

THE NATURE OF KINSHIP CARE RELATIONSHIPS AND PERMANENCY OUTCOMES
FOR FOSTER CHILDREN: IMPLICATIONS FOR SOCIAL WORK
PRACTICE, POLICY, AND RESEARCH.

by

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Presented to the Faculty of the Graduate School of
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

THE UNIVERSITY OF TEXAS AT ARLINGTON

May 2016

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ACKNOWLEDGEMENTS

I want to thank my committee for their wisdom and support. Dr. Maria Scannapieco, you gave me incredible opportunities to learn about child protection practice models and implementation science, which poised me for a great career doing what I love best. You kept the faith and made sure I completed my dissertation despite my personal ups and downs and feet-dragging over the last few years. Dr. Hegar, you built me up by listening to me like I knew what I was talking about in policy class. I hope one day I can become a fraction of the writer you are. Dr. Basham, your compassion delivering my cohort's final exam for that first semester statistics class was heartwarming to all of us and has not gone forgotten. Dr. Madden, the fact that you finished your own dissertation with a mountain of CPS data kept me encouraged that I could do the same. And last but hardly least, Dr. Boudreau (aka "Dr. B"), you're simply one of the finest people I've ever known. Thanks for being a sounding board for all manner of things. Your smarts, folksy wisdom, cowboy analogies, and wicked sense of humor are appreciated more than you know. The fact of the matter is I wouldn't have gotten this far without you.

April 6, 2016

ABSTRACT

THE NATURE OF KINSHIP CARE RELATIONSHIPS AND PERMANENCY OUTCOMES FOR FOSTER CHILDREN. IMPLICATIONS FOR SOCIAL WORK PRACTICE, POLICY, AND RESEARCH.

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2016

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In recent history, kinship care has become the preferred alternative for placement of children in foster care as evidenced by its codification in federal and state policies. Though kinship caregivers tend to fare more poorly on socioeconomic factors than traditional foster and adoptive parents, children who experience kinship care tend to experience better safety and permanency than children in nonkin placements. The term “kinship” is most often broadly defined in child welfare and includes a child’s blood relatives and others who share no biological ties but have a close psychological relationship with the child. Yet, little is known to date as to whether degree of relatedness of a caregiver makes a difference in outcomes for children in foster care. The purpose of this study, which took place in Texas, was twofold: first, to compare the permanency outcomes of foster children placed with kin caregivers as opposed to foster children placed with nonkin caregivers, and, second, to test if degree of relatedness between children and their caregivers makes a difference in permanency outcomes. Based on an analysis of data from the Texas Department of Family and Protective Services, results indicated that children in kinship foster care fare better than those in nonkin foster care on permanency measures, while the effect of degree of relatedness on permanency was encouraging but less conclusive. Findings are discussed in relationship to behavioral biology and followed by a discussion of Texas’ kinship foster care policies using McPhail’s (2003) feminist policy analysis framework.

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CHAPTER 1

1.1 Introduction

Chapter 1 provides basic information about the child welfare system in the United States. Foster care is described as an important social problem, and the evolution of kinship foster care practice is outlined. A summary of current ideological issues and scientific knowledge in kinship care is presented.

1.2 Description of the Problem

Children come to the attention of the public child welfare system in the United States primarily because they have experienced abuse and neglect. Among the foremost goals of the child welfare system are to safely maintain children with their families, establish safety so that reunification can occur when a child has been removed from the home, and find permanent families for children when reunification is not possible (Child Welfare Information Gateway, 2012b). In 2014, a nationally estimated 702,000 children were victims of abuse and neglect (United States Department of Health and Human Services [USDHHS], 2015). During the same year, the total number of children in foster care was 415,129 (USDHHS, 2015). Almost half of these children were placed with a nonrelative, while about a quarter were placed with a relative (USDHHS, 2015).

Children in foster care commonly experience psychological, behavioral, and cognitive problems related to placement out of their homes (American Academy of Child and Adolescent Psychiatry, 2005). Removal from home is a severe disruption to children, who must adjust to a new family, change schools, and make new friends (American Academy of Child and Adolescent Psychiatry, 2005; Johnson et al., 1995). Foster children may desire to return to the maltreating parent, blame themselves for the abuse or neglect, feel ambivalent about developing a relationship with foster parents, lack an overall sense of security or control, and believe themselves unwanted when they must wait for adoption or if changes in placement occur (American Academy of Child and Adolescent Psychiatry, 2005). Of course, children in foster care may also experience symptoms of trauma as a result of the maltreatment that brought them to the attention of the child welfare agency (Igelman et al., 2007; National Child Traumatic Stress Network, 2008a, 2008b). The resulting behavior problems can jeopardize a child's relationship with his foster

parent, exhausting the resources of the caregiver and potentially leading to placement instability (National Child Traumatic Stress Network, 2008a, 2008b).

Child welfare agencies often struggle to find adequate foster homes for maltreated children (Berrick, 1998; Geen, 2004; Gleeson, 1999). Increasing numbers of children are cared for in group homes or other institutions (American Academy of Child and Adolescent Psychiatry, 2005), yet a family setting is preferable (Annie E. Casey Foundation, 2011). Children cared for in institutional settings are less likely to achieve permanency (Annie E. Casey Foundation, 2011). These children emancipate, or “age out,” of foster care, meaning they exit the foster care system at age eighteen without the system having secured a permanent family to support their transition to adulthood. The number of children who aged out of foster care in 2014 was 22,392, or 9% of children exiting the system (USDHHS, 2015). Outcomes for children who emancipate from foster care are dismal in terms of mental health, physical health, academic achievement, income level, employment, and involvement with the criminal justice system (Courtney & Barth, 1996; Scannapieco et al., 2007).

1.3 Overview of Kinship Care

Over the last twenty years, the child welfare system has come to rely more and more on an arrangement known as “kinship care,” wherein a relative or other significant person assumes primary care of the child (Annie E. Casey Foundation, 2012; Denby, 2010; Gleeson, 1999; Hegar, 1999; Hegar & Scannapieco, 1995; Ingram, 1996). Kinship care allows child welfare agencies to meet their needs for placement resources, but the practice has known benefits for children as well (Berrick et al., 1994, Koh & Testa, 2008). Kinship care has become the priority placement option when child welfare agencies must separate children from their parents due to maltreatment (Child Welfare Information Gateway, 2012b; Denby, 2010). The precise definition of a “kin caregiver” varies by state, but generally refers to blood relatives, tribal members, family friends, and other extra-familial persons with whom a child has an established and demonstrated psychological bond (Child Welfare Information Gateway, 2010b, 2012b). The term fictive kin refer to individuals that are unrelated to the child by either birth or marriage, but have an emotionally significant relationship with the child (DFPS, 2016).

Kinship care can assume a variety of forms, which are differentiated based on the degree of involvement from a child welfare agency. Three types of kinship care have been identified by the

Children's Bureau of the U.S. Department of Health and Human Services: formal kinship care, voluntary kinship care, and informal kinship care (Child Welfare Information Gateway, 2010, 2012b). Each of these will be described below. While informal kinship care is outside the scope of this paper, it will be mentioned in the discussion of kinship care because of its place in the evolution of formal and voluntary kinship care arrangements. This paper will focus on kinship care arrangements that involve the public child welfare system.

Formal kinship care refers to cases in which a child welfare agency places a child with a kin caregiver after the state is granted legal custody of the child by a court (Child Welfare Information Gateway, 2010, 2012b). In formal kinship arrangements, the state has legal responsibility for the protection and care of the child, while kin have physical custody of the child. The child welfare agency, which acts on behalf of the state, determines where the child will live, makes certain the child attends school and receives health care, and decides what contact should occur between the child and his parents. Kin are responsible for performing routine caregiving tasks, ensuring that the child's daily needs are met. Formal kin caregivers are always required by child welfare agencies to meet minimum standards of safety. In some states, kin caregivers are required to be "licensed" by the state as a foster care provider. For the purposes of this paper, the term "license" is used interchangeably with "certification" or "verification". Though terminology varies across states, licensure implies that the caregiver has met federal and state criteria which allow the caregiver to receive financial support and other benefits, including training, to provide care for the child (Child Welfare Information Gateway, 2010, 2012b).

Kinship care may also be "voluntary", wherein the child welfare system becomes involved with the family, but legal custody of the child is not held by the state. In this type of arrangement, a kin caregiver assumes physical custody of the child, while legal custody of the child either remains with the parents or is temporarily awarded to the kin caregiver with the parent's consent. Voluntary kinship care generally occurs when the child welfare agency has reason to believe a child has been maltreated by his parent, but the evidence does not allow the state to legally justify taking custody of the child. Parents and kin agree to work with the child welfare agency to arrange for interim care of the child by the kin caregiver, usually while the parent completes a service plan developed between the agency and family members.

Like formal kinship care, voluntary kinship care requires that caregivers meet a state's minimum standards of safety. Some states may offer limited services to voluntary kin caregivers, such as referrals to treatment or other community resources (Child Welfare Information Gateway, 2010, 2012b).

"Informal" kinship care pertains to private arrangements made between family members that do not involve the child welfare system (Child Welfare Information Gateway, 2010, 2012b). Here, parents maintain legal custody of the child as well as the authority to make decisions regarding the child's medical care and educational needs (Child Welfare Information Gateway, 2010, 2012b). While kin caregivers assume principal care of the child in informal kinship care, parents are able to legally resume physical custody of children at any time (Child Welfare Information Gateway, 2010, 2012b).

Kinship care arrangements in which the child welfare system is a part are a novel concept if understood in a broader historical context. Across many cultures, kin have assumed the role of primary caregiver on an informal basis when the child's parents are unable to do so (Ingram, 1996; Hegar, 1999; Annie E. Casey Foundation, 2012). Until more recently, the child welfare system has questioned the safety of kinship placement for children, relying on the assumption that child maltreatment is intergenerational in nature (Ingram, 1996). Another significant contributor to the child welfare system's reluctance to formalize kinship care is the politicized notion that kin should care for their own without public support (Ingram, 1996; Hegar & Scannapieco, 1995).

Only lately has kinship care become recognized by the child welfare system as the preferred placement setting for children who cannot safely remain in their own homes (Denby, 2010; Hegar, 1999; Gleeson, 1999; Ingram, 1996). The growth of kinship care within the child welfare system is the result of a number of influences, including the need for more placements, the outcome of litigation resulting in new federal laws allowing foster care payment for kin caregivers, and society's commitment to the family institution in its broadest form (Berrick et al., 1994; Denby, 2010; Hegar & Scannapieco, 1995; Gleeson, 1999; Ingram, 1996). Yet, despite the historical advancement of kinship care practice by child welfare agencies, kin caregivers generally receive less benefits and support than nonkin caregivers (Denby, 2010; Geen, 2004; Scannapieco & Hegar, 2002).

Notwithstanding ideological concerns about kinship care, the current body of research substantiates that kinship care is, most often, the best option for placement when children cannot remain

safely with their own parents (Annie E. Casey Foundation, 2012). For children removed from their parent's homes, kinship care can minimize the trauma of separation, which may be exacerbated when children are placed in the care of people unknown to them (Annie E. Casey Foundation, 2012; Dubowitz et al., 1994). Kinship care allows children to maintain connections with their birth family and cultural roots, which can promote a healthy sense of identity, cultivate healthy attachment relationships (Vig, et al., 2005), and reduce the stigma of nonrelative foster care (Berrick et al., 1994; Ehrle & Geen, 2002; Messing, 2005). Placement with kin also increases the probability that children will remain with their siblings (Child Welfare Information Gateway, 2012). Kinship care may be more consistent with familial and cultural structures that allow childrearing to be shared more broadly (Hegar, 1999). Kinship placements are more likely to be stable than nonrelative foster care, resulting in fewer moves between foster homes (Chamberlain et al., 2006; Hegar, 1999; Koh, 2010). Perhaps most critically, children in kinship care are considered safer than children in other forms of foster care (Gleeson, 1999; National Resource Center for Foster Care and Permanency Planning; 2011).

Kinship care has achieved legitimacy within the child welfare system since its controversial origins as a child welfare practice (Geen, 2002). Nevertheless, kinship care continues to be challenged on many fronts (Winokur et al., 2008). Caseworkers report that meeting the significant needs of kin caregivers result in increased workloads, which may influence practices that favor placements with nonkin caregivers. (Peters, 2005). Disagreement about whether or not licensure standards should be relaxed for kin caregivers is an additional source of tension (Gibbs & Muller, 2000; Winokur, 2008). Another key debate concerns the lack of financial support, oversight, and other services to kin caregivers in comparison to nonkin foster parents (Cuddeback & Orme, 2002; Dubowitz, 1994; Winokur, 2008). Dissent about how much and how parents should be involved with their children in kinship care also exists (Ayala-Quillen, 1998; Blakey, 2012; Winokur, 2008). The comparative permanency, safety, and well-being of children in kinship care versus those in nonrelative foster care continue to be questioned (Winokur, 2008), notwithstanding a good deal of evidence that kinship placements are safe and stable (National Resource Center for Foster Care and Permanency Planning, 2011; Winokur, 2008). Outstanding concerns about how kinship care affects permanency outcomes specifically have received

some attention in the literature of late (Blakey, 2012; Koh, 2010; Koh & Testa, 2008; Testa, 2005; Winokur, 2008).

1.4 Conclusion

Kinship care has taken center stage among foster care placement priorities in the child welfare system. The practice of formal kinship care was originally based, at least in part, on the shortage of available foster homes for foster children, but kinship foster care now has an established record of safety and stability. Permanency outcomes for children in kinship care continue to be questioned, so recent research on permanency in kinship care will take the focus of the following literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Chapter 2 presents an overview of the research on permanency outcomes for children in kinship foster care. The goals of the literature review presented here are threefold. One goal is to provide a description of kinship care by providing a summary definition of the characteristics of children in kinship care and their caregivers. A second goal is to critically examine the research regarding permanency outcomes for children in kinship care. The final goal is to identify gaps in the literature on permanency outcomes and recommend a direction for additional research.

2.2 Methods

Databases searched for the purposes of this literature review include Academic Search Complete, ERIC, MEDLINE, Sciverse, and GoogleScholar. Websites recognized as sources of social work and child welfare research information were also pursued: Annie E. Casey Foundation, Chapin Hall, Child Welfare Information Gateway, the National Resource Center for Foster Care and Permanency Planning, and the Urban Institute. Relevant social work and child welfare journals were also included in the search, along with reference lists of publications on kinship care. Terms searched were “kinship care,” “kinship foster care,” “relative foster care,” “foster care,” “permanency,” “permanency outcomes,” and “kinship care permanency outcomes.”

Much of the opening literature on kinship care in the child welfare system was published in the 1990's, when formal kinship care arrangements were on the rise. This research tended to be descriptive, which was consistent with the emergent nature of the practice at that time. Early work on kinship care emphasized the evolution of the practice across cultures and over the course of history, identification of kinship caregiver attributes, and the inequity of services provided to kinship caregivers by the child welfare system. During the last decade or so, the practice of kinship care in child welfare has matured and given way to greater availability of data on the permanency outcomes of children in kinship care. For these reasons, there exists a notable demarcation between publication dates included in the synthesis of literature section of this paper as compared to the critical analysis portion. The publications that are critically examined here were narrowed to those published after the year 2000, when more data about

kinship care was available and statistical applications used to determine permanency outcomes seem to have advanced. Qualitative studies and studies of informal kinship care were excluded.

2.3 Synthesis of Literature

2.3.1 Characteristics of Kin Caregivers

Kin caregivers are most commonly women, usually grandmothers and next most often aunts (Berrick et al., 1994; Dubowitz, et al., 1990; Scannapieco et al., 1997). Compared to nonkin foster mothers, kin caregivers tend to be older, with an average age of 50 years (Berrick et al., 1994; Dubowitz, et al., 1990; Scannapieco et al., 1997). Kin caregivers are more often single than nonkin foster mothers, who are typically married (Berrick et al., 1994; Scannapieco et al., 1997). Nonkin foster parents predominately have higher levels of academic achievement and income than kin caregivers (Berrick et al., 1994; Scannapieco et al., 1997). Kin caregivers rate themselves in poorer health than do nonkin foster parents (Berrick et al., 1994; Scannapieco et al., 1997). Many kin caregivers live in poverty, though about half of all kin caregivers work outside the home (Dubowitz, et al., 1990; Scannapieco et al., 1997). Caring for one or more additional family members may strain the fixed incomes of kin caregivers, who may have experienced financial stability prior to the child's placement and be reluctant to apply for public benefits, which can be stigmatizing (Ehrle & Geen, 2002). A gross disparity exists between the training and financial supports available to nonkin foster parents over kin caregivers (Berrick et al., 1994; Cuddeback & Orme, 2002; Ehrle & Geen, 2002; Hegar & Scannapieco, 2000; Scannapieco & Hegar, 2002). The Title IV-E benefits afforded to nonkin foster parents are not available to kin caregivers for whom foster home licensure is out of reach (Denby, 2010).

