

KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES

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**FINAL REPORT TO THE
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KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES

FINAL REPORT EXECUTIVE SUMMARY

This is the final report to the Minnesota Department of Human Services on the Kinship Foster Care in Minnesota Project, a two-year, multi-phase project conducted during 1994 - 1996. With this project, Minnesota joined the nation-wide effort to examine the current status of kinship foster care and to make recommendations to strengthen the policy and practice framework for kinship foster care.

Kinship foster care--the formal placement of children with relatives or others with close familial ties by the state or county child protective agency--is a rapidly growing type of out-of-home placement for children. The growth in formal kinship foster care is due to multiple factors, and placement with kin is reflected in both federal and state statutes. Although kinship foster care brings with it many unique dynamics with implications for practice and policy, it exists within a system of foster care that was developed for unrelated foster parents.

The purpose of this project was to gather more detailed information about the current status of kinship foster care in Minnesota and to gain knowledge about its strengths and weaknesses in order to inform the development of responsive policy and practice in Minnesota.

Methods

At the time that we began our study, very little information existed about the state of kinship foster care in Minnesota. Consequently, we designed this study to be a progressive, multi-phase project. We included three counties in our study: an urban county (Hennepin County), a metropolitan county (Anoka County), and a rural county (Blue Earth County). Our study included five phases:

1. We conducted a comprehensive literature review, and a review of federal and state legislation and state and county policy pertaining to kinship foster care. This phase of study provided a context for the following four phases of data collection.
2. We analyzed the most current available administrative data from the three counties to compare characteristics of kinship and nonkinship foster care cases.
3. We conducted a survey of child welfare professionals in the 3 study counties to gather data on professionals' views of kinship foster care.
4. We gathered detailed case information on a sample of kinship and nonkinship foster care cases to compare characteristics of children, birth, and foster parents; placement characteristics, and services, progress and outcome.

5. We conducted in-person interviews with a small sample of birth parents and kinship and nonkinship foster parents to study their perspective on kinship foster care.

Findings

Analysis of Administrative Data

Our analysis of administrative data focused on all children in family foster care placements during the first six months of 1994. Kinship foster care placement was defined as children placed with relatives or others with close familial ties, and included both licensed and unlicensed relatives. Data from each of the three counties was analyzed separately.

In Hennepin County, about 1/3 of children were in kinship placements, in Anoka County, about 10 % were, and in Blue Earth County, no children were in kinship foster care. This variation in the utilization of kinship foster care is reflected across the State of Minnesota, although the rate of kinship foster care placements varies greatly within rural counties. The majority of children in both types of care were children of color, although the proportion was slightly higher in kinship foster care in Hennepin County. Children in kinship care were slightly younger at removal than children in nonkinship care, and were less likely to have disabilities.

The gender of primary foster parents ("primary" refers to the foster parent designated as such by the county) was predominantly female in Hennepin County, and predominantly male in Anoka County. In Hennepin County, female foster parents also predominate across all racial groups. Kinship foster parents were predominantly grandparents or aunts/uncles.

The most common reason for removal among kinship cases in Hennepin County was parental substance abuse, followed by child neglect. In Anoka County, child related reasons, such as delinquency, status offenses, and substance abuse by the child, were predominant, followed by child neglect. In Hennepin County, children in kinship care were much less likely to have experienced multiple placements during the episode of out-of-home care examined, but the opposite was true in Anoka County. In both counties, children appeared to remain in kinship care slightly longer, and children in kinship foster care were more likely to be placed out-of-state or out-of-county. Children in kinship care in Hennepin County whose placement ended were more likely to have returned home than those in nonkinship care; this was not true in Anoka County.

Survey of Child Welfare Professionals

Our survey was distributed to county child welfare professionals in Anoka, Blue Earth and Hennepin Counties. Approximately 20% of our sample were respondents of color and the remaining 80% were white. The majority of respondents reported experience with kinship foster care and most had a positive perception of kinship foster care and kinship foster parents. Child welfare professionals believed that kinship foster parents are motivated by familial obligations rather than money, and that they are competent in foster parenting. In addition, child welfare

workers--especially workers of color--tended to believe that kinship foster parents are not interested in adoption because family ties already exist.

The vast majority of workers believed that children are better off being placed with kin than nonkin and that kinship care can be beneficial in identity formation. They also believed that kinship foster children may be less troubled about their status as a foster child than children in nonkinship care, and that the stigma of foster care is lessened. The majority of workers, but a significantly larger proportion of workers of color, believed that children placed in kinship care demonstrate a stronger sense of belonging than children in nonkinship care.

The majority of workers surveyed believed that kin foster parents are cooperative with the agency, and the workers enjoyed working with them. However, many workers believed that kinship parents were also more difficult to supervise than nonkinship foster parents, with white workers more likely to believe this than workers of color.

Child welfare professionals viewed the role of kinship foster parents as different than that of nonkin parents--particularly in birth family facilitator roles such as arranging visits with birth parents, talking with birth parents about the child's adjustment to foster care, talking to the birth parent about the child's behavior and teaching the child how to deal with future relationships with their birth family. At the same time, workers mentioned the foster parent's ongoing relationship with the birth family as one of the biggest difficulties working with kin parents.

Finally, workers agreed that the agency should make some changes in practice with kin foster parents--particularly in the areas of training and support. However, there were some things that they believed should not change for kinship foster parents--the majority of workers believed that kin foster parents should be paid foster parent rates--and this was particularly true among workers of color. Workers also generally believed that licensing standards should be equally stringent for kin and nonkin foster parents.

Case File Reviews

A sample of kinship and nonkinship foster care cases where children began placement during the first six months of 1994 was selected for more detailed study. A total of 51 kinship foster care cases and 51 nonkinship foster care cases were chosen to represent the racial and heritage diversity of children in placement. Interviews were conducted with child/family workers and licensing workers focusing on more detailed descriptive characteristics of children, birth, and foster parents, and on the services and support provided in kin and nonkinship cases.

Our analysis of case file data indicated that children in kinship and nonkinship foster care were similar in terms of gender and age at placement. We found that children in kinship care were more likely to be removed from their mothers care than children in nonkinship foster care. Birth mothers of children in kinship and nonkinship foster care were of similar age and educational level, with over half of both groups of mothers high school graduates. The majority of birth mothers in both groups relied on some form of public assistance for income. Birth mothers of children in kinship care were more likely than birth mothers of children in nonkinship

care to have a drug or alcohol problem, according to the workers. Workers believed that birth mothers in both groups had strengths and were equally committed to the best interests of their child(ren).

The majority of both kin and nonkin foster parents were female and married. We did not find kinship foster parents to be older than nonkin parents. Nonkin foster parents were more likely than kin parents to receive income from employment, although similar proportions of primary foster parents in both groups were themselves employed. Nonkin foster parents were more highly educated than kin foster parents. Household size was similar for both groups, although nonkin foster parents had more foster children in the home, on average. Most kinship foster parents were grandparents or aunts/uncles of their foster children, and most were related to the child's mother.

The reason children in kinship foster care were removed from their home did not differ from those in nonkinship foster care, with the most prevalent reason being parent-related reasons, such as parent incarceration, substance abuse, illness/disability, etc., followed by child protection reasons, such as risk of sexual or physical abuse, and risk of neglect. However, the majority of cases in both types of care involved substantiated maltreatment. The specific type of maltreatment was most often neglect for both groups, although more prevalent among kinship cases. The permanency and placement goals for most children in both groups was reunification. We found that nearly half of the children in kinship placement were living with the kin provider prior to formal placement, and according to the worker, most birth parents had input into the selection of the kinship provider.

While workers perceived the physical health status of children in both types of care to be similar, they believed that children in kinship foster care were in better mental health than those in nonkinship care--a finding that is consistent with past research. Children in nonkinship foster care were also much more likely to be seen as having emotional/behavioral problems.

Our findings indicated that the worker contact and services to children in kin and nonkin foster care were similar. Family worker contacts and services to birth mothers in the two groups was also similar. The majority of birth mothers in both groups received some type of psychological services. However, licensing workers were significantly more likely to have had contact with the birth mother in nonkinship foster care cases than in kinship cases.

The majority of kinship foster parents had restricted foster care licenses and received significantly lower payments. At the same time, child/family workers had significantly more contact with nonkinship foster parents than kinship placements. These more frequent contacts between licensing worker and birth parent and between child worker and foster parent may indicate better case coordination. We also found that nonkinship foster parents received more services than kinship foster parents--specifically respite care and support group attendance. They also were much more likely to have received training prior to the placement--a finding that is not surprising given the advanced planning to provide foster care among nonkinship foster parents. The majority of both types of foster parents received some type of training during the child's placement. However, licensing workers were just as likely to perceive of nonkin foster parents needing further training as they were kin foster parents.

The majority of both kinship and nonkinship cases were seen as making satisfactory progress toward permanency goals. However, nonkinship cases were more likely to have experienced a court review during the placement. Workers tended to perceive of birth parents and foster parents in nonkinship placements as getting along very well or not having much interaction; while in kinship cases, they believed birth parent and foster parent did not get along well or had some interpersonal issues.

Among children whose episode of out-of-home care had ended by the time of our interviews, placement length was similar, but children in kinship care experienced significantly fewer placements during the episode of care than did children in nonkinship care and were much more likely to have returned home.

Interviews with Birth Parents and Foster Parents

The goal of our final phase of data collection was to explore the perspectives of birth parents, and kinship and nonkinship foster parents in Anoka and Hennepin Counties. The sample of birth and foster parents interviewed was an availability sample and should not be considered representative of all birth and foster parents in the two counties. Workers in Anoka and Hennepin Counties referred current cases of children in kinship and nonkinship placements. These interviews were conducted during the Spring and Summer of 1996. Forty-five foster parents (22 kinship and 23 nonkinship) and 9 birth parents (4 with children in kinship placements and 5 with children in nonkinship placements) were interviewed. Findings of our interviews with birth parents, in particular, should be interpreted with caution due to the small sample size. However, the findings of this phase of the study highlight several important issues.

Our interviews with foster parents indicated that nonkinship foster parents were more likely than kinship foster parents to be married, and most foster parents indicated that they were in excellent or good health. Nonkinship foster parents had higher family incomes than did kinship foster parents. Slightly more kin than nonkin foster parents were receiving AFDC, and slightly fewer kin than nonkin received social security benefits. Just as we found in our case file reviews, most kinship foster parents had restricted foster care licenses. More nonkin than kin were receiving difficulty-of-care payments. While many birth parents worked, most were low income, and most had more than one child in placement. Slightly more birth parents of children in kinship care reported to have been in foster care as a child.

Most kinship and nonkinship foster parents reported that their foster children were in good physical health, but the majority had concerns regarding the children's development, viewing them to be "behind" developmentally. The majority of both groups reported that their foster children had occasional or serious mental health problems, although more kin than nonkin indicated that the child had a mental health diagnosis. The majority of both groups also reported their children to have occasional or chronic behavioral or academic problems in school. Birth parents of children in kinship care were more likely to see their children as having physical health problems and being behind developmentally. The majority of birth parents viewed their children's mental health to be only fair.

The majority of kin providers were grandmothers or aunts, and most were providing for sibling groups. Most kin providers knew the child and had weekly or daily contact with the child prior to placement. Nearly half lived with the kin provider prior to placement. More kin than nonkin described their relationship with the foster child to be very warm and close. Kin were much more likely to view the child as easy to raise. Nonkin viewed the child's future somewhat more optimistically than did kin. Birth parents also reported that their child knew the kin provider and had contact with them prior to placement. Half reported having some input into the selection of a kin provider. Birth parents of children in kinship care reported more frequent contact with the foster parent than did birth parents of children in nonkinship care.

Kinship foster parents reported that they were most likely to arrange visitation between the child and birth parents, while nonkin reported that the social worker was most likely to arrange visitation. Kin foster parents were also more likely to feel they had complete control over contact with the child and birth parent, while nonkin's sense of control varied from very much to very little control. Birth parents of children in nonkinship care reported less freedom to arrange visitation and were more likely to have supervised visits than birth parents of children in nonkinship care.

Nonkinship foster parents averaged slightly more monthly contacts with social workers than did kin. While the majority of kin felt the amount of contact with the social worker was okay as it was, more nonkin thought additional contact would be helpful. Kin were slightly more likely to be satisfied with their communication with their social worker, although many of both groups wanted better communication. In nearly all areas (emotional and physical health, behavior, prior foster care experience, and school performance), kin foster parents were more likely than nonkin to believe that the information they received about the child was adequate. Less than half of both kin and nonkin reported that they received a copy of the child's treatment plan, and slightly more nonkin than kin reported participating in the development of that plan. Most kin and nonkin believed that parental visitation arrangements were adequately explained, but more nonkin than kin believed that the child's legal status was explained. Birth parents of children in kinship care reported fewer monthly contacts with social workers, and most wanted more contact. Birth parents generally believed that foster parents were cooperative.

As with our case file reviews, we found that nonkin foster parents were more likely than kin to have received training prior to the child's placement. However, the majority of both groups received training during the child's placement. Kin were much more likely than nonkin to believe that their training was adequate. Slightly more nonkin than kin reported receiving respite care, and slightly more kin than nonkin reported receiving child care services. Nonkin were more likely than kin to attend support groups and foster parent association meetings, and to think that more counseling services would be helpful for the child and birth family. Birth parents of children in nonkinship care were more likely to see the need for more counseling for their child. The majority of both kin and nonkin felt foster care payments should be higher.

Kinship foster parents were much more likely than nonkin to say that they would be willing to adopt the foster child. Those kin who were not interested said they either could not afford to adopt or that adoption was unnecessary because the child was already family. Nonkin who were not interested in adoption reported that they did not wish to be the permanency parent

to the child. Nonkin were more likely to believe that the child's permanency goal was reunification, while kin believe it was adoption or permanent foster care. The majority of both kin and nonkin believed the best plan for the child was to stay in the present foster home. Birth parents of children in kinship care were evenly split between believing that the best plan for the child was to return home and believing that the best plan was to stay with the foster parent. Parents of children in nonkinship care were more likely to believe the child should return home. The majority of birth parents of children in kinship care believed their chances of being reunified were poor, while birth parents of children in nonkinship care believed their chances of reunification were excellent or good.

Summary and Discussion

There are some important limitations to our study. Some inconsistencies were found across the different phases of study--in part due to inaccuracies in administrative and case file data and in part due to changes in the kinship population between our 1994 administrative data and our 1996 interviews with birth and foster parents. In addition, the response rate to our survey of child welfare professionals varied from county to county and contained many "neutral" responses about some key issues in kinship foster care. Finally, our sample of foster parents and birth parents was very small and not generalizable to the population at-large. However, the findings of our five phases of study provide much needed information about the characteristics of children in kinship foster care, their birth parents and foster parents, and about the circumstances of their placement and services. A summary of the findings follows.

The Foster Child

Children of color make up a slightly larger proportion of children in kinship foster care than they do of children in nonkinship care and are more likely than white children to be placed in kinship care. Foster children in general are in good physical health but tend to have some problems with mental health and academic achievement.

Children in kinship foster care appear to have fewer mental health problems than those in nonkinship care, but the same degree of academic problems. They also have an equal incidence of learning disabilities, hearing and speech disabilities, and developmental disabilities, but fewer physical disabilities. Kinship foster children are generally removed from birth parents because the parents are abusing alcohol or drugs or neglecting the children.

Children removed to kinship foster care usually experience more stability than those in nonkinship care. Kinship children usually go directly to the kin foster home, stay longer than those in nonkin homes, and return to their birth home when they leave. This is in contrast to children in nonkinship foster care, who are more likely to experience multiple placements during their episode of out-of-home placement. Kinship foster children also tend to have a warm and familiar relationship with their foster parent, often a grandmother, aunt, or uncle, and the kin foster parent generally reports that the child is easy to raise. They also tend to see their birth parents more frequently.

Finally, children in kinship foster care receive the same amount of services and have similar contact with their child/family worker as do children in nonkinship care.

Birth Parents

Birth mothers of children in both kinship and nonkinship foster care were mostly low-income and had multiple problems. Mothers of children in kinship care most often had alcohol and drug problems; mothers of children in nonkinship care most often experienced chronic family violence. Both groups were of a similar age and over half were high school graduates. Despite their many problems, workers judged these mothers as being overwhelmingly committed to the best interests of their children. In contrast, very little information was available on birth fathers.

While birth parents have a more troubled, but also appreciative, relationship with kinship foster parents, they also see their children more frequently. They receive the same amount of services and have similar contact with their child/family worker as do birth parents of nonkin foster children, but they have less contact with the foster care licensing worker--probably because the worker arranges visitation for the nonkin foster children.

Foster Parents

The majority of kinship foster parents in this study were the grandmother or aunt of their foster child. Although our case file reviews indicated that the typical kinship foster parent is married, our interviews indicated that she is typically a low-income single woman (this discrepancy could be due to changes in the kinship foster parent population over time, the unrepresentativeness of our interview sample, or the inaccuracy of data contained in case files.) Often she cared for sibling groups, and was caring for the children before formal placement, with input on the placement from the birth mother. Kinship parents were more likely to be employed than nonkinship foster parents. However, nonkin foster parents were apt to be married, and more likely to have higher incomes, to receive household income from employment, and to be more highly educated. Kinship foster parents were more likely to receive child care support, although their foster care payments overall were lower.

The kinship foster parents tended to have more contact with the birth parents than did nonkin foster parents, to arrange the visitation themselves--typically more frequent visitation, and to have more control over parent/child contact. The relationship with the birth parents tended to be conflicted--at least from the perspective of the worker. Most kinship foster parents said they would be interested in adopting their foster children, unless they could not afford it or felt it was unnecessary since family ties already existed.

Nonkinship foster parents tended to either get along well with the birth parents or not have much interaction with them. Visitation was typically arranged by the worker. Nonkin foster parents were less likely to be interested in adoption, but were more optimistic about their foster children's futures than were kin. Nonkinship foster parents tended to be more "professionalized," holding unrestricted licenses, receiving more training prior to placement, higher payments, more respite care, and having more involvement in support groups and foster care associations.

Child Welfare Professionals

Child welfare professionals were generally positive about kinship foster care, believing foster parents to be competent and motivated by familial obligations. (They saw nonkin parents as motivated primarily by social responsibility followed by money.) The workers saw the kin foster parents as cooperative, as having more of a birth family "facilitator" role than nonkin foster parents, but also as more difficult to supervise than nonkin providers. Workers of color believe kin providers should be paid at foster parent rates, while white workers were divided between that and AFDC rates.

Recommendations

Based on these findings, we make several recommendations for policy, practice and future research, which are summarized below.

Our policy recommendations include: 1) improved data collection at the county and State levels which will make it possible to track children across episodes of out-of-home care; collect more data on characteristics of birth and foster parents; and clearly specify kinship and nonkinship placements; 2) careful tracking of the use of kinship foster care across counties, which currently varies widely; 3) policies to facilitate across-county and across-state coordination; 4) consideration of alternative licensing and payment levels for kin; and 5) increased child care payments to working foster parents.

Our practice recommendations include recommendations regarding services to children, birth parents, and kinship foster parents; preparation, support, and training of kinship foster parents; training and support for staff working in kinship foster care; and the establishment of a kinship foster care task force to make recommendations for continued changes in policy and practice.

Practice recommendations for services include: 1) increased use of substance abuse and domestic violence services; 2) increased involvement of fathers in case plans; 3) attention to the economic needs of mothers; 4) continued emphasis on the strengths of birth mothers toward reunification; 5) increased use of mental health assessments and services to children; and 5) better integration of services and improved case coordination.

In the area of preparation, support, and training of kinship foster parents, we recommend: 1) specialized training for kinship foster parents; 2) the establishment of kinship foster parent support groups; 3) increased use of respite care by kinship foster parents; and 4) increased recruitment of foster parents of Asian/Pacific Islander and Hispanic Heritages.

We also recommend increased training for staff working in kinship foster care. Such training should emphasize the strengths of kinship foster care, the roles and responsibilities of kinship foster parents, and the appropriate supervision and monitoring of kinship placements. We also recommend that staff continue to be trained about the importance of accurate record-keeping of administrative data.

Finally, we recommend that a Kinship Foster Care Task Force be created to plan and carry out the policy and practice changes recommended above, and to continue the consideration of unresolved issues and dilemmas in kinship foster care.

We also believe it is important to recognize that this study was a first step in examining kinship foster care in Minnesota. As such, we believe the research agenda on kinship foster care must be continued. Our recommendations for future research include a longitudinal study comparing the outcomes of children in kinship and nonkinship foster care, a study of the mental health needs of children in foster care, and a study focusing on children placed outside their home counties.

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CHAPTER 1

INTRODUCTION¹

This is the final report of the Kinship Foster Care in Minnesota research project. This two year, multi-phase project began during the summer of 1994 and was completed during the summer of 1996. With this project, Minnesota joined the nation-wide effort to examine statutes, regulations and procedures to clarify and improve kinship foster care. The project was designed to respond to the need for more detailed information about the current status of kinship foster care in Minnesota; to gain knowledge about the strengths and weaknesses of kinship foster care from the point of view of child welfare workers, foster parents and birth parents; and to make recommendations for strengthening the policy and practice framework for kinship foster care in Minnesota.

Background

Few social services for children are used both as widely and as reluctantly as foster care. Despite several initiatives to contain the placement of children by exerting "reasonable efforts" to keep the family intact and maintain the child in the home, there has been a steady increase in out-of-home placements (Dubowitz, 1994). The past few years have witnessed an especially dramatic growth nationwide in one particular type of out-of-home placement: kinship foster care. In this report, we use the term "kinship foster care" to refer to the formal placement of children with relatives or others with close familial ties by the state or county child protective service agency. While the practice of relatives or kin caring for children through an informal family arrangement is a long-standing American tradition, the formal placement of children in kinship foster care is a relatively recent phenomenon. It is this type of formal kinship foster care, as a service within the child welfare system, that is the focus of this study.

The growth of formal kinship foster care is most likely due to multiple factors: the increasing number of children in placement, the decline in the number of available foster families, and greater acknowledgement of kin as a resource (Child Welfare League of America, 1994). In addition, an emphasis on the importance of a child's racial and ethnic heritage, and the recognition that placement with relatives is often less traumatic for the child, have led many child welfare agencies to look first to relatives when making an out-of-home placement. In Minnesota, county social service agencies are required by Minnesota Statute (Section 257.071) to follow an established order of preference in finding an out-of-home placement for a child. This placement preference requires agencies to first try to recruit a foster family from among the child's own relatives. This placement preference is based on two principles:

- The achievement of the goal of permanency for the child in the most family-like and least restrictive setting.
- The maintenance of significant family relationships that are of critical importance to a child's well-being and the child's lifetime support system.

¹ This chapter was prepared by Sandra Beeman, Esther Wattenberg and Laura Boisen

As the number of children in formal kinship foster care grows, Minnesota, like many other states, is faced with the question of how and where kinship care fits within the existing system of out-of-home placement for children. The existing system of foster care policy and practice is based on a model of unrelated foster parents. Policies and procedures that are specific to kinship foster care have often developed in response to litigation and without the benefit of adequate information on the unique issues involved in kinship foster care (CWLA, 1994). Yet a variety of unique dynamics which have implications for the well-being of children and for foster care services and supervision characterize kinship foster care. For example: 1) existing family relationships may mean that birth parents have greater continuing access to children; 2) existing family relationships may create strengths that services can build upon, barriers that need to be addressed, or both; and 3) caregivers who have not planned in advance to become foster parents may have immediate service needs (Takas, 1993).

These unique case characteristics and placement dynamics can and should influence the way in which a child welfare agency engages in case planning, the development of a helping relationship with the family, permanency planning, reunification of the child with the parent, and the pursuit of other permanency options such as adoption or guardianship (CWLA, 1994). Research which examines the characteristics of kinship foster care case as compared to nonkinship foster care cases, and examines the strengths and weaknesses of policy and practice from the point of view of workers, foster parents, and birth parents, can inform the development of a responsive framework for kinship foster care policy and practice. This report describes the results of such a study conducted in Minnesota.

Overview of the Report

In chapter two of this report, we describe the design and methods of our study. In chapter three, we provide a brief summary of the research literature on kinship foster care, and a brief description of the federal, state and local policy and practice framework for kinship foster care at the time that we began our study.² Chapters four through seven present the findings of the four phases of data collection. In chapter eight, we conclude the report with a summary and discussion of the findings and their implications for kinship foster care practice and policy in Minnesota.

² A complete review of the research literature is presented in Appendix I; a detailed description of the policy and practice framework guiding kinship foster care as we began our study is presented in Appendix II.

CHAPTER 2

STUDY DESIGN AND METHODS³

The purposes of the Kinship Foster Care Project were to gather more detailed information about the current status of kinship foster care in Minnesota; to gain knowledge about the strengths and weaknesses of kinship foster care from the point of view of child welfare workers, foster parents and birth parents; and to make recommendations for strengthening the policy and practice framework for kinship foster care in Minnesota. Our study addressed the following overall research questions:

- What are the characteristics of kinship foster care cases in Minnesota? How are they the same or different than nonkinship foster care cases?
- What is the existing policy and practice framework for kinship foster care in Minnesota?
- What are the strengths and weaknesses of the existing policy and practice framework for kinship foster care as viewed by child welfare administrators, workers, foster parents, and birth parents?
- How can Minnesota strengthen its policy and practice framework for kinship foster care to best serve children and their families?

At the time that we began our study, very little was known about the state of kinship foster care in Minnesota. In fact, there were not even data available at that time about the number of children living in kinship foster care placement. Consequently, we designed this study to be a progressive, multi-phase project.

Sample of Minnesota Counties

In order to gather data on a range of county experiences with kinship foster care, we selected three counties to participate in our study: an urban county (Hennepin County); a metropolitan county (Anoka County); and a rural county (Blue Earth County). It was not expected that these counties represented the experience of all urban, metropolitan or rural counties, but rather that they represented three very different types of counties in terms of demographic characteristics, organizational history, and organizational capacity.

Data Collection

Data collection occurred in several phases, each is described below. The specific data collection and data analysis methods for each phase of study are further described in the chapters describing our findings.

³ This chapter was prepared by Sandra Beeman

Phase 1: Research Review and Review of Practice and Policy Framework

During this phase of study, a comprehensive literature review was conducted on kinship foster care. Although kinship foster care is a recent phenomenon, several states have been involved in research projects over the last few years. Findings from these studies were reviewed and summarized to provide background on kinship foster care as it has been experienced across the country. This review was conducted during the Fall of 1994 and updated throughout the project period. A brief summary of these research findings is presented in Chapter 3 of this report. The complete literature review can be found in Appendix I.

Also during the first phase of study, we reviewed federal and state legislation pertaining to kinship foster care, along with written policies and procedures at the State and County levels. In addition to reviewing written documents, interviews were conducted with practice and policy experts at the State Department of Human Services, and each county agency. The purpose of this review was to describe the formal structure under which kinship foster care existed in Minnesota at the time we began our study. Again, this review was conducted at the beginning of our study in the Fall of 1994, and was updated with new legislative and departmental changes as they occurred. Some of the key federal and state legislation and policies are described in Chapter 3. The complete report can be found in Appendix II.

Phase 2: Analysis of Administrative Data

As a first step in understanding the current status of kinship foster care in Minnesota, we analyzed the administrative case data on all children in family foster care placement during the first six months of 1994 in Anoka, Blue Earth, and Hennepin Counties. When we began our study during the Fall of 1994, these data were the most current available to us. The purpose of this analysis was to compare characteristics of kinship foster care cases to those of nonkinship foster care cases. Although the administrative data are limited, they include demographic characteristics of the child and foster parents, characteristics of the current placement, along with data on number of past placements during the period of continuous out-of-home care. Our analysis comparing children in kinship foster care to those in nonkinship foster care is presented in Chapter 4.

Phase 3: Survey of Child Welfare Professionals

The analysis of administrative data on kinship and nonkinship foster care provides only limited information about kinship foster care. Missing from the administrative data are the views of child welfare professionals about the strengths and weaknesses of kinship foster care. Because kinship foster care has brought both new possibilities and new challenges to child welfare workers to consider in serving children, we believed it was important to gather data about child welfare professionals' perceptions and attitudes about kinship foster care and the families it serves. During this phase of study we distributed a mail survey to direct service workers, supervisors and administrators in Anoka, Blue Earth, and Hennepin Counties. A description of this survey and its results are presented in Chapter 5.

Phase 4: Case File Reviews

In order to gather more detailed case information on kinship and nonkinship foster care cases, we selected a subsample of children who began placement during the first 6 months of 1994 in Anoka and Hennepin Counties for further case review⁴. During this phase of study, we were interested in gathering more specific information on children in kinship foster care, their birth parents and their foster parents--and how they compare to nonkinship foster care cases. But we were especially interested in learning about how the services provided to children and their birth parents, and services, training and support provided to foster parents were the same or different in kinship and nonkinship foster care cases. We believed that a careful study of the services and support provided in kinship foster care cases was necessary before we could propose a study focusing on outcomes for children in kinship foster care. We originally planned to conduct reviews of written case files on this subsample of cases. However, in order to gather the most up-to-date data on cases, we found it necessary to interview workers about their cases. Thus we conducted structured in-person interviews with child/family workers and licensing workers about the subsample of kinship and nonkinship cases. The analysis of these data are presented in Chapter 6.

Phase 5: Interviews with Kinship and Nonkinship Foster and Birth Parents

Our last phase of data collection consisted of in-person interviews with a small sample of kinship and nonkinship birth and foster parents in Anoka and Hennepin Counties. Through these interviews, we explored the strengths and weaknesses of the system in terms of services, support, case monitoring, and training from the perspective of birth and foster parents. Because of limited resources, and the difficulty involved in contacting and securing the involvement of birth parents, we conducted interviews with only a small number of birth parents. However, we believe that the data that we were able to collect from birth parents and foster parents represents valuable information from a very important and relatively untapped perspective.

Kinship foster care is a rapidly growing and rapidly changing movement in Minnesota and across the nation. During the two years that we conducted this study, many changes continued to occur in Minnesota's approach to kinship foster care. We believe that, together, these five phases of study provide a wealth of knowledge to guide Minnesota as it continues to develop programs and policies to best serve Minnesota's children and families.

⁴ Because our analysis of administrative data revealed that there were no children in kinship foster care in Blue Earth County during the first six months of 1994, we did not include that county in the next two phases of study.

CHAPTER 3

REVIEW OF RESEARCH AND POLICY/PRACTICE FRAMEWORK⁵

Literature Review

Past research in kinship foster care has focused on three main areas: characteristics of children, caretakers, and placements.

Earlier research has found children in kinship foster care to be primarily children of color (Dubowitz, Feigelman & Zuravin, 1993; Berrick, Barth & Needell, 1994; LeProhn & Pecora, 1994; Landsverk, 1996) placed at a younger age than children in nonkinship foster care (Landsverk, Davis, Ganger, Newton & Johnson, 1996). Children in kinship foster care experience fewer mental health (Barth, Courtney, Berrick & Albert, 1994; Iglehart, 1994; Landsverk et al., 1996) and academic problems (Berrick et al., 1994; Barth et al., 1994; LeProhn & Pecora, 1994; Landsverk et al., 1996) than children in nonkinship foster care.

In comparison to nonkinship foster care providers, kinship providers are more often women of color (Berrick et al., 1994; LeProhn & Pecora, 1994; Gebel, 1996), who are older (Berrick et al., 1994; LeProhn & Pecora, 1994; Gebel, 1996), head of the household (Dubowitz et al., 1993; Gebel, 1996) and in poorer health (Berrick, et al., 1994). They average substantially less income (Berrick et al., 1994; LeProhn & Pecora, 1994; Gebel, 1996), fewer years of formal education (Berrick et al., 1994; LeProhn & Pecora, 1994) and are more likely to care for a sibling group (Berrick et al., 1994).

There are also differences between kinship and nonkinship foster care providers in terms of motivation, roles and responsibilities, understanding of permanency, caretaker stress and their relationship with the social worker.

Kinship providers become foster parents because of a specific commitment to the family (LeProhn & Pecora, 1994; Thornton, 1987). Kinship foster parents feel more responsibility for concrete tasks such as transportation and supervision of visitation (Berrick et al., 1994; LeProhn & Pecora, 1994) and emotional tasks such as assisting the child with issues related to the separation and loss of their parent than nonkinship providers (LeProhn & Pecora, 1994; LeProhn, 1994). Kinship providers are more comfortable in communicating and interacting with the birth parents (LeProhn & Pecora, 1994). Kinship providers see less need for adoption and are more likely than nonkin to believe reunification will occur (Thornton, 1987). If reunification is not possible, kinship providers and kinship foster children are more likely than nonkin to believe that the child will remain in the kin home until emancipation (Courtney, 1994; Iglehart, 1995). Kinship foster parents experience increased psychological stress as a result of their primary caregiving role (Kennedy & Keeny, 1987; Kelley, 1993) and increased tension with social workers because of their dual role of foster parent and family member. Kinship providers more often see themselves as solely responsible for the child's medical, dental and educational needs while social workers think of these as areas of joint responsibility (Thornton, 1987). Social workers report kin foster parents as harder to supervise than nonkin (Thornton, 1987). A majority of kinship providers want better communication with the social worker (Berrick et al., 1994).

⁵ This chapter was prepared by Laura Boisen and Esther Wattenberg

Past research has also described kinship foster care placement and case characteristics. Although children in kinship care may experience longer placements than children in nonkinship care (Courtney, 1994), they more often have an established visitation plan (Davis, et al., 1996) and actually visit with their birth parents and family more often than nonkin (Berrick et al., 1994; LeProhn & Pecora, 1994), are more likely to be placed with a sibling (LeProhn & Pecora, 1994; Berrick et al., 1994; Thornton, 1987), experience fewer placements (Dubowitz et al., 1993; Berrick et al., 1994; LeProhn & Pecora, 1994; Iglehart, 1994), and are less likely to reenter the foster care system once reunified (Davis, English, & Lansverk, 1993). For their efforts, kinship foster parents receive fewer services (Chipungu & Everett, 1994; Berrick et al., 1994; LeProhn & Pecora, 1994), training (Berrick et al., 1994) and less money (Berrick et al., 1994) than nonkinship providers. Although kinship foster parents are less likely to see the need for foster parent training (Thornton, 1987), they would like more information, services and money (Thornton, 1987; Berrick et al., 1994; Chipungu & Everett, 1994).

Policy and Practice Framework

Few social services for children are used both as widely and as reluctantly as foster care. Despite several initiatives to contain the placement of children by exerting "reasonable efforts" to keep the family intact and to maintain the child in the home, there has been a steady increase in foster family and institutional placements. Recently, a consensus is emerging that if children must be removed from the birth family, the first preference for placement should be within kin networks.

The increasing use of kin is driven, in part, by legislation and class action lawsuits, but also by a strong interest of families of color to maintain children within their extended families. Moreover, support for kinship foster care has also been elicited from front-line child welfare workers who have had an experience with relative foster care.

The unanticipated explosion of kinship foster care, coupled with a policy emphasis on permanency for children's living arrangements, finds the child welfare system unprepared for the policy, program, and practice issues of kinship care. For policy concerns, the fiscal impact of a burgeoning kinship care program is yet to be fully documented. Inequitable payments exist in the various systems that support children in out-of-home care (AFDC, foster care, and difficulty-of-care rates). A payment standard especially designed for kinship foster care is under consideration among several states, including Minnesota. Further, the regulatory issues embedded in monitoring a previously informal arrangement of kinship care creates an unsettling environment. The role of the state in setting standards for licensing, supervision and training is yet to be determined.

Pertinent Federal and State Legislation

The emphasis on relative placement as a preference is attributed to the following federal legislation and court actions:

- The enactment of P.L. 95-608 (the Indian Child Welfare Act of 1978) which not only established legal jurisdiction for tribal governments involving Indian children, but mandated placement preferences for children entering foster care or adoptive homes as a way to preserve the child's ethnic heritage. The first preference was the child's extended family, followed by a foster home licensed or approved by the tribe, and finally other Indian foster homes or Indian institutions.
- The Supreme Court ruling, *Miller v. Youakim*, 1979, which stated that relatives are entitled to the same foster care benefits as non-related foster parents. Thus, this ruling became the basis of fiscal "equity" for relatives. Relatives would now be reimbursed at the foster family rate rather than the lower AFDC rate if they fulfilled the IV-E and licensing requirements. This court ruling did not address, however, the issues of kinship placements prior to the court's assumption of custody or relatives caring for children not eligible for federal funding.
- The passage of P.L. 96-272 (The Adoption Assistance and Child Welfare Act of 1980) is considered a groundbreaking child welfare reform initiative. This Act requires "reasonable efforts" to avoid placement. However, when placement is necessary, two principles are cited for guidance: close to home and "in the least restrictive environment." Thus, relative placement emerges as a preference.
- The Amendment to Title IV, Social Security Act, known as Title IV-E, which provides a substantial federal reimbursement rate for the State to cover costs of out-of-home care providing certain procedures are in place. Among Title IV-E specified procedures is the placement of children in the least restrictive environment, with close proximity to parents and relatives.
- Minnesota legislation pertinent to kinship foster care includes:
 - The 1983 Minority Child Heritage Protection Act, which legislated the importance of heritage preservation. Mirrored after the federal Indian Child Welfare Act, it established placement preferences. In 1993, the act was renamed the Minnesota Child Heritage Protection Act (and applied to children of all races and heritages).
 - The 1985 Minnesota Indian Family Preservation Act, which emphasized the state's role in supporting the heritage preservation of Indian children and expanded the federal Indian Child Welfare Act.
 - The 1985 "Permanency Planning Grants to Counties Act," which was enacted to comply with federal law and provided a framework for services delivery. This legislation mandated least restrictive environment and heritage preservation, which reinforced use of kinship homes.

- The 1991, Family Preservation Act (MS 256F), which once again implied the importance of kinship care, with the stated purpose of the Act: "To help assure that children have the opportunity to establish lifetime relationships..."
- The 1995, amendments relating to the licensing of a relative (MS 245A.035, subdivisions 1-6) which extend the uses of an emergency foster care license to allow children to remain in the care of relatives in emergency situations, providing certain criteria are met.

CHAPTER 4

ANALYSIS OF ADMINISTRATIVE DATA⁶

This chapter describes the results of our analysis of administrative case data on children in kinship and nonkinship foster care in Anoka, Blue Earth and Hennepin Counties. As a first step in understanding the current status of kinship foster care in Minnesota, we analyzed the most currently available administrative data on children in family foster care. When we began this analysis during the Fall of 1994, the most current data available to us from the three study counties were the data on children in family foster care placement during the first six months of 1994.

The purpose of this analysis was to compare characteristics of kinship foster care cases to those of nonkinship foster care cases. Kinship foster care cases were defined as children placed with relatives or close family friends and included both licensed and unlicensed relatives. Our analysis addressed the following questions:

- Who are the children in kinship foster care placements? Do they differ in any systematic way from children in nonkinship foster care placements in terms of gender, race, age, disability or special needs?
- Who are the kinship foster care providers? Do they differ in any systematic way from nonkinship foster care providers in terms of gender and race? What is the specific relationship of kinship foster parents to the child(ren) in their care?
- Do children in kinship foster care differ from those in nonkinship foster care in terms of the reason for placement, number of prior placements, permanency planning goal and other case characteristics?

Because some of the children included in the analysis had multiple placements during this time period, our analysis focused on the child's last placement during the six month period. Non-finalized adoptive placements and emergency shelter family foster care placements were excluded from the analysis. Data are presented separately for each county.

⁶ This chapter was prepared by Sandra Beeman and Susan Bullerdick.

Hennepin County

Between January 1 and June 30, 1994, 2,820 unduplicated children were in family foster care placements in Hennepin County. Children were considered to be in a kinship foster care placement if either the primary or secondary foster parent⁷ was grandparent, aunt/uncle, other relative or extended family OR if the placement living arrangement indicated that the child was placed with an unlicensed relative.⁸

Table 4-1 presents the number of children in kinship and nonkinship placements during this time period. Defined this way, 33.8% of children (953) were in kinship placements, and 61.7% (1739) were in nonkinship placements. The type of placement was unknown for the remaining 128 children (4.5%).

	%	(n)
Kinship care	33.8	(953)
Nonkinship care	61.7	(1739)
Unknown	4.5	(128)
Total	100.0	(2820)

⁷ Data gathered by the Minnesota Department of Human Services divides foster parents into "primary" and "secondary" and thus the terms are used in this report. However, it should be noted that the definition of primary differs among counties, sometimes referring to "head-of-household" and sometimes referring to the parent who spends the most time in caring for the child. In this report "primary" foster parent refers to the foster parent designated as such by the counties.

⁸ In consultation with Hennepin County, we defined kinship and nonkinship cases in the following way: Two variables, RELATIONSHIP TO FOSTER PARENT and LIVING ARRANGEMENT, were used to determine whether a placement was a kinship placement or a nonkinship placement. A placement was considered to be a kinship placement if the relationship to either the primary or secondary foster parent was relative or extended family OR if the living arrangement was an unlicensed foster parent-relative. Thus even if the relationship to foster parent was identified as a nonrelative, as long as the living arrangement was identified as unlicensed foster parent-relative, the placement was included among kinship cases.

Child Background Characteristics

Gender, Race/Hispanic heritage and Age

The gender of children in kinship and nonkinship foster care did not differ greatly: 53.0% of children in kinship care were female and 47.0% male; compared to 50% female and 49.7% male among nonkinship cases (Table 4-2). Over 79%⁹ of children in kinship care were children of color¹⁰ compared to approximately 70.4% of children in nonkinship care. Specifically, 60.1% of children in kinship care were African-American, 18.4% were American Indian, and .5% were Asian/Pacific Islander; 17.4% were white and approximately 3.6% unknown primary race. Approximately 1.4% were of Hispanic heritage. Among children in nonkinship care, 51.1% were African American, 17.1% American Indian, 2.2% Asian/Pacific Islander; 26.3% were white and 3.2% unknown. Approximately 3.5% were of Hispanic heritage (Table 4-3).

TABLE 4-2 GENDER OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Male	47.0	(448)	49.7	(864)
Female	53.0	(505)	50.0	(869)
Total*	100.0	(953)	99.7	(1733)

*The percentages for nonkinship do not add up to 100 because 0.3% were unknown.

⁹ This does not include children of Hispanic Heritage

¹⁰ Only the child's primary race was considered for this analysis.

**TABLE 4-3
PRIMARY RACE AND HISPANIC HERITAGE OF CHILDREN IN KINSHIP AND
NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY***

Race	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	60.1	(573)	51.1	(889)
American Indian	18.4	(175)	17.1	(298)
Asian/Pacific Islander	0.5	(5)	2.2	(39)
White	17.4	(166)	26.3	(457)
Unknown	3.6	(34)	3.2	(56)
Hispanic Heritage	1.4	(13)	3.5	(60)

*Race and Hispanic Heritage are two separate variables; thus children may be counted twice in this table

As Table 4-4 describes, the age of children in kinship foster care ranged from .21 years (2 1/2 months) to 18 years, and from .01 (less than 1 month) to 20 for children in nonkinship care. The mean age of children in kinship foster care was 7.16, and for children in nonkinship foster care was 7.88.¹¹ Table 4-5 describes the age at removal from home and age at placement for children in kinship and nonkinship foster care. The age at removal from home for children in kinship foster care ranged from 0 to 17 with a mean age of 5.35. The age at the time of placement for children in kinship foster care ranged from 0 to 17 with a mean age of 5.77. This was similar to the mean age at removal from home for children in nonkinship care which ranged from 0 to 19 with a mean age of 5.71, and mean age at the time of placement which ranged from 0 to 19 with a mean of 6.49.

**TABLE 4-4
AVERAGE AGE ON JUNE 30, 1994 OF CHILDREN IN KINSHIP
AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY**

		Age (years)	
		Mean	Range
Kinship	(n = 953)	7.16	.21 - 18
Nonkinship	(n = 1739)	7.88	.01 - 20

¹¹ Age represented the child's age on June 30, 1994.

