

State Notes

TOPICS OF LEGISLATIVE INTEREST

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How Kinship Care Affects Foster Children **By Lauren Hula, Intern**

Introduction

The United States has a well established tradition of extended family members' accepting child-rearing responsibilities for relatives whose birth parents are unable to care for them properly. This practice, known as kinship care, provides a valuable safety net for vulnerable children. Anthropologists coined the term kinship care when documenting the importance of kinship networks to African American slave children, whose families had been forcibly separated. These types of private kinship arrangements are still a significant part of American society. In 1999, an estimated 1.8 million children lived in private kinship care.¹

Over the past two decades, kin also have begun to serve as foster care-givers for children under state supervision. Throughout the nation, in fact, child welfare agencies are turning to kin to provide safe out-of-home placements. Unlike private kinship arrangements, child welfare agencies monitor these placements and kin must meet minimum state requirements. This unprecedented trend has changed the shape of foster care and led to a debate over proper licensing and funding procedures. In this debate, however, many people are forgetting to ask a key question: What effect does kinship care have on the well-being of foster children?

Although research on this topic is limited, early results have found several differences between children entering kinship care and those in nonkin foster care. This article provides a brief synopsis of the national research available on kinship care, discussing education, foster home conditions, permanency of the placement, and long-term differences. The paper focuses solely on kin involved with the child welfare system and, unless otherwise noted, private kinship care-givers are excluded from this analysis.

Education

Education is often seen as an important steppingstone to success. In addition to increasing a person's average income, education has been shown to increase one's trainability, health, access to information, political participation, and social status.² Given the numerous benefits associated with receiving a proper education, it is troublesome that children in kinship care perform poorly academically. Many have below-average cognitive skills, perform poorly on academic achievement tests, and have behavioral issues (ranging from poor study habits to disruptive activity).³

Educational studies have compared the overall performance of children in kinship care with the performance of average students, but have not fully analyzed how the introduction of kin into the child welfare system has affected foster children. One comparison found no difference between the educational problems of maltreated children in kinship care and the educational problems of children who experienced similar abuse but were placed with nonkin foster care-givers or not

¹ Geen, 2004

² Levin, 1987

³ Kang, 2003



removed from their homes. All three groups struggled academically based on teacher evaluations and standardized tests.⁴ These results highlight the need to compare foster children in kinship care with others in similar situations in order to produce a complete picture of how children in kinship care fare compared with children who experience alternative placement.

Even a direct comparison between foster children in kinship care and other at-risk children may be skewed due to the different conditions under which children enter kinship care. Birth parents of children in kinship care tend to be younger and unmarried.⁵ The mothers have a particularly high risk of suffering complications during pregnancy and not receiving proper prenatal care. As a result, their children are at higher risk for physical and mental disabilities. Also, a greater percentage of kinship care children have been removed from their homes because of abuse and neglect, rather than parent-child conflict or behavior problems.⁶ These early abuse and neglect experiences often scar children emotionally. Several studies have found that children in kinship care are more likely to have parents with drug and alcohol abuse problems.⁷ One study estimated that 52.0% of children in kinship care exhibit the adverse effects of parental drug exposure.⁸ Prenatal drug and alcohol exposure can seriously affect a child's cognitive abilities. All of these risk factors place children in kinship care at a higher risk of having behavioral, physical, and learning disabilities. These in turn create more educational obstacles for children in kinship care. When comparing children in kinship care and those in nonkin foster care, researchers need to realize that educational discrepancies might be a result of differences that existed before the children entered foster care.

While it is not possible to control for all of the differences between children in kinship care and those in nonkin foster care, addressing key discrepancies can create a more reliable estimate of the effect that kinship care has on the educational achievement of foster children. For example, one study controlled for drug exposure when comparing behavioral differences between children in kinship care and children in nonkin foster care. The results showed that nondrug-exposed children placed with kin were less likely to display behavioral problems, while drug-exposed children in kinship care were more likely to display behavioral problems.⁹ There is evidence that children in kinship care perform below their peers academically. There is not enough available research, however, to draw concrete conclusions about the effect of kinship care on the educational achievement of foster children.