2.3.2 Characteristics of Children in Kinship Care

Children in kinship care are largely African-American (Berrick et al., 1994; Dubowitz et al., 1990; Testa, 2005). Boys and girls are equally represented among children in kinship care. Some studies indicate children in kinship care average 7 or 8 years of age (Berrick et al., 1994), while others suggest that most children in kinship are adolescents (Ehrle & Geen, 2002). Reasons for removal from home among children in kinship care is most commonly neglect (Berrick et al., 1994; Dubowitz et al., 1990) or parental substance abuse (Berrick et al., 1994; Beeman et al, 2000). Neglect is the most common reason for removal of all children in foster care (USDHHS, 2010), but children in nonkin foster care are more

likely to be removed because of abuse than children in kinship care (Grogan-Taylor, 2000). Some evidence exists that children in kinship care have fewer behavioral problems than those in nonkin foster care (Berrick et al., 1994; Dubowitz et al, 1990). What is not clear is whether any differences that may exist are due to placement type or variations in behavioral health status of children at the time of placement.

2.3.3 Permanency Goals for children in Foster Care

Prior to the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), it was more common for children removed from their homes due to abuse and neglect to be raised to adulthood in foster care (Takas & Hegar, 1999). This piece of legislation compelled child welfare agencies to expedite children's movement to permanent homes, either by reunifying children with their families or establishing legal adoption of the child. The Adoption and Safe Families Act of 1997 (Public Law 105-89) reaffirmed the importance of preventing children from lingering in foster care.

Family preservation is usually the goal of kinship care, which includes reunification of the child with parents, or adoption or guardianship by kin caregivers (Scannapieco & Hegar, 1999; Winokur et al., 2008). Reunification is the most common permanency goal of all children in foster care. In 2010, approximately half of all foster children had a permanency plan of reunification with their families, and about half of those who exited foster care were reunited with their parents (Child Welfare Information Gateway, 2012a). Another 21% of these children were adopted, and 6% departed the system to guardianship (Child Welfare Information Gateway, 2012a).

Rates of adoption by kin caregivers are rising (Ryan et al., 2010). The same is true of guardianship based on the provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), herein referred to as the Fostering Connections Act, which legitimizes guardianship by kin caregivers as a permanency option for children by allowing financial benefits to kin caregivers when reunification and adoption are ruled out. Among other provisions of this legislation is the federal stipulation that state child welfare agencies must notify relatives when a child is placed in foster care due to abuse and neglect.

2.4 Critical Analysis of Literature on Permanency Outcomes in Kinship Care

Ideological and scientific questions about the safety, permanency, and well-being of children in kinship have yet to be fully resolved (Winokur, 2008). Many of the presumed benefits of kinship care are more theoretical than evidence-based, but this may be more a reflection of the fact that kinship care as a child welfare practice is a relatively new and is in development. More than any other, the issue of permanency in kinship care seems to have taken center stage in the literature of late (Koh, 2010; Koh & Testa, 2008). Early studies indicated that children in kinship care are less likely to achieve permanency than children in nonkin foster homes (Barth et al., 1994; Berrick et al., 1994; Courtney, 1994; Thornton, 1991). More recent research suggests that improved methodology might yield different results, calling into question whether or not permanency outcomes for children in kinship care and nonkin foster care are as different as they once seemed.

An examination of the quantitative literature on the relationship between kinship care and permanency published since the year 2000 follows. For the purposes of this paper, “permanency” refers to legal permanency, meaning achievement of reunification, adoption, or guardianship and at what rate these occur. Care of children that is not legally binding is not considered to be permanent although the relationship itself may be lasting (Testa, 2001). Four publications (Koh, 2010; Koh & Testa, 2008; Testa, 2001; Winokur et al., 2008) met criteria for inclusion here and will be described in detail below. Testa (2001) and Winokur et al. (2008) examine other outcomes in addition to permanency, but these are beyond the scope of this paper and excluded from the discussion that follows.

Winokur et al. (2008) compared permanency outcomes between kinship care and nonkin foster care from a matched sample of 636 children (n=318 for each group) in 12 counties in Colorado. Children were matched on the following characteristics: age at entry into care, gender, ethnicity, severity of allegation, program area (either children in need of protection or children in need of specialized services to achieve adoption), county, and, when available, reason for removal (Winokur et al., 2008). Sampling criteria included initial removal from home in year 2000, length of stay in care more than 60 days, 90% of days in placement in either kinship care or foster care, and last placement in the specified type of placement (Winokur et al., 2008). A sub-sample was also formulated to determine any similarities or

differences in paid versus unpaid kinship care (Winokur et al., 2008). One hundred children were matched on the same characteristics as those in the parent sample (Winokur et al., 2008).

Data for Winokur and colleague's study was collected from Colorado's Statewide Automated Child Welfare Information System (SACWIS). McNemar Chi-Square tests, a nonparametric statistical technique used to calculate categorical data that are not independent (Vogt, 2005), were applied to measure permanency outcome variables (Winokur et al., 2008). Descriptive statistics were used to compare children in both the sample group and the sub-sample (Winokur et al., 2008). The likelihood of each group achieving a permanency event (reunification, adoption, or guardianship) as compared to the other group was calculated using odds ratios (Winokur et al., 2008). Paired samples t-tests were computed to determine if the continuous variable, number of days to permanency, varied between the groups and whether or not differences were statistically significant (Winokur et al., 2008). Cohen's d was used to establish the magnitude of variations in number of days to placement between groups (Winokur et al., 2008).

Winokur et al. (2008) found that children in kinship care were more likely than children in foster care to exit the system to guardianship, less likely than children in foster care to be reunified with parents, and equally likely as children in kinship care to be adopted. Children in foster care were over two times more likely to be reunified with parents (61%) than children in kinship care (42%) (Winokur et al., 2008). Children in kinship care were almost eight times more likely than children in foster care to attain permanency through guardianship, 31% compared to 6%, respectively (Winokur et al., 2008). No statistical difference in days to permanency ($t=1.50$) between children in kinship care (391 days) and children in foster care (418 days) was demonstrated (Winokur et al., 2008). Children in paid kinship care and those in unpaid kinship care were not found to be statistically different on any variable (Winokur et al., 2008).

This study has several limitations. First, because of unfixed data entry requirements between and within counties, some outcome variables had missing data (Winokur et al., 2008). What is not known is the extent of the missing data and for which outcomes there is an absence of data. Next is the issue of external validity. Children from larger counties were overrepresented in the sample, and, of course, the sample only includes children involved in the child welfare system in Colorado and cannot be generalized

to children in kinship care and foster care elsewhere. Perhaps the most crucial limitation of this study is the selection bias inherent in the lack of random assignment to one group or the other. As discussed previously, kinship care is different from nonkin foster care in terms of kin caregiver and child characteristics. The authors attempted to control for error by matching groups on a number of characteristics as stated above. However, potentially impactful matching variables were missing, such as child behavioral problems and physical health or disability, and caregivers were not matched on any criteria.

Koh and Testa (2008) recognized the problem of selection bias in much of literature comparing permanency outcomes between children in kinship care and those in foster care to date (Barth, et al., 1994; Testa, 2001; Thornton, 1991). Koh & Testa (2008) conducted a study that used propensity score matching to better control for pre-existing differences between groups. Noting that kin caregivers are able to exercise more control over the children in their care, while nonkin foster parents are expected to care for all children referred to them, Koh & Testa (2008) concluded that differences in permanency outcomes between the two groups described in earlier literature might be the result of inadequacy of statistics used to control for selection bias rather than any real variation (Koh & Testa, 2008). Propensity score matching is a statistical technique used to correct for selection bias by balancing mean differences between comparison groups (Koh & Testa, 2008). A propensity score is a single variable that matches subjects based on the probability of membership to a group and is commonly calculated using a logistic regression model (Barth & Gibbons, 2004; Koh, 2008).

Using data submitted by the state of Illinois to the Adoption and Foster Care Analysis Reporting System (AFCARS) from March 1998 to September 2007, Koh and Testa (2008) drew a random subsample of 1500 children in kinship care who were matched to 1500 children in nonkin foster care (N=3000). This sample was limited to children who entered the system prior to October 1, 2004, allowing for longitudinal follow-up at three or more years (Koh & Testa, 2008). Matching between the kinship care and foster care groups was based on both child and caregiver characteristics (Koh & Testa, 2008). Children were matched on age at entry, race, disability, reason for removal, and year of entry (Koh & Testa, 2008). Caregivers were matched on race and county in which they provided services (Koh & Testa, 2008).

Reunification rates at three years after entry into care were remarkably similar between children in kinship homes (34%) and children in nonkin foster care (33.6%) (Koh & Testa, 2008). Because the state of Illinois views guardianship as a proxy for adoption in kinship families, Koh & Testa (2008) did not distinguish between children who exited to guardianship and those who were adopted. Combined rates of adoption and guardianship indicated no statistical difference between children in kinship care (50.6%) and children in nonkin foster care (54.6%) (Koh & Testa, 2008). Because variations in permanency outcomes between groups before matching were present but vanished once matching occurred, Testa and Koh (2008) concluded that differences could be ascribed to group attributes and not placement type.

Koh and Testa's (2008) study is limited in a number of ways. First, the sample group is restricted to children involved in the child welfare system in Illinois and cannot be generalized to a broader population. Next, not all distinguishing characteristics between kinship care and foster care were included into Koh and Testa's (2008) regression model. Notable exclusions from the caregiver category include age, income level, educational attainment, marital status, and degree and type of support and training received. Omissions of child characteristics were fewer but still in existence. While the child disability category included both mental and physical status, no further distinctions were made. Last, propensity score matching cannot control for unobserved variables, so differences between sample groups may be present but are undetected and, therefore, not controlled.

In a previous study, Testa (2001) compared adoption and guardianship rates between children in kinship care and children in nonkin foster care from data extracted from the Illinois Department of Child and Family Services Integrated Database and the 1994 Relative Caregiver Social Assessment survey. Cases between the two data sources were linked to derive a sample of 955 children in kinship care and 955 children in nonkin foster care (N=1910) in urban Cook County (Chicago and immediate vicinity), all of whom entered the system between July 1, 1991 and June 30, 1995 (Testa, 2001). Children were matched on age and duration of placement and tracked longitudinally until resolution of the case, placement disruption, or June 30, 1999. Testa (2001) found that children in kinship care are less likely to exit the system to adoption or guardianship early after placement. However, these differences diminished each year after the first year of placement until they disappeared, diverging from earlier literature that suggested kinship care might impede achievement of legal permanency (Testa, 2001).

Testa (2001) did not identify any methodological problems with the study. Perhaps because Illinois had already established one of the most well-established kinship care programs in the U.S. at the time of the study (Koh, 2010), clear, comprehensive data was available and weaknesses in terms of data collection and program fidelity were few. One limitation is that the findings of this study cannot be generalized beyond Cook County, Illinois. Also, reunification rates between the two groups were not examined, but the reasoning for this omission is unclear. A possible explanation for this was concern that kinship families are less likely to adopt (Thornton, 1991) and that guardianship, because it is not as legally binding as adoption, is an undesirable option. Perhaps Testa's (2001) interest in adoption and guardianship outcomes for kinship families was influenced by debate in Illinois over the wisdom of providing guardianship assistance benefits to kinship families, which, as the argument went, would disincentivize adoption. Illinois implement the Title IV-E Waiver Demonstration Project, which provided subsidies to kin caregivers, during the sampling period for Testa's (2001) study. It seems possible the time was ripe for emphasis on research that explored the relationship between adoption and guardianship specifically.

Koh (2010) expanded on the earlier work with Testa (2008) and Testa's work (2001), in a study that attempted to minimize external validity problems by expanding the sample beyond children in kinship care and foster care in Illinois to children in kinship care and foster care in five other states, including Arizona, Connecticut, Missouri, Ohio, and Tennessee. Using AFCARS data that had been submitted to the Fostering Court Improvement Project between October 1, 1999 and September 30, 2004, Koh (2010) constructed a matched sample of 28,120 children in kinship care (n=14,060) and foster care (n=14,060). Koh's (2010) selected time frame allows follow-up of children at a minimum of one year past entry into care. A logistic regression model was used to construct propensity scores based on child's age, gender, race, disability status, reason for removal, year of entry, location of services, parent's age and marital status, caregiver's age and marital status, and match between the race of the child and race of the caregiver (Koh, 2010).

A number of differences between the states on permanency outcomes between children in kinship care and children in nonkin foster care were identified (Koh, 2010). Children in Arizona and Connecticut were less likely to reunify if they were placed in kinship homes than children in nonkin foster

care homes (Koh, 2010). In Ohio and Tennessee, children in kinship homes were more likely to be reunified than those in nonkin foster homes. Reunification rates for children in kinship care and nonkin foster care were the same (Koh, 2010). Children in kinship care were more likely to achieve adoption or guardianship than children in nonkin foster care in Arizona, Missouri, Ohio, and Tennessee (Koh, 2010). Only in Connecticut were children in nonkin foster care more likely to be adopted or reunified than those in kinship care.

Koh (2010) concluded that children in kinship homes are not less likely to achieve permanence than children in nonkin foster homes and attributed the variations among states to state-specific policies and practices rather than placement type. Koh (2010) reports that not all states offered ongoing financial benefits to kin caregivers who pursue legal guardianship. In most states, reunification and adoption must be ruled out prior to pursuit of guardianship (Koh, 2010), and this is consistent with federal priorities and stipulations of Fostering Connections Act. Casework may differ considerably from one agency to another based on variations in leadership, goals, and values. Policy and practice disparities speak to the limitations of the study, which does not account for all possible differences between kin caregivers and nonkin foster parents. Unobserved differences, such as the caregivers' levels of income and education, coupled with inequitable receipt of financial benefits and other supports, may account for variations between groups. Also, while Koh (2010) attempted to improve external validity by including subjects from five different states, there may be differences between children, caregivers, and the policies and practices in other states compared to those included in the sample.

2.5 Limitations of the Current Body of Knowledge

Five gaps exist in the literature examining permanency outcomes of children in kinship care to date. First, a robust body of knowledge on the relationship between kinship care and permanency for children involved in the child welfare system has yet to emerge. Though several large scale studies have been conducted fairly recently (Koh, 2010; Koh & Testa, 2008; Testa, 2005; Winokur, 2008), the research has not kept pace with the boom of kinship care in the child welfare system since the 1990s. The research studies described here report that kinship care is not a barrier to permanency, but questions persist (Blakey, 2012; Winokur, 2008). There simply is not enough evidence to make definitive conclusions at this point in time.

Second, sampling from the four studies discussed in this paper were limited to seven states. Though these samples were sizeable, inferences cannot be made to children in kinship care and foster care in other states. Koh (2010) made efforts to manage problems with external validity by widening the sample to five states, but the pool is still fairly shallow overall. Kinship programs may vary widely between child welfare agencies (Hegar & Rosenthal, 2009), and differences in characteristics of children and caregivers may exist across locations as well.

Third, and related to the issue of variations in kinship programs, is the absence of any comprehensive discussion of fidelity and its impact on reported outcomes. Koh (2010) concluded that differences in permanency rates could be attributed to variations in policies and practices across states included in the study and not to placement type. However, the differences in policy and practice were not articulated, and it is unknown as to whether these influenced the results of the study or not. Likewise, Winokur et al. (2008) noted that kinship care policy and practice was not consistent between or within the Colorado counties included in the study, but no additional information is provided. A further exploration of the issue of fidelity might have informed enhancement of existing programs or development of effective kinship programs.