TABLE 4-5 AVERAGE AGE AT REMOVAL FROM HOME AND AT PLACEMENT OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY		
	Age (years)	
	Mean	Range
Kinship		
Age at removal (n = 953)	5.35	0 - 17
Age at placement (n = 953)	5.77	0 - 17
Nonkinship		
Age at removal (n = 1739)	5.71	0 - 19
Age at placement (n = 1739)	6.49	0 - 19

Disability/Special Needs

Children in kinship care were less likely to be identified as having a disability than children in nonkinship care. Approximately 75.8% of children in kinship care had "no known disability" compared to 60.4% in nonkinship care. Specific disabilities of those children with disabilities are listed in Table 4-6.

TABLE 4-6 DISABILITY OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
No known disability	75.8	(722)	60.4	(1050)
Other clinically diagnosed condition	4.8	(46)	7.1	(123)
Emotional-disturbance - not severe	3.9	(37)	6.8	(119)
Emotional-disturbance - under 18	1.9	(18)	5.3	(93)
Developmental disability	1.5	(14)	5.1	(89)
Specific learning disability	1.4	(13)	2.1	(36)
Physical disability	0.8	(8)	2.1	(37)
Hearing/speech/visual impairment	0.5	(5)	1.7	(30)
Chemical dependency	0.1	(1)	0.3	(5)
Adult mental illness	0.1	(1)	0.2	(3)
Unknown	9.2	(88)	8.9	(154)
Total	100.0	(953)	100.0	(1739)

Similarly, 81.9% of children in kinship care were identified as having "no known special needs" compared to 70.9% of children in nonkinship care. Special needs are conditions which require special attention for placement purposes. Surprisingly, children in kinship placements were not more likely to be identified as having the special need of "member of sibling group"-- 4.1% of children in kinship care and 3.9% of children in nonkinship care were identified as having this special need. Table 4-7 describes the identified special needs of children in kinship and nonkinship care.

	Kinship		Nonkinship	
	%	(n)	%	(n)
No known special needs	81.9	(707)	70.9	(1121)
Disability	3.8	(33)	9.5	(151)
Member/sibling group	4.1	(35)	3.9	(61)
Minority/ethnic heritage	2.0	(17)	4.6	(73)
Older child	0.1	(1)	0.4	(6)
Behavior problem	2.4	(21)	4.9	(78)
Family genetic/health background	0.3	(3)	0.9	(14)
History of abuse/neglect, or multiple placements	2.0	(17)	3.0	(47)
Teen with child(ren)	0.1	(1)	0.4	(6)
Other special needs	0.8	(7)	0.8	(13)
Unknown	2.4	(21)	0.8	(12)
Total*	99.9	(863)	100.1	(1582)

*90 kinship and 157 nonkinship cases had missing data for this variable.

Foster Parent Characteristics

Although data are available in this data base on both primary and secondary foster parents, their analysis focuses only on characteristics of the primary foster parent.¹² Approximately 50.8% of the children in kinship foster care had only a primary foster parent, and 41.7% of children in nonkinship foster care had only a primary foster parent.

Gender

In looking at the gender of primary foster parents, kinship foster parents were more likely to be female than nonkinship foster parents (Table 4-8): 77.9% of kinship foster parents were female, 6.5% male and in 15.6% of the cases, the foster parent's gender was unknown. Among nonkinship foster parents, 72.6% of primary foster parents were female, 22.1% male and 5.2%

12 See Footnote #8.

were unknown. Table 4-9 shows the gender of primary foster parents across racial groups. For African-American children, primary foster parents were predominantly female for both kinship (79.1%) and nonkinship placements (83.1%). For American Indian children, 79.4% of kinship foster parents were female, and 66.8% of nonkinship foster parents were female. For white children, 74.1% of kinship foster parents were female and only 57.8% of nonkinship foster parents female.

TABLE 4-8 GENDER OF PRIMARY FOSTER PARENT IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Male	6.5	(62)	22.1	(385)
Female	77.9	(742)	72.6	(1263)
Unknown	15.6	(149)	5.2	(91)
Total	100.0	(953)	100.0	(1739)

TABLE 4-9 GENDER OF PRIMARY FOSTER PARENTS BY CHILD'S PRIMARY RACE IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY*					
Race of Child	Gender of Foster Parent	Kinship		Nonkinship	
		%	(n)	%	(n)
African American	Female	79.1	(453)	83.1	(739)
	Male	6.8	(39)	14.1	(125)
American Indian	Female	79.4	(139)	66.8	(199)
	Male	4.0	(7)	25.8	(77)
Asian/Pacific Islander	Female	60.0	(3)	43.6	(17)
	Male	40.0	(2)	53.8	(21)
White	Female	74.1	(123)	57.8	(264)
	Male	8.4	(14)	33.3	(152)
Hispanic Heritage	Female	53.8	(7)	66.7	(40)
	Male	7.7	(1)	30.0	(18)

*Percentage within each racial group do not add up to 100% because the gender of the remaining foster parents was unknown.

Race/Hispanic heritage

Table 4-10 describes the race and Hispanic heritage of primary foster parents. In kinship foster care placements, the primary race of 47.6% of primary foster parents was African American, 12.9% American Indian, .3% Asian/Pacific Islander, 15.7% white and 23.4% unknown. Approximately 1% of primary foster parents were of Hispanic Heritage. In nonkinship placements, 47.7% of primary foster parents were African American, 12.4% American Indian, .9% Asian/Pacific Islander, 31.9% white and 7.1% unknown; 2.4% were of Hispanic heritage.

TABLE 4-10 RACE AND HISPANIC HERITAGE OF PRIMARY FOSTER PARENT IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY*				
	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	47.6	(454)	47.7	(829)
American Indian	12.9	(123)	12.4	(216)
Asian/Pacific Islander	0.3	(3)	0.9	(16)
White	15.7	(150)	31.9	(554)
Unknown	23.4	(223)	7.1	(124)
Hispanic Heritage	1.0	(10)	2.4	(41)

*Race and Hispanic Heritage are two separate variables. Thus, foster parents may be counted twice in the table.

Comparison of Race/Hispanic heritage of child to foster parent

We analyzed the racial match of children to foster parents by comparing the race of the child to the race of either primary or secondary foster parents.¹³ These data are presented in Tables 4-11 through 4-15. Unfortunately, the race of the foster parent was not always known. However, 76.6% of African-American children in kinship foster care were placed with an African-American foster parent, 4.2% with a white foster parent, and for 18.7% the race of the foster parent was unknown. It is likely that the proportion of African-American children in kinship foster care placed with African-American foster parents is higher than 76.6%. Among African-American children in nonkinship foster care, 88.1% were placed with an African-American foster parent and 6.9% were placed with a white foster parent.

¹³ We created this variable in the following way: if the child's race matched the race of either foster parent, the child was considered to be in a same race placement.

TABLE 4-11
RACIAL MATCH OF CHILD TO FOSTER PARENT (PRIMARY AND SECONDARY)
AMONG AFRICAN AMERICAN CHILDREN IN KINSHIP AND NONKINSHIP
PLACEMENTS IN HENNEPIN COUNTY

Foster Parent's Race	African American Children			
	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	76.6	(439)	88.1	(783)
White	4.2	(24)	6.9	(61)
American Indian	0.5	(3)	0.8	(7)
Asian/Pacific Islander	0.0	(0)	0.1	(1)
Unknown	18.7	(107)	4.2	(37)
Total	100.0	(573)	100.1	(889)

TABLE 4-12
RACIAL MATCH OF CHILD TO FOSTER PARENT (PRIMARY AND SECONDARY)
AMONG AMERICAN INDIAN CHILDREN IN KINSHIP AND NONKINSHIP
PLACEMENTS IN HENNEPIN COUNTY

Foster Parent's Race	American Indian Children			
	Kinship		Nonkinship	
	%	(n)	%	(n)
American Indian	74.9	(131)	75.5	(225)
White	1.7	(3)	8.1	(24)
African American	2.9	(5)	7.0	(21)
Asian/Pacific Islander	0.0	(0)	0.0	(0)
Unknown	20.6	(36)	9.4	(28)
Total	100.1	(175)	100.0	(298)

TABLE 4-13
RACIAL MATCH OF CHILD TO FOSTER PARENT (PRIMARY AND SECONDARY)
AMONG WHITE CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN
HENNEPIN COUNTY

Foster Parent's Race	White Children			
	Kinship		Nonkinship	
	%	(n)	%	(n)
White	58.4	(97)	82.3	(376)
African American	7.2	(12)	4.2	(19)
Asian/Pacific Islander	0.6	(1)	0.4	(2)
American Indian	0.0	(0)	2.0	(9)
Unknown	33.7	(56)	11.2	(51)
Total	99.9	(166)	100.1	(457)

Foster Parent's Race	Asian/Pacific Islander Children			
	Kinship		Nonkinship	
	%	(n)	%	(n)
Asian/Pacific Islander	40.0	(2)	35.9	(14)
White	60.0	(3)	61.5	(24)
African American	0.0	(0)	0.0	(0)
American Indian	0.0	(0)	0.0	(0)
Unknown	0.0	(0)	2.6	(1)
Total	100.0	(5)	100.0	(39)

Foster Parent's Heritage	Children of Hispanic Heritage			
	Kinship		Nonkinship	
	%	(n)	%	(n)
Hispanic Heritage	30.8	(4)	5.0	(3)
Not Hispanic Heritage	30.8	(4)	88.3	(53)
Unknown	38.5	(5)	6.7	(4)
Total	100.1	(13)	100.0	(60)

For American Indian children in kinship foster care, 74.9% were placed with an American Indian foster parent, 1.7% with a white foster parent, and for 20.6% of the children the race of the foster parent was unknown. For American Indian children in nonkinship foster care, 75.5% were placed with an American Indian foster parent and 8.1% with a white foster parent.

Among white children, 58.4% of children in kinship placements were placed with a white foster parent, 7.2% with an African-American foster parent and 33.7% unknown. For white children in nonkinship placements, 82.3% were placed with a white foster parent, 4.2% with an African-American foster parent, 2.0% with an American Indian foster parent and 11.2% unknown.

The number of Asian/Pacific Islander children and children of Hispanic Heritage was very small. Forty percent (n=2) of Asian/Pacific Islander children in kinship care were placed with an Asian/Pacific Islander foster parent and 60% (n=3) with white; 30.8% (n=4) of children of Hispanic heritage were placed with a primary foster parent of Hispanic Heritage, 30.8% (n=4) with non-Hispanic, 38.5% (n=5) unknown. Among nonkinship placements, 35.9% of Asian/Pacific Islander children were placed with an Asian/Pacific Islander primary foster parent and 61.5% with a white primary foster parent; 5.0% of Hispanic children with Hispanic foster parents, 88.3% non-Hispanic, 6.7% unknown.

Relationship of foster parent to child in kinship placements

We did not have data on the relationship of the foster parent to the child in all placements¹⁴. However, kinship foster parents were predominantly grandparents (35.5%) or aunts/uncles (18.5%). Approximately 7.5% were "other relatives" and 5.8% were extended family (Table 4-16). Table 4-17 describes the relationship to foster parent within each racial/ethnic group. Among African-American children (N=573), 40.0% were placed with grandparents, 17.3% with Aunts/Uncles, 7.2% with other relatives and 5.2% with extended family. Among American Indian children (N=175), 24% were placed with grandparents, 20% with Aunts/Uncles, 6.9% with other relatives and 12.6% with extended family. Among white children (N=166), 31.3% were placed with grandparents, 19.3% with aunts/uncles, 9.0% with other relatives, and 1.8% with extended family. For Asian/Pacific Islander children (n=5), 20% were placed with grandparents, 60% with aunts/uncles; and for children of Hispanic heritage, 38.5% were placed with grandparents, 30.8% with aunts/uncles, 23.1% with other relatives, and 7.7% with extended family.

TABLE 4-16 RELATIONSHIP OF PRIMARY FOSTER PARENT TO CHILD IN KINSHIP PLACEMENTS IN HENNEPIN COUNTY		
	%	(n)
Grandparents	35.5	(338)
Aunt/Uncle	18.5	(176)
Other relatives	7.5	(71)
Extended Family	5.8	(55)
Nonrelative	8.3	(79)
Relationship unknown	24.6	(234)
Total	100.2	(953)

Case Background Characteristics

Reason for placement

Administrative data provides information about the primary reason a child was removed from his/her parents. This indicates the primary reason identified by the worker at the time of removal, and thus may not be an accurate representation of the eventual status of the cases in terms of substantiated abuse or neglect. Table 4-18 describes the reason for removal for children in kinship and nonkinship care. The most prevalent reason for removal of children in kinship foster care was parental substance abuse (33.4%), followed by significant risk of neglect (22.8%). Among nonkinship placements, only 19.7% were removed for parental substance abuse, and 20.2% for neglect. (In 17.4% of nonkinship cases the reason was unknown, compared to only 10.8% of kinship cases.)

¹⁴ For 24.6% of the children, the relationship was unknown. In addition, because we gave priority to the LIVING ARRANGEMENT variable in identifying kinship foster cares, 8.3% coded of kinship cases were coded as nonrelative, but may be extended family, close family friends or may be a mistake in coding.

**TABLE 4-17
RELATIONSHIP OF FOSTER PARENT TO CHILD BY RACE OR HERITAGE OF CHILD IN KINSHIP PLACEMENTS IN
HENNEPIN COUNTY**

Race of Child (n)	Grandparent		Aunt/Uncle		Other Relative		Extended Family		Nonrelative		Relationship Unknown	
	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)
African American (573)	40.0	(229)	17.3	(99)	7.2	(41)	5.2	(30)	6.8	(39)	23.6	(135)
American Indian (175)	24.0	(42)	20.0	(35)	6.9	(12)	12.6	(22)	12.6	(22)	24.0	(42)
Asian/Pacific Islander (5)	20.0	(1)	60.0	(3)	0.0	(0)	0.0	(0)	0.0	(0)	20.0	(1)
White (166)	31.3	(52)	19.3	(32)	9.0	(15)	1.8	(3)	9.6	(16)	28.9	(48)
Hispanic (13)	38.5	(5)	30.8	(4)	23.1	(3)	7.7	(1)	0.0	(0)	0.0	(0)

**TABLE 4-18
PRIMARY REASON FOR REMOVAL OF CHILD IN KINSHIP
AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY**

	Kinship		Nonkinship	
	%	(n)	%	(n)
Parental substance abuse	33.4	(318)	19.7	(343)
Significant risk of neglect	22.8	(217)	20.2	(351)
Parental illness or disability	6.9	(66)	5.5	(96)
Child related reason*	4.2	(40)	11.6	(202)
Other parent related conduct	4.1	(39)	4.8	(84)
Risk of physical abuse	3.8	(36)	3.8	(66)
Parental abandonment	3.7	(35)	3.1	(54)
Parental inability to cope	3.0	(29)	3.5	(61)
Relinquishment of parental rights	2.7	(26)	5.5	(96)
Parent incarceration	2.3	(22)	1.5	(26)
Significant risk of sexual abuse	1.5	(14)	3.1	(54)
Parent death	0.8	(8)	0.2	(3)
Unknown	10.8	(103)	17.4	(303)
Total	100.0	(953)	99.9	(1739)

*Includes child substance abuse, child delinquency, status offenses, other child behavior, child disability and other child related conduct.

Number of prior placements

On average, children in kinship foster care had experienced fewer prior placements during the current period of continuous care than children in nonkinship foster care. The range for children in kinship care was 0 to 20 with a mean of 1.11; the range for children in nonkinship care was 0 to 33 with a mean of 2.01. Table 4-19 describes the number of prior placements for children in both types of care. Over 52% of children in kinship care had experienced no other placements during the current period of continuous care, compared to only 27.7% of children in nonkinship care.

**TABLE 4-19
NUMBER OF PRIOR PLACEMENTS DURING CURRENT PERIOD OF CONTINUOUS
CARE FOR CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN
COUNTY**

	Kinship		Nonkinship	
	%	(n)	%	(n)
0	52.3	(498)	27.7	(481)
1	15.8	(151)	17.9	(311)
2	18.2	(173)	27.1	(471)
3 to 5	11.8	(113)	21.2	(369)
6 or greater	1.8	(18)	6.2	(107)
Total	99.9	(953)	100.1	(1739)

Length of time in continuous care/placement

At the time of the analysis (June 30, 1994), children in kinship care had been in continuous care for a mean of 1.66 years, compared to 1.98 years for children in nonkinship care (Table 4-20). Table 4-21 presents the a comparison of length of time in continuous care for children in kinship and nonkinship placements. Continuous care represents a period of time in out-of-home care and may include more than one placement. This table indicates that the length of time in continuous care was very similar for kinship and nonkinship cases. Nearly the same percentage of children in kinship (24.8%) and nonkinship (25.4%) care had been in continuous care for less than 6 months.

TABLE 4-20 AVERAGE LENGTH OF TIME (IN YEARS) IN CONTINUOUS CARE FOR CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY		
	Kinship (n = 953)	Nonkinship (n = 1739)
Mean	1.66	1.98
Median	1.00	1.00
Range	0.01 - 11.00	0.00 - 16.00

TABLE 4-21 LENGTH OF TIME IN CONTINUOUS CARE FOR CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Less than 1 month	3.3	(31)	4.7	(82)
1 through 5.9 months	21.5	(205)	20.7	(360)
6 through 11.9 months	23.6	(225)	18.6	(323)
12 months	18.4	(175)	20.7	(360)
24 months	11.4	(109)	9.7	(168)
3 through 5 years	17.4	(166)	15.6	(272)
Greater than 5 years	4.4	(42)	10.0	(174)
Total	100.0	(953)	100.0	(1739)

Children in kinship care had been in the current placement for an average of 1.27 years compared to 1.25 years in the current placement for children in nonkinship care (Table 4-22). Table 4-23 compares the length of time in placement for children in kinship and nonkinship care.

TABLE 4-22 AVERAGE LENGTH OF TIME (IN YEARS) IN PLACEMENT FOR CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY		
	Kinship (n = 953)	Nonkinship (n = 1739)
Mean	1.27	1.25
Median	0.86	0.76
Range	0.00 - 10.00	0.00 - 16.00

TABLE 4-23 LENGTH OF TIME IN PLACEMENT FOR CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN HENNEPIN COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Less than 1 month	5.4	(51)	10.7	(186)
1 through 5.9 months	23.9	(228)	27.8	(483)
6 through 11.9 months	25.4	(242)	19.8	(344)
12 months	21.0	(200)	19.3	(335)
24 months	9.1	(87)	7.4	(128)
3 through 5 years	13.6	(130)	12.3	(214)
Greater than 5 years	1.6	(15)	2.8	(49)
Total	100.0	(953)	100.1	(1739)

Children whose last placement ended

We also analyzed the reason placement ended, the length of time in placement and the length of time in continuous care for children whose placement had ended during the 6 month period. Table 4-24 compares the reason placement ended for children in kinship and nonkinship placements. Children in kinship placements were much more likely to return home than children in nonkinship placements. Of the 106 children in kinship care whose placement ended, 75.5% returned home, 10.4% moved to another placement, and 8.5% returned to a relative's home. Of the 295 children in nonkinship care whose placement ended, only 58.6% returned home and 21.7% moved to another placement, and 2.4% returned to a relative's home. For those children in kinship care who left placement, the mean length of time in that placement was .67 years, compared to .61 years for children in nonkinship care (Table 4-25). Table 4-26 compares the placement length of kinship and nonkinship placements which had ended. For those children in kinship care whose placement ended, the mean length of time in continuous care was .95 years compared to 1.00 years for children in nonkinship care (Table 4-27). Table 4-28 compares the length of time in continuous care for children whose placements had ended.

TABLE 4-24
REASON PLACEMENT ENDED FOR KINSHIP AND NONKINSHIP PLACEMENTS
ENDING BETWEEN JANUARY 1 AND JUNE 30 IN HENNEPIN COUNTY

	Kinship (n = 106)		Nonkinship (n = 295)	
	%	(n)	%	(n)
Child moved from one placement to another	10.4	(11)	21.7	(64)
Child returned home	75.5	(80)	58.6	(173)
Child with relatives	8.5	(9)	2.4	(7)
Child adoption finalized	0.9	(1)	1.7	(5)
Child ran away from placement	0.9	(1)	3.1	(9)
Substitute care was terminated for some other reason	1.9	(2)	7.1	(21)
Child with legal guardian (non-relative)	0.0	(0)	0.7	(2)
Unknown	1.9	(2)	4.7	(14)
Total	100.0	(106)	100.1	(295)

TABLE 4-25
AVERAGE LENGTH OF TIME (IN YEARS) IN PLACEMENT FOR CHILDREN WHO
LEFT PLACEMENT BETWEEN JANUARY 1 AND JUNE 30, 1994 WITH KINSHIP AND
NONKINSHIP CARE IN HENNEPIN COUNTY

	Kinship (n = 106)	Nonkinship (n = 285)
Mean	0.67	0.61
Median	0.48	0.33
Range	0.03 - 6.00	0.00 - 8.00

TABLE 4-26
LENGTH OF TIME IN PLACEMENT FOR CHILDREN WHO LEFT PLACEMENT
BETWEEN JANUARY 1 AND JUNE 10, 1994 IN KINSHIP AND NONKINSHIP CARE IN
HENNEPIN COUNTY

	Kinship (n = 106)		Nonkinship (n = 295)	
	%	(n)	%	(n)
Less than 1 month	6.6	(7)	13.2	(39)
1 through 5.9 months	44.3	(47)	49.5	(146)
6 through 11.9 months	24.5	(26)	20.7	(61)
12 months	15.1	(16)	9.2	(27)
24 months	7.5	(8)	2.4	(7)
3 through 5 years	0.9	(1)	4.4	(13)
Greater than 5 years	0.9	(1)	0.7	(2)
Total	99.9	(106)	100.0	(295)

TABLE 4-27 AVERAGE LENGTH OF TIME (IN YEARS) IN CONTINUOUS CARE FOR CHILDREN WHO LEFT PLACEMENT BETWEEN JANUARY 1 AND JUNE 30, 1994 WITH KINSHIP AND NONKINSHIP CARE IN HENNEPIN COUNTY		
	Kinship (n = 106)	Nonkinship (n = 295)
Mean	0.95	1.00
Median	0.63	0.56
Range	0.05 - 6.00	0.00 - 10.00

TABLE 4-28 LENGTH OF TIME IN CONTINUOUS CARE FOR CHILDREN WHO LEFT PLACEMENT BETWEEN JANUARY 1 AND JUNE 30, 1994 IN KINSHIP AND NONKINSHIP CARE IN HENNEPIN COUNTY				
	Kinship (n = 106)		Nonkinship (n = 295)	
	%	(n)	%	(n)
Less than 1 month	3.8	(4)	9.2	(27)
1 through 5.9 months	36.8	(39)	38.0	(112)
6 through 11.9 months	28.3	(30)	22.7	(67)
12 months	17.9	(19)	15.9	(47)
24 months	6.6	(7)	5.4	(16)
3 through 5 years	3.8	(4)	5.1	(15)
Greater than 5 years	2.8	(3)	3.7	(11)
Total	100.0	(106)	100.0	(295)

These data on length of time in care and placement should be interpreted with caution. The population of children in care during a certain time period includes children who were removed at different points in time, and most likely over represents children who have been in care for long periods of time. The best way to judge the length of time in placement and ultimate outcome of a placement is to follow a cohort of children removed from home during the same time period.

Placement goal

The placement goals for children in kinship care and nonkinship care did not differ greatly. For 61.3% of the children in kinship care, the goal was to return the child home compared to 55.3% of those in nonkinship care. For 10.5% of children in kinship care the goal was to reunify with relatives, compared to only 2.1% of those in nonkinship care. Table 4-29 describes the placement goals for all children.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Return the child home	61.3	(584)	55.3	(961)
Reunify with relatives	10.5	(100)	2.1	(37)
Placed for adoption	4.5	(43)	9.0	(156)
Long term foster care	5.6	(53)	7.8	(136)
Placed with legal guardian	1.3	(12)	0.3	(6)
Independent living	1.0	(10)	3.0	(53)
Other	15.6	(149)	22.0	(383)
Goal undetermined	0.2	(2)	0.4	(7)
Total	100.0	(953)	99.9	(1739)

Title IV-E eligibility

A larger percentage of nonkinship foster care cases were eligible for Title IV-E reimbursement: 42.2% compared to only 19.2% of kinship cases (Table 4-30).

	Kinship		Nonkinship	
	%	(n)	%	(n)
Yes	19.2	(183)	42.2	(733)
No	80.8	(770)	57.8	(1006)
Total	100.0	(953)	100.0	(1739)

Placement location

Table 4-31 describes the placement location of children from Hennepin County in kinship and nonkinship care. Among children in kinship foster care, 76.9% were placed in Hennepin County, 13.1% in other Minnesota counties and 9.0% outside Minnesota. Among children in nonkinship foster care, 73.7% were placed in Hennepin County, 25.2% in other Minnesota counties, and only 1.0% outside Minnesota.

TABLE 4-31 PLACEMENT LOCATION OF HENNEPIN COUNTY CHILDREN IN KINSHIP AND NONKINSHIP CARE				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Hennepin County	76.9	(733)	73.7	(1282)
Other Minnesota County	13.1	(125)	25.2	(438)
Outside of Minnesota	9.0	(86)	1.0	(17)
Missing	0.9	(9)	0.1	(2)
Total	99.9	(953)	99.7	(1739)

Anoka County

Between January 1 and June 30, 1994, 574 unduplicated children were in family foster care placements in Anoka County.

As shown in table 4-32, 10.1% of children (58) were in kinship placements, and 89.7% (515) were in nonkinship placements during this time. The type of placement was unknown for only one child.

TABLE 4-32 PERCENTAGE OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENT IN ANOKA COUNTY		
	%	(n)
Kinship care	10.1	(58)
Nonkinship care	89.7	(515)
Unknown	0.2	(1)
Total	100.0	(574)

Child Background Characteristics

Gender, Race/Hispanic heritage and Age

The gender, race and age of children in kinship and nonkinship care are described in Tables 4-33 through 4-35.

There were more females in kinship care than males; 53.4% females compared to 46.6% males. In nonkinship care, however, there were more males than females; 47% females compared to 53% males. Approximately 13.7% of children in kinship care were children of color¹⁵ compared to 11.1%¹⁶ of children in nonkinship care. Specifically, 10.3% of children in

¹⁵ Only the child's primary race was considered for this analysis. Secondary race was indicated for only 3.8% of all children, and for the majority of these children the secondary race was white.

¹⁶ This number does not include children of Hispanic Heritage

kinship care were African American, 3.4% were American Indian, and 86.2% were white. There were no Asian/Pacific Islander children or children of Hispanic heritage. Among children in nonkinship care, 6.0% were African American, 4.3% American Indian, .8% (4) Asian/Pacific Islander, and 88.9% were white. Approximately 2.7% (14) were of Hispanic heritage.

TABLE 4-33 GENDER OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Male	46.6	(27)	53.0	(273)
Female	53.4	(31)	47.0	(242)
Total	100.1	(58)	100.0	(515)

TABLE 4-34 RACE AND HISPANIC HERITAGE OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY*				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Race				
African American	10.3	(6)	6.0	(31)
American Indian	3.4	(2)	4.3	(22)
Asian/Pacific Islander	0.0	(0)	0.8	(4)
White	86.2	(50)	88.9	(458)
Hispanic Heritage	0.0	(0)	2.7	(14)

*Race and Hispanic Heritage are two separate variables. Thus children may be counted twice in this table.

The age of children in kinship foster care ranged from .91 years (11 months) to 18 years, with a mean age of 9.41. The age of children in nonkinship foster care ranged from .28 years (3 months) to 20, with a mean of 11.47 years.¹⁷

TABLE 4-35 AGE OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY AS OF JUNE 30, 1994		
	Age (years)	
	Mean	Range
Kinship	9.41	0.91 - 18
Nonkinship	11.47	0.28 - 20

¹⁷ Age represented the child's age on June 30, 1994

Table 4-36 describes the age at removal from home and age at time of placement for children in kinship and nonkinship care. The age at removal from home for children in kinship foster care ranged from .29 - 17, with a mean age of 8.41. The age at the time of placement for children in kinship foster care ranged from .34 to 17, with a mean of 8.68 years. The mean age at removal from home for children in nonkinship care was 10.6%, with a range from .01 to 18. The mean age at the time of placement was 10.79, with a range from .01 to 18.

	Age (years)	
	Mean	Range
Kinship		
Age at removal	8.41	0.29 - 17
Age at placement	8.68	0.34 - 17
Nonkinship		
Age at removal	10.60	0.01 - 18
Age at placement	10.79	0.01 - 18

Disability/Special Needs

Children in kinship care were somewhat less likely to be identified as having a disability than children in nonkinship care. Approximately 93.1% of children in kinship care had "no known disability" compared to 85.8% in nonkinship care. Specific disabilities of those children with disabilities are listed in Table 4-37.

	Kinship		Nonkinship	
	%	(n)	%	(n)
No known disability	93.1	(54)	85.8	(442)
Other clinically diagnosed condition	0.0	(0)	0.0	(0)
Emotional-disturbance - not severe	6.9	(4)	3.9	(20)
Emotional-disturbance - under 18	0.0	(0)	3.7	(19)
Developmental disability	0.0	(0)	3.3	(17)
Physical disability	0.0	(0)	0.6	(3)
Hearing/speech/visual impairment	0.0	(0)	0.0	(0)
Chemical dependency	0.0	(0)	2.1	(11)
Adult mental illness	0.0	(0)	0.0	(0)
Learning disability	0.0	(0)	0.6	(3)
Total	100.0	(58)	100.0	(515)

Similarly, 32.8% of children in kinship care were identified as having "no known special needs" compared to 13.2% of children in nonkinship care. Children in kinship placements were more likely to be identified as having the special need of "member of sibling group"--29.3% of children in kinship care as compared to 16.7% of children in nonkinship care. Table 4-38 describes the identified special needs of children in kinship and nonkinship care.

TABLE 4-38 SPECIAL NEEDS OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
No known special needs	32.8	(19)	13.2	(68)
Disability	3.4	(2)	21.2	(109)
Member/sibling group	29.3	(17)	16.7	(86)
Minority/ethnic heritage	1.7	(1)	4.7	(24)
Older child	0.0	(0)	0.0	(0)
Behavior problem	22.4	(13)	38.4	(198)
Family genetic/health background	1.7	(1)	1.6	(8)
History of abuse/neglect, or multiple placements	8.6	(5)	1.4	(7)
Teen with child(ren)	0.0	(0)	1.7	(9)
Other special needs	0.0	(0)	1.0	(5)
Unknown	0.0	(0)	0.2	(1)
Total	99.9	(58)	100.1	(515)

Foster Parent Characteristics

As mentioned earlier, the administrative data base contains very limited information about foster parents. Approximately 27.6% of the children in kinship foster care had only a primary foster parent, and 14.8% of children in nonkinship foster care had only a primary foster parent.

Gender

In looking at the gender of primary foster parents, kinship foster parents were more likely to be female than nonkinship foster parents (Table 4-39). 29.3% of kinship foster parents were female, and 70.7% were male, while 14.2% of nonkinship foster parents were female and 85.8% male. Table 4-40 shows the gender of primary foster parents across racial groups. Within all racial groups the primary foster parent was more likely to be male than female in both kinship and nonkinship cases. For African-American children, 100.0% (n=6) of kinship foster parents and 64.5% of nonkinship placements were male. For American Indian children, 50.0% of kinship foster parents were male, and 95.5% of nonkinship foster parents were male. For white children, 68.0% of kinship foster parents were male and 86.9% on nonkinship foster parents were male.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Male	70.7	(41)	85.8	(442)
Female	29.3	(17)	14.2	(73)
Total	100.0	(58)	100.0	(515)

Race of Child	Gender of Foster Parent	Kinship		Nonkinship	
		%	(n)	%	(n)
African American	Female	0.0	(0)	35.5	(11)
	Male	100.0	(6)	64.5	(20)
American Indian	Female	50.0	(1)	4.5	(1)
	Male	50.0	(1)	95.5	(21)
Asian/Pacific Islander	Female	0.0	(0)	25.0	(1)
	Male	0.0	(0)	75.0	(3)
White	Female	32.0	(16)	13.1	(60)
	Male	68.0	(34)	86.9	(398)
Hispanic Heritage	Female	0.0	(0)	28.6	(4)
	Male	0.0	(0)	71.4	(10)

*Remaining percentages were unknown.

Race/Hispanic heritage

Table 4-41 describes the race/ethnicity of primary foster parents. In kinship foster care placements, the primary race of 1.7% of primary foster parents was African American, and the primary race of 98.3% of primary foster parents was white. In nonkinship placements, 1.7% of primary foster parents were African American, 1.7% American Indian, and 96.5% were white. No primary foster parents were of Hispanic Heritage.

	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	1.7	(1)	1.7	(9)
American Indian	0	(0)	1.7	(9)
Asian/Pacific Islander	0	(0)	0	(0)
White	98.3	(57)	96.5	(497)
Hispanic Heritage	0	(0)	0	(0)

*Race and Hispanic Heritage are two separate variables. Thus, children may be counted twice in the table.

Comparison of Race/Hispanic heritage of child to foster parent

We analyzed the racial match of children to foster parents by comparing the race of the child to the race of either primary or secondary foster parents.¹⁸ These data are presented in Tables 4-42 through 4-46. Approximately 16.7% (n=1) of African-American children in kinship foster care were placed with an African-American foster parent, and 83.3% (n=5) with a white foster parent. Among African-American children in nonkinship foster care, 35.5% were placed with an African-American foster parent and 64.5% were placed with a white foster parent.

TABLE 4-42 RACIAL MATCH OF CHILD TO FOSTER PARENT (PRIMARY AND SECONDARY) AMONG AFRICAN AMERICAN CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY				
	African American Children			
	Kinship		Nonkinship	
Foster Parent's Race	%	(n)	%	(n)
African American	16.7	(1)	35.5	(11)
White	83.3	(5)	64.5	(20)
American Indian	0.0	(0)	0.0	(0)
Asian/Pacific Islander	0.0	(0)	0.0	(0)
Total	100.0	(6)	100.0	(31)

TABLE 4-43 RACIAL MATCH OF CHILD TO FOSTER PARENT (PRIMARY AND SECONDARY) AMONG AMERICAN INDIAN CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY				
	American Indian Children			
	Kinship		Nonkinship	
Foster Parent's Race	%	(n)	%	(n)
American Indian	0.0	(0)	13.6	(3)
White	100.0	(2)	86.4	(19)
African American	0.0	(0)	0.0	(0)
Asian/Pacific Islander	0.0	(0)	0.0	(0)
Total	100.0	(2)	100.0	(22)

¹⁸ We created this variable in the following way: if the child's race matched the race of either foster parent, the child was considered to be in a same race placement.

**TABLE 4-44
RACIAL MATCH TO FOSTER PARENT (PRIMARY AND SECONDARY) AMONG
WHITE CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA
COUNTY**

Foster Parent's Race	White Children			
	Kinship		Nonkinship	
	%	(n)	%	(n)
White	100.0	(50)	96.7	(443)
African American	0.0	(0)	0.0	(0)
Asian/Pacific Islander	0.0	(0)	0.0	(0)
American Indian	0.0	(0)	3.3	(15)
Total	100.0	(50)	100.0	(458)

**TABLE 4-45
RACIAL MATCH OF CHILD TO FOSTER PARENT (PRIMARY AND SECONDARY)
AMONG ASIAN/PACIFIC ISLANDER CHILDREN IN KINSHIP AND NONKINSHIP
PLACEMENTS IN ANOKA COUNTY**

Foster Parent's Race	Asian/Pacific Islander Children			
	Kinship		Nonkinship	
	%	(n)	%	(n)
Asian/Pacific Islander	0.0	(0)	0.0	(0)
White	0.0	(0)	100.0	(4)
African American	0.0	(0)	0.0	(0)
American American	0.0	(0)	0.0	(0)
Unknown	0.0	(0)	0.0	(0)
Total	0.0	(0)	100.0	(4)

**TABLE 4-46
HERITAGE MATCH OF CHILD TO PRIMARY FOSTER PARENT AMONG CHILDREN
OF HISPANIC HERITAGE IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA
COUNTY**

Foster Parent's Heritage	Children of Hispanic Heritage			
	Kinship		Nonkinship	
	%	(n)	%	(n)
Hispanic Heritage	0.0	(0)	0.0	(0)
Not Hispanic Heritage	0.0	(0)	100.0	(14)
Total	0.0	(0)	100.0	(14)

Both of the 2 American Indian children who were in kinship foster care were placed with white foster parents. For American Indian children in nonkinship foster care, 13.6% were placed with an American Indian foster parent and 86.4% with a white foster parent.

Among white children, 100% of children in kinship placements were placed with a white foster parent. For white children in nonkinship placements, 96.7% were placed with a white foster parent, and 3.3% with an American Indian foster parent.

There were no Asian/Pacific Islander children in kinship placements. All of the 4 Asian/pacific Islander children in nonkinship placements were placed with white foster parents. There were no children of Hispanic heritage in kinship placements; all 14 children of Hispanic heritage in nonkinship placements were placed with foster parents who were not of Hispanic heritage.

Relationship of foster parent to child in kinship placements

Kinship foster parents were predominantly grandparents (43.1%) or aunts/uncles (34.5%). Approximately 12.1% were "other relatives" and 6.9% were extended family (Table 4-47). Table 4-48 describes the relationship to foster parent within each racial/ethnic group. Among African American children (N=6), 33.3% were placed with grandparents, 50.0% with aunts/uncles, and 16.7% with other relatives. Of the American Indian children (N=2), one was placed with grandparents and one with extended family. Among white children (N=50), 44% were placed with grandparents, 34% with aunts/uncles, 12.0% with other relatives, and 6.0% with extended family.

TABLE 4-47 RELATIONSHIP OF THE PRIMARY FOSTER PARENT TO CHILD FOR KINSHIP PLACEMENTS IN ANOKA COUNTY		
	%	(n)
Grandparent	43.1	(25)
Aunt/Uncle	34.5	(20)
Other relatives	12.1	(7)
Extended family	6.9	(4)
Nonrelative	3.4	(2)
Total	100.0	(58)

Case Background Characteristics

Reason for placement

Administrative data provides information about the primary reason a child was removed from his/her parents. This indicates the primary reason identified by the worker at the time of removal, and thus may not be an accurate representation of the eventual status of the cases in terms of substantiated abuse or neglect. Table 4-49 presents the reason for removal for children in kinship and nonkinship care. The most prevalent reason for removal among children in kinship foster care was "other parent-related conduct"- a category which may include various unspecified parental behaviors, followed by significant risk of neglect. Among children in nonkinship foster care, the most prevalent reason for removal was child-related (such as child removal was child-related (such as child substance abuse, delinquency, and status offenses), followed by risk of neglect.

**TABLE 4-48
RELATIONSHIP OF FOSTER PARENT TO RACE OF CHILD FOR KINSHIP PLACEMENTS IN AN**

Race of Child (n)	Grandparent		Aunt/Uncle		Other Relative		Extended Family		Nonrelative	
	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)
African American (6)	33.3	(2)	50.0	(3)	16.7	(1)	0.0	(0)	0.0	(0)
American Indian (2)	50.0	(1)	0.0	(0)	0.0	(0)	50.0	(1)	0.0	(0)
Asian/Pacific Islander (0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)
White (50)	44.0	(22)	34.0	(17)	12.0	(6)	6.0	(3)	4.0	(2)
Hispanic (0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)

TABLE 4-49 PRIMARY REASON FOR REMOVAL OF CHILDREN PRIOR TO PLACEMENT FOR KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Parental substance abuse	5.2	(3)	1.9	(10)
Significant risk of neglect	12.1	(7)	19.8	(102)
Parental illness or disability	6.9	(4)	2.9	(15)
Child related reason*	5.1	(3)	41.9	(216)
Other parent related conduct	19.0	(11)	9.5	(49)
Risk of physical abuse	6.9	(4)	3.3	(17)
Parental abandonment	8.6	(5)	1.4	(7)
Parental inability to cope	3.4	(2)	2.1	(11)
Relinquishment of parental rights	1.7	(1)	3.7	(19)
Parent incarceration	6.9	(4)	0.4	(2)
Significant risk of sexual abuse	6.9	(4)	1.7	(9)
Other family interaction problems	10.3	(6)	9.5	(49)
Parental temporary absence	5.2	(3)	1.4	(7)
Parent death	1.7	(1)	0.4	(2)
Total	99.9	(58)	99.9	(515)

*Includes child substance abuse, child delinquency, status offenses, child disability and other child related conduct.

Number of prior placements

On average, children in kinship foster care had experienced more prior placements during the current period of continuous care than children in nonkinship foster care. The mean for children in kinship care was .91, with a range from 0 to 10; the mean for children in nonkinship care was .50, with a range from 0 to 12. Table 4-50 describes the number of prior placements for children in kinship and nonkinship foster care. Over 60.3% of children in kinship care had experienced no other placements during the current period of continuous care, compared to 79.0% of children in nonkinship care.

TABLE 4-50 NUMBER OF PRIOR PLACEMENTS DURING CURRENT PERIOD OF CONTINUOUS CARE FOR CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
0	60.3	(35)	79.0	(407)
1	13.8	(8)	10.3	(53)
2	15.5	(9)	3.9	(20)
3 to 5	8.6	(5)	5.3	(27)
6 or greater	1.7	(1)	1.6	(8)
Total	99.9	(58)	100.1	(515)

Length of time in continuous care/ placement

At the time of the analysis (June 30, 1994), children in kinship care had been in continuous care for an average of .98 years, compared to .74 years for children in nonkinship care (Table 4-51). Table 4-52 presents a comparison of length of time in continuous care for children in kinship and nonkinship placements.

TABLE 4-51 AVERAGE LENGTH OF TIME (IN YEARS) IN CONTINUOUS CARE FOR CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY		
	Kinship (n = 58)	Nonkinship (n = 515)
Mean	0.98	0.74
Median	0.59	0.21
Range	0.04 - 6.00	0.00 - 9.00

TABLE 4-52 LENGTH OF TIME IN CONTINUOUS CARE FOR CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Less than 1 month	5.2	(3)	36.1	(186)
1 through 5.9 months	36.2	(21)	29.7	(153)
6 through 11.9 months	36.2	(21)	8.7	(45)
12 months	5.2	(3)	10.7	(55)
24 months	5.2	(3)	7.0	(36)
3 through 5 years	10.3	(6)	5.2	(27)
Greater than 5 years	1.7	(1)	2.5	(13)
Total	101.0	(58)	99.9	(515)

Children in kinship care had been in the current kinship placement for an average of .73 years compared to .59 years in the current nonkinship placement for children in nonkinship care (Table 4-53). Table 4-54 presents the length of time in placement for children in kinship and nonkinship care.

TABLE 4-53 AVERAGE LENGTH OF TIME (IN YEARS) IN PLACEMENT FOR CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY		
	Kinship (n = 58)	Nonkinship (n = 515)
Mean	0.73	0.59
Median	0.56	0.21
Range	0.04 - 6.00	0.00 - 7.00

	Kinship		Nonkinship	
	%	(n)	%	(n)
Less than 1 month	5.2	(3)	36.3	(187)
1 through 5.9 months	36.2	(21)	30.9	(159)
6 through 11.9 months	41.4	(24)	11.3	(58)
12 months	10.3	(6)	12.6	(65)
24 months	1.7	(1)	3.9	(20)
3 through 5 years	3.4	(2)	3.9	(20)
Greater than 5 years	1.7	(1)	1.2	(6)
Total	99.9	(58)	100.1	(515)

Children whose last placement ended

We also analyzed the reason placement ended, the length of time in placement and the length of time in continuous care for children whose placement had ended during the 6 month period. Table 4-55 compares the reason placement ended for children in kinship and nonkinship placements. Of the 12 children in kinship care whose placement ended, 5 (41.7%) returned home, 1 (8.3%) moved to another placement, and for 4 children (33.3%) substitute care was terminated. For the 174 children in nonkinship care whose placement ended, 66.1% (115) returned home, 13.8% (24) moved to another placement, and for 9.2% substitute care was terminated. For those children in kinship care who left placement, the mean length of time in that placement was .97 years, compared to .25 years for children in nonkinship care (Table 4-56). Table 4-57 compares the placement length of kinship and nonkinship placements which had ended. For those children in kinship care whose placement ended, the mean length of time in continuous care was .99 years compared to .38 years for children in nonkinship care (Table 4-58). Table 4-59 compares the length of time in continuous care for children whose placements had ended.