Foster Home Environment

The purpose of removing children from their homes is to place them in a safe, nurturing environment. The profile of kinship care-givers differs from that of nonkin foster parents. Some of these differences highlight areas in which kinship care providers may struggle to provide a healthy home environment. Most differences are related to the older age and lower economic status of kinship care-givers.

⁴ Sawyer, Dubowitz, 1994

⁵ U.S Department of Health and Human Services Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 1997

⁶ Ibid.

⁷ Ibid.

⁸ Kang, 2003

⁹ Kang, 2003



Nationally, one study found that between 15.0% and 21.0% of kinship foster parents were over 60 years old, compared with less than 9.0% of nonkin foster parents.¹⁰ The majority of kinship care providers are grandparents, which helps explain this discrepancy in age. It also helps explain why more kinship care-givers face health problems.¹¹ The age and health of these care-givers can make raising a child a daunting task. Since most presumably never expected to be raising a child at this stage of their lives, it is not surprising that many kinship care-givers experience more aggravation and symptoms of depression after becoming a foster parent.¹² The combination of these feelings and the physical limitations that kinship care-givers face raises some concerns about the home environment.

There are also economic reasons for concern. The income of kinship care-givers is significantly less than that of nonkin foster parents.¹³ Fewer kin are married, leaving the household dependent on one source of income. Overall, 44.0% of all nonkin care-givers have the benefit of relying on their spouses for income support, while only 27.0% of kinship care-givers have that safety net. This sole dependence means that families are more vulnerable to economic disruptions. Economic hardships are compounded because kinship care-givers often accept multiple children rather than force siblings to be separated.¹⁴ Kinship care-givers are more likely to have an insufficient amount of food, be without telephone service, experience crowding, and have trouble paying housing costs.¹⁵ Studies have found that children in kinship care have substantial health care needs, yet receive inadequate services.¹⁶ While these economic issues are a source of concern, they do not prove that kinship care-givers are unable to provide for the foster children in their care. One study found that kinship care-givers are more likely to make regular personal contributions to the child in their protection.¹⁷

There are also some educational discrepancies between kinship care-givers and nonkin that may raise concerns. Research has found that 32.0% of kinship care-givers do not have a high school diploma, compared with 9.0% of nonkin care-givers.¹⁸ This may make it difficult for kin to provide educational and other resources to the children in their care.

Permanency

Child welfare agencies have always stressed the importance of finding permanent placement for foster children. Kinship care-givers provide children with more stable foster care compared with care-givers in other foster care placements.¹⁹ Nevertheless, trends in kinship care show that

¹⁰ Geen, 2004

¹¹ U.S. Department of Health and Human Services Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 1997, Wells, Agathen, 1999

¹² Wells, Agathen, 1999

¹³ Geen, 2004

¹⁴ Geen, 2004

¹⁵ Op Cit - Note 5

¹⁶ Kang, 2003

¹⁷ Op Cit – Note 5

¹⁸ Personal Responsibility and Work Opportunity Reconciliation Act

¹⁹ Kang, 2003



children remain longer in foster care and are less likely to be either reunified with a parent or adopted. There are conflicting explanations for these patterns.

Some argue that children in kinship care are less likely to be adopted because of the actions of welfare workers, while others cite the unwillingness of kin to adopt. There is some evidence that grandparents do feel uncomfortable with the idea of adopting their grandchildren.²⁰ Some kin express concern about being legally responsible for emotionally and behaviorally troubled youths. On the other hand, some researchers contend that kin are willing to adopt if they are given accurate information on the continued role of birth parents, ongoing payments, and leaving the children's birth name intact.²¹ Some claim that welfare workers automatically assume kin are not interested in adoption and do not properly inform them of their options.

