California Social Work Education Center

C A L S W E C

Factors Leading to Premature Terminations of Kinship Care Placements

An Empirically-Based Curriculum

By
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CalSWEC PREFACE

The California Social Work Education Center (CalSWEC) is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's 17 accredited graduate schools of social work, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

The primary purpose of CalSWEC is an educational one. Our central task is to provide specialized education and training for social workers that practice in the field of public child welfare. Our stated mission, in part, is "to facilitate the integration of education and practice." But this is not our ultimate goal. Our ultimate goal is to improve the lives of children and families who are the users and the purpose of the child welfare system. By educating others and ourselves, we intend a positive result for children: safety, a permanent home, and the opportunity to fulfill their developmental promise.

To achieve this challenging goal, the education and practice-related activities of CalSWEC are varied: recruitment of a diverse group of social workers, defining a continuum of education and training, engaging in research and evaluation of best practices, advocating for responsive social policy, and exploring other avenues to accomplish the CalSWEC mission. Education is a process, and necessarily an ongoing one involving interaction with a changing world. One who hopes to practice successfully in any field does not become "educated" and then cease to observe and to learn.

To foster continuing learning and evidence-based practice within the child welfare field, CalSWEC funds a series of curriculum modules that employ applied

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research methods to advance the knowledge of best practices in child welfare. These modules, on varied child welfare topics, are intended to enhance curriculum for Title IV-E graduate social work education programs and for continuing education of child welfare agency staff. To increase distribution and learning throughout the state, curriculum modules are made available through the CalSWEC Child Welfare Resource Library to all participating schools and collaborating agencies.

The module that follows has been commissioned with your learning in mind. We at CalSWEC hope it serves you well.

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ABOUT THE AUTHORS

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Dr. Chang is an Assistant Professor of the Department of Social Work, California State University, San Bernardino. She teaches Social Work Research Methods, and Human Behavior and the Social Environment at the graduate level. She has many years of experience working as a researcher and practitioner in cross-cultural social work practice with Asian Pacific families. As a co-investigator, she participated in research on *Retention of Public Child Welfare Workers,* and *Asian American Children and Families in Foster Care System,* both curriculum projects funded by CalSWEC. With Dr. Siyon Rhee (CSULA), she recently published an article titled *Korean American Ministers' Perceptions and Attitudes Towards Child Abuse* in the Journal of Ethnicity and Diversity in Social Work. Her other research areas include: divorced Korean women's post divorce adjustment, definition of mental health and mental disorder and mental health service-seeking behavior among immigrant Asians, and elder abuse. She worked in Los Angeles County with abused children and their parents as a social worker at the Asian Pacific Family Center in Rosemead (1996-1998). She also worked as a statistics consultant at UCLA, School of Social Welfare from 1994 to 1996.

Ray E. Liles, DSW, LCSW (Co-Investigator)

Dr. Liles is an Assistant Professor of Social Work at California State University, San Bernardino. He is a Licensed Clinical Social Worker and has 25 years of practice experience in the Mental Health and Child Welfare fields. Dr. Liles was a founding member of the Riverside Interagency Sexual Abuse Council (RISAC) in 1978. While

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completing his doctorate at UCLA, Dr. Liles was a consultant for a state-funded research project entitled *Child Sexual Abuse in the Hispanic Community* (principal investigator - Rosina Becerra, PhD). For six years during the 1980s, he was the RISAC coordinator and under contract to the Riverside County Departments of Mental Health, Probation, and Public Social Services. In 1986, Dr. Liles received a Certificate of Commendation from the State of California Department of Social Services Advisory Board for his work in the child abuse field. He was also the first coordinator of the San Bernardino County Children's Network.

During his 25 years of practice, Dr. Liles has provided therapy for numerous dependent children placed both in foster care and kinship care. The California Chapter of the National Association of Social Workers has used Dr. Liles as a trainer for its 7-hour Child Abuse Recognition, Reporting, and Treatment class for over 15 years. In 2003, he conducted three 1-day trainings for the San Bernardino County Department of Children's Services on *The Clinical Issues of Kinship Care.* He has also performed training for the Southern Region Public Child Welfare Training Academy on a variety of topics related to child welfare and for the Riverside County Department of Public Social Services Children's Services Division on *Working with Involuntary Clients in Public Child Welfare.* Immediately prior to accepting a faculty position at CSUSB, Dr. Liles was the Director of the Riverside Training Center for the Southern Region Public Child Welfare Training Academy.

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At the time this study began, Dr. Hoang was an Assistant Professor of the

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Department of Social Work, California State University, San Bernardino. She is a licensed clinical social worker with 15 years of experience in the area of refugee/immigrant mental health and child welfare. She has extensive practice experience with Asian American children and families and is currently supervising a cadre of social workers in the Los Angeles area. She has taught social work practice courses at the graduate level. Her research experience spans the areas of Asian American mental health, Asian American inter-generational relationships, and child welfare in the international arena.

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INTRODUCTION

This curriculum focuses on factors that may lead to differential placement outcomes for children who have become dependents of the court, as the result of abuse and neglect, and have been placed with kin rather than in traditional foster homes. It is intended for use by child welfare faculty in California's schools of social work or social welfare in both BSW and MSW programs and may be used in direct practice or Human Behavior and the Social Environment (HBSE) classes. In addition, the curriculum, or parts from it, may be used in workshops provided to line workers, supervisors, and/or managers by any of the public child welfare training academies in California or public child welfare agencies.

The intent of this curriculum is to provide students and child welfare professionals with:

- Background information on kinship care as an alternative to traditional foster care,
- A brief review of the literature pertaining to the characteristics of dependent children in kinship care and their care providers,
- Opportunities to discuss beliefs about why kinship care is valuable (or not) and why it may or may not be successful,
- Demographic data pertaining to selected characteristics of children in kinship care and their care providers derived from a sample of California child welfare cases,
- Factors which may or may not be related to premature termination of kinship care placements,
- Caregiver perceptions of differential placement outcomes,

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- Social worker perceptions of differential placement outcomes, and
- Opportunities to discuss how students and/or child welfare workers can decrease premature termination of kinship care placements.

This curriculum is divided into a series of eight modules. Module I is a brief review of selected literature related to kinship care.

Modules II–VII are based on a CalSWEC-funded research study that involved interviews with 130 kinship care providers in two California counties in an effort to determine what kinds of factors are related to differential outcomes in kin care placements. For the purposes of this study, the respondents were divided into four groups which were the: a) *reunified group*, in which children have already been reunified with their birth parents; b) *reunification in progress group*, in which children were still living with the kin caregivers they had been placed with and efforts toward reunification with birth parents was still in progress; c) *continued kinship group*, in which children were still living with the kin they had been placed with, but reunification efforts with birth parents had failed; and d) *discontinued group*, in which children had been removed from their kinship caregivers, often at the request of the caregivers, for a variety of reasons and before reunification with birth parents had either succeeded or failed.

These six modules each contain information related to the four above groups. One of the major questions of this research study, upon which this curriculum was based, was how the *discontinued group* might differ from the other three groups. There were some significant differences between the discontinued group and the other three groups, which should provide interesting and productive discussion material for students and child welfare practitioners related to improving one major aspect of public child

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welfare practice.

Module VIII is derived from interviews with kin caregivers from four focus groups with child welfare workers that were conducted in an effort to explore their perceptions about why relative placements *work* or *don't work*. Their responses to a series of broad and open-ended questions are presented here.

The interview questions in this study were designed to assess: kin caregiver characteristics, dependent children's characteristics, social services utilization patterns, caregivers' perceptions of factors leading to placement outcomes, types of services care providers and children received from Child Protective Services and other social service agencies, kin caregivers' relationships with the birth parent(s), and the dependent children's relationships with the birth parent(s) while in placement.

Each module is further divided into several parts:

- A *Note to Instructor*, which briefly states the subject matter of the module and the methods, which may be used to deliver the material. It contains a rough estimate of the time it might take to complete the module. The actual time to complete any module depends heavily on how much discussion occurs.

- *Goals,* which contains a brief statement of the goals of the module.

- *Learning Objectives,* which are derived from the goals.

- *Discussion Material,* which is the module's content and contains material from the final report of the research study that was submitted to CalSWEC. It is this material upon which this "evidence based" curriculum is based.

- *Group Discussion,* which contains broad suggestions for structuring a lecture or whole class discussion related to the discussion material above.

- *Assignments, Small Group, and/or Self-Reflective Activities*, which contains suggested questions for the large group, small groups, or individual activities. These questions are designed to provoke thought and discussion about child

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welfare practices that are or could be related to kinship care. The instructor can generate assignments from these questions.

This curriculum is accompanied by a PowerPoint presentation containing key points from each module followed by one or more slides presenting an "active learning experience." The active learning experiences are drawn from the *assignments, small group, and/or self-reflective activities* described immediately above. There are many more *assignments, small group, and/or self-reflective activities* contained in the modules than are presented in the PowerPoint. Any of these exercises, or ones devised by the instructor or trainer, could easily be added to the PowerPoint presentation.

Although this curriculum is designed to stand alone, there are two books either of which might be used to accompany it depending on the needs of the instructor or trainer. The first is *Relatives Raising Children: An Overview of Kinship Care* (Crumbley & Little, 1997), and the second is *Kinship Foster Care: Policy, Practice and Research* (Hegar & Scannapieco, 1999).

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CALSWEC CHILD WELFARE CURRICULUM COMPETENCIES ADDRESSED BY THIS CURRICULUM

I. Ethnic Sensitive and Multicultural Practice

1.1 Student demonstrates sensitivity to clients' differences in culture, ethnicity, and sexual orientation.

1.2 Student demonstrates the ability to conduct an ethnically and culturally sensitive assessment of a child and family and to develop an appropriate intervention plan.

1.3 Student understands the importance of a client's primary language and supports its use in providing child welfare assessment and intervention.

1.4 Student understands the influence and value of traditional, culturally based childrearing practices and uses the knowledge in working with families.

II. Core Child Welfare Practice

2.1 Student is able to identify the multiple family and social forces contributing to child abuse and neglect.

2.2 Student demonstrates the ability to assess the interaction of factors underlying abuse and neglect and the capacity to identify strengths that act to preserve the family and protect the child.

2.6 Student understands the dual responsibility of the child welfare caseworker to protect children and to provide services that support families as caregivers.

2.8 Student understands the dynamics of family violence, and can develop appropriate, culturally sensitive case plans to address these problems.

2.9 Student recognizes the need to monitor the safety of the child by initial and ongoing assessment of risk.

2.12 Student understands how attachment, separation, and placement affect a child and family and how these experiences may influence a child's physical, cognitive, social, and emotional development.

2.13 Student understands the principles of concurrent and permanency planning.

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2.14 Student understands the importance of working together with biological families, foster families, and kin networks, involving them in assessment and planning and helping them cope with special stresses and difficulties.

2.19 Student is able to engage and assess families from a strengths-based "person in environment" perspective and to develop and implement a case plan based on this assessment.

III. Human Behavior and the Social Environment

3.2 Student demonstrates understanding of the stages and processes of adult development and family life.

3.4 Student demonstrates understanding of the influence of culture on human behavior and family dynamics.

VI. Advanced Child Welfare Practice

6.3 Student understands the requirements for effectively serving and making decisions regarding children with special needs and the balancing of parental and child rights.

6.6 Students works collaboratively with biological families, foster families, and kin networks, involving them in assessment and planning and helping them cope with special stresses and difficulties.

VII. Human Behavior and the Child Welfare Environment

7.5 Student demonstrates understanding of the dynamics of trauma resulting from family conflicts, divorce, and family violence.

VIII. Child Welfare Policy, Planning, and Administration

8.4 Student understands how to use information, research, and technology to evaluate practice and program effectiveness, to measure outcomes, and to determine accountability of services.

8.9 Student demonstrates the ability to negotiate and advocate for the development of resources that children and families need to meet their goals.

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MODULE I

KINSHIP CARE:
The Literature

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MODULE I
KINSHIP CARE: THE LITERATURE

Note to Instructor

Material from this module could be used in any combination of lecture, group discussion, and/or assignments. It introduces recent literature related to the concept of and need for kinship care, as well as the characteristics of kinship care providers and the dependent children in their care. Typical outcomes of kinship care arrangements are also examined. A useful supplement to the material included in the module is a chapter by James Gleeson (Chapter 3) called *Kinship Care as a Child Welfare Service: Emerging Policy Issues and Trends* in Hegar and Scannapieco (1999). It will take approximately 40-50 minutes to complete this module.