Fourth, kinship care research lacks important comparisons between kin caregivers and traditional foster parents. Clearly, kin caregivers differ from nonkin foster parents in significant ways. Not the least of these is the disparity in financial subsidies and other benefits between the two groups, with nonkin foster parents historically having received more monetary support and training than kin caregivers. Furthermore, kin caregivers, often older, in poorer health, and with small or fixed incomes, may come to their role from a disadvantaged position that influences outcomes for the children in their care. While each of the four studies discussed here attempted to minimize selection bias by matching children and caregivers on some characteristics, not all potentially important variables related to psychosocial status were included (as noted in the previous section).

Fifth, the current research has given little attention to any differential assessment of types of kinship placements. As noted previously in this paper, many states include both related and unrelated caregivers in policy definitions of kin. Furthermore, type of genetic relationships among genetic kin caregivers have not been examined for differences in outcomes for children. Another group of kin

caregivers that needs consideration in the research are unlicensed kin caregivers. No known comparison has been made in the published literature on kinship care that examines any differences between unlicensed and licensed caregivers. The lack of comparative assessment of the various kin caregiver subcategories may obscure the possibility that important distinctions between types of caregivers exist, and these distinctions may result in different permanency outcomes for children.

2.6 Implications

Kinship care as a child welfare practice has become commonplace in recent history, and certainly, its legitimacy has grown on the whole. Still, a good degree of skepticism continues to permeate at least some child welfare agencies and among stakeholders (Koh, 2010; Winokur, 2008). This is particularly true where permanency is concerned (Blakey, 2012; Koh & Testa, 2008), which seems a logical response to early research that suggested children in kinship care are slower or less likely to achieve legal permanency (Barth et al., 1994; Berrick et al., 1994; Courtney, 1994; Thornton, 1991).

Additionally, some evidence suggests that caseworker biases favor nonkin placements over kin placements, notwithstanding the growing practice of kinship care within child welfare agencies and evidence that children in kinship placements are safe and stable (Herring, 2012; Peters, 2005). Caseworker behaviors may preclude more kinship placements, though this arrangement provides connections so critical to a child's development. The implication is that more research is needed around permanency outcomes for children in foster care and research needs more connection to daily caseworker practices.

Though the four articles presented in Chapter 2 have limitations, the studies were nevertheless rigorous and added important information to the existing body of knowledge about kinship care. Though some questions about permanency in kinship care persist, the range of literature over the last twenty years or so demonstrates that children in kinship care are safe and stable compared to children in nonkin foster care (Krinsky, 2005; Lenz-Rashid, 2009; National Resource Center for Foster Care and Permanency Planning, 2011). This is an interesting phenomenon given that kin caregivers tend to be older, poorer, single caregivers with less education in comparison to their nonkin counterparts. Historically, kin caregivers have received fewer benefits and supports (Geen, 2004; Scannapieco & Hegar, 2002), and this is true despite the progress reflected in the Fostering Connections Act (Denby,

2010). Perhaps the most important question still remains: Given the presumable disadvantages of kinship care, why do children who experience kinship placement seem to fare all right?

2.7 Conclusion

Chapter 2 described four recent studies on permanency outcomes for children in kinship foster care. Five key limitations of the current research on permanency outcomes for children kinship care were presented. These limitations include the following: 1) given the growth of kinship care in recent history, the body of scientific knowledge has not kept pace; 2) the research that exists is limited to a small number of states; 3) no consideration of the fidelity between practice and policy and how practice influences outcomes is provided; 4) matched comparisons between kin and nonkin caregivers has not included a complete array of variables; and 5) no differential assessment between types of kin caregivers has been offered.

Though permanency outcomes for children in kinship care are in question, the safety and stability of kinship care is relatively well-established. Kinship care is growing in numbers, but evidence suggests that caseworker biases may prevent some children from being placed with kin caregivers. Kin caregivers tend to be at some disadvantage compared to nonkin foster parents, yet children placed in kinship care seem to fare as well or better than children in nonkin foster care. Each of these factors has important implications for child welfare research, policy, and practice.

First, permanency outcomes for children in kinship care need to be explored further and on a grander scale. Second, research needs to include analysis of kinship care policies and practices and how these relate to outcomes for children in kinship care. Third, a closer examination of the differences between subcategories of kin caregivers is in order. Fourth, and most importantly, future research should include a theoretically driven explanation of the reason children in kinship care seem to fare all right in spite of what on paper looks to be a disadvantaged form of foster care. Any theoretical premise must make intuitive sense to policymakers and frontline practitioners in order to bridge the gap between research and practice.

CHAPTER 3

THEORETICAL UNDERPINNINGS

3.1 Introduction

Chapter 3 explores the major theories used to explore kinship foster care in the current literature. The role biology may play in kinship caregiving and outcomes for children are described. Finally, the value of application of an instinctive theoretical premise in child welfare research, policy, and practice is presented.

3.2 Kinship Care within the Social Environment

The importance of family connections is assumed in kinship care, and this assumption is commonly framed in kinship care literature within one of two theoretical constructs. One overarching construct includes any of the human development theories that describe the psychological benefit to foster children who presumably achieve a greater sense of stability when cared for by someone known to them than those cared for by someone who is unfamiliar. The other theoretical framework used to understand kinship care is based in anthropology and describes the sociocultural and historical context of kinship care. Both constructs emphasize the influence of the social environment and the interpersonal relationships that develop within the social environment on outcomes for children.

The implication is that the maintenance of attachment relationships, continuity, and cultural identity are the key influences on life trajectories for children in kinship foster care. Given this, the supposition might be made that one attachment relationship is equal to another regardless of biological relatedness or lack thereof, so long as it supports the child's sense of self and provides connectedness over time. Traditional foster care and adoption are based on the idea that nonkin relationships are a suitable or even better proxy for a child's birth family.

This sits in dynamic tension with federal requirements for child welfare agencies to make reasonable efforts to prevent placement of children and to reunify families when placement occurs (Child Welfare Information Gateway, 2012b). Federal priorities implicitly favor biological relationships over other relationship types, but perhaps the message is not delivered as effectively as it could be. Many states have extended the definition of kinship to include non-biological relationships, and the ambiguity of Fostering Connections Act allows for this. In spite of the increased numbers of children in kinship foster

care over the last two decades, some evidence suggests caseworkers have negative perceptions of kinship care that influence placement decisions in favor of nonkin (Peters, 2005). Caseworkers must make important decisions about children's safety in chaotic situations and, at times, with very limited information. Clear guidance is critical to safe, sound practice (Herring, 2008; Herring, 2010; Herring, 2012).

The growing preference for child welfare agencies to rely on kinship care was based in part on the lack of foster homes rather than acknowledgement that children have a fundamental need or right to remain with their birth families or that birth family members may have intrinsic motivation to care better for relative foster children than nonkin foster parents (Ingram, 1996). The recognition that kin caregivers will care for their relative children with limited or no financial support, notwithstanding the potential negative consequences to the caregivers and children, may have provided further incentive for the child welfare system to include kin caregivers in foster care practice. Historically, legislators have capitalized on the notion that kin caregivers have a duty to care for their own, justifying the disparate resources between the two groups with kin caregivers on the losing side (Denby, 2010). Notwithstanding the progress reflected in the Fostering Connections Act and state policies that give preference to kinship care over nonkin foster care, kin caregivers as a whole continue to receive less support than nonkin foster parents (Denby, 2010).

Yet, despite the circumstances in which kin caregivers tend to raise children and the lack of assistance provided to them, evidence overwhelmingly shows that children who experience kinship care demonstrate better outcomes on measures of safety and stability than children in nonkin foster care (Krinsky, 2005; Lenz-Rashid, 2009; National Resource Center for Foster Care and Permanency Planning, 2011). Why this occurs is less clearly explained in existing literature, which, as previously noted, centers on psychological development and sociocultural anthropology theories to understand kinship care. Each of these theories is predicated upon a belief that the social context is the key predictor of human behavior. If the social environment is the sole influence on the relational trajectory of humans, then it would seem that any healthy attachment relationship for a child would trump biological relatedness. This does not appear to be the case for many children in foster care.

3.3 The Role of Biology in Kinship Care

Compelling evidence exists that youth who emancipate from foster care with a nonkin caregiver will reconnect with their birth families in spite of the maltreatment they experienced, the disruptions in attachments, or other positive nonkin connections they had formed (Avery, 2010; Courtney & Dworsky, 2007; Courtney et al., 2001; Iglehart & Becerra, 2002). Moreover, birth families are likely to re-establish some form of care for these youth (Avery, 2010), and, of course, the willingness of kin caregivers to care for their own is a primary contributing factor to the growth of formal kinship foster care. Given this, it seems possible that kinship care satisfies a biological need on the part of both caregivers and children to associate with one another. Perhaps an inherent desire to remain together explains why kinship care relationships seem to work despite the evidence that kin caregivers are at some disadvantage to nonkin caregivers in terms of age, race, number of adult caregivers in the household, and education (Denby, 2010; Geen, 2004; Scannapieco & Hegar, 2002). While anthropological and developmental theories have proven to be useful ways to understand kinship care, exploration of kinship care should move beyond constructs that emphasize the social context of relationships. Another explanation is needed in order to fully understand kinship care and what policies and practices are needed to expedite safe and permanent care for foster children.

Less attention has been paid in kinship care literature to what might be a biological imperative for humans to preferentially associate with those of their kind and the developmental impact of that preference. Considering the likelihood of emancipated youth reconnecting with their birth families and the inclination of kin to foster relative children, one might logically conclude that policymakers and practitioners take into account the inevitability of these relationships and respond by supporting kin caregivers to better meet the permanency needs of their relative foster children. Yet the funding made available to support foster care still favors nonkin foster parents, and the practical realities of foster care may either impede some potential kin from caring for relative children or create significant hardship for these children and families (Denby, 2010). Bias on the part of child welfare caseworkers who might favor the socioeconomic advantages of nonkin foster care to a child over the circumstances typical to kinship households cannot be ignored (Peters, 2005). Any of these factors may prohibit individual children from

finding a permanent kinship home despite federal and state priorities that more recently favor kinship care.

The recognition that kinship foster care is safe and stable has grown exponentially in recent years (Winokur, 2008). Nonetheless, some doubt still lingers as to whether or not children in kinship care achieve permanency at the same rates as children in traditional foster care (Koh, 2010; Koh & Testa, 2008; Winokur, 2008). In light of the devastating outcomes for emancipated youth who do not find permanent homes and the social and fiscal costs that result (Lenz-Rashid, 2009; Scannapieco et al., 2007), finding a better solution to meet children's permanency needs is critical.

While many child welfare agencies have made conscientious efforts to develop policies and practices that promote family involvement, tension between child protection and family inclusion remains entrenched (Avery, 2010; Collins et al., 2008). Some child welfare scholars have recently questioned why child welfare agencies fail to consider relative kin placement settings for teens who are likely to emancipate from foster care, given two important factors. First is the diminished safety risk to an older child, and the second is the odds that youths will reconnect with their birth families once they leave care (Avery, 2010; Freundlich et al, 2006).

The logical conclusions from existing kinship care research are these. First, children in kinship care are safe and stable. Second, children who emancipate from foster care in a nonkin foster home are apt to seek and achieve birth family connections once they leave state custody. Third, the disparate level of support and training provided to kin caregivers implies that child welfare systems favor nonkin foster families who are more likely to be younger, middle-class, and have a two-parent household, even if it means the youth will remain in long-term foster and age out of the system with little or no support. Fourth, explorations of kinship care to date have largely emphasized theories of cultural anthropology and human development. Fifth, while these paradigms have proven useful for understanding the development of formal kinship care, they do not adequately explain positive outcomes for children in kinship care. Nor have they propelled caseworkers as a whole to overcome their biases about kinship families or drastically shifted legislative resource allocation to support kinship care.

3.4 Applicability of Behavioral Biology to Kinship Care

Behavioral biology may offer the child welfare field with an intuitively persuasive paradigm in which to understand the nature of kinship care and outcomes for children who experience kinship foster care. One behavioral biology paradigm that plays a significant role in the current study of psychology is evolutionary theory (Webster, 2007). Charles Darwin proposed evolutionary theory in 1859 when he wrote *On the Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life*. In this seminal work, Darwin described natural selection, the process by which an organism's genetic code evolves over time to perpetuate its survival. Natural selection occurs through differential reproduction of genetic traits that are best adapted to the organism's survival (Darwin, 1859).

The branch of psychology predicated on evolutionary theory is evolutionary psychology, and proponents believe it to be a powerful paradigm in which to understand causality in complex behavioral phenomenon. Evolutionary psychology is based on the idea that "evolutionary processes have sculpted not merely the body, but also the brain, the psychological mechanisms it houses, and the behavior it produces" (Buss, 2009a, p. 1). Evolutionary psychologists understand behaviors to have adaptive functions and believe them to be a necessary component of any explanation of human motivation (Buss, 2009a).

According to evolutionary psychologists, the human brain was designed by natural selection to allow an organism to gain information from its environment to aid in survival (Buss, 2009b; Tooby & Cosmides, 2005). The primary function of the human brain is to stimulate behavior in response to environmental cues. Tooby & Cosmides (2005) liken the human brain to a computer, which operates similarly to generate an output based on an input. Using this analogy, evolutionary psychologists assert that the human brain is cognitively programmed for survival and reproduction. Whether these cognitive programs are still adaptive is less important than the idea that they still exist. Evolutionary psychologists work from the belief that the evolutionary influence on the human brain must be taken into account in order to systematically explain social and cultural phenomena (Tooby & Cosmides, 2005).

Modern evolutionary biologists have modified Darwin's original theory to include an explanation of animal behavior that is known as inclusive fitness. Simply put, inclusive fitness means that an organism can increase its chance of survival through altruistic social behaviors (Hamilton, 1964). In 1964, William

Hamilton wrote about his scientific observation that many organisms will sacrifice themselves to allow others to survive and breed. This occurrence originally seemed to run contrary to the concept of natural selection, which contends that survival of an individual organism will supersede survival of a group. However, Hamilton (1964) discovered that self-sacrifice occurs when organisms share genetic material and demonstrated two remarkable truths about the organisms he studied. One, the mathematical odds that an organism will sacrifice itself for another multiplies as the degree of biological relatedness increases. Two, self-sacrificing behavior facilitates survival of the organism's genetic line (Hamilton, 1964).

Thus, whether or not an individual organism fails to survive is less important when another genetically related organism survives. Moreover, natural selection will favor helping behaviors between closely related genetic relatives (Buss, 2009a; Buss, 2009b; Hamilton, 1964). The differential favoritism of kin has been observed in humans as well. In human societies, the distribution of food and child care tends to run along genetic lines, with closely related individuals providing more help to one another than distant relatives (Herring, 2012). Inclusive fitness may explain why kin caregivers tend to receive fewer supports than nonkin foster parents, but, nevertheless, children in their care appear to achieve equal or better outcomes than children in nonkin foster care on most measures. In short, behavioral biology matters.

Hamilton's research has important meaning for child welfare research and the practice of kinship care in child welfare agencies. Evolutionary psychology poses two obvious testable hypotheses to child welfare scholars that may facilitate better understanding of the nature of kinship care relationships. The first hypothesis is foster children are likely to experience better treatment and outcomes in kinship care as opposed to nonkin care. The second hypothesis is children in kinship foster care are more likely to experience better treatment and outcomes when placed with some types of kin versus others.

Biologists determine an individual's degree of relatedness to another individual based on the probability that the two individuals share a genetic set known as an allele (Hamilton, 1964). Family relationships have been ranked by evolutionary biologists on degrees of relatedness, with the highest degree of rank denoting symbolizing the greatest probability of a shared allele (Hamilton, 1964; Herring, 2012). Children and siblings have 50% odds of sharing an allele and have a rank of first degree

(Herring, 2012). Grandchildren, nieces, and nephews are ranked second, with these relationships having 25% odds of sharing an allele. Great-grandparents and cousins are ranked third, with a 12.5% odds of sharing an allele (Herring, 2012). The theoretical conclusion of combining concepts of inclusive fitness and degree of relatedness is that close kin caregivers will care better for a relative child than a distant caregiver would, and that a distant caregiver will care better for a relative child than a nonkin caregiver (Herring, 2010).