	Kinship (n = 12)		Nonkinship (n = 174)	
	%	(n)	%	(n)
Child moved from one placement to another	8.3	(1)	13.8	(24)
Child returned home	41.7	(5)	66.1	(115)
Child with relatives	0.0	(0)	1.1	(2)
Child adoption finalized	8.3	(1)	0.0	(0)
With legal guardian - nonrelative	0.0	(0)	1.1	(2)
Child reached age 18	0.0	(0)	2.3	(4)
Child ran away from placement	8.3	(1)	6.3	(11)
Substitute care terminated	33.3	(4)	9.2	(16)
Total	99.9	(12)	99.9	(174)

TABLE 4-56
AVERAGE LENGTH OF TIME (IN YEARS) IN PLACEMENT FOR CHILDREN WHO LEFT PLACEMENT BETWEEN JANUARY 1 AND JUNE 30, 1994 WITH KINSHIP AND NONKINSHIP CARE IN ANOKA COUNTY

	Kinship (n = 12)	Nonkinship (n = 174)
Mean	0.97	0.25
Median	0.55	0.04
Range	0.04 - 6.00	0.00 - 6.00

TABLE 4-57
LENGTH OF TIME IN PLACEMENT FOR CHILDREN WHO LEFT PLACEMENT BETWEEN JANUARY 1 AND JUNE 30, 1994 WITH KINSHIP AND NONKINSHIP CARE IN ANOKA COUNTY

	Kinship (n = 12)		Nonkinship (n = 174)	
	%	(n)	%	(n)
Less than 1 month	8.3	(1)	62.6	(109)
1 through 5.9 months	25.0	(3)	25.3	(44)
6 through 11.9 months	50.0	(6)	4.6	(8)
12 months	8.3	(1)	4.6	(8)
24 months	0.0	(0)	0.6	(1)
3 through 5 years	0.0	(0)	1.7	(3)
Greater than 5 years	8.3	(1)	0.6	(1)
Total	99.9	(12)	100.0	(174)

TABLE 4-58
AVERAGE LENGTH OF TIME (IN YEARS) IN CONTINUOUS CARE FOR CHILDREN WHO LEFT PLACEMENT BETWEEN JANUARY 1 AND JUNE 30, 1994 WITH KINSHIP AND NONKINSHIP CARE IN ANOKA COUNTY

	Kinship (n = 12)	Nonkinship (n = 174)
Mean	0.99	0.38
Median	0.58	0.04
Range	0.04 - 6.00	0.00 - 9.00

TABLE 4-59
LENGTH OF TIME IN CONTINUOUS CARE FOR CHILDREN WHO LEFT
PLACEMENT BETWEEN JANUARY 1 AND JUNE 30, 1994 WITH KINSHIP AND
NONKINSHIP CARE IN ANOKA COUNTY

	Kinship (n = 12)		Nonkinship (n = 174)	
	%	(n)	%	(n)
Less than 1 month	8.3	(1)	62.1	(108)
1 through 5.9 months	25.0	(3)	23.0	(40)
6 through 11.9 months	50.0	(6)	5.2	(9)
12 months	8.3	(1)	3.4	(6)
24 months	0.0	(0)	1.7	(3)
3 through 5 years	0.0	(0)	2.9	(5)
Greater than 5 years	8.3	(1)	1.7	(3)
Total	99.9	(12)	100.0	

Permanency planning goal

Table 4-60 describes the permanency planning goals for children in kinship and nonkinship placements. The goal "return child home" was less common for children in kinship care (75.9%) than for children in nonkinship care (91.5%). For 20.7% of children in kinship care the goal was to reunify with relatives, compared to only .8% of those in nonkinship care.

TABLE 4-60
PERMANENCY PLANNING GOALS FOR CHILDREN IN
KINSHIP AND NONKINSHIP PLACEMENTS IN ANOKA COUNTY

	Kinship		Nonkinship	
	%	(n)	%	(n)
Return child home	75.9	(44)	91.5	(471)
Reunify with relatives	20.7	(12)	0.8	(4)
Place for adoption	1.7	(1)	3.5	(18)
Long term foster care	1.7	(1)	3.3	(17)
Place with legal guardian	0.0	(0)	0.4	(2)
Independent living	0.0	(0)	0.6	(3)
Total	100.0	(58)	100.1	(515)

Title IV-E eligibility

A larger percentage of kinship foster care cases were IV-E eligible: 53.4% compared to 33.4% of nonkinship cases (Table 4-61).

TABLE 4-61 PERCENTAGE OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENT ELIGIBLE FOR IV-E IN ANOKA COUNTY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Yes	53.4	(31)	33.4	(172)
No	46.6	(27)	66.6	(343)
Total	100.0	(58)	100.0	(515)

Placement location

Table 4-62 describes the placement location of children in kinship and nonkinship care. Among Anoka County children in kinship foster care, 52.6% were placed in Anoka County, 45.6% in other Minnesota counties and 1.8% outside Minnesota. Among Anoka County children in nonkinship foster care, 84.3% were placed in Anoka County, 15.7% in other Minnesota counties, and no children were placed outside Minnesota.

TABLE 4-62 PLACEMENT LOCATION OF ANOKA COUNTY CHILDREN IN KINSHIP AND NONKINSHIP CARE				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Anoka County	52.6	(30)	84.3	(434)
Other Minnesota County	45.6	(26)	15.7	(81)
Outside of Minnesota	1.8	(1)	0.0	(0)
Total	100.0	(57)	100.0	(515)

Blue Earth County

Between January 1 and June 30, 1994, 80 unduplicated children were in family foster care placements in Blue Earth County. Of these 80 children, all were placed in nonkinship foster care homes (Table 4-63). These 80 placements included non-finalized adoptive placements and emergency shelter family foster placements.

TABLE 4-63 PERCENTAGE OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN BLUE EARTH COUNTY		
	%	(n)
Kinship	0.0	(0)
Nonkinship	100.0	(80)
Total	100.0	(80)

Child Background Characteristics

Gender, Race/Hispanic Heritage and Age

Of the children in foster care, 55% were male and 45% were female. Over 98% of children were white, 1.3% African American, and 7.5% of Hispanic heritage (Table 4-64).

TABLE 4-64 GENDER, RACE AND HISPANIC HERITAGE OF CHILDREN IN PLACEMENT IN BLUE EARTH COUNTY		
	%	(n)
Gender		
Male	55.0	(44)
Female	45.0	(36)
Race		
African-American	1.3	(1)
White	98.8	(79)
Hispanic Heritage	7.5	(6)

The mean age of children in placement was 10.67 years with a range of .3 years to 19 years. The average age at the time of removal from the home was 8.64 years with a range of .00 years to 17 years. At the time of placement the average age of the child was 9.32 years with a range of .00 years to 17 years (Table 4-65).

TABLE 4-65 AGE ON JUNE 30, 1994, AGE AT REMOVAL, AND AGE AT PLACEMENT FOR CHILDREN IN BLUE EARTH COUNTY		
	Mean	Range
Age on June 30, 1994	10.67	0.30 - 19.00
Age at Removal	8.64	0.00 - 17.00
Age at Placement	9.32	0.00 - 17.00

Foster Parent Characteristics

Gender and Race

The gender of the primary foster parents was 98.9% male and 1.3% female. The primary race of the of primary foster parents was white for 100% of the foster parents (Table 4-66).

TABLE 4-66 GENDER AND RACE OF PRIMARY FOSTER PARENT IN BLUE EARTH COUNTY		
	%	(n)
Gender		
Male	98.9	(79)
Female	1.3	(1)
Race		
White	100.0	(80)

Summary

This report compares the placement and demographic characteristics of kinship and nonkinship foster care cases in three Minnesota counties. This analysis was based on administrative data from Hennepin, Anoka, and Blue Earth Counties for the first 6 months of 1994. Although the type of information available from the administrative data is limited--particularly in describing foster parents--this analysis provided an important first step in understanding kinship foster care in Minnesota.

Our analysis revealed both similarities and differences in the child, foster parent and case characteristics of kinship and nonkinship foster care placements. Approximately 33% of children in foster care placement in Hennepin County were in kinship foster care, compared to 10% in Anoka County and 0% in Blue Earth County.

This variation in the utilization of kinship foster care across the three study counties is also reflected in data from other Minnesota counties. Since the completion of our analysis, the Department of Human Services (DHS) calculated rates of placement in kinship and nonkinship foster care for all counties in the State for the 1994 calendar year. These data are presented in Appendix III for both metropolitan and non-metropolitan counties. The percentage of children in kinship foster care in Hennepin County at the end of 1994 was very similar to the percentage of children in kinship foster care during the first 6 months of 1994 (the time period on which our analysis was based). In 1994, Hennepin County had a larger percentage of children in kinship foster care than any other metropolitan county. The percentage of children in kinship foster care in Anoka County was very similar to the percentage in other metropolitan Minnesota counties, where the percentage of children in kinship foster care ranged from 9.3% to 18.1%. The overall percentage of children in kinship foster care placements across metropolitan counties was 23.0%.

While the rural county we chose to study (Blue Earth) had no children in kinship foster care during the first 6 months of 1994,¹⁹ DHS statistics indicate wide variation in the use of kinship foster care in non-metropolitan Minnesota Counties. Across non-metropolitan counties, the overall percentage of children in kinship foster care was 9.5% of all children in family foster care placement. And although there were other counties like Blue Earth which had very few or no children in kinship foster care placement, some rural counties had large percentages of children in kinship foster care placement. Thus, while the overall rate of utilization of kinship foster care is higher in metropolitan than non-metropolitan counties, some rural counties make

¹⁹ End of the year data for 1994 indicates that Blue Earth County had 2 children (2.9%) in kinship foster care.

extensive use of kinship foster care. This indicates that kinship foster care is not exclusively an urban phenomenon in Minnesota and that the variation in utilization of kinship foster care is most likely due to multiple factors.

In studying the specific characteristics of children in foster care, we found that in Hennepin and Anoka Counties, children of color made up a larger proportion of children in kinship foster care than in nonkinship foster care. The average age at removal from home and at placement was slightly younger among kinship than nonkinship placements in Hennepin County. The average age at removal and at placement was nearly two years younger among kinship than nonkinship placements in Anoka County. Fewer children in kinship than nonkinship foster care in both Hennepin and Anoka counties had disabilities. Very few children in either type of care in Hennepin County were known to have special needs--and surprisingly the proportion of children in kinship care with the special need of "member of a sibling group" was very low (4.1%). However in Anoka County, nearly 30% of children in kinship foster care were members of a sibling group and another 22% had behavior problems.

Although the administrative data does not provide information about the marital status of foster parents, the gender of the primary foster parent in Hennepin County was predominantly female for both kinship and nonkinship foster care (although larger among kinship placements). In Anoka County, on the other hand, primary foster parents were predominantly male--although females made up nearly 30% of the kinship foster parents compared to only 14% of the nonkinship foster parents. In Hennepin County, female foster parents predominated across all racial groups. However, primary and secondary are terms used by DHS for data collection purpose, and appear to be used differently by different counties. A female primary foster parent does not necessarily represent a female-headed family.

Kinship foster parents in both Hennepin and Anoka Counties were predominantly grandparents and aunts/uncles, although among American Indian children in Hennepin County there were comparatively more extended family members and other relatives than among other racial groups.

In Hennepin County, the most common reason for removal among kinship foster children was parental substance abuse, followed by significant risk of neglect. Although these were also the most common reasons among nonkinship placements, parental substance abuse was the reason for removal for over 33% of children in kinship placement compared to only 22.8% of nonkinship placements. Parental substance abuse was not so commonly cited in Anoka County. In fact, the most common reasons for removal among kinship foster care placements were child related reasons, followed by child neglect.

In Hennepin County, children in kinship care were much less likely to have experienced prior placements during the current period of continuous care. Over half of the children in kinship care were in their first placement, compared to only 27.2% of the children in nonkinship care. This was not the case in Anoka County, where a larger proportion of children in nonkinship than kinship placements were in their first placement. Although comparing the length of time in placement is problematic with cross-sectional data, it appears as if children in kinship care were in placement slightly longer than children in nonkinship care in both

counties.²⁰ When we looked at children whose placement had ended, nearly 62.7% of the children in nonkinship care had been in placement less than 6 months, compared to only 50.9% of children in kinship care in Hennepin County. In fact, the median length of time in placement for children in kinship foster care was 0.48 years compared to 0.33 years for nonkinship care. In Anoka County, 87.9% of children in nonkinship care who left placement had been in placement less than 6 months, compared to only 33.3% of children in kinship care. The median length of time in placement for children in kinship foster care was 0.55 years, compared to 0.04 years for children in nonkinship foster care.

However, of those children in Hennepin County who had left placement, a larger proportion of children in kinship placements than in nonkinship placements had returned home (75.5% compared to 58.6%). The opposite was true in Anoka county, where 66.1% of children in nonkinship care returned home, compared to 41.5% of children in kinship care.

Finally, larger proportions of children in kinship than nonkinship care in both Hennepin and Anoka counties were placed in other Minnesota counties or outside of Minnesota.

Conclusions

Characteristics of Children

As in other studies of kinship foster care, our analysis found that children in kinship foster care are more likely to be children of color and are removed and, at least in some counties, are placed at a younger age than children in nonkinship foster care. While the proportion of children in kinship foster care was larger in our urban county (Hennepin) than in the metropolitan (Anoka) and rural (Blue Earth) counties, the use of kinship foster care in non-urban counties varies widely across the state.

As in other studies, our data on disabilities and other special needs were mixed. While children in kinship foster care were less likely than those in nonkinship foster care to have known disabilities, a large proportion of children in kinship foster care in Anoka county had identified special needs to be considered in placement.

Characteristics of foster parents

Administrative data on foster parents is very limited. However our analysis indicated that, similar to other studies, kinship foster parents were predominantly female across all racial groups. Grandparents and aunts/uncles made up the majority of kin foster parents. Administrative data provide no information on either age or economic status of kinship foster parents. However the predominance of females may well indicate female-headed households, and the predominance of grandparents indicates foster parents of an older age than traditional foster parents. These characteristics would indicate significantly different service needs for these foster parents.

²⁰ However, placement ended only for twelve children in kinship foster care in Anoka County during this time period, making the sample quite small for this analysis.

Case Characteristics

Our analysis indicated that many children in kinship foster care were removed for parental substance abuse--particularly in Hennepin County. This identified risk factor has significant implications for services and case planning. Our analysis indicates that kinship foster care placements may be more stable--at least in Hennepin county--where more children in kinship foster care were in their first placement, compared to children in nonkinship foster care who were more likely to have experienced multiple placements since removal. Children appear to spend more time in placement in kinship foster care in both counties. However, a larger proportion of children in kinship than nonkinship foster care in Hennepin County were returned home if their placement ended. An analysis of data on children removed during the same time period would provide more conclusive data on length of time in placement and placement outcome.

Finally, more children in kinship than in nonkinship foster care were placed outside of the county or out-of-state. These across-agency and across-state placements present significant challenges for planning and coordinating services and permanency for children.

CHAPTER 5

SURVEY OF CHILD WELFARE PROFESSIONALS²¹

The analysis of administrative data presented in the last chapter provides only limited information about kinship foster care. Missing from the administrative data are the views of child welfare professionals about kinship foster care. As Berrick, Barth, and Needell describe, child welfare outcomes are a result of an interplay between the characteristics of the children and families served by the system, and the types of services provided by staff (1994). Indeed, kinship foster care has brought both new possibilities and new challenges to child welfare workers to consider in serving children. Yet very little is known about child welfare professionals' perceptions and attitudes about kinship foster care and the families it serves. In order to learn more about the phenomenon of kinship foster care, we turned to child welfare workers for their expertise. Our analysis addressed the following questions:

- What are workers' perceptions of kinship foster parents?
- Do they perceive of the kinship foster parents' role as different than that of a nonkinship foster parent?
- Do they see their role and the role of the agency as different with kinship and nonkinship foster parents?
- What is their experience working with kinship foster parents and how is it similar or different than working with non-kinship foster parents?

In order to answer these questions, we conducted a survey of child welfare professionals in three Minnesota counties. This chapter describes the results of that survey.

Methods

The survey instrument was developed based on questionnaires and interview guides from previous research on kinship foster care (Berrick, Barth, and Needell, 1994; LeProhn, N.S., 1994, LeProhn & Pecora, 1994; Gleeson, 1994; Testa, 1993; Thornton, 1987). The survey included questions about child welfare professionals' perceptions on the following topics: 1) kinship foster parents' motivation for becoming a foster parent; 2) kinship foster parents' attitudes toward adoption; 3) foster parent functioning; 4) foster parents relationship with the birth parent and social worker; 5) the child's well-being; 6) kinship and nonkinship foster parent roles and responsibilities; 7) agency roles and responsibilities; and 8) policy and practice issues in kinship foster care. Some of these questions were answered on a 5 point Likert scale, others were forced-choice questions, and still others were open-ended questions.

²¹ This chapter was prepared by Sandra Beeman and Laura Boisen

The Sample

The survey was distributed by mail to child welfare professionals employed by county Departments of Social Services in Blue Earth, Anoka, and Hennepin Counties during the spring and summer of 1995. We believed it was important to gain information about the perceptions of professionals in the vast variety of child welfare roles which have contact with kinship foster care, and thus distributed the surveys to direct practitioners, supervisors, and administrators, who worked in intake, licensing, children's services and adoption units. In Blue Earth and Anoka counties, the survey was sent to all county employees in these positions. In Hennepin County, the survey was sent to a statistically significant sample of workers within service units with large numbers of workers, and sent to all workers within service units with fewer workers. The survey was sent to all supervisors and administrators in the Hennepin County units.

A total of 381 surveys were distributed in the three counties. Two hundred and fifty-nine surveys were returned for an overall response rate of 68%. However, the return rate varied by county. In Hennepin County, 313 surveys were distributed and 205 were completed and returned for a response rate of 65.5%. Anoka County had the highest response rate of the three counties where 43 of 47 professionals (91.5%) completed the survey. Blue Earth County had the lowest response rate, with 11 of 21 professionals (52.4%) completing the survey. Because so few surveys were received from Blue Earth County, we cannot be confident that those who responded accurately represent the views of child welfare professionals in that county. Thus differences between the counties must be interpreted with caution.

Description of Respondents

Demographics

Tables 5-1 and 5-2 describe the survey respondents. Approximately 76% of the respondents were female, 24% were male. Respondents ranged in age from 26 to 73 years. The majority of the respondents were White (80%). Approximately 20% of respondents were from communities of color--9.0% were African-American, 6.1% were American Indian/Alaskan, 2.9% were Asian/Pacific Islanders and 2.0% were Latino/Chicano (1.2% listed their race as other.)²² Hennepin County, the largest metropolitan county in Minnesota, had the most diversity in terms of the race of respondents (Table 5-2).²³

²² 13 respondents did not report their race

²³ The proportion of respondents of color in our Hennepin County sample was similar to the proportion of employees of color in Hennepin County Children and Family Services Division. In the Children and Family Services Division in Hennepin County, 21.6% of the staff are classified as people of color (Hennepin County Personnel, June 30, 1995).

TABLE 5-1 GENDER* OF SURVEY RESPONDENTS					
		Female		Male	
		%	(n)	%	(n)
Anoka	(n = 42)	92.9	(39)	7.1	(3)
Blue Earth	(n = 11)	63.6	(7)	36.4	(4)
Hennepin	(n = 204)	73.5	(150)	26.5	(54)
All Respondents (N = 257)		76.0	(196)	24.0	(61)

*Gender unknown for 4 respondents

TABLE 5-2 RACE* OF SURVEY RESPONDENTS										
	Black/ African- American		American Indian/ Alaskan		Latino/ Chicano		Asian/ Pacific Islander		White	
	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)
Anoka (n = 40)	2.5	(1)	2.5	(1)	0.0	(0)	0.0	(0)	95.0	(38)
Blue Earth (n = 11)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	100.0	(11)
Hennepin (n = 194)	10.8	(21)	7.2	(14)	2.6	(5)	3.6	(7)	75.8	(147)
All Respondents (N = 245)	9.0	(22)	6.1	(15)	2.0	(5)	2.9	(7)	80.0	(196)

*Race unknown for 13 respondents, other for 3 respondents.

Education and Experience in Child Welfare

Tables 5-3 and 5-4 describe the education and work experience of the survey respondents. Overall, the respondents were highly educated and experienced in child welfare. Nearly half of the respondents (49.4%) had an M.S.W., and an additional 14.2% had a Masters degree in another field. The number of years of experience in child welfare ranged from 0 to 36, with a mean of 11.4 years. The majority of respondents (78.2%) were direct service practitioners (case aides, social workers, senior social workers, child protection social workers/specialists, clinical social workers and clinical psychologists); 12.3% were supervisors; and 9.6% were administrators.

TABLE 5-3 RESPONDENTS' EDUCATION*							
Highest Degree Earned							
BA		MSW		MA		Other	
%	(n)	%	(n)	%	(n)	%	(n)
32.3	(81)	51.4	(129)	14.7	(37)	1.6	(4)

*Education missing for 10 respondents.

TABLE 5-4 NUMBER OF YEARS WORKED IN CHILD WELFARE AND IN KINSHIP FOSTER CARE		
	Number of Years Worked in Child Welfare* (n = 234)	Number of Years Worked with Kinship Foster Care (n = 186)
Mean	11.4 years	5.3 years
Median	9.5 years	3.0 years
Range	0-36 years	1-30 years

*Missing for 27 respondents

Experience and involvement in Kinship Foster Care

In our survey, we defined kinship foster care as "children placed by the child welfare system with relatives or others with close familial ties." Using this definition, we asked respondents if they had any involvement with kinship foster care cases. The majority of respondents, 81.5%, reported some involvement with kinship foster care, and this proportion did not differ greatly by county. Eighty-two percent of Hennepin County respondents, 81.4% of Anoka County respondents and 72.7% of Blue Earth respondents reported involvement with kinship foster care cases. Overall, respondents reported a mean of 5.3 years of experience with kinship foster care (Table 5-4). The years of experience with kinship foster care reported by respondents varied by county. Hennepin County respondents reported the fewest years of experience with kinship foster care cases with a mean of 4.7 years. Anoka County respondents averaged 6.7 years, and Blue Earth County respondents averaged 12 years.²⁴ Although we provided the above definition of kinship foster care in our survey, workers' responses indicate that they most likely included a whole range of kinship care in their responses--including informal kinship care. The formalization of kinship foster care with the child welfare system--that is children placed by and supported by the county--was fairly recent at the time of the survey, and the long number of years of experience reported by some workers reflect a broader definition of kinship care. These responses were also surprising given the findings of our analysis of administrative data reported in Chapter 4. Those findings indicated that approximately a year prior to the survey, Hennepin County was most extensively utilizing

²⁴ The average for Blue Earth County may not be representative of the sample as a whole as two of the eleven respondents reported 20 and 28 years of experience in kinship foster care.

kinship foster care, followed by Anoka County, and that Blue Earth County was not utilizing kinship foster care.

Workers served in a variety of roles within kinship foster care. Of those 212 respondents who reported some involvement with kinship foster care, 50.9% reported that they had supervised kinship foster care placements, 69.8% reported that they had worked with children placed in kinship foster care placements, and 44.3% reported conducting home studies on kinship foster homes (Table 5-5).

	%	(n)
Supervised kinship foster care placements	50.9	(108)
Worked with children placed in kinship foster care	69.8	(148)
Conducted home studies on kinship foster care	44.3	(94)
Supervised workers with kinship foster placements on caseload	11.8	(25)
Supervised workers with children in kinship placements on caseload	15.1	(32)

We also asked workers about kinship foster care involvement on their current caseloads. Approximately 52% (134) of respondents currently carried a caseload of foster families or children in foster care. Of those respondents, 30.3% (40) currently had children in kinship foster care on their caseload; and 44.7% (59) currently had kinship foster care providers on their caseload.

Findings

Professionals' Attitudes and Perceptions of Kinship Foster Care

The following section describes the results of questions about workers' attitudes and perceptions of kinship versus nonkinship foster care. Responses to these questions, answered on a 5 point Likert scale from strongly agree to strongly disagree, are grouped by topic. In reporting these findings, we have collapsed strongly agree and agree into one category, and strongly disagree and disagree into one category. A response of "neither agree nor disagree" is labelled here as "neutral". Responses to these questions are reported across all respondents. In addition, we explored differences in workers' perceptions by: 1) county of employment²⁵; 2) worker's race (White respondents vs. respondents of color--African-American, Latino/Chicano, American Indian, Asian/Pacific Islander); 3) whether or not they reported having experience with kinship foster care; and 4) the number of years worked in child welfare. Because children of color make up a larger proportion of children in kinship foster care than children in nonkinship foster care in many counties²⁶, and because kinship foster care emphasizes the preservation of racial and ethnic heritage in placement, we hypothesized that respondents of color would have a generally positive perception of kinship foster care. We were also interested in exploring whether professionals who reported experience with kinship foster care would have a different perception than those who reported no experience with kinship foster care; and whether long-time workers in child welfare would perceive of kinship foster care less positively than those who were new to child welfare.

We believe it is important to note here that on some of our survey questions, large numbers of respondents reported that they neither agreed nor disagreed with the statements about kinship foster care. While some of these neutral responses can be attributed to workers who had no involvement or experience with kinship foster care, we were surprised by the large number of neutral responses on some questions. However, we did receive feedback from some workers that they felt uncomfortable making generalized statements about their clients, when in practice they viewed each case individually. It is possible that this discomfort contributed to the neutral responses in some cases.

Workers' Perceptions of Foster Parents

We asked workers several series of questions about their perceptions of foster parents. Why do they think kin become foster parents? Do workers perceive of kin foster parents as interested in adoption? Do they view the role of kin foster parents as the same as nonkin foster parents?

²⁵ The small number of respondents from Blue Earth County prevented us from conducting tests of statistical significance of differences between counties, and thus differences between counties should be interpreted with caution.

²⁶ See our report, Chapter 4.

Motivation for Becoming a Foster Parent

Table 5-6 describes workers perceptions of kin's motivation for becoming a foster parent. Most respondents in our survey believed that kinship foster parents are motivated by familial obligations and expectations rather than by money. Approximately 83.4% agreed that kinship foster parents are motivated to provide care by their strong desire to hold their family together and 63.0% agreed that kinship foster parents provided care because of family expectations. Only 11.6% agreed that kinship foster parents were motivated by money and 56.7% of respondents disagreed.

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Most kinship foster parents are in it (foster parenting) for the money.	11.6	(30)	31.7	(82)	56.7	(147)
Kinship foster parents are motivated to provide care by their strong desire to hold the family together.	83.4	(215)	14.3	(37)	2.3	(6)
Many kinship foster parents feel that other family members expect them to provide care for the kin foster children.	63.0	(163)	30.1	(78)	6.9	(18)

There were some differences between the counties in workers' views on financial motivation (Table 5-7). Anoka County respondents were least likely to believe that kinship foster parents were motivated by financial gain (2.3%), followed by Hennepin County (11.7%). Forty-five percent of Blue Earth respondents (n=5) agreed that money was a major motivation for kinship foster parents. Across counties, perceptions of motivation for becoming a foster parent did not differ significantly by worker's race, whether or not they had reported having experience working in kinship foster care, or the number of years worked in child welfare.

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Most kinship foster parents are in it (foster parenting) for the money.						
Anoka	2.3	(1)	30.2	(13)	67.4	(29)
Blue Earth	45.5	(5)	9.1	(1)	45.5	(5)
Hennepin	11.7	(24)	33.2	(68)	55.1	(113)

We also asked two open-ended questions about kin and non-kin foster parents' motivation for being a foster parent (Table 5-8). The reason most often given by workers for kin choosing to become foster parents was "family responsibility" or "to keep the family together" (68.6% of respondents). The second most frequently given reason was "to help or care for children" (15.9%), and 3rd was "money" (11.7%.) In contrast, when asked why nonkin choose to become foster parents, 57.6% of respondents believed that the major reason non-kin was "to help children", followed by money (18.4%), "social responsibility" or "for the good of the community" (9.0%), and "because they like working with kids " (6.9%). Thus workers do view kin's motivation for becoming foster parents as different than that of non-kin.

Kin			Non-Kin		
	%	(n)		%	(n)
1. Family responsibility, to keep the family together	68.6	(164)	1. To help children	57.6	(141)
2. To help children	15.9	(38)	2. Money	18.4	(45)
3. Money	11.7	(28)	3. Social responsibility, for the good of the community	9.0	(22)
			4. Because they like working with kids	6.9	(17)

Interest in Adoption

Past research has indicated that there is some disagreement among child welfare professionals regarding the role of adoption in kinship foster care, and disagreement among workers about kin's interest in adoption (Thornton, 1991; Gleeson, 1993). Some studies have concluded that, because adoption requires the total termination of parental rights, it is culturally unacceptable to some kin (Berreck et al., 1994).

Table 5-9 describes workers' perceptions of kinship foster parents' interest in adoption. In general, workers in our study believe that kinship foster parents do not want to adopt or don't feel adoption is necessary. Over 62.6% of respondents believed that kinship foster parents don't feel adoption is necessary because family ties already exist; and 67.8% agreed that kinship foster parents don't want to adopt because they believe that adoption would cause conflicts in their relationships with the child's birth parents. Approximately 34.2% agreed that kinship foster parents show little interest in adoption, and 24.1% disagreed.

**TABLE 5-9
PROFESSIONALS' PERCEPTIONS OF KINSHIP FOSTER PARENTS' INTEREST IN
ADOPTION**

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Most kinship foster parents show little interest in adopting their kin foster children.	34.2	(88)	41.6	(107)	24.1	(62)
Many kinship foster parents feel that adopting their kin foster child is unnecessary because family ties already exist.	62.6	(156)	25.7	(69)	11.6	(29)
Some kinship foster parents don't want to adopt their kin foster children because they feel this would cause conflicts in their relationships with the children's birth parents.	67.9	(169)	23.7	(59)	8.4	(21)

Workers of color were significantly more likely than white workers to agree that kinship foster parents believe that adoption is unnecessary because family ties already exist (68.6% compared to 59.5%); and significantly more likely than white workers (17.6% compared to 5.9%) to disagree that kin foster parent don't want to adopt because it would cause conflict in relationships with birth parents (Table 5-10). Workers with fewer years experience in child welfare were significantly more likely than workers with more years experience to believe that kin foster parents show little interest in adopting (Table 5-11). Thus, our findings indicate that, while there is wide variation in worker's perceptions of kin's interest in adoption, the majority of workers agreed that kin feel adoption is unnecessary due to existing family ties, and that kin believe adoption would cause conflicts with birth parents. These findings indicate that workers may well perceive of different permanency options for children in kinship foster care.

TABLE 5-10 PERCEPTIONS OF KINSHIP FOSTER PARENTS' INTEREST IN ADOPTION BY RACE OF WORKER						
	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Many kinship foster parents feel that adopting their kin foster child is unnecessary because family ties already exist.¹						
White Respondents	59.5	(110)	29.7	(55)	10.8	(20)
Respondents of Color	68.6	(35)	13.7	(7)	17.6	(19)
Some kinship foster parents don't want to adopt their kin foster children because they feel this would cause conflicts in their relationships with the children's birth parents.²						
White Respondents	68.1	(126)	25.9	(48)	5.9	(11)
Respondents of Color*	68.6	(35)	13.7	(7)	17.6	(19)

¹p<0.05

²p<0.01

*Black/African-American, Latino/Chicano, American Indian/Alaskan, and Asian/Pacific Islander.

TABLE 5-11 PROFESSIONALS' PERCEPTIONS OF KINSHIP FOSTER PARENTS' INTEREST IN ADOPTION BY YEARS EXPERIENCE IN CHILD WELFARE						
	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Most kinship foster parents show little interest in adopting their kin foster children.¹						
0 - 2 years	46.5	(20)	37.2	(16)	16.3	(7)
3 - 5 years	41.7	(15)	25.0	(9)	33.3	(12)
6 - 10 years	34.6	(18)	38.5	(20)	26.9	(14)
11 - 36 years	25.3	(25)	52.5	(52)	22.2	(22)

¹p<0.05

Foster Parent Functioning

We also asked workers about their perceptions of foster parent functioning (Table 5-12). Fifty percent of the child welfare professionals surveyed agreed that kinship foster parents are competent in foster parenting, and 14.8% disagreed. Most child welfare professionals (77.3%) agreed that kinship and nonkinship foster parents differ in how they take on the role of foster parenting.

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Kinship foster parents and nonkinship foster parents differ in how they take on the role of foster parents.	77.3	(194)	15.9	(40)	6.8	(17)
Most kinship foster parents are competent in foster parenting.	50.0	(125)	35.2	(88)	14.8	(37)

Workers with experience working with kinship foster care were significantly more likely than those without experience to believe that kin foster parents differ from nonkinship foster parents in how they take on the role of foster parents (Table 5-13). There were no significant differences in opinions about foster parent functioning based on the race of the respondents. There was also no significant difference in perception of kinship foster parenting competency between respondents involved and not involved in kinship foster care, or by number of years of child welfare experience.

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Kinship foster parents and nonkinship foster parents differ in how they take on the role of foster parents.						
Workers with experience in kinship care	81.3	(165)	14.3	(29)	4.4	(9)
Workers without experience in kinship care	61.7	(29)	21.3	(10)	17.0	(8)

Relationship with Worker

Child welfare professionals were asked about the kinship foster parent's relationship with workers (Table 5-14). Over 42% agreed that kinship foster parents were more difficult to supervise than nonkinship foster parents, and 24.6% disagreed. However, respondents did not overwhelmingly agree that kinship foster parents are resistant to supervision by the agency: 27.6% agreed, 40.4% were neutral and 32% disagreed. In addition, 57.8% of respondents agreed that most kinship foster parents are cooperative with the agency and only 11.2% disagreed; and 49.6% of respondents agreed and 13.2% disagreed that kinship foster parents are open and sharing with social workers regarding the kin foster child. Finally, 55.9% of respondents said they enjoyed working with kinship foster parents, and only 3.7% said they did not.

TABLE 5-14 PROFESSIONALS' PERCEPTIONS OF KINSHIP FOSTER PARENTS' RELATIONSHIPS WITH WORKER						
	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Generally, kinship foster parents are more difficult to supervise than nonkinship foster parents.	42.1	(96)	33.3	(84)	24.6	(62)
Most kinship foster parents are resistant to supervision by the agency.	27.6	(9)	40.4	(101)	32.0	(80)
Most kinship foster parents are cooperative with the agency.	57.8	(145)	31.1	(78)	11.2	(28)
Most kinship foster parents are open and sharing with social workers regarding the kin foster child.	49.6	(124)	37.2	(93)	13.2	(33)
I enjoy working with kinship foster parents.	55.9	(136)	40.3	(98)	3.7	(9)

There were differences by County in perceptions regarding the difficulty of supervising kinship foster parents versus nonkinship foster parents (Table 5-15). Blue Earth respondents were much more likely to believe that kinship foster parents are more difficult to supervise than nonkinship foster parents. Blue Earth County respondents were also more likely to believe that most kinship foster parent are resistant to agency supervision, and less likely to view kinship foster parents as cooperative with the agency. Respondents in Hennepin and Anoka Counties were more likely to see kinship foster parents as open and sharing with social workers regarding the foster child than respondents in Blue Earth County.

**TABLE 5-15
PROFESSIONALS' PERCEPTION OF KINSHIP FOSTER PARENTS'
RELATIONSHIP WITH WORKER BY COUNTY**

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Generally, kinship foster parents are more difficult to supervise than nonkinship foster parents.						
Anoka	50.0	(21)	26.2	(11)	23.8	(10)
Blue Earth	70.0	(7)	30.0	(3)	0.0	(0)
Hennepin	39.0	(78)	35.0	(70)	26.0	(52)
Most kinship foster parents are resistant to supervision by the agency.						
Anoka	19.0	(8)	42.9	(18)	38.1	(16)
Blue Earth	55.6	(5)	11.1	(3)	33.3	(1)
Hennepin	28.1	(56)	41.2	(82)	30.7	(61)
Most kinship foster parents are cooperative with the agency.						
Anoka	61.9	(26)	33.3	(14)	4.8	(2)
Blue Earth	33.3	(3)	44.4	(4)	22.2	(2)
Hennepin	58.0	(116)	30.0	(60)	12.0	(24)
Most kinship foster parents are open and sharing with social workers regarding the kin foster child.						
Anoka	59.5	(25)	35.7	(15)	4.8	(2)
Blue Earth	33.3	(3)	44.4	(4)	22.2	(2)
Hennepin	48.2	(96)	37.2	(74)	14.6	(29)

There were distinct differences by race of the worker on the perception of kinship foster parents being more difficult to supervise (Table 5-16). Respondents of color were more likely than White respondents to disagree that kinship foster parents are difficult to supervise. Only one-third (32.7%) of respondents of color compared to almost half (45.5%) of White respondents believed that kinship foster parents are more difficult to supervise than nonkinship foster parents. In fact, 42.3% of respondents of color disagreed with this statement compared to 19.3% of White respondents. Respondents of color were also more likely to disagree that most kinship foster parents are resistant to agency supervision. Finally, respondents of color were more likely than White respondents to say that they enjoyed working with kinship foster parents.

TABLE 5-16
PROFESSIONALS' PERCEPTIONS OF KINSHIP FOSTER PARENTS'
RELATIONSHIP WITH WORKER BY RACE

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Generally, kinship foster parents are more difficult to supervise than nonkinship foster parents.¹						
White Respondents	45.5	(85)	35.3	(66)	19.3	(36)
Respondents of Color	32.7	(17)	25.0	(13)	42.3	(22)
Most kinship foster parents are resistant to supervision by the agency.²						
White Respondents	27.0	(50)	45.9	(85)	27.0	(50)
Respondents of Color	26.9	(14)	23.1	(12)	50.0	(26)
I enjoy working with kinship foster parents.³						
White Respondents	52.2	(93)	43.3	(77)	4.5	(8)
Respondents of Color	73.1	(38)	25.0	(13)	1.9	(1)

¹p<0.01

²p<0.01

³p<0.05

Agency Roles and Responsibilities

Most of the child welfare respondents surveyed agreed that the unique features of kinship foster care should translate into special programming by the agency (Table 5-17). For example, the overwhelming majority of respondents felt specialized kinship foster parent training should be offered (90.9%) and that specialized support groups for kinship foster parents should be offered by agencies (87.3%). In addition, 78.4% of respondents agreed that the agency's role expectations for kinship foster parents should accommodate the uniqueness of their position. However, 44.3% agreed that kinship foster parents should not be granted more autonomy than nonkinship foster parents in raising their foster children, while 28.7% disagreed. In fact, 52.8% of the respondents agreed that licensing standards for kinship foster homes should not be less stringent than for nonkinship foster homes, while 32.1% of respondents disagreed. Workers were also asked what they believed kinship foster parents should be paid for caring for their relative children. As Table 5-18 describes, 58.6% believed that kinship foster parents should be paid foster parent rates, 21.7% believed they should be paid AFDC rates, and 16.8% believed they should be paid more than AFDC but less than foster parent rates.

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
The agency should design some foster parent training programs geared toward the special needs of kinship foster parents.	90.9	(229)	7.9	(20)	1.2	(3)
The agency should offer support groups to meet the special needs of kinship foster parents.	87.3	(219)	10.3	(26)	2.4	(6)
Role expectations for kinship foster parents should accommodate the uniqueness of their position.	78.4	(196)	16.0	(40)	5.6	(17)
Licensing standards for kinship foster homes should be less stringent than for nonkinship foster homes.	32.1	(81)	15.1	(38)	52.8	(133)
Kinship foster parents should be granted more autonomy in raising their kin foster children than nonkinship foster parents.	28.7	(72)	27.1	(68)	44.3	(111)

Foster Parent Rates		AFDC Rates		More than AFDC but less than Foster Parent		Should not be paid	
%	(n)	%	(n)	%	(n)	%	(n)
58.6	(143)	21.7	(53)	16.8	(41)	2.9	(7)

Beliefs about agency roles and responsibilities did not differ by county, or by race of the respondent. However workers of color and White workers did differ significantly in their beliefs about pay rates for kinship foster parents (Table 5-19). The majority of worker of color (82.4%) believed that kinship foster parents should be paid foster parent rates, with only 5.9% believing they should be paid AFDC rates and 11.8% believed they should be paid between the two levels of payment. Among White workers, 52.9% believed kinship foster parents should be paid foster parent rates, 27% believed they should be paid AFDC rates, and 20.1% believed they should be paid between the two levels. Workers with experience with kinship foster care did not differ from those without experience in their views of agency roles and responsibilities. Beliefs about pay rates was related to the number of years worked in child welfare (Table 5-20). Workers with less than 5 years experience were more likely to believe that kinship foster parents should be paid at foster parent rates. Workers with more than 5 years of experience were more likely to believe that kinship foster parents should be paid AFDC rates or something in between AFDC and foster parent rates.

TABLE 5-19 PROFESSIONALS' PERCEPTIONS OF HOW KINSHIP FOSTER PARENTS SHOULD BE PAID BY RACE OF WORKER ¹						
	Foster Parent Rates		AFDC Rates		More than AFDC but less than Foster Parent	
	%	(n)	%	(n)	%	(n)
White Respondents	52.9	(92)	27.0	(47)	20.1	(35)
Respondents of Color	82.4	(42)	5.9	(3)	11.8	(6)

¹p<0.001

TABLE 5-20 PROFESSIONALS' PERCEPTIONS OF HOW KINSHIP FOSTER PARENTS SHOULD BE PAID BY YEARS EXPERIENCE IN CHILD WELFARE ¹						
	Foster Parent Rates		AFDC Rates		More than AFDC but less than Foster Parent	
	%	(n)	%	(n)	%	(n)
0 - 2 years	78.9	(30)	15.8	(6)	5.3	(2)
3 - 5 years	81.8	(27)	6.1	(2)	12.1	(4)
6 - 10 years	53.1	(26)	26.5	(13)	20.4	(10)
11 - 36 years	50.0	(46)	30.4	(28)	19.6	(18)

¹p<0.01

Children's Well-Being

The final set of questions about perceptions and attitudes asked workers to agree or disagree with several statements about children's well-being (Table 5-21). Over three-quarters of respondents (76.8%) believed that the child is better off being placed with kin rather than nonkin. Most respondents agreed (69.7%) that children placed in kinship foster care demonstrate a stronger sense of belonging in the foster family than do children who are in nonkinship foster homes; 92.1% agreed that kinship foster care can be beneficial to the kin foster child in his/her identity formation; and 74.5% agreed that family ties are better preserved. The majority of respondents (73.0%) agreed that a child in kinship foster care is less troubled regarding his or her foster child status than a child in nonkinship foster care; and 61.7% agreed that the stigma of foster care is lessened in kinship foster care.

**TABLE 5-21
PROFESSIONALS' PERCEPTIONS OF CHILDREN'S
WELL BEING IN KINSHIP FOSTER CARE**

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
All things considered, when a child needs to be placed away from his or her birth parent(s), it is better for them to be placed in the home of kin rather than in the home of nonkin.	76.8	(192)	17.6	(44)	5.5	(16)
Generally, children placed in kinship foster homes seem to demonstrate a stronger sense of belonging in the foster family than do children who are in nonkinship foster homes.	69.7	(175)	25.9	(65)	4.4	(11)
A kinship foster home can be beneficial to the kin foster child in terms of his or her identity formation.	92.1	(231)	6.0	(15)	2.0	(5)
A foster child who is kin to his or her foster parents may feel less insecure and troubled about his or her status as a foster child than a foster child who is not kin to his or her foster parents.	73.0	(190)	20.0	(52)	7.0	(18)
Feelings of stigma, which many foster children experience as a result of their status, may be minimal or nonexistent in the case of a foster child placed with kin.	61.7	(161)	22.6	(59)	15.7	(41)
A placed child's family ties are best preserved in a kinship foster home.	74.5	(187)	21.9	(55)	3.6	(9)

There were differences between the county respondents regarding their opinions of a child's well-being in kinship foster care (Table 5-22). In both Hennepin and Anoka counties, the majority of respondents agreed that when a child needs to be placed in foster care, it is better for them to be placed in a kinship foster home rather than a nonkinship foster home.