Objectives

At the completion of this module, participants will have a beginning understanding of the child welfare literature related to:

- Policies and practices of kinship care,
- Characteristics of kinship caregivers,
- Characteristics of foster children in kinship care, and
- Kinship care outcomes.

Policy and Practice of Kinship Care

When federal child welfare policies first evolved, the role of kin caregivers was largely ignored. If states provided assistance to kin caregivers, they did so mainly through income assistance programs, which kept some children out of the child welfare

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system (U.S. Department of Health and Human Services, 2000). In large part, this slighting of kin caregivers was due to the child welfare field's focus on the nuclear family and its emphasis on returning abused and neglected children to their biological parents. Typically, children lived in traditional foster care homes while parents worked on dealing with the problems that lead to the abuse and neglect. Dependent children were placed in traditional foster care homes with non-relatives at least in part because some child welfare practitioners believed that abusive parents were themselves the product of dysfunctional families of origin and that placing abused and neglected children in the care of the children's kin would not ensure their safety.

However, in the 1980s, states began to consider placement with kin as a viable option, as more children in need of foster parents entered the child welfare system. In fact, in 1980, Congress passed the Adoption Assistance and Child Welfare Act (P.L. 96-272), which mandated state child welfare agencies provide: services that could prevent out-of-home placements of children, reunification services which could re-unite children who had been removed with their biological parents, and placements for dependent children that provided permanency for those children who could not be re-united with their biological families. The act also required states to evaluate these plans regularly through a set of administrative and court hearings. These changes represented the clear federal preference for a dependent child's placement with relatives whenever possible (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 1992).

An additional contribution to the rise of kinship care placements was the 1979 Supreme Court decision in *Miller v. Youakim*, which allowed kinship care families the

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same AFDC benefits as those previously received by the children's parents. The decision stated that if a child was removed from an AFDC-eligible family and his/her kinship foster parents were approved by the State's child welfare authorities, then kinship foster parents were eligible for payments under Title IV-E of the Social Security Act (Gleeson, 1996).

A major and recent federal law affecting kinship care is the Adoption and Safe Families Act (ASFA) of 1997. The ASFA was the first to recognize the unique function of kin within the foster care system. This law clearly indicated that "a fit and willing relative" could provide a planned permanent living arrangement for a dependent child. It also stated that termination of parental rights did 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." The law emphasized that the right of children to have a safe, stable, and secure environment was, at times, more important than family preservation or reunification (Berrick, Fox, & Frasch, 2000).

At this point, kinship foster care is the fastest growing type of substitute care supported by the child welfare system (Gleeson, 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. Department 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. Department of Health and Human Services, 2000). For the county of San Bernardino, California, kin care placements constituted 35% of the 5,051 out-of-

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home placements in 2004 (San Bernardino County Human Services, 2005).

Characteristics of Kinship Caregivers

Relatives who take children who have been abused and neglected into their homes, kin caregivers have been found to be different from non-kin caregivers, or traditional "foster parents," in various ways. Previous research has suggested that kin care providers are often older, tend to be African American, and generally have lower incomes than non-kin foster parents (Berrick, Barth, & Needell, 1994; Gebel, 1996). Kin caregivers are more likely to receive public benefits and are less likely to report being in good health (U.S. Department of Health and Human Services, 2000). Dubowitz and Feigelman (1993) conducted a study of 524 children placed in kinship care and found that 90% of the children in their sample were African American. The median age of the caregivers in the study was 48 years and 20% were 60 years of age or older. In a separate study, researchers found that children placed in kinship care often are removed from homes due to circumstances of poverty only to be placed with relatives in similar socioeconomic situations (Lawrence-Webb, Okundaye, & Hafner, 2003).

Gleeson and O'Donnell (1997) found that kinship caregivers have fewer resources and tend to live in low-income housing that is more crowded than non-kin foster caregivers' housing. They also found that of 77 kinship foster care cases studied, nearly 78% of the caregivers had between 5-12 persons living in their households. Most of the caregivers (70%) were single females with the median age of 50 and 61% of them were grandparents of the children placed in their custody. Twenty-seven (35%) of the kin care providers surveyed lived in low-income public housing or received

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subsidized rents.

Dubowitz and Feigelman (1993) indicated that in more than half of the kinship placements they studied, the children were placed with grandmothers. Lawrence-Webb et al. (2003) found that grandparent caregivers tended to have serious health problems and to have experienced a loss of income due to disability or retirement, which circumstances affected their ability to provide care for their grandchildren. Several studies have reported that most kinship foster families receive public assistance and other forms of support, such as Social Security or SSI (Gleeson & O'Donnell, 1997; Dubowitz & Feigelman, 1993; Gebel, 1996). Financial assistance provided by the states was often the minimum allowed by law per child and often did not cover all of the expenses incurred in raising the dependent children in their care. Traditionally, kinship placements have been concentrated in large urban areas and have been used predominately with economically disadvantaged children of color and their families (Gleeson & O'Donnell, 1997).

Kin caregivers have also been found to differ from non-kin caregivers in their perceptions of their roles with children under their care. When compared with non-kin caregivers, kin caregivers have shown a stronger sense of responsibility in facilitating the relationships between birth families and the children in their care, in assisting with emotional and social development, and in parenting tasks (Le Prohn, 1994). Gebel (1996) found that kin caregivers were more likely to have a preference for physical discipline and a lower level of empathy for children's needs than were non-kin caregivers.

Characteristics of Foster Children in Kinship Care

As noted earlier, several studies have shown that African American children are disproportionately represented in kinship care, when compared to other groups of children (Berrick et al., 1994; Dubowitz & Feigelman, 1993). This is due to the fact that African Americans have traditionally been utilizing informal kinship care arrangements to maintain children who are without parental care within the family system. Studies comparing the ages of children in kin care placements versus non-kin care placements have yielded mixed results. Some studies found that children in kin foster care were more likely to be younger than children in non-kin foster care (Scannapieco et al., 1997; Iglehart, 1994). However, Berrick et al. (1994) found no significant difference in the ages of children in kinship care and non-kinship care.

Prior research found that children in kinship care were more likely than children in non-kin care to have been removed from their birth parents' homes due to neglect than other types of maltreatment (Grogan-Kaylor, 2000; Iglehart, 1994). According to the National Data Archives on Child Abuse and Neglect (1998) adoption and foster care analysis and reporting system (AFCARS) and Gleeson et al. (1997), children in kinship care were more likely to come from homes in which the birth parents had an alcohol or drug problem. In addition, birth parents of children in kinship care tend to be younger and more likely never to have been married than birth parents of children in non-kinship care placements (Altshuler, 1998).

Ehrle & Geen (2002) explored environmental factors within placement settings, including poverty, food, education of caregiver, characteristics of caregiver, services

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received from the child welfare system, and support payments. They found that children in kinship care faced significantly more environmental hardships than children in non-kin foster care. This may be due to the fact that kin caregivers were more likely to be older and in more economically disadvantaged situations compared to non-kin caregivers.

Children with kinship care as a primary placement had significantly more stable placement experiences than did children who were placed with non-kinship care foster parents (Berrick, Needell, Barth, & Jonson-Reid, 1998). In fact, an initial placement in a kinship home seemed to reduce the number of subsequent placements, and adolescents who remain in a relative's care were less likely than those in non-kin foster homes to have a mental health problem (Iglehart, 1994). On the other hand, children in kinship care tended to remain in out-of-home care longer than those in non-kin foster care (Scannapieco, Hegar, & McAlpine, 1997).

Kinship Care Outcomes

Few studies have been conducted to assess the outcomes of kinship care in terms of variables related to the goals of the child welfare system such as safety, permanency, well-being, or family reunification. Thus, it's largely unknown whether and how kinship care placements produce better outcomes than non-kinship care placements. Moreover, outcomes have been defined or viewed from the perspectives of the child welfare system or policy makers and generally not from perspectives of kinship caregivers, parents, or children. Furthermore, as kin care placements have become a dominant type of out-of-home placement, it has become increasingly important to determine what factors influence the success or failure of a kinship foster placement

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(Berrick et al., 1994).

Overall, kinship care placements appear to be more stable than non-kin care placements. Children with kinship care as a primary placement had significantly more stable placement experiences than did children who were placed with non-kin (Berrick, et al., 1998).

Pecora, Le Prohn, and Nasuti (1999) found that youth in kinship care remained in out-of-home care for longer periods of time and reunified at a lower rate than youth in non-kinship care. Courtney (1994) also suggested that initial foster care placement with kin was associated with a significantly slower rate of family reunification during the first several months of foster care. Of those who returned home in the first 3 years, around half did so in the first 6 months and about 70% did so within the first year. However, Berrick (1997) indicated that the proportion of children ultimately reunified from kin and non-kin care was roughly similar for both groups after about 4 years.

Factors contributing to the stability and duration of kinship foster care are largely unknown since very few studies have been conducted on the topic. Testa and Slack (2002) examined the stability and duration of kinship foster care using a 5-year longitudinal study of 983 children who had been living with a relative caregiver for at least 1 year in Cook County, Illinois from 1994-1999. The researchers wanted to determine to what extent the caregiver perception of “reciprocity” (cooperation on the part of birth parents in working toward reunification) affects the likelihood of a child’s reunification with birth parents or replacement from kinship care into non-related foster care. Testa and Slack found that reunification and stability of kinship care were indeed

dependent upon reciprocity, payment, empathy, and sense of duty. Reunification was more likely to occur if caregivers perceived birth parents as regularly visiting and working cooperatively. Also, children whose caregivers experienced a reduction in payment amounts were more likely either to be reunified or placed again than children with families who retained full foster care subsidy.

Testa, Shook, Cohen, and Woods (1996) described efforts in Illinois to improve permanency outcomes by examining 1,116 children in formal kinship care. While the study demonstrated that perceptions that relatives were unwilling to adopt were not fully supported, a large percentage (30%) of relatives expressed misgivings about adoption. The most common reasons given for the misgivings were that the children were too old and/or the financial pressures were too great.

Kinship care placements may not be as “safe” as non-kin care placements, at least according to one study. Berrick (1997) assessed the quality of care in 29 kin and 33 non-kin foster parents in a single county in California. Results indicated that family relations between children and their caregivers were similar for kin and non-kin, but non-kin homes were “safer” on a number of measures than kin homes. However, kin caregivers believed the children in their homes were less emotionally traumatized by their past experiences than children in non-kin homes. The study highlighted the role kinship care plays in promoting and maintaining close relationships between foster children and their birth parents in that about three fourths of the children in kinship homes had warm and positive relationships with their birth mothers compared to about one third of non-kin homes.

Permanency outcomes for kinship foster care have been examined in terms of disruption rates (premature termination of placement) of children placed with kin. Terling-Watt (2001) examined the disruption rate for the 875 children in Houston, Texas who were placed with relatives between January 1993 and July 1996. The results indicate disruption rates of almost 50% for children placed in kinship care that do not go home to their families. A stratified random sample of 30 cases for a complementary qualitative study showed that the most common problem was the continued influence of the children's birth parents and the kin care providers' inability or unwillingness to maintain the boundaries between birth parents and children as established by Child Protective Services. The second most common problem found was the difficulty relatives had understanding or believing the limitations of the parents and the dangers they represented to the children. Another problem identified was the challenge adolescents from long-term substance-abusing families face when they must adapt to an environment with relatives that is more structured than the home to which they are accustomed. Older children often literally run away from these situations. Other reasons for the high disruption rates include relatives with uninformed and unrealistic ideas about their ability to address the problems of the children in their care, the age or general health of the relative, and relatives' resistance to receiving supportive services.

A few studies have examined the cognitive or academic outcomes of children in kinship care. Tyler, Howard, Espinosa, and Doakes (1997) conducted a study on the cognitive development at 6 months of 67 infants who remained in the care of substance-abusing biological mothers versus those who were cared for by relatives. They found

that infants who remained in care of their birth mothers demonstrated better cognitive development than infants in the care of relatives at 6 months. However, some of the children who remained with their birth mothers suffered injury or death while in their mothers' care.

Sawyer and Dubowitz (1994) examined the school performance of 372 children in Baltimore, Maryland who were in kin foster care placement. They found that placement at a later age and fewer children in the home were associated with higher academic achievement.