3.5 Behavioral Biology in Existing Kinship Care Research

Behavioral biology exists in the current literature on kinship care, though only to a limited degree (Herring, 2008; Herring et al., 2009; Testa, 2001; Testa & Shook Slack, 2002). Of note, however, is Mark Testa's (2001) use of the concept of inclusive fitness to examine kinship care and permanency outcomes for children. Given Testa's status in the child welfare research field, his consideration of evolutionary theory lends credibility to its application in kinship care. Evolutionary psychologists have more frequently used Hamilton's discoveries to explain altruism in human kinship relationships (Buss, 2009b), and at least one legal scholar, David Herring, has used evolutionary theory to explore kinship foster care. Herring (2010) wrote:

"Federal legislative action that addresses family and child welfare provides a specific area in which to explore the potential contribution of evolutionary theory and research. As a condition for receiving federal child welfare funds, Congress requires states to design their child welfare systems in accord with a comprehensive federal scheme. For example, Congress has strongly encouraged, if not mandated, foster care placements with kin. The actions of Congress in this area have been supported by a combination of child development theory, social work practice knowledge, and political ideology animated by personal anecdote. Many of the components of the legislative scheme have not been informed by rigorous empirical research, and certainly not by empirical research based on an evolutionary perspective. Such research could help inform the legislative approach in this area" (p. 4).

In contrast, most social scientists seem more reluctant to include a biological explanation of kinship care. Testa (2001) states that "the application of the concept of inclusive fitness to kinship care is novel and somewhat controversial in child welfare" (p. 29). The reluctance on the part of social scientists to consider evolutionary psychology probably stems from real concerns that this line of thought could lead to a decision-making construct which triggers serious legal and policy problems (Herring et al., 2009). Placing foster care children using a rank listing of kin based on lineage and gender should raise important questions about equal protection. Another source of reluctance to apply evolutionary theory may be

based on an inference that using biological relationships as a determinant in decision-making could lead to prioritization of placement options for children based on biology rather than safety or well-being. Certainly, any action towards this end on the part of child welfare agencies could be extremely risky to children and runs contrary to the purpose of child protection. However, federal and state policies work to ensure that safety standards are met in all placement homes.

A better, more practical conclusion to the understanding that genes play a role in kinship care may be simply that kinship bonds intrinsically motivate caregivers to behave in the best interests of their relative children. Testa (2001) proposes a common-sense approach to the debate over nature versus nurture and suggests that policy should take into account the natural tendency of kin to care for their own while also acknowledging the social attachments that unite caregivers and children. Research supports the conclusion that kin caregivers demonstrate altruistic acts towards children in their care and that children benefit from this altruism. Kin caregivers commonly make a financial contribution to the care of their relative children that exceeds government benefits (Testa, 2001). They perform physical labor to care for relative children, sacrifice their own leisure time (Testa, 2001), and may provide care at the expense of their own health. Kin caregivers have also demonstrated a willingness to extend care for their relative children well beyond their initial commitment when reunification either does not occur or does not occur expeditiously (Testa, 2001; Testa & Shook Slack, 2002).

Placement stability is a proxy for positive permanency and well-being outcomes for foster children, and kinship care is superior to nonkin foster care in terms of placement stability. Testa's (2001) study found that placement stability is better for children placed with a relative than those placed with fictive kin. Furthermore, Zinn (2009; 2010; 2012) determined that a close degree of biological relatedness was one of two primary indicators of kin caregiver competence, which relates to placement stability. These findings in particular may provide the most convincing evidence that a biological component to caregiving behaviors exists.

The more widely accepted attachment theory allows for the idea that genetically related individuals share an innate sense of connection (Testa, 2001; Watson, 1997). So, the idea that biology plays a role in kinship relationships has credence beyond evolutionary psychology. In fact, attachment theory has its roots in evolutionary theory. Bowlby (1958) proposed that attachment between humans

promotes care and safety, thereby improving the chance of survival. Evolutionary psychology makes no assertion that human motivation is solely based on genetics, only that biology plays a role in the development of attachment relationships and has an important place in any comprehensive understanding of human behavior (Buss, 2009a).

Despite reluctance on the part of social scientists to consider the biological component of caregiving, the fact of the matter is that the child welfare systems and federal legislation supporting it take biology into account, either implicitly or explicitly. Priorities to maintain children in their homes and reunify children with their families are evidence of this, as is the mandate in the Fostering Connections Act to notify even distant relatives when a child is placed in foster care. Another prime example is the Indian Child Welfare Act of 1978 (Public Law 95-608), which governs the removal and placement of Native American children and enables Tribes and families to participate in child welfare case decision-making.

3.6 Conclusion

Whatever schema is used to organize child welfare practice needs to make intuitive sense to policymakers and frontline practitioners. Child welfare systems are beleaguered and inherently slow to change unless the change is in response to the media's perception of a crisis. Taking advantage of the preliminary application of behavioral biology to kinship care research is advantageous at this time in important ways. Primarily, it offers a linear explanation of human behavior and is easy to understand. It also takes advantage of what humans instinctively believe about the nature of family relationships. Finally, it provides an intuitive way to organize complex child welfare policy, practice, and resource allocation.

Child welfare administrators who organize funding priorities may find themselves with a tactical lead among legislators if they come to the table armed with data that explains kinship care within the context of human nature. Common sense over complicated theory should tell policymakers that the simplest course of action supports what humans are naturally inclined to do. While the child welfare system has relied on kinship caregiving to relieve its burden, comparatively little support is provided to kin caregivers who may face enormous hardship as a result of their willingness to care for relative children in need of a home. This raises serious questions about the morality of any policy stance that implicitly takes advantage of kin caregivers under the subterfuge of family duty.

Presumably, some foster caregivers may find the practical reality of caring for a relative child impossible. Allowing a child to be cared for by a nonkin foster family when the child may endure significant hardship in a kinship home can also be interpreted as altruistic behavior on the part of the caregiver. Given that foster children are likely to reconnect with their birth families once the state no longer has custody, allocation of resources might be better used to support the development of healthy family connections. Focusing on successfully engaging and supporting potential kin caregivers to help children become safe and dependent is perhaps a better use of resources that are otherwise devoted to the recruitment and support of other foster parents.

CHAPTER 4

METHODOLOGY

4.1 Introduction

Chapter 4 provides an overview of the methodology used in this study. The goals of the research, the setting, the population, and the data collection and analysis plans are included here. Internal and external validity are also examined.

4.2 Research Intent

The primary purpose of this study was to test two hypotheses grounded in behavioral biology theory. The first hypothesis was that children in kinship care have better permanency outcomes than children in nonkin foster care. The second hypothesis was that children placed with certain types of kin will have better outcomes than those placed with other types of kin. Specifically, whether or not degree of biological relatedness distinctively binds a person to the altruistic care of children beyond the commitments of more distantly related kin or nonrelated kin was considered. A causal comparative research design was used to evaluate permanency outcomes between children placed with kin caregivers of varying degrees of relatedness as well as those placed with nonkin caregivers.

The secondary purpose of the study was to assess DFPS' kinship care policies. Toward that end, the conclusions were informed by an established social policy analysis model developed by McPhail (2003). This model offers a feminist approach to policy evaluation that is appropriate for this study considering issues around the inequitable support of kin caregivers, most of whom are women, raised previously in this paper.

This study is characterized by three unique features. First, the application of behavioral biology to kinship care research is an unusual element amongst the current body of literature, which typically examines kinship care within developmental or anthropological frameworks. Second, the study includes a policy evaluation of a state child welfare agency, which is an aspect not contained in other kinship care research. Third, the study has express potential for practical application by DFPS' policymakers, given the researcher's leadership position within the agency. Results of this research may improve foster care policies and resource allocation to the betterment of outcomes for children in DFPS' care.

4.3 Setting

DFPS operates the largest state administered child protection agency in the United States. The agency, which also includes adult protective services and child care licensing, is housed under the umbrella of the Health and Human Services Commission (HHSC). HHSC encompasses DFPS, the Department of Aging and Disability Services, the Department of State Health Services, and the Department of Assistive and Rehabilitative Services. All HHSC services are administered through local offices assigned to one of eleven geographic regions, each of which includes both urban and remote locations.

4.4 Population

This study included the total population of children who experienced substitute care and exited to a legal placement with a nonparent caregiver in Texas between September 1, 2010 and August 31, 2013. Legal placement with a nonparent caregiver means a child was not reunified with a parent and experienced either nonkin adoption, kin adoption, or permanent managing conservatorship with a kin caregiver. In Texas, permanent managing conservatorship occurs when adoption is not a viable alternative for a child, and the court grants custody of the child to either an identified caregiver or DFPS (The Texas Family Code Online, 2011). Permanent managing conservatorship is generally equivalent to what is referred to as “guardianship” in federal policy as well as in the literature, but the term permanent managing conservatorship will be used in the study since Texas foster children are the focus. The start date of this study corresponds to the implementation of Permanency Care Assistance, which is DFPS’ kinship guardianship assistance program established by the Texas Legislature and funded in part by the Fostering Connections Act. Some children who exit the system to a kin caregiver with permanent managing conservatorship are eligible for Permanency Care Assistance. Other children who exit the system to an adoptive kin caregiver are eligible for Adoption Assistance (DFPS, 2016). Permanency Care Assistance and, to a lesser degree, Adoption Assistance will both be explored in Chapter 6.

4.5 Institutional Review Board

The Institutional Review Board (IRB) application was filed with the University of Texas at Arlington and approved on August 23, 2013. Electronic data was stored on two encrypted USB drives that can only be accessed by Jolynne Batchelor and Dr. Maria Scannapieco, Ph.D. The electronic data

set provided to Jolynne Batchelor was de-identified prior to her receipt of the information. No other form of data was collected or stored.

4.6 Data Collection

The data sets used in this study were provided to Jolynne Batchelor by the Program Analytics and Evaluation Team at DFPS. Jolynne Batchelor entered into a formal agreement with DFPS which permitted use of the data to conduct academic and publishable research. The data was collected from DFPS' State Automated Child Welfare Information System (SACWIS). SACWIS is a federally supported comprehensive case management tool which houses the state's official record. DFPS' SACWIS is referred to as IMPACT.

4.7 Data Analysis

First, data were organized by descriptive characteristics of children and kin caregivers in the study's population. Next, regression models were used to explain effects of a child's gender, ethnicity, level of care, exit type, and relationship to caregiver (independent variables) on permanency outcomes for foster children (dependent variables). The regression model does not include kin caregiver characteristics; because more than one caregiver is reported for many children, this data could not be merged into the analysis file.

Proxies for "permanency" included placement stability, length of time in care, and recurrence in the system. Three or fewer placements while in foster care, exit from foster care in one year or less, and no recurrence into the system within one year were considered desirable permanency outcomes. The number of placements variable was dichotomized as three or fewer placements / four or more placements based on the fact that foster children in Texas experience an average of three placements before exiting to permanency (DFPS, 2013). The time to exit variable was dichotomized as one year or less / more than one year based on the average time to exit for children in Texas foster care, which is approximately one year (DFPS, 2013).

Biological relationships between caregivers and children were grouped by odds of sharing an allele (Herring, 2012). Siblings are the closest biological relatives, grandparents, aunts, and uncles are grouped together as the second closest biological relatives, and great-grandparents and cousins are

grouped together as the third closest biological relatives. Other relatives were ranked fourth, and fictive kin were ranked fifth.

In the social sciences, odds ratios are often used to measure the association between a variable and an outcome by comparing the likelihood of the outcome between two groups (Szumilas, 2010). For the purposes of this study, odds ratios were calculated to determine whether each of the independent variables was a risk factor for negative permanency outcomes, which included placement instability, longer time to exit, and recurrence into the system within a year. The interpretation of odds ratios is as follows: OR = 1 indicates the independent variable does not affect the odds of the outcome; OR > 1 indicates the independent variable is associated with higher odds of the outcome; and OR < 1 indicates the independent variable is associated with lower odds of the outcome. An alpha level of .05 was used to identify statistical significance, though alpha levels of .01 and .001 are also denoted in Table 5.9.

Last, DFPS' kinship foster care policies were evaluated according to the feminist policy analysis model developed by McPhail (2003). This model delineates a number of criteria for policy analysts to use to evaluate social policies through a gendered lens. McPhail (2003) suggests that only some of the criteria be considered in a policy analysis to make the model practical. Four of McPhail's (2003) criteria of particular interest to this study and will be included in the discussion.

4.8 Limitations of the Data Analysis Plan

4.8.1 Missing Data

Table 4.1 reports data that was missing from the set drawn from IMPACT. Missing data represents information not consistently reported by caseworkers for case management purposes. DFPS has no other method to capture the missing data. The greatest amount of missing data was the relationship of the caregiver to the child, which was only captured for 40% ($n = 18490$) of the population.

Table 4.1 Missing Data

Data	Missing <i>n</i>	(%)
Gender	89	.00
Level of Care	7670	17

4.8.2 Internal Validity

Data for this study was drawn from IMPACT, a data base designed for DFPS' caseworkers to track the status of individual cases. IMPACT does not have capability to perform systems level analyses, and a flat file of data had to be created to complete this study. In doing so, certain relational information was lost, which compromised the study's internal validity. Specifically, the assumption that groups of people represented by the each of the variables were qualitatively the same had to be made, meaning that differences between groups that could provide alternative explanations for the observed effects could not be taken into account. For instance, whether kin caregivers who receive assistance are categorically different than those who do not receive assistance cannot be known, but the assumption was made that kin caregivers are categorically alike but for the fact one group reaps a benefit that the other does not. This issue is not unique to this study and is instead commonplace for child welfare studies that typically draw from a SACWIS.

4.8.3 External Validity

This study did not employ a sample but instead included the entire population of children who exited foster care to a permanent legal placement over a three-year period of time. Because no sampling was involved, external validity began strong; however, it was ultimately threatened because 60% of the relationship data was missing. Caseworkers enter data which they either view as important to track their case, or because IMPACT forces the entry (i.e., the caseworker is unable to close the case without entering certain information). DFPS' policy and practice favor placing children with kin (DFPS, 2016), but the specific type of kin relationship is of less interest. It follows that relationship type is not a required data entry element. While it is probably safe to assume that there is no pattern to the missing data, meaning no category is misrepresented in a way that would significantly impact the results of this study, results must still be interpreted with some caution inasmuch as they apply to other foster children in Texas or more broadly.

CHAPTER 5

RESULTS

5.1 Introduction

This chapter will report the characteristics of the children in the population, including gender, ethnicity, level of care, type of exit, and relationship with their final placement caregiver. Characteristics of kin caregivers by age, ethnicity, income level, and marital status are also reported. Next, the results of the statistical analysis will be presented. Because of rounding of calculations, the data in some of the tables does not equal 100%. The Statistical Program for Social Sciences (SPSS 20.0) was used to analyze the data.

5.2 Description of the Study Participants

5.2.1 Descriptive Data: Child Characteristics

The population used in this study included a total of 45,875 children between the ages of infancy and seventeen years. Fifty-one percent ($n = 23,279$) were females, and 49% ($n = 22,595$) were males. Most ($n = 18,874$, 41%) children were Hispanic, another third ($n = 13,875$, 30%) were Anglo, and almost a quarter ($n = 10,233$, 22%) were African-American. Comparatively, 50% of the Texas child population is Hispanic, 32% of children in Texas are Anglo, and approximately 11% are African-American (DFPS, 2015). African-American children are disproportionately represented. Other ethnicities accounted for 7% ($n = 2,893$) of the population.

Among the population of children in this study who exited the system, over 40% ($n = 19,856$) were placed in the permanent managing conservatorship of an unlicensed kin caregiver without Permanency Care Assistance. Three percent ($n = 1,318$) of children were placed in the permanent managing conservatorship of a licensed kin caregiver with the benefits of Permanency Care Assistance. Another 25% ($n = 11,257$) were adopted by kin caregivers. Nearly 30% ($n = 13,444$) of the remaining children were adopted by nonkin caregivers. Table 5.1 shows exits to permanency by legal type.

Table 5.1 Exits to Permanency by Legal Type

Exit Type	<i>n</i>	%
Kin Non PCA	19856	43
Kin PCA	1318	3
Kin Adoption	11257	25
Nonkin Adoption	13444	30

PCA = Permanency Care Assistance.

