

CHILDREN AND FAMILY RESEARCH CENTER

Well-Being Outcomes of Children in Kinship Care Literature Review

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Executive Summary

The well-being of children in kinship care has been the subject of several empirical studies. This review looks at the findings of these studies to determine if the literature reveals how these children are faring.

How do Children in Kinship Care Fare in Terms of School Performance, School Behavior, Behavioral Problems, and/or Physical Health?

- Children in kinship care showed substantial health care needs, yet received inadequate health services (Dubowitz et al., 1993; 1994; Dubowitz & Sawyer, 1994; Sawyer & Dubowitz, 1994).
- Children in kinship care had below average academic performance and cognitive skills, and common school behavior problems were poor study habits and low attention skills (Dubowitz et al., 1993; 1994; Dubowitz & Sawyer, 1994; Sawyer & Dubowitz, 1994).
- Grant (2000) found that many of the children (52%) coming into kinship care presented developmental and school behavioral problems due to prenatal drug exposure.

Are Children in Kinship Care Better Off than Children in Non-relative Foster Care?

- Iglehart (1994) found that the adolescents in kinship care had more stable placements and fewer mental health functioning problems than adolescents in non-kinship care.
- In their comparison study of children placed with kin or with non-relatives, Brooks and Barth (1998) found that non-drug-exposed children placed with kin were least likely to display behavioral problems, and drug-exposed children placed with kin were most likely to display behavioral problems.
- Benedict, Zuravin, and Stalling (1996) found no significant differences between adults who had been in kinship care and those who had been in non-kinship care in terms of their current

adult functioning in education, employment, physical and mental health, stresses and support, and risk-taking behaviors.

Introduction

Kinship care is defined as “out-of-home placement with relatives of children who are in the custody of state and local child welfare agencies” (Scannapieco, Hegar, & McAlpine, 1997, p.480). Dramatic growth of kinship care placements since the late 1980s has drawn attention to the implications of kinship care for children’s well-being (Geen & Berrick, 2002). This review of the literature outlines and discusses empirical studies investigating well-being outcomes of children in kinship care. Studies reviewed focused on school performance, behavioral problems, mental health, and/or later adult functioning of children in kinship care (Benedict, Zuravin, & Stallings, 1996; Bilaver, Jaudes, Koepke, & Goerge, 1999; Brooks & Barth, 1998; Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994; Dubowitz & Sawyer, 1994; Dubowitz, Zuravin, Starr, Feigelman, & Harrington, 1993; Grant, 2000; Iglehart, 1994; Sawyer & Dubowitz, 1994). This review included both outcome studies that used a comparison group, typically children in traditional, non-relative foster care, and those that had no comparison group.

Search Strategy

The following sources were used to locate relevant literature about the well-being outcomes of children who experienced kinship care: Eric, Psych INFO, Social Science Abstracts, and Social Work Abstracts. The studies were limited by English language and publication year of 1990-2003. Combinations of the following terminologies, “kinship” OR “relative care” were used to identify appropriate studies. To be included in this review, a study must have: (a) been published in a psychological, sociological, and/or social work journal, or (b) been a review of professional and accrediting organization standards, and (c) provided empirical evidences regarding the wellbeing outcomes of children in kinship care.

Results

A set of studies conducted by Dubowitz et al. (1993; 1994), Dubowitz and Sawyer (1994), and Sawyer and Dubowitz (1994) examined school performance, school behavior, behavioral problems, and/or physical health of children in kinship care. These studies lacked a comparison group. Data were primarily collected from medical records, school records, and questionnaires to relative caregivers and teachers. Research found that children in kinship care had substantial health care needs, yet received inadequate health services. Findings also revealed that these children had below average academic performance and cognitive skills. Common school behavior problems were poor study habits and low attention skills. In most age categories, boys had more behavioral problems, oftentimes aggressiveness, as compared with girls. Predictors of the behavioral problems included: male, placed because of abuse rather than neglect, African American, the caregiver's negative perceptions of the child, the caregiver's lower educational level, and the lack of a long-term care plan for the child.