Iglehart's 1995 study compared the perceptions of readiness for independent living among 63 non-foster care adolescents, 42 adolescents in kinship care, and 69 adolescents in non-relative foster care in Los Angeles. The results indicated that those residing with a relative perceive themselves after high school/foster care to be significantly less likely to be working full-time, less likely to work more than 40 hours a week, and more likely to expect to live with a relative.

Worrall (2001), in a brief article, offers an introduction into the family group conferencing model developed in New Zealand and shares some impressions from his 1996 qualitative study (unpublished master's thesis) of five New Zealand-born European families who cared for 14 kin under this innovative program. Worrall found that the quality of kinship care and the likelihood of positive outcomes are determined by: a comprehensive family network assessment along with regular review, examination of histories of attachment between caregivers and children, preparation and ongoing education for the task of caring for an abused and traumatized child, in-depth child

assessments, positive contact with birth parents, adequate financial support, and ongoing social and professional support to determine the quality of kinship care. Although these factors are not described by Worrall, they are very congruent with the findings of the study upon which this curriculum is based.

Group Discussion

- Discuss two major Acts related to kinship care (Adoption Assistance and Child Welfare Act of 1980 and the Adoption and Safe Families Act of 1997) and how they moved child welfare agencies in the direction of placing dependent children with relatives.
    - Why did policy makers believe it was so important to place dependent children with relatives?
- Discuss the characteristics of kinship caregivers.
    - According to the literature in the field what are the characteristics of relatives who are taking care of foster children?
- Discuss the characteristics of foster children in kinship care.
    - What have studies shown about the relative proportion of different ethnic groups in kinship care?
    - Are there other characteristics that seem to make the group of children who are placed with kin different from children who are placed in foster care?
- Discuss kinship care outcomes.
    - What does the literature show about differences in outcomes between kinship care placements and foster care placements?
- Worrall (2001) had some very interesting outcome findings. What is a major problem with Worrall's study?

Assignments, Small Group, and/or Self-Reflective Activities

- How is the concept of "attachment" related to kinship care?

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- What do critics of kinship care mean when they say, “the apple doesn’t fall far from the tree?”

- What would it be like to be a child and be removed from your parent’s care due to child abuse and/or neglect and be placed with a grandparent or other relative?

- What would some typical “stresses and strains” of placement be for relatives who take in dependent children?

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MODULE II

DEMOGRAPHIC CHARACTERISTICS OF KIN CAREGIVERS

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MODULE II
DEMOGRAPHIC CHARACTERISTICS OF KIN CAREGIVERS

Note to Instructor

Material from this module could be used in any combination of lecture, group discussion, and/or assignments. It provides information about the demographic characteristics of the sample of 130 kin caregivers in two California counties. It will take approximately 20-40 minutes to complete this module depending on the audience and level of participation.

Goals

Participants will learn the demographic characteristics of the research sample of kin care providers and discuss how these characteristics may be related to child welfare practice.

Objectives

At the completion of this module, participants will know the following about this sample:

- The relative proportion of male to female kin caregivers.
- The age distribution of kin care providers.
- The ethnicity distribution of kin care providers.
- The marital status of kin care providers.
- The educational backgrounds and current employment status of kin care providers.
- How dependent children are related to their kin care providers.

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- How many children kin care providers are caring for in their homes.

- Know which of these factors, if any, seemed to be related to differential outcomes in placement.

- In addition, participants will be able to discuss how these demographic factors may be related to social work interventions needed by these families.

The Study

This study investigated factors that might be associated with the disrupted kinship care placements of abused and neglected children using data that was collected from face-to-face interviews of 130 kin caregivers who were randomly selected from lists provided by two child protection agencies and divided into four different outcome groups which were drawn from lists of:

1) Children who had already been reunified with their birth parents (reunification group),

2) Children who were still moving toward reunification with their birth parents (reunification in progress group),

3) Children who continued to be placed with kin after reunification with birth parents had failed (continued kinship placement group), and

4) Children whose kin care placement was discontinued prematurely and who were subsequently placed with non-relatives (disrupted kinship placement group).

Demographic Characteristics of Caregivers

There were a total of 130 kin caregivers from the four placement outcome groups in the sample: 31 from the reunification group, 30 from the reunification in progress group, 40 from the continued kinship placement group, and 29 from the disrupted kinship placement group.

- Over 93% of the respondents were female.

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- Over a third of the respondents were white (35%), 28% were Hispanic/Latino, 25% were African American, and 13% were of other ethnicities.

Respondent age ranged from 18-77 years (Mean = 48 years, SD = 13 years). Over half of the caregivers from the continued placement group were 51 years or older as compared to 29% of the caregivers from the discontinued group. Caregivers from the discontinued group tended to be younger than those from the other three outcome groups. However, such a difference was not statistically significant (see Appendix A - Table 1).

In terms of caregivers' relationships to the children in their care, approximately:

- 44% were grandmothers,
- 33% were aunts,
- 7% were great-aunts, and
- 5% were great-grandmothers.

Siblings (2), cousins (2), great-uncles (3), uncles (1), and grandfathers were also caregivers to the children in the groups studied.

A closer examination of specific kin relationships to the dependent children revealed that of the four outcome groups, over half of the caregivers for both the reunification in progress group and the continued kinship placement group were grandmothers, while over half of the caregivers for the reunified group and the discontinued placement group were aunts or uncles.

- Over 62% of the caregivers for the discontinued group were aunts, uncles, or great-aunts.

With respect to education, nearly half of the caregivers in the study completed high

school, 21% had some college education, while 20% had less than a high school education, and 10% completed college or graduate education.

- There was no statistically significant outcome group difference in caregivers' educational backgrounds.

The majority of the caregivers were married (55%), 18% were either divorced or separated, 12% were widowed, 10% were never married, and 6% were cohabitating. Over 54% of the caregivers in the study reported to have a monthly income of less than $3,000, while 37% had monthly incomes of between $3,001 and $6,000, and only 9% had monthly incomes of $6,001 or more. There was no statistically significant income difference among the four outcome groups. With respect to employment status, 59% were employed, 25.6% were unemployed, and 16% were retired. There were no significant differences in employment status among the four outcome groups. The kin caregivers in the study reported to either have currently or at the time of the previous placement to have had an average of 2.3 children in their care. Forty percent reported taking care of or having taken care of one child, 24% of two children, 22% of three children, and 15% of four children or more.

- There was no significant group difference in the numbers of children in their current placements or during previous placements.

Group Discussion

- Discuss the characteristics of kinship caregivers. According to the findings of this study, who are these relatives who are taking care of foster children?
    - How old are they?
    - How many belong to which ethnic groups?
    - How are they related to the dependent children in their care?

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Assignments, Small Group Discussion, and/or Self-Reflective Activities

- What surprises you most about these findings?

- There were more aunts and great-aunts providing kinship care than some past research studies have suggested. What issues are likely to be the same or different for aunts as opposed to grandmothers in terms providing kinship care in terms of:

    - Psychological or emotional relationships with the dependent children in their care, and

    - Relationships with the birth parents of the dependent children in their care (i.e., the kin care provider as sister rather than mother).

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MODULE III

DEMOGRAPHIC CHARACTERISTICS OF DEPENDENT CHILDREN IN KINSHIP CARE

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MODULE III
DEMOGRAPHIC CHARACTERISTICS OF DEPENDENT CHILDREN IN KINSHIP CARE

Note to Instructor

Material from this module can be used in any combination of lecture, group discussion, and/or assignments. It provides information about the demographic characteristics of a sample of dependent children who were placed with kin in two California counties. The module will take approximately 20-40 minutes to complete, depending on the amount of discussion.

Goals

Participants will learn about the demographic characteristics of a sample of 291 children who were placed in care as the result of abuse or neglect, and discuss how these characteristics might be related to social work practice with these children and their families.

Objectives

At the completion of this module, participants will know the following about this sample:

- The age distribution of children in kin care placements.
- The ethnicities of the children in care and their distribution in the four outcome groups.
- The health status of the children in care.
- The academic status of the children in care.
- The extent to which the children in care had “gotten into trouble” at home or in

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school and the differences between outcome groups on this variable.

- In addition, participants will be prepared to discuss how the health status of dependent children and the extent to which they are perceived by their caretakers as getting "into trouble" at home and at school may be related to placement outcomes and need for social work intervention.

Demographic Characteristics of Dependent Children

There are 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). The children's gender was almost evenly distributed at 49% female and 51% male. The children's ages ranged from 1-21 years with an average of 8.6 years (SD = 5.3 years).

- There was a statistically significant age difference among the outcome groups. Older children (11 years or older) were overrepresented in both the discontinued and the continued placement groups (39% and 34%, respectively) compared to the reunified and the reunification in progress groups (16% and 13%, respectively).

Table 2 (Appendix B) shows the frequency distribution of the demographic characteristics of the dependent children in the study.

In terms of the children's ethnicity, 27% were Hispanic/Latino, 24% were African American, 22% were mixed, 19% were white, and 8% were other.

- There was a statistically significant ethnic difference among the outcome groups. Interestingly, more than a third of the children in the reunified group were African American, while over 46% in the reunification in progress group were Hispanic/Latino. Nearly half of the children (49%) in the continued placement group were either African American or mixed. For the discontinued group, the great majority of the children (64%) were either Hispanic/Latino or white.

In terms of the children's health status, nearly two thirds of the children (64%) were reported to be in "very good" health, 25% indicated "good" health, and 11% reported to be in either "fair," "poor," or "very poor" health.

- There was a statistically significant difference in health status among outcome groups. Approximately 70% of the children in three of the groups (reunified, reunification in progress, and continued kin placement), were reported to be in very good health, compared to only 44% of the children in the discontinued group.

Regarding academic performance, 44% were reported to be doing "average," 28% "above average," and 27% "below average" overall. When caretakers were asked if the children in their care had "gotten into trouble" (exact phrase) either at school or home, the great majority of the children (73%) were reported as having not gotten "into trouble."

- There was a statistically significant group difference in getting into trouble at home or school. Nearly 43% of the children in the discontinued group were indicated to have gotten into trouble, while only 24% or less of the children from the other three groups were reported to have gotten "into trouble."

The great majority of the children in the sample were reported not to have any special needs (73%). However, while children in the discontinued group tended to have more special needs compared to the other three groups, the difference was not statistically significant.

Group Discussion

- Discuss the demographic characteristics of children in kinship care. According to the findings of this study, who are the children being placed in kinship care?
    - How old are they?
    - How many children belong to which ethnic groups?

- What is the health status of the children in care?
- What is the "academic performance" of these children?
- How often do these children get "into trouble" at home and/or at school?
- Are there differences between the outcome groups based on any of these variables?

Assignments, Small Group Discussion, and/or Self-Reflective Activities

- What surprises you most about these findings?
- Older children (11 years and older) were *over represented in both the discontinued and the continued placement groups* (39% and 34%, respectively) compared to the reunified and the reunification in progress groups (16% and 13%, respectively).
    - Do you think it would be more difficult for an aunt or a grandmother (or other relative) to care for an older child? Why?
    - Why do you think older children might be over-represented in the discontinued group? Is it something about them or something about their birthparents or a combination of both?
- In this study, *27% of the children were Hispanic/Latino, 24% were African American, 22% were mixed, 19% were White, and 8% were other*. What do you know about the ethnic makeup of California as a whole and of the county in which you attend school and/or practice child welfare social work? Are these figures representative of California and your area? If not, what factors do you think account for the differences?
- In this study, Hispanic/Latino and White children accounted for 46% of the total sample, but comprised 64% of the "discontinued" group? Do you think this finding has meaning? What could account for it?
- Only 44% of the children in the "discontinued" group were seen as having been in "good health" by their kin caregivers while 70% of the children in the other three groups were seen as having been in "good health."
    - What kinds of health problems could account for the big difference between the "discontinued" group and the other groups?
    - What kinds of demands are made on kin care providers who are caring for children with health problems?

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- What kinds of services or programs are available in your community that could help kin care providers care for children with health problems?

    - How accessible are these programs?

    - How well could an employed kin care provider access these programs?

- *Nearly 43% of the children in the "discontinued" group were indicated to have gotten into trouble at home or at school*, while only 24% or less of the children from the other three groups were reported to have gotten "into trouble" by their kin care providers.