TABLE 5-22
PROFESSIONALS' PERCEPTIONS OF CHILDREN'S
WELL BEING IN KINSHIP FOSTER CARE BY COUNTY

	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
All things considered, when a child needs to be placed away from his or her birth parent(s), it is better for them to be placed in the home of kin rather than in the home of nonkin.						
Anoka	69.0	(29)	23.8	(10)	7.1	(3)
Blue Earth	20.0	(2)	30.0	(3)	50.0	(5)
Hennepin	81.3	(161)	15.7	(31)	3.0	(6)
Generally, children placed in kinship foster homes seem to demonstrate a stronger sense of belonging in the foster family than do children who are in nonkinship foster homes.						
Anoka	54.8	(23)	35.7	(15)	9.5	(4)
Blue Earth	20.0	(2)	60.0	(6)	20.0	(2)
Hennepin	75.4	(150)	22.1	(44)	2.5	(5)
A placed child's family ties are best preserved in a kinship foster home.						
Anoka	57.1	(24)	38.1	(16)	4.8	(2)
Blue Earth	40.0	(4)	40.0	(4)	20.0	(2)
Hennepin	79.9	(159)	17.6	(35)	2.5	(5)
Feelings of stigma, which many foster children experience as a result of their status, may be minimal or nonexistent in the case of a foster child placed with kin.						
Anoka	46.5	(20)	39.5	(17)	14.0	(6)
Blue Earth	54.5	(6)	0.0	(0)	45.5	(5)
Hennepin	65.2	(135)	20.3	(42)	14.5	(30)

Table 5-23 describes worker's agreement with these statements by worker's race. The only significant difference between White workers and workers of color was that a larger percentage of workers of color (80.8%) than White workers (66.7%) agreed that children placed in kinship foster homes demonstrate a stronger sense of belonging than those in nonkinship foster homes.

TABLE 5-23 PROFESSIONALS' PERCEPTIONS OF CHILDREN'S WELL BEING IN KINSHIP FOSTER CARE BY RACE OF WORKER						
	Agree		Neutral		Disagree	
	%	(n)	%	(n)	%	(n)
Generally, children placed in kinship foster homes seem to demonstrate a stronger sense of belonging in the foster family than do children who are in nonkinship foster homes.¹						
White Respondents	66.7	(124)	29.6	(55)	3.8	(7)
Respondents of Color	80.8	(42)	11.5	(6)	7.7	(4)

¹p<0.05

There were no differences by length of time worked in child welfare. Although there were differences between workers with experience with kinship foster care and those without, the primary difference was that workers without experience were more likely to take a neutral position.

Foster Parent Roles and Responsibilities

Workers were also given two separate lists of eighteen identical "parental tasks" and asked to indicate the extent to which the kinship foster parent and nonkinship foster parent should be responsible for the task. The task list, which was a revised version of a list developed by LeProhn and Pecora (1994), ranged from items such as transporting the child to appointments and shopping for the child's clothes to arrangement visits with birth parents to helping the child deal with issues related to being separated from his/her birth parents. Workers could choose from among four responses: "not at all," "somewhat," "quite a bit", or "entirely."

Table 5-24 describes the percentage of respondents who said that each type of foster parent was entirely or quite a bit responsible for each task. Of particular interest are the starred (*) items. On all of these items workers were between 18 and 24% more likely to believe that kinship foster parents were responsible for these tasks than nonkinship foster parents. Many of these items were tasks specifically related to relationships between the foster parent and the birth family--what LeProhn refers to as "birth family facilitator roles" (Items 10, 14, 15, 17, & 18.) Thus it appears that workers are more likely to believe that kinship foster parents as compared to nonkinship foster parents are responsible for tasks such as arranging visits, taking to the birth parent about the child, and teaching the child how to deal with relationships with birth families.

**TABLE 5-24
PROFESSIONALS' PERCEPTIONS OF FOSTER PARENT
ROLES AND RESPONSIBILITIES**

	% Believed Kinship Foster Parents Entirely or Quite a Bit Responsible for Task		% Believed Nonkinship Foster Parents Entirely or Quite a Bit Responsible for Task	
	%	(n)	%	(n)
1. Giving the child birthday or holiday presents	89.9	(232)	80.6	(208)
2. Selecting the child's counselor or therapist*	43.4	(113)	24.4	(63)
3. Selecting the child's school*	70.1	(181)	50.7	(131)
4. Selecting the child's medical doctor*	81.7	(210)	63.5	(162)
5. Scheduling the child's medical and dental appointments	95.8	(247)	90.6	(233)
6. Shopping for the child's clothes	95.8	(246)	90.3	(233)
7. Transporting the child to visits with birth parents or other relatives.	73.9	(190)	75.8	(195)
8. Transporting the child to medical or dental appointments	94.6	(244)	92.5	(236)
9. Deciding the best way to discipline the child	60.8	(157)	48.8	(124)
10. Teaching the child how to deal with future relationships with members of his or her own birth family*	72.1	(186)	47.5	(122)
11. Helping the child deal with issues related to being separated from his or her birth parents	71.7	(185)	59.7	(154)
12. Attending the child's school conferences	94.6	(244)	86.4	(222)
13. Talking to the child's counselor or therapist about the child's progress	86.1	(222)	73.8	(188)
14. Arranging visits with the child's birth parents*	44.7	(114)	25.1	(64)
15. Arranging visits with the child's brothers and sisters*	54.7	(140)	30.7	(78)
16. Supervising visits between the child and birth parent	31.8	(81)	20.4	(52)
17. Talking to birth parents about the child's behavior*	56.1	(143)	35.0	(89)
18. Talking to birth parents about the child's adjustment to foster care*	50.6	(130)	31.7	(81)

Professionals' Identification of Practice Issues in Kinship Foster Care

We asked workers for their perceptions of the biggest problems that social workers face in dealing with kinship foster parents. A content analysis of the responses to this open-ended question resulted in the identification of several issues. One of the issues most frequently mentioned by workers related to agency authority and supervision of cases. Workers mentioned difficulties in communicating with kin foster parents, with kin's cooperation with the case plan, and with kin understanding their role as a foster parent. The second most frequently mentioned issue was the kinship foster parent's prior and ongoing relationship with the birth parent. Worker's mentioned kin's lack of objectivity about the child and birth parents, the kinship foster parents' over involvement with birth parents, and their loyalty to birth parents. Third, some workers felt that kin foster parents needed more of the worker's time and support in negotiating the "system." Many of these issues could be interpreted as issues related to the kin foster parents taking on the foster parent role differently than workers are used to when working with traditional foster parents.

Professionals' Suggestions for Improving Effective Agency Practice with Kinship Foster Parents

The child welfare professionals we surveyed were asked if they had any suggestions for improving effective agency practice with kinship foster parents. Many of the suggestions made by workers focused on training for kinship foster parents on specific issues such as the social worker's role; reunification and permanency planning; boundary issues with birth parents; children with special needs; and preparation for adoption. The professionals surveyed also mentioned the need for specialized training for licensing and child protection workers on working with kinship foster parents. Specifically, respondents mentioned training that is research-based, and training related to cultural competence. Finally, workers suggested that the agency consider policy and practice changes that take into account the uniqueness of kinship foster care--particularly related to new permanency options; licensing issues; and kin's involvement in developing the case plan.

Summary

The results of this survey with child welfare professionals in Anoka, Blue Earth and Hennepin Counties indicate that most have experience with kinship foster care and that they generally have a positive perception of kinship foster care and kinship foster parents. As we reported above, we did find some differences between White workers and workers of color on some perceptions of kinship foster care. However, we found that the perceptions of workers with extensive experience in child welfare did not differ greatly from the perceptions of new workers. While we did find differences between workers with experience with kinship foster care and those without, the primary difference was that workers without experience were more likely to respond neutrally to questions. We also found some differences between workers in the 3 counties included in the study.

Overall, child welfare professionals believe that kinship foster parents are motivated to provide care by familial obligation and desire to hold their family together rather than by money. They tend to believe that kinship foster parents are not interested in adoption because family ties already exist. The majority of workers believe that kinship foster parents are competent in foster parenting. The vast majority of workers believe that children are better off being placed with kin than nonkin and that kinship foster care can be beneficial to kin foster children in identity formation. They also believed that children in kinship foster care may be less troubled about their status as a foster child than children in nonkinship foster care and that the stigma of foster care is lessened. The majority of workers, but a significantly larger proportion of workers of color, believed that children placed in kinship foster care demonstrate a stronger sense of belonging than children in nonkinship foster care.

The majority of workers surveyed believed that kinship foster parents are cooperative with the agency, although many workers believed that kinship foster parents were more difficult to supervise than nonkinship foster parents. White workers were more likely than workers of color to believe that kinship foster parents were difficult to supervise. The majority of workers reported that they enjoy working with kinship foster parents.

Child welfare professionals viewed the role of kinship foster parents as different than that of nonkinship foster parents--particularly in birth family facilitator roles such as arranging visits

with birth parents, talking with birth parents about the child's adjustment to foster care, talking to the birth parent about the child's behavior and teaching the child how to deal with future relationships with their birth family. At the same time, workers mentioned the foster parent's ongoing relationship with the birth family as one of the biggest difficulties working with kinship foster parents.

Finally, workers agreed that the agency should make some changes in practice with kin foster parents--particularly in the areas of training for foster parents and support for foster parents. However, there were some things that they believed should not change for kinship foster parents--the majority of workers believed that kin foster parents should be paid foster parent rates--and this was particularly true among workers of color. Workers also generally believed that licensing standards should not be less stringent for kinship foster parents.

These findings have specific implications for kinship foster care practice and policy in Minnesota in the training of workers and training and support for kinship foster parents. These implications are presented in Chapter 8.

CHAPTER 6

CASE FILE REVIEWS²⁷

This chapter reports the results of a detailed analysis of case file data comparing kinship and nonkinship foster care cases. As we reported in Chapter 4, the administrative data we analyzed provided very limited information on children, foster parents, and case characteristics. Furthermore, administrative data provided no information on characteristics of birth parents, children's placement histories, the nature and extent of services provided to children and their birth parents, or the nature and extent of training and support provided to their foster parents. Thus we had two goals in carrying out these case reviews: 1) to gather more information on the characteristics of children in kinship foster care, their birth parents, and their foster parents, and how they are the same or different than nonkinship foster care cases; and 2) to compare the services and support provided to children, birth parents and foster parents in kinship foster care to those in nonkinship foster care.

Very few studies have been conducted which have carefully studied the services provided to children, birth parents and foster parents in kinship foster care and how it compares to traditional foster care. Those that have been conducted focus primarily on foster parents and indicate that kinship foster parents have less frequent contact with workers, and are less likely to receive support and training than nonkinship foster parents (Dubowitz, 1993; Berrick et al., 1994). We believed that a careful study of the services and support provided in kinship foster cases compared to nonkinship cases was a necessary first step in understanding the impact of kinship foster care on outcomes for children. This phase of study focused on the following research questions:

- *Demographics*: What are the demographic characteristics of children, birth parents and foster parents in kinship foster care and how are they similar to or different from those in nonkinship foster care?
- *Placement characteristics*: What are the placement characteristics of children in kinship and nonkinship foster care? Why were they removed from home? Was there maltreatment involved? What is their legal status? What is the permanency and placement goal? In kinship cases, how was the kin provider selected?
- *Placement history*: What is the placement history of children in kinship foster care and how is it similar or different from those in nonkinship foster care? Have they experienced prior episodes of out-of-care? Did they experience prior placements during this episode of out-of-home care?
- *Child's well-being*: What is the mental health, health and academic status of children in kinship and nonkinship foster care?

²⁷ This chapter was prepared by Sandra Beeman and Susan Bullerdick

- *Services and support:* What type of services, support and training did children, birth parents and foster parents receive during the placement period in kinship and nonkinship cases? What is the extent and nature of contact between the worker and child, worker and foster parent, and worker and birth parent?
- *Progress and Outcome:* Is satisfactory progress being made toward the permanency goal in kinship and nonkinship cases? If the goal is reunification, what is relationship between birth and foster families? If the placement ended, what was the outcome? How long was the child in placement? How many placements did they experience?

Methods

Sample

Cases for review were selected from the administrative database from the population of children in family foster home placements whose placement began during the first six months of 1994 in Anoka and Hennepin Counties. Because we were interested in comparing the nature and extent of services received and contact with workers, we selected cases of children who had been in placement for similar periods of time. Thus our sample was limited to children who began placement during the first six months of 1994 and who remained in placement for at least 4 weeks. The sample was selected from among the cases analyzed in our administrative data analysis, thus we excluded non-finalized adoptive placements and emergency shelter family foster care placements.

In Hennepin County, the population of children from which we selected our sample was 254 children in kinship foster care and 1,233 children in nonkinship foster care. Because we wanted a sample that was representative of all racial and heritage groups of children in placement, we first stratified the population by race and Hispanic Heritage of the child. Within kinship foster care placements, the population included 137 African-American children, 57 American Indian children, 48 white children, 1 Asian/Pacific Islander child, and 3 children of Hispanic Heritage. We then randomly selected approximately 10% of the African American, American Indian and white children in kinship foster care placements for our sample. Because so few Asian/Pacific Islander children and children of Hispanic Heritage began placement during this time period, we included all of these children in our sample. Thus our sample of children in kinship foster care included 14 African American children, 6 American Indian children, 5 white children, 1 Asian/Pacific Islander child, and 3 children of Hispanic Heritage. We then selected an equal number of children of each race and heritage in nonkinship placements.²⁸ Thus our sample in Hennepin County included 48 cases--29 kinship cases and 29 nonkinship cases.

In Anoka County, only 22 children began a kinship foster care placement during the first 6 months of 1994. Thus, all 22 cases were selected for study. We then selected an equal number of nonkinship cases matched by race. The Anoka County sample included a total of 44 cases.

²⁸ Some of the cases which were randomly selected for study were determined not to be appropriate for the study for a variety of reasons. For example, in some cases placement opening and closing dates were incorrect in the administrative data and did not meet sampling criteria; and some children turned out to be in nonfinalized adoptive placements or emergency shelter placements although administrative data did not reflect this. These cases were replaced with new randomly selected cases.

Our total combined sample included 51 kinship foster care cases, and 51 nonkinship foster care cases. Tables 6-1 and 6-2 describe the race of children in the samples selected for study. The columns on the left sides of the tables describe primary race and heritage of the child according to the administrative data. The columns on the right sides of the tables describe race and heritage of the child according to the worker.

Race according to administrative data			Race according to worker		
	Kinship	Non-kinship		Kinship	Non-kinship
Black	14	14	African American	13	13
American Indian/Native Alaskan	6	6	American Indian/Alaskan	6	7
Asian/Pacific Islander	1	1	Asian/Pacific Islander	1	1
Hispanic Heritage	3	3	Latino/Chicano/Hispanic	2	0
White	5	5	White	4	4
Other	0	0	Biracial	3	1
Total	29	29	Total	29	26*

*Race unknown for 3 cases.

Race according to administrative data			Race according to worker*		
	Kinship	Non-kinship		Kinship	Non-kinship
Black	3	3	African American	0	1
American Indian/Native Alaskan	1	1	American Indian/Alaskan	1	2
Asian/Pacific Islander	0	0	Asian/Pacific Islander	0	0
Hispanic Heritage	0	0	Latino/Chicano/Hispanic	0	1
White	18	18	White	14	15
Other	0	0	Biracial	6	3
Total	22	22	Total	21	22

*Total is 21 because one child had two case numbers and was counted twice in administrative data.

Data Collection

Initially we intended to review written case materials in child/family worker files and licensing files for the cases sampled. However, initial reviews and discussions with workers and supervisors indicated that more up-to-date data would be obtained through in-person interviews with child/family workers and licensing workers. With the help of the counties, we first identified the child/family worker who was responsible for the case at the time of the placement. These workers were then contacted for individual interviews. In some cases, workers were no longer employed by the county. In those cases, we interviewed workers who were subsequently assigned the case. In a total of 10 cases, we were unable to contact an appropriate worker, and in those cases, project staff reviewed written case files. After child workers were interviewed, we contacted the licensing workers responsible for the foster care placement. If a child had been placed out-of-county or through a private foster care agency, we attempted to contact workers at those agencies for interviews. In 4 out-of-county cases, we conducted interviews over the phone because distance prevented us from conducting in-person interviews. In some cases of informal kinship placements, there were no licensing workers assigned to the case. We did not attempt to contact out-of-state licensing workers.

Overall, we were able to collect data from child/family workers or files in 98 of the 102 cases chosen for study (43 of 44 in Anoka County, 55 of 58 in Hennepin County.) We were able to collect data from licensing workers or files in 77 of the 102 cases chosen for study (37 of 44 in Anoka County, 40 of 58 in Hennepin County.) We were unable to collect data in the remaining cases for the following reasons: the county was unable to identify the correct worker; the foster home was unlicensed and thus had no licensing worker assigned to it; the placement was made out-of-state, out-of-county, through a private agency, or under tribal jurisdiction and workers were unavailable for interviews. Interviews were conducted during the Summer and Fall of 1995, and Winter of 1996.

Findings

Our findings are organized according to the research questions listed at the beginning of this chapter (see pages 86-87):

Demographic characteristics of children, birth parents and foster parents

Characteristics of the children

Table 6-3 describes the race of the children in our final study sample. As stated earlier, we intentionally included children of all racial and heritage groups included in the larger population of children in placement. Although our sample of kinship cases included a larger percentage of females than our nonkinship cases, the difference was not significant (Table 6-4.) The age of children in kinship and nonkinship care ranged from less than 1 year to over 17 years, the average age was 8.24 for kinship cases, and 8.89 for nonkinship cases (Table 6-5).

	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	26.0	(13)	29.2	(14)
American Indian/Alaskan	14.0	(7)	18.8	(9)
Asian/Pacific Islander	2.0	(1)	2.1	(1)
Latino/Chicano/Hispanic	4.0	(2)	2.1	(1)
White	36.0	(18)	39.6	(19)
Biracial	18.0	(9)	8.3	(4)
Total	100.0	(50)	100.1	(48)

	Kinship		Nonkinship	
	%	(n)	%	(n)
Female	66	(33)	50	(24)
Male	34	(17)	50	(24)
Total	100	(50)	100	(48)

¹ n.s.

	Kinship (n = 49)	Nonkinship (n = 47)
Mean ¹	8.24	8.89
Median	8.29	7.07
Range	0.15 - 17.39	0.80 - 17.43

¹ n.s.

Characteristics of birth parents

We found that children in kinship placements were more likely than children in nonkinship care to have been removed from their mother's care (80% compared to 68.8%), although this difference was not statistically significant (Table 6-6). Case files contained significantly more data on birth mothers than birth fathers, and thus most of the data reported here describe the birth mothers. Although the workers had information about birth fathers in 68% of the kinship cases and 81.4% of the nonkinship cases, in many cases the information was limited to the birthdate and race of the birth father. Tables 6-7 and 6-8 describe the race of birth mothers and birth fathers when known. As tables 6-9 and 6-10 illustrate, the average age of birth mothers and birth fathers in kinship and nonkinship cases was similar. We also found that the educational level of birth mothers in kinship and nonkinship cases were similar, with over half of both groups being high school graduates (Table 6-11). None of the birth mothers in either group were college graduates. The majority of birth mothers in both kinship and nonkinship cases rely on some form of public assistance (Table 6-12). Only 36.6% of birth mothers in kin cases receive income from employment, and only 27.9% of birth mothers in nonkin cases receive income from employment.

TABLE 6-6 FROM WHICH PARENT'S CARE THE COUNTY REMOVED THE CHILD ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Mother	80.0	(40)	68.8	(33)
Father	2.0	(1)	12.5	(6)
Both	18.0	(9)	16.7	(8)
Other	0.0	(0)	2.1	(1)
Total	100.0	(50)	100.1	(48)

n.s.

TABLE 6-7 RACE OF THE BIRTH MOTHER*				
	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	26.0	(13)	25.5	(12)
American Indian/Alaskan	10.0	(5)	17.0	(8)
Asian/Pacific Islander	2.0	(1)	2.1	(1)
Latino/Chicano/Hispanic	4.0	(2)	2.1	(1)
White	50.0	(25)	46.8	(22)
Biracial	6.0	(3)	4.3	(2)
Total	98.0	(49)	97.8	(46)

*Race unknown for 3 cases.

TABLE 6-8 RACE OF THE BIRTH FATHER*				
	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	32.4	(11)	26.5	(9)
American Indian/Alaskan	17.6	(6)	11.8	(4)
Asian/Pacific Islander	2.9	(1)	2.9	(1)
Latino/Chicano/Hispanic	2.9	(1)	8.8	(3)
White	44.1	(15)	47.1	(16)
Biracial	0.0	(0)	0.0	(0)
Total	99.9	(34)	97.1	(33)

*Birth father race unknown for 31 cases.

TABLE 6-9 AGE OF BIRTH MOTHER		
	Kinship (n = 47)	Nonkinship (n = 47)
Mean ¹	32.02	33.85
Median	33.00	35.00
Range	19.0 - 47.0	20.0 - 49.0

¹ n.s.

TABLE 6-10 AGE OF BIRTH FATHER		
	Kinship (n = 19)	Nonkinship (n = 24)
Mean ¹	36.79	36.12
Median	34.00	35.50
Range	23.0 - 54.0	23.0 - 50.0

¹ n.s.

TABLE 6-11 EDUCATIONAL LEVEL OF BIRTH MOTHER* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Some high school	48.5	(16)	47.1	(16)
High school graduate/GED	51.5	(17)	52.9	(18)
College graduate	0.0	(0)	0.0	(0)
Total	100.0	(33)	100.0	(34)

*Educational level unknown for 31 cases.

¹ n.s.

**TABLE 6-12
SOURCE OF CURRENT INCOME FOR BIRTH MOTHER***

	Kinship		Nonkinship	
	%	(n)	%	(n)
Employment ¹	36.6	(15)	27.9	(12)
General assistance ¹	35.9	(14)	32.6	(14)
AFDC ¹	27.9	(12)	32.6	(14)
Worker's compensation ¹	0.0	(0)	0.0	(0)
SSI ¹	22.0	(9)	32.5	(13)
Unemployment ¹	0.0	(0)	4.8	(2)
Social Security ¹	0.0	(0)	2.4	(1)
Child Support ¹	7.3	(3)	12.2	(5)
No income ¹	15.4	(6)	9.3	(4)
Don't know ¹	11.1	(5)	8.5	(4)

*Some of the birth mothers may have received income from more than one source and are included in more than one category.

¹ n.s.

We also asked child and family workers about both strengths and problems of the birth mothers. Birth mothers in kinship cases were significantly more likely to have drug or alcohol problems and significantly less likely to have experienced chronic family violence, according to workers (Table 6-13). Workers reported that over 95% of birth mothers in kin cases had alcohol or drug problems compared to only 72% of birth mothers in nonkin cases. However, workers reported that only 44.2% of kin birth mothers experienced chronic family violence compared to 60.9% of nonkinship birth mothers. Workers also identified strengths of birth mothers. 93.2% of birth mothers in kin cases and 90% of birth mothers in nonkin cases were seen by workers as having strengths in regard to caring for their child(ren) (Table 6-14). The most frequently mentioned strength for mothers in both kin and nonkin cases was a commitment to the best interests of the child (Table 6-15).

**TABLE 6-13
PROBLEMS OF THE BIRTH MOTHER (AS IDENTIFIED BY WORKER) THAT MAY
AFFECT HER ABILITY TO CARE FOR HER CHILD(REN) ***

	Kinship		Nonkinship	
	%	(n)	%	(n)
Alcohol/drug abuse ¹	95.3	(41)	72.1	(31)
Physical health problems	20.9	(9)	31.7	(13)
Mental illness	41.5	(17)	59.5	(25)
Developmental disability	2.3	(1)	12.5	(5)
Inability to obtain stable housing	64.4	(29)	65.9	(29)
Chronic family violence ²	44.2	(19)	60.9	(29)

*Some of the birth mothers were identified as having problems in more than one area and are included in more than one category.

¹ p<0.01

² p<0.05

	Kinship		Nonkinship	
	%	(n)	%	(n)
Birth mother has strengths	93.2	(41)	90.0	(36)
Birth mother does not have strengths	6.8	(3)	10.0	(4)
Total	100.0	(44)	100.0	(40)

*Birth mother strengths unknown for 14 cases.

¹ n.s.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Cooperation with involvement in case plan	9.8	(4)	10.8	(4)
Commitment to best interests of child	68.3	(28)	67.6	(25)
Recognized need for or sought help	12.2	(5)	10.8	(4)
Other personal strengths	9.8	(4)	10.8	(4)
Total	100.1	(41)	100.0	(37)

*Specific birth mother strengths unknown for 20 cases.

¹ n.s.

Characteristics of the foster parents.

Table 6-16 and 6-17 describes the race of the primary and secondary foster parents in kin and nonkin cases, and Table 6-18 describes the gender of the primary foster parent. The majority of kinship and nonkinship primary foster parents were female. Although past studies have found kin foster parents to be older than nonkin, we did not find this to be true with our sample, where the average age for kin foster parents was 44.67 and for nonkin was 43.69 (Table 6-19). We also did not find that the marital status of kin and nonkin foster parents differed, with the majority of both being legally married (6-20). Approximately 23.5% of kinship and 26.2% of nonkinship foster parents were divorced, and slightly more kin foster parents than nonkin were "never married" (14.7% compared to 9.5%) although the difference was not statistically significant.

TABLE 6-16 RACE OF PRIMARY FOSTER PARENT*				
	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	32.4	(11)	31.0	(13)
American Indian/Alaskan	5.9	(2)	7.1	(3)
Asian/Pacific Islander	2.9	(1)	0.0	(0)
Latino/Chicano/Hispanic	0.0	(0)	0.0	(0)
White	58.8	(20)	61.9	(26)
Total	100.0	(34)	100.0	(42)

*Race unknown for 23 cases.

TABLE 6-17 RACE OF SECONDARY FOSTER PARENT*				
	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	15.0	(3)	28.0	(7)
American Indian/Alaskan	5.0	(1)	0.0	(0)
Asian/Pacific Islander	5.0	(1)	0.0	(0)
Latino/Chicano/Hispanic	0.0	(0)	0.0	(0)
White	75.0	(15)	72.0	(18)
Total	100.0	(20)	100.0	(25)

*Race unknown for 3 cases.

TABLE 6-18 GENDER OF PRIMARY FOSTER PARENT* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Female	88.2	(30)	92.9	(39)
Male	11.8	(4)	7.1	(3)
Total	100.0	(34)	100.0	(42)

*Gender unknown for 23 cases.

¹ n.s.

TABLE 6-19 AGE OF PRIMARY FOSTER PARENT		
	Kinship (n = 33)	Nonkinship (n = 36)
Mean ¹	44.67	43.69
Median	43.00	42.50
Range	25.0 - 76.0	25.0 - 74.0

¹ n.s.

TABLE 6-20 MARITAL STATUS OF PRIMARY FOSTER PARENT* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Legally married	55.9	(19)	59.5	(25)
Never married	14.7	(5)	9.5	(4)
Widowed	5.9	(2)	4.8	(2)
Divorced	23.5	(8)	26.2	(11)
Total	100.0	(34)	100.0	(42)

*Marital status unknown for 23 cases.

¹ n.s.

While over 90% of nonkin foster parents received income from wages or salary, approximately 75.8% of kin did, a difference which neared statistical significance (Table 6-21). The only significant difference between the two group on income source was that a larger percentage of kin foster parents received income from SSI. Similar proportions of kinship and nonkinship primary foster parents were employed (Table 6-22). We found nonkin foster parents were more highly educated with 21.4 % compared to 6.1% of kinship foster parents being college graduates (Table 6-23). Although more nonkin than kin foster parents owned their home, this difference was not significant (6-24).

TABLE 6-21 SOURCE OF INCOME FOR PRIMARY FOSTER PARENT*				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Wages or salary ¹	75.8	(25)	90.5	(38)
Social Security ²	11.1	(3)	7.3	(3)
SSI ³	11.1	(3)	0.0	(0)
Unemployment ²	3.4	(1)	0.0	(0)
Investment income ²	10.7	(3)	3.8	(1)
AFDC ²	6.9	(2)	2.4	(1)
Worker's compensation ²	3.4	(1)	0.0	(0)

*Some of the parents may have received income from more than one source.

¹ p<0.08

² n.s.

³ p<0.05

TABLE 6-22 EMPLOYMENT STATUS OF PRIMARY FOSTER PARENT* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Employed	54.5	(18)	57.4	(22)
Unemployed	46.9	(15)	47.6	(20)
Total	100.4	(33)	100.0	(44)

*Employment status unknown for 25 cases.

¹ n.s.

TABLE 6-23 EDUCATION LEVEL OF PRIMARY FOSTER PARENT* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Some high school	30.3	(10)	14.3	(6)
High school graduate (GED)	63.6	(21)	64.3	(27)
College graduate	6.1	(2)	21.4	(9)
Total	100.0	(33)	100.0	(42)

*Education level unknown for 27 cases.

¹ p<0.07

TABLE 6-24 RESIDENTIAL STATUS OF PRIMARY FOSTER PARENT* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Rented	26.5	(9)	14.3	(6)
Owned	73.5	(25)	83.3	(35)
Total	100.0	(34)	97.3	(41)

*Residential status unknown for 27 cases.

¹ n.s.

We also examined household size and make-up for kin and nonkin foster families (Table 6-25). The total household size and total number of adults and children living in the foster home did not differ for kin and nonkin foster families. The average number of adults in the home was 2 for both kinship and nonkinship cases. However, nonkin foster families did have more foster children in the home on average than kin foster families.

TABLE 6-25
HOUSEHOLD SIZE AND MAKEUP

	Kinship	Nonkinship
Total number of adults in the foster home	(n = 34)	(n = 42)
Mean ¹	2.0	2.0
Median	2.0	2.0
Range	1.0 - 4.0	1.0 - 4.0
Total number of children in the foster home	(n = 34)	(n = 41)
Mean ¹	3.26	3.43
Median	3.00	3.00
Range	1.0 - 7.0	1.0 - 7.0
Total number of foster children in the foster home	(n = 34)	(n = 41)
Mean ²	2.17	2.75
Median	2.00	2.00
Range	1.0 - 4.0	1.0 - 8.0
Total household size of foster home	(n = 34)	(n = 41)
Mean	5.23	5.43
Median	5.50	5.00
Range	2.0 - 9.0	2.0 - 12.0

¹ n.s.

² p<0.01

In kinship foster care cases, we also gathered information about the specific relationship of the foster parent to child. Although the relationship of the kin foster parent to child was known to us in only 32 of the 50 cases, the largest group of kin providers were grandparents, followed by aunts/uncles (Table 6-26). Most of the kin foster parents were related to the mother (Table 6-27).

TABLE 6-26
KINSHIP FOSTER PARENT'S RELATIONSHIP TO FOSTER CHILD

	%	(n)
Grandparent	37.5	(12)
Aunt/Uncle	34.4	(11)
Cousin	6.3	(2)
Other	21.9	(7)
Total	100.1	(32)

TABLE 6-27
KINSHIP FOSTER PARENT'S RELATIONSHIP TO BIRTH PARENT

	%	(n)
Related to mother	75.0	(24)
Related to father	12.5	(4)
Don't know	6.3	(2)
Neither	6.3	(2)
Total	100.1	(32)

Placement Characteristics

We were also interested in gathering information about characteristics of the child's placement in kinship and nonkinship cases. We did not find significant differences in the reason children in kinship and nonkinship foster care were removed from their homes (Table 6-28). The most prevalent reason for both groups was parent-related reasons, followed by child protection reasons.²⁹ However, the majority of both kinship and nonkinship cases involved substantiated maltreatment (72% of kinship and 63.8% of nonkinship.) (Table 6-29). When we looked at the specific types of substantiated maltreatment, we found that a larger proportion of kin than non-kin cases involved child neglect, and a larger proportion of non-kin than kin cases involved child abuse (Table 6-30). The legal status of kinship and nonkinship cases did not differ greatly with most children under the guardianship or legal custody of the county (Table 6-31). The permanency goals and placement goals also did not differ significantly for children in kinship and nonkinship foster care (Tables 6-32 and 6-33). The goal for most children in both kinship and nonkinship foster care was reunification.

TABLE 6-28 PRIMARY REASON THE CHILD WAS REMOVED FROM HOME* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Child protection reasons	40.0	(20)	36.2	(17)
Parent related reasons	50.0	(25)	46.8	(22)
Child related reasons	10.0	(5)	17.0	(8)
Total	100.0	(50)	100.0	(47)

*Reason for removal unknown for 1 case.

¹ n.s.

TABLE 6-29 SUBSTANTIATED CASE OF CHILD MALTREATMENT* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Substantiated child maltreatment	72.0	(36)	63.8	(30)
No substantiated child maltreatment	28.0	(14)	36.2	(17)
Total	100.0	(50)	100.0	(47)

*Unknown for 1 case.

¹ n.s.

²⁹ Child protection reasons included risk of sexual abuse, risk of physical abuse, risk of neglect, and medical neglect. Parent related included parent incarceration, abandonment, parents substance abuse, parent in placement, parent illness/disability, court ordered, lack of stable home, and noncompliance with case plan. Child related included parent/child conflict, child's behavior, and truancy.

TABLE 6-30 TYPE OF SUBSTANTIATED CHILD MALTREATMENT* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Sexual abuse	5.7	(2)	10.3	(3)
Neglect	82.9	(29)	65.5	(19)
Physical abuse	8.6	(3)	20.7	(6)
Alcohol/chemical	2.9	(1)	3.4	(1)
Total	100.1	(35)	99.9	(29)

*Type unknown for 2 cases.

¹ n.s.

TABLE 6-31 CHILD'S LEGAL STATUS AT THE TIME OF THE WORKER INTERVIEW* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
County has legal custody	55.3	(26)	46.8	(22)
County has guardianship	10.6	(5)	8.5	(4)
Parent has custody	29.8	(14)	23.4	(11)
Other	4.3	(2)	21.3	(10)
Total	100.0	(47)	100.0	(47)

*Legal status unknown for 4 cases.

¹ n.s.

TABLE 6-32 PERMANENCY GOAL FOR CHILD ACCORDING TO THE FAMILY WORKER ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Reunification	66.0	(33)	56.3	(27)
Permanent foster care	14.0	(7)	10.4	(5)
Adoption	14.0	(7)	16.7	(8)
Other	6.0	(3)	16.7	(8)
Total	100.0	(50)	100.1	(48)

n.s.

TABLE 6-33 PLACEMENT GOAL FOR CHILD ACCORDING TO THE FAMILY WORKER* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Return child home	72.9	(35)	61.7	(29)
Place for adoption	12.5	(6)	17.0	(8)
Long term foster care	10.4	(5)	10.6	(5)
Placement with legal guardian	2.1	(1)	0.0	(0)
Independent living	2.1	(1)	10.6	(5)
Total	100.0	(48)	99.9	(47)

*Placement goal unknown for 3 cases.

¹ n.s.

We also gathered some data specifically about the children in kinship placements. Forty-six percent of the children in kinship placement were living with the kin provider prior to the formal placement (Table 6-34). According to the worker, nearly all of birth parents had input in the selection of the kinship provider (Table 6-35). Finally, approximately 80.6% of children in kinship foster homes who had siblings under the custody of the county were living with their siblings in the same kinship foster home (Table 6-36).

TABLE 6-34 CHILDREN LIVING WITH CURRENT KINSHIP FOSTER PARENT PRIOR TO FORMAL PLACEMENT		
	%	(n)
Living with kin provider prior to placement	46.0	(23)
Not living with kin provider prior to placement	54.0	(27)

TABLE 6-35 BIRTH PARENT HAD INPUT INTO THE SELECTION OF THE KINSHIP PROVIDER, ACCORDING TO WORKER*		
	%	(n)
Birth parent had input	91.7	(22)
Birth parent did not have input	8.3	(2)
Total	100.0	(24)

*Unknown for 26 cases.

TABLE 6-36 CHILDREN WITH SIBLINGS IN THE SAME KINSHIP FOSTER HOME*		
	%	(n)
Siblings in the same kin foster home	80.6	(25)
Siblings not in the same kin foster home	19.4	(6)
Total	100.0	(31)

*This includes only children whose siblings were under custody or guardianship of the county. Residence was unknown for 3 children.

Placement History

We also gathered data on the child's history of out-of-home care. We were interested in prior episodes of continuous care (the period of time which begins at removal from home and ends when the child is returned home, adopted or emancipated), and in other placements during the current episode of continuous care. We did not find differences in the total number of episodes of care experienced by children in kinship and nonkinship care--most had not experienced out-of-home care prior to the current episode of care (Table 6-37). However, we did find differences in the number of placements experienced by children during the current episode of care (Table 6-38). Children in nonkinship foster care experienced significantly more placements prior to the current placement than did children in kinship foster care. In fact, the median number of prior placements for children in kinship foster care was 0 compared to 2 for children in nonkinship foster care. This indicates more placement stability for children in

kinship foster care because the current kinship placement tended to be their first placement during the episode of care.

	Kinship (n =)	Nonkinship (n =)
Mean ¹	1.98	2.25
Median	1.00	1.00
Range	1.0 - 20.0	1.0 - 9.0

¹ n.s.

	Kinship (n = 47)	Nonkinship (n = 47)
Number of placements prior to target placement		
Mean ¹	0.47	2.17
Median	0.00	2.00
Range	0.0 - 3.0	0.0 - 10.0

*Target episode is the episode of out-of-home care containing the specific placement about which the interviews were conducted.

¹ p<0.001

Child Well-Being

We asked child/family workers about their perception of the child's well-being during the placement. Most children in both kin and nonkin were seen as having generally good physical health (Table 6-39), and the majority of children in both types of care had regular physical and dental health providers (Table 6-40). However, there were differences in workers perceptions of the mental health status of children in kinship and nonkinship care (Table 6-41). Workers perceived 52.1% of children in kinship foster care to be in good mental health compared to only 29.8% of children in nonkinship care. Furthermore, they viewed 23.4% of children in nonkinship care compared to only 6.3% of children in kinship care to have ongoing serious mental health problems. There was no significant difference between kinship and nonkinship cases in the workers' perception of the child's school adjustment (Table 6-42). Similar proportions of children in kinship and nonkinship care were receiving special education services (Table 6-43). We also asked workers about the child's disabilities (Table 6-44). While there were no differences between children in kinship and nonkinship in terms of learning or developmental disabilities, children in nonkinship homes were significantly more likely to be seen as having emotional/behavioral problems than those in kinship homes (80.4% compared to 39.1%). Finally, the majority of children in both types of placements were seen as by the worker as positively adjusting to their placement (Table 6-45).

TABLE 6-39 CHILD'S HEALTH STATUS ACCORDING TO FAMILY WORKER* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Generally in good health	83.7	(41)	78.3	(36)
In fair health	12.2	(6)	13.0	(6)
Serious ongoing health problems	4.1	(2)	8.7	(4)
Total	100.0	(49)	100.0	(46)

*Health status unknown for 3 cases.

¹ n.s.

TABLE 6-40 CHILD HAS A REGULAR PHYSICAL HEALTH AND DENTAL PROVIDER				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Physical health provider*¹				
Yes	91.1	(41)	90.9	(40)
No	8.9	(4)	9.1	(4)
Total	100.0	(45)	100.0	(44)
Dental provider**¹				
Yes	71.8	(28)	66.7	(24)
No	28.2	(11)	33.3	(12)
Total	100.0	(39)	100.0	(36)

*Physical health provider unknown for 9 cases.

**Dental health provider unknown for 23 cases.

¹ n.s.

TABLE 6-41 CHILD'S MENTAL HEALTH STATUS ACCORDING TO FAMILY WORKER ¹ *				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Generally good mental health	52.1	(25)	29.8	(14)
Occasional behavior reflecting mental health problems	41.7	(20)	46.8	(22)
Serious on-going mental health problems	6.3	(3)	23.4	(11)
Total	100.1	(48)	100.0	(47)

¹ p<0.05

*Mental health status unknown for 3 cases.

TABLE 6-42 CHILD'S SCHOOL ADJUSTMENT ACCORDING TO FAMILY WORKER* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Adjustment generally good	60.5	(23)	41.7	(15)
Occasional behavioral or academic problems	26.3	(10)	27.8	(10)
Chronic behavioral or academic problems	13.2	(5)	30.6	(11)
Total	100.0	(38)	100.1	(36)

*School adjustment unknown for 24 cases.

¹ n.s.

TABLE 6-43 CHILD RECEIVING SPECIAL EDUCATION SERVICES* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Yes	42.9	(12)	44.4	(12)
No	57.1	(16)	55.6	(15)
Total	100.0	(28)	100.0	(27)

*Unknown for 43 cases.

¹ n.s.

TABLE 6-44 DISABILITIES OR IMPAIRMENTS THE CHILD MAY HAVE				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Learning disability ¹				
Yes	15.0	(6)	27.5	(11)
No	85.0	(34)	72.5	(29)
Emotional/behavior problem ²				
Yes	39.1	(18)	80.4	(37)
No	60.9	(28)	19.6	(9)
Hearing/speech/visual impairment ¹				
Yes	11.4	(5)	23.3	(10)
No	88.6	(39)	76.7	(33)
Developmental disability ¹				
Yes	10.9	(5)	9.5	(4)
No	89.1	(41)	90.5	(38)
Physical disability ³				
Yes	0.0	(0)	9.8	(4)
No	100.0	(47)	90.2	(37)

¹ n.s.

² p<0.001

³ p<0.05

TABLE 6-45 CHILD'S ADJUSTMENT TO PLACEMENT ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Positive	77.1	(37)	88.1	(37)
Negative	22.9	(11)	11.9	(5)
Total	100.0	(48)	100.0	(42)

¹ n.s.

Services, Training and Support

Services to the Child

We asked workers to estimate the total number of contacts they had with the child during a typical month. There was not a statistically significant difference in the estimated number of in-person and total contacts for kinship and nonkinship cases (Table 6-46). However, the average number of total contacts in kinship cases was only 2.61 compared to 3.28 for nonkinship cases. We also asked the worker what type of services in addition to regular casework services the child received during placement. We did not find significant differences in the percentage of children in kinship and nonkinship care who received educational, psychological or medical services (Table 6-47). Fifty percent of children in kinship care and 62.5% of children in nonkinship care received psychological services; only 25% of children in nonkinship care and 18% of children in kinship care received educational services.

TABLE 6-46 NUMBER OF CONTACTS FAMILY WORKER HAD WITH THE CHILD IN A TYPICAL MONTH		
	Kinship	Nonkinship
In-Person Contacts	(n = 49)	(n = 49)
Mean ¹	1.81	2.40
Median	1.00	2.00
Range	0.0 - 12.0	0.0 - 8.0
Total Contacts	(n = 49)	(n = 45)
Mean ¹	2.61	3.28
Median	2.00	2.00
Range	0.0 - 31.0	0.0 - 12.0

¹ n.s.

TABLE 6-47 SERVICES CHILD RECEIVED IN ADDITION TO CASE MANAGEMENT				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Educational services ¹				
Yes	18.0	(9)	25.0	(12)
No	82.0	(41)	75.0	(36)
Total	100.0	(50)	100.0	(48)
Psychological services ¹				
Yes	50.0	(25)	62.5	(30)
No	50.0	(25)	37.5	(18)
Total	100.0	(50)	100.0	(48)
Medical services ¹				
Yes	12.0	(6)	18.8	(9)
No	88.0	(44)	81.3	(39)
Total	100.0	(50)	100.1	(48)

¹ n.s.

Services to the birth mother

We also asked child/family workers to estimate the number of contacts they had with birth mothers during a typical month. Again workers reported no difference in the average number of contacts with kinship and nonkinship cases (Table 6-48). The average number of contacts with birth mothers in kinship cases was 6.14 compared to 6.02 in nonkinship cases. We also asked the licensing worker if they had any contact with the birth parent. Licensing workers were significantly more likely to have some contact with the birth mother in nonkinship cases than kinship cases (30% compared to 6.9%) (Table 6-49). Workers were asked if birth mothers received any services in addition to case management (Table 6-50.). The majority of birth mothers in both kinship (84%) and nonkinship (77.1%) cases received psychological services. A little over half of birth mothers in both kinship and nonkinship cases received some type of training or support services.

TABLE 6-48 IN A TYPICAL MONTH THE AMOUNT OF FAMILY WORKER CONTACT WITH THE BIRTH PARENT(S)		
	Kinship (n = 49)	Nonkinship (n = 45)
In-person contacts ¹		
Mean	2.20	2.04
Median	2.00	1.00
Range	0.0 - 11.0	0.0 - 13.0
Total contacts ¹		
Mean	6.14	6.02
Median	4.0	4.0
Range	0.0 - 26.0	0.0 - 42.0

¹ n.s.

