Factors Affecting Premature Termination in Kinship Care

An Empirically-Based Curriculum

California Social Work Education Center

C A L S W E C
Module 1

Kinship Care: The Literature
From “Foster” Care to “Kinship Care”

- **Miller v. Youakim** – 1979 Supreme Court Decision – allowing payments.


- Adoption and Safe Families Act (AFSA) of 1997 – indicating a “fit and willing relative” could provide a permanent living arrangement.
Children in Care

• 23% of the 523,300 children in out-of-home care in the United States in 2003 were in kinship care.

• 48% of kids in care were in kinship placement in California in 1998.

• 35% of 5,051 out-of-home placements were kinship care in San Bernardino County in 2004.
Characteristics of Caregivers

• Often older, tend to be African American, and generally have lower incomes than non-kin foster parents (Berrick, Barth, & Needell, 1994; Gebel, 1996).

• More likely to receive public benefits and are less likely to report being in good health (U.S. Dept. of Health and Human Services, 2000; Dubowitz & Feigelman, 1993).
Characteristics of Caregivers (cont’d)

• Kinship caregivers have fewer resources and are more likely to live in more crowded, low-income housing than non-kin foster caregivers (Gleeson & O’Donnell, 1997).

• Most of the caregivers (70%) were single females with a median age of 50 and 61% of them were grandparents of the children placed in their custody.
Characteristics of Caregivers (cont’d)

• Kin caregivers showed a stronger sense of responsibility in facilitating the relationships between birth families and the children in their care, assisting with emotional and social development, and parenting tasks (LeProhn, 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

- Studies have shown that African American children are disproportionately represented in kinship care, when compared to other groups of children and White children (Berrick et al., 1994; Dubowitz et al., 1993).

- African Americans have traditionally been utilizing informal kinship care arrangements to maintain children who are without parental care within the family system.
Characteristics of Foster Children in Kinship Care (cont’d)

- Prior research found that children in kinship care were more likely to be removed from their birth parents’ homes due to neglect than other type of maltreatment compared to children in non-kinship care (Grogan-Kayor, 1996; Iglehart, 1994).

- Children in kinship care were more likely to come from homes in which the birth parents had an alcohol or drug problem (AFCARS, 1998; Gleeson et al., 1995).
Characteristics of Foster Children in Kinship Care (cont’d)

• Ehrle & Geen (2002) found that children in kinship care faced significantly more environmental hardships than children in non-kin foster care.

• 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).
Characteristics of Foster Children in Kinship Care (cont’d)

• 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).
Outcomes

• Children in kinship care tended to remain in out-of-home care longer than those in non-kin foster care (Scannapieco, Hegar, & McAlpine, 1997).

• Testa and Slack (2002) found reunification and stability of kinship care were 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.
Outcomes (cont’d)

• Terling-Watt (2001) examined the disruption rate for the 875 children in Houston, Texas who were placed with relatives
  – The results indicate disruption rates of almost 50% for children placed in kinship care that do not go home to their families.
Outcomes (cont’d)

- Worrall (2001) found that a comprehensive family network assessment along with regular review, examination of attachment histories of caregivers, 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 determine the quality of kinship care.
Active Learning Experiences

• How is the concept of “attachment” related to kinship care?

• 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?
Module II

Demographic Characteristics of Kin Caregivers
The Study

• In this study there were a total of 130 kin caregivers interviewed:
  – 31 caregivers from the reunified group,
  – 30 caregivers from the reunification in progress group,
  – 40 caregivers from the current kinship placement group (reunification failed), and
  – 29 caregivers in the discontinued group.
The Study Question

• The big question was whether or not there were differences between the “discontinued” group and the other three groups.

• What factors might account for a kinship placement being prematurely terminated?
Caregiver Characteristics

- 93% of the respondents were female,
- 35% were White,
- 28% were Hispanic/Latino,
- 25% were African American, and
- 13% were of other ethnicities.
Caregiver Characteristics (cont’d)

• The age of the caregivers ranged from 18-77 years (Mean = 48 years, SD = 13 years).
• 44% were grandmothers
• 33% were aunts
• 7% were great aunts
• 5% were great grandmothers
• Over 62% of the caregivers for the discontinued group were aunts, uncles, or great aunts.
Caregiver Characteristics (cont’d)

• There were no significant differences in employment status among the four outcome groups.

• There was no statistically significant outcome group difference in caregivers’ educational backgrounds.