    - When children get "into trouble," they are often seen as "acting out" feelings and emotional turmoil they are otherwise unable to express. What do we know about the development of children that would cause abused and neglected children in placement with relatives to "act out?" What feelings might they be acting out?

    - Are there other reasons besides "acting out" that abused and neglected children might get "into trouble" at school or at home?

    - What kinds of services or programs are available in your community that could help kin care providers with children who are getting into trouble?

        - How accessible are these programs?

        - How well could an employed kin care provider access these programs or services?

        - Are there special programs available to help kin care providers learn "parenting" techniques they may not have had to use with their own children?

        - Do you think dependent children could benefit from group treatment with other children who are placed with relatives? Why or why not?

        - Do you think "self help groups" for kinship care providers would be useful in helping them reduce the extent to which the children in their care get into trouble? Why or why not?

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MODULE IV

KIN CAREGIVERS' RELATIONSHIP WITH AND FREQUENCY OF CONTACT WITH BIRTH PARENTS

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MODULE IV
KIN CAREGIVERS' RELATIONSHIP WITH AND FREQUENCY OF CONTACT WITH BIRTH PARENTS

Note to Instructor

Material from this module could be used in any combination of lecture, group discussion, and/or assignments. It provides information about kin caregivers' relationships and frequencies of contact with the birth parents of the children in their care. The module takes approximately 20-40 minutes to complete depending on the amount of discussion.

Goals

Participants will learn about the relationships and frequency of contact between kin caregivers and the birth parents of the children in their care.

Objectives

At the completion of this module, participants will:

- Know how four groups of kin caregivers evaluated the relationships they had with the birth fathers of the children in their care.
- Know how four groups of kin caregivers evaluated the relationships they had with the birth mothers of the children in their care.
- Know how caregivers recollected the frequency of contact between themselves and the birth fathers of the children in their care.
- Know how caregivers recollected the frequency of contact between themselves and the birth mothers of the children in their care.
- Discuss how relationships and frequency of contact between kin care providers and the birth parents of the children in their care may be related to differential outcomes in placement.

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Caregivers' Relationship and Frequency of Contact with Birth Parents

An interesting pattern of the caregivers' relationships with their dependent child's birth parents (by placement outcome group) is shown in Table 3 (Appendix C).

- Caregivers from the continued kin placement and discontinued groups tended to have poorer relationships with the dependent children's fathers than those from the reunified and reunification in progress groups.

The difference was statistically significant. For example, 43% of the caregivers from the discontinued group and 38% of the caregivers from the continued placement groups reported to have "no relationship" with the child's birth father as compared to 18% of the caregivers from the reunified group and 28% of the reunification in progress group.

Regarding the caregivers' relationships with the children's birth mothers, caregivers from the continued placement group tended to have a positive relationship with the child's birth mother in comparison to those from other outcome groups. Approximately 56% of the caregivers from the continued placement group reported to have either a "very good" or "good," relationship with the child's birth mother as opposed to 47% in the reunified group, 33% in the reunification in progress group, and 36% in the discontinued group. The difference was statistically significant.

Caregivers' frequency of contact with birth parents during placement appears to differ across the four placement outcome groups.

- Caregivers from the reunified and reunification in progress groups tended to have more frequent contacts with the child's birth father than those from the discontinued and continued placement groups.

For example, 46% of the caregivers from the reunified group and 51% from the reunification in progress group reported to have contact with their dependent's child's

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birth father at least once a week as compared to 18% and 14% from the continued placement and discontinued groups, respectively. The difference among the four outcome groups was statistically significant.

- Interestingly, the great majority of caregivers from the discontinued group (74%) reported having no contact with the child's birth father during placement.

- The pattern of caregivers' frequency of contact with the dependent child's birth mother appears to be similar to that of the birth father during placement, although caregivers tend to have more frequent contacts with the child's birth mother than birth father overall.

Caregivers from the reunified and reunification in progress groups tend to have more frequent contact than those from the discontinued and continued placement groups. And the difference was statistically significant.

Group Discussion

- Discuss relationships between kin caregivers and the birthparents of the children in their care both in terms of quality and frequency of contact.

- Discuss differences between the four outcome groups in terms of relationships between kin caregivers and the birthparents of the children in their care both in terms of quality and frequency of contact

Assignments, Small Group Discussion, and/or Self-Reflective Activities

- What surprises you most about these findings?

- Caregivers from the continued kin placement and discontinued groups tended to have poorer relationships with the fathers of the dependent children than those from the reunified and reunification in progress groups.

    - Why do you think this was?

        - Were these placements "discontinued" because the fathers were actively causing problems with the caretakers?

        - If the fathers of the children in the continued and discontinued groups were less involved in the lives of their children (and

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consequently had poorer relationships with their children's caretakers) what effect might this lack of involvement have had on the development of their children?

- Caregivers from the continued placement group tended to have a positive relationship with the child's birth mother in comparison to those from other outcome groups.

    - Why do you think this was?

        - Are birth mothers more likely to have a positive relationship with the kin care providers because the birth mothers were more likely to have been the primary caretakers and thus more likely to be the parents assertively trying to become reunified with their children?

        - Are children more likely to be placed with maternal kin than paternal kin?

- The great majority of the caregivers from the discontinued group (74%) reported to have no contact with the child's birth father during placement.

    - What is the meaning of this finding?

        - Have these children (from the discontinued group) been abandoned by their fathers? How does abandonment in childhood by a parent affect development?

        - Do fathers provide an important level of support to the caregivers in the other three groups that is not being provided to the caregivers in the discontinued group?

        - Does the marked absence of contact by fathers in the discontinued group suggest that these families were more dysfunctional prior to the placement being made?

        - If fathers of the children in the "discontinued" group could have been found and encouraged to contact their children and their caretakers on a regular basis would this have affected the outcomes of these placements?

- Caregivers from the reunified and reunification in progress groups tended to have more frequent contact with the birth mothers of the children in their care than those from the discontinued and continued placement groups.

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- What is the meaning of this finding?

    - Is frequency of contact between the birth mother and kin care provider an important variable in predicting which dependent children will be reunited with their birth parent(s)?

    - Is frequency of contact between the birth mother and kin care provider really just another measure for frequency of contact between a birth mother and her child in placement, which predicts the probability of reunification?

MODULE V

KIN CAREGIVERS' RELATIONSHIP WITH AND FREQUENCY OF CONTACT WITH DEPENDENT CHILDREN PRIOR TO PLACEMENT

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MODULE V
KIN CAREGIVERS' RELATIONSHIP WITH AND FREQUENCY OF CONTACT WITH DEPENDENT CHILDREN PRIOR TO PLACEMENT

Note to Instructor

Material from this module could be used in any combination of lecture, group discussion, and/or assignments. It provides information about kin caregivers' preplacement relationships and frequencies of contact with the children who were ultimately placed in their care. This module will take approximately 20-40 minutes to complete depending on the amount of discussion.

Goals

Participants will learn about the preplacement relationships and frequency of contact between kin caregivers and the children who were placed in their care.

Objectives

At the completion of this module, participants will:

- Know which of the four groups of caretakers were more likely to have had positive preplacement relationships with the children in their care.
- Know which of the four groups of caretakers were more likely to have had more frequent preplacement contact with the children in their care.
- Know how the four groups of caretakers differed on the ease or difficulty with which they made their decisions to take the dependent children into their homes.

Caregivers' Relationship and Frequency of Contact with Dependent Children Prior to Placement

- In terms of the caregiver's quality of relationship with their dependent children prior to placement, caregivers from the reunified, reunification in progress, and continued placement groups were likely to have had more positive relationships with their dependent children than those from the discontinued group.

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Prior to placement, 87% of the caregivers from the reunified group, 83% from the reunification in progress group, and 82% from the continued placement group reported their relationship with the child was either “very good” or “good,” while only 70% of the caregivers from the discontinued group indicated so. This difference was statistically significant.

Prior to placement, caregivers from three outcome groups (reunified, reunification in progress, and continued placement) were likely to have had more frequent contacts with their dependent children than those from the discontinued group. For example, 67% of the caregivers from the reunified group, 66% from the reunification in progress group, and 80% from the continued placement group reported to have contact at least once a week as opposed to 52% of the caregivers from the discontinued group. The difference, however, was not statistically significant.

In relation to making a decision to care for the dependent children, again,

- Caregivers from two outcome groups (reunified and reunification in progress) tended to report that their decisions to take the children into their care was easier that those from the continued and discontinued placement groups.

For example, 87% of the caregivers from the reunified group and 97% of the caregivers from the reunification in progress group reported their decision to care for the child was either “very easy,” or “easy” compared to 71% of the caregivers from the continued placement group and 60% of the caregivers from the discontinued group. The difference here was also statistically significant. Table 4 (Appendix D) shows the frequency distribution of the caregivers’ relationship and frequency of contact with the dependent child prior to placement.

Group Discussion

- Discuss the preplacement relationships between kin caregivers and the children ultimately place in their care both in terms of quality and frequency of contact.

- Discuss the relative ease or difficulty the kin caregivers reported having had in making the decision to accept the children into their homes.

Assignments, Small Group Discussion, and/or Self-Reflective Activities

- What surprises you most about these findings?

- The caretakers from the discontinued group were less likely to report having had positive preplacement relationships with the children who were placed in their care. The difference was statistically significant, but not huge. What do you make of this finding?

- The caretakers from the discontinued group reported having had less preplacement contact with the children who were placed in their care than the other groups, but the difference was not statistically significant.

    - What do you make of this finding?

    - When you look at the relative percentages of reported contact for the four groups, do the differences "look like" they should be statistically significant? Do you think they might be significant in another study with a larger sample (i.e., if more caretakers were interviewed)?

- Caretakers have choices to make about taking dependent children into their care. In this study caregivers from two outcome groups (reunified and reunification in progress) tended to report that their decision to take children into their care was easier than those from the continued and discontinued placement groups. The largest contrast was between the reunification in progress group in which 97% of the caregivers said the decision was "easy" or "very easy" and the discontinued group in which only 60% of the caregivers reported that the decision was "easy" or "very easy."

    - To what extent do you think this finding might be due to the above finding on the frequency of and quality of contact between caregivers and birth parents?

    - To what extent do you think this finding might be due to the above finding on the frequency of and quality of preplacement contact between caregivers and children?

- What other factors might make it difficult to decide to take the abused and/or neglected child of your relative into your home for an unspecified amount of time?

- Do you think it would be possible and/or useful for child welfare workers to assess the difficulty of the caretakers' decisions at the time of placement to take in dependent children and to provide supplementary supportive services to the caretakers who are struggling more with the decision? If so, what kinds of services might be helpful?

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MODULE VI

KIN CAREGIVERS' HEALTH ISSUES, SOURCES OF SUPPORTIVE SERVICES, AND FREQUENCY AND TYPE OF CONTACT WITH SOCIAL WORKERS

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MODULE VI
KIN CAREGIVERS' HEALTH ISSUES, SOURCES OF SUPPORT SERVICES, AND FREQUENCY AND TYPE OF CONTACT WITH SOCIAL WORKERS

Note to Instructor

Material from this module could be used in any combination of lecture, group discussion, and/or assignments. It provides information about kin caregivers' health issues, sources of supportive services, and the frequency and type of contact between caregivers and social workers. The module should take 20-40 minutes to complete depending on the amount of discussion.

Goals

Participants will learn about kin caregivers' health issues, sources of supportive services, and the frequency and type of contact between caregivers and social workers.

Objectives

At the completion of this module, participants will know:

- What the caregivers in this study reported as their overall "health status."
- What the caregivers in this study reported as their overall "life satisfaction."
- What the caregivers in this study reported as their overall use of alcohol.
- The extent to which caregivers reported having received various supportive services and funds and the significant differences between the groups.
- The extent to which caregivers reported having contact with the social workers for the children in their care and the significant differences between the groups.
- The extent to which caregivers reported having discussed the services plan with the social workers for the children in their care and the significant differences between the groups.

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- The extent to which caregivers reported having had any special "parenting" training related to the children in their care, whether or not they wanted such training, and the significant differences between the groups on these two issues.

Caregivers' Health Issues

The great majority of the caregivers in the study (83%) reported their health status to be either "very good," or "good." Only four caregivers indicated their health to be in poor condition (see Appendix E, Table 5).