Table 5.2 represents the assigned level of care of children in the study's population arranged by the final placement before exit from the system. DFPS assigns children to one of four levels of care based on their needs, ranging from basic, or the lowest level of need, to intense, or the highest level of need. Ninety percent of children cared for by kin caregivers on track to take permanent managing conservatorship with or without Permanency Care Assistance are assigned a basic level of care ($n = 12199$), and 88% of children on track to be adopted by a kin or nonkin caregiver are also assigned a basic level of care ($n = 21602$).

Table 5.2 Child's Level of Care by Final Placement Type

	Kin Non PCA	Kin PCA	Kin/Nonkin Adopt
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Basic	10924 (29)	1275 (3)	21062 (56)
Moderate	981 (3)	23 (.00)	2302 (6)
Specialized	396 (1)	3 (.00)	624 (2)
Intense	21 (.00)	0 (0)	38 (.00)

PCA = Permanency Care Assistance.

For licensed foster families, the level of care determines the foster care reimbursement rate. The reimbursement provided to licensed foster families is a combination of federal and state funds that support the cost child care (DFPS, 2016). For a complete description of the child’s care needs and reimbursement rate by level of care, see Table 5.3.

Table 5.3 Level of Care Descriptions and Foster Care Reimbursement Rate

Level of Care	Child’s Care Needs	<i>Licensed Foster Care Reimbursement Rate (Daily Minimum)</i>
Basic	Child needs routine guidance and supervision.	\$23.10
Moderate	Child has difficulty in more than one area of functioning, including medical, developmental, cognitive, and emotional/behavioral, and needs more than routine supervision.	\$40.44
Specialized	Child has severe difficulty in one or more areas of functioning, and caregivers require particular training to provide adequate support and intervention.	\$51.99
Intense	Child has severe problems in one or more areas of functioning and presents an immediate and serious danger of harm to self or others, requiring caregivers with highly specialized training.	\$92.43

Table 5.4 shows the relationship of children in this study’s population to their final placement caregiver. Among relative kin, all grandparent categories (maternal, paternal, and undetermined maternal/paternal) together care for most children ($n = 8054$, 43.6%) compared to other relative kin groups. Aunts and uncles also care for a large group of children ($n = 3405$, 18.4%).

Table 5.4 Child's Relationship to Caregiver

Relationship	<i>n</i>	%
Maternal Grandparent	3503	19
Paternal Grandparent	2193	12
Grandparent	2358	13
Aunt/Uncle	3405	18
Cousin	480	3
Great grandparent	280	2
Sibling	184	1
Other Relative Kin	87	.50
Fictive Kin	1331	7
Nonkin	4669	25

5.2.2 Descriptive Data: Kin Caregiver Characteristics

Because of limitations in the data set drawn from IMPACT specifically for this study, the kin caregiver demographic data reported in Table 5.4, Table 5.5, Table 5.6, and Table 5.7 are based on other DFPS administrative data sets related to kin caregivers from 2011 (DFPS, 2011). Data include kin caregiver age, ethnicity, income, and marital status. While the kin caregiver characteristics presented are not specific to this study's population, the data do offer some basic descriptive information about Texas' kinship caregivers during a year that coincided with the population of children included in this study.

Among 12,598 kin caregivers whose age was reported, most fell between the age of 46 to 55 years ($n = 4245$, 34%). Kin caregivers over the age of 56 represented 25% of the kin caregiver population ($n = 3316$). Another quarter of kin caregivers ($n = 3282$) were age 36 to 45 years, while 17% were between the ages of 26 and 35 years. Only 20 caregivers (.00%) were under age 25. See Table 5.5 for kin caregiver age organized by relationship with the child.

Table 5.5 Kin Caregiver Age by Relationship to Child

	Grandparent	Aunt/Uncle	Sibling/ Other Relative	Fictive Kin
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
66+	672 (5)	53 (.00)	59 (.00)	5 (.00)
56-65	1909 (15)	344 (3)	231 (2)	43 (.00)
46-55	2530 (20)	986 (8)	607 (5)	122 (1)
36-45	806 (6)	1433 (11)	910 (7)	133 (1)
26-35	25 (.00)	1197 (10)	827 (7)	46 (.00)
18-25	0 (0)	0 (0)	3 (.00)	17 (.00)

Ethnicity was reported for 11,168 kin caregivers. Of this group, most were Anglo ($n = 4218$, 38%). Thirty-one percent were African-American ($n = 3386$). Another 28% were Hispanic ($n = 3163$). Table 5.6 shows kin caregiver ethnicity organized by relationship with the child.

Table 5.6 Kin Caregiver Ethnicity by Relationship to Child

	Grandparent	Aunt/Uncle	Sibling/ Other Relative	Fictive Kin
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Anglo	1999 (18)	1131 (10)	892 (8)	196 (2)
African-American	1172 (11)	1154 (10)	960 (9)	100 (1)
Hispanic	1654 (15)	692 (6)	692 (6)	125 (1)
Other	143 (1)	135 (1)	100 (1)	23 (.00)

Available income data for kin caregivers was relatively limited. Of the 7,690 kin caregivers whose annual income was reported, half earned less than \$40,549 ($n = 3825$). The other half ($n = 3865$) earned \$40,555 or more. Sixteen percent of the total reported earned less than \$20,549 ($n = 1221$), while 24% of the total earned \$63,000 or more. Table 5.7 displays kin caregiver income.

Table 5.7 Kinship Caregiver Income

Household Income	<i>n</i>	%
\$10,150-20,549	1221	16
\$20,550-40,549	2604	34
\$40,550-62,999	2027	26
\$63,000+	1838	24

Table 5.8 presents kin caregiver marital status organized by relationship with the child. Marital status was reported for 10,932 kin caregivers. Most kin caregivers are married ($n = 7109$, 65%). The other 35% ($n = 3823$) of kin caregivers represent single heads of households in one form or another.

Table 5.8 Kin Caregiver Marital Status by Relationship to Child

	Grandparent	Aunt/Uncle	Sibling/ Other Relative	Fictive Kin
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Married	3030 (28)	2304 (21)	1474 (13)	301 (3)
Single	351 (3)	642 (6)	493 (5)	76 (1)
Divorced	846 (8)	350 (3)	263 (2)	41 (.00)
Separated	182 (2)	109 (1)	56 (1)	14 (.00)
Widowed	333 (3)	63 (1)	62 (1)	12 (.00)

5.3 Univariate Analysis

Results of the univariate analysis are discussed in this section and presented in Table 5.9.

5.3.1 Placement Stability

On the placement stability measure, results indicated that male children were slightly more likely than female children to experience four or more placements. African-American and Hispanic children were more likely than Anglo children to experience four or more placements, while children of other ethnicities were less likely than Anglo children to experience four or more placements. Children assigned a moderate, specialized, or intense level of care were far more likely to experience four or more placements than children assigned a basic level of care. Children who were placed in the permanent managing conservatorship of a kin caregiver without Permanency Care Assistance were much more likely to experience three or fewer placements than children placed in the permanent managing conservatorship of a kin caregiver with Permanency Care Assistance, an adoptive home with a kin caregiver, or an adoptive home with a nonkin caregiver. Among children placed with relatives, those cared for by a grandparent, aunt, uncle, great grandparent, or cousin were more likely to experience three or fewer placements than children placed with a nonkin caregiver, while children placed with a sibling were more likely to experience four or more placements than children placed a nonkin caregiver. Children placed with other relatives or fictive kin were about as likely to experience four or more placements than children placed with a nonkin caregiver, though this result was not statistically significant.

5.3.2 Time to Exit to a Permanent Legal Placement

On the time to exit measure, results indicated that children of either gender were about as likely as one another to exit to a permanent legal placement within one year. (Note that while the odds ratio showed that males may be slightly more likely than females to exit after a year, the results were not statistically significant). Anglo children were more likely to exit within a year than African-American children, Hispanic children, and children of other ethnicities. Children assigned moderate, specialized, or intense levels of care were less likely to exit within a year than children assigned a basic level of care. The odds ratio calculations for time to exit by exit type could not be interpreted because of collinearity, but what can be concluded is that children placed in the permanent managing conservatorship of a kin

caregiver without Permanency Care Assistance were more likely to exit within a year than children who are either placed in the permanent managing conservatorship of a kin caregiver with Permanency Care Assistance, adopted by a kin caregiver, or adopted by a nonkin caregiver. When children were placed with grandparents, aunts, or uncles, they were more likely to exit within a year as children placed with a nonkin caregiver. Children placed with siblings or fictive kin were less likely to exit within a year than children placed with a nonkin caregiver. Children placed with great grandparents or cousins were less likely to exit within a year than children placed with a nonkin caregiver, but the results were not statistically significant. Children placed with other relatives were more likely to exit within a year, but the results were not statistically significant.

5.3.3 Recurrence

On the recurrence measure, results indicated that female and male children were about as likely as one another to recur within a year, though the results were not statistically significant. African-American and Hispanic children were about as likely to recur as Anglo children, but the results were not statistically significant. Children of other ethnicities are less likely to recur as Anglo children. Those children assigned a moderate or specialized level of care were more likely to recur within a year than children assigned a basic level of care. Children assigned an intense level of care were more likely to recur within a year than children assigned a basic level of care, but the results were not statistically significant. Compared to children placed with a nonkin caregiver, children placed with grandparents, aunts, uncles, great grandparents, cousins, or fictive kin were less likely to recur within a year. Children placed with siblings were less likely to recur within a year than those placed with nonkin caregivers, but the results are not statistically significant. Children placed with other relatives were about as likely to recur within a year as those placed with nonkin, but the results were not statistically significant. The model would not calculate odds ratios for recurrence based on exit type because exit type is collinear with recurrence.

5.4 Multivariate Analysis

In general, the results of the multivariate analysis matched the univariate analysis. Differences are reported as follows. First, the slight effect of gender on placement, with male children more likely than female children to experience four or more placements, was attenuated with the inclusion of other

variables. Second, the effect of children categorized as “other” for ethnicity on time to exit was lost, so that children of other ethnicities are only slightly more likely than Anglo children to exit after one year or more. Third, the magnitude of the effect of the child’s level of care on each of the permanency variables generally increased substantially, though the results of a child’s assignment to an intense level of care on their likelihood of recurrence within a year were not statistically significant. Fourth, most odds ratios on exit type could not be calculated due to collinearity with the dependent variables. What could be calculated indicated: a) a greater likelihood that children adopted by a kin caregiver will experience four or more placements than those placed in the permanent managing conservatorship of a kinship caregiver; and b) children adopted by a nonkin caregiver were less likely to experience four or more placements than children placed in the permanent managing conservatorship of a kinship caregiver. Last, placement with siblings, great grandparents and cousins loses some effect of a significantly increased likelihood that the child will experience three or fewer placements, while placement with siblings also loses the effect of the child exiting the system after a year. Results of the multivariate analysis are presented in Table 5.9.

Table 5.9 Univariate and Multivariate Analyses

	45875 total <i>n</i>	Univariate Analysis									Multivariate Analysis		
		<i>Placement Stability</i>			<i>Time to Exit</i>			<i>Recurrence</i>			<i>Placement Stability</i>	<i>Time to Exit</i>	<i>Recurrence</i>
		≤3 moves %	≥4 moves %	OR	≤1 year %	>1 year %	OR	No %	Yes %	OR	OR	OR	OR
<i>Gender</i>													
Female	22595	62	38	REF	28	72	REF	86	14	REF	REF	REF	REF
Male	23279	61	39	1.05*	27	72	1.03	86	14	.98	1.02	1.066	.95
<i>Ethnicity</i>													
Anglo	13875	63	37	REF	31	68	REF	85	14	REF	REF	REF	REF
African-American	10233	61	39	1.07*	25	75	1.36***	86	14	.96	1.00	1.17**	.96
Hispanic	18874	60	40	1.12***	26	75	1.33***	86	14	.99	1.23***	1.25***	1.02
Other	2893	66	34	.86**	28	72	1.19***	89	11	.71***	.77**	1.09	.67***
<i>Level of Care</i>													
Basic	33815	59	41	REF	23	77	REF	88	12	REF	REF	REF	REF
Moderate	3308	29	71	3.55***	10	89	2.60***	87	13	1.14*	4.51***	3.36***	1.21*
Specialized	1023	27	73	3.91***	18	92	1.40***	83	17	1.51***	6.48***	2.30***	1.37**
Intense	59	20	80	5.69***	10	90	2.64*	85	15	1.14	16.85***	6.18**	2.21
<i>Exit Type</i>													
Kin Non PCA	19856	76	23	REF	59	41	REF	77	23	--	REF	--	--
Kin PCA	1318	42	58	4.52***	4	96	36.45***	86	14	--	--	--	--
Kin Adopt	11257	59	41	2.32***	3	97	55.70***	92	8	--	5.79*	--	--
Nonkin Adopt	13444	44	56	4.21***	4	96	34.18***	95	5	--	.59	--	--
<i>Relationship</i>													
Nonkin	4669	72	28	REF	57	43	REF	69	31	REF	REF	REF	REF
Sibling	184	61	39	1.65**	47	53	1.53**	76	24	.73	1.40	1.38	.73
Grandparent, Aunt, Uncle	11459	80	20	.63***	59	40	.91*	82	18	.51***	.72***	.84***	.50***
Great grandparent, Cousin	760	78	22	.74**	55	45	1.09	82	18	.48***	.84	1.01	.46***
Other Relative	87	72	28	.98	60	40	.91	70	30	.96	1.04	.78	.74
Fictive Kin	1331	70	30	1.09	52	48	1.24**	79	21	.59***	1.06	1.29**	.62***

OR = Odds Ratio. REF = Reference variable. PCA = Permanency Care Assistance. -- = results could not be interpreted. *p < .05; **p < .01; ***p < .001.

CHAPTER 6

DISCUSSION

6.1 Introduction

Chapter 6 includes a summary and discussion of the findings presented in Chapter 5. Limitations of the study are also considered. Implications for kinship foster care policy, practice, and research follow an evaluation of the Fostering Connections Act and Texas' implementation of the federal legislation through its Permanency Care Assistance program. The feminist policy analysis model proposed by McPhail (2003) is used to guide the discussion.

6.2 Summary of Findings

Results indicated that kinship care had a positive effect on permanency outcomes for children, including placement stability, time to exit from care, and recurrence within the system when compared to traditional foster care. Grandparents, aunts, and uncles care for most of the children in kinship foster care in Texas, and these children experienced better outcomes on all permanency measures compared to children placed with nonkin caregivers. Children placed with great grandparents, cousins, and fictive kin experienced better outcomes on the recurrence measure than those placed with nonkin caregivers.

A few exceptions should be noted, though these do not contradict the assertion that kinship care generally has a positive bearing on permanency outcomes. Children placed with fictive kin take longer to exit compared to those placed with nonkin caregivers, while no effect was found on the placement stability measure for children placed with fictive kin as compared to nonkin placement. Children placed with great grandparents and cousins did not fare worse than those placed with nonkin on the placement stability and time to exit measures, but little or no effect was found.

6.3 Discussion of Findings

This primary purpose of this study was to test two hypotheses. The first hypothesis was that children placed with kinship caregivers experience better permanency outcomes than those placed with nonkin caregivers. The second hypothesis was that the closer the biological relationship between the child and the caregiver, the better the permanency outcome.

As previously stated, Texas foster children placed with kinship caregivers achieve better permanency outcomes overall than children placed with nonkin caregivers. Therefore, the first

hypothesis was proved. This finding is consistent with other literature that concludes children in kinship care are more safe and stable than children in traditional foster care (Herring, 2012; Krinsky, 2005; Lenz-Rashid, 2009; National Resource Center for Foster Care and Permanency Planning, 2011; Testa, 2001; Winokur, 2008; Winters, 2005; Zinn, 2009; 2010; 2012).

