age at entry was significantly associated with eight of the nine outcome measures, while program area and county were related to seven and four outcomes, respectively. Case length was not used as a matching variable because it was already accounted for in the sampling criteria; all children had experienced their first out-of-home placement in 2002 and thus had similar case lengths at the time of the study.

As for the matching procedures, kinship and foster care cases were exactly matched on gender, ethnicity, county, and program area and were matched within one year for age at entry. Allegation severity and removal reason served as additional matching variables when available. As for the generalizability of the matched sample, the demographic and placement characteristics were remarkably comparable to those of the larger sample from which it was drawn.

### **Data Collection and Analysis**

Data for this study were collected from individual case records entered into Colorado Trails, which is an online data management and analysis system used for child welfare case management documentation. To obtain the actual sample and corresponding out-of-home placement and outcome data, we used the appropriate search terms, logic, and filters. The final dataset was extracted in late August 2005 and reflects the information entered into Colorado Trails at that time.

The first step in the data analysis was to explore the level of intercorrelation between the three continuous

outcome measures and seven dichotomous outcome variables. Some intercorrelation is to be expected with child welfare data, as many of the outcomes are related to one another. For example, reentry and re-abuse rates are inexorably linked, as reunified children removed from the home for a substantiated incident of abuse will undoubtedly be placed in an out-of-home setting.

As for the continuous variables, days in OOH care was highly correlated with days to permanency ( $r = .849$ ), but only partially correlated with number of placements ( $r = .190$ ). Thus, the days to permanency outcome was removed from the analysis because it was most likely, though less precisely, measuring the same construct as days in OOH care. Although the dichotomous outcomes were, for the most part, significantly associated with one another, there was only one correlation greater than  $r = .40$ . A Bonferroni correction was used to set the alpha level at .007 to protect against Type I error.

We then generated inferential statistics from the data to determine if there were statistically significant differences between children in kinship and foster care placements on available outcomes. Specifically, paired samples *t* tests were conducted on the continuous outcome variables, and McNemar tests were conducted on the dichotomous outcome variables. Lastly, we calculated effect sizes as a measure of the magnitude of differences between kinship and foster care groups. For the continuous outcome variables, Cohen's *d* was computed by dividing the difference between group means by the pooled population value of the standard deviation of the groups. For the dichotomous outcome variables, effect size estimates were represented by odds ratios (*OR*), which measure the odds of an expected outcome occurring in the treatment group relative to the odds of the outcome occurring in the comparison group.

## **Findings**

We first present the results from the main effects analysis of kinship care and foster care groups, followed by the results from a subgroup analysis between an unmatched sample of paid and unpaid kinship care cases.

### **Main Effects Analysis**

As displayed in Table 1, the matched sample included 636 children from 318 kinship-foster pairs. The two groups were exactly matched on gender, ethnicity, and program area and had the same mean age at entry of 4.17 years.

**Number of placements.** This outcome was defined as the total number of OOH placements excluding the same provider/change in service type and same provider/same service leave reasons. As displayed in Table 2, children in kinship care had significantly fewer placements ( $t = 7.66$ ,

$p < .001$ ) than did children in foster care. The mean number of placements was 1.62 for children in kinship care and 2.27 for children in foster care. Thus, there was a medium to large effect size ( $d = .60$ ) in favor of children in kinship care. The primary interpretation is that kin caregivers have a higher level of awareness and tolerance for the behavior of the child and parents, which limits the involvement of social services and therefore decreases disruptions and further placements.

**Days in out-of-home care.** This outcome was defined as the sum of the total days of out-of-home service authorizations. There was no difference ( $t = .776, p = .438$ ) between days in OOH care for children in kinship and foster care. Specifically, the mean number of days in OOH care was 345 for children in kinship care and 357 for children in foster care. This finding was somewhat expected, based on the myriad factors that influence length of stay for children in out-of-home care, including service provision, parental involvement, and level of child functioning.