Children in kinship care also are less likely to be reunified with their parents. One study found an overwhelming consensus among administrators, caseworkers, and kinship care-givers that birth parents were less motivated to meet case requirement goals for reunification when children were placed in kinship care.²² Researchers have suggested that these parents feel less social stigma for losing their children.²³ Birth parents remain in closer contact with children who are placed with kin. Often, however, this contact occurs during unscheduled and unregulated visits. These types of interaction raise safety concerns, as well as provide a possible reason why children in kinship care are less likely to be reunified with parents.

Overall, children in kinship care tend to stay in care longer than those placed with nonkin. When it is determined that children with nonkin foster care-givers cannot be reunified with their birth parents, child welfare workers push to terminate parental rights and find someone to adopt the child. In contrast, when a child is placed with kin, termination of parental rights is usually delayed. The Federal Adoption and Safe Families Act of 1997 indicated that a fit and willing relative can provide a planned permanent living arrangement, and that if such an arrangement is found, the state does not need to terminate parental rights within the normally allotted time frame. Often, caseworkers are allowed to transfer custody of a child to a kinship care-giver and consider this a permanent outcome. This type of long-term foster care is generally prohibited with nonkin. It is unclear what impact this type of permanency has compared with reunification or adoption.

Long-Term Results

In the few longitudinal studies conducted, no discernable differences between adults who were raised by kin and those raised by nonkin foster care-givers can be found in terms of education, employment, physical or mental health, or risk-taking behavior.²⁴ Differences might have existed when the children were in foster care. While more research needs to be done, these early results are disappointing for those who predicted that kinship care would improve foster care outcomes.

²⁰ Geen, Berrick, 2002

²¹ Geen, Berrick, 2002

²² Geen, 2004

²³ Geen, 2004

²⁴ Geen, 2004



Studies Focusing on Michigan

The studies referred to above were done throughout the nation. While most studies were based on relatively small, cross-sectional samples of foster children located in a specific region, some were conducted on foster children in multiple states. Since none of these studies focused exclusively on Michigan, the applicability of the results to this State is limited. Currently, there is very little research that tracks Michigan foster children in kinship care.

Michigan State University, with the support of the Families and Communities Together (FACT) Coalition, has conducted one of the few published studies on kinship care in Michigan. The study examined grandparents who accepted child-rearing responsibility for their grandchildren, as both public and private kinship care-givers. The study reinforced many of the national trends. Forty-six percent of the grandchildren had disabilities and other special needs, including attention deficit hyperactivity disorder, fetal alcohol syndrome, emotional and behavioral problems, speech or learning delays, autism, or cerebral palsy.²⁵ These issues made succeeding in school more difficult.

Half of the grandparents were still employed, with average incomes ranging from \$30,000 to \$39,000 (to support a family of three or four). Many grandparents reported living on tight fixed incomes. Of all the households surveyed, 26.0% reported average incomes of less than \$20,000.²⁶ Despite these economic challenges, however, more than half of the grandparents planned on caring for their grandchildren for the next 13 years or more.

Conclusion

National research warns that children in kinship care may face challenges different from those experienced by children placed in nonkin licensed foster homes. These needs must be addressed in order to help foster children in kinship care succeed once they leave the child welfare system on their 18th birthday. Overall, Michigan foster children struggle to succeed when they age out of the system. More than half of the children leaving foster care in Michigan have been diagnosed with a mental disorder, one-fifth have been homeless at some point in their lives, half have not completed their high school education, and one-third live below the poverty line.²⁷

Michigan increasingly turns to kin to provide safe out-of-home placements with the hope that these care-givers can provide foster children with a brighter future. Nevertheless, the State presently has no strategy to test whether these hopes are justified. Even if placing foster children with kin is a less traumatic experience compared with placement in licensed nonkin foster homes, it may be that the overall negative impact of the experience outweighs the initial benefit. More research and better data are needed to understand the impact and guide Michigan policy.

²⁵ Vaidya, 2003

²⁶ Vaidya, 2003

²⁷ Michigan Advisory Committee on the Overrepresentation of Children of Color in Child Welfare, 2006



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