TABLE 6-49 LICENSING WORKER HAS HAD CONTACT WITH THE BIRTH PARENT(S)* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Yes	6.9	(2)	30.0	(12)
No	93.1	(27)	70.0	(28)
Total	100.0	(29)	100.0	(40)

*Unknown for 29 cases.

¹ p<0.05

TABLE 6-50 SERVICES RECOMMENDED TO BIRTH MOTHER IN ADDITION TO CASE MANAGEMENT				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Psychological services ¹				
Yes	84.0	(42)	77.1	(37)
No	16.0	(8)	22.9	(11)
Total	100.0	(50)	100.0	(48)
Medical services ¹				
Yes	0.0	(0)	0.0	(0)
No	100.0	(50)	100.0	(48)
Total	100.0	(50)	100.0	(48)
Training or support ¹				
Yes	54.0	(27)	54.2	(26)
No	46.0	(23)	45.8	(22)
Total	100.0	(50)	100.0	(48)

¹ n.s.

Services, support, training for foster parents

We gathered data from licensing workers about licensing status, payment level and services for kinship and nonkinship foster parents. The majority of kinship foster parents had restricted licenses--i.e. they were licensed to provide foster care only for the kin child(ren) (Table 6-51). We asked workers for foster care payment information specific to the target child. This payment amount included difficulty-of-care additions. We found that foster care payments to kin foster parents was significantly lower than payments to nonkin foster parents (Table 6-52). The mean monthly payment to kinship foster parents was \$578 compared to \$834 for nonkinship foster parents.

TABLE 6-51 TYPE OF LICENSE FOSTER PARENT HAS ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Restricted	84.8	(28)	0.0	(0)
Nonrestricted	12.1	(4)	100.0	(42)
Applicant	3.0	(1)	0.0	(0)
Total	99.9	(33)	100.0	(42)

¹ p<0.001

TABLE 6-52 MONTHLY FOSTER CARE PAYMENT		
	Kinship	Nonkinship
Mean ¹	578.95	834.13
Median	478.00	892.50
Range	2.00 - 1160.00	376.00 - 1770.00

¹ p<0.01

We asked the child's worker to estimate the number of contacts that they had with the foster parent during the placement. As Table 6-53 indicates, child/family workers had significantly more contacts on average with nonkinship foster parents than they did with kinship foster parents during the placement. We also found significant differences in the types of services that kinship and nonkinship foster parents received during the child's placement. While kinship foster parents were significantly more likely to have received child care services, nonkinship foster parents were significantly more likely to have received respite care, to have attended a foster parent support group, and to belong to a foster care association (Table 6-54). Nonkinship foster parents were also significantly more likely to have received training prior to the child's placement, with 100% of nonkinship foster parents receiving training and only 29% of kinship foster parents receiving training (Table 6-55). However, the majority of both kinship and nonkinship foster parents received training during the child's placement (Table 6-56). Licensing workers did not perceive that kinship foster parents were in more need of further training than nonkinship foster parents (Table 6-57).

TABLE 6-53
NUMBER OF CONTACTS CHILD'S WORKER
HAD WITH FOSTER PARENT DURING THE PLACEMENT

	Kinship (n = 47)	Nonkinship (n = 37)
In-Person Contacts		
Mean	9.06	11.83
Median	6.00	8.00
Range	1.0 - 40.0	0.0 - 50.0
Phone Contacts		
Mean ¹	26.61	39.35
Median	16.00	24.00
Range	3.0 - 100.0	2.0 - 250.0
Total Contacts		
Mean ²	35.68	51.18
Median	28.00	33.00
Range	5.0 - 140.0	3.0 - 274.0

¹ p<0.05

² p<0.05

TABLE 6-54
SERVICES RECOMMENDED TO FOSTER PARENT
IN ADDITION TO CASE MANAGEMENT

	Kinship		Nonkinship	
	%	(n)	%	(n)
Respite care¹				
Yes	33.3	(4)	69.4	(25)
No	66.7	(8)	30.6	(11)
Total	100.0	(12)	100.0	(36)
Child care²				
Yes	50.0	(6)	14.3	(5)
No	50.0	(6)	85.7	(30)
Total	100.0	(12)	100.0	(35)
Mental health services³				
Yes	33.3	(4)	20.0	(7)
No	66.7	(8)	80.0	(28)
Total	100.0	(12)	100.0	(35)
Foster parent association⁴				
Yes	0.0	(0)	39.4	(13)
No	100.0	(11)	60.6	(20)
Total	100.0	(11)	100.0	(33)
Support group⁵				
Yes	18.2	(2)	91.4	(32)
No	81.8	(9)	8.6	(3)
Total	100.0	(11)	100.0	(35)

¹ p<0.05

² p<0.05

³ n.s.

⁴ p<0.05

⁵ p<0.001

TABLE 6-55 FOSTER PARENT RECEIVED TRAINING PRIOR TO THE CHILD'S PLACEMENT* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Yes	29.0	(9)	100.0	(42)
No	71.0	(22)	0.0	(0)
Total	100.0	(31)	100.0	(42)

*Unknown for 25 cases.

¹ p<0.001

TABLE 6-56 FOSTER PARENT RECEIVED TRAINING DURING THE CHILD'S PLACEMENT* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Yes	82.8	(24)	63.4	(26)
No	17.2	(5)	36.6	(15)
Total	100.0	(29)	100.0	(41)

*Unknown for 28 cases.

¹ n.s.

TABLE 6-57 FOSTER PARENT NEEDS TRAINING OR ADDITIONAL TRAINING* ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Yes	41.7	(10)	48.7	(19)
No	58.3	(14)	51.3	(20)
Total	100.0	(24)	100.0	(39)

*Unknown for 37 cases.

¹ n.s.

Progress and Outcome

The majority of both kinship and nonkinship cases were seen as making satisfactory progress toward permanency goals (Table 6-58). We also asked workers if any administrative and/or court reviews had taken place during the child's placement. The majority of both kinship and nonkinship cases had not received administrative reviews. However, nonkinship cases (89.4%) were significantly more likely than kinship cases (68.9%) to have had court reviews during the placement (Table 6-59.)

TABLE 6-58 PROGRESS TOWARDS PERMANENCY GOAL ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Satisfactory progress	70.0	(35)	64.4	(29)
Unsatisfactory progress	30.0	(15)	35.6	(16)
Total	100.0	(50)	100.0	(45)

¹ n.s.

TABLE 6-59 ADMINISTRATIVE AND COURT CASE REVIEWS*				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Administrative review ¹				
Yes	25.0	(12)	27.3	(12)
No	75.0	(36)	72.7	(32)
Total	100.0	(48)	100.0	(44)
Court review ²				
Yes	68.9	(31)	89.4	(42)
No	31.1	(14)	10.6	(5)
Total	100.0	(45)	100.0	(47)

¹ n.s.

² p<0.05

*Administrative and court reviews unknown for 6 cases.

Because the majority of children in both kinship and nonkinship cases had placement and permanency goals of reunification, we asked both licensing and child family workers for information about the nature of the relationship between foster parents and birth parents. We found significant differences in the workers' rating of the relationship between the foster parent and birth mother in kinship and nonkinship cases. Family workers were more likely to believe that in nonkinship cases, the birth mother and foster parent either "got along very well" or "didn't have much interaction." However, in kinship cases, family workers were more likely to believe that birth mothers and foster parents had "some interpersonal issues" or "didn't get along very well" (Table 6-60). Licensing workers tended to believe that, in kinship cases, the foster parent and birth mother had "some interpersonal issues," and that in nonkinship cases, they got along well or didn't interact (Table 6-61).

TABLE 6-60
THE RELATIONSHIP BETWEEN FOSTER PARENT
AND BIRTH MOTHER ACCORDING TO THE FAMILY WORKER*¹

	Kinship		Nonkinship	
	%	(n)	%	(n)
Get along very well	15.2	(7)	36.4	(12)
Some interpersonal issues	41.3	(19)	24.2	(8)
Don't get along very well	21.7	(10)	9.1	(3)
Quarrel/fight frequently	6.5	(3)	0.0	(0)
Don't interact with each other much or at all	8.7	(4)	27.3	(9)
Other	6.5	(3)	3.0	(1)
Total	99.9	(46)	100.0	(33)

*Relationship unknown for 19 cases.

¹ p<0.05

TABLE 6-61
THE RELATIONSHIP BETWEEN FOSTER PARENT AND BIRTH MOTHER
ACCORDING TO THE LICENSING WORKER*¹

	Kinship		Nonkinship	
	%	(n)	%	(n)
Gets along very well	23.1	(6)	29.0	(9)
Some interpersonal issues	42.3	(11)	16.1	(5)
Don't interact with each other very much or at all	11.5	(3)	19.4	(6)
Quarrel/fight frequently	3.8	(1)	0.0	(0)
Not enough information to answer	15.4	(4)	3.2	(1)
Other	3.8	(1)	32.3	(10)
Total	99.9	(26)	100.0	(31)

*Unknown for 41 cases.

¹ p<0.05

We were also interested in case outcome for children whose placement had ended at the time of our interviews. For those children whose placement had ended, 84% of children in kinship placements compared to only 48.6% of children in nonkinship placements had returned home. Children in nonkinship care were more likely to have moved to another placement or were adopted or emancipated (Table 6-62). For children whose episode of care ended, there was no significant difference in average placement or episode length for kinship and nonkinship cases (Table 6-63). Also, children in kinship care whose episode of care ended experienced, on average, only 1 placement during the episode compared to 2 placements in nonkinship care (Table 6-64).

TABLE 6-62 LIVING ARRANGEMENT FOR CHILD WHOSE PLACEMENT ENDED ¹				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Returned home	84.0	(21)	48.6	(18)
Moved to another placement	12.0	(3)	35.1	(13)
Other (adoption, emancipation, etc.)	4.0	(1)	16.2	(6)
Total	100.0	(25)	99.9	(37)

¹ p<0.05

TABLE 6-63 NUMBER OF DAYS IN PLACEMENT AND IN EPISODE FOR CHILDREN WHOSE EPISODE ENDED		
	Kinship (n = 22)	Nonkinship (n = 24)
Number of days in placement ²		
Mean	158 days	123 days
Median	104 days	79 days
Range	24 - 513 days	13 - 377 days
Number of days in episode ¹		
Mean	516 days	611 days
Median	519 days	543 days
Range	410 - 657 days	415 - 1752 days

¹ n.s. ² n.s.

TABLE 6-64 PLACEMENTS DURING EPISODE IF EPISODE ENDED		
	Kinship	Nonkinship
Number of placements <u>after</u> target placement		
Mean ¹	0.40	0.70
Median	0.00	2.00
Range	0.0 - 6.0	0.0 - 4.0
Total number of placements <u>during</u> target episode if episode ended		
Mean ²	1.65	3.00
Median	1.00	2.00
Range	1.0 - 6.0	1.0 - 8.0

¹ n.s.

² p<0.05

Finally, we were interested in workers' perceptions of kinship foster parents interested in adoption. Although we had data on only 25 kinship cases, workers indicated that 24% of kinship foster parents were either planning to adopt or had initiated adoption and another 44% were interested in adoption but had no formal plans (Table 6-65.) Foster parent interested in adoption included those of children where the goal was reunification, permanent foster care, or adoption.

	%	(n)
Initiating or planning to adopt	24.0	(6)
Foster parent not interested	20.0	(5)
Foster parent attempted but did not go through with it	4.0	(1)
County did not want to encourage adoption	8.0	(2)
Foster parent interested in adoption, no formal plan	44.0	(11)
Total	100.0	(25)

*Unknown for 25 cases.

Summary and Conclusions

Our analysis of casefile data indicated that children in kinship and nonkinship foster care were similar in terms of gender and age at placement. We found that children in kinship foster care were more likely to be removed from their mothers care than children in nonkinship foster care. Birth mothers of children in kinship and nonkinship foster care were of similar age and educational level, with over half of both groups of mothers high school graduates. The majority of birth mothers in both groups relied on some form of public assistance for income. Birth mothers of children in kinship foster care were more likely than birth mothers of children in nonkinship foster care to have a drug or alcohol problem, according to the worker. Workers believed that birth mothers in both groups had strengths and were equally committed to the best interests of their child(ren).

The majority of both kinship and nonkinship foster parents were female. We did not find kinship foster parents to be older than nonkinship foster parents. The majority of both kinship and nonkinship foster parents were married. Nonkinship foster parents were more likely than kinship foster parents to receive income from employment, although similar proportions of primary foster parents in both groups were themselves employed. Nonkinship foster parents were more highly educated than kinship foster parents. Household size did not differ for kinship and nonkinship foster parents, although nonkinship foster parents had more foster children in the home, on average. Most kinship foster parents were grandparents or aunts/uncles of their foster children, and most were related to the child's mother.

The reason children in kinship foster care were removed from their home did not differ from those in nonkinship foster care, with the most prevalent reason being parent-related reasons, followed by child protection reasons. However, the majority of cases in both kinship and nonkinship foster care involved substantiated maltreatment. The specific type of maltreatment was most often neglect for both groups, although more prevalent among kinship cases. The permanency and placement goals for most children in both kinship and nonkinship foster care was reunification. We found that nearly half of the children in kinship placement were living with the kin provider prior to formal placement, and according to the worker, most birth parents had input into the selection of the kinship provider.

While workers perceived the physical health status of children in kinship and nonkinship foster care to be similar, they believed that children in kinship foster care were in better mental

health than those in nonkinship foster care--a finding that is consistent with past research. Children in nonkinship foster care were also much more likely to be seen as having emotional/behavioral problems than those in kinship foster homes.

Our findings did not indicate that the worker contact and services to children in kinship and nonkinship foster care differed. There was also no difference in family worker contacts and services to birth mothers in the two groups. The majority of birth mothers in both groups received some type of psychological services. However, licensing workers were significantly more likely to have had contact with the birth mother in nonkinship foster care cases than in kinship foster care cases.

The majority of kinship foster parents had restricted foster care licenses. Foster care payments were significantly lower in kinship foster care cases than in nonkinship foster cases. Child/family workers had significantly more contact with nonkinship foster parents than kinship foster placements. These more frequent contacts between licensing worker and birth parent and between child worker and foster parent may indicate better case coordination. We also found that nonkinship foster parents received more services than kinship foster parents--specifically respite care and support group attendance. Nonkinship foster parents were much more likely to have received training prior to the placement--a finding that is not surprising given the advanced planning to provide foster care among nonkinship foster parents. The majority of both types of foster parents received some type of training during the child's placement. However, licensing workers were just as likely to perceive of nonkinship foster parents needing further training as they were kinship foster parents.

In terms of case progress, the majority of both kinship and nonkinship cases were seen as making satisfactory progress toward permanency goals. However, nonkinship foster care cases were more likely to have experienced a court review during the placement. Workers tended to perceive of birth parents and foster parents in nonkinship placements as getting along very well or not having much interaction; while in kinship foster care cases, they believed birth parent and foster parent did not get along well or had some interpersonal issues.

Among children whose placement had ended by the time of our interviews, children in kinship foster care were much more likely to have returned home. Among children whose episode of care had ended, placement length was similar, but children in kinship care experienced significantly fewer placements during the episode of care than did children in nonkinship care.

CHAPTER 7

INTERVIEWS WITH KINSHIP AND NONKINSHIP FOSTER PARENTS AND BIRTH PARENTS³⁰

This chapter reports the results of in-person interviews with kinship and nonkinship foster parents and birth parents. Very few studies have gathered data about kinship foster care directly from kinship and nonkinship foster parents and the birth parents of children in foster care. Through these interviews, we were interested in exploring differences between kinship and nonkinship foster parents, and differences between the birth parents of children in kinship and nonkinship foster care in the following areas:

- *Demographic characteristics of birth and foster parents:* What are the educational, employment and socioeconomic characteristics of birth parents and foster parents? How do foster parents health status describe them.
- *Child well-being:* How do birth parents and foster parents view the health, mental health, educational, and developmental status of the foster child?
- *Relationship between foster parent, birth parent and child:* How do birth parents and foster parents describe their relationship with each other? How do foster parents describe their current relationship with their foster child? Their past relationship with their foster child? What is the foster parent's outlook for the child's future?
- *Visitation:* What are the characteristics of visitation between birth parents and their children? Who arranges visitation?
- *Relationship between foster parent, birth parent and social worker:* How do birth parents and foster parents describe their relationship with their social workers? Do foster parents believe they received adequate background on their foster children? Did they have a role in developing the child's treatment plan?
- *Services, support and training:* What was the extent and type of training received by the foster parent? What other types of training do they need? What type of services were received by foster parents? Are foster parents satisfied with payment and support? What type of services were received by birth parents?
- *Permanency issues:* What are foster parents' and birth parents' understanding of the permanency plan for the child? Are foster parents interested in adopting their foster child? What are birth parents' and foster parents' view of the best permanency plan for the child? How do birth parents view the chances of their child being reunified with them?

³⁰ This chapter was prepared by Laura Boisen, Susan Bullerdick and Sandra Beeman

The sample of foster parents and birth parents interviewed for this phase of study was very small and was not randomly selected; thus the data presented here should not be considered representative of the larger population of birth and foster parents in Hennepin and Anoka Counties. Birth parents in particular were very difficult to locate and recruit for interviews. However, the data reported here identify and explore important issues for future study. In addition, because this was our final phase of data collection, and because we wanted to focus on cases of children currently in placement, this sample of cases represent foster care during a different time period than our earlier phase of study.

Methods

Sample

For our final phase of study, we were interested in interviewing a small number of birth parents and foster parents to explore their perspectives on kinship foster care. Consequently, we applied these specific sampling criteria to select cases for study: 1) children currently living in a foster care home; 2) children in foster care for child protection service reasons; and 3) child, birth parent and foster parent being all of the same race. We were also interested in a racially diverse sample and thus wanted to include White children, African-American children and American Indian children--the three groups that represent the majority of children in foster care in Anoka and Hennepin Counties.

Because we were interested in cases with current placements, we needed to rely on workers in each county to identify cases. In addition, county workers needed to make the first contact with birth and foster parents to gain their permission to be contacted by research staff. We anticipated that it would be more difficult to recruit birth parents than foster parents for the study. Our goal was to interview ten kinship foster parents/birth parent pairs and ten nonkinship foster parent/birth parent pairs in each county.

Both Anoka and Hennepin Counties were asked to identify 10-20 kinship foster parents and the corresponding birth parents and 10-20 nonkinship foster parents and the corresponding birth parents who had agreed to be contacted by research staff. Procedures for identifying these birth parents and foster parents were slightly different in Anoka and Hennepin Counties.

During November and December of 1995, a supervisor in Family Services at Anoka County asked the child and family social workers for names of birth parents who had children in kinship and nonkinship foster care. Once the birth parents were identified, the corresponding kin and nonkinship foster parents were identified. The child and family social workers called the birth parents and the foster care licensing social workers called the foster parents to give them information about the study and obtain their consent to be contacted. Once both the birth parent and foster parent gave their consent to be contacted, the names were forwarded to the research staff. The research staff then contacted the parents by telephone to explain the study more fully, ask for their consent to be interviewed, and set up an interview time.

Anoka County staff forwarded 6 kinship and 7 nonkinship foster parent and corresponding birth parent names who agreed to be contacted about the study. Of the 6 kinship pairs identified, 5 were white and 1 was African American. Of the 7 nonkinship pairs identified, 6 were white and 1 was African American.

More foster parents were interviewed than birth parents in both kin and nonkinship foster care cases. Five of 6 kinship foster parents agreed to be interviewed. (Four were white and 1 was African American). All 7 nonkinship foster parents agreed to be interviewed. (Six were white, 1 African American). Two of the 6 birth parents who had children in kinship foster care were interviewed - both were white. Four of the 7 birth parents who had children in nonkinship foster care were interviewed - all were white.

Hennepin County was asked to over-identify kin and nonkinship foster parents and birth parents so that a final sample size of 10 kinship pairs and 10 nonkinship pairs could be achieved. We were interested in a final, stratified sample from Hennepin County that would consist of 4 African American kin and nonkinship pairs of foster parents and birth parents, 4 American Indian kin and nonkinship pairs of foster parents and birth parents, and 2 white kin and nonkinship pairs of foster parents and birth parents. The foster care licensing unit identified kin and nonkinship foster parents who currently had foster children in their care and were interested in receiving more information about the study. Once the foster parent and foster child were identified, the birth parents were identified by Hennepin County staff. Hennepin County staff then mailed to the birth parents an information sheet about the study, a return postcard to be completed with their name, address and telephone number if they were interested in participating, and a stamped, return envelope.

Hennepin County submitted 62 kin and nonkinship foster parent names who agreed to receive more information about the study. They identified 35 cases where the kin or nonkinship foster parents and birth parents were African American, 8 White, and 19 American Indian.

Seven of 10 African-American nonkinship foster parents were interviewed. However, 1 of these 7 was a biracial foster parent couple and the White foster mother was interviewed. Thus, 6 rather than 7 nonkinship foster parents of African American heritage are included in race data later in Chapter 7. Eight of 25 African American kinship foster parents were interviewed in Hennepin County. All 3 White nonkinship foster parents were interviewed. Of the 5 White kinship foster parents identified, 3 were interviewed. (It should be noted that in foster parent analysis later in this chapter, the White nonkinship foster parent with the child and husband of African American descent was added for a total number of 4 White nonkinship foster parents, and 6 of 11 American Indian kinship foster parents were interviewed.

We were able to interview very few birth parents in Hennepin County. One African-American birth parent, 1 White birth parent with a biracial child, and 1 American Indian birth parent were interviewed. Although there were several problems in contacting birth parents, the most common were: termination of parental rights in process; Hennepin County not having an address for the parents; mail returned; or parents in jail.

Data Collection

The data were collected during a structured in-person interview in the foster parent's or birth parent's home.³¹ Interviews lasted approximately one to two hours. All interviewers were trained MSW or Ph.D. students at the University of Minnesota School of Social Work. Whenever possible, interviewers and interviewee were matched by race. Birth parents and foster parents received \$15.00 at the end of the interview. Interviews were conducted during the Spring and Summer of 1996.

³¹ One birth parent asked to be interviewed in a public setting, and so was interviewed in a coffee shop.

Findings From Interviews With Foster Parents

Demographic Characteristics of Foster Parents

Gender and race

A total of 45 foster parents were interviewed. Twenty-two were kinship foster parents and 23 were nonkinship foster parents. Table 7-1 describes the race of foster parents interviewed.

	Kinship		Nonkinship	
	%	(n)	%	(n)
African American	40.9	(9)	30.4	(7)
White	31.8	(7)	43.5	(10)
American Indian	27.3	(6)	26.1	(6)
Hispanic/Latino	0.0	(0)	0	(0)
Total	100.0	(22)	100.0	(23)

Most of the foster parents interviewed were female. All 22 kinship foster parents were female. Twenty two (95.7%) of 23 nonkinship foster parents were female.

Age and health status

Although kinship foster parents were older than nonkinship foster parents, their health status was not significantly different. The average age of kinship foster parents was 48 years, while nonkinship foster parents averaged 47 years. The majority of both kin and nonkinship foster parents rated their health as excellent or good. Only 4 kinship and 2 nonkinship foster parents described their health as fair or poor (Table 7-2).

	Kinship		Nonkinship	
	%	(n)	%	(n)
Excellent	22.7	(5)	21.7	(5)
Good	59.1	(13)	69.6	(16)
Fair	9.1	(2)	8.7	(2)
Poor	9.1	(2)	0	(0)
Total	100.0	(22)	100.0	(23)

Marital status

In this sample, more nonkinship than kinship foster parents were married. As described in Table 7-3, 52.2% (12) nonkinship foster parents were married, and 31.8% (7) kinship foster parents were married. However, kinship and nonkinship foster homes averaged about the same number of adults providing foster care. Kinship placements averaged 1.5 adults and nonkinship placements averaged 1.7 adults providing foster care in the home.

TABLE 7-3
MARITAL STATUS OF FOSTER PARENTS

	Kinship		Nonkinship	
	%	(n)	%	(n)
Married	31.8	(7)	52.2	(12)
Never Married	13.6	(3)	8.7	(2)
Divorced/Separated	40.9	(9)	21.7	(5)
Widowed	13.6	(3)	17.4	(4)
Total	99.9	(22)	100.0	(23)

Education

Most kin and nonkinship foster parents were high school graduates. Seventeen (77.3%) kinship and 18 (78.3%) nonkinship foster parents were high school graduates. Three (13.6%) kinship foster parents were college graduates. One (4.3%) nonkinship foster parent was a college graduate (Table 7-4.)

Employment and child care arrangements

We were interested in child care arrangements in foster families where both parents were employed outside the home. As table 7-4 describes, in 40.9% of kinship homes, both parents were employed, and in 34.8% of nonkinship homes, both parents were employed. For those foster parents where both parents were employed, various child care arrangements were made as described in Table 7-4. The majority of kin and nonkinship foster parents who used child care arranged child care outside of the home, commonly with a relative outside of the home or a licensed family day care home. In 5 of the kinship foster homes other arrangements were made-- 4 were children old enough to care for themselves, and 1 had a personal care attendant. Two of 8 (25.0%) kin and 3 of 7 (42.9%) nonkinship foster parents had another household member care for the child during the foster parent's employment hours.

**TABLE 7-4
FOSTER PARENTS' EDUCATION, EMPLOYMENT,
AND WHO CARES FOR FOSTER CHILD**

	Kinship		Nonkinship	
	%	(n)	%	(n)
Education				
Some high school	4.5	(1)	17.4	(4)
High school graduate	77.3	(17)	78.3	(18)
College graduate	13.6	(3)	4.3	(1)
Total	95.4	(21)	100.0	(23)
Employment of Both Foster Parents				
Yes	40.9	(9)	34.8	(8)
No	59.1	(13)	65.2	(15)
Total	100.0	(22)	100.0	(23)
Who cares for foster child				
Other household member	25.0	(2)	42.9	(3)
Relative outside the home	0.0	(0)	42.9	(3)
Licensed family daycare home	12.5	(1)	0.0	(0)
Other	62.5	(5)	14.3	(1)
Total	100.0	(8)	100.0	(7)

Total family income and sources of household income

Family incomes were higher for nonkinship foster parents than kinship foster parents, even though kin foster parents were more apt to be receiving a wage or salary than nonkinship foster parents. Almost all kinship foster parents had family incomes under \$20,000. Table 7-5 describes the breakdown of total family income for kin and nonkinship foster parents. Only 3 of 22 (13.6%) kinship foster parents had an income over \$20,000 while 11 of 20 (55.0%) nonkinship foster parents exceeded \$20,000.

**TABLE 7-5
FOSTER PARENTS' INCOME**

	Kinship		Nonkinship	
	%	(n)	%	(n)
Under \$10,000	36.4	(8)	30.0	(6)
\$10,000 - \$19,999	50.0	(11)	15.0	(3)
\$20,000 - \$29,999	0.0	(0)	10.0	(2)
\$30,000 - \$39,999	9.1	(2)	15.0	(3)
\$40,000 - \$59,999	4.5	(1)	25.0	(5)
\$60,000 or more	0.0	(0)	5.0	(1)
Total	100.0	(22)	100.0	(20)

The most prevalent sources of household income for both kin and nonkinship foster parents were wages or salary and foster care payments, although more kin than nonkin reported

receiving income from wages or salary. Eleven of 22 (50.0%) kinship and 9 of 23 (39.1%) nonkinship foster parents had a wage or salary. There was not a significant difference between kin and nonkinship foster parents in regards to other sources of income. Table 7-6 describes that 4 (18.2%) kin and 6 (27.3%) nonkin foster parents receive Social Security. One (4.5%) kin and 2 (8.7%) nonkin receive SSI benefits. Four (18.2%) kin and 2 (8.7%) nonkin receive AFDC. There were no kin and only 1 (4.3%) nonkin foster parent who receives Workers' Compensation, and 4 (19.0%) kin and 5 (21.7%) nonkin have investment income. All kin and nonkinship foster parents were receiving foster care payments.

TABLE 7-6 FOSTER PARENTS' SOURCES OF INCOME				
	Kinship % (n)		Nonkinship % (n)	
Wages or Salary				
Yes	50.0	(11)	39.1	(9)
No	50.0	(11)	60.9	(14)
Total	100.0	(22)	100.0	(23)
Social Security Benefits				
Yes	18.2	(4)	27.3	(6)
No	81.8	(18)	72.7	(16)
Total	100.0	(22)	100.0	(22)
SSI				
Yes	4.5	(1)	8.7	(2)
No	95.5	(21)	91.3	(21)
Total	100.0	(22)	100.0	(23)
AFDC				
Yes	18.2	(4)	8.7	(2)
No	81.8	(18)	91.3	(21)
Total	100.0	(22)	100.0	(23)
Workers Compensation				
Yes	0.0	(0)	4.3	(1)
No	100.0	(22)	95.7	(22)
Total	100.0	(22)	100.0	(23)
Investment Income				
Yes	19.0	(4)	21.7	(5)
No	81.0	(17)	78.3	(18)
Total	100.0	(21)	100.0	(23)
Foster Care Payments				
Yes	100.0	(22)	100.0	(23)
No	0.0	(0)	0.0	(0)
Total	100.0	(22)	100.0	(23)

Foster Care License, Difficulty of Care

There was a distinct difference between the licenses held by kin and nonkinship foster parents. Twenty-one (95.5%) kinship foster parents had a restricted foster care license. Only two (8.7%) nonkinship foster parent had a restricted license, the remaining 21 (91.3%) had nonrestricted licenses (see Table 7-7). Kinship foster parents were less apt to be receiving a difficulty of care allowance than nonkinship foster parents. Twelve of 22 (54.5%) kin and 18 of 23 (78.2%) nonkinship were receiving a difficulty of care rate for the target foster child.

TABLE 7-7
FOSTER PARENTS' LICENSE

	Kinship		Nonkinship	
	%	(n)	%	(n)
Restricted	95.5	(21)	8.7	(2)
Nonrestricted	4.5	(1)	91.3	(21)
Total	100.0	(22)	100.0	(23)

Household Composition

Kinship foster homes averaged fewer people, fewer children and fewer foster children in the household. The kinship foster homes' average household size was 4 individuals with a range of 2 to 8 members; nonkinship foster homes averaged 5 individuals with a range of 2 to 8 members. Kin foster homes averaged over 2 children (2.5) while nonkinship foster homes averaged over 3 children (3.1) in the home. In terms of foster children, kin averaged just under 2 children (1.9) while nonkinship homes averaged just over 2 (2.7).

Foster Parent Perception of Child Well-Being

Most kin and nonkinship foster parents reported the child was in good physical health, but many had concerns regarding their development. Kinship foster children were more apt to have a regular physician and dentist. Many kin and nonkinship foster parents were concerned about their foster child's mental health and academic achievement. Most of the children had been seen by a professional for emotional problems and most were receiving special education services.

Physical health, physician follow-up and developmental status

The majority of kin and nonkinship foster parents thought that their foster child was in good physical health. Table 7-8 describes that 13 (59.1%) kin and 14 (60.9%) nonkin reported the child was in good health. Only 8 (36.4%) kin and 7 (30.4) nonkin reported the child was in fair health or had a condition(s) that required ongoing attention and 1 (4.5%) kin and 2 (8.7%) nonkin reported children with serious health problems that limited their functioning.

TABLE 7-8
CHILD'S HEALTH STATUS

	Kinship		Nonkinship	
	%	(n)	%	(n)
Generally is in good health	59.1	(13)	60.9	(14)
In fair health	36.4	(8)	30.4	(7)
Has serious health problems	4.5	(1)	8.7	(2)
Total	100.0	(22)	100.0	(23)

Table 7-9 describes that kinship foster children are more likely to have a regular medical doctor as well as a regular dental provider. Most kinship (95.5%) children were reported to have a regular physician while only 87% (20) nonkinship children had a regular physician. Nineteen (86.4%) kin and 13 (59.1%) nonkinship foster children were reported to have a regular dentist.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Physical health provider				
Yes	95.5	(21)	87.0	(20)
No	4.5	(1)	13.0	(3)
Total	100.0	(22)	100.0	(23)
Dental provider				
Yes	86.4	(19)	59.1	(13)
No	13.6	(3)	40.9	(9)
Total	100.0	(22)	100.0	(23)

Although physical health problems were not reported to be prevalent in either kin or nonkinship foster children, one-half of both kin and nonkinship foster parents reported that the children were behind others their age developmentally. Eleven (50.0%) kin and 13 (56.5%) nonkin reported their foster child was developmentally behind other children their age. Seven kin (31.8%) and 7 (30.4%) nonkin children were reported to be about on time while 4 kin (18.2%) and 3 (13.0%) nonkin children were reported developmentally ahead of their peers (Table 7-10).

	Kinship		Nonkinship	
	%	(n)	%	(n)
Ahead of other children	18.2	(4)	13.0	(3)
Behind other children	50.0	(11)	56.5	(13)
About on time	31.8	(7)	30.4	(7)
Total	100.0	(22)	100.0	(23)

Mental health status and diagnosis

Foster parents, both kin and nonkin, reported more concern for their foster child's mental health than their physical health. Only 9 (40.9%) kin and 7 (30.4%) nonkin reported that their foster child exhibited good mental health. More nonkin than kin categorized their foster child as having occasional problems while more kin than nonkin had children they considered to have serious, ongoing problems. Table 7-11 describes that 7 (31.8%) kin and 13 (56.5%) nonkin described their foster child as occasionally exhibiting behavior that reflected mental health problems, required monitoring and affected their functioning at times. Six (27.3%) kin and 3 (13.0%) nonkin described their foster child as having serious, persistent mental health problems that limited their functioning. Eight (57.1%) kin and 4 (25.0%) nonkinship foster children were reported to have a diagnosis. However, the majority of both kin and nonkinship foster parents

had taken the foster child to a professional about an emotional or behavioral problem. Sixteen (72.7%) kin and 15 (65.2%) nonkin had sought professional advice regarding the child's emotional or behavioral problems (Table 7-11).

	Kinship		Nonkinship	
	%	(n)	%	(n)
Mental health				
Generally good mental health	40.9	(9)	30.4	(7)
Occasional behavior reflecting mental health problems	31.8	(7)	56.5	(13)
Serious on-going mental health problems	27.3	(6)	13.0	(3)
Total	100.0	(22)	99.9	(23)
Diagnosis				
Yes	57.1	(8)	25.0	(4)
No	42.9	(6)	75.0	(12)
Total	100.0	(14)	100.0	(16)

Educational status

The majority of children in both kin and nonkinship foster care were school-age. Fifteen (68.2%) kin and 14 (66.7%) nonkin children were enrolled in school as shown in Table 7-12. Of those children enrolled in school, 9 (60.0%) kin and 8 (61.5%) nonkinship foster children are receiving special education services.

	Kinship		Nonkinship	
	%	(n)	%	(n)
School enrollment				
Yes	68.2	(15)	66.7	(14)
No	31.8	(7)	33.3	(7)
Total	100.0	(22)	100.0	(21)
Receiving special education services				
Yes	60.0	(9)	61.5	(8)
No	33.3	(5)	38.5	(5)
Total	93.3	(14)	100.0	(13)

Foster parents were asked to describe how their particular foster child was adjusting to school. Again, both kin and nonkinship foster parents saw the child as having at least some difficulties. Eight (44.4%) kin and 5 (35.7%) nonkin children were described as doing well in their school adjustment. Six (33.3%) kin and 8 (57.1%) nonkin described their foster child as occasionally exhibiting behavioral or academic problems in school. Four (22.2%) kin and 1

(7.1%) nonkinship foster parent described their foster child as having chronic academic or behavioral problems in school. See Table 7-13.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Adjustment generally good	44.4	(8)	35.7	(5)
Occasional behavioral or academic problems	33.3	(6)	57.1	(8)
Chronic behavioral or academic problems	22.2	(4)	7.1	(1)
Total	99.9	(18)	99.9	(14)

The Kinship Foster Parent and Child Relationship

Kinship foster parents were asked a series of questions about their relationship to the child, number of siblings placed, how well they knew the child prior to placement and if the child was living with the kinship foster care provider prior to formal foster care placement. They were also asked how their relationship with the child had been affected by the placement.

Relationship to child

Most kinship foster care providers were maternal grandmothers. Eleven (55.0%) kinship foster parents identified themselves as a grandmother. Five (25.0%) of the kinship providers were aunts, one (5.0%) was an uncle and one (5.0%) was a sister. Fourteen (66.7%) kinship providers were related to the birth mother, 6 (28.6%) to the birth father and 1 (4.8%) reported being related to both birth parents. A significant number of kinship homes had multiple siblings. Twelve of 14 (85.7%) kinship foster care providers reported sibling groups in their home.

Familiarity

Most of the kinship foster care providers knew the child prior to placement and a majority of kinship foster care providers had frequent contact with them. Most children did not live with the kinship foster care provider prior to their formal foster care placement. Twenty (90.9%) kinship foster care providers reported that they knew the child and 12 (75.0%) had weekly or daily contact with the child. Only 4 (25.0%) reported contact less often than every week. Eight (40.0%) children lived with the kinship foster care provider prior to formal placement and 12 (60.0%) did not.

Kinship foster parents reported that the majority of birth parents were pleased about the child being placed in their home and the relationship between the child and birth parent was not necessarily optimal at the time of placement. Sixteen (72.7%) kinship foster parents reported that birth parents were somewhat or mostly pleased by the child's placement in their home. Only 4 (18.2%) kinship foster parents reported birth parents being displeased. Although 9 (40.9%)

kinship foster parents reported that the child and birth parent's relationship was warm and close to some degree, 7 (31.8%) reported that the relationship was distant.

Quality of relationship

Finally, most kinship foster parents described a satisfactory relationship with the child prior to placement. Seventeen (85.0%) kinship foster parents described their relationship with the child as somewhat or very warm and close. Only 2 (10.0%) described the relationship as distant.

Kin and Nonkin Foster Parent Relationship with the Child

Both kin and nonkinship foster parents were asked how they would characterize their current relationship with the child, if the child was easy or difficult to raise and how socially and economically successful they thought the child would be as an adult.

More kin than nonkin characterized their current relationship with the child as very warm and close. Eighteen (81.8%) kin and 16 (69.9%) nonkin stated their relationship with the child was very warm and close. Three (13.6%) kin and 7 (30.4%) nonkin thought the relationship was somewhat warm and close and 1 (4.5%) kin characterized the relationship as distant (Table 7-14).

TABLE 7-14 FOSTER PARENTS' RELATIONSHIP WITH THE CHILD				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Very warm and close	81.8	(18)	69.6	(16)
Somewhat warm and close	13.6	(3)	30.4	(7)
Somewhat distant	4.5	(1)	0.0	(0)
Total	99.9	(22)	100.0	(23)

Kin were much more apt to describe the child as easy to raise than were nonkin. As described in Table 7-15, 12 (60.0%) kin but only 6 (27.3%) nonkin described the child as easy to raise. However, when foster parents were asked if the child was difficult to raise, 13 (59.1%) kin and 13 (61.9%) nonkin agreed that the child was difficult.

**TABLE 7-15
FOSTER CHILD EASY OR HARD TO RAISE**

	Kinship		Nonkinship	
	%	(n)	%	(n)
Easy to raise				
Yes	60.0	(12)	27.3	(6)
No	40.0	(8)	72.7	(16)
Total	100.0	(20)	100.0	(22)
Hard to raise				
Yes	59.1	(13)	61.9	(13)
No	40.9	(9)	38.1	(8)
Total	100.0	(22)	100.0	(21)

When foster parents were asked to project the child's future in terms of forming close personal relationships, independently caring for themselves and providing for themselves economically, there were no dramatic differences between kin and nonkinship foster parents' opinions. Less kin than nonkin thought the foster children would be successful in forming close personal relationships easily. Eleven (50.0%) kin and 16 (72.7%) nonkin thought the children would be at least somewhat successful. Thirteen (59.0%) kin and 17 (77.3%) nonkin believed the children would be able to independently care for themselves. Finally, 11 (50.0%) kin and 15 (68.2%) nonkin thought the children would be able to provide economically for themselves as adults. See Table 7-16.

TABLE 7-16
FOSTER PARENTS' PREDICTION OF CHILD'S FUTURE

	Kinship		Nonkinship	
	%	(n)	%	(n)
Ability to form close relationships				
Will not be able	9.1	(2)	4.5	(1)
Somewhat won't be able	4.5	(1)	4.5	(1)
Neutral	36.4	(8)	18.2	(4)
Will be somewhat able	4.5	(1)	31.8	(7)
Will be able	45.5	(10)	40.9	(9)
Total	100.0	(22)	100.0	(22)
Independently care for self				
Will not be able	4.5	(1)	0.0	(0)
Somewhat won't be able	4.5	(1)	9.1	(2)
Neutral	31.8	(7)	13.6	(3)
Will be somewhat able	4.5	(1)	27.3	(6)
Will be able	54.5	(12)	50.0	(11)
Total	100.0	(22)	100.0	(22)
Able to provide economically				
Will not be able	4.5	(1)	9.1	(2)
Somewhat won't be able	9.1	(2)	9.1	(2)
Neutral	36.4	(8)	13.6	(3)
Will be somewhat able	9.1	(2)	22.7	(5)
Will be able	40.9	(9)	45.5	(10)
Total	100.0	(22)	100.0	(22)

Visitation

Kinship foster parents report that they are much more likely to arrange visitation and have complete control of birth parent and child contact than nonkinship foster parents. In fact kinship foster parents had significantly more contact with the birth parents than did nonkinship foster parents.

Eleven (52.4%) kin and 2 (8.7%) nonkin stated that they arrange visitation. The majority of nonkinship foster parents report that the social worker arranges the visitation. Table 7-17 describes that 14 (60.9%) nonkin say the social worker is exclusively responsible for the visitation schedule. This sizeable discrepancy is also found in how much control the foster parents feel they have regarding the contact between the child and birth parent. Fifteen (71.4%) kin and only 2 (8.7%) nonkin feel they have complete control over birth parent/child contact. Only 3 (14.3%) kin feel they have very little or no control. Although the majority of nonkinship foster parents feel they have at least some control regarding birth parent/child contact, 9 (39.1%) nonkinship foster parents feel they have very little or no control (see Table 7-17). Both kin and nonkin had significant telephone and in-person contact with the birth parents, but kin did average more contact than nonkin. Kinship foster parents averaged 52.5 contacts per month with the birth parent. Nonkinship foster parents averaged 31 contacts per month with the birth parents.

TABLE 7-17
CHARACTERISTICS OF VISITS BETWEEN BIRTH PARENT AND CHILD

	Kinship		Nonkinship	
	%	(n)	%	(n)
Who arranges the visits				
Foster parent	52.4	(11)	8.7	(2)
Social worker	19.0	(4)	60.9	(14)
Birth parent	9.5	(2)	4.3	(1)
Not applicable	4.8	(1)	13.0	(3)
Combination of all	14.3	(3)	13.0	(3)
Total	100.0	(21)	99.9	(23)
How much control the foster parent has regarding the visits				
Complete control	71.4	(15)	8.7	(2)
Very much control	4.8	(1)	21.7	(5)
Some control	9.5	(2)	21.7	(5)
Very little control	14.3	(3)	39.1	(9)
Not applicable	0.0	(0)	8.7	(2)
Total	100.0	(21)	99.9	(23)

Relationship Between the Foster Parent and Social Worker

Kin and nonkinship foster parents had approximately the same number of contacts per month with the social worker. In fact, only a small number of kin and nonkin wanted the child's social worker to visit more. Most kin and nonkin felt they had a satisfactory way to reach their social worker or supervisor after hours. Most also had success in getting both the child's social worker and the foster care licensing social worker to return their telephone calls.

The average number of contacts between the social worker and kinship foster parents averaged 3.8 per month. Nonkinship foster parents reported an average number of 5 contacts per month with the social worker. Most foster parents thought the amount of contact was satisfactory. Twelve (54.5%) kin and 11 (47.8%) nonkinship foster parents thought the amount of contact was adequate. Only a small percentage of kin and nonkin wanted increased contact. Three (13.6%) kin and 6 (26.1%) nonkinship foster parents thought increased contact with the social worker would be very helpful. See Table 7-18.