- There was no statistically significant association between health status and outcome groups. Furthermore, 90% of the caregivers reported that they did not have any health conditions limiting the ability to care for their dependent children.

Again, there was no statistically significant difference between the presence of health problems limiting their care and outcome groups. Twenty percent of the caregivers reported using alcohol when the children were originally placed in their care,

- In addition, nearly 78% of the caregivers reported that they were either "very satisfied or "satisfied" with their lives.

Approximately 8% indicated that they were not satisfied with their lives. There was no statistically significant group difference in the life satisfaction question.

Sources of Support for Various Services

- Over 90% of the caregivers reported that they had not received any support for respite care, rent, transportation, or housing from any sources.

Five caregivers each from the reunification in progress and continued placement groups reported having received some subsidy for rent from the Department of Public Social Services (DPSS).

- Over 80% of the caregivers in the study indicated that they had not received any support for utilities, repairs, training, or therapy.

Sixteen caregivers from the reunified group reported that they had received some

subsidy for their utilities from families and friends. Thirteen caregivers from the reunification in progress group and eight caregivers from the reunified group indicated that they had received some help for repairs from community agencies.

DPSS was a major source of support for medical and dental services for the dependent children (60%). DPSS was also cited as the source of help for groceries (27%), childcare (26%), school expenses (17%), furniture (15%), and therapy (13%). Community agencies were reported to be the source of support for training (10%), groceries (8%), therapy (8%), transportation (7%), repairs (7%), and furniture (7%). Overall, caregivers from the continued and discontinued placement groups tended to report receiving less support from any sources compared to the reunified and reunification in progress groups.

- In particular, caregivers from the discontinued group reported to have received significantly fewer services from any sources related to childcare, respite care, school expenses, training, or therapy when compared to the other placement outcome groups.

Table 6 (Appendix F) shows the frequency distribution of the sources of support for various services and programs for kin caregivers

Caregiver's Frequency and Type of Contact with Social Workers

Caregivers' frequency of contact with social workers seems to differ among the four placement outcome groups.

- Caregivers from the discontinued group reported less frequent contact with their social workers than those from the other three groups.

Only 44% of the caregivers from the discontinued group reported to have contact with their social workers once a month compared to 54% from the reunified group, 52% from

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the reunification in progress group, and 72% from the continued placement group. This difference was statistically significant.

In answering a question regarding whether social workers had discussed a services plan with the caregiver, 69% of the caregivers responded in an affirmative way.

- Again, caregivers from the discontinued group were less likely to report that their social workers had discussed their dependent children's services plan with them when compared to those from the other three outcome groups.

Approximately 53% of the caregivers from the discontinued group indicated that their social workers had discussed a services plan with them as compared to 72% from the reunification group, 79% from the reunification in progress group, and 72% from the continued placement group. This difference was statistically significant. The great majority of the caregivers (88%) reported they had never received any foster parent or related training.

In their answers to a question about whether they wanted to receive "foster" parenting training from social service agencies, 74% responded "yes."

- Interestingly, nearly half of the caregivers (49%) from the discontinued group indicated that they wanted to receive some type of foster parenting training, while only 6% from the reunified group, 26% from the reunification in progress, and 27% from the continued placement group indicated they wanted to receive such training.

This finding was statistically significant.

In answering a similar question regarding whether they wanted to receive foster parenting training from social workers, 77% of the caregivers responded in the negative.

- Again, caregivers from the discontinued group were more likely to respond that they wanted to receive foster parenting training from social workers than caregivers from the other three outcome groups.

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This finding was statistically significant as well.

Group Discussion

- Discuss kin caregiver health issues, life satisfaction, and use of alcohol, and how they might be related to placement outcomes.

- Discuss the types of services and financial supports that kin caregivers might need to ensure a successful placement.

- Discuss how frequently child welfare social workers might need to contact kin caretakers and how frequency of contact and discussion of case plans might be related to successful placements.

- Discuss whether or not kin caregivers receive or might want special training on how to "parent" the children in their care and whether or not such training might affect the outcomes of kin care placements.

Assignments, Small Group Discussion, and/or Self-Reflective Activities

- What surprises you most about these findings?

- The literature and conventional practice wisdom suggest that kin caretakers are grandparents with significant health problems that might impair their abilities to care for the children placed with them. In this study 90% of the caregivers reported **not** having any health condition that would limit them in their abilities to care for the children placed with them.

    - What do you make of this finding?

    - The discontinued group was not statistically different than the other groups in terms of reported health problems. What do you make of this?

- About 80% of the caregivers reported not using alcohol and there were no significant differences between the groups.

    - Do you believe people accurately report use of alcohol in interviews? Why or why not?

- Almost the same number (78%) of caregivers reported they were "very satisfied" or "satisfied" with their lives and there were no significant differences between the groups.

    - What do you make of this finding?

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- Do you think basic satisfaction with one's life would make it more or less likely a person would be willing to assume care for the abused and/or neglected child of a relative? Why?

- The literature and conventional practice wisdom suggest that many kin caregivers need supportive and/or financial services to provide for the children placed in their care. In this study over 90% of the caregivers reported that they had not received any support for respite care, rent, transportation, or housing from any sources and over 80% of the caregivers in the study indicated that they had not received any support for utilities, repairs, training, or therapy.

    - What do you make of this finding? Do caregivers not need as much support as some writers think or are they simply not getting the support they may need.

    - What do you know about these kinds of resources in your community and how to access them? Where would you find referral information to these services?

- In this study, there was a major difference between the groups in terms of services received from all sources by caregivers and the children in their care. Caregivers from the discontinued group reported to have received significantly fewer services in childcare, respite care, school expenses, training, or therapy from any sources than the rest of the placement outcome groups**.**

    - What do you make of this finding?

    - Why would members of the "discontinued group" have received fewer services?
    - Did these children and caretakers become members of the "discontinued group" at least in part because they received fewer services?

    - What differences might some of these services, such as childcare or respite care, have made in the eventual outcomes of these placements?

    - Do you think there may have been some client characteristics that make these kin caretakers less likely to ask for supplementary services?

    - Would more assertive outreach and assessment for supplementary services for this group have had an impact on the eventual placement outcomes?

    - How would social workers have known these were the kin care providers that needed more assertive outreach and assessment?

- One way child welfare social workers might know that kin caregivers need supplementary services is through the ongoing assessment that is a part of any comprehensive "services plan" in a child welfare case. In this study, one of the most interesting findings was that caregivers from the discontinued group reported having less contact with their children's social workers than the other three groups. The differential reporting of at least monthly contact was largest between the continued placement (72%) group who were reporting on how often contact was currently happening and the discontinued group (44%) who were reporting how often contact happened when they still had the children under their care.

    - What do think about this finding?

    - What kinds of issues could explain less contact between the social worker and families in what became the discontinued group?

        - Did social workers avoid some of these families because they were more "trouble" in some way? What do clients do to potentially be perceived of as "more trouble" by child welfare workers?

        - Do you believe some of these families were less likely to make themselves available for contact with social workers or to assertively solicit contact?

    - What might be the influence of "less contact with the social worker" on the eventual premature termination of an abused and/or neglected child's placement with relatives?

        - What do we know about other findings in this study that might impact the answer to the question immediately above?

    - Could more frequent contact between the child(ren) and the social worker and/or the social worker and the kin caregiver have kept some of these families from becoming members of the "discontinued" group? How?

- Caregivers from the discontinued group were less likely to report that their social workers had discussed their dependent children's services plan with them when compared to those from the other three outcome groups.

    - Do you believe this is accurate? Did social workers really discuss care plans with this group less frequently than the other groups?

    - What would explain why members of this group had fewer discussions of case plans with social workers of the children in their care?

- What effect would fewer discussions of case plans have on the outcomes of the cases in this group? Do you believe that there were fewer discussions because the cases were "problems" or the cases became "problems," at least in part, because there were fewer discussions of case plans?

- Most (88%) of the kin caregivers in this study reported not receiving any "parenting" education classes that might help them deal with the children in their care. **Interestingly, nearly half of the caregivers (49%) from the discontinued group indicated that they wanted to receive some type of foster parenting training.** This was a much greater percentage from the other groups by a statistically significant amount.

  - Should we be training kin care providers? If so, on what?

  - What do you think of the finding that so many members of the "discontinued" group expressed a wish to have had training that they did not have?

- Caregivers from the discontinued group were more likely to respond that they wanted to receive foster parenting training from social workers than caregivers from the other three outcome groups.

  - Should child welfare workers who are actively carrying kinship care cases be providing training to caregivers on their caseloads (and others)? Why or why not?

  - If not, who should provide such training?

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MODULE VII

CAREGIVERS' PERCEPTION OF DIFFERENTIAL PLACEMENT OUTCOMES

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MODULE VII
CAREGIVERS' PERCEPTION OF DIFFERENTIAL PLACEMENT OUTCOMES

Note to Instructor

Material from this module could be used in any combination of lecture, group discussion, and/or assignments. It contains information derived from caregivers in the four groups who were asked an open-ended question about the status of the cases in which they were involved. For example, the "reunified group" was asked a question about what factors they believed were responsible for the reunification of the birth parents with the children who had been in their care. Those in the "discontinued group" were asked what factors they believed were responsible for the children no longer being in their care.

Goals

Participants will learn what caretakers had to say when they were asked a direct, open-ended question about the factors they believed responsible for the outcome(s) in their respective cases.

Objectives

At the completion of this module, participants will:

- Know which factors caretakers from the four groups in this study believed were responsible for the outcomes in their cases.

Caregivers' Perception of Differential Placement Outcomes

The caregivers' perceptions of factors contributing to the placement outcomes of the dependent children in their care appear to differ across the four placement groups.

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The question pertaining to this variable was asked in an open-ended manner and thus, the content analysis method was utilized to examine the caregivers' responses.

- The majority of the kin caregivers in the reunified group believed that a major reason for their dependent children's reunification with their birth parents was that they (mostly their daughters, sons, or nieces) were able to complete various types of counseling (e.g., marriage, family, or drug) and/or parenting training as required by the juvenile court.

Several caregivers from this group cited evidence pertaining to child abuse accusations that they believe were found to be untrue or the discovery of their dependent child's formerly absent birth mother or father as reasons for the child's reunification with their birth parents.

- Most caregivers from the reunification in progress group indicated that the reason why their dependent children were still placed in their care was that their birth parents were in the process of completing requirements or obligations (e.g., counseling, training, etc.) required by the juvenile court.

A few caregivers from this group reported that birth parents (who abused or neglected their children) were not able or not doing enough to take custody of their children. Several caregivers believed that the children were still in their care because the birth parents were being given an opportunity to change and to become mature.

Caregivers from the continued placement group offered slightly different reasons to explain why their dependent children continued to be placed with them.

- In fact, the majority of the caregivers from the continued placement group cited one major reason for their dependent child's continued placement with them as the birth parents' (perpetrators) failure or unwillingness to follow through with the requirement or obligations set forth by the court.

Quite a number of caregivers from the group also indicated that birth parents relapsed and thus, were not able to take care of their children. Several other caregivers reported

that their child's birth parent (mostly fathers) was in prison due to drug charges (for the most part) and was therefore not able to take care of the child(ren).

Reasons given for discontinued placement were varied. One caregiver indicated simply that the child was only meant to stay with her/him temporarily. Another caregiver cited the lack of enough space in her household as a reason for the child's discontinued placement. One caregiver reported his/her limited ability to provide for the dependent child financially. One male caregiver indicated that his female dependent child needed "a woman's touch" and thus was subsequently placed in another foster care situation.

- The great majority of the caregivers from this group either did not respond to this question or gave very brief and/or non-specific answers.

Group Discussion

- Discuss the differences in the perceptions of the caregivers concerning their beliefs about the factors that influenced the outcomes of their respective cases.

- Compare and contrast the beliefs of the caregivers with the other factors that seem to be important in these findings.

Assignments, Small Group Discussion, and/or Self-Reflective Activities

- What surprises you most about these findings?

- Three of the groups of caretakers seemed to locate the important "outcome" factors within the birth parents of the children in their care. Their views were related to whether or not the birth parents had participated in and completed various components of the services plans such as counseling.

    - Is this a good thing? Why or why not?

- The discontinued group, for the most part, did not respond to this question or gave very brief and/or non-specific answers.

    - Why do you think this might be?