• There was no significant group difference in the numbers of children in their current placements or during previous placements.
Active Learning Experiences

• 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).
Module III

Demographic Characteristics of Dependent Children in Kinship Care
The Children: Group Differences

- 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.)
The Children:
Group Differences (cont’d)

• Nearly half of the children (49%) in the continued placement group were either African American or mixed.

• For the discontinued group, the majority of the children (64%) were either Hispanic/Latino or White.
The Children: Group Differences (cont’d)

• 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, while only 44% of the children in the discontinued group were indicated to be in good health.
The Children: Group Differences (cont’d)

• 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.”
Active Learning Experiences

• Do you think it would be more difficult for an aunt, grandmother, or other relative to care for an older child?
  – Why? or Why not?

• 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 child development that would cause abused and neglected children in placement with relatives to “act out?” What feelings might they be acting out?
Module IV

Kin Caregivers’ Relationship with and Frequency of Contact with Birth Parents
Caregivers’ Relationship with Birth Parents

• 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.
Caregivers’ Relationship with Birth Parents (cont’d)

• 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.

• The difference was statistically significant.
Caregivers’ Relationship with Birth Parents (cont’d)

• The great majority of the 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.
Active Learning Experiences

• 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?
Module V

Kin Caregivers’ Relationship with and Frequency of Contact with Dependent Children Prior to Placement
Caregivers’ Pre-Placement Relationships with Children

• 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.

• The results were statistically significant.
Caregivers’ Pre-Placement Relationships with Children (cont’d)

- Caregivers from the reunified and reunification in progress outcome groups tended to report that their decision to take children into their care was easier to make than the decision for those from the continued and discontinued placement groups.

- The difference here was also statistically significant.
Active Learning Experiences

• The continued and discontinued placement groups had a more difficult time making “the decision.”
  – To what extent do you think this finding might be due to the frequency of and quality of pre-placement contact between caregivers and children?
  – What other factors might make it difficult to decide to take your relative’s abused and/or neglected child into your home for an unspecified amount of time?
Module VI

Kin Caregivers’ Health Issues, Sources of Support Services, and Frequency and Type of Contact with Social Workers
Caregiver Issues

• 90% of the caregivers reported that they did not have any health conditions limiting the ability to care for their dependent children.

• 80% indicated that they did not use alcohol.

• 78% of the caregivers reported that they were either “very satisfied or “satisfied” with their lives.
Sources of Supportive Services

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

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

• 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.
Contact with Social Workers

- Caregivers from the discontinued group reported to have had less frequent contact with their social workers than those from the other three outcome groups.
- This difference was statistically significant.
Discussion of Services Plans

• Caregivers from the discontinued group were less likely to report that their social workers had discussed their dependent children’s service plans with them when compared to those from the other three outcome groups.

• This difference was statistically significant.
Caregiver Training

• The great majority of the caregivers (88%) reported they had never received any foster parent or related training.
Additional Training Wanted

Additional training was requested by:

- 49% from the discontinued group,
- 27% from the continued placement group,
- 26% from the reunification in progress group, and
- 6% from the reunified group.

- This finding was statistically significant.
Training from Social Workers

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

• This finding was statistically significant as well.
Active Learning Experiences

• 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?

• Should we be training kin care providers? If so, on what?
Module VII

Caregivers’ Perception of Differential Placement Outcomes
The Reunified Group

• 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, drug) and/or parenting training as required by the juvenile court.
The Reunification in Progress Group

- 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.
Continued Placement Group

• 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.
The Discontinued Group

- 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.
Active Learning Experience

• The discontinued group, for the most part, did not respond to the question about what factors they believed to be important in the outcomes of these cases or they gave very brief and/or non specific answers.

  – Why do you think this might be?
Module VIII

Social Workers’ Perception of Differential Placement Outcomes
Social Workers’ Perceptions

• 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.

• The nature and quality of the relationship between kin caregivers and birth parents was also viewed by workers as a significant factor influencing kinship placement outcomes.
Social Workers’ Perceptions (cont’d)

• Another important factor influencing kinship placement outcomes was kin caregivers’ attitudes towards social workers.

• 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.
Active Learning Experiences

- 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?

- So, based on the research findings upon which this curriculum was based what do you think were the factors that increased the likelihood that these caretakers and the children in their care would end up in the “discontinued” group?
Final Questions

Two Big Discussion Questions
Active Learning Experiences

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

  – Use the seven planned change steps of the generalist model.
Active Learning Experiences

• In order to make the changes you need to make to improve the likelihood of successful kin care placement outcomes what might you need more of in terms of…
  – Knowledge
  – Skills
  – Values
The End

Thank you for your participation.