	Kinship		Nonkinship	
	%	(n)	%	(n)
OK as is	54.5	(12)	47.8	(11)
More--not helpful	18.2	(4)	4.3	(1)
More--somewhat helpful	13.6	(3)	21.7	(5)
More--very helpful	13.6	(3)	26.1	(6)
Total	99.9	(22)	99.9	(23)

Most foster parents reported knowing how to reach the social worker after hours and having success in the social worker returning their phone calls. Fourteen (63.6%) kin and 16 (69.6%) nonkin said they knew how to reach the social worker after hours. Nineteen (86.4%) kin and 20 (87.0%) nonkin reported success in getting the child's social worker to return their telephone calls. Twenty (90.9%) kin and 21 (91.3%) nonkin stated their foster care licensing worker returned their calls. See Table 7-19.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Satisfactory way to reach social worker after hours				
Yes	63.6	(14)	69.6	(16)
No	36.4	(8)	30.4	(7)
Total	100.0	(22)	100.0	(23)
Does child's social worker return your calls				
Yes	86.4	(19)	87.0	(20)
No	13.6	(3)	13.0	(3)
Total	100.0	(22)	100.0	(23)
Does foster care licensing worker return your calls				
Yes	90.9	(20)	91.3	(21)
No	9.1	(2)	8.7	(2)
Total	100.0	(22)	100.0	(23)

Most foster parents were satisfied with the communication they had with the social worker and felt the social worker had respect for their opinions regarding the child's needs. However, kin were more satisfied than nonkinship foster parents. Thirteen (59.1%) kin and 11 (47.8%) nonkinship foster parents reported that they were satisfied with the communication between them and the social worker. Seven (30.4%) nonkin compared to only 4 (18.2%) kinship foster parents thought better communication would be very helpful as described in Table 7-20. Thirteen (59.1%) kin and 12 (52.2%) nonkinship foster parents are satisfied with the amount of respect

the social worker gives to their opinion regarding the child's needs. Table 7-20 describes that 10 (43.5%) nonkinship foster parents thought more respect from the social worker regarding their opinion would be very helpful.

TABLE 7-20 FOSTER PARENTS' SATISFACTION WITH RELATIONSHIP WITH SOCIAL WORKER				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Foster parent wants better communication with social worker				
OK as is	59.1	(13)	47.8	(11)
More--not at all helpful	0.0	(0)	0.0	(0)
More--somewhat helpful	22.7	(5)	21.7	(5)
More--very helpful	18.2	(4)	30.4	(7)
Total	100.0	(22)	99.9	(23)
Respect for foster parents' opinions wanted				
OK as is	59.1	(13)	52.2	(12)
More--not at all helpful	0.0	(0)	4.3	(1)
More--somewhat helpful	13.6	(3)	0.0	(0)
More--very helpful	27.3	(6)	43.5	(10)
Total	100.0	(22)	100.0	(23)

Foster Parent Training and Information

Foster parents were asked if, and when, they had received foster parent training and if they received accurate and adequate information in several areas pertaining to the foster child. Not surprisingly, nonkinship foster parents received more training prior to the child's placement, but during the placement, kin and nonkinship foster parents reported the same amount of training. Only 5 (25.0%) kinship foster parents, but 21 (91.3%) nonkinship foster parents received training prior to the child's placement. However, 19 (90.5%) kin and 17 (81.0%) nonkinship foster parents received training during the placement. See Table 7-21.

Kinship foster parents were more satisfied with the foster parents training than were nonkinship foster parents. Twelve (54.5%) kin and 6 (26.1%) nonkinship foster parents stated their foster parent training was adequate. Nine (39.1%) nonkinship foster parents thought more training would be very helpful for them as shown in Table 7-22. Nonkinship foster parents were also much more interested in additional specialized foster care training. Only 3 (13.6%) kin, but 12 (52.2%) nonkinship foster parents thought training for special foster care populations would be very helpful. See Table 7-22.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Did foster parent receive training prior to placement?				
Yes	25.0	(5)	91.3	(21)
No	75.0	(15)	8.7	(2)
Total	100.0	(20)	100.0	(23)
Did foster parent receive training during placement?				
Yes	90.5	(19)	81.0	(17)
No	9.5	(2)	19.0	(4)
Total	100.0	(21)	100.0	(21)

	Kinship		Nonkinship	
	%	(n)	%	(n)
Training is ok as is	54.5	(12)	26.1	(6)
More--not helpful	13.6	(3)	13.0	(3)
More--somewhat helpful	22.7	(5)	21.7	(5)
More--very helpful	9.1	(2)	39.1	(9)
Total	99.9	(22)	99.9	(23)
Specialized foster care training:				
OK as is	31.8	(7)	21.7	(5)
More--not helpful	31.8	(7)	17.4	(4)
More--somewhat helpful	22.7	(5)	8.7	(2)
More--very helpful	13.6	(3)	52.2	(12)
Total	99.9	(22)	100.0	(23)

Foster parents were asked if they received adequate and accurate information prior to the child's placement in regards to the child's emotional and physical health, behavior, previous foster care experience and school performance. More kinship than nonkinship foster parents reported receiving adequate and accurate information in all four areas in question. Table 7-23 describes the findings. Six (27.3%) kin but 11 (47.8%) nonkin felt they had not received adequate and accurate information regarding the child's emotional and physical health. Seven (31.8%) kin but 13 (56.5%) nonkin felt they had not received complete information regarding the child's prior foster care experience. Finally, 4 (19.0%) kin but 10 (43.5%) nonkin felt they received inadequate or inaccurate information regarding the child's school performance.

TABLE 7-23
WAS ADEQUATE AND ACCURATE INFORMATION
RECEIVED BY FOSTER PARENTS

	Kinship		Nonkinship	
	%	(n)	%	(n)
Child's emotional/physical health				
Yes	72.7	(167)	52.2	(12)
No	27.3	(6)	47.8	(11)
Total	100.0	(22)	100.0	(23)
Child's behavior prior to placement				
Yes	63.6	(14)	43.5	(10)
No	31.8	(7)	56.5	(13)
Not applicable	4.5	(1)	0.0	(0)
Total	99.9	(22)	100.0	(23)
Child's previous foster care experience				
Yes	40.9	(9)	39.1	(9)
No	31.8	(7)	56.5	(13)
Not applicable	27.3	(6)	4.3	(1)
Total	100.0	(22)	100.0	(23)
Child's school performance				
Yes	52.4	(11)	21.7	(5)
No	19.0	(4)	43.5	(10)
Not applicable	28.6	(6)	34.8	(8)
Total	100.0	(21)	100.0	(23)

Foster parents were asked if they had received the placement plan, participated in the development of the treatment plan and had received information regarding visitation arrangements, the legal status of the child and how to contact their social worker and/or supervisor after hours. There was no significant difference in the findings between kin or nonkinship foster parents.

Less than half of kin and nonkinship foster parents reported receiving a copy of the placement plan. Ten (45.5%) kin and 10 (43.5%) nonkin said they received a completed copy. Slightly more nonkin than kin reported participating in the development of the social worker's treatment plan. Ten (45.5%) kin and 13 (56.5%) nonkin stated they participated in the development of the treatment plan (Table 7-24.)

TABLE 7-24 DID FOSTER PARENT RECEIVE PLACEMENT PLAN, PARTICIPATE IN DEVELOPMENT OF TREATMENT PLAN, UNDERSTAND VISITATION AND LEGAL STATUS OF CHILD?				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Receive placement plan				
Yes	45.5	(10)	43.5	(10)
No	54.5	(12)	56.5	(13)
Total	100.0	(22)	100.0	(23)
Participate in the development of treatment plan				
Yes	45.5	(10)	56.5	(13)
No	54.5	(12)	43.5	(10)
Total	100.0	(22)	100.0	(23)
Parental visitation arrangement was explained				
Yes	71.4	(15)	78.3	(18)
No	28.6	(6)	21.7	(5)
Total	100.0	(21)	100.0	(23)
Legal status of child explained				
Yes	68.2	(15)	82.6	(19)
No	31.8	(7)	17.4	(4)
Total	100.0	(22)	100.0	(23)

The majority of both kin and nonkin felt the parental visitation arrangement and legal status of the child was fully explained to them. As described in Table 7-24, fifteen (71.4%) kin and 18 (78.3%) nonkin stated visitation was fully explained. Fifteen (68.2%) kin and 19 (82.6%) nonkin said the legal status of the child had been discussed with them.

Services

Foster parents were asked what specific services they received, if more therapeutic services would be helpful, and, how they perceived the quality of some services and support. Approximately the same number of kin and nonkinship foster parents received respite and child care. Table 7-25 describes that 13 (59.1%) kin and 15 (65.2%) nonkin received respite care. Most kin and nonkinship foster parents who received respite care were satisfied with the service. Only 1 (5.0%) kin and 4 (18.2%) nonkin thought respite care services could be improved. See Table 7-26. Only 5 (22.7%) kin and 3 (13.0%) nonkin received child care services.

TABLE 7-25				
SERVICES RECEIVED BY FOSTER PARENT				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Respite Care				
Yes	59.1	(13)	65.2	(15)
No	40.9	(9)	34.8	(8)
Total	100.0	(22)	100.0	(23)
Child Care				
Yes	22.7	(5)	13.0	(3)
No	77.3	(17)	87.0	(20)
Total	100.0	(22)	100.0	(23)

TABLE 7-26				
FOSTER PARENT SATISFACTION WITH RESPITE CARE				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Excellent	15.0	(3)	27.3	(6)
Acceptable	45.0	(9)	27.3	(6)
Improvement needed	5.0	(1)	18.2	(4)
Not applicable	35.0	(7)	27.3	(6)
Total	100.0	(20)	100.1	(22)

Kinship foster parents were less apt than nonkinship foster parents to believe that increased counseling for the child and the birth family would be helpful, while approximately the same number of kin and nonkinship foster parents thought counseling for the child and the foster family would be helpful. Nine (52.9%) kin and 19 (86.4%) nonkinship foster parents thought that increased counseling for the child's birth family would be helpful. Five (33.3%) kin and 9 (40.9%) nonkinship foster parents reported that more counseling services for the child and their (the foster parents) family would be helpful. Thirteen (59.1%) nonkinship and 7 (38.9%) kinship foster parents thought increased counseling for the child would be very helpful. However, 6 (33.3%) kinship and 6 (27.3%) nonkinship foster parents thought the counseling services were satisfactory as is (See table 7-27).

TABLE 7-27 FOSTER PARENTS' SATISFACTION WITH COUNSELING FOR CHILD, THE BIRTH FAMILY AND FOSTER PARENT FAMILY				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Foster Parent Satisfaction with Counseling for Child				
Ok as is	33.3	(6)	27.3	(6)
More - not helpful	11.1	(2)	0.0	(0)
More - somewhat helpful	16.7	(3)	13.6	(3)
More - very helpful	38.9	(7)	59.1	(13)
Total	100.0	(18)	100.0	(22)
Counseling for Birth Family				
Ok as is	17.6	(3)	9.1	(2)
More - not helpful	11.8	(2)	4.5	(1)
More - somewhat helpful	17.6	(3)	0.0	(0)
More - very helpful	52.9	(9)	86.4	(19)
Total	99.9	(17)	100.0	(22)
Counseling for Child's Foster Family				
Ok as is	13.3	(2)	27.3	(6)
More - not helpful	26.7	(4)	9.1	(2)
More - somewhat helpful	26.7	(4)	22.7	(5)
More - very helpful	33.3	(5)	40.9	(9)
Total	100.0	(15)	100.0	(22)

Nonkinship foster parents were more apt to attend meetings that offered information and support. Many more nonkin than kin attended the Foster Parent Association meetings. Three (13.6%) kin and 10 (43.5%) nonkin reported being involved with the Foster Parent Association. Likewise, 7 (31.8%) kin and 17 (73.9%) nonkin reported attending a support group of some kind. See Table 7-28.

TABLE 7-28 FOSTER PARENT INVOLVEMENT WITH FOSTER PARENT ASSOCIATION AND SUPPORT GROUPS				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Attend Foster Parent Association				
Yes	13.6	(3)	43.5	(10)
No	86.4	(19)	56.5	(13)
Total	100.0	(22)	100.0	(23)
Attend Support Groups				
Yes	31.8	(7)	73.9	(17)
No	68.2	(15)	26.1	(6)
Total	100.0	(22)	100.0	(23)

Foster parents were asked to rate several items related to payment rates and medical and educational matters. Slightly under one-half of both kin and nonkinship foster parents thought the clothing and difficulty of care allowance could be improved. Ten (45.5%) kin and 10 nonkin (43.5%) rated the clothing allowance as needing improvement. Kin rated the difficulty of care allowance as more acceptable than nonkin foster parents. Eight (40.0%) kin and 12 (54.5%) nonkin felt the difficulty of care allowance needed to be increased. See Table 7-29. Most kin and nonkinship foster parents thought that higher foster care payment rates would be helpful. Table 30 describes that 12 (57.1%) kin and 13 (56.5%) nonkinship foster parents think that higher foster care rates would be helpful. Eight (38.1%) kin and 8 (34.8%) nonkinship foster parents believe the foster care rates are adequate.

TABLE 7-29 FOSTER PARENTS' SATISFACTION WITH CLOTHING ALLOWANCE AND DIFFICULTY OF CARE				
	Kinship		Nonkinship	
	%	(n)	%	(n)
Clothing Allowance				
Excellent	13.6	(3)	17.4	(4)
Acceptable	36.4	(8)	39.1	(9)
Improvement needed	45.5	(10)	43.5	(10)
Not applicable	4.5	(1)	0.0	(0)
Total	100.0	(22)	100.0	(23)
Difficulty of Care				
Excellent	15.0	(3)	13.6	(3)
Acceptable	40.0	(8)	22.7	(5)
Improvement needed	40.0	(8)	54.5	(12)
Not applicable	5.0	(1)	9.1	(2)
Total	100.0	(20)	99.9	(22)

TABLE 7-30 FOSTER PARENTS' SATISFACTION WITH FOSTER CARE PAYMENT RATES				
	Kinship		Nonkinship	
	%	(n)	%	(n)
OK as is	38.1	(8)	34.8	(8)
More - somewhat helpful	4.8	(1)	8.7	(2)
More - very helpful	57.1	(12)	56.5	(13)
Total	100.0	(21)	100.0	(23)

Few kin or nonkinship foster parents had difficulty with medical authorizations or school and educational matters. As Table 7-31 describes, only 3 (13.6%) kin and 5 (22.7%) nonkin stated that improvement was needed in terms of medical authorizations. Likewise, only 2 (9.1%) kin and 3 (13.0%) nonkin voiced any difficulty with school and educational matters.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Medical Authorization				
Excellent	31.8	(7)	45.5	(10)
Acceptable	54.5	(12)	31.8	(7)
Improvement needed	13.6	(3)	22.7	(5)
Total	99.9	(22)	100.0	(22)
School/Educational Matters				
Excellent	50.0	(11)	39.1	(9)
Acceptable	31.8	(7)	26.1	(6)
Improvement needed	9.1	(2)	13.0	(3)
N/A	9.1	(2)	21.7	(5)
Total	100.0	(22)	99.9	(23)

Permanency

Kin and nonkinship foster parents were asked several questions regarding permanency for the child. Foster parents were asked if they would adopt the child if parental rights were terminated, what their understanding was of the placement and permanency goal, and what they thought was the best plan for the child. Kin were much more apt to say they would adopt the foster child than were nonkinship foster parents. Children in nonkinship foster home were much more apt to believe the placement and permanency goal was reunification. Both kin and nonkin believed that the best plan for the child was to remain in a foster home.

Unlike most nonkinship foster parents, a majority of kinship foster parents were willing to adopt their kinship foster child. As described in Table 7-32, 13 (61.9%) kin and 7 (36.8%) nonkinship foster parents said they would adopt the child if parental rights were terminated. Two (9.5%) kin and 4 (21.1%) nonkinship foster parents thought they might adopt the child but were unsure. For those foster parents who said they were not interested in adopting the child, they were asked the reason. The most frequent reason given by kinship foster parents for not adopting their kinship foster child was that they could not afford it. The second most frequent reason was that the adoption was unnecessary because the child and kinship foster parent are already family. The most frequent reason given by nonkin was they simply did not wish to be a permanent parent to the child.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Yes	61.9	(13)	36.8	(7)
No	28.6	(6)	42.1	(8)
Maybe	9.5	(2)	21.1	(4)
Total	100.0	(21)	100.0	(19)

Only 4 (21.1%) kinship, but 13 (65.0%) nonkinship foster parents believed the placement goal was to return the child home. Most kinship foster parents believed the placement goal was either placing the child for adoption (36.8%) or long-term foster care (26.3%). See Table 7-33. The majority of nonkinship foster parents also believed that the permanency goal was reunification. Fourteen (66.7%) nonkinship foster parents and 4 (22.2%) kin believed that reunification was the permanency goal. The majority of kinship foster parents, eight (44.4%), believed adoption was the permanency goal while 6 (33.3%) kin believed permanent foster care was the goal.

	Kinship		Nonkinship	
	%	(n)	%	(n)
Placement Goal				
Return Child Home	21.1	(4)	65.0	(13)
Adoption	36.8	(7)	10.0	(2)
Long-term Foster Care	26.3	(5)	25.0	(5)
Place by Legal Guardian	5.3	(1)	0.0	(0)
Independent Living	10.5	(2)	0.0	(0)
Total	100.0	(19)	100.0	(20)
Permanency Goal	%	(n)	%	(n)
Reunification	22.2	(4)	66.7	(14)
Permanent Foster Care	33.3	(6)	23.8	(5)
Adoption	44.4	(8)	9.5	(2)
Total	99.9	(18)	100.0	(21)

The majority of both kin and nonkinship foster parents thought the best plan for the child was for him/her to remain with them (the foster parent). Fifteen (68.2%) kin and 11 (50.0%) nonkinship foster parents believed that the best plan was for the child to remain with them. Only 5 (22.7%) kin and 7 (31.8%) nonkin believed the child should be returned home to his/her parents. See Table 7-34.

TABLE 7-34
FOSTER PARENTS' OPINION OF BEST PLAN FOR CHILD

	Kinship		Nonkinship	
	%	(n)	%	(n)
Return Home	22.7	(5)	31.8	(7)
Stay in Present Foster Home	68.2	(15)	50.0	(11)
Adoption	4.5	(1)	18.2	(4)
Other	4.5	(1)	0.0	(0)
Total	100.0	(22)	100.0	(22)

Findings from Interviews with Birth Parents

Characteristics of Birth Parents

A total of nine birth mothers were interviewed from Anoka and Hennepin Counties. Four had children in kinship foster care and 5 had children in nonkinship foster care. In these sections, birth mothers with children in kinship foster care will be referred to as kinship birth parents, and birth mothers with children in nonkinship foster care will be referred to as nonkinship birth parents. Because we were able to interview so few birth parents, these findings should be interpreted with caution, and should not be considered representative of birth parents in those two counties.

Most of the birth parents we interviewed were white. Three of the birth parents with children in kinship foster care were white, and 1 was African-American; 4 of the birth parents with children in nonkinship foster care were white, and 1 was American Indian. Kinship birth parents were slightly older than nonkinship birth parents. The average age of kin birth parents was 38 years, and nonkin was 31 years. Most of the birth parents were single. One kinship birth parent was married, and 3 were single; all 5 of the nonkinship birth parents were single.

Most birth parents had attended some high school, but had not graduated or attained a GED. Three kinship birth parents attended some high school and 1 had graduated from a technical school. Three nonkin had attended some high school, 1 was a high school graduate, and 1 had attended some college.

More kin than nonkin birth parents were employed. Three of 4 kinship birth parents worked, while only 2 of 5 nonkinship birth parents worked. Regardless of their employment status, most of the kin and nonkinship birth parents had low incomes. Three kinship birth parents had an income of less than \$10,000 and 1 had an income below \$19,999. Four nonkinship birth parents had incomes less than \$10,000 although 1 had an income between \$35,000 and \$39,999.

Most of the birth parents had multiple children who were in placement. Three of 4 kin birth parents and 4 of 5 nonkinship birth parents had more than one child in placement. Paternity was established for all but one child placed in nonkinship foster care, and for all children in kinship care.

Finally, more kin than nonkin birth parents had been in foster care as a child. Two of the four kinship birth parents had been in foster care as a child, and only one of 5 nonkinship birth parents had been in foster care as a child.

Birth Parents' Perception of Child Well-being

Birth parents were asked to describe their child's physical health, mental health and educational status. As described below, birth parents with children in kinship foster care described their children as having more physical health and academic problems than parents whose children were in nonkinship foster care. Both kin and nonkinship birth parents described their children as having some emotional difficulties.

Physical health and development.

Kin and nonkinship birth parents had different perceptions of their child's physical health. Four of 5 nonkinship birth parents described their child as being in good health. (Only 1 child of the kinship birth parent group was described as being in good health.) Three of 4 children in kinship foster care were described as being in fair health or having a condition that required on-going attention.

Further, only 1 of 5 nonkinship birth parents reported their child to be developmentally behind other children his age, while three of four kinship birth parents described their child as being behind others their age.

School adjustment and special education services

Kinship foster children were reported by the birth parents as having more trouble adjusting to school and were reported as more often receiving special education services. All nonkinship birth parents reported their child's adjustment to school was good, while only 1 kinship birth parent reported their child was well-adjusted to school. Two of 3 kin birth parents reported kinship foster children to be receiving special education services, while 1 of 4 nonkinship foster child was receiving special education services.

Mental health

Most kin and nonkinship birth parents reported their children as exhibiting behavior that might reflect mental health problems. Three of four of kin birth parents and 4 of 5 nonkinship birth parents described their child as having occasional problems that required on-going monitoring and affected the child's functioning at times.

Relationship of Kin Birth Parent with the Foster Parent

We asked birth parents how the kinship foster care provider was related to the child, how much contact the child had with the foster parent prior to placement, and how much input they (the birth parent) had in the placement decision. The birth parents reported that the kinship foster care provider was most often the child's grandmother, and that she had a relationship with the child prior to placement. Three of 4 of the kinship providers were grandmothers; the other

was an aunt. The birth parent reported that all of the kinship providers knew the child and most had weekly or daily contact with them prior to placement. Two of the birth parents said they had input into the selection of the kinship foster parent and 2 did not.

Birth parents with children placed with kin were asked how the placement affected their relationship with the foster parent. The results were mixed. Three kin birth parents made powerful comments regarding the negative effects:

We hardly talk now. Changed it quite a bit. It's hard when the child is placed with a relative.

She turned my daughter against me.

We don't get along. They never liked me from the day we met.

But two kinship birth parents also talked about the positive aspects of kinship foster care:

At first, I hated her, but now it's the best thing she ever did for me.

I'm a lot closer to mom now.

Birth Parent Contact with Child and Foster Parent

Birth parents whose children were placed in kinship foster homes had more contact with their child and foster parent than did nonkinship birth parents. Kin birth parents averaged almost 17 contacts (telephone and/or in-person) per month with their child while nonkin birth parents averaged approximately 14 contacts. Kinship birth parents averaged approximately 16 contacts per month with foster parents, while nonkin birth parents averaged 6 contacts with foster parents.

Birth Parent Contact with Social Worker

Kinship birth parents averaged 2.5 contacts with their social worker per month while nonkinship birth parents averaged almost 5.5 contacts. Two of 4 kin birth parents and only 1 of 5 nonkin thought it would be very helpful if they had more contact with the social worker. Three of 5 nonkinship birth parents were satisfied with the amount of contact; 2 kin were satisfied. Most birth parents felt that they were more apt to call the social worker than the social worker was to call them. Three of 4 kin birth parents and 4 of 5 nonkin stated they usually initiated contact with the social worker rather than vice versa.

Visitation

In general, nonkinship birth parents were more likely to have supervised visits and less likely to have the freedom to arrange the visitation than kinship birth parents. Three of 5 nonkinship birth parents and only 1 of 4 kinship reported having supervised visits with their children. Visitation was arranged differently for birth parents who had children in kin or nonkinship foster care. Two of 4 birth parents with children in kinship foster care arranged their own visitation; one reported that the social worker arranged visitation and the other that it was a combination of both. None of the birth parents in nonkinship foster care reported that they arranged their own visitation, two said the social worker made the arrangements, and three a combination.

Relationship Between Birth Parent and Foster Parent

We also asked birth parents about their relationship with the foster parents of their child. Two kin birth parents described their relationship with the kin foster parent as very warm and close, and two described it as distant. Two of 5 nonkin birth parents described their relationship with the foster care provider as somewhat warm and close, while 2 described the relationship as somewhat distant.

Three kinship birth parents reported the foster parent to be cooperative or very cooperative; 1 reported the foster parent to be uncooperative. Three of 5 nonkinship birth parents reported the foster parents to be cooperative, while 1 reported the foster parent to be neither cooperative nor uncooperative, and 1 reported the foster parent to be very uncooperative.

About one-half of the birth parents, whether kin or nonkin, reported difficulty with the foster parents around visitation. Two of 4 kin and 3 of 5 nonkin birth parents reported no difficulty with the foster parents regarding visits. However, one kin and one nonkin reported some difficulty regarding visits, and one kin and one nonkin also reported a great deal of difficulty.

Most of the kin and nonkin birth parents did not report having difficulty with how their child was being raised by the foster parent. Three of 4 kin and 3 of 5 nonkinship birth parents reported no difficulty with the foster parents regarding how the child was being raised. However 1 kin and 1 nonkin birth parent reported a great deal of difficulty with the foster parent in this area.

Nonkinship birth parents were more likely than kinship birth parents to report difficulties with the foster parents regarding the reunification plan. Two of 3 kin and 2 of 5 nonkinship birth parents had no difficulties in this area; but 1 kin and 3 nonkin birth parents had difficulties with the foster parents in regards to the plan for getting the child back.

Relationship between the Birth Parent and Social Worker

Birth parents were asked a series of questions about their relationship with the social worker. In most areas, kin and nonkin birth parents responses were very similar. In general, one-half of both kin and nonkinship birth parents saw few difficulties and were satisfied with the relationship they had with the social worker. However, kin and nonkinship birth parents differed in their assessment of difficulty with the social worker regarding visitation.

Both kin and nonkin were also roughly equally divided about the difficulty they had with the social worker regarding the birth parent's lifestyle. Two of 4 kin and 3 of 5 nonkin birth parents reported that they had no difficulty with the social worker regarding their (the birth parents) lifestyle, while 2 of 4 kin and 2 of 5 nonkin reported a great deal of difficulty. The same pattern was seen when asked about any difficulty they might have with the social worker regarding the reunification plan. Two of 4 kin and 3 of 5 nonkin birth parents reported no difficulties in this area, while two kin birth parents reported a great deal of difficulty with the social worker in this area. One nonkin birth parent reported some problems and 1 reported a great deal of problems.

One of the differences between kin and nonkin birth parents was related to how much difficulty, if any, they had with the social worker regarding visits with the child and how cooperative the social worker was with the birth parents. None of the kin birth parents reported any difficulty with the social workers in regard to visitation. However, 3 nonkin birth parents reported some or a great deal of difficulty related to visitation.

In general, both kin and nonkinship birth parents were about equally divided regarding satisfaction with the social worker. Two of 4 kin birth parents and 2 of 5 nonkin birth parents found their relationship with the social worker to be satisfactory.

Services

Kinship and nonkinship foster children were reported by their birth parents as receiving about the same number of psychological services during the placement. Kinship foster children averaged 1.5 services and nonkinship children averaged approximately 1 service to assist their psychological development. Nonkin birth parents were more apt to think that more counseling for their child would be helpful. Two kin birth parents and 1 nonkin birth parent were satisfied with the counseling services for their child, and 3 of 5 nonkinship birth parents wanted increased counseling services for their child.

Nonkinship birth parents averaged slightly more psychological and training services than did kinship birth parents. Nonkinship birth parents report receiving more than 2 types of psychological services compared to just over 1 service per kinship birth parent. In terms of training programs such as parenting or job training, there was not much difference between kin and nonkinship birth parents. Nonkinship birth parents averaged over 2 types of training and kinship birth parents averaged just over 1 type.

Finally, both kin and nonkinship birth parents varied in their assessment of family counseling they received. One kin and 2 nonkin birth parents desired increased family counseling services. One kin and 2 nonkin reported counselling was okay as is, and 1 each said counselling was not helpful.

Attitude Toward Permanency

About one-half of both the kin and nonkinship birth parents felt the best plan for the child was to return home. However, several of the kin birth parents did not know the placement goal or foresee the chances of the child coming home as very good. Two of four kin birth parents and 3 of 5 nonkin birth parents felt the best plan was for their child to return home. Of those birth parents who did not believe the child should come home, the kin birth parents believed that the best plan was for the child to stay in the kinship foster home. None of the nonkinship birth parents who did not think the child should come home wanted the child to remain in the current foster home. They preferred other options be investigated.

Birth parents were asked their understanding of the placement goal. All of the nonkinship birth parents knew what the plan was for the child. Two of 4 kinship birth parents did not know the placement goal. Kin birth parents were also less optimistic about the chances of regaining custody of their child than were nonkinship birth parents. Only 1 of 4 kin birth parents rated her chances as good; the other three kin birth parents rated their chances as poor. Three of five nonkinship birth parents rated their chances of regaining custody as good or excellent. The other two nonkinship foster parents were unsure of their chances.

Finally, birth parents were asked how prepared they were for the return of their child. None of the kinship birth parents and only 2 of 5 nonkinship birth parents stated they were prepared for reunification. Typical of kinship birth parent responses were:

If he was to return, I would like us both to go to counseling.

I'm scared - real scared because it's going to be a battle with discipline.

Summary and Conclusions

The goal of our final phase of data collection was to explore the perspectives of birth parents, and kinship and nonkinship foster parents in Anoka and Hennepin counties. The sample of birth and foster parents interviewed was an availability sample and should not be considered representative of all birth and foster parents in the two counties. Findings of our interviews with birth parents, in particular, should be interpreted with caution due to the small sample size. However, the findings of this phase of study highlight several important issues.

Demographic characteristics of birth and foster parents

Our interviews with foster parents indicated that nonkinship foster parents were more likely than kinship foster parents to be married, and most foster parents indicated that they were in excellent or good health. Nonkinship foster parents had higher family incomes than did kinship foster parents. Slightly more kin than nonkin foster parents were receiving AFDC, and slightly fewer kin than nonkin received social security benefits. Just as we found in our case file reviews, most kinship foster parents had restricted foster care licenses. More nonkin than kin were receiving difficulty of care payments.

While many birth parents worked, most were low income. Most had more than one child in placement. Slightly more birth parents of children in kinship care reported to have been in foster care as a child.

Child well-being

Most kinship and nonkinship foster parents reported that their foster children were in good physical health, but the majority had concerns regarding the children's development, viewing them to be "behind" developmentally. The majority of both kin and nonkin reported that their foster children had occasional or serious mental-health problems, although more kin than nonkin indicated that the child had a mental health diagnosis. The majority of both kin and nonkin also reported their children to have occasional or chronic behavioral or academic problems in school.

Birth parents of children in kinship care were more likely to see their children as having physical health problems and being behind developmentally. The majority of birth parents viewed their children's mental health to be only fair.

Relationship between foster parent, birth parent and child

The majority of kin providers were grandmothers or aunts, and most were providing for sibling groups. Most kin providers knew the child and had weekly or daily contact with the child prior to placement. Nearly half lived with the kin provider prior to placement. More kin than nonkin described their relationship with the foster child to be very warm and close. Kin were much more likely to view the child as easy to raise. Nonkin viewed the child's future somewhat more optimistically than kin.

Birth parents also reported that their child knew the kin provider and had contact with them prior to placement. Half reported having some input into the selection of a kin provider. Birth parents of children in kinship care reported more frequent contact with the foster parent than did birth parents of children in nonkinship care.

Visitation

Kinship foster parents reported that they were most likely to arrange visitation between the child and birth parents, while nonkin reported that the social worker was most likely to arrange visitation. Kin were also more likely to feel they had complete control over contact with the child and birth parent, while nonkin's sense of control varied from very much to very little control.

Birth parents of children in nonkinship care reported less freedom to arrange visitation and were more likely to have supervised visits than birth parents of children in nonkinship care.

Relationship between foster parent, birth parent and social worker

Nonkinship foster parents averaged slightly more monthly contacts with social workers than did kin. While the majority of kin felt the amount of contact with the social worker was OK as it was, more nonkin thought more contact would be helpful. Kin were slightly more likely to be satisfied with their communication with their social worker, although many of both kin and nonkin wanted better communication.

In nearly all areas (emotional and physical health, behavior, prior foster care experience, and school performance), kin were more likely than nonkin to believe that the information they received about the child was adequate. Less than half of both kin and nonkin reported that they received a copy of the child's treatment plan, and slightly more nonkin than kin reported participating in the development of that plan. Most kin and nonkin believed that parental visitation arrangements were adequately explained, but more nonkin than kin believed that the child's legal status was explained.

Birth parents of children in kinship care reported fewer monthly contacts with social workers, and most wanted more contact. Birth parents generally believed that foster parents were cooperative.

Services, support and training

As with our case file reviews, we found that nonkin foster parents were more likely than kin to have received training prior to the child's placement. However, the majority of both kin and nonkin foster parents received training during the child's placement. Kin were much more likely than nonkin to believe that their training was adequate.

Slightly more nonkin than kin foster parents reported receiving respite care, and slightly more kin than nonkin reported receiving child care services. Nonkin were more likely than kin to attend support groups and foster parent association meetings. Nonkin were more likely than kin to think that more counseling services would be helpful for the child and birth family. The majority of both kin and nonkin felt foster care payments should be higher.

Birth parents of children in nonkinship care were more likely to see the need for more counseling for their child.

Permanency issues

Kinship foster parents were much more likely than nonkin to say that they would be willing to adopt the foster child. Those kin who were not interested said they either could not afford to adopt, or that adoption was unnecessary because the child was already family. Nonkin who were not interested in adoption reported that they did not wish to be the permanency parent to the child. Nonkin were more likely to believe that the child's permanency goal was reunification, while kin believe it was adoption of permanent foster care. The majority of both kin and nonkin believed the best plan for the child was to stay in the present foster home.

Birth parents of children in kinship care were evenly split between believing that the best plan for the child was to return home and to stay with the foster parent. Parents of children in nonkinship care were more likely to believe the child should return home. The majority of birth parents of children in kinship care believed their chances of being reunified were poor, while birth parents of children in nonkinship care believed they were excellent or good.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS³²

The five phases of study reported in the preceding chapters represent an effort to examine the current status of kinship foster care in Minnesota from the perspective of child welfare professionals, kinship and nonkinship foster parents, and birth parents. The results of this study provide a wealth of information to guide Minnesota as it continues to develop programs and policies to best serve Minnesota's children and families. In this chapter, we summarize and discuss the major findings of the study, and based on those findings, make recommendations for policy and practice changes in kinship foster care, and for future research on kinship foster care.

Who are the children in kinship foster care and how are they different from children in nonkinship foster care?

Children of color make up a slightly larger proportion of children in kinship foster care than children in nonkinship foster care. An analysis of administrative data from 1993 by one of the authors of this report (Beeman, 1996) indicated that children of color--particularly African-American and American Indian children--were more likely than White children to be placed in kinship foster care.

While the children in foster care were reported to be in good physical condition, across-the-board concern was registered over their mental health and academic achievement. Workers viewed the physical health status of children in both types of care to be similar; and both kinship and nonkinship providers judged children to be in good physical health. However, the majority of kin and nonkin providers--although slightly more nonkin--believed that their foster children had occasional or serious mental health problems. This seems to be consistent with the view of workers, who believed that children in kinship foster care were in better mental health than those in nonkinship care. Nevertheless, more kin than nonkin providers reported that their foster child had a diagnosed mental health problem.³³ Children in kinship and nonkinship foster care were equally apt to have learning disabilities, hearing and speech disabilities, and developmental disabilities, but children in nonkinship care were more likely to have emotional/behavioral problems, physical disabilities, or an identified special need. Foster parents' judgment of academic performance varied both among kin and nonkin, and the majority of foster parents reported that their foster children were "behind" developmentally and were receiving special education services.

Who are the birth parents of children in kinship foster care and how are they different from the birth parents of children in nonkinship foster care?

Birth mothers of children in both types of care were of similar age and educational level--over half were high school graduates. The majority in both groups relied on some form of public assistance, and most were low-income. Birth mothers in both groups were identified as having multiple problems. Alcohol and drug problems were most prevalent among mothers of children

³² This chapter was prepared by Sandra Beeman and Esther Wattenberg

³³ The reason for this discrepancy is unclear. Perhaps the children in kinship foster care with mental health problems had more severe problems and thus were more likely to be diagnosed. However, only a careful study of the mental health of children in foster care can provide definitive data.

in kinship care, and chronic family violence most prevalent among mothers of children in nonkinship foster care. The majority of children in kinship and nonkinship foster care had been removed from the care of their birth mothers (as opposed to birth father or both parents), although this was slightly more frequently the case among children in kinship care. Although we interviewed very few birth mothers, several reported that they had themselves been in foster care as a child, and most had multiple children in placement. However, even with these identified problems, workers believed that mothers of children in both groups possessed strengths in regard to caring for their children. Birth mothers were overwhelmingly seen as committed to the best interests of their children. Very little information on birth fathers was available in workers' file, an indication of the system's inattention to birth fathers and their role in child protection issues.

Who are the kinship foster parents and how are they different from nonkinship foster parents?

The majority of primary foster parents was female, and in our case file reviews, we found that the majority was married. However, our sample of foster parents who participated in interviews gave different results. According to this sample, kinship providers were more likely to be divorced, widowed, or never married (This could be a factor of incorrect case file information, of having a different sample, or it could be a change in the kinship population.). Kinship parents were also likely to be less highly educated, have lower incomes, and were slightly more apt to be employed than nonkinship foster parents. However, nonkin parents were more likely to receive household income from employment--most likely from other household members' employment.

Kinship foster parents were primarily grandparents or aunts/uncles and most were related to the child's mother rather than father. Many were caring for sibling groups, and many children were living with these kin prior to formal placement by the county. According to workers, most birth parents had input into the selection of the kin provider.

What are the case characteristics of children in kinship foster care, and how are they different from nonkinship foster care cases?

Our case file reviews revealed that the majority of cases of children in out-of-home care involved maltreatment--even if the reason for removal was not identified as a child protection reason. Children in kinship foster care were more likely than children in nonkinship care to have been removed for parental substance abuse and child neglect.

It appears as though children in kinship foster care experience more placement stability--they were less likely to have experienced prior placements during the episode of out-of-home care. They also appear to remain in care longer, but were more likely than children in nonkinship care to return home if their foster care episode had ended. Children in kinship care were also more likely to be placed out-of-county or out-of-state. The placement and permanency goal for most children is reunification; however, many kin foster parents do not view reunification as the goal, although nonkin do. Further, both groups held the view that the children would do better under their continued care than in a reunification arrangement with the birth parents. Children in both types of placement were equally likely to be seen as making progress toward permanency goals.

What is the relationship between both the birth parents and kinship foster parents and the child and kinship foster parents, and how is it different from the relationships with nonkinship parents?

The data indicates that birth parents have both more contact and a more troubled relationship with kin foster parents than with nonkin foster parents. Still, reports are mixed and birth parents also express appreciation of the kin foster parents. Workers perceived that birth and kin foster parents “did not get along well” or “had some interpersonal issues.” They perceived birth and nonkin foster parents as either “getting along very well” or as “not having much interaction.”

Kinship foster parents had more contact with birth parents, were more likely to arrange visitation directly with the birth parents, and reported that they had more control over contact between birth parents and child. In turn, birth parents had substantially more contacts with their children in kinship care situations and rated their relationship with kin foster parents as warm and close, although they reported some differences. In nonkinship placements, the social worker is the prime contact in arrangements for visitation.

The relationship of the child to foster parent in kinship care is characterized by familiarity with the grandparents or aunts and uncles: nearly half of children in kinship placement were living with these relatives before the county became responsible for the placement, and nearly all reported regular contact before placement. Siblings were together, and birth parents had participated in the decision to have children placed with their kin. More kin than nonkin described their relationship with their foster child as warm and close, and kin were much more likely to describe their kin child as easy to raise. However, nonkin were more optimistic about their foster children’s futures than were kin.

Kinship providers were more likely to say they would be interested in adopting their foster children. Those kin who were not interested said either that they couldn't afford it, or didn't need to because ties already existed. Those nonkin who were not interested in adoption said they were not interested in being permanent parents to their foster child. At the same time, both groups of foster parents believed that the best plan for the child was to remain with them. Only a small proportion considered reunification with the birth parents to be in the best interest of the child.

What is the perspective of child welfare professionals on kinship foster care?

The child welfare professionals we surveyed were generally positive about kinship foster care. They believe that kinship foster parents are competent, and are motivated by familial obligations rather than by money. In contrast, they believe that nonkin foster parents are motivated by social responsibility followed by financial reasons. Workers--especially workers of color--believe that kin foster parents are not interested in adoption because ties already exist--an assumption which was only partially borne out in our interview with kin foster parents. Most workers believe that children are better off with kin. Workers also believe that kin foster parents are cooperative, but more difficult to supervise than nonkin foster parents. Workers view the role of kin as different than that of nonkin--particularly in birth family “facilitator” roles such as arranging visits, talking to birth parents, etc. Yet the ongoing relationship was also seen as a

source of difficulty. Workers have diverse views on payment to kin, with workers of color more likely to believe they should be paid at foster parent rates, and White workers divided between AFDC rates and foster parent rates.

How are the services provided to children in kinship foster care and their birth parents different from those provided to children in nonkinship foster care and their birth parents?

According to the case file reviews, children in kinship foster care and their birth parents received the same amount of services as children in nonkinship foster care and their birth parents. They also had similar contact with their child/family worker. However, birth mothers with children in kinship care had less contact with the foster care licensing worker--perhaps because the birth parents were more likely to arrange visitation directly with the foster parents. The interviews with birth parents of children in kinship care indicated that they had fewer contacts with their social worker than did parents of nonkin, and would like more.

How is the training, services and support provided to kinship foster parents different from that provided to nonkinship foster parents?

The majority of kinship foster parents had restricted licenses and received significantly lower foster care payments. They were also less likely to receive training prior to placement, but just as likely to receive it during placement. More nonkin wanted additional training than did kin.

Kin providers were more likely to receive child care support, but less likely to receive respite care or be involved in support groups or foster parent associations. Both groups reported the same amount of contact with workers and were satisfied with that amount. However, nonkin foster parents were more likely to believe that they had not received enough information about the child's status prior to placement. A majority felt they did not receive adequate or accurate information on the child's school performance, the child's previous foster care experience, or the child's emotional and physical health. Less than half of both kin and nonkin reported that they received a copy of the child's treatment plan, but slightly more nonkin than kin reported participating in the development of that plan. Most kin and nonkin believed that parental visitation arrangements were adequately explained, but more nonkin than kin believed that the child's legal status was adequately explained. Both groups requested more counseling services for children (although more so from nonkin providers), improvements in clothing allowances, increases in difficulty-of-care allowances, and foster care rates.

Summary

The Foster Child

Children of color make up a slightly larger proportion of children in kinship foster care than they do of children in nonkinship care and are more likely than White children to be placed in kinship care. Foster children in general are in good physical health but tend to have some problems with mental health and academic achievement.

Children in kinship foster care appear to have fewer mental health problems than those in nonkinship care, but the same degree of academic problems. They also have an equal incidence of learning disabilities, hearing and speech disabilities, and developmental disabilities, but fewer physical disabilities. Kinship foster children are generally removed from birth parents because the parents are abusing alcohol or drugs or neglecting the children.

Children removed to kinship foster care usually experience more stability than those in nonkinship care. Kinship children usually have gone directly to the kin foster home, stay longer than those in nonkin homes, and return to their birth home when they leave. This is in contrast to children in nonkinship foster care, who are more likely to experience multiple placements during their episode of out-of-home placement. Kinship foster children also tend to have a warm and familiar relationship with their foster parent, often a grandmother, aunt, or uncle, and the kin foster parent generally reports that the child is easy to raise. They also tend to see their birth parents more frequently.

Finally, children in kinship foster care receive the same amount of services and have similar contact with their child/family worker as do children in nonkinship care.