Where the findings of this study diverged from other research was related to the time to exit from care. Some earlier studies found that children in kinship care exited to permanency at slower rates than children in nonkin placements (Barth et al., 1994; Berrick et al., 1994; Courtney, 1994; Thornton, 1991), but this was not typically the case for the population included in this study. Winokur (2008) suggested that the slower exit rate of children in kinship care found in previous studies was due to the policies and practices of the child welfare agency rather than an inherent flaw in kinship care. The impact of DFPS' policies and practices on permanency outcomes for children in kinship foster care will be discussed in Section 6.5

While the first hypothesis was proved true, results on the effect of degree of relatedness were less conclusive. So, the second hypothesis could not be proved true. Based on behavioral biology theory, children placed with caregivers who have the greatest chance of sharing an allele will experience better permanency outcomes. Siblings have the greatest chance of sharing an allele (Herring, 2012). Grandparents, aunts, and uncles have the next greatest chance of sharing an allele with a child (Herring, 2012). Great grandparents and cousins have less of a chance of sharing an allele with a child than siblings, grandparents, aunts, and uncles, but they have a better chance of sharing an allele than more distant relatives (Herring, 2012). Distant relatives have very little chance of sharing an allele with a child, and, of course, fictive kin have no chance of sharing an allele with the child (Herring, 2012).

Interestingly, placement with a sibling had no statistically significant effect on a child's permanency outcomes. However, the *n* for the sibling group in this study was very small, so the results are not generalizable. Furthermore, because a child's siblings are theoretically younger and less stable categorically than other types of relatives, caseworkers may be less likely to consider siblings as a viable permanency alternative early in a case, preferring instead to consider other alternatives. The consequence of this could be more placement instability and longer time to exit.

The effect of a placement with a grandparent, aunt, or uncle on a child's permanency outcomes is definitively positive, however, and this finding fits with behavioral biology theory. Also fitting is the positive effect of placement with a great grandparent or cousin on the recurrence measure, whereby children placed with great grandparents or cousins do well but less well than those placed with grandparents, aunts, and uncles. Yet, like with siblings, great grandparents may be categorically less likely sought after by caseworkers as preferred placements for a child due to their age. The behavior of the caseworker may say more about placement instability and time to exit than the relationship effect of placement with a great grandparent. What can be concluded is that once a child is placed with a great grandparent or cousin, they appear to be safe and stable.

No effect of placement with more distant relatives (categorized as "other") on permanency outcomes was observed. While results must be interpreted with caution given the small n for the other relative group, this finding is consistent with behavioral biology theory when consideration is given to the fact that placement with relatives of a closer degree effects permanency more positively. What first might appear to deviate from behavioral biology theory is the finding that children placed with fictive kin seem to do as almost as well on the recurrence measure as children placed with closer relatives and better on the recurrence measure than children placed with more distant relatives. On closer look, however, fictive kin caregivers compare well to nonkin caregivers, but less well compared to grandparents, aunts, uncles, great grandparents, and cousins. Also, distant relatives are not much more likely to share an allele with a child as a fictive kin caregiver, so it stands to reason that the two groups would not yield widely different results. All of these findings are true to behavioral biology theory.

While the findings described above certainly do not disprove the second hypothesis, questions remain about the findings on effect of placement with siblings on each of the permanency measures as well as the significance of the effect of placement with great grandparents and cousins on placement stability and time to exit. So, assumptions about degree of relatedness must remain tentative at best. What can be definitively concluded from this study is that Texas' foster children placed with kinship caregivers experience better permanency outcomes than children placed with nonkin caregivers. Remarkably, this occurs despite the social disadvantages of kinship caregivers as a group, and herein lies the real story.

The literature indicates that kin caregivers tend to be women, older, disproportionately African-American, and poor (Berrick et al., 1994; Dubowitz, et al., 1990; Scannapieco et al., 1997). These characteristics generally hold true for kin caring for children in the Texas foster care system (DFPS, 2011). Based on the findings of this study, most children who exit the foster care system in Texas without being reunified with their parent are placed in the permanent managing conservatorship of a kin caregiver and experience better permanency outcomes than those placed with nonkin caregivers.

DFPS clearly relies heavily on kin caregivers, who make up almost half of the foster care providers in Texas (DFPS, 2011). Yet, overwhelmingly, few of these caregivers receive any benefit through the Permanency Care Assistance program. In contrast, all traditional foster parents receive the monthly foster care reimbursement rate along with specialized training. The small number of kin caregivers who do receive Permanency Care Assistance are licensed foster parents eligible for the monthly foster care reimbursement rate (presented in Table 5.3), as well as the specialized training that traditional foster parents receive. The disparate treatment between kin and nonkin caregivers in Texas is evident.

Kin caregiver gender is not tracked in IMPACT, but what can be stated is that women, whether married or not, perform the lion's share of child care (Lachance-Grzela & Bouchard, 2010). Other literature concludes that kinship caregivers are most commonly women, usually grandmothers and next most often aunts (Berrick et al., 1994; Dubowitz, et al., 1990; Scannapieco et al., 1997). These findings are relevant because more women live in poverty than men (Denavas-Walt & Proctor, 2014).

The number of kinship foster families living in poverty in Texas cannot be precisely pinpointed because kinship family household size is another data element not tracked in IMPACT. However, other research has established that most kin caregivers live in poverty (Dubowitz, et al., 1990; Scannapieco et al., 1997). A family of three earning \$18,530 or less annually meets the federal poverty guidelines (USDHHS, 2011). At least half of the kin caring for Texas foster care children hover at or not far from the poverty level (DFPS, 2011). When one considers that sibling groups are often placed with kin caregivers, the number living in poverty grows.

African-American children in the Texas foster care system are disproportionately represented, so it follows their kin caregivers are also over-represented (DFPS, 2011). More African-Americans live in

poverty than Anglos, and the same is true for Hispanics (Denavas-Walt & Proctor, 2014). McPhail (2003) gives special attention to what she refers to as “multiple identities” (p. 50), or the negative implications of belonging to more than one disadvantaged social group. This topic will be explored further in Section 6.5. What is important to the discussion here is that kin caregivers unmistakably experience “intersecting oppressions” (McPhail, 2003, p. 51) based on gender, race, and class, and this intersection may exacerbate negative outcomes personally and socially.

Still, kin caregivers step up to the plate despite the odds against them, and the children in their care benefit as a result. The findings of this study support other research that suggests kin caregivers are intrinsically motivated to behave altruistically (Testa, 2001; Testa & Shook Slack, 2002). While it can be argued that a caregiver’s altruism is more a consequence of attachment to the child than a biological drive, attachment theory itself allows for the idea that genetically related individuals share an innate sense of connection (Bowlby, 1958; Testa, 2001; Watson, 1997). One need not enter the nature versus nurture debate, though. The most practical conclusion of this study is that social policy and social work practice should take into account the natural tendency of kin to care for their own, while also acknowledging the social relationships that bind caregivers and children to one another.

6.4 Limitations of the Study

First, problems with the external and internal validity were encountered due to the study’s reliance on IMPACT for its data. As previously discussed, IMPACT is intended for case management tracking purposes, and the information it offers is only as accurate and complete as the diligence of individual caseworkers. The amount of missing data on the child’s relationship to their caregiver was substantial. This may have contributed to the small *n* of both the sibling and other relative categories. The missing data posed a threat to the external validity of the study, so results cannot be generalized. Internal validity was also compromised due to the inherent limitations of the IMPACT database. Because the study required the creation of a flat file, certain information was lost. Variations between groups which might have provided alternative explanations for the observed effects cannot be known.

Next, the data related to kin caregiver characteristics could not be merged into the flat file. This, too, arose as a result of the weaknesses of performing a systems level analysis from a case management tool. The descriptive statistics on kin caregivers had to be drawn from another data set, from which a

significant amount of data on income was missing while no data on gender was available. Moreover, kin caregiver characteristics could not be used in the regression model, so any variations among kin caregivers and the effect the differences might have had on permanency outcomes could not be observed.

Last, the odds ratios for a child's exit type on measures of time to exit and recurrence could not be calculated in the multivariate analysis, nor could the placement stability of children who exited to permanent managing conservatorship with Permanency Care Assistance be calculated in the multivariate analysis. Recurrence measures in the univariate analysis also proved incalculable. Where odds ratios could be calculated on the time to exit measure, the numbers were extreme compared to other results. The plausible explanation for these results was collinearity between exit type and the permanency variables. Any interpretation of the effect of exit type on permanency outcomes should be done with restraint if not excluded altogether.

6.5 Policy Analysis

6.5.1 Overview

Kin caregivers who foster children in DFPS' custody face tough decisions when the state determines that a child's reunification with his or her biological parents is not an option. Adoption of the child is an option, but in Texas this requires the kin caregiver to be licensed as a foster parent. More kin caregivers in Texas take permanent managing conservatorship of the child instead of adopting. This choice may be in part due to the difficulty some kin caregivers have obtaining licensure, but some research concludes that kin caregivers may prefer permanent managing conservatorship over adoption because it doesn't require the termination of the biological parent's rights. Permanent managing conservatorship is more consistent with the cultural beliefs of African-American, Hispanic, and Native American families, in which child care tends to be shared; it's also perceived by kin caregivers as less likely to strain family relationships (Bissell & Miller, 2004; Cross et al., 2004; Thornton, 1991). Children may also prefer permanent managing conservatorship to adoption for similar reasons kin caregivers do. The legal and symbolic severance of ties that adoption represents can be undesirable to a child who wishes to maintain a relationship with his or her biological parents, even though the child may also want the stability that placement with a kin caregiver can provide (Bissell & Miller, 2004).

Of course, some kin caregivers do choose adoption when it has not been ruled-out, which it must be for a child to be eligible for Permanency Care Assistance. Although adoption policy will not be the focus of the analysis here, Texas' Adoption Assistance program should receive some attention for purposes of comparison to the Permanency Care Assistance program. The findings of this study indicate that most adoptive parents, either kin or nonkin, care for children assigned a basic level of care. Generally speaking, children with needs for a higher level of care will be placed in settings other than family foster care, then moved to a foster or adoptive home when the situation becomes more stable. This accounts for some of the placement moves that children experience. For a child to be eligible for Adoption Assistance, he or she must have a need for a higher level of care and be placed with a caregiver who is licensed as a foster parent. The consequence of this is that the benefits of the Adoption Assistance Program are beyond the reach of many kin and nonkin caregivers alike. For the purposes of this study, the broader implication is that kin caregivers receive little support for their efforts, particularly given their social disadvantages they face in comparison to nonkin caregivers (Denby, 2010; Geen, 2004; Scannapieco & Hegar, 2002).

Perhaps the most remarkable piece of information noted in this study is that only 3% of kin caregivers in the population received Permanency Care Assistance, even though most children in kinship care exit to permanent managing conservatorship rather than adoption. DFPS was in the early stages of implementing the Permanency Care Assistance program when the data for this study was drawn, so one might offer some latitude. However, the percent change of children receiving Permanency Care Assistance is actually declining over time, from an 84% increase in the third year of the program to a 37% increase in the fifth and most recent year of the program (DFPS, 2015). Although foster care licensing requirements will bar some kin families from receiving Permanency Care Assistance when they take permanent managing conservatorship of a child, the Fostering Connections Act granted states the right to waive licensing standards unrelated to child safety. According to DFPS' Program Handbook (2016), Texas exercises that right, making the low number of kin families receiving Permanency Care Assistance even more puzzling.

Riley-Behringer and Cage (2014) explore some of the microsystem barriers that preclude kin families from foster care licensure, which include agency or caseworker attitudes and beliefs about the

moral obligation of kin families to care for their own without payment. Though federal legislation has moved beyond the notion that kin caregivers are undeserving, Riley-Behringer and Cage's (2014) study indicates that state agency culture and caseworker behaviors may not have kept pace with policy. The fact that most kin caregivers are women and that child care is still largely women's work in both perception and reality (Lachance-Grzla & Bouchard, 2010) cannot be dissected from the belief that kin are morally bound to take in a relative child whose biological parents have failed. A feminist interpretation of the attitudes and beliefs that motivate individual workers in the context of the agency settings in which they work must be part of the discussion.

Notwithstanding the legitimacy of kin guardianship (in Texas, permanent managing conservatorship) provided by the Fostering Connections Act, adoption is still the federally preferred permanency option. This is evidenced by the adoption rule-out requirement posed in the Fostering Connections Act, a provision which is concerning since the preference among at least some kin caregivers and foster children is guardianship (Bissell & Miller, 2004; Cross et al., 2004; Thornton, 1991). While this would be a wise policy decision if children in kinship guardianship did not fare as well as they do, it makes little sense given the findings of this study and others that children experience better outcomes in permanent placements with kin caregivers. Imposing adoption, a constellation based on the nuclear, Anglo family form, is arguably paternalistic. Again, examining these issues through a feminist lens is fitting. First, Permanency Care Assistance will be more closely examined.

6.5.2 Permanency Care Assistance

Texas implemented the Permanency Care Assistance program in 2009 as a result of the Fostering Connections Act. Under the provisions of the Act, states must provide notice to relatives that a child has been removed from his or her home within thirty days of the removal. This notice must also include information on how the relative can become a licensed foster parent to the child along with an explanation of the benefits and services afforded with licensure (DFPS, 2016).

The Fostering Connections Act also expanded federal financial support available to kin caregivers who take permanent custody of children by making an optional subsidy available to states. Texas enacted the option along with each of the federal eligibility requirements (Burstain, 2011; The Texas Family Code Online, 2011). This includes the requirement that a kin caregiver must be a licensed foster

parent to the child for six months prior to taking permanent custody (DFPS, 2016). Eligible kin caregivers continue to receive the foster care reimbursement rate upon taking permanent custody of the child until the child turns eighteen years old, or until the child turns twenty-one years old if the Permanency Care Agreement was signed at the time the child was sixteen years old or older (DFPS, 2016).

For a prospective caregiver to become a licensed foster parent, state and federal law require a background check to be performed on the caregiver and, in Texas, anyone fourteen years old or older who lives in the home or routinely stays there. The background check includes both criminal history and child abuse and neglect history (DFPS, 2016). Prospective caregivers are barred from licensure if anyone in the home has received a felony conviction for a crime against a child, including child abuse and neglect, spouse abuse, rape or other sexual assault or homicide, physical assault or battery, or drug-related crimes that occurred within the last five years (Burstain, 2011; DFPS, 2016; The Texas Family Code Online, 2011). In Texas, other criminal convictions require a risk evaluation to be completed successfully for the caregiver to be considered for licensure as a foster parent. Kin are categorically eligible for the risk evaluation process, while for nonkin, twenty or more years must have passed since the conviction (Burstain, 2011; DFPS, 2016; The Texas Family Code Online, 2011).

Federal law also requires what is known in Texas as minimum standards for foster parent licensure. The federal government only provides subsidies for foster parents who meet minimum standards, which include criteria related to safety, sanitation, and the protection of civil rights (Burstain, 2011; DFPS 2016.) Federal and state law has always allowed for some variance from minimum standards when the reasoning is good. This allowance for variances was strengthened for kin caregivers with the enactment of the Fostering Connections Act, which allows non-safety standards to be waived on a case by case basis (Burstain, 2011; The Texas Family Code Online, 2011).

More than ever, federal and state policy make way for kin caregivers to become licensed foster parents and therefore eligible to receive the benefits of the Permanency Care Assistance Program. Certainly some prospective kin are prohibited from becoming licensed because of felony criminal or child abuse neglect history, but a process is in place to approve kin with lesser convictions who do not pose a risk to the child. Moreover, the variance from non-safety related minimum standards that Texas allows kin caregivers sets the state ahead of its counterparts. More traditional foster parent licensing policies

that still exist in other states have been criticized for discriminating against kin caregivers because they have less to do with safety and more to do with cultural bias and wealth (Beltran & Redlich Epstein, 2013; Denby, 2010).

The exceptions allowed kin caregivers in Texas should mean that many more of them receive Permanency Care Assistance, and the fact that so few do is troubling. Understandably, kin caregivers may need more support than nonkin caregivers to navigate the child welfare system (Riley-Behringer & Cage, 2014). Whereas traditional foster parents come to child welfare agencies with a readiness to care for a child, kin caregivers rarely experience that luxury, instead having children placed with them during a crisis for which they were not prepared. Toward that end, the Texas Legislature funds DFPS to employ Kinship Development Workers, whose sole job is to provide support to kin caregivers. Ironically, however, DFPS is void of policy requiring these staff persons to assist with the foster care licensing process (DFPS, 2016).