**Reunification.** This permanency outcome was defined as whether or not children were returned to their biological parent(s). As displayed in Table 3, there was a statistically significant association ( $p < .001$ ) between children in kinship and foster care on this measure. Specifically,

61.0% of foster children who achieved permanency were reunified as compared with 41.5% of children in kinship care. Thus, children in foster care were 2.2 times more likely than children in kinship care to be reunified.

There are several compelling interpretations for this finding. First, parents and children may experience less disruption and traumatization in kinship care placements than in foster care. Therefore, parents might be more comfortable and/or complacent when their children are living with relatives. As a result, they may not feel sufficiently motivated to work toward reunification with their children. Second, cultural factors may account for less reporting of behavioral issues by kinship caregivers, which allow children to remain in kinship care rather than being reunified. Another interpretation is that relatives are more privy to the behaviors and actions of parents, which may result in an increase in reports that delay or negate reunification proceedings.

**Adoption/Placed for adoption.** This permanency outcome was defined as whether or not the child was adopted or placed for adoption. There was a nonsignificant association ( $p = .302$ ) between children in kinship and foster care on this measure. Specifically, 28.3% of foster children who achieved permanency were adopted or placed for adoption as compared with 26.4% of children in kinship care. This was a somewhat surprising finding in that adoption is more frequently a permanency goal for children in foster care than in kinship care. The lack of precision in the outcome measure also may account for the similar rates.

**Guardianship.** This permanency outcome was defined as whether or not permanent custody of the child was awarded to relatives through guardianship or allocation of parental rights (APR). There was a statistically significant relationship ( $p < .001$ ) between children in kinship and foster care on this measure. Specifically, 30.8% of children in kinship care who achieved permanency were in guardianship as compared with 5.5% of foster children. Thus, children in kinship care were 7.7 times more likely than children in foster care to achieve permanency through guardianship or APR. This finding was more understandable, as child welfare agencies deem guardianship to be an acceptable permanency outcome for children placed with kin but not for children in foster care.

**TABLE 1.** Sample Characteristics for Matched Cases of Children in Foster Care and Kinship Care

CHARACTERISTIC	FOSTER CARE		KINSHIP CARE	
	<i>n</i>	%	<i>n</i>	%
<b>Gender</b>				
Female	172	54.1	172	54.1
Male	146	45.9	146	45.9
<b>Ethnicity</b>				
Caucasian	156	49.0	156	49.0
Hispanic	117	36.8	117	36.8
African American	45	14.2	45	14.2
<b>Program Area</b>				
Program Area 5	238	74.8	238	74.8
Program Area 6	80	25.2	80	25.2
<b>Age at Entry</b>				
0–2	157	49.4	154	48.4
3–7	84	26.4	90	28.3
8–17	77	24.2	74	23.3

**TABLE 2.** Group Differences on Placement Outcomes Between Matched Cases of Children in Foster Care and Kinship Care

OUTCOME	FOSTER CARE		KINSHIP CARE		<i>df</i>	<i>t</i>	<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Number of Placements	2.27	1.36	1.62	0.80	317	7.66***	.60
Days in OOH Care	356.75	237.20	345.42	208.04	271	0.78	.05

\*\*\* $p < .001$ .

**TABLE 3.** Prevalence (%) of Permanency Outcomes Among Matched Cases of Children in Foster Care and Kinship Care

OUTCOME	FOSTER CARE	KINSHIP CARE	p	OR
	(n = 272)	(n = 272)		
Reunification	61.0	41.5	.000 <sup>a</sup>	2.20
Adoption	28.3	26.5	.302 <sup>a</sup>	1.10
Guardianship	5.5	30.9	.000 <sup>a</sup>	0.13

Note.  $\alpha = .007$ . <sup>a</sup> Binomial distribution used.

It should be noted children who were still in placement were not included in the analysis of the reunification, adoption, guardianship, and days in OOH care outcomes. Furthermore, 1.1% of children in the kinship care group and 5.2% of children in the foster care group experienced other types of permanency (e.g., emancipation).