Birth Parents

Birth mothers of children in both kinship and nonkinship foster care were mostly low-income and had multiple problems. Mothers of children in kinship care most often had alcohol and drug problems; mothers of children in nonkinship care most often experienced chronic family violence. Both groups were of a similar age and over half were high school graduates. Despite their many problems, workers judged these mothers as being overwhelmingly committed to the best interests of their children. In contrast, very little information was available on birth fathers.

While birth parents have a more troubled, but also appreciative, relationship with kinship foster parents, they also see their children more frequently. They receive the same amount of services and have similar contact with their child/family worker as do birth parents of nonkin foster children, but they have less contact with the foster care licensing worker--probably because the worker arranges visitation for the nonkin foster children.

Foster Parents

The majority of kinship foster parents in this study were the grandmother or aunt of their foster child. Although our case file reviews indicated that the typical kinship foster parent is

married, our interviews indicated that she is typically a low-income single woman.³⁴ Often she cared for sibling groups, and was caring for the children before formal placement, with input on the placement from the birth mother. Kinship parents were more likely to be employed than nonkinship foster parents. However, nonkin foster parents were apt to be married, and more likely to have higher incomes, to receive household income from employment, and to be more highly educated. Kinship foster parents were more likely to receive child care support, although their foster care payments overall were lower.

The kinship foster parents tended to have more contact with the birth parents than did nonkin foster parents, arranged the visitation themselves, typically more frequent visitation, and had more control over parent/child contact. The relationship with the birth parents tended to be conflicted--at least from the perspective of the worker. Most kinship foster parents said they would be interested in adopting their foster children, unless they could not afford it or felt it unnecessary since family ties already existed.

Nonkinship foster parents tended to either get along well with the birth parents or not have much interaction with them. Visitation was typically arranged by the worker. Nonkin foster parents were less likely to be interested in adoption, but were more optimistic about their foster children's futures than were kin. Nonkinship foster parents tended to be more "professionalized," holding unrestricted licenses, receiving more training prior to placement, higher payments, more respite care, and having more involvement in support groups and foster care associations.

Child Welfare Professionals

Child welfare professionals were generally positive about kinship foster care, believing foster parents to be competent and motivated by familial obligations. (They saw nonkin parents as motivated primarily by social responsibility followed by money.) The workers saw the kin foster parents as cooperative, as having more of a birth family "facilitator" role than nonkin foster parents, but also as more difficult to supervise than nonkin providers. Workers of color believe kin providers should be paid at foster parent rates, while White workers were divided between that and AFDC rates.

Discussion of Findings and Limitations of the Study

The findings from this study should be treated with some caution. The administrative data and case file reviews (Chapters 4 and 6) were based on cases of children in foster care during the first six months of 1994, and are representative of foster care cases during that time period. However, because policies and programs influencing kinship foster care have undergone rapid change in the past two years, it is possible that our findings may not be representative of children currently in kinship and nonkinship foster care. Difficulties obtaining up-to-date data from written case files led us to conduct "case file review" interviews with child/family and licensing workers. Even locating appropriate workers who were familiar with the cases was difficult in some cases. Still, we were able to obtain much more detailed information on children, birth parents and foster parents from the case file interviews than was available through administrative data. However, the inadequacies of record-keeping were revealed in some scattered

³⁴ This discrepancy could be due to changes in the kinship foster parent population over time, the unrepresentativeness of our interview sample, or the inaccuracy of data contained in casefiles.

inconsistencies between administrative data and case files, along with some missing data. On the whole, however, the incomplete or misinterpreted items were relatively few.

The response rate to our survey of child welfare professionals varied from county to county--ranging from a 52.4% response rate in our rural county to a 91.5% response rate in our metropolitan county. In addition, the majority of workers, although representative of workers as in the 3 counties, were White. Some survey respondents also overestimated the number of years working in kinship foster care, perhaps choosing to use a broader definition than the provided definition of formal kinship foster care. The large number of "neutral" responses to some important questions about kinship foster care--whether due to ambivalence or something else--was also cause for concern. Finally, in our interview phase, our sample of foster parents was small--and our sample of birth parents even smaller. In addition, our requirement that the foster child currently be in placement in order to collect accurate data about that placement, necessitated our focusing on placements during a different time period than our earlier phases of study. Despite these limitations, we believe our study identified some important issues to be considered.

Some Differences Between Kin and Non-Kin Foster Parents

Our findings about the training and support provided to kin and nonkin providers illustrates the differences in how these two groups of foster parents perceive their function. For the nonkin foster parents, their role takes on a "professionalized" status: they participate in training prior to children being placed in their homes; they request more training; they attend support groups; and they join foster parent associations. Kin foster parents did not receive training prior to placements (reasonably, one could say, since few kin foster parents anticipated becoming foster parents and most did not choose to do so as a deliberate vocational plan, but assumed the role as part of family obligations). Both kin and nonkin providers shared the request for more counselling services for children, although more nonkin foster parents believed they did not receive enough background information on the child.

A striking difference in requested services appeared: for nonkin parents, respite care was high on the list; for kin, the request for child care support reflected the high rate of kin parents working outside of the home. Kinship parents were more likely to have restricted licenses and receive significantly lower foster care payments. Yet for both groups, the cost of care is a concern. Clothing allowances and foster care rates were claimed by both groups as requiring attention.

Why do kin, in the face of emotional difficulties, describe their child as "easy to raise" in contrast to non-kin who report a high degree of emotional disturbance? A higher tolerance provided by a strong emotional attachment to the child? Even more provocative is the observation that non-kin were more optimistic about their foster child's future than were kin: is this related to their knowledge of family history? An intuitive sense of how difficult it is to overcome internal and external barriers to growth and development when children have been maltreated?

The hesitancy of both kin and non-kin in supporting reunification deserves comment. Note that only a small proportion considered reunification with birth parents to be in the best interest

of the child. Yet policy and program drive workers toward reunification within a tight time frame (12 months, in Minnesota). Since adoption was not a prime option for kin and nonkin providers, the option of subsidized long-term care should be thoroughly explored. Certainly, attention should be paid to foster parents who have reservations about the reunification plan. Their observations may shape reunification follow-up services. Further, their knowledge of the child and birth parent's interactions may help avoid premature reunification and the trauma of multiple placements.

The Well-Being of Children in Foster Care

Nationwide, there is growing concern that the well-being of children in kinship and nonkinship care has not received sustained attention. (See for example General Accounting Office 1994; GAO 1995.) In this Minnesota study, the physical health of children appeared to be cared for in both kin and nonkin foster homes. However, the prevalence of emotional disturbance, poor mental health, various disabilities, and school-related problems, coupled with requests for more "counselling," raises questions on the adequacy of mental health services for these children. The inescapable trauma suffered by children victimized by abuse and neglect should highlight this issue.

Family Dynamics in Kinship Foster Care

The historical pattern of kin caring for children in their family networks is undergoing scrutiny throughout the country, and a transition is occurring from an informal to a formal system of care for children who cannot live with their birth parents (see for example: Muskie, 1996; Kusserow, 1992; Child Welfare League of America, 1994). We are at an early stage in understanding all the dimensions of formalizing and regulating kinship foster care.

Emerging studies deal most frequently with issues in payment, licensing standards, fiscal disparities, and profiles of differences between kin and nonkin care. Less attention is paid to the heart of practice issues for front-line workers: how to address the volatile relationships that exist when a grandparent, aunt, or uncle steps in to care for a child because of the failure of their daughter or sibling to meet community standards of childrearing. The findings from this study provide a glimpse into the varied responses of family networks to the crisis of a birth parent enmeshed in child protection. The few interviews with birth parents are revealing. Relationships ranged from appreciation to grudging gratefulness and, for a few, intense hostility. In this study, outreach to birth parents for interviews was, for the most part, unsuccessful. One can only speculate on their reluctance to comment on the role their kin were playing in caring for their child. Since reunification with birth parents is still the prime option for a permanency plan and positive visitation periods is the best predictor for successful reunification, front-line workers must summon family counselling and mediation skills to stabilize, build, and maintain supportive relationships. As this study revealed, the higher rate of returning home from kinship care is a distinct advantage of kinship foster care. Once the child is returned home, an amiable relationship with the grandparent for support for an extended and perhaps lifetime relationship is important. Attention to family dynamics, modes of intervention to solve family conflicts, and follow-up to assure continued support from relatives, once reunification takes place, is long overdue (for example, see Jackson, 1996).

Policy and Practice Recommendations

The results of our four phases of data collection lead us to make the following recommendations for policy and practice in Kinship Foster Care in Minnesota.

Policy Recommendations

1) Improved data collection at the county and State levels. The current system for collecting data on children in out-of-home placement makes it impossible to track children across episodes of care, unless they have occurred during the same calendar year. An improved system of data collection would allow the tracking of children in placement across calendar years and improve the ability to definitively study the circumstances of children in multiple placements and multiple episodes of care. The current data collection system also includes very limited data on birth and foster parents. Particularly striking is the absence of variable for type of placement--kinship or nonkinship. In addition, we determined during case file reviews that many of the children were bi-racial. Another improvement to administrative data collection would be the addition of a category for biracial children.

2) Tracking of the use of kinship foster care across counties. The apparent widespread variation in the use of kinship foster care across the State of Minnesota implies that counties have paid varying degrees of attention to current legislation for placement preference among kin. At the same time, our survey revealed that even in counties with little or no use of kinship foster care, workers report experience with "kinship foster care"--perhaps indicating a resistance to the formal use of kinship care with the foster care system. On the other hand, our analysis was based on data from early 1994--when formal kinship foster care was a fairly recent phenomenon and possibly not yet established within local policy and programs. A careful tracking of the use of kinship foster care across rural, metropolitan and urban counties is called for in order to provide an understanding of the variations.

3) Policies to facilitate across county and across state coordination. The large number of children in kinship foster care placed out of their home county and/or state calls for attention to be paid to policies which facilitate across county and across state placement and coordination. Length of time to establish stable placement outside of the county, facilitating visitation with birth parents, possible variations in payment and licensing require the attention of state and county administrators.

4) Licensing and payment. The level of support for kin foster care is enmeshed in the inequities that exist in public support of needy children. Children living with birth parents on AFDC are awarded a grant below poverty level. Children in nonkin foster care are living in a household where the caregiver receives almost double the AFDC grant for the child in care. Court decisions (*Youakim v. Miller*) have determined that if relatives meet the same standards of licensing provisions as non-kin foster parents, they are entitled to the same foster parent rates, but many kin foster parents are not able to meet licensing standards, particularly on physical requirements of bedroom space, etc. A move toward limited licensing approval or certification and a payment midway between the AFDC and foster care rate for kin foster parents should be considered.

5) Child care payments. This study indicated that many kin providers work outside the home. Both an extra stipend and quality of care issues need to be explored.

Services to Children, Birth Parents and Kinship Foster Parents

1) Increased use of substance abuse and domestic violence services. The prevalence of substance abuse and domestic violence problems among birth parents indicates the need for services that specifically address these problems. Particularly for cases with permanency goals of reunification, the core problems of substance abuse and domestic violence need to be addressed in case plans and services.

2) Increased involvement of fathers in case plans. Our case file reviews found that workers often have very little knowledge of fathers beyond race and birth date. Workers should strive to include fathers in assessments, in case plans, in services and in plans for reunification. In addition, most kinship providers are related to the child's mother, perhaps indicating the failure to see the child's father's family as a resource for kinship placements.

3) Attention to the economic needs of mothers. Nearly all of the birth parents included in our study were low-income women. Particularly in the current period of changes to AFDC requirements and payments, addressing the economic needs of low-income mothers will continue to be important in developing adequate reunification plans.

4) Emphasis on the strengths of birth mothers. In nearly all cases included in our case file reviews, workers identified various parenting strengths of birth mothers--most often the mother's commitment to the best interest of her children. We encourage workers to keep a continued focus on birth parent strengths.

5) Increased use of mental health services for children. Workers, birth parents, and foster parents agreed that children in foster care have the need for mental health services. Yet in some cases, it appears that children have undiagnosed or unrecognized disabilities or disorders that are not receiving attention. Adequate assessment of children and referral for appropriate services is recommended.

6) Integration of services and improved case coordination. In some cases, we found very little contact between licensing workers and child/family workers. In fact, child and family workers were sometimes not even aware of the licensing worker on cases that they shared, and vice versa. In addition, our inability to contact appropriate workers in some cases indicated some instability of staffing in both kinship and nonkinship cases. Yet good practice in foster care requires the constancy of a child/family worker as an anchor in case planning, which is usually fraught with unpredictable situations disrupting the stability of placement. We believe that better case coordination and worker stability is needed.

Preparation, Support and Training of Kinship Foster Parents

1) Training specific to kinship foster parents. Our study indicated that kinship foster parents may have different training needs than nonkinship parents. Specifically, kin are rarely involved in pre-placement training, and may be lacking in basic knowledge about negotiating the "system." In addition, our survey indicated that workers view the role of kinship foster parents differently than that of nonkinship foster parents, and our interviews indicated that kinship foster parents view themselves less as "professionals" than as family members. Training which takes into account past family relationships, the unique dynamics involved in visitation and access, as well as role expectations for kinship foster parents is recommended.

2) Kinship foster parent support groups. Our study indicated that kin rarely attend foster parent support groups. In addition, workers identified the need for support groups just for kin. We recommend the establishment of support groups specifically designed to meet the needs of kin.

3) Increased use of respite care by kinship foster parents. Our study indicated that very few kinship foster parents make use of respite care. Kin foster parents should be made aware of its availability and be encouraged to use it.

4) Recruitment of foster parents of Asian/Pacific Islander and Hispanic heritage. Administrative data indicated that Asian/Pacific Islander children and children of Hispanic Heritage are the least likely to have race-matched placements. Specialized recruitment efforts may be necessary as the number of children in these populations grow in some MN counties.

Training and Support for Staff working in Kinship Foster Care

1. Training for licensing and child/family workers. We recommend that workers be trained about the strengths of kinship foster care, the roles and responsibilities of kin foster parents, and appropriate supervision and monitoring of kinship placements. Many workers recommend that such training also increase the cultural competence of workers. Many workers do not have experience with kinship foster care. Our survey indicates that workers have different perceptions of motivations of kin and nonkin foster parents. Workers need to understand the strengths of kinship foster care for children, be open to the option, and to overcome any prejudices about family networks.

2. Training on record keeping for administrative data. Workers need to be made aware of the importance of these data and the potential uses of these data to inform policies and practice. The importance of accurate administrative data is sometimes lost on overburdened case workers, and we recommend that training include the linking of administrative data to decision-making for policies and programs.

Establishment of a Kinship Foster Care Task Force

Several unresolved issues and dilemmas surround kinship care, which can be accurately described in this stage of its development as "a work in progress." We recommend that a Task Force be developed with representation of interested parties.

The agenda for such a Task Force could be constructed out of the recommendations above with the additional items:

- The location of kinship care. Should it remain as part of the child welfare system, with requirements of licensing, monitoring, supervision? Or an independent system with a minimum of state/county scrutiny, subject only to child protection concerns? The central question for a task force is to define the role the State should play in the support and supervision of relatives as caregivers; further, to define the role for safeguarding the well-being of the child. In our survey, workers (most often White workers) indicated that they believe kin are more difficult than nonkin to supervise, yet ascribe them more responsibility for difficult roles such as monitoring and arranging supervision, or negotiating relationships between the child and birth parents. What is the appropriate role for the worker in facilitating visitation and contact between birth parent and child? In reunification cases, the increased contact and visitation between child and birth parents can certainly be viewed positively--as a strength of kinship foster care. Yet the appropriate role for the worker in these cases is not clear.
- The options for permanency with subsidized guardianship as one option for relatives who do not want to be party to TPR (Termination of Parental Rights). Although workers view kinship foster parents as not being interested in adoption, some kinship foster parents do state an interest in adoption or long-term foster care for their foster children. Other kin would like to adopt but believe that they could not afford to lose foster care payments. Investigation of other permanency options that allow the child to remain with kin, yet provide economic support, is recommended.
- An assessment of mental health services for children in foster care.
- Constructing a training curriculum that could include assessment of kin strengths and background concerns; a triad model of family therapy; visitation; supervision; reunification with follow-up services; and planning an "open" adoption process.
- Constructing a continuum of supportive services for kinship caregivers which would include emergency grants; legal services; and respite care.
- Constructing workshops on clarifying the knowledge base about the intergenerational cycle of child maltreatment; the cultural background of family obligations; research findings on unfolding kin and non-kin studies that disclose factors that enhance or diminish stability of placement for children in foster care.
- Constructing a short-term model of kinship care to solve a current difficulty as opposed to long-term care with a chronically disabled birth parent.

Recommendations for Future Research

- 1) Longitudinal study of children in kinship and nonkinship foster care. Future research must focus on the well-being and outcomes for children in kinship and nonkinship foster care. A longitudinal study of children in each type of placement comparing development and overall well-being is recommended.
- 2) Study of mental health needs of children. Our findings indicate that children in foster care may have mental health problems that are not being assessed and identified in an appropriate and timely manner. A careful study of the mental health problems and service needs of foster care is recommended.
- 3) Study of children placed out-of-county and out-of-state. We recommend that a study which studies coordination of services and permanency outcomes of children placed in kinship placements out-of-county and out-of-state be conducted.
- 4) Study comparing trends over time in permanency goals for children in kinship foster care. We recommend a study be conducted that focuses on placement decision-making and permanency goals and plans for children in kinship foster care. We are particularly interested in examining whether kin and nonkin placements are used equally for all permanency goals.
- 5) A study of the reasons for variation in use of kinship care cross counties.
- 6) Qualitative studies on family dynamics in kinship care with recommendations on how to assure enduring relationships within family networks; developing indicators that the relationship to the birth mother should be severed to protect the well-being of the child.
- 7) The role of the father and paternal networks as a source of support for a foster child in kinship care.
- 8) Policies and programs for the bi-racial foster child.
- 9) Delineating the circumstances and factors that predict long-term care with special consideration for the very young child.
- 10) A study of siblings in kinship care.
- 11) A study of kinship care among White family networks. The paucity of such studies should give this item some emphasis. This research should provide some answers to the phenomenon of white foster children being placed primarily in non-kin placements, as opposed to their African-American counterparts whose placements are more often in kinship foster care.

APPENDIX I

REVIEW OF RESEARCH³⁵

In 1992, 430,000 children were estimated to be in foster care placement (Barth, Courtney, Berrick, and Albert, 1994). Of those children, 40 percent were estimated to be in a kinship foster care arrangement (Barth et al., 1994; Wulczyn & Goerge, 1992); that is, foster care provided by someone who is related to the child and formally recognized as a foster parent by the child welfare system. These numbers reflect dramatic growth, not only in the number of children in foster care placements, but also in the number of children in kinship foster care. Data from Barth et al. (1994) and Wulczyn and Goerge (1992) suggest kinship care has increased by two-thirds in some states between 1980 and 1990.

Various explanations have been offered for the growth in kinship foster care. They include the increasing emphasis on the importance of a child's racial and ethnic heritage, the belief that placement with relatives can be less traumatic for the child, and a shortage of nonkinship foster homes. Some believe it may enhance and increase visitation between the birth parent and children and allow for more consistent schools and neighborhoods. Finally there are those who believe in the sanctity of the family and feel children are better served when placed within their extended family or community of origin. Whatever the reasons for the rising number of kinship foster care placements across the country, the increase has spawned increasing attention from policy makers and researchers.

This paper will review research on kinship foster care. Although researchers have only recently begun to focus on kinship foster care, several large-scale studies have been conducted. Thornton (1987) was one of the first researchers to explore factors related to kinship foster care in New York. Dubowitz and his colleagues have written extensively on kinship foster care in Baltimore. Barth, et al. (1994) have analyzed kinship foster care characteristics based on California's administrative data on children in both kinship and nonkinship foster homes. Courtney (1994) and Berrick, Barth, and Needell (1994) have contributed other analyses using the same data set. Wulczyn and Goerge have reviewed foster care administrative data in New York, Illinois and Michigan. Davis, English, and Landsverk (1993) are in the midst of a multiphase study of records of kin and nonkinship foster children in California and Washington. Iglehart (1994; 1995) has investigated demographic and placement characteristics of adolescents in Los Angeles County and readiness for independence between kinship and nonkinship foster children. Kennedy and Keeney (1987) and Kelley (1993) have explored the stress of grandparent caretakers. LeProhn and Pecora (1994) have recently published the results of their comparative analysis of kin and nonkin foster families for the Casey Family Program. Gebel (1996) has compared caregiver attitudes and attributes of kinship and nonkinship foster parents. Finally, Davis, Landsverk, Newton and Ganger (1996) and Landsverk, Davis, Ganger, Newton and Johnson (1996) have studied factors related to reunification and included kinship and nonkinship placements as a variable. The research has focused on three main areas: 1) the characteristics of children in kinship foster care; 2) the characteristics of kinship caregivers, and; 3) placement and case characteristics.

35 This appendix was prepared by Laura Boisen

Characteristics of Children in Kinship Foster Care

Many of the early studies have focused on understanding who is in kinship foster care. What are the characteristics of children in kinship foster care and are they systematically different from children in nonkinship foster care? Studies have concentrated on the demographic characteristics of kinship foster children and the physical, mental and educational status of these children.

These studies suggest that children in kinship foster care are predominantly children of color who have been placed at a relatively young age. While kinship foster children experience more physical health, mental health, and educational problems than the average child, they experience fewer of these problems than the average child placed in nonkinship foster care.

Demographic Characteristics

Dubowitz, Feigelman and Zuravin (1993a), Berrick, et al. (1994), Iglehart (1994), and LeProhn and Pecora (1994) have all highlighted demographic characteristics as part of their studies. Though the investigations all studied different populations, (i.e. urban, low-income kinship foster children; kinship and nonkinship foster children in a large, western state; urban adolescents, and long-term kinship and nonkinship foster children in a private agency), some similarities were found.

Gender and race

Most research has not found significant differences in gender between the kinship and nonkinship foster care populations (Dubowitz, et al., 1993a; Berrick et al., 1994; LeProhn & Pecora, 1994). Landsverk et al. (1996), however, recently found more males in kinship foster care than females in his sample. African-American children are more likely to be found in kinship rather than nonkinship foster care (Dubowitz, et al., 1993a; Berrick et al., 1994; LeProhn & Pecora, 1994; Landsverk et al., 1996). The large percentage of kinship foster children of minority heritage (90%) was not surprising in Dubowitz et al. (1993a) as the population studied was drawn from an urban setting with a prevalence of low-income, minority families. When Berrick et al. (1994) compared kin and nonkinship foster children, the proportion of children of color was similar in kin and nonkinship care, 68.4% and 64.1% respectively. The largest proportion of children in kinship care were African-American (45.6%) followed by 31.6% Caucasian, and 13.5% Hispanic. In nonkinship care, Caucasian children were the largest proportion (35.9%), followed by African-American children (28.4%) and Hispanic children (21.6%). LeProhn and Pecora (1994), however, found differences in the proportion of children of color in kinship and nonkinship foster care. Three out of four children in kinship foster care were children of color compared to only a little over a third of children in nonkinship foster care. Like Berrick et al. (1994), LeProhn and Pecora found that African-American children comprised the highest percentage of children of color in kinship care. African-American children comprised one-third (33.3%) of all children in kinship care. American Indian children comprised 23.5 percent and Hispanic 14.6 percent children in kinship foster care.

Age at placement

Children in kinship care appear to be placed at a young age - an even younger age than children in nonkinship foster care (Landsverk et al., 1996). Dubowitz et al. (1993a) found first placement of kinship foster children was experienced at a median age of five years. Berrick et al. (1994) found the average age of kinship and nonkinship children in their study to be the same -- between seven and eight years. LeProhn and Pecora (1994) found children in kinship care experienced their first placement at an average age of 4.79 years and nonkinship children experienced their first placement at an average age of 6.79 years.

Physical and Mental Health Status

There has been much interest in the physical and mental health status of children in kinship foster care compared to other foster children and to the population of children in general. Kinship foster children appear to have more physical and mental health problems than the average child, but fewer of these problems when compared to children in other out-of-home placement situations (Landsverk et al., 1996; Dubowitz et al., 1992; Dubowitz et al., 1993b; Dubowitz et al., 1994; Barth et al., 1994; Inglehart, 1994).

Physical health status

Landsverk et al. (1996), Berrick et al. (1994), and Dubowitz, Feigleman, Zuravin, Tepper, Davidson, and Lichenstein (1992) have all investigated the physical health status of kinship foster children. Compared to the general population, kinship and nonkinship foster children seem to have significantly more physical health problems than the general population of children. When kinship and nonkinship foster children's physical health status was compared, the results were mixed.

Berrick et al. (1994) compared kinship and nonkinship foster children's physical status and found no significant differences. According to foster care provider reports, both kinship and nonkinship foster children were in relatively good health -- only a small percentage (5%) of children were reported to be in poor health. About 15% of both kinship and nonkinship foster children required medical regimes such as medication while more nonkinship foster children had other medical problems such as asthma than kinship foster children. Almost 40% of both kinship and nonkinship foster children were exposed to drugs prenatally and 10% had Fetal Alcohol Syndrome.

However, Landsverk et al. (1996) and Dubowitz et al. (1992) found a much higher percentage of physical health problems. Dubowitz et al. (1992) found only 10% of kinship foster children had no medical problems. Almost half had one or two problems and 39% had three to six problems. Children in kinship foster care and nonkinship foster children had more problems in vision, hearing, anemia, and asthma than the general population of children. Dental caries were prevalent for all foster children, as well as low-income children. Dubowitz et al. (1992) concluded that children in kin and nonkinship foster care had a similar health status and significantly more problems than other children in the United States.

Landsverk et al. (1996) compared the physical health status of kin and nonkinship foster children. Children placed in nonkinship foster care had more physical handicaps and/or acute physical problems than those children placed in kinship care; 21.5% versus 15.2% respectively. Thus, understandingly, the physical health status of children in foster care is still emerging.

Mental health status

Compared to the general population of children, kinship foster children were at significantly greater risk of having a behavioral problem (Dubowitz, Zuravin, Starr, Feigelman, and Harrington, 1993b; Dubowitz, Feigelman, Harrington, Starr, Zuravin and Sawyer, 1994). Over one in three children in kinship care were reported as having behavioral problems compared with an estimated 10% of the general population of children.

However, there is some indication that children in kinship foster care fare better than their counterparts in nonkinship care. Landsverk et al. (1996) compared kinship and nonkinship foster children. Barth et al. (1994) compared kinship foster children to children in nonkinship homes, specialized foster care and group homes. Landsverk et al. (1996) found that 59.9% of children placed in nonkinship foster care were identified with emotional/ behavioral problems compared with to only 31.6% of children placed in kinship foster homes. Barth et al. (1994) and Iglehart (1994) also found that the kinship children had the fewest behavioral problems and mental health problems.

Education

In terms of special education, school behavior problems, and academic achievement, children in kinship care had considerably more problems than the general population of school children (Sawyer & Dubowitz, 1994; Dubowitz et al., 1994; LeProhn & Pecora, 1994; Lansverk, 1996). However, their performance was superior to nonkinship foster children (Berrick et al., 1994; Barth et al., 1994).

Special education

Sawyer and Dubowitz (1994) and Dubowitz et al. (1994) found almost one-third (30%) of the kinship foster care children were receiving special education services. Kinship foster children in this study were three and a half times more likely than the national average and twice as likely than other school children in Baltimore to be receiving special education services. However, Berrick et al. (1994) found fewer kinship foster children were in special education than nonkinship foster children. Barth et al. (1994) compared kinship foster care children to those children in specialized foster care and nonkinship homes. Again, children in kinship foster care were less likely to be receiving special education services.

Behavior problems at school

Differences in kinship and nonkinship foster care children's school behavior emerged in LeProhn and Pecora's (1994) study. Social workers rated the behavior of nonkinship foster home children at school as worse than those children in kinship foster care. Approximately 13% of kinship foster children were rated as having below average or poor behavior at school. However, over one in four (27%) children in nonkinship foster homes were rated as exhibiting below average or poor behavior at school.

Achievement/performance

Sawyer and Dubowitz (1994) and Dubowitz et al. (1994) found that children in kinship care had significant performance difficulties in school -- particularly in the areas of reading and mathematics. Children in kinship foster care were rated lower than other classmates who were not in out-of-home placement in reading, written language, spelling, math, social studies, and science. Almost one-half of the kinship foster children were also rated poor or very poor at problem-solving and reasoning skills. Children in kinship foster care were performing significantly poorer than their classroom peers. However, Landsverk et al. (1996) found that nonkinship foster children had significantly more developmental and learning difficulties than kinship foster children. Almost one-quarter (24.2%) of children in nonkinship foster care experienced developmental and learning difficulties while only 15.8% of children in kinship care were identified with such difficulties.

The school retention rate for children in kinship foster care is worth noting. Sawyer and Dubowitz (1994), Dubowitz et al. (1994), and Berrick et al. (1994) found a significant percentage of kinship foster children had repeated a grade at least once. Forty-one percent of kinship children were retained in the Sawyer and Dubowitz (1994) and Dubowitz et al. (1994) studies. Berrick et al. (1994) also found a relatively high percentage (23%) of kinship foster children had repeated at least one grade. However, 31% of nonkinship children had repeated at least one grade. So, while kinship foster children have a relatively high retention rate, the rate is even higher for children in nonkinship foster care. In fact, Barth et al. (1994) found fewer children in kinship care had repeated a grade than those children in specialized foster care or nonkinship foster care.

Iglehart (1994), however, found no significant differences between kinship and nonkinship adolescents in terms of grade level. The majority of both kinship and nonkinship groups were functioning at or above grade level, though over a third in both groups were reported as not doing well in school.

Studies indicate, then, that kinship foster children have more mental health and educational problems than the general population of children. This may also be true for physical health status. However, when compared to other children in out-of-home care, children in kinship foster care have fewer problems.

Summary

From these research studies the emerging profile of children in kinship foster care includes a high percentage of children with a minority heritage placed at a relatively young age. Although foster children experienced more mental health problems and academic problems than other children their age, children in kinship care seem to have fewer of these problems than children in nonkinship care.

Characteristics of Kinship Care Providers

Although care of children by extended family members has an extensive history in many communities, formal foster parent arrangements by kin has only recently come to the forefront. With its emergence has come an interest in the characteristics of kinship foster parents and the differences between kinship and nonkinship foster parents. The characteristics most commonly studied have been: 1) the demographics of kinship foster parents; 2) foster parent role perceptions; 3) the foster parent's understanding of the permanency plan; 4) the relationship between the social worker and the foster parents; and, 5) caretaker stress.

Demographic Characteristics

One of the earliest studies on the characteristics of foster care kinship providers was completed by Thornton in 1987. He collected data from administrative data, case files, social workers and kinship foster parents. Dubowitz et al. (1993a) collected data on the kinship foster parents in their sample, but did not have a comparison group. Berrick et al. (1994), LeProhn and Pecora (1994), and Gebel (1996) compared kinship and nonkinship foster parents.

The findings were remarkably similar. Most kinship foster care was provided by women of color. In comparison to nonkinship foster care providers, kinship foster parents were older, of minority heritage, and more likely to be head of the household. They were also in poorer health, less educated, had less income, and typically had more than one child placed with them.

Gender and race

In a comparative study, Berrick et al. (1994) found the majority (66%) of kinship foster care providers were women of color. Only one in three kinship providers were Caucasian. African-Americans represented the largest group of minority providers. LeProhn and Pecora (1994) and Gebel (1996) found similar results. Seventy percent of kinship foster mothers were of minority heritage and the largest percentage of them were African-American.

In nonkinship foster homes, Caucasian foster parents were the most prevalent race, representing 62.8 percent of the families in Berrick et al. (1994) and 72.2 percent in LeProhn and Pecora (1994). Of the nonkinship care providers of minority heritage, African-Americans comprised the largest minority group.

Age

Kinship foster mothers were older than nonkinship foster mothers (Gebel, 1996). The average age of kinship foster mothers ranged from 48 to 50 years (Dubowitz et al., 1993a; Berrick et al., 1994; LeProhn & Pecora, 1994) while both Berrick et al. (1994) and LeProhn and Pecora (1994) found nonkinship foster mothers averaged 46 years. Berrick et al. (1994) found 29 percent of kinship foster mothers were 55 years of older, while only 19 percent of nonkinship foster mothers were of equivalent age.

Income status/employment

Dubowitz et al. (1993a) found that 43 percent of kinship providers were employed outside of the home. Berrick et al. (1994) found that almost half (48%) of kinship foster mothers were employed while only 36.8 percent of nonkinship mothers were employed. Gebel (1996), however, found that nonkinship foster mothers were more likely to be employed outside the home than kinship foster mothers.

When incomes were compared, the differences were striking. Berrick et al. (1994) found that kinship foster parents average annual gross income (including the foster care payment) was approximately \$32,000 while nonkinship foster parents averaged over \$51,000. LeProhn and Pecora (1994) found an alarming one-third of kinship foster parents had an annual income of less than \$10,000 compared to only 2 percent of nonkinship foster homes. Gebel (1996) also compared incomes between kinship and nonkinship providers and found the majority of kinship foster care providers reporting household incomes less than \$10,000 while only a small percentage (10.2%) of nonkinship foster care providers lived on less than \$10,000.

Education

Thornton (1987) and Dubowitz et al. (1993a) found that a high percentage of kinship foster parents had not graduated from high school. When compared to nonkinship foster parents, kinship foster parents averaged fewer years of education (Berrick et al., 1994; LeProhn & Pecora, 1994). Though most kin and nonkinship foster parents had some college or trade school education, Berrick et al. (1994) found over 25 percent of female kinship providers had not completed high school while only 10 percent of female nonkinship providers had not graduated. LeProhn and Pecora (1994) found female kin providers averaged less than twelve years of education compared to a fourteen year average for female nonkin providers.

Marital status

The majority of kinship foster parents are not only female, but head of the household. Thornton (1987), Dubowitz et al. (1993a), and Gebel (1996) found two-thirds to three-fourths of kinship foster parents to be single and head of the household. When nonkinship and kinship foster parents are compared, kinship providers were more likely to be single. Berrick et al. (1994) reported 52 percent of kinship providers were single parents compared to 24 percent of nonkinship providers. The difference was even more striking in LeProhn and Pecora's (1994)

study -- 51.2 percent of kinship providers were single compared to only 19.4 percent of nonkinship providers.

Health

The majority of kinship foster parents reported being in good health. Dubowitz et al. (1993a) reported that most (94%) kinship providers were in good health. But again, kinship providers are in poorer health than nonkinship foster care providers. Twenty percent of kinship foster mothers and 7.3 percent of nonkinship foster mothers reported fair to poor health (Berrick et al., 1994).

Number of children cared for

Finally, two studies reported that kinship foster parents typically care for more than one child. Thornton (1987) found that kin averaged 1.7 related children in the home. Berrick et al. (1994) found little difference in the average number of foster children in kin and nonkinship homes. However, 19% of kin had four or more children in their home compared to only seven percent of nonkinship foster homes (Berrick et al., 1994). Consequently, kin were more often caring for large sibling groups than nonkin providers.

Perceptions of Roles and Responsibilities

LeProhn and Pecora (1994) and LeProhn (1994) investigated role perceptions of foster parents. Both kinship and nonkinship foster parents defined their roles as much like that of the parents. Both saw their roles as enhancing a child's growth and development, not replacing the birth parent. There were some clear differences, however, in how kin and nonkinship foster parents conceptualized and carried out their responsibilities. In general, kinship foster care providers felt more responsibility for concrete and emotional roles than did nonkinship providers. Kinship providers saw a clear role in helping the foster child with emotional problems and assisting them in dealing with issues related to the separation and loss of their parents.

Kinship providers were more comfortable in communicating and interacting with birth parents. They saw much more of a role in talking to birth parents about a child's behavior and adjustment to foster care than did nonkinship foster parents (LeProhn & Pecora, 1994). This increased communication and interaction also facilitated visitation. Not only did kinship providers view their role as arranging visits, but they also saw a role in transporting the child for visits with birth parents and other relatives. They were also willing to supervise the visits, if necessary. Both Berrick et al. (1994) and LeProhn and Pecora (1994) found visitation within kinship foster homes to be arranged more informally and to occur in a more family-like setting.

Understanding of Permanency Plan

Thornton (1987) found almost twice as many kinship providers as nonkin providers believed the children would be reunified with their parents. If reunification was not possible,

kinship foster parents were more likely to believe children would remain in their care until emancipation than nonkin foster parents (Courtney, 1994). In fact, Iglehart (1995) found that adolescents residing with kinship foster parents expected to live with the kin after emancipation more often than those residing with nonkin.

Kinship providers were less likely than nonkinship providers to believe the child would be adopted. In fact, many kinship care providers did not see the need for adoption (Thornton, 1987). In general, although kinship providers were willing to keep the child long-term, adoption was not seen as a viable option for three main reasons: 1) the children were already family; 2) the expense was too great, and/or; 3) the providers felt they were too old (Berrick et al., 1994; Courtney et al., 1994). Thornton (1991) found kinship foster parents were aware of adoption subsidies, but they did not provide motivation for adoption. Berrick et al. (1994), Courtney (1994), Thornton (1991), and Dubowitz et al. (1993a) all found that most kinship foster parents did not plan to adopt their kin foster child. However, they were overwhelmingly committed to long-term foster care for their kin.

Though kinship caregivers were committed to long-term foster care, caregivers and caseworkers differed regarding their understanding of the plan (Dubowitz et al., 1993a). Approximately one-third of the kinship caregivers were unsure of the plan compared to a small percentage (7%) of social workers who were unsure. More social workers than kin providers thought the long-term plan was for the child to remain in the kinship home.

Relationship to Social Worker

LeProhn and Pecora (1994) and Thornton (1987) found that kinship care providers did not have a specific commitment to foster care, but to their family. Philosophically, they believed that the care of children should remain within the family. This belief motivated them to provide foster care. It was not surprising, then, that many did not foresee providing foster care to an unrelated child. Nonkinship foster parents, on the other hand, were motivated by a desire to help others. The different motivation, no doubt, influences kin and nonkinship providers' perceptions of role responsibilities, authority, and their relationship with the social worker.

Thornton (1987) was one of the first to identify tension between kinship providers and social workers regarding role responsibilities and authority. In areas such as the child's medical, dental and educational needs, kin providers believed they had sole responsibility. Social workers tended to see these areas as joint responsibility. Additionally, while social workers felt kinship foster parents functioned well in their role, social workers found them more difficult to supervise than nonkinship foster parents.

Berrick et al. (1994) found most foster care providers were satisfied with their social worker. In fact, kinship foster parents had a more positive attitude than nonkinship foster parents towards their social worker. This is not to say that the relationship between the social worker and provider was necessarily optimal. One-third of kinship providers and half of nonkinship wanted more contact with the social worker, the majority of both kinship and nonkinship wanted better communication, and almost half of kinship and two out of three of nonkinship desired more respect from the social worker (Berrick et al., 1994).

Caretaker Stress

Kennedy and Keeney (1987) and Kelley (1993) explored the stress of grandparent caretakers. Both studies found increased psychological stress as a result of their primary caregiving role of their grandchildren.

Specific concerns were of two types: child and personal issues. Concerns related to children were worries of the psychological harm done to the child due to birth parent maltreatment; child management issues; fear the child would not receive an adequate education; fear the child would inherit the parent's substance abuse problems and/or be prematurely returned to the parents. Personal concerns included: financial stress; legal issues such as custody and wills; the impact of caregiving on their relationship with their spouse and birth children; and resentment in the loss of the grandparenting role.

Both Kennedy and Keeney (1987) and Kelley (1993) found some grandparents harbored angry feelings toward the birth parents, felt socially isolated from their peers, and worried they would not live long enough to see the child's emancipation.

Summary

In summary, all of the major studies have found similar kinship care provider characteristics. The demographic information indicates the population is primarily middle-aged, single, minority women who are not highly educated and have low-incomes, even though they are likely to work outside the home. Most of these providers care for more than one kinship foster child and are providing foster care because they want the child to remain within the family. In general, kinship foster care providers felt more responsibility than nonkinship providers for the child's healthy development, birth parent visitation, and monitoring of the child. Though kinship foster parents experience much stress as a result of their role and are not particularly interested in adoption, their long-term commitment to the child seems irrefutable.

Placement and Case Characteristics

Several researchers have described other placement and case characteristics of kinship foster care. Courtney (1994), Wulczyn and Goerge (1990), Davis et al. (1993) reported on length of time in placement and reunification. Visitation patterns in kinship foster care were reported by Davis et al. (1996), Berrick et al. (1994), LeProhn and Pecora (1994), and Thornton (1987). Dubowitz et al. (1993a), LeProhn and Pecora (1994), and Iglehart (1994) studied the number of placements kinship foster children experienced. Berrick et al. (1994), Iglehart (1994), Dubowitz (1993a), and LeProhn and Pecora (1994) reported on case monitoring. Services to foster families and foster children were reviewed by Dubowitz et al. (1993a), Berrick et al. (1994), and LeProhn and Pecora (1994). Finally, Thornton (1987) and Berrick et al. (1994) reviewed training information and delineated foster parent and foster children's service and support needs.

Length of Time in Placement and Reunification

Courtney (1994) found that children in kinship foster homes return home more slowly than do those placed with nonkinship providers. Wulczyn and Goerge (1990) found that kin always experience longer foster care placements, at least as long as nonkin placements and sometimes longer.

A child's age, health, and removal reason has limited effect on reunification rates for children placed with kin. Poverty and family structure appear to be more powerful predictors of how quickly families are reunified, since impoverished and one-parent families experience slower transitions home (Courtney, 1994). Though some maintain kinship foster children are reunified more slowly, Davis et al. (1993) preliminary findings indicate that children in kinship foster care are less likely to re-enter foster care after reunification than children in nonkinship placements.

Visitation

Kinship care provided dramatic differences regarding the amount of contact between foster care providers and birth parents and child and birth parent(s). Visitation plans were more prevalent in kinship than nonkinship foster homes and birth mothers were more likely to visit as designated in the plan when their child was placed in a kinship foster home rather than a nonkinship foster home (Davis et al., 1996). Berrick et al. (1994) found significantly more kinship foster parents had contact with birth parents than nonkin foster parents. This pattern emerged for children as well.

Davis et al. (1996) found that visitation plans were slightly more likely in kinship foster homes; 89% of mothers whose children were placed in kinship homes had visitation plans compared to 82% of mothers of children placed in nonkinship foster homes. Birth fathers were also more apt to have visitation plans if their child was placed in a kinship foster home than nonkinship foster home; 79% versus 75% respectively. Birth mothers were also more likely to visit as recommended and less likely to visit less than recommended when their child was placed in kinship foster care. There was no difference in visitation patterns for birth fathers based on kin or nonkinship foster homes.

The difference in the amount of contact children had with their birth parents when placed with kin than with nonkinship foster care providers was significant. Over half of the children placed with kin saw their birth parents at least once a month while only one in three nonkinship foster children saw their parents that often (Berrick et al., 1994). Almost 20% of kinship children saw their birth parents more than four times a month and only 3% of nonkinship foster children had this much visitation (Berrick et al., 1994). Likewise, LeProhn and Pecora (1994) reported that children placed with kin were significantly more likely to visit their parent(s). Children in kinship placement visited their mothers nine times more often and their fathers eight times more often in a year than children placed in nonkinship homes. Visits with other relatives were also more likely.

LeProhn and Pecora (1994), Thornton (1987), and Berrick et al. (1994) reported children placed in kinship foster care were more likely to be placed with at least one sibling. But for

those children not placed with their siblings, they saw them on an average of every four days in kinship care compared with about once a month in nonkinship homes.

Number of Placements

Many studies suggest that kinship foster homes are stable placements. Dubowitz et al. (1993a) found most of the kinship foster children had not moved more than a single time, that is, into their present kinship foster home. Berrick et al. (1994) also reported that kinship children experienced fewer emergency shelter, residential treatment, or previous foster care placements than nonkinship children even though children in kinship homes had been in foster care almost a year longer than children in nonkinship homes. LeProhn and Pecora (1994) concurred reporting that children in nonkinship foster care had almost twice as many placements even though they were in care for a shorter period of time. In Iglehart's (1994) study of adolescents, those in kinship care were also more likely to have fewer placements than nonkin.