MODULE VIII

SOCIAL WORKERS' PERCEPTION OF DIFFERENTIAL PLACEMENT OUTCOMES

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MODULE VIII
SOCIAL WORKERS' PERCEPTION OF DIFFERENTIAL PLACEMENT OUTCOMES

Note to Instructor

Material from this module could be used in any combination of lecture, group discussion, and/or assignments. It contains information derived from social workers in four focus groups. Two focus groups, one composed of "intake" workers who conduct initial investigations of suspected child abuse and neglect and the other of "carrier" workers who supervise ongoing cases under the supervision child protective services after they have been investigated, were held in each of the two counties that participated in this study. The social workers were asked the following questions:

- How have you been involved in kin care cases and for how long?
- What are some "strengths" in kin care providers that cause you to believe that placement with a relative will work out?
- What are some "limitations" in kin care providers that cause you to believe that placement with a relative will not work out?
- What has been your experience in how the relationships between the birth parents and kin providers affect the placements?
- What do kin care providers need to "have" in their environments in order to be successful in providing successful care?
- What do you think are the most common reasons kin care arrangements don't work out?

Each of the focus groups lasted between 1-1½ hours. The responses were audiotaped, transcribed, and summarized by the researchers.

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Goals

Participants will learn what four groups of social workers had to say about why placements with kin caregivers are successful or successful. Participants will also have the opportunity to compare and contrast what workers had to say with what the caregivers had to say in the previous modules.

Objectives

At the completion of this module, participants will know:

- What factors four groups of social workers believed were most related to successful kinship placements and what factors were related to the premature termination of such placements.
- In what areas the social workers' opinions were similar to the findings generated by the interviews with the caregivers and in what areas their opinions differed from those findings.

Social Workers' Perception of Factors Leading to Successful Placement Outcomes

Child welfare social workers in the four focus groups had a great deal to say about the possible reasons placements with relative caregivers succeed and fail. Generally, a placement is considered to be successful unless the caregiver asks that a child be removed or a social worker has to remove the child prior to reunification or during the midst of what was planned to be a long-term placement when reunification was not possible or reunification efforts had failed. The content of the group discussions was similar in each group, but also somewhat different depending on the individuals involved and group/unit/agency dynamics.

Child welfare workers from both intake and carrier units in two county child protection services (CPS) agencies were asked about their views on kin caregivers'

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strengths and weaknesses and how they affected placement outcomes. One of the most frequently reported factors was related to the kin caregivers' own capacities and conditions. These factors included the kin caregiver's ability to provide child(ren) with safety, stability, and protection from the perpetrator. One worker said, "making sure the relative is protecting the child from a perpetrator or would they be willing to is critical." They expressed belief that kin caregivers should be able to provide children with comfortable and clean housing. They also emphasized the importance of kin caregivers' capacities to understand, assess, and meet children's individual needs. Another worker remarked, "I am looking for somebody that understands that these children have gone through a lot, and they're willing to put up with whatever emotional problem they might exhibit in the time of placement or whatever will happen."

In the workers' views, another critical factor affecting placement outcome is the caregiver's bonding with the children in their care. One worker said,

> I look at the type of relationship they have, just because they're grandma, grandma may not be better than aunt. It depends on if the kid is more bonded to them, if they know them, whether they can be moved in with a relative…

Related to the issue of bonding between kin caregivers and the children in their care, workers reported that a kin caregivers' general level of commitment is extremely important considering the many demands of caring for one or more children. One worker said,

> "It's not that you don't love them, but the fact is you have a family of your own. You've got to make all these important appointments, physicals, and school stuff.

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> I think it's overwhelming for them, and for most of them they didn't understand, until they really got into and started doing it.

Another difficulty related to foster parenting as a kin caregiver, according to the workers, is the transition from the role of a relative to that of a surrogate parent. One worker said, "the transition of being grandma and grandpa, or aunt and uncle to caregiver is hard. There're different rules that apply, now you're like mom and dad, and you have to discipline, and do different things." Due to enormous difficulties involved in kin foster parenting, many of the CPS workers expressed a belief that kin caregivers' bonding with and commitment to the children in their care is one of the most important variables that affects the outcome of kinship placements.

CPS workers also indicated that the kin caregiver's own personal qualities or characteristics heavily influenced the outcomes of kinship placements. They believed that kin caregivers should be stable both emotionally and financially. One worker said, "…these (successful kin caregivers) are folks who have been taking responsibility for their own lives, so they remain pretty stable in a job or in a home…. If there's substance abuse problems, that poses ill for that being a very good placement…" Furthermore, the workers strongly believed that kin caregivers should not have a criminal background, which is critical for protecting the safety of children. Another worker said, "the first thing that came to my mind was considering a parent's record. I mean, whether they have criminal stuff which you could live with or not which would have an impact on whether they'd be suitable or not…" Another important quality CPS workers looked for in kin caregivers was their motivation for taking children in their homes. They expressed belief

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that if kin caregivers take children in for financial gain, the placements are more likely to fail. The same worker added, "…would they be taking the children in for financial gain, there's a lot of things to consider…."

The workers also expressed their concerns about kin caregivers' attitudes towards birth parents as a significant factor predicting whether kinship placements succeed or fail. One aspect related to kin caregivers' attitudes toward birth parents is whether kin caregivers are impartial to one or both of the birth parents. One worker said, "in my own case, I usually look for if the relative is impartial towards the parents, because if it's more channeled, then they're usually partial towards the mother or vice versa…" Workers expressed the desire to insure that kin caregivers did not violate the specifics of services plans either to the benefit or detriment of the birth parent(s). A related issue discussed was related to kin care providers having the potential to "sabotage" reunification efforts. One worker said,

> I have had some occasions where the relative caregiver would be some kind of a stumbling block for reunification, like they tried every little thing that either of the parents did or the other parent did, they will call you….Then they are keeping the children away from the parents, so that they make sure that reunification doesn't happen.

Other workers talked about the general level of support that kin care providers offer birth parents. For example, one worker said, "If they (kin caregivers) are very supportive and saying you can do it, then you've got a really, really good chance that the parent is going to continue to make those efforts (toward reunification)."

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CPS workers pointed out that birth parents' attitudes are also a salient factor affecting kinship placement outcomes. The birth parent(s) sometimes took advantage of the caregivers (their own mothers and/or aunts) of their children because they knew that their children were being well taken care of. These birth parents sometimes felt so comfortable with the kin care arrangement that they lacked motivation to complete the conditions of the services plans and reunify with their children. For example, one worker said "a lot of times the parents can have a lack of motivation because the kids are placed in the family. They don't work as hard because they're with family and they know that their needs are going to be met. So they'll visit but they'll continue to party." On a similar note, another worker reported, "some of the parents of the children I think sometimes tend to regress when they're dealing with their parents and their parents have the kids. So I think that in some ways that (placement with kin) can be a hindrance" (to reunification).

CPS workers also indicated that kin caregivers' attitudes towards social workers affected kinship placement outcomes. According to CPS workers, such attitudes include kin caregivers' willingness to work with social workers and to follow directions, and to be honest and open. For example, one worker said,

> …when I have to move kids to a relative and what I look for in the caregivers is -- are they willing to cooperate with the social worker. I always ask them, "are you willing to cooperate with us and follow the court directives to care for the child," and my main pet peeve is honesty. Always be honest and upfront with the social worker….so the main thing is honesty and their ability to cooperate and work with

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the department…."

The workers also suggested that the provision of an array of support services for kin caregivers was a critical factor influencing kinship placement outcomes. They reported that many kin caregivers are not well off financially, and need income support as well as funds for such necessities as childcare, extra beds, car seats, or other tangible goods that would help them pass an inspection by social workers. One worker said,

> so many families, you know, they don't have a whole lot of economic, what I shall say, plushness. They're kind of chippin' at the bone in so many cases and the county is horrible cutting checks…. We have one foster parent who hasn't been paid in going on nine months. And we're lucky and that baby is lucky that they haven't called me up and said get this kid out of here I can't afford this or I'm tired of paying my own money.

In a similar refrain, another worker reported,

> sometimes to place in the home with relatives, home might not be the greatest home in the world….You know they might need a gate put up, or they might need a gate by a swimming pool, they might need an extra bed, or they might need help purchasing more fire alarms, little nicks and knacks to help them pass the home inspection, a little support in that way.

According to the workers, other supportive service kin caregivers desperately need are legal services and help completing paperwork. One worker reported,

> they don't understand the paperwork that they get to fill out for the financial

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thing….They don't understand when we get to legal guardian and adoption…that paperwork and they don't understand that it's all getting back to the timeline, that they have to get it in so that the next step can be taken. They don't ask us, because they don't want us to think that they aren't appropriate. So they don't really ask.

Another critical factor affecting kin placement outcomes, CPS workers believe, is a set of institutional barriers that include federal and state laws and regulations, departmental policies and practices, and the court system. In the workers' views, one institutional barrier is composed of new laws and regulations that make kinship placements more difficult. One worker said,

> the more the county and federal government emphasizes that we need to place with relatives, the more barriers they put in place. So it gets harder and harder and harder to place with relatives…and the relatives have to jump through more and more hoops until a lot of relatives just say, I can't do this now…you have to have separate beds and you have to have a dresser…but usually families are already full and have more than enough people to occupy all the rooms…

Workers pointed to other institutional barriers such as inconsistencies in payment to "regular" versus "kin" foster parents even though both sets of foster parents were subjected to the same regulations and criteria related to placement. One worker said,

> …they're saying we're family oriented, we want you to place these children with family, you know, the least intrusive thing…and then they make these relatives they have to pass the same criteria as foster families do. But foster families get

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paid for this. So if they've got to pass the same criteria, they should quality as foster parents and they should be open to all the things that foster parents are and they're not.

Workers also pointed out institutional barriers that were structural agency issues such as the shortage of staff and rigid bureaucracy. One worker reported, "the Relative Approval Unit,…I had them where it takes forever, you know, it's going on and on and on…they're totally burning out right and left. I think there's a problem with the structure of that unit that there might need to be more people…." Another worker observed,

> …he's from Guatemala and did not have a birth certificate. Because he doesn't have a birth certificate, he wasn't able to get funds to take care of the children…so we have to file it…(and place the children in regular foster care) how much is that going to cost the government compared to how much it would have cost us if we could have paid this guy in the first place who was taking really good care of these kids…

Several CPS workers also cited the juvenile court system as one of the institutional barriers affecting kinship placement outcomes. One worker argued,

> the court system is one of our biggest hang-ups. We go into court with these assessments we will spend hours and days and weeks with these families. We know who's sabotaging who, who's doing what. We go into court and this person who has spent three seconds with the child and three minutes with the parents says that social worker is biased, this father does not want that child with that grandparent and the court does not let us place the majority of the time. So the

court doesn't respect or accept our sentiments….

In summary, the child welfare workers in these four focus groups pointed out a number of factors they believed affect kinship placement outcomes:

- Kin caregivers' own qualities/characteristics and their capabilities to provide care was the most frequently cited factor affecting the success of kinship placements by CPS workers. Workers also viewed the nature and quality of the relationship between kin caregivers and birth parents as a significant factor influencing kinship placement outcomes. The workers indicated another important factor influencing kinship placement outcomes was kin caregivers' attitudes towards social workers. And finally, the workers implicated the institutional barriers of federal and state laws and regulations, county level policies and regulations, and the juvenile court system as having an important influence on the outcomes of placements with kin.

Group Discussion

- Discuss the factors that social workers in this study believed affected whether placement with kin was successful or unsuccessful.

- Compare and contrast the beliefs of the social workers with findings presented in Modules II–VII.

Assignments, Small Group Discussion, and/or Self-Reflective Activities

- What surprises you most about these findings?

- The workers seemed to believe that prematurely discontinued placements are the result of characteristics of the kinship caregivers. However, the data in this study did not show significant differences in the caregivers in the four groups. What do you make of this?

- If what these workers believe is true about the factors that affect outcomes in kinship placements then what needs to happen to increase the likelihood of positive outcomes?

    - Is it possible to affect these factors? Why or why not?

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FINAL DISCUSSION QUESTIONS

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FINAL DISCUSSION QUESTIONS

Note to Instructor

These questions provide an opportunity to integrate the findings of the research study upon which this curriculum was based with generalist social work practice principles and child welfare practice.

- Based on the research findings underlying this curriculum, what factors may have increased the likelihood that these caregivers and the children in their care would end up in the "discontinued" group?