Grant (2000) provides descriptive information of developmental, mental, and school problems of children coming into kinship care. The author concludes that many children in the sample presented developmental and behavioral problems due to prenatal drug exposure (52%). In addition, many children suffered from social and environmental stressors such as parental substance abuse (74%), neglect or abandonment (41%), exposure to violence (30%), and parent incarceration (30%).

Altshuler's qualitative study (1999) adds more detail in understanding how children fare in kinship care. The interviews with six African American children in kinship care demonstrated positive kinship care experiences, such as being cared for and loved by relatives, hoping to stay

with kin, feeling appreciation and affection toward caseworkers, sensing a future with promise, and experiencing acts of kindness from relatives.

Several comparative studies (Benedict et al., 1996; Brooks & Barth, 1998; Iglehart, 1994) have addressed the question of whether children in kinship care are better off than children in non-relative kinship care. Iglehart found that adolescents in kinship care had more stable placements and fewer mental health problems than adolescents in non-kinship care.

In their study examining the problem of substance abuse as a reason for placement of children in kinship care, Brooks and Barth (1998) compared four groups: non-drug-exposed children placed with kin; drug-exposed children placed with kin; non-drug-exposed children placed with non-relatives; and drug-exposed children placed with non-relatives. Results indicated that the four groups did not show differences in educational performance, but they differed significantly in emotional and behavioral development. More specifically, non-drug-exposed children placed with kin were least likely to display behavioral problems, and drug-exposed children placed with kin were most likely to display behavioral problems. The authors interpreted the results as showing that kinship care environments have different implications for drug-exposed and non-drug-exposed children, raising the concern that kinship environments do not or are not able to meet the special needs of drug-exposed children.

Benedict et al. (1996) explored associations between placement type (kinship versus non-kinship) and later adult functioning, such as education, employment, physical and mental health, stresses and support, and risk-taking behaviors. Data were collected from interviews with 214 young people who experienced foster care and who were 18 years or older. Although past social service records of the subjects showed that those in non-kinship care exhibited more problems in functioning, research results found no significant differences between the two groups in their

current adult functioning. The researchers cautioned that the two groups could possibly have been different in their functioning during their foster care experiences. One explanation is that the problems of children in kinship care might be underreported to social services, given prior research findings that kinship caregivers tend to have fewer contacts with or less supervision from caseworkers (Berrick et al, 1994; Brooks & Barth, 1998; Gebel, 1996; Iglehart, 1994; Scannapeico et al., 1997).

Although the comparative studies included in this review provide valuable information on children's well-being, findings are too premature to indicate whether or not kinship care is the best placement for children. Research includes only a small number of comparative studies, mixed results, and methodological limitations. Berrick (1998) points out that "selection bias", the selection of less higher functioning children by relatives, might result in differences in well-being outcomes. According to Beeman, Kim, and Bullerdick (2000), many factors may affect decisions regarding a child's placement in kinship and non-kinship foster care. Older children, children without disabilities, children of color, children court-ordered into placement, and children whose reason for placement was parental substance abuse were more likely to be placed in kinship foster care. Iglehart (1994) also found that children in kinship care had fewer prior placements than children in non-kinship placements. As these studies indicated, many placement factors, other than the children's placement experiences, would be related to the differences in their well-being outcomes.

Similarly, Leslie, Landsverk, Horton, Ganger, and Newton (2000) note the limitations of cross-sectional designs. Children in care usually have complicated placement pathways. Identifying children in kinship care at a single point in time might not represent the children's

overall experience in placement. The authors suggested the importance of longitudinal studies that would follow the children's placement experiences.

Conclusion

The well-being of children in kinship care has been the focus of numerous empirical studies. A review of these studies yields mixed results. Given the small number of comparative studies and methodological limitations of the studies, it is premature to conclude that kinship care is the best type of placement for children. Accumulation of more research findings and employment of more sophisticated research methods are necessary in order to provide strong empirical evidence as to whether placement type is related to children's well-being outcomes.

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