**Reentry.** This outcome was defined as whether the child reentered OOH care after achieving permanency through reunification, guardianship, or adoption. As displayed in Table 4, there was a nonsignificant relationship ( $p = .017$ ) between children in kinship and foster care on this measure. Specifically, 20.1% of foster children reentered OOH care as compared with 12.8% of children in kinship care. Although this finding only approached significance, it was hypothesized that kin caregivers and biological parents are more invested in the success of a permanent placement to prevent further social service involvement. Others attributed this to biological parents retaining the skills they acquired during their involvement with social services, as kinship care usually does not result in the termination of parental rights.

**New allegation of institutional abuse/neglect.** This outcome was defined as whether the child had an allegation of institutional abuse or neglect recorded after the initial OOH entry date. There was a statistically significant association ( $p < .001$ ) between children in kinship and foster care on this measure. Specifically, 18.5% of foster children had a new allegation of institutional abuse or neglect as compared with 2.2% of children in kinship care. Thus, children in foster care were 10.1 times more likely than children in kinship care to have a new allegation of institutional abuse or neglect. Besides reporting bias, in which

foster parents are more likely to have allegations of abuse or neglect than are kinship caregivers, another interpretation is that children have closer cultural bonds and familial relations with relatives than with foster parents.

**DYC involvement.** This outcome was defined as whether the child had an admission (detention or commitment) to a DYC facility after the initial OOH entry date. However, only children who were 7 years or older at entry in 2002 were included in this analysis, as the minimum age for DYC involvement is 10. There was a statistically significant association ( $p = .004$ ) between children in kinship and foster care on this measure. Specifically, 12.2% of eligible foster children were involved with DYC as compared with 2.2% of eligible children in kinship care. Thus, children in foster care were 6.3 times more likely than children in kinship care to be involved with the juvenile justice system after the initial out-of-home entry date. The conventional wisdom is that children in foster care have more behavioral problems before placement than do children in kinship care, and thus are more likely to be involved with the juvenile justice system.

**Still in placement.** This outcome was defined as whether the child was still in OOH care as of August 2005. There was a statistically significant relationship ( $p < .001$ ) between children in kinship and foster care on this measure. Specifically, 12.9% of foster children were still in placement as compared with 3.4% of children in kinship care. Thus, children in foster care were 4.1 times more likely than children in kinship care to still be in placement. There could be a financial component to this finding in that foster parents may have more incentive to keep children in placement than do kin caregivers, many of whom are unpaid.

**Subgroup Analysis**

Based on the 505 children in kinship care from the actual sample we conducted a subgroup analysis to compare children in paid and unpaid kinship care placements on the available child welfare outcomes. Paid kinship care refers to kin caregivers who are certified, while unpaid kinship care refers to kin caregivers who are not certified. Although the same matching approach used for the main

**TABLE 4.** Prevalence (%) of Other Child Welfare Outcomes Among Matched Cases of Children in Foster Care and Kinship Care

OUTCOME	FOSTER CARE	n	KINSHIP CARE	n	p	OR
Reentry	20.1	318	12.9	318	.017 <sup>a</sup>	1.70
Institutional Allegation	18.6	318	2.2	318	.000 <sup>a</sup>	10.16
DYC Involvement	12.2	90	2.2	90	.004 <sup>a</sup>	6.32
Still in Placement	12.9	318	3.5	318	.000 <sup>a</sup>	4.11

Note.  $\alpha = .007$ . <sup>a</sup> Binomial distribution used.

effects analysis was attempted, there were insufficient paid-unpaid matches to yield a sample with the power to detect statistically significant differences between the groups. The main reason was the homogeneity of kinship care policies within the counties, in that most counties had either all paid or all unpaid kinship care placements. The use of county as a matching variable further limited the already small sample size to only 50 cases in each group. Thus, we decided to employ an unmatched comparison design because this subgroup analysis seemed like fertile ground for at least some exploratory research. Specifically, the child welfare outcomes were compared for an unmatched group of 268 children from paid kinship placements and 237 children from unpaid kinship placements. As displayed in Table 5, the two groups were very comparable on gender and age at entry, as children in the paid kinship group averaged 5.1 years of age and children in the unpaid kinship group averaged 4.7. The only apparent differences are that the unpaid kinship group

had more Hispanic and Program Area 5 children than did the paid kinship group.