- Based on the above findings, what would you do as a child welfare services social worker to increase the likelihood that placements with kin care providers would be successful in cases of child abuse and/or neglect?

    - Apply the seven planned change steps of the "generalist" social work model (Kirst-Ashman & Hull, 2006) to this question.

        1. Engagement
        2. Assessment
        3. Planning
        4. Implementation
        5. Evaluation
        6. Termination
        7. Follow-up

    - In order to make changes designed to improve the likelihood of successful kin care placement outcomes, what might you need more of in terms of

        1. Knowledge
        2. Skills
        3. Values

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- Crumbley and Little (1997) write about issues pertaining to: a) clinical concerns related to the kinship caregiver, parent, and child, b) assessment and intervention, and c) case management.

    - As a supplementary exercise, discuss the material in Crumbley and Little (1997) as it applies to the findings of this research study.

        - Could some of the clinical concerns they write about in Chapter 2 be used to explain why the children in the discontinued group in this study were more likely to be “in trouble and acting out”?

        - Is the material on assessment and intervention (Chapter 3) useful in doing assessments that would decrease the likelihood of prematurely discontinued placements?

        - Is the material on case management (Chapter 4) useful in providing some practices that might be helpful in decreasing the likelihood of prematurely discontinued placements?

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APPENDIXES

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APPENDIX A
Table 1. Demographic Characteristics of Caregivers

Variable	Reunified group n (%)	In kin care reunification pending n (%)	In kin care reunification failed n (%)	Disrupted group n (%)	Total	Chi-square
Gender						
Female	29 (93.5)	30 (100.0)	38 (95.0)	24 (82.8)	121 (93.1)	7.3
Male	2 (6.5)	0 (0.0)	2 (5.0)	5 (17.2)	9 (6.9)	
Ethnicity						
African American	10 (32.3)	6 (20.0)	11 (27.5)	5 (17.2)	32 (24.6)	13.7
Hispanic/Latino	6 (19.4)	15 (50.0)	8 (20.0)	7 (24.1)	36 (27.7)	
White/Caucasian	11 (35.5)	5 (16.7)	15 (37.5)	14 (48.3)	45 (34.6)	
Other	4 (12.8)	4 (13.4)	5 (15.0)	3 (10.3)	17 (13.1)	
Age						11.7
18-40 years	13 (41.9)	7 (24.1)	7 (17.9)	11 (39.3)	38 (29.9)	
41-50 years	4 (12.9)	11 (37.9)	12 (30.8)	9 (32.1)	36 (28.3)	
51-60 years	8 (25.8)	7 (24.1)	10 (25.6)	3 (10.7)	28 (22.0)	
61 or older	6 (19.4)	4 (13.8)	10 (25.6)	5 (17.9)	25 (19.7)	
Caregiver's relationship to child						
Grandmother/father	9 (32.1)	14 (53.8)	21 (58.3)	8 (33.4)	52 (45.6)	15.6
Aunt/uncle/great-aunt	6 (57.1)	10 (38.5)	10 (27.8)	15 (62.5)	51 (44.7)	
Great-grandmother/father	3 (10.7)	0 (0.0)	3 (8.4)	0 (0.0)	6 (5.3)	
Sibling/cousin/other	0 (0.0)	2 (7.7)	2 (5.6)	1 (4.2)	5 (4.4)	
Education						5.9
Less than high school	6 (19.4)	7 (23.3)	7 (17.5)	6 (20.7)	26 (20.0)	
High school	13 (41.9)	13 (43.3)	22 (55.0)	16 (55.2)	64 (49.2)	
Some college	7 (22.6)	7 (23.3)	8 (20.0)	5 (17.2)	27 (20.8)	
College	3 (9.7)	2 (6.7)	3 (7.5)	2 (6.9)	10 (7.7)	
Graduate	2 (6.5)	1 (3.3)	0 (0.0)	0 (0.0)	3 (2.3)	
Marital status						10.5
Married	15 (58.1)	15 (50.0)	24 (60.0)	14 (50.0)	71 (55.0)	
Separated/divorced	5 (9.6)	5 (16.7)	9 (22.5)	6 (21.4)	23 (17.8)	
Widowed	5 (6.5)	5 (16.7)	4 (10.0)	4 (14.3)	15 (11.6)	
Never married	3 (16.1)	3 (10.0)	2 (5.0)	3 (10.7)	13 (10.1)	
Cohabitation	2 (9.7)	2 (6.7)	1 (2.5)	1 (3.6)	7 (5.5)	
Income per month						18.3
Less than $1,500	3 (13.3)	9 (34.6)	1 (3.2)	5 (18.5)	19 (16.7)	
$1,501 - $3,000	11 (36.7)	8 (30.8)	15 (48.4)	9 (33.3)	43 (37.7)	
$3001 - $4,500	10 (33.3)	6 (26.9)	5 (16.1)	8 (29.6)	30 (26.3)	
$4,501 - $6,000	2 (6.7)	1 (3.8)	5 (16.1)	4 (14.8)	12 (10.5)	
$6,001 or more	3 (10.0)	1 (3.8)	5 (16.1)	1 (3.7)	10 (8.8)	

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Table 1 (cont'd). Demographic Characteristics of Caregivers

Variable	Reunified group n (%)	In kin care reunification pending n (%)	In kin care reunification failed n (%)	Disrupted group n (%)	Total	Chi-square
Employment status						14.1
Employed	20 (64.5)	16 (53.3)	23 (57.5)	17 (60.7)	76 (58.9)	
Unemployed	7 (22.6)	11 (36.7)	10 (25.0)	5 (17.9)	33 (25.6)	
Retired	4 (12.9)	3 (10.0)	7 (17.5)	6 (21.4)	20 (15.5)	
Number of children						6.6
1 child	9 (29.0)	14 (46.7)	17 (42.5)	11 (39.3)	51 (39.5)	
2 children	8 (25.8)	4 (13.3)	9 (22.5)	10 (35.7)	31 (24.0)	
3 children	8 (25.8)	7 (23.3)	8 (20.0)	5 (17.9)	28 (21.7)	
4 or more children	6 (19.4)	5 (16.7)	6 (15.0)	2 (7.1)	19 (14.7)	

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APPENDIX B
Table 2. Demographic Characteristics of Dependent Children

Variable	Reunified group n (%)	In kin care reunification pending n (%)	In kin care reunification failed n (%)	Disrupted group n (%)	Total	Chi-square
Gender of child						1.7
Female	41 (54.7)	32 (49.2)	40 (44.4)	29 (45.5)	142 (48.8)	
Male	34 (45.3)	33 (50.8)	50 (55.6)	32 (54.5)	149 (51.2)	
Ethnicity						49.8***
African American	26 (34.7)	14 (21.5)	21 (23.3)	9 (14.8)	70 (24.1)	
Hispanic/Latino	12 (16.0)	30 (46.2)	17 (18.9)	20 (32.8)	79 (27.1)	
White/Caucasian	19 (25.3)	4 (6.2)	14 (15.6)	19 (31.1)	56 (19.2)	
Mixed	15 (20.0)	16 (24.6)	23 (25.6)	10 (16.4)	64 (22.0)	
Other	3 (4.0)	1 (1.5)	15 (16.7)	3 (4.9)	22 (7.6)	
Health status						30.7**
Very good	52 (69.3)	47 (72.3)	62 (70.5)	27 (44.3)	188 (64.6)	
Good	15 (20.0)	15 (23.1)	25 (28.4)	18 (29.5)	73 (25.1)	
Fair	4 (5.3)	1 (1.5)	0 (0.0)	7 (11.5)	14 (4.8)	
Poor	1 (1.3)	2 (3.1)	0 (0.0)	3 (4.9)	6 (2.1)	
Very poor	3 (4.0)	0 (0.0)	1 (1.1)	6 (9.8)	10 (3.4)	
Age						22.2**
1-5 years	10 (32.3)	13 (41.9)	36 (40.9)	18 (35.3)	77 (38.3)	
6-10 years	16 (51.6)	14 (45.2)	22 (25.0)	13 (25.5)	65 (32.3)	
11-15 years	5 (16.1)	4 (12.9)	18 (20.5)	17 (33.3)	44 (21.9)	
16 or older	0 (0.0)	0 (0.0)	12 (13.6)	3 (5.9)	15 (7.5)	
Academic performance						10.9
Above average	13 (27.1)	15 (36.6)	16 (25.0)	11 (26.8)	55 (28.4)	
Average	22 (45.8)	17 (41.5)	35 (54.7)	12 (29.3)	86 (44.3)	
Below average	13 (27.1)	9 (22.0)	13 (20.3)	18 (43.9)	53 (27.3)	
Got into trouble at school or home						12.3**
Yes	13 (21.3)	7 (14.9)	21 (23.6)	24 (42.9)	72 (25.7)	
No	48 (78.7)	40 (85.1)	68 (76.4)	39 (57.1)	197 (74.3)	
Child with special needs						1.5
Yes	16 (22.5)	16 (30.8)	23 (25.6)	17 (40.6)	72 (26.8)	
No	55 (77.5)	36 (69.2)	67 (74.4)	39 (59.4)	197 (73.2)	

* p<.05, ** p<.01, ***p<.001

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APPENDIX C
Table 3. Caregiver's Relationship and Frequency of Contact with Birth Parents

Variable	Reunified group n (%)	In kin care reunification pending n (%)	In kin care reunification failed n (%)	Disrupted group n (%)	Total	Chi-square
Relationship with child's birth father						30.9**
Very good	16 (21.3)	13 (20.0)	10 (11.2)	9 (15.0)	48 (16.6)	
Good	15 (20.0)	22 (33.8)	14 (15.7)	14 (23.3)	65 (22.5)	
Fair	20 (26.7)	8 (12.3)	15 (16.9)	4 (6.7)	47 (16.3)	
Poor	6 (8.0)	2 (3.1)	11 (12.4)	5 (8.3)	24 (8.3)	
Very poor	0 (0.0)	2 (3.1)	5 (5.6)	2 (3.3)	9 (3.1)	
No relationship	18 (24.0)	18 (27.7)	34 (38.2)	26 (43.3)	96 (33.2)	
Relationship with child's birth mother						40.4***
Very good	14 (18.7)	7 (11.1)	11 (12.2)	11 (18.0)	43 (14.9)	
Good	21 (28.0)	14 (22.2)	39 (43.3)	11 (18.0)	85 (29.4)	
Fair	23 (30.7)	22 (34.9)	18 (20.0)	8 (13.1)	71 (24.6)	
Poor	5 (6.7)	6 (9.5)	3 (3.3)	12 (19.7)	26 (9.0)	
Very poor	10 (13.3)	5 (7.9)	10 (11.1)	12 (19.7)	37 (12.8)	
No relationship	2 (2.7)	9 (14.3)	9 (10.0)	7 (11.5)	27 (9.3)	
During placement, frequency of contact with birth father						60.7***
Never	23 (31.9)	16 (28.1)	49 (55.7)	42 (73.7)	130 (47.4)	
Once per year or less	1 (1.4)	6 (10.5)	6 (6.8)	0 (0.0)	13 (4.7)	
A few times per year	3 (4.2)	1 (1.8)	7 (8.0)	4 (7.0)	15 (5.5)	
Once a month	12 (16.7)	5 (8.8)	10 (11.4)	3 (5.4)	30 (10.9)	
Once a week	12 (16.7)	17 (29.8)	8 (9.1)	4 (7.0)	41 (15.0)	
More than once a week	21 (29.2)	12 (21.1)	8 (9.1)	4 (7.0)	45 (16.4)	
During placement, frequency of contact with birth mother						42.9***
Never	7 (9.7)	12 (21.8)	10 (11.1)	15 (25.9)	44 (16.0)	
Once per year or less	0 (0.0)	2 (3.6)	1 (1.1)	5 (8.6)	8 (2.9)	
A few time per year	3 (4.2)	2 (3.6)	12 (13.3)	7 (12.1)	24 (8.7)	
Once a month	13 (18.1)	8 (14.5)	28 (31.1)	13 (22.4)	62 (22.5)	
Once a week	24 (33.3)	20 (36.4)	18 (20.0)	12 (20.7)	74 (26.9)	
More than one a week	25 (34.7)	11 (20.0)	21 (23.3)	6 (10.3)	63 (22.9)	