So, while federal and state policies have allowed for more flexibility to ensure that kin caregivers can access the subsidy provided by the Fostering Connections Act, it seems other formidable barriers are present. An examination of the microsystem factors that may influence whether or not a kin caregiver receives Permanency Care Assistance is warranted. These factors include agency culture, caseworker attitudes, and the attitudes of kin caregivers themselves (Riley-Behringer & Cage, 2014). In the next section, both the strengths and barriers of Texas' Permanency Care Assistance program will be explored using a feminist policy analysis model as a guide. The discussion necessitates a look at the Fostering Connections Act as well as DFPS' implementation of the Permanency Care Assistance program, including agency policies, or lack of policies, that either support or hinder implementation.

6.5.3 Through a Gendered Lens

The feminist policy model proposed by McPhail (2003) will be used to structure this analysis of Texas' kinship care policies. McPhail's (2003) model, designed with the goal of making women visible in policy, is constructed on the feminist values summarized by Brandwein (1986), which include the equal estimation of process and product, nonhierarchical relationships, diversity, collectivity, and connection to others. McPhail (2003) points out that "these values are congruent and compatible with the values outlined in the code of ethics adopted by the National Association of Social Work" (p. 46).

McPhail's (2003) model posits a set of questions organized by broader domains that "bring gender into the picture" (p. 55), rather than outlining a rigid set of criteria by which a policy must be analyzed. The list of questions is lengthy, and McPhail concedes that many questions must be omitted for the model to be useful. For the purposes of this analysis, four of the domains outlined in McPhail's model will be used. These are state-market control, multiple identities, context, and material/symbolic reforms.

Under the domain of state-market control, McPhail's model (2003) asks whether the policy values or takes for granted women's work of caring, contains elements of social control of women, or merely replaces the patriarchal male with the male-controlled state. The Fostering Connections Act clearly places importance on the care of children and family ties by supporting kin caregivers, most of whom are women, who take permanent custody of a child. The only expectation of kin caregivers receiving the benefit is that they provide care for the child, but the Act imposes no standards for child care, restrictions on the decision-making or lifestyle choices of caregivers, or other representations of social control. Arguably, the process of licensing kin caregivers as foster parents is the sort of intrusion into family life that exemplifies social control; however, the variances allowed kin caregivers temper the concern, at least to some degree. Because the Act does not require a means test (other than the Title IV-E eligibility of the child), the kin caregiver may earn income. Consequently, there is no demand from what McPhail (2003) refers to as the "patriarchal state" (p. 55) that the caregiver must depend solely or primarily on the subsidy to receive the benefit for the child, thereby relegating the family to poverty. Overall, the Fostering Connections Act can be said to uphold feminist values in the state-market control domain. Texas implemented Permanency Care Assistance to mirror the Fostering Connections Act (DFPS, 2016), at least in policy, so the program is consistent with feminist values equal to the federal legislation.

McPhail's (2003) multiple identities domain poses questions around the interaction of gender with race/ethnicity, social class, and other group classifications in the policy, as well whether the policy assumes that Anglo, middle class women are the standard. Given that kin caregivers are disproportionately older, poor, African-American women (Berrick et al., 1994; Dubowitz, et al., 1990; Scannapieco et al., 1997), the interaction of gender with race/ethnic, and social class is implicit in the Fostering Connections Act. The implication of McPhail's treatment of multiple identities is that belonging

to more than one socially disadvantaged group can exacerbate the negative consequences of policies that assume men are the standard (2003). Unlike public assistance programs which tend to categorically stigmatize poor, minority women (Irving & Loveless, 2015; McPhail, 2013) and serve to maintain rather than improve their social status, the Fostering Connections Act instead elevates the act of kin caregiving. The perception that kin caregivers were at least partly at fault for the abuse or neglect that brought the child into foster care delayed the legitimization of kinship care until more recently (Ingram, 1996). The Fostering Connections Act signifies a marked departure from the blaming attitude toward kin caregivers that characterized the early history of formal kinship care by making explicit the preference for kinship care, the providers of which most typically have multiple identities. Based on the findings of this study and others, kin caregivers will raise children in need whether or not they receive assistance for doing so, even when it poses a hardship (Denby, 2010; Testa, 2001). The Fostering Connections Act concerns itself with the past failure on the part of child welfare systems to provide equitable benefits between kin caregivers and traditional foster parents, who are more likely to be young, Anglo, and wealthy in comparison to kin (Zinn, 2009).

Where the Fostering Connections Act may fall short in the multiple identities domain is the requirement that adoption be ruled out. Research indicates that guardianship (permanent managing conservatorship in Texas) is favored over adoption within cultural groups where caregiving is shared among extended family and community (Bissell & Miller, 2004; Cross et al., 2004; Thornton, 1991). Nevertheless, adoption, which is more analogous to the nuclear family form characteristic of Anglo families, is still preferred in federal legislation. This partiality is inconsistent with feminist values. However, the federal legislation provided no guidance as to what shape the process of adoption rule-out would take at the state level. DFPS does not define in policy any rigorous procedure by which to determine adoption rule-out. Instead, a caseworker must only document that adoption was considered and was not found to be appropriate, and this determination can be based on family and child preference (DFPS, 2016). In this way, Texas' implementation of the Fostering Connections Act accomplished what the federal legislation did not in terms of embracing diverse family forms.

The context domain in McPhail's (2003) model contains questions related to the policy's consideration of the "historical, legal, social, cultural, and political contexts of women's lives" (p. 56) and

the policy's use of men's experience as the standard. Research suggests that some kin caregivers will not seek out public assistance to care for the child because of the shame attached (Ehrle & Geen, 2002; Riley-Behringer & Cage, 2014). McPhail (2003) draws a distinction between stigmatizing social welfare policies which are largely designed for women as opposed to social insurance policies. Social insurance policies, like Social Security, are viewed as entitlements, which have a positive social connotation unlike social welfare, which tends to be perceived as a government handout for the undeserving (McPhail, 2003). The Fostering Connections Act acknowledges that kin caregivers perform a benefit for society by caring for a child who deserves to be raised within his or her own familial and cultural context. The federal legislation at least implicitly recognizes the oppression experienced by the typical kin caregiver by structuring the program similarly to a social insurance program, in which a mutually beneficial exchange occurs between the recipient and society. Men do not appear to be the standard to which the Fostering Connections Act was modeled since the importance of child care, which is most commonly performed by women (Lachance-Grzla & Bouchard, 2010), is central to the policy. Both the Fostering Connections Act and, consequently, Texas' Permanency Care Assistance program demonstrates feminist values in the context domain.

In the material/symbolic reforms domain, McPhail's model (2003) questions whether the policy has teeth, whether the agency administering the policy has strength, and if its implementation is overseen by interest groups. The Fostering Connections Act offers a subsidy for kin caregivers who take permanent custody of a foster child. While the federal legislation does exemplify a symbolic shift in earlier policies that denied payment to kin caregivers, it also offers a real, material benefit for kin families. DFPS administers the Fostering Connections Act through its Permanency Care Assistance program, with the backing of the Texas Legislature (DFPS, 2016; The Texas Family Code Online, 2011). While all this should indicate that the policy has teeth, some weaknesses exist at all levels.

First, the Fostering Connections Act does not require states to evaluate their implementation or outcomes. Second, the Texas Legislature fails to set any benchmarks that dictate how many kin caregivers should be enrolled in the Permanency Care Assistance program, with the obvious consequence that very few receive the benefit. Third, DFPS policy also omits any targets for numbers enrolled in its Permanency Care Assistance program (DFPS, 2016). Moreover, according to the

program's administrator, DFPS does not involve interest groups in oversight functions (Personal communication, February 7, 2016). So, while the federal legislation does provide a material benefit, the benefit is only symbolic if few actually receive it.

In letter and intent, the Fostering Connections Act and Texas' Permanency Care program are largely favorable analyzed through a feminist lens. Still, policy and practice at the microsystem level seem to have failed considering only 3% of kin caregivers in this study received the benefit. As a result, it seems necessary to explore what microsystem factors might serve as a barrier between kin caregivers in Texas and the subsidy. Both the characteristics of kin caregivers and the characteristics of DFPS must be considered.

The Fostering Connections Act sought to normalize support to kin caregivers who take permanent custody of a foster child. Despite this, beliefs among kin caregivers may prevent them from pursuing foster care licensure to become eligible for the benefit. Kin caregivers may remain hopeful that the child will reunify with his or her parents (O'Brien et al., 2001). The program administrator of Texas' Permanency Care Assistance Program named optimism about reunification as one of the top reasons kin caregivers choose not to apply for foster care licensure (Personal communication, February 7, 2016). Furthermore, kin caregivers and their communities may internally hold the belief that kin should act out of familial duty to foster a child without receiving monetary benefit. This may be particularly true in African-American communities where child care is commonly shared, even when no child maltreatment exists (Crumbley & Little, 1997).

Agency characteristics may also prevent kin caregivers from pursuing foster care licensure and becoming eligible. Kin caregivers can experience negative judgment from the caseworker when they apply for funds to support the child's care (Kolomer, 2000; Riley-Behringer & Cage, 2014). The philosophy that kin caregivers are undeserving may still prevail among individual caseworkers, even though federal and state legislation has surpassed this form of bias (Riley-Behringer & Cage, 2014). Absence of empathy from the caseworker, poor communication between caseworkers involved with the family, staff turnover, and lost paperwork within the agency are among the reasons kin caregivers in one study reported for withdrawing from the foster care licensing application process (Riley-Behringer & Cage, 2014).

Caseworkers partial to traditional foster parents probably lack the intrinsic motivation to provide kin caregivers the kind of support they need to complete the foster care licensure process and become eligible for the benefit provided by the Fostering Connections Act. Though the Texas legislation and DFPS policy that instituted the Permanency Care Assistance program are aligned with the federal legislation in letter and intent, DFPS provides little guidance around caseworker behaviors that would likely improve kin caregivers' access to the benefit. As previously mentioned, DFPS policy outlines the duties of its Kinship Development workers but makes no mention of supporting kin caregivers to meet the eligibility requirements of foster care licensure or Permanency Care Assistance. Again, no benchmarks are set either by the Texas Legislature or within DFPS policy that would mandate the minimum number of kin caregivers who receive Permanency Care Assistance. The upshot is that no external motivators exist to change caseworker behavior.

Based on an interview with the Permanency Care Assistance program's administrator, federal and state legislation that delineates permanency timeframes can hinder a kin caregiver from becoming a licensed foster parent (Personal communication, February 7, 2016). A kin caregiver may hold out hope that the child will reunify with his or her parent and decide not to pursue foster care licensure, at least early in the life of the case (O'Brien et al., 2001; Personal communication, February 7, 2016). At the point it becomes clear reunification will not occur, the agency and court may have little time to meet the eighteen-month deadline to find the child a permanent home (Texas Family Code Online, 2011). Because the Fostering Connections Act and Permanency Care Assistance Program require the kin caregiver to be a licensed foster parent to the child for six months, the clock may have expired at the time the kin caregiver sees value in seeking licensure. The only remaining option for kin caregivers who want to take permanent managing conservatorship of the child is to do so without the subsidy. While the agency views the mandated permanency timelines as an obstruction to foster parent licensure of kin caregivers, the onus should be on caseworkers to ensure that foster parents apply to be licensed timely.

In summary, the most significant findings of this study are these:

- 1) Foster children placed with kin caregivers in Texas experience fewer placement disruptions, shorter time to exit from foster care, and less recurrence into the system than foster children placed with nonkin foster parents. Briefly, Texas' foster children are better off with kin;

- 2) Kin caregivers are altruistically motivated to care for kin children, doing so despite the lack of support that nonkin caregivers receive. The lack of support disproportionately affects older, poorer, minority women;
- 3) The federal government took a big step forward to reduce the disparate support to kin caregivers by legislating a monetary benefit through the Fostering Connections Act. Texas followed suit with its implementation of the Permanency Care Assistance Program. The changes in federal and state legislation are largely invariable with feminist values;
- 4) Still, the legislative changes are only symbolic if an absence of supporting policy and practice at the agency level impedes kin caregivers from receiving the benefit.

In the next sections, recommendations for improvements within the policy and practice at DFPS will be discussed. Directions for future research will also be considered.

6.6 Policy Implications

DFPS should increase the number of kin caregivers receiving Permanency Care Assistance by implementing a few relatively simple policies. If caseworker bias against kin caregiving or lack of direction by the agency to its caseworkers serve as barriers to foster parent licensure for kin caregivers, new policy is the most expedient way to change caseworkers' behavior. First, Kinship Development Workers need more role definition set in DFPS policy. The expectation that they assist kin caregivers toward foster parent licensure should be included in the list of job duties. Moreover, policy should dictate routine intervals beginning soon after the child's placement at which the Kinship Development Worker must discuss foster parent licensure with kin caregivers and document the interaction for supervisor approval. Second, DFPS should set policy benchmarks for the number of kin caregivers receiving Permanency Care Assistance. Even better, the Texas Legislature should set the targets to put more teeth into the policy. Third, DFPS policy should require that the Permanency Care Assistance Program have oversight by members of special interest groups. A committee made of kin caregivers and community advocates should be formed to help shape new policy, advocate for the Texas Legislature to set benchmarks, ensure benchmarks are met, and advise on how to effectively engage kin caregivers in the licensing process. As previously discussed, the personal beliefs of kin caregivers may produce a reluctance to pursue foster parent licensure. Gaining the expertise of the oversight committee on how caseworkers

might best overcome this obstacle would be useful for training purposes. The oversight committee should also provide input on the development of materials to help explain the foster care licensure process to kin caregivers.

6.7 Practice Implications

DFPS should raise the bar on casework practice with kin caregivers by improving training and supervision. Kinship Development Workers, conservatorship caseworkers who come into contact with kin caregivers, and their supervisors need expanded training to both bolster their clinical skills and help them become well-versed in the foster care licensing process. The training curriculum should include input from the oversight committee discussed in the previous section. Caseworkers must understand the vulnerability of kin caregivers and how risk to the child and family can be reduced with additional financial support. Furthermore, caseworkers must appreciate that kin caregivers may feel shame around pursuing a benefit to care for members of their own families and help convey that they are performing an important service. Kin caregivers may also need supportive handholding by the caseworker to complete the foster care licensure process. Caseworkers have a responsibility to ensure that kin caregivers understand the requirements, help them fill out paperwork, use concrete funds to purchase safety related household items (fire extinguishers, child locks for cabinets, etc.), and assist them to apply for variances. Supervisors must play a role in confirming that caseworkers process paperwork timely and making certain that good communication happens between caseworkers involved with the family so that kin caregivers receive consistent messages about the foster care licensure process.

6.8 Research Implications

Future research should pursue the question of the effect of degree of relatedness of placement caregivers on outcomes for foster children. While it may be too controversial for an agency to implement rigid policies based on biological relatedness of caregivers, the data could be used in practice to help focus caseworkers on placing and developing certain types of kin when a child has a pool of potential placement caregivers from which to choose. Additionally, more research on how the characteristics of kin caregivers might impact children's permanency outcomes is needed. This information could be included in training to help caseworkers understand kin caregiver vulnerabilities that lead to poorer outcomes for children and help develop plans to mitigate risks. Modifications to DFPS' IMPACT database are typically

extremely costly and, therefore, impractical. Nevertheless, DFPS should take opportunities through its current IMPACT modernization process to include programming that forces caseworkers to enter kin caregiver demographic data, including the gender of caregivers. This would provide a more accurate picture of DFPS' kin caregivers so the agency can develop focused strategies to ensure the support they receive is equitable to that of traditional foster parents.

REFERENCES

Adoption and Safe Families Act of 1997. Public Law 105-89.

Adoption Assistance and Child Welfare Act of 1980. Public Law 96-272.