**Placement outcomes.** There were no statistically significant differences between children in paid and unpaid kinship care placements on the number of placements ( $t = 1.42, p = .157$ ) and days in out-of-home care ( $t = 1.84, p = .067$ ). Children in paid placements averaged 1.69 placements and 355 days in OOH care, while children in unpaid placements averaged 1.59 placements and 320 days in OOH care. Considering the inherent financial incentive for providers when children are in placement longer it was somewhat surprising that the number of placements was not smaller and the days in OOH care was not greater for the paid kinship care group.

**Permanency outcomes.** As displayed in Table 6, there was a nonsignificant association between children in paid and unpaid kinship care on the reunification measure. However, there was a statistically significant association on the adoption/placed for adoption measure, as children in paid kinship placements were more likely to be adopted or placed for adoption than were children in unpaid kinship placements. Furthermore, there was a statistically significant association between children in paid and unpaid kinship care on the guardianship measure, as children in unpaid placements were more likely to be in guardianship. One possible explanation for these findings is that paid kinship caregivers are more system-involved by definition, which may lead to more of an emphasis on adoption or termination of parental rights rather than guardianship or APR.

**Other child welfare outcomes.** As displayed in Table 7, there were no statistically significant associations between children in paid and unpaid kinship care placements on reentry, DYC involvement, and remaining in placement. However, children from paid kinship placements were more likely to have a new allegation of institutional abuse or neglect. This last finding is understandable in that paid kinship caregivers are supposedly under greater scrutiny, which should be reflected in more allegations of maltreatment.

**TABLE 5.** Sample Characteristics for Unmatched Cases of Children in Paid and Unpaid Kinship Care

CHARACTERISTIC	PAID KINSHIP CARE		UNPAID KINSHIP CARE	
	<i>n</i>	%	<i>n</i>	%
<b>Gender</b>				
Female	143	53.4	125	52.7
Male	125	46.6	112	47.3
<b>Ethnicity</b>				
Caucasian	132	49.2	97	40.9
Hispanic	90	33.6	98	41.4
African American	35	13.1	35	14.8
Native American	9	3.4	5	2.1
Asian	2	0.7	2	0.8
<b>Program Area</b>				
Program Area 5	180	67.2	211	89.0
Program Area 6	88	32.8	26	11.0
<b>Age at Entry</b>				
0–2	102	38.0	95	40.1
3–7	85	31.8	81	34.2
8–17	81	30.2	61	25.7

**TABLE 6.** Prevalence (%) of Permanency Outcomes Among Unmatched Cases of Children in Paid and Unpaid Kinship Care

OUTCOME	PAID KINSHIP CARE	UNPAID KINSHIP CARE	$\chi^2$	<i>p</i>
	( <i>n</i> = 256)	( <i>n</i> = 234)		
Reunification	42.6	46.6	0.79	.373
Adoption	33.6	10.3	38.25	.000
Guardianship	22.7	39.7	16.74	.000

Note.  $\alpha = .007$ .

## Discussion

In the following discussion, we summarize the findings from this outcome study and lay the groundwork for future theoretical and applied research in kinship care. We also caution that the conclusions and implications should be considered in light of the methodological limitations of the study.

## Conclusions

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

**TABLE 7.** Prevalence (%) of Other Child Welfare Outcomes Among Unmatched Cases of Children in Paid and Unpaid Kinship Care

OUTCOME	PAID KINSHIP CARE	<i>n</i>	UNPAID KINSHIP CARE	<i>n</i>	$\chi^2$	<i>p</i>
Reentry	14.2	268	11.4	237	0.87	.351
Institutional Allegation	3.4	268	0.0	237	8.10	.004
DYC Involvement	4.2	95	0.0	71	3.06	.080
Still in Placement	4.5	268	1.3	237	4.50	.034

Note.  $\alpha = .007$ .