Case Monitoring

The level of supervision and monitoring by social workers has also been examined. There are discrepant findings regarding the level of social work contact with kinship foster parents. Gebel (1996), Berrick et al. (1994), Iglehart (1994), and Dubowitz (1993a) found less contact between social workers and kinship foster parents than between social workers and nonkinship foster parents. Kinship foster parents were less likely to have monthly home visits or speak on the telephone at least one time per month than nonkinship foster parents (Gebel, 1996). African-American kinship foster parents had the least contact with social workers. LeProhn and Pecora (1994), on the other hand, found slightly more contact between social workers and kinship foster parents than between social workers and nonkinship foster parents.

Services

Kinship foster care providers seek and receive fewer services from social service agencies. Chipungu and Everett (1994) found that nonkinship foster parents request and receive more agency resources than kinship foster parents. Nonkinship foster parents sought and received information about foster parent roles, general agency policies, and services more often than kinship foster parents. But even when kinship foster parents requested information or services, they were less apt to get a response from the agency than nonkinship foster parents (Chipungu & Everett, 1994). Chipungu and Everett (1994) found that kinship foster parents wanted more information about birth parents, child placement reasons, the child's medical needs and problems, and the case plan.

Dubowitz et al. (1993a) reported on the scarcity of services provided to kinship providers and their foster care children. Berrick et al. (1994) reported a relatively small percentage (10%) of foster parents, kinship or nonkinship, received services from their foster care agency. Of those that did receive services, nonkinship foster parents received more services such as respite care, support groups and training. Caucasian nonkinship foster parents received the most

services followed by African Americans and Hispanics. Among kinship providers, there were no significant differences between ethnic groups and number of services received.

Kinship providers may use fewer services, even when readily available. LeProhn and Pecora (1994) found that kin providers used less respite care than nonkin providers. Kinship providers seemed to use more informal resources than nonkin providers.

Training

Most kinship providers (91%) had received no training (Berrick et al., 1994). Thornton's (1987) findings suggested kinship foster parents had different needs than nonkinship foster parents and often viewed training to be unnecessary.

Service and Support Needs

Berrick et al. (1994) reported that both kin and nonkin providers wanted increased respite care and child care for themselves and more counseling for the birth parents and child. But foster care providers and caseworkers agreed that higher foster care payments would be of the most assistance in providing care to foster children (Berrick et al. 1994; Thornton, 1987). There is some evidence that kinship care providers receive less money to care for foster children than nonkinship care providers. Berrick et al. (1994) reported that even though the average age of children for both kinship and nonkinship children was the same, kinship foster care providers received over a \$100 per month less than nonkinship foster parents. The difference seems to be nonkinship foster parents more often receiving an increment in rate for special needs children (Berrick et al., 1994). However, 80 percent of both kin and nonkin foster parents reported using their own money to provide for the foster child (Berrick et al., 1994). Consequently, it was not surprising that both groups recommended increasing foster care payments.

Summary

Children placed in kinship foster care may experience longer placements than children in nonkinship care placements. However, children placed in kinship foster care have substantially more visitation with their birth parents and other family members, experience fewer placements, and are less likely to re-enter the foster care system once reunified. Though the level of contact between social worker and kinship foster family is not clear, kinship providers receive fewer services and less money than nonkinship providers. Kinship providers see little need for training, but would like more services and money for their efforts.

Summary and Discussion

What do we know about kinship foster care? Kinship foster care has grown dramatically in the past few years. Wulczyn and Goerge (1992) attribute growing foster care caseloads to rising placement rates. Kinship homes have absorbed much of the demand for foster care homes.

This growth in foster care has resulted in the study of kinship foster care in three main areas: 1) the characteristics of children in kinship foster care; 2) the characteristics of kinship caregivers; and, 3) placement and case characteristics.

Studies investigating the characteristics of children in kinship foster care suggest that children in kinship foster care include a high percentage of children with a minority heritage placed at a young age. Foster children, in general, experience more physical, mental health, and academic problems than other children their age, but children in kinship care have fewer of these problems than those in other out-of-home placements.

Researchers investigating the characteristics of kinship care providers have found that kinship care is most often provided by women of color. These women are older, less educated, more often employed but have less income than nonkinship providers. Kinship providers more often care for large sibling groups. Kinship care providers become foster parents because of their commitment to their family members, even though the care of the kinship child increases their stress and may be long-term. This commitment to family also extends to increased involvement with the child and birth parent than nonkinship care providers.

Finally, research on placement and case characteristics indicates that slower reunification is related to low-income, single parents. Though reunification may be slower with kinship foster homes, some powerful protective factors are provided by kinship foster care. Children are more often placed with their siblings and the amount of visitation of all family members is substantially higher in kinship foster care.

Although kinship providers are poorer than nonkinship providers, they receive fewer services and less money than nonkinship foster care providers. All foster parents, including kinship providers, want more money for providing foster care.

This research provides useful information about characteristics of children and their caretakers with implications for most effectively serving them. However, some have suggested caution when reviewing kinship foster care research as many studies have had sample limitations in that they lack a comparison group, use a convenience sample and have been retrospective in nature. Courtney (1994) cautions that many studies are inherently biased toward more long-term foster care placements as they are not longitudinal. Finally, the physical, mental health and educational status research should be interpreted with care as no studies have looked at long-term outcomes of children in kinship and nonkinship foster homes but instead have focused on these characteristics only while the child is in care.

In addition to the need for outcome studies which follow children long-term, research is needed in several other areas. Research is needed on kinship foster care outside of large, urban areas. Questions that should be studied include: why do children placed in kinship care have slower reunification rates? Is length of placement a valid measure of success? How should

success be measured? How does kinship care affect permanency planning? (Research is needed that explores creative options for redefining permanency.) How does placement with kin influence the relationship between kin provider, birth parents and the child? What are the different needs of children placed in kinship homes at different ages? Research is needed to explore innovative models of providing support services, licensing and training, financial support, monitoring and supervision and permanency.

Out of the necessity to understand kinship foster care, many of the current studies have been descriptive in nature. Limitations aside, they all contribute to an emerging picture of the dynamics of kinship foster care.

APPENDIX II

POLICY AND PRACTICE FRAMEWORK: FEDERAL, STATE AND LOCAL³⁶

The past few years have witnessed a dramatic growth nationwide in "kinship foster care"-children placed with their relatives or others with close familial ties and financially supported with foster care payments by the child welfare system. Accompanying this growth is an increasing awareness that the child welfare policies and practices that guide out-of-home placement are in need of revision if public authorities are to properly address the circumstances of children in kinship foster care placements (Testa, 1994; Takas, 1993). In the past few years, policy development related to kinship foster care has been reactive (Gleeson, 1993). Nationwide, state statutes and administrative procedures have been developed in response to the rapid growth of kinship foster care and a series of class action lawsuits that have forced states to provide financial support and services to kinship foster care providers. Federal and state legislation, and policy and practice at the state and county level are undergoing a period of rapid change.

As a part of the Center for Advanced Studies in Child Welfare's Research Project, "Kinship Foster Care in Minnesota", we conducted a detailed review and analysis of federal and state legislation and state and county policies which guide kinship foster care in Minnesota. Sources of data for this report included the analysis of federal and state laws, Minnesota Department of Human Services Instructional Bulletins and rules, and interviews with state and county personnel. Personnel interviewed included direct service staff, child and family service supervisors, a foster care supervisor, program managers, and state child placement policy consultants. In addition, we reviewed policy and practice developments in kinship foster care in other states. This report presents that analysis.

The report begins by describing key federal legislation that guides kinship foster care, followed by a description of relevant Minnesota legislation. Following this legal framework, the report describes the current practice framework for kinship foster care as guided by the State Department of Human Services (DHS). Specific practices and organization of services are then described for the three Minnesota counties which are a part of our study: Hennepin County (urban), Anoka County (metropolitan), and Blue Earth County (rural).

36 This appendix was prepared by Laura Boisen

Federal Legislation

Child welfare policies are drafted and defined by the United State's Constitution, federal and state legislation, administrative law, and case law (Stein, 1991). The four specific federal mandates which form the foundation for policy related to child welfare and establish guidelines for kinship foster care in the United States are: 1) the Indian Child Welfare Act (Public Law 95-608); 2) the 1979 Miller versus Youakim United State's Supreme Court decision; 3) the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), and; 4) Title IV-E, a 1980 amendment to the Social Security Act.

The Indian Child Welfare Act was enacted in 1978 to strengthen federal and state policies towards Indian families. The act fundamentally changed the legal relationships between the states and American Indian tribes in child welfare matters as it established legal jurisdiction for tribal governments involving Indian children and authorized Indian tribes to create their own services for children and families. To safeguard heritage preservation, placement preferences for children entering foster care or adoptive homes were mandated. The first preference was the child's extended family, followed by a foster home licensed or approved by the tribe, and finally other Indian foster homes or Indian institutions (Pecora, Whittaker, & Maluccio, 1992).

A landmark decision by the United States Supreme Court in 1979 dramatically affected foster care reimbursement to relatives. In *Miller v. Youakim*, the Supreme Court ruled that relatives were entitled to the same foster care benefits as non-relative foster parents. Thus, this ruling became the basis of fiscal "equity" for relatives. Relatives would now be reimbursed at the foster family rate rather than the lower AFDC rate if they fulfilled the IV-E and licensing requirements. This court ruling did not address, however, the issues of kinship placements prior to the court's assumption of custody or relatives caring for children not eligible for federal funding.

The Adoption Assistance and Child Welfare Act, a child welfare reform law adopted in 1980, used financial inducements and procedural requirements to prevent out-of-home placement and promote permanency planning (Pecora, et al., 1992). For states to receive federal funds to support their services for children, the act's requirements had to be implemented. Several key principles for guiding practice included reasonable efforts to prevent the removal of children from their home; placement in the least restrictive, most family-like environment; reunification efforts to return children home as quickly as possible; periodic reviews of children in out-of-home care; and a permanency plan if reunification was not possible.

A companion piece of legislation to the Adoption Assistance and Child Welfare Act of 1980 was Title IV-E of the Social Security Act. Title IV-E provides funds for prevention and restoration services, as well as allowing for some flexible use of monies. To qualify, states must institute a number of procedural or practice reforms. Specific to foster care, Title IV-E mandates that states have: a listing of all children who have been in foster care for six months or more; preplacement preventive services and reunification or permanency planning services; documentation of a case plan; periodic case reviews within specified time limits; placement in the least restrictive environment, with close proximity to parents and relatives; procedural safeguards regarding removal and placement agreements; payment standards; voluntary placement guidelines; and Indian child welfare reimbursement directly to the appropriate tribe (Pecora et al., 1992).

If foster care placement occurs, states are eligible to receive IV-E funds if: 1) the placed child is eligible for AFDC benefits prior to placement; 2) the child is removed from the home by judicial action or the child is placed by a voluntary placement agreement between the child's parent or guardian and the agency; 3) the state or county is responsible for the placement; and 4) the foster care home meets foster home licensing standards and can be licensed (MN Instructional Bulletin 94-68F, 1994).

State Legislation

Minnesota, like other states, has established its own legislation within the confines of federal laws and court rulings. Minnesota state legislation providing fundamental guidance in the child welfare arena includes: 1) the 1983 Minority Child Heritage Protection Act which legislated the importance of heritage and established placement preference; 2) the 1985 Minnesota Indian Family Preservation Act, which expanded the federal legislation; and 3) the 1985 Family Preservation Act (M.S. Chapter 256F, 1992), which provided a framework for service delivery.

A distinctive characteristic in the development of Minnesota legislation has been the presence and influence of councils of color, including the Council on Black Minnesotans, the Minnesota Indian Affairs Council, the Council on Asian Pacific Minnesotans, and the Spanish Speaking Affairs Council. These state-funded councils have actively participated in hearings on proposed legislation related to heritage preservation.

Minnesota Child Heritage Preservation Act

To protect the heritage of minority children, out-of-home placement preference was established in Minnesota by the Minority Child Heritage Protection Act in 1983. This was the first Minnesota legislation to establish an order of placement preference. Mirrored after the federal Indian Child Welfare Act, placement preference was given to a relative of the child. If a family member could not be found, a family with the same racial or ethnic heritage was to be sought next. Finally, a family of different racial or ethnic heritage could be used if they were knowledgeable or appreciative of the child's racial or ethnic background. The act stated "it was in the best interest of all minority children" to protect their minority racial or ethnic heritage where there was no "good cause to the contrary" (Baker, 1986). The intent of the act was to prevent foster care or adoptive placement decisions for minority children based on bonding, without equal consideration for racial or ethnic identity.

In 1993, the Minority Child Heritage Preservation Act was amended and renamed the Minnesota Child Heritage Protection Act. Courts and child placing agencies were directed to still follow the placement preference guidelines, but give "due", not "sole" consideration to a child's racial and ethnic heritage (MN DHS, November, 1993). In 1996, the Minnesota Department of Human Services distributed instructions to enable Minnesota to comply with the Multi-Ethnic Placement Act of 1994. This federal law prohibits delaying or denying a foster placement solely due to race, color or national origin. Thus, when a same race or ethnic heritage home is not available, an agency can place the child in a different racial/ethnic heritage home to

expedite the placement process. Although agencies are still required to make "diligent recruitment efforts" in locating foster parents that reflect the diversity of the particular state, agencies do not have to make a special effort to recruit foster families for a child from among families of the same racial or ethnic background (MN Bulletin, April, 1996).

Minnesota Indian Family Preservation Act

The Minnesota Indian Family Preservation Act was enacted in 1985. It emphasized the State's role in supporting the heritage preservation of Indian children and expanded the federal Indian Child Welfare Act. The Minnesota law mandated that social service agencies identify the extended family and tribe earlier, when a child is at risk of placement, rather than at the time of placement.

Minnesota Family Preservation Act

Family preservation was codified as the guiding principle in child welfare practice in Minnesota in 1985. The Minnesota Family Preservation Act was enacted to comply with federal law and provide a framework for service delivery in the area of child welfare. The intent of the act was to provide children a safe, permanent environment with nurturing caretakers. The act authorized the Department of Human Services to establish statewide family preservation programs that prevent the breakup of families. If removal cannot be avoided, the child must be placed in the least restrictive environment and reunified as quickly as possible. When reunification is not possible, children are to be placed in suitable homes and/or placed for adoption (M.S.Chapter 256F, 1992). When the family preservation legislation language of least restrictive environment and the heritage preservation legislation of placement preference was combined, the placement of children in foster care and adoptive kinship homes was reinforced.

Child Welfare Waiver

In 1995 the Minnesota Department of Human Services requested waivers from certain requirements of Title IV-A and Title IV-E to "better support" relative care givers. Specifically, four kinship-based living arrangements were proposed: 1) temporary kinship guardianship whereby kin are responsible for a specific period of time; 2) permanent kinship guardianship whereby a parent initiates court action to assign permanent guardianship to a kinship individual; 3) voluntary kinship foster care whereby parents voluntarily place their child with kin after a finding of child maltreatment; and, 4) court-ordered kinship foster care whereby the county agency chooses to place the child in a kinship home based on a court-ordered removal. The Department of Human Services subsequently withdrew their application.

Currently, a guardianship assistance program is being considered. Under this program, when the court transfers permanent legal guardianship or custody to a relative, the relative would receive a subsidy plus medical assistance if they qualified financially. The guardians would get a monthly allotment for each child they assumed guardianship for until the child reached age 18. The court and the Department of Human Services would no longer be involved with the family unless the guardian sought them out.

Practice Framework

In Minnesota, county departments of human services are charged with the responsibility for administering the foster care system. Following will be a description of family foster care rules and guidelines for county departments of human services in the state of Minnesota as of March, 1995. After a brief description of the relationship between the state and county departments of human services, the organizational structure of Hennepin, Anoka and Blue Earth Counties, the counties that are the subject of this study, will be reviewed.

Some differences may be noted between the county practices since rules can be interpreted differently and the county departments vary in organization, size, culture, and resources. Policies in regard to six areas will be presented. These areas are: 1) placement preference and kinship search; 2) licensing and training; 3) services; 4) financial support; 5) monitoring and supervision, and; 6) permanency planning. Changes may be imminent in some areas as an advisory committee has been working on updating Rule 204 in the areas of relative search and recruitment of same race/ethnic heritage foster homes, licensing disqualifications and variances as they relate to kinship care, and the removal and return of children.

State and County Organizational Structure

Minnesota has a county-administered, state-supervised system for delivery of human services. Each of the 87 counties within the State of Minnesota has a county department of human services. The State Department of Human Services provides rule-making, oversight, technical assistance, and guidance. Thus, counties provide social work practice, under the auspices and guidance of the State Department of Human Services, which has interpreted federal and state statutes and developed administrative rules.

Hennepin County, which includes the city of Minneapolis, is the largest urban county in Minnesota. The Children and Family Services Department of Hennepin County Social Services consists of three immediate response program managers who oversee seventeen units; five family preservation program managers who oversee twenty-six units; one permanency program manager who supervises seven units; and one day care eligibility program analyst. The Children and Family Services Department is located on several floors of the Health Services Building in downtown Minneapolis and in several community sites.

Anoka County is a suburban county to the northwest of Minneapolis. The Anoka Community Social Services and Mental Health Department is composed of several service units: a day training, habilitation, and employment assistance program for people with disabilities; adult/mental health; program support unit; volunteer services; placement support unit; licensing for day care and foster care; child care assistance; early intervention; developmental disabilities; family services intake; children's mental health; and three family service units. Social workers most involved in foster care work within the three family service units, the children's mental health unit, and the developmental disabilities unit. The foster care licensing, developmental disabilities, children's mental health and family service units are all located on a single floor at the Government Center in Anoka.

Blue Earth is a rural county located in the south central part of the state. Blue Earth County Human Services is composed of nine units. The units are: accounting, support services, two financial assistance units, community health, mental health, child support, and two social services units. Social workers most involved with foster care are in the social service units.

Placement Preference and Search for Kin

Since 1983, Minnesota law has required that a child's race or ethnic heritage be considered in making a foster care placement. Minnesota requires county social services agencies to follow the established order of preference "in the absence of good cause to the contrary" (M.S. Section 257.071, 1992). Specifically, the placement preference requires exploring four possible alternatives in the following order (a foster family be recruited from): 1) the child's relatives; 2) from an important friend with whom the child has lived or had significant contact; 3) from a family with the same racial or ethnic heritage as the child; or 4) from a family of different racial or ethnic heritage who is knowledgeable and appreciative of the child's heritage (M.S. Chapter 416, Section 259.29, 1996). Relative is defined very broadly, including both relatives related by blood and important friends with whom the child has lived or has had significant contact (MN DHS, August, 1994). For the purposes of this report, this broad definition of relative will be referred to as "kin." Special efforts must be made to recruit a foster family from among the child's kinship network or persons of the same racial or ethnic heritage unless to do so would be detrimental to the child. However, when there is not a family foster home of the same race or ethnic heritage available, placement of a child cannot be delayed or denied based solely on race (M.S. Chapter 416, Sect 259.29, 1996). Thus, the importance of maintaining a child within their family and/or community is emphasized, but not mandatory.

In Hennepin County, a specialized kinship unit was created in 1991 to assist in complying with placement preference guidelines. Although the child's social worker is responsible for initiating the search for a foster care home and facilitating the placement of the child, the specialized kinship unit is available to social workers for difficult or special foster care cases.

The kinship unit was created to assist social workers in finding kinship homes more efficiently and effectively. The kinship unit facilitates the search and licensing process of kinship homes, and as such is a short-term assistance unit. The originating social worker places the child and continues to follow the child and birth family after the placement has been made. The licensing social worker follows the foster home parents, whether they be kin or nonkin.

Since January, 1995, a pilot program with selected families has been implemented. In this pilot, the kinship unit social worker, not only initiates the licensing or approval process but also places the child. The kinship unit social worker then follows the child and the kinship foster home for 30 days before transferring the case back to the licensing worker who handles both the licensing and services to the child in the home. This frees the child protection worker to concentrate on reunification efforts with the birth family and child.

In Anoka County, when out-of-home placement of children is deemed necessary, the social worker who has followed the child and family or been given the referral becomes responsible for facilitating the placement of the child. The social worker, adhering to the placement preference statutes, begins the initial placement assessment by exploring who in the

family might be a possible foster care provider. After the social worker has completed an initial assessment, the possible kinship provider's names and other pertinent demographic information are forwarded to the licensing unit for further exploration and action. The original social worker not only handles the actual removal of the child, but provides services to the child and the birth family. Once the child is in foster care, the worker also has contact with the foster family as it relates to the child.

In Blue Earth County, when placement is imminent, the social worker who has followed the child and family or been given the referral is responsible for initiating the kinship search. The social worker asks the birth family or other appropriate individuals for kinship possibilities. These names are passed to the licensing worker. The original social worker facilitates the placement, and provides ongoing services to the child and birth family. Once the child is in foster care, the original worker has contact with the foster family as it relates to the child.

Licensing and Training

A foster family home is defined as one that has met the standards of licensing and has been licensed by the State or approved by an agency of the State responsible for licensing foster homes (MN DHS, August, 1994). (Rule 204, mentioned earlier, will delete the "approval" category in the near future). Foster homes on or near an Indian reservation can be licensed or approved by Tribal licensing. For those homes not on or near the Indian reservation, state standards prevail.

Kin must be either licensed or approved to provide foster care if the child is placed in the home by the county Department of Human Services. Nonkin must be licensed to provide foster care. The standards for licensing and approval are the same. Kin such as birth or adoptive parents, siblings, birth or adoptive grandparents, natural or adopted children or step-children, step-parents, step-sisters, step-brothers, aunts, uncles, nieces, nephews, or a legal guardian are exempt from licensing, but must be approved (MN DHS, August, 1994). If the child is not placed in the home by an agency, kin are not required to be licensed or approved (MN DHS, August, 1994) as the child is not formally in the foster care system.

The licensure approval process is the same for kin and nonkin. Before a license is issued, a study of the prospective foster home is mandated. This includes the applicant, persons over the age of 13 living in the household, and contractors and/or volunteers who will have direct contact and supervision of the foster child (M.S. Chapter 245A.04, 1992). A home study must be conducted initially as part of the licensing process. A foster home must be relicensed after one year. If there are no problems, the licensing process need only take place every 2 years. The license or approval can be issued up to 90 days retroactively from the date of placement if the child is placed with kin. Licensure must occur prior to the placement if the child is placed with someone who is not considered to be kin. The standards for licensing or approval are mandated per M.S. Chapter 245A (1992).

The applicant is notified in writing of the results of the licensing process. Denial of a foster care license can be based on a myriad of reasons, but the most common reason is a disqualifier. Disqualifiers are delineated in Rule 11 and include such things as conviction of manslaughter, assault, aggravated robbery, kidnapping, abduction, solicitation, inducement and

promotion of prostitution, criminal sexual conduct, incest, malicious punishment or endangerment of a child, etc. (Rule 11, 1993). If the applicant is disqualified for any reason or a disqualifier is not set aside, the applicant may request reconsideration or an appeal within 30 days. Reconsideration of a disqualifier can be based on two grounds: the information that caused the disqualification was incorrect, or there is no longer a risk of harm (M.S. Chapter 245A.04, 1992). If an applicant requests reconsideration, the commissioner determines whether a subject is disqualified. In setting aside a disqualification, or allowing a variance (as it is sometimes referred to), the importance of maintaining family ties is to be considered (MN DHS, August, 1994). Other factors to be weighed include the nature, severity, number and consequences of the disqualifying event(s), the relations between the disqualification and the health, safety and rights of the foster children, the time elapsed since the event(s), successful completion of training or rehabilitation pertinent to the incident. Any other relevant information is considered (M.S. Chapter 245A.04, 1992). A decision to grant or deny a variance request is final and not subject to appeal.

The out-of-state placement of children is governed by Chapter 257.40 entitled Interstate Compact on the Placement of Children. If a child residing in Minnesota is being placed in another state, the county worker forwards the necessary paperwork and financial documents to the designated staff person at the Minnesota State Department of Human Services. This information is forwarded to the receiving state. The licensing standards and decisions are made per the guidelines of the state in which the foster parents reside. For children being sent to Minnesota from another state, the Minnesota Department of Human Services contact person informs the county of the request. The local county then makes the determination regarding licensing of the foster home and clarifies the jurisdictional arrangements. In Minnesota, if a child is placed outside of the originating county, the county where the foster family resides licenses the foster home.

Hennepin County has four foster care licensing units. In 1993, the foster care licensing division created a unit devoted exclusively to kinship licensing to help expedite kinship licensing and/or approval. The foster care licensing staff are responsible for the home study, the initial licensing of foster homes, relicensing of foster homes, matching of children with appropriate foster home, complaints, monitoring and supervision of foster homes, foster care training, and the facilitation of various support groups. The licensing process in Hennepin County takes approximately 90 days.

Hennepin County has a multidisciplinary approval team that makes recommendations regarding disqualifiers. Once a social worker becomes aware of a disqualifier, the social worker can look for other possible kin providers or seek to override the disqualifier at the request of the prospective foster parent. The case can be referred to the approval team for an agency recommendation about whether the disqualifier should be set aside. This agency recommendation is then be submitted to the Minnesota Department of Human Services which makes the final decision.

In Hennepin County, training is required for kin and nonkin foster homes. However, a license will not be delayed or denied to a kin provider if they do not comply with training. Initial training is slightly different for kin and nonkinship providers; kinship foster parents often have the children placed with them prior to licensing and the circumstances of placement are more personal. Initial training for kinship foster parents totals five sessions. Session one explains

permanency, the "team," family losses, and the roles and responsibilities of a relative foster parent. Session two addresses the kinship search, child protection, resources and visitation. The third session discusses discipline. Session four explores chemical dependency and the final session presents cultural diversity issues. Training and orientation for nonkinship foster parents consists of 5 sessions also. It focuses on many of the same issues, but excludes information specific to kinship foster care.

Similar initial training is required for nonkinship homes. In addition, nonkinship homes must attend 12 hours of training per year. If training is not completed in a year, another placement will not occur. With kinship homes, further training is not required. However, they are invited and encouraged to participate in training as frequently as possible. Both kin and nonkin foster care providers are paid a small amount for training participation to help defray the cost of child care, transportation and their time.

A newsletter is published monthly and distributed to all foster care providers. The newsletter includes the training schedule for the month. The newsletter also alerts foster parents to upcoming conferences and features informational articles on topics such as foster care reimbursements, car seat safety, and symptoms of drug use in children. Hennepin County staff news and changes are also included.

The foster care licensing unit in Anoka County is responsible for conducting home studies, making licensing determinations, relicensing homes at regular intervals, monitoring foster homes at regular intervals, training foster parents, and facilitating problem-solving when conflict emerges involving a foster care provider. If a kinship foster family has a disqualifier, the prospective foster parents are notified and informed of the variance process. If they request a variance, their request and the county's recommendation are forwarded to the Minnesota State Department of Human Services for a decision.

Foster parent training in Anoka County is required for nonkinship foster parents to be licensed, but not for kinship foster care providers. Within the first year of licensing, non-kinship providers must attend three sessions: 1) foster care policies and procedures; 2) child abuse prevention and first placement experience; and 3) separation, grieving, and attachment. For specialized nonkinship homes, additional required training in the first year includes: 1) child protection services and birth parent relationships; 2) respite care for children with developmental disabilities; and 3) respite care for children with emotional/behavioral disorders.

Restricted license homes (a license issued for a specific child) have not been mandated to attend foster parent training. Kinship foster care providers are informed and invited to training sessions. Though kinship foster care provider attendance has been strongly encouraged, a license cannot be denied due to noncompliance with training. The kinship providers who have attended training have been most interested in foster care policies and procedures; separation, grieving and attachment; and child protection services and birth parent relationship.

For added support to kinship foster parents, Anoka County does have a kinship foster care parent who acts as a resource person to other kinship providers. They are also considering the establishment of a support group.

Blue Earth County has one social worker who licenses foster homes. The social worker recruits and trains foster parents. This staff person also conducts a support group and supervises the foster homes. Foster parent training in Blue Earth County is informal. An orientation is conducted for all new foster parents, but other training is as needed or as a training opportunity arises. The county has provided stipends to foster parents to attend state and national foster parent conferences.

Services

According to federal guidelines, children placed in kinship foster care are entitled to the same protection, services, and benefits as those children placed in nonkinship foster care, including services to help children return to their families from which they were removed or be placed for adoption or legal guardianship (MN DHS, August, 1994). Common services available to kinship or nonkinship foster care providers include individual counseling, family-based services, adolescent life skills training, child care services, services to minor parents or pregnant women, case management and adoption.

Besides case management, common services for foster homes in Hennepin County include respite care and concrete items such as beds, furnishings, etc. The frequency of some services, such as respite care, are determined by the difficulty of care assigned the child.

In Anoka County and Blue Earth County, common services used by foster care providers include respite care, child protection day care, as well as maintaining regular contact with the social worker.

Financial Support

Historically in Minnesota, some kin were exempt from foster care licensing as they needed only to be approved by the state to provide foster care to their kinship children. However, the placement of a child in an unlicensed home prohibited Title IV-E reimbursement. Thus, in July, 1993, Minnesota modified its laws so kin could be licensed when the child was Title IV-E eligible, although Minnesota policy mandates that an agency not base a placement decision on whether a county will receive IV-E funds for a kinship foster home (MN DHS, August, 1994).

There are two possible ways for kin caring for children to receive financial support: an AFDC grant or foster care monies. County department of social services' personnel must explain the social services available to the kinship provider, the appropriateness of various services, the eligibility requirements, the application process, and the notification and appeals process.

A kinship provider may request AFDC for a child for whom they are not legally responsible but who has been independently placed in their care (MN DHS, August, 1994). Eligibility is determined per standards. If the agency has legal responsibility for the child and places the child with the kinship provider, the child is entitled to foster care monies. No social service application from the kinship provider is necessary, since the agency determines the appropriateness of the placement and the payment rate. Before making the placement decision,

however, the agency must ensure that the kinship provider is licensed or approved, or is eligible (MN DHS, August, 1994). Eligibility is determined per standards.

If the agency has legal responsibility for the child and places the child with the kinship provider, the child is entitled to foster care monies. No social service application from the kinship provider is necessary, since the agency determines the appropriateness of the placement and the payment rate. Before making the placement decision, however, the agency must ensure that the kinship provider is licensed or approved, or is eligible (MN DHS, August 1994).

If the kinship provider requests social services and/or foster care benefits for a child not placed by the county, a child protection assessment may be conducted. The agency, and county attorney when appropriate, will determine if whether and the degree to which county involvement is appropriate. The agency may attempt to take legal responsibility for the child through a court order or seek a voluntary agreement with the legally responsible parent in which case, Title IV reimbursement is available. The agency will then make a placement decision with accompanying foster care benefits. If a child is already living with the kinship provider, the kinship home is considered the child's home (MN DHS, August, 1994). Thus, for a kinship provider to receive foster care payments the kinship home must be either licensed or approved, the agency must have legal responsibility for the child, and the agency must place the child with the kinship provider or agree to the continued placement of the child, in their home based on Minnesota statutes.

To ensure county agencies were applying the federal law in a uniform manner, in 1996 the Minnesota DHS developed procedures for approving, denying, modifying or terminating foster care payments. In particular, steps were delineated for responding to kinship caregivers' requests for foster care payments. Under these guidelines, counties must provide written notice to kinship providers when: 1) a kinship provider requests foster care payments for a child in the kinship provider's care; 2) the agency begins foster care payments on behalf of a child; 3) the agency completes a difficulty of care assessment or reassessment; 4) the county agency pays for fewer days than the provider requested; or, 5) the county agency terminates foster care payments to a provider (MN Bulletin 96-68-1, January, 1996). After receiving any of the above notices, kinship providers can request a "fair hearing review" of the county decision by submitting a written request within 30 days. The scope of the hearing is limited to the issue of whether the county is legally responsible for a child's placement under court order or voluntary placement agreement, and, if so, the foster care rate amount (MN Bulletin 96-68-1, January, 1996).

Agency-approved kinship providers and nonkinship foster care providers receive the same standard foster care and difficulty of care rates. Payment begins on the date of approval or when the child is placed, whichever comes first. Appeals may be based on the denial of licensure or approval or on behalf of a child for denial of foster care benefits or social services. Decisions by the agency as to whether or where a child is placed are not appealable through these process (MN DHS, August, 1994).

In Hennepin, Anoka and Blue Earth Counties, the foster care and difficulty of care rates are determined by Minnesota Rules, part 9560.0656. The foster care rate is standard, but foster children may, or may not, have a difficulty of care rate. Hennepin and Anoka Counties determine the difficulty of care rate in much the same way. To ensure consistency, one staff person assigns the difficulty of care rate after consulting with the placing social worker and/or

reviewing a standardized difficulty of care form. In Blue Earth County, the difficulty of care rate is determined by the primary social worker, subject to supervisory approval.

Monitoring and Supervision

Monitoring and supervision take place by two interrelated systems: the Department of Human Services and the court. When a child is placed in foster care, the county social services agency is given legal responsibility for the child. That is, the agency has responsibility for the child's care, treatment, and supervision, the development and implementation of a placement plan, the establishment of periodic reviews and timely dispositional hearings. Accordingly the local social services department is to serve kinship and nonkinship foster parents in the same manner and provide the same monitoring and support.

The court must review all voluntary and involuntary placements every six months. They review the case plan and determine if out-of-home placement is still necessary and appropriate or if the child should return home. (The two exceptions are children with developmental or mental disabilities placed voluntarily or children who are permanently placed. These children's status can be reviewed less often).

No later than 12 months after the child's placement from the birth parent's home, the court will conduct a hearing to determine the permanent status of the child (MN DHS, November, 1993). The local social service agency will have filed a permanent placement determination 30 days prior to the hearing. The court will then decide if the child will return home and/or what permanent placement is in "the best interests" of the child.

In Hennepin County, the social worker from the family preservation unit has contact with the child at least one time per month. The foster care licensing worker monitors the foster home on a quarterly basis.

In Anoka County, the placing worker has contact with the child at least one time per month. The foster care licensing worker monitors the foster care home on an as needed basis and per state statute requirements. Visitation between foster children and birth parents is mandated per court order and facilitated by the placing worker. The county social service office has a visitation room that can be used for visitation if other arrangements cannot be made or are inappropriate. A new collaborative visitation program between the school district and county social service agency has recently been initiated. A select group of birth parents and their children see each other weekly. Not only do parents and children meet, but parent education is offered in concert with the visitation.

Blue Earth County social workers also monitor the child's progress at least one time per month. Visitation between foster child and birth parents is mandated per court order and facilitated by the placing worker.

Permanency

Foster care placement is considered to be a temporary placement. Thus, the case plan focuses on reunification of the child with his/her parent(s) within the first 6 months after removal. An additional six month extension may be granted if there is a substantial possibility that the child could be returned home within that time period, the social service agency did not make reasonable efforts to correct the conditions that necessitated the out-of-home placement, or extraordinary circumstances existed that precluded the determination of a permanent placement decision.

For a child who cannot return home, available dispositions include: 1) permanent transfer of legal and physical custody to a relative; 2) adoption; and, 3) permanent foster care. Permanent foster care can only be ordered if termination of parental rights, adoption, and award of legal and physical custody to a kinship provider are not in the child's best interests. The child must also be at least 12 years of age.

If the court orders an adoptive placement for the child, the county social service agency must file a petition for termination of parental rights. Once parental rights have been terminated, the county social service agency will seek a permanent home for the child. Notification of the child's need for a permanent home will be sent to any adult with whom the child is currently living, any adult with whom the child has lived with for one year or more, any adult who has maintained a relationship with the child and any adult who has demonstrated an interest in the child. Special effort will be made to recruit an adoptive family from the child's kin and families of the same racial or ethnic heritage.

In Hennepin County, the permanency plan is the responsibility of the ongoing Children and Family Service social worker who is usually a staff person in one of the family preservation units. In Anoka County, the permanency plan is the responsibility of the placing worker. In Blue Earth County, the permanency plan is also the responsibility of the placing worker.

Conclusion

This paper has reviewed the current policy and practice framework for kinship foster care in Minnesota. Even though the delivery of human services is county-administered, for the most part the counties in this study had consistent policies and practices. Variations seemed to depend on resources in the county rather than variations in policy.

In many states, including Minnesota, practice related to kinship foster care will receive increased scrutiny due to the underlying philosophy and expense of kinship foster care policies. The state of Minnesota is creating a solid foundation of practice wisdom and policy formation to face the challenges ahead.

APPENDIX III

**KINSHIP AND NONKINSHIP FOSTER CARE IN METROPOLITAN AND
NONMETROPOLITAN COUNTIES IN MINNESOTA³⁷**

TABLE 1 PERCENTAGE OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENT IN METROPOLITAN MINNESOTA COUNTIES: 1994						
	Kinship Foster Care		Nonkinship Foster Care		Unknown or Missing Type of Foster Care	
	%	(n)	%	(n)	%	(n)
Anoka	12.7	(87)	87.3	(599)	0.0	(0)
Carver	15.5	(13)	84.5	(71)	0.0	(0)
Dakota	12.0	(53)	84.2	(373)	3.8	(17)
Hennepin	32.8	(1027)	62.8	(1965)	4.4	(138)
Ramsey	17.9	(173)	53.6	(519)	28.6	(277)
St. Louis	10.6	(88)	56.7	(471)	32.7	(272)
Scott	18.1	(13)	75.0	(54)	6.9	(5)
Washington	9.3	(17)	70.9	(129)	19.8	(36)
Total	23.0	(1471)	65.4	(4181)	11.7	(745)

³⁷ These tables are based upon Minnesota Department of Human Services data for 1994.

TABLE 2
PERCENTAGE OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENT IN NON-
METROPOLITAN MINNESOTA COUNTIES

	Kinship Foster Care		Nonkinship Foster Care		Unknown or Missing Type of Foster Care	
	%	(n)	%	(n)	%	(n)
Aitkin	25.5	(14)	72.7	(40)	1.8	(1)
Becker	22.8	(21)	64.1	(59)	13.0	(12)
Beltrami	1.0	(2)	20.4	(41)	78.6	(158)
Benton	0.0	(0)	78.1	(25)	21.9	(7)
Big Stone	0.0	(0)	100.0	(3)	0.0	(0)
Blue Earth	2.9	(2)	94.3	(66)	2.9	(2)
Brown	18.9	(7)	78.4	(29)	2.7	(1)
Carlton	46.0	(57)	51.6	(64)	2.4	(3)
Cass	12.5	(4)	84.4	(27)	3.1	(1)
Chippewa	0.0	(0)	100.0	(20)	0.0	(0)
Chisago	9.5	(7)	90.5	(67)	0.0	(0)
Clay	7.8	(9)	91.4	(106)	0.8	(1)
Clearwater	41.7	(10)	58.3	(14)	0.0	(0)
Cook	12.5	(1)	87.5	(7)	0.0	(0)
Cottonwood	0.0	(0)	100.0	(24)	0.0	(0)
Crow Wing	3.6	(6)	69.5	(116)	26.9	(45)
Dodge	0.0	(0)	86.7	(13)	13.3	(2)
Douglas	0.0	(0)	92.6	(25)	7.4	(2)
Faribault	0.0	(0)	100.0	(24)	0.0	(0)
Fillmore	53.8	(7)	38.5	(5)	7.7	(1)
Freeborn	5.4	(3)	80.4	(45)	14.3	(8)
Goodhue	1.5	(1)	97.0	(64)	1.5	(1)
Grant	0.0	(0)	100.0	(9)	0.0	(0)

TABLE 2 (CONTINUED)
PERCENTAGE OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENT IN NON-
METROPOLITAN MINNESOTA COUNTIES

	Kinship Foster Care		Nonkinship Foster Care		Unknown or Missing Type of Foster Care	
	%	(n)	%	(n)	%	(n)
Houston	0.0	(0)	78.3	(18)	21.7	(5)
Hubbard	10.2	(5)	85.7	(42)	4.1	(2)
Isanti	4.5	(3)	92.4	(61)	3.0	(2)
Itasca	13.2	(17)	86.8	(112)	0.0	(0)
Jackson	14.3	(3)	81.0	(17)	4.8	(1)
Kanabec	0.0	(0)	100.0	(18)	0.0	(0)
Kandiyohi	1.1	(1)	96.8	(92)	2.1	(2)
Kittson	0.0	(0)	100.0	(2)	0.0	(0)
Koochiching	5.9	(2)	88.2	(30)	5.9	(2)
Lac Qui Parle	37.5	(3)	62.5	(5)	0.0	(0)
Lake	0.0	(0)	81.8	(9)	18.2	(2)
Lake of the Wood	0.0	(0)	0.0	(0)	100.0	(3)
Le Sueur	40.8	(18)	38.6	(17)	20.6	(9)
Lincoln	0.0	(0)	100.0	(1)	0.0	(0)
Lyon	0.0	(0)	100.0	(28)	0.0	(0)
McLeod	14.3	(4)	82.1	(23)	3.6	(1)
Mahnomen	45.2	(28)	53.2	(33)	1.6	(1)
Marshall	41.7	(5)	58.3	(7)	0.0	(0)
Martin	0.0	(0)	100.0	(44)	0.0	(0)
Meeker	13.6	(3)	77.3	(17)	9.1	(2)
Mille Lacs	13.1	(8)	73.8	(45)	13.1	(8)
Morrison	12.5	(3)	87.5	(21)	0.0	(0)

TABLE 2 (CONTINUED)
PERCENTAGE OF KINSHIP AND NONKINSHIP PLACEMENT IN NON-
METROPOLITAN MINNESOTA COUNTIES

	Kinship Foster Care		Nonkinship Foster Care		Unknown or Missing Type of Foster Care	
	%	(n)	%	(n)	%	(n)
Mower	2.9	(1)	91.4	(32)	5.7	(2)
Murray	0.0	(0)	100.0	(2)	0.0	(0)
Nicollet	16.4	(10)	83.6	(51)	0.0	(0)
Nobles	2.4	(1)	95.1	(39)	2.4	(1)
Norman	10.0	(1)	90.0	(9)	0.0	(0)
Olmsted	1.9	(3)	98.1	(152)	0.0	(0)
Otter Tail	8.9	(11)	90.3	(112)	0.8	(1)
Pennington	5.8	(1)	82.4	(14)	11.8	(2)
Pine	11.4	(4)	85.7	(30)	2.9	(1)
Pipestone	9.7	(3)	87.1	(27)	3.2	(1)
Polk	2.5	(2)	96.3	(78)	1.2	(1)
Pope	16.7	(3)	83.3	(15)	0.0	(0)
Red Lake	25.0	(1)	50.0	(2)	25.0	(1)
Redwood	23.7	(9)	76.3	(29)	0.0	(0)
Renville	25.0	(7)	75.0	(21)	0.0	(0)
Rice	3.1	(2)	85.9	(55)	10.9	(7)
Rock	0.0	(0)	94.1	(16)	5.9	(1)
Roseau	0.0	(0)	100.0	(8)	0.0	(0)
Sherburne	10.7	(3)	89.3	(25)	0.0	(0)
Sibley	29.4	(5)	58.8	(10)	11.8	(2)
Stearns	0.6	(1)	95.5	(150)	3.8	(5)
Steele	1.5	(1)	88.1	(59)	10.4	(7)

TABLE 2 (CONTINUED)
PERCENTAGE OF CHILDREN IN KINSHIP AND NONKINSHIP PLACEMENTS IN
NON-METROPOLITAN MINNESOTA COUNTIES

	Kinship Foster Care		Nonkinship Foster Care		Unknown or Missing Type of Care	
	%	(n)	%	(n)	%	(n)
Stevens	0.0	(0)	100.0	(9)	0.0	(0)
Swift	0.0	(0)	89.5	(17)	10.5	(2)
Todd	0.0	(0)	90.0	(36)	10.0	(4)
Traverse	66.7	(4)	16.7	(1)	16.7	(1)
Wabasha	0.0	(0)	100.0	(48)	0.0	(0)
Wadena	5.4	(2)	89.2	(33)	5.4	(2)
Waseca	10.0	(3)	90.0	(27)	0.0	(0)
Watonwan	8.8	(3)	85.3	(29)	5.9	(2)
Wilkin	0.0	(0)	100.0	(41)	0.0	(0)
Winona	0.0	(0)	100.0	(35)	0.0	(0)
Wright	0.0	(0)	98.2	(111)	1.8	(2)
Yellow Medicine	11.8	(2)	88.2	(15)	0.0	(0)
Total	9.6	(337)	81.1	(2873)	9.3	(319)

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