American Academy of Child and Adolescent Psychiatry. (2005). *Foster care*. Retrieved from

<http://aacap.org/page.wv?name=Foster+Care§ion=Facts+for+Families>

Annie E. Casey Foundation. (2011). *Data snapshot on foster care placement. Moving in the right*

- direction: More kids in more families.* Retrieved from
http://www.aecf.org/~media/Pubs/Initiatives/KIDS20COUNT/D/DataSnapshotFosterCarePlcmnt/DataSnapshot_FinalWeb.pdf
- Annie E. Casey Foundation. (2012). *Stepping up for kids: What government and communities should do to support kinship families.* Retrieved from
<http://www.aecf.org/~media/Pubs/Initiatives/KIDS20COUNT/S/SteppingUpforKids2012PolicyReport/SteppingUpForKidsPolicyReport2012.pdf>
- Avery, R.J. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Children and Youth Services Review, 32*, 399-408.
- Ayala-Quillen, B.A. (1998). The Adoption and Safe Families Act of 1997 kinship care report: An analysis of key areas. *Protecting Children, 14*(3), 12-14.
- Barth, R.P., Courtney, M., Berrick, J.D., & Albert, V. (1994). *From child abuse to permanency planning: Child welfare services pathways and placements.* New York, NY: Aldine de Gruyter.
- Beeman, S., Kim, H., & Bullerdick, S. (2000). Factors affecting placement of children in kinship and nonkinship foster care. *Children and Youth Services Review, 22*, 37-54.
- Beltran, A., & Redlich Epstein, H. (2013). *Improving foster care licensing standards around the United States: Using research findings to effect change.* Retrieved from
http://www.americanbar.org/content/dam/aba/administrative/child_law/FC_Licensing_Standards.authcheckdam.pdf
- Berrick, J.D., Barth, R.P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*, 34-50.
- Berrick, J.D. (1998). When children cannot remain home: Foster family care and kinship care. *The Future of Children 8*(1), 72-87.
- Bissell, M. & Miller, J.L. (Eds.). (2004). *Using subsidized guardianship to improve outcomes for children: Key questions to consider.* Washington, DC: Cornerstone Consulting and Children's Defense Fund. Retrieved from www.childrensdefense.org/childwelfare/kinshipcare/default.asp
- Blakey, J. (2012). The best of both worlds: how kinship care impacts reunification. *Families in Society:*

- The Journal of Contemporary Social Services*, 93(2), 103-110.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis*, 39, 350-371.
- Brandwein, R.A. (1986). A feminist approach to social policy. In N. Van Den Bergh & L.B. Copper (Eds.), *Feminist visions for social work* (pp. 250-261). Silver Springs, MD: NASW Press.
- Burstain, J. (2011). *Licensing relatives as foster parents*. Retrieved from http://library.cppp.org/files/4/FosterCare_LicensingProcess.pdf
- Buss, D.M. (2009a). *Darwin's influence on modern psychological science*. American Psychological Association. Retrieved from <http://www.apa.org/science/about/psa/2009/05/sci-brief.aspx>
- Buss, D.M. (2009b). The great struggles of life: Darwin and the emergence of evolutionary psychology. *American Psychologist*, 64, 140-148.
- Chamberlain, P., Price, J., Reid, J., Landsverk, J., Fisher, P., & Stoolmiller, M. (2006). Who disrupts from placement in foster and kinship care? *Child Abuse and Neglect*, 30, 409-424.
- Child Welfare Information Gateway. (2010). *Kinship caregivers and the child welfare system*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Child Welfare Information Gateway. (2012a). *Foster care statistics 2010*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Child Welfare Information Gateway. (2012b). Reasonable efforts to preserve or reunify families and achieve permanency for children. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Collins, M.E., Paris, R., & Ward, R.L. (2008). The permanence of family ties: Implications for youth transitioning from foster care. *American Journal for Orthopsychiatry*, 78(1), 54-62.
- Child Welfare Information Gateway. (2012b). *How the child welfare system works*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Courtney, M.E. (1994). Factors associated with the reunification of foster children with their families. *Social Service Review*, 68, 81-108.
- Courtney, M. E., & Barth, R. P. (1996). Pathways of older adolescents out of foster care: Implications for independent living services. *Social Work*, 41(1), 75-83.

- Courtney, M.E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child and Family Social Work, 11*, 209-219.
- Courtney, M.E., Dworsky, A., Ruth, G., Havlick, J., & Bost, N. (2005). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.
- Cross, T., Simmons, D., Jackson, S., Robison, S. & Semidei, J. (2004). How does subsidized guardianship respect culture? Perspectives on African American, Native American and Latino experiences. In Bissel, M. & Miller, J.L. (Eds.), *Using subsidized guardianship to improve outcomes for children*. Washington, DC: Children's Defense Fund and Cornerstone Consulting Group, 49-56. Retrieved from www.cdf.convio.net/site/docserver/usingsubsidizedguardianship.pdf
- Crumbley, J., & Little, R. (1997). *Relatives raising children: An overview of kinship care*. Washington, DC: CWLA Press.
- Cuddeback, G.S. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Children and Youth Services Review, 26*, 623-639.
- Cuddeback, G.S., & Orme, J.G. (2002). Training and services for kinship and nonkinship foster families. *Child Welfare, 81*(6), 879-909.
- Denavas-Walt, C., & Proctor, B.D. (2014). *Income and poverty in the United States: 2013*. U.S. Government Printing Office, Washington, DC.
- Denby, R.W. (2010). Kinship liaisons: A peer-to-peer approach to supporting kinship caregivers. *Children and Youth Services Review, 33*, 217-225.
- Department of Family and Protective Services. (2011). Management Reporting System.
- Department of Family and Protective Services. (2013). Management Reporting System.
- Department of Family and Protective Services. (2015). *2015 Annual Report and Data Book*. Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2012/default.asp
- Department of Family and Protective Services. (2016). *Program Handbook*. Retrieved from <https://www.dfps.state.tx.us/handbooks/CPS/>
- Dubowitz, H. (1990). *The physical and mental health and educational status of children placed with*

- relatives: Final report*. Baltimore, MD: Department of Pediatrics, School of Medicine, University of Maryland.
- Dubowitz, H., Feigelman, S., Harrington, D., Starr, R., Zuravin, S., & Sawyer, R. (1994). Children in kinship care: How do they fare? *Children and Youth Services Review*, 16 (1-2), 85-106.
- Earle, K. & Cross, A. (2001). *Child abuse and neglect among Native American/Alaska Native Children: An analysis of existing data*. National Indian Child Welfare Association and Casey Family Programs. Retrieved from www.muskie.usm.maine.edu/helpkids/rcpdfs/B060041.pdf
- Ehrle, J. & Geen, R. (2002). Kin and non-kin foster care – findings from a national survey. *Children and Youth Services Review*, 24, 15-35.
- Fostering Connections to Success and Increasing Adoptions Act of 2008. Public Law 110-351.
- Freundlich, M., Avery, R.J., Munson, S., & Gertenjang, S. (2006). The meaning of permanency in child welfare: Multiple stakeholder perspectives. *Children and Youth Services Review*, 28, 741-760.
- Geen, R. (2004). The evolution of kinship care policy and practice. *Future Child* 14(1), 130-149.
- Gibbs, P., & Muller, U. (2000). Kinship foster care moving to the mainstream: Controversy, policy, and outcomes. *Adoption Quarterly*, 4(2), 57-87.
- Gleeson, J. P. (1999). Kinship care as a child welfare service: Emerging policy issues and trends. In R. Hegar & M. Scannapieco (Eds.), *Kinship Foster Care: Practice, Policy, and Research* (pp. 28-53). New York: Oxford University Press.
- Grogan-Kaylor, A. (2000). Who goes into kinship care? The relationship of child and family characteristics to placement into kinship foster care. *Social Work Research*, 24(3), 132-141.
- Hamilton, W. (1964). *The genetical evolution of social behaviour*. *Journal of Theoretical Biology*, 7(1), 17-52.
- Hegar, R.L. (1999). The cultural roots of kinship care. In R. Hegar & M. Scannapieco (Eds.), *Kinship Foster Care: Practice, Policy, and Research* (pp. 17-27). New York: Oxford University Press.
- Hegar, R.L., & Rosenthal, J.A. (2009). Kinship care and sibling placement: Child behavior, family relationships, and school outcomes. *Children and Youth Services Review*, 31, 670-679.
- Hegar, R.L., & Scannapieco, M. (1995). From family duty to family policy: The evolution of kinship care. *Child Welfare*, 74(1), 200-216.

- Herring, D.J. (2008). *Kinship foster care: Implications of behavioral biology research*. Retrieved from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1083743
- Herring, D.J. (2010). Evolutionary theory and behavioral biology research: implications for law. In S.C. Roberts (Ed.), *Applied Evolutionary Psychology*. (pp. 1-54). New York: Oxford University Press.
- Herring, D.J. (2012). Law and behavioral biology research: Kinship foster care as a case study. Proceedings from Ancestral Health Symposium 2012: *The Human Ecological Niche and Modern Health*. Cambridge, MA.
- Herring, D.J., Shook, J.J., Goodkind, S., & Kim, K.H. (2009). Evolutionary theory and kinship foster care: An initial test of two hypotheses. *Capital University Law Review*, 38, 291-318.
- Iglehart, A. P., & Beccerra, R. (2002). Hispanic and African American youth: Life after foster care emancipation. *Social Work with Multicultural Youth*, 11, 79-107.
- Igelman, R., Conradi, L., & Ryan, B. (2007). Creating a trauma-informed child welfare system. *Focal Point*, 21(1), 23-26.
- Indian Child Welfare Act of 1978. Public Law 95-608.
- Ingram, C. (1996). Kinship Care: From last resort to first choice. *Child Welfare*, 75(5), 550-566.
- Irving, S.K., & Loveless, T.A. (2015). *Dynamics of economic well-being: Participation in government programs, 2009-2012: Who gets assistance?* Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p70-141.pdf>
- Johnson, P.R., Yoken, C., & Voss, R. (1995). Family foster care placement: The child's perspective. *Child Welfare*, 74(5), 959-975.
- Koh, E. (2010). Permanency outcomes of children in kinship and nonkinship foster care: Testing the external validity of kinship effects. *Children and Youth Services Review*, 32, 389-398.
- Koh, E., & Testa, M.F. (2008). Propensity score matching of children in kinship and nonkinship foster care: Do permanency outcomes still differ? *Social Work Research*, 32(2), 105-116.
- Kolomer, S. (2000). Kinship foster care and its impact on grandmother caregivers. *Journal of Gerontological Social Work*, 33(3), 85-102.
- Krinsky, M.A. (2005). Kinship care: Finding families for kids in need. *Juvenile and Family Justice Today*, 4, 16-18.

- Lachance-Grzla, M., & Bouchard, G. (2010). Why do women do the lion's share of housework? A decade of research. *Sex Roles, 63*(11/12), 767-780.
- Lenz-Rashid, S. (2009). *Developing permanent, supportive connections while in care: Foster youth's perspectives*. Retrieved from www.cfpic.org/pdfs/permanency-report-lenz-rashid092009.pdf
- Magruder, J., & Shaw, T.V. (2008). Children ever in care: An examination of cumulative disproportionality. *Child Welfare, 87*(2), 169-188.
- McPhail, B. (2003). A feminist policy analysis framework: Through a gendered lens. *The Social Policy Journal, 2*(2/3), 39-61.
- Messing, J. (2005). *From the child's perspective: A qualitative analysis of kinship care placements*. Berkeley, CA: National Abandoned Infants Resource Center, University of California at Berkeley.
- National Resource Center for Foster Care and Permanency Planning (2011). *The core components of placement stability. Recruitment and selection of and support for caregivers: Kin and nonkin*. Retrieved from <http://www.nrcpfc.org/pst/overview.htm>
- O'Brien, P., Massat, C. & Gleeson, J. (2001). Upping the ante: Relative caregivers' perceptions of changes in child welfare policies. *Child Welfare, 80*(6), 719-748.
- Peters, J. (2005). True ambivalence: Child welfare workers' thoughts, feelings, and beliefs about kinship foster care. *Children and Youth Services Review, 27*, 595-614.
- Riley-Behringer, M., & Cage, J. (2014). Barriers experienced by kinship and non-relative caregivers during the foster and adoptive parent licensure and home study process. *Journal of Public Child Welfare, 8*(2), 212-238.
- Ryan, S.D., Hinterlong, J., Hegar, R.L., & Johnson, L.B. Kin adopting kin: In the best interest of the children? *Children and Youth Services Review, 32*, 1631-1639.
- Scannapieco, M., Hegar, R.L., & McAlpine, C. (1997). Kinship care and foster care: A comparison of characteristics and outcomes. *Families in Society: The Journal of Contemporary Human Services, 78*(5), 480-488.
- Scannapieco, M. & Hegar, R.L. (2000). Grandma's babies: The problem of welfare eligibility for children raised by relatives. *Journal of Sociology and Social Welfare, 27*(3), 153-171.

- Scannapieco, M., & Hegar, R.L. (2002). Kinship care providers: Designing an array of supportive services. *Child and Adolescent Social Work Journal*, 19(4), 315-327.
- Scannapieco, M., Connell-Carrick, K., & Painter, K. (2007). In their own words: Challenges facing youth aging out of foster care. *Child and Adolescent Social Work Journal*, 24, 423-435.
- Szumilas, M. (2010). Explaining Odds Ratios. *Canadian Academy of Child and Adolescent Psychiatry*, 19(3), 227–229.
- Takas, M. & Hegar, R.L. (1999). The case for kinship adoption laws. In R. Hegar & M. Scannapieco (Eds.), *Kinship Foster Care: Practice, Policy, and Research*. (pp. 54-67). New York: Oxford University Press.
- Testa, M.F. (2001). Kinship care and permanency. *Journal of Social Services Research*, 28(1), 25-43.
- Testa, M.F., & Shook Slack, K. (2002). The gift of kinship foster care. *Children and Youth Services Review*, 24(1/2), 79-108.
- The National Child Traumatic Stress Network. (2008a). *Creating trauma-informed child welfare practice: Introduction to the Essential Elements*. Retrieved from www.nctsn.org/nctsn_assets/pdf/CWT3_CompGuide.pdf
- The National Child Traumatic Stress Network. (2008b). *Providing support to the child, family, and caregivers*. Retrieved from http://www.nctsn.org/sites/all/modules/pubdlnet/pubdlnet.php?file=http://www.nctsn.org/sites/default/files/assets/pdfs/birth_parents_trauma_resource_parent_final.pdf&nid=255
- The National Child Traumatic Stress Network. (2008c). *The invisible suitcase: Behavioral challenges of traumatized children*. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/cwt3_sho_suitcase.pdf
- The Texas Family Code Online. (2011). Retrieved from texasfamilycodeonline.com
- Thornton, J.L. (1991). Permanency planning for children in kinship foster homes. *Child Welfare*, 70(5), 593-601.
- Tooby, J., & Cosmides, L. (2005). Conceptual foundations of evolutionary psychology. In D. Buss (Ed.), *The Handbook of Evolutionary Psychology*, (pp. 5–67). Hoboken, NJ: Wiley.
- U.S. Department of Health and Human Services. (2011). The 2011 HHS Poverty Guidelines. Retrieved

- from: <https://aspe.hhs.gov/2011-hhs-poverty-guidelines>
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration of Children, Youth and Families. (2012). *Child Maltreatment 2012*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (July 2015). *The AFCARS Report*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>
- Vig, S., Chinitz, S., & Shulman, L. (2005). Young children in foster care: Multiple vulnerabilities and complex service needs. *Infants & Young Children, 18*(2), 147-160.
- Vogt, W.P. (2005). *Dictionary of statistics and methodology*. Thousand Oaks, CA: Sage.
- Watson, K.W. (1997). Bonding and attachment in adoption: Towards better understanding and useful definitions. *Marriage and Family Review, 25*, 159-173.
- Webster, G.D. (2007). Evolutionary theory's increasing role in personality and social psychology. *Evolutionary Psychology, 5*(1), 84-91.
- Winokur, M.A., Crawford, G.A., Longobardi, R.C., & Valentine, D.P. (2008). Matched comparison of children in kinship care and foster care on child welfare outcomes. *Families in Society, 89*(3), 338-346.
- Zinn, A.E. (2009). Foster parent characteristics, kinship, and permanence. *Social Service Review, 83*(2), 185-219.
- Zinn, A.E. (2010). A typology of kinship foster families: Latent class and exploratory analyses of kinship family household structure and composition. *Children and Youth Services Review, 32*(3), 325-337.
- Zinn, A.E. (2012). Kinship foster family type and placement discharge outcomes. *Children and Youth Services Review, 34*(4), 602-614.

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