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. Thus, the results of this study support the practice of treating kin placements as a viable option for children removed from the home. It is important to emphasize, however, that a blanket policy mandating kinship placement would not be in the best interest of children and families. Professional judgment must be used to evaluate the needs of children and the capacity of kinship caregivers to meet these needs.

The exploratory analysis between paid and unpaid kinship care revealed that children in unpaid placements had comparable outcomes to children in paid placements. Combined with research indicating that kin caregivers report lower levels of service utilization than do foster parents (Carpenter, Berman, Clyman, Moore, & Xu, 2004; Clyman et al., 1999), there also may be a cost-effectiveness component to placing children in kinship care. Of course, more research is needed on the actual costs and benefits of kinship care before this conclusion can be supported. However, kinship care is a very complex topic that offers many challenges for child welfare professionals and social work researchers (Cuddeback, 2004). As such, this study is a first step toward developing a better understanding of kinship care as an out-of-home placement option.

**Limitations**

We confronted several methodological limitations in the delivery of this study. First, selection bias may exist in the placement of children with either foster parents or kinship caregivers because children were not randomly assigned to treatment conditions. For example, even though children were matched on all available covariates, some demographic and placement variables were not controlled (e.g., behavioral problems, caregiver characteristics). Of course, ethical standards preclude the random assignment of children to kinship or foster care, as these placements usually are based on the appropriateness and

availability of kinship caregivers or foster parents. Second, there were inconsistencies in data collection both within and between counties. Although some of the inconsistency stemmed from varying policies regarding kinship care, most discrepancies were the result of changeable data entry requirements in Colorado Trails. Thus, it is possible that some outcomes (e.g., new allegations of institutional abuse/neglect, DYC involvement) had missing data from certain counties. In addition, two counties had no children placed in kinship care that met the sample criteria, and thus they were not included in the study.

Lastly, the lack of available outcome variables in Colorado Trails limited the scope of this study. For example, there were no measures of well-being for physical health, mental health, behavior problems, educational attainment, or service utilization. In addition, all of the outcomes were measured over a relatively short period of time, which may have influenced the rates of permanency and stability observed in this study. On a positive note, this type of study hints at the potential utility of Colorado Trails, which may have ramifications for improving the scope and reliability of such child welfare data sources.

**Implications**

We believe the results of this study yield important implications for the practice, policy, and research of kinship care. State and county departments of human and social services should initiate a dialogue with caseworkers, social workers, and caregivers regarding the possible interpretations and applications of the findings. For example, these stakeholders could address how to account for the apparent reunification disadvantage for children in kinship care when making a placement decision. Although tentative, the differences between paid and unpaid kinship care placements are intriguing. Do unpaid kin caregivers have a different motivation or commitment to family responsibility? Are some appropriate kinship placements excluded because of the unavailability of placement subsidies? How do relationships between caregivers and social services vary by payment type? How do relationships between children and biological parent(s) vary by payment type? These are only some of the very important questions that need to be answered, thus further exploration is urgently needed.

As for policy implications, lawmakers should enact legislation that solidifies kinship care as a viable out-of-home placement option. For example, legislators could identify what level of funding support is necessary for optimal kinship placements. Foster care should continue to be an essential option, as children in these placements also experience positive outcomes and appropriate kinship 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 kinship caregivers seek and the potential benefits of receiving therapeutic services.

Practitioners should partner with researchers to routinely examine outcomes to better maximize kinship care placements. For example, there is a strong demand for research that analyzes reliable well-being and safety outcomes collected from multiple data sources. Specifically, new predictor and outcome variables could be included in data gathering instruments to facilitate richer analyses of kinship care and other social work interventions. Longitudinal research is needed to determine if the short-term advantages found in this study for children in kinship care continue over time. In addition, social work researchers should study the effect of informal and voluntary kinship care arrangements on child welfare outcomes. Furthermore, researchers should investigate the effect of caregiver certification of the outcomes of children placed with kin. Finally, future research should incorporate qualitative methods to explore the underlying dynamics of kinship care.

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