* p<.05, ** p<.01, ***p<.001

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APPENDIX D

Table 4. Caregiver's Relationship and Frequency of Contact with Child Prior to Placement

Variable	Reunified Group n (%)	In kin care reunification pending n (%)	In kin care reunification failed n (%)	Disrupted group n (%)	Total	Chi-square
Prior to placement, frequency of contact with child						22.6
Never	3 (4.1)	1 (1.6)	2 (2.3)	6 (9.8)	12 (4.2)	
Once a year or less	4 (5.4)	7 (10.9)	3 (3.4)	5 (8.2)	19 (6.6)	
A few times a year	9 (12.2)	7 (10.9)	7 (8.0)	12 (19.7)	35 (12.2)	
Once a month	8 (10.8)	6 (9.4)	6 (6.8)	6 (9.8)	26 (9.1)	
Once a week	14 (18.9)	20 (31.3)	23 (26.1)	11 (18.0)	38 (23.7)	
More than once a week	36 (48.6)	23 (35.9)	47 (53.4)	21 (34.4)	127 (44.3)	
Prior to placement, relationship with child						30.0**
Very good	39 (52.0)	43 (66.2)	63 (70.0)	26 (42.6)	171 (58.8)	
Good	28 (37.3)	11 (16.9)	11 (12.2)	17 (27.9)	67 (23.0)	
Fair	5 (6.7)	4 (6.2)	10 (11.1)	12 (19.7)	31 (10.6)	
No relationship	3 (4.0)	7 (10.8)	6 (6.7)	6 (9.8)	22 (7.6)	
Making the decision to care for child						30.8***
Very difficult	0 (0.0)	0 (0.0)	3 (3.4)	2 (3.3)	5 (1.8)	
Difficult	10 (13.3)	2 (3.4)	22 (24.7)	22 (36.1)	56 (19.7)	
Easy	23 (30.7)	24 (40.7)	24 (27.0)	17 (27.9)	88 (31.0)	
Very easy	42 (56.0)	33 (55.9)	40 (44.9)	20 (32.8)	135 (47.5)	

* p<.05, ** p<.01, ***p<.001

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APPENDIX E
Table 5. Caregiver's Health Issues

Variable	Reunified group n (%)	In kin care reunification pending n (%)	In kin care reunification failed n (%)	Disrupted group n (%)	Total	Chi-square
Self reported health status						11.1
Very good	8 (25.8)	10 (33.3)	14 (35.0)	10 (35.7)	42 (32.6)	
Good	18 (58.1)	12 (40.0)	21 (52.5)	14 (50.0)	65 (50.4)	
Fair	4 (12.9)	8 (26.7)	4 (10.0)	2 (7.1)	18 (14.0)	
Poor	1 (3.2)	0 (0.0)	1 (2.5)	2 (7.2)	4 (3.1)	
Health problem limiting your ability to provide care						5.3
Yes	3 (9.7)	0 (0.0)	5 (12.5)	5 (17.2)	13 (10.0)	
No	28 (90.3)	30 (100.0)	35 (87.5)	24 (82.8)	117 (90.0)	
During placement, do you use alcohol?						1.3
Yes	4 (12.5)	7 (23.3)	9 (20.5)	6 (20.0)	26 (20.0)	
No	28 (87.5)	23 (76.7)	35 (79.5)	24 (80.0)	104 (80.0)	
Satisfaction with life						12.1
Very satisfied	14 (45.2)	9 (31.0)	16 (42.1)	8 (27.6)	47 (37.0)	
Satisfied	11 (35.5)	14 (48.4)	16 (42.1)	11 (37.9)	52 (40.9)	
Fair	5 (16.1)	5 (17.2)	4 (10.5)	4 (13.8)	18 (14.2)	
Not satisfied	1 (3.2)	1 (3.4)	2 (5.3)	6 (20.6)	10 (7.9)	

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APPENDIX F
Table 6. Sources of Support for Various Services

Variable	Reunified group n (%)	In kin care reunification pending n (%)	In kin care reunification failed n (%)	Disrupted group n (%)	Total	Chi-square
Respite care						9.2
DPSS	0 (0.0)	0 (0.0)	1 (1.4)	0 (0.0)	1 (0.4)	
Community agency	6 (14.0)	3 (8.3)	0 (0.0)	2 (3.7)	11 (3.9)	
None	37 (86.0)	33 (91.7)	72 (98.6)	52 (96.3)	194 (95.7)	
Rent						30.8***
DPSS	0 (0.0)	5 (8.3)	5 (5.6)	0 (0.0)	10 (3.6)	
Community agency	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.8)	1 (0.4)	
Family/friends	9 (12.0)	3 (5.0)	0 (0.0)	0 (0.0)	12 (4.3)	
None	66 (88.0)	32 (86.7)	84 (94.4)	55 (98.2)	257 (91.8)	
Transportation						26.2**
DPSS	0 (0.0)	2 (3.3)	0 (0.0)	1 (1.8)	3 (1.1)	
Community agency	8 (10.7)	10 (16.7)	0 (0.0)	2 (3.6)	20 (7.3)	
None	67 (89.3)	48 (80.0)	84 (100.0)	53 (94.6)	252 (91.6)	
Housing						45.3***
DPSS	4 (5.4)	5 (7.9)	0 (0.0)	0 (0.0)	9 (3.2)	
Community agency	5 (6.8)	1 (1.6)	1 (1.1)	2 (3.6)	9 (3.2)	
Family/friends	9 (12.1)	3 (4.8)	0 (0.0)	0 (0.0)	10 (3.6)	
None	56 (75.7)	54 (85.7)	88 (98.9)	54 (96.4)	252 (90.0)	
Utility						50.6***
DPSS	2 (2.7)	5 (8.3)	0 (0.0)	0 (0.0)	7 (2.5)	
Community agency	0 (0.0)	2 (3.3)	2 (2.2)	2 (3.6)	6 (2.1)	
Family/Friends	16 (21.3)	3 (5.0)	0 (0.0)	0 (0.0)	19 (6.8)	
None	57 (76.0)	50 (83.3)	87 (97.8)	54 (96.4)	248 (88.6)	
Repairs						34.2***
DPSS	0 (0.0)	3 (5.0)	7 (7.9)	0 (0.0)	10 (3.6)	
Community agency	8 (10.7)	13 (21.7)	0 (0.0)	2 (3.6)	20 (7.2)	
None	67 (89.3)	44 (73.3)	82 (92.1)	54 (96.4)	247 (89.2)	
Training						29.7**
DPSS	0 (0.0)	0 (0.0)	9 (10.1)	0 (0.0)	9 (3.2)	
Community agency	8 (10.7)	12 (20.0)	6 (6.7)	2 (3.6)	8 (10.0)	
None	67 (89.3)	48 (80.0)	74 (83.1)	54 (96.4)	243 (86.8)	
Therapy						80.3***
DPSS	0 (0.0)	0 (0.0)	31 (34.8)	4 (7.1)	35 (12.5)	
Community agency	8 (10.7)	12 (19.7)	0 (0.0)	1 (1.8)	21 (7.5)	
None	67 (89.3)	49 (80.3)	58 (65.2)	51 (91.1)	225 (80.1)	

* p<.05, ** p<.01, ***p<.001

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Table 6 (cont'd). Sources of Support for Various Services

Variable	Reunified group n (%)	In kin care reunification pending n (%)	In kin care reunification failed n (%)	Disrupted group n (%)	Total	Chi-square
School expenses						27.0**
DPSS	16 (21.3)	19 (31.7)	13 (14.6)	0 (0.0)	48 (17.1)	
Community agency	5 (6.7)	3 (5.0)	6 (6.7)	2 (3.6)	16 (5.7)	
None	54 (72.0)	38 (63.3)	70 (78.7)	54 (96.4)	216 (77.1)	
Furniture						37.2***
DPSS	10 (13.3)	10 (16.7)	12 (13.5)	9 (16.1)	41 (14.6)	
Community agency	10 (13.3)	8 (13.3)	0 (0.0)	2 (3.6)	20 (7.1)	
Family/friends	7 (9.3)	0 (0.0)	0 (0.0)	0 (0.0)	7 (2.5)	
None	48 (64.0)	42 (70.0)	77 (86.5)	45 (80.4)	212 (75.7)	
Childcare						47.3***
DPSS	31 (43.1)	26 (43.3)	13 (16.1)	3 (6.2)	73 (28.0)	
Community agency	2 (2.7)	1 (1.7)	1 (1.2)	1 (2.1)	5 (1.9)	
Family/friends	8 (11.1)	1 (1.7)	3 (3.7)	0 (0.0)	12 (4.6)	
None	31 (43.1)	32 (53.3)	64 (79.0)	44 (91.7)	171 (65.5)	
Groceries						56.9***
DPSS	32 (42.7)	27 (45.0)	13 (14.6)	4 (7.1)	76 (27.1)	
Community agency	4 (5.3)	0 (0.0)	9 (10.1)	8 (14.3)	21 (7.5)	
Family/friends	8 (10.7)	11 (1.7)	3 (3.4)	0 (0.0)	12 (4.3)	
None	31 (41.3)	32 (53.3)	64 (71.9)	44 (78.6)	171 (61.1)	
Medical/Dental						49.1***
DPSS	55 (75.3)	44 (73.3)	48 (53.9)	20 (35.7)	167 (60.1)	
Community agency	2 (2.7)	9 (15.0)	4 (4.5)	1 (1.8)	16 (5.8)	
None	16 (21.9)	7 (11.7)	37 (41.6)	35 (62.5)	95 (34.2)	
Enough money to pay bills						14.3**
Yes	55 (73.3)	39 (60.0)	78 (86.7)	44 (72.1)	216 (74.2)	
No	20 (26.7)	26 (40.0)	12 (13.3)	17 (27.9)	75 (25.8)	

* p<.05, ** p<.01, ***p<.001

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APPENDIX G
Table 7. Caregiver's Contact with Social Workers

Variable	Reunified group n (%)	In kin care reunification pending n (%)	In kin care reunification failed n (%)	Disrupted group n (%)	Total	Chi-square
Frequency of contact with social workers						28.7**
Less than once a month	6 (8.0)	14 (21.5)	9 (10.0)	8 (13.1)	37 (12.7)	
Once a month	41 (54.7)	34 (52.3)	65 (72.2)	27 (44.3)	167 (57.4)	
More than once a week	19 (25.3)	15 (23.1)	11 (12.2)	13 (21.3)	58 (19.9)	
Other	9 (12.0)	2 (3.1)	5 (5.6)	13 (21.3)	29 (10.0)	
Face-to-face contact with social workers						7.1
Yes	62 (83.8)	55 (83.3)	85 (94.4)	50 (82.0)	251 (80.2)	
No	12 (16.2)	11 (16.7)	5 (5.6)	11 (18.0)	62 (19.8)	
Telephone contact with social workers						7.7
Yes	62 (83.8)	55 (84.6)	62 (68.9)	49 (80.3)	228 (78.6)	
No	12 (16.2)	10 (15.4)	28 (31.1)	12 (19.7)	62 (21.4)	
Letter contact with social workers						2.7
Yes	8 (10.8)	5 (7.7)	13 (14.4)	10 (16.4)	36 (12.4)	
No	66 (89.2)	60 (92.3)	77 (85.6)	51 (83.6)	254 (87.6)	
Social worker discuss service plan with caregiver						10.9*
Yes	54 (72.0)	51 (78.5)	64 (71.9)	31 (52.5)	200 (69.4)	
No	21 (28.0)	14 (21.5)	25 (28.1)	28 (47.5)	88 (30.6)	
Receive foster parenting training						4.8
Yes	9 (12.0)	4 (22.2)	16 (17.8)	7 (11.5)	36 (12.4)	
No	66 (88.0)	14 (77.8)	74 (82.2)	54 (88.5)	855 (87.6)	
Want to receive foster parenting training from social services agency						32.0***
Yes	4 (5.6)	17 (26.2)	24 (27.3)	29 (49.2)	74 (26.1)	
No	68 (94.4)	48 (73.8)	64 (72.7)	30 (50.8)	210 (73.9)	
Want to receive foster parenting training from social workers						28.1***
Yes	3 (4.3)	18 (29.0)	17 (19.5)	24 (42.9)	62 (22.6)	
No	66 (95.7)	44 (71.0)	70 (80.5)	32 (57.1)	212 (77.4)	

*p<.05, ** p<.01, ***p<.001

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