



The role of out-of-home caregivers in the achievement of child welfare permanency



Colleen C. Katz^{a,*}, Marina Lalayants^a, Jon D. Phillips^b

^a Silberman School of Social Work at Hunter College, CUNY, 2180 Third Avenue, New York, NY 10035, United States

^b Graduate School of Social Work, University of Denver, 2148 S. High Street, Denver, CO 80208, United States

ABSTRACT

With the passage of the Adoption and Safe Families Act in 1997 (ASFA), legal permanency emerged as a priority of those committed to the wellbeing of children who have been removed from parental custody. To date, no studies have specifically focused on the roles played by out-of-home (OOH) caregivers in the permanency process. OOH caregivers may influence the journey to permanency in a number of significant ways: by adopting the children for whom they are providing care, by enabling the timely completion of child-level judicial mandates and by providing high-quality care that can influence child behavior. This longitudinal study is the first to evaluate the ways in which OOH caregivers influence permanency outcomes for children in the foster care system while controlling for child-level and parent-level characteristics. Analyses were conducted on two waves of quantitative data from the National Study of Child and Adolescent Well-being II (NSCAW II) dataset. We find that the availability of respite services for OOH caregivers and communication between foster care caseworkers and OOH caregivers predicted permanency for the children in our sample. Child welfare administrators could contribute to these exploratory findings by evaluating the extent to which their own respite programs and caseworker responsiveness may impact time to permanency and type of permanency in the various contexts in which they operate.

1. Introduction

With the passage of the Adoption and Safe Families Act in the United States in 1997 (Adoption and Safe Families Act, 1997), legal permanency emerged as a priority of those committed to the wellbeing of children who have been removed from the custody of primary caregivers. Legal permanency, or the achievement of a permanent home for children in foster care, is most frequently established by way of reunification with one or both primary caregivers, adoption by an alternate caregiver, relative custody or legal guardianship (U.S. Department of Health and Human Services, 2008).

Timely permanency was central to the passage of ASFA; the act mandated that a permanency hearing be held within 12 months of a child being placed to establish a permanency goal of reunification, adoption, or legal guardianship, and determine whether or not primary caregiver rights should be permanently terminated (Adoption and Safe Families Act, 1997). Reunification is the most common form of permanency, occurring after primary caregivers have completed individualized judicial mandates intended to reduce the risk of further child maltreatment once the child returns home. Adoption is the second most common form of permanency, taking place once primary caregiver rights have been permanently severed. Relative custody and legal guardianship tend to happen when neither reunification nor adoption is an option.

There are a number of child-level characteristics that are known to influence permanency outcomes. The age of the child is a strong predictor of permanency, with numerous studies indicating that older youth are much slower to all forms of permanency than their younger counterparts, especially infants who have the greatest likelihood of being adopted (Courtney & Wong, 1996; Snowden, Leon, & Sieracki, 2008). The race of the child is also a strong predictor. African American children are less likely than their white and Latino counterparts to reunify with their primary caregivers (Connell, Katz, Saunders, & Tebes, 2006; Romney, Litrownik, Newton, & Lau, 2005) or to be adopted (Barth, 1997). Further, children with health challenges may take longer to achieve permanency than other children: both mental health problems (Kupsinel & Dubsky, 1999; Landsverk, Davis, Ganger, Newton, & Johnson, 1996; Park & Ryan, 2009) and physical disabilities (McDonald, Poertner, & Jennings, 2007; Romney et al., 2005) can slow reunification with primary caregivers. One study found that children with physical disabilities are more likely to be adopted than reunified (Snowden et al., 2008). Other factors have also demonstrated an impact on permanency outcomes: care history such as time between notification and separation (Rousseau, Rose, Duverger, Fanello, & Tanguy, 2015), number of placement and reunification breakdowns (Farmer & Lutman, 2012; Leathers, 2006), and time to placement with a permanent family (Dries, Juffer, Ijzendoorn, & Bakermans-Kranenburg, 2009; Selwyn, Wijedasa, & Meakings, 2014).

* Corresponding author.

E-mail addresses: colleen.katz@hunter.cuny.edu (C.C. Katz), mlalayan@hunter.cuny.edu (M. Lalayants), Jon.Phillips@du.edu (J.D. Phillips).

There are also a number of primary caregiver-level characteristics that influence permanency outcomes, as permanency is largely dependent upon these caregivers completing court mandates in a timely manner. Family structure tends to be a consistent predictor, with single parents taking longer to reunify with their children than married parents (Courtney, 1994; Harris & Courtney, 2003; Wells & Guo, 1999). African American single parents have historically experienced the lowest rates of reunification with their children (Harris & Courtney, 2003). Poverty also plays a role: children from families who claim public assistance are less likely to be reunified or adopted than their counterparts from families who do not claim benefits (Courtney, 1994; Courtney & Wong, 1996). Mental health and history of violence in the home have been linked to negative permanency outcomes (Risley-Curtiss, Stromwall, Hunt, & Teska, 2004). Finally, substance abuse appears to influence permanency: children who entered foster care as a result of maltreatment associated with parental substance abuse are less likely to be reunified with their parents (McDonald et al., 2007; Rosenberg & Robinson, 2004) and may be more likely to exit via relative custody or guardianship (McDonald et al., 2007).

Far fewer studies have specifically evaluated the roles played by child welfare caseworkers and the agencies with which they are affiliated. Two studies found that children who experienced greater caseworker turnover were slower to achieve permanency and had lower rates of reunification than their peers (Davis, Landsverk, Newton, & Ganger, 1996; Ryan, Garnier, Zyphur, & Zhai, 2006). This could be because caseworkers play a central role in helping primary caregivers locate services and complete judicial mandates in an effort to regain custody. They may also help out-of-home (OOH) caregivers (i.e., those providing temporary care for children while the rights of primary caregivers have been suspended, i.e. foster parents) stay aware of upcoming appointments (both court and service-related) for children and support these caregivers in the day-to-day challenges associated with OOH caregiving. Should caseworkers continue to turn over, primary caregivers and OOH caregivers may not consistently receive the information, advocacy and support to which they are entitled.

To date, no studies have examined the roles played by OOH caregivers in the permanency process, specifically the roles played by foster parents (both kin and non-relative) providing day-to-day care for children while the custodial rights of primary caregivers are suspended. It has been well documented that the role of the OOH caregiver can be extremely challenging for a variety of reasons. These caregivers may be expected to care for children with extensive behavioral and mental health needs resulting from their experiences of parental maltreatment (Land, 2012; Stahmer et al., 2005). They may also feel as though their perspectives may be undermined by those of caseworkers, attorneys and primary caregivers/families (Odell, 2008). They may feel unsupported by the agencies or institutions with which they are affiliated, not being provided with the financial, programmatic or physical resources that they require (Denby, Rindfleisch, & Bean, 1999). Finally, caregiver payment levels have been discussed in the literature as a potential factor influencing outcomes (McHugh, 2007), however, there has been no substantial research to rigorously explore this further. All of these factors impact the extent to which they are able to provide high quality services to the children in their care (Many & Osofsky, 2012).

OOH caregivers may influence the journey to permanency in a number of significant ways (Zinn, 2009). First, OOH caregivers may become adoptive parents when primary caregiver rights have been permanently terminated. They often develop relationships with the children in their care, making permanent adoption of these children a natural progression when possible. Second, OOH caregivers' attention to getting the children in their care to legally mandated appointments and parental visits might influence the speed at which permanency can be achieved. A judge may require information from these appointments and visits to make a permanency-related decision. Moreover, OOH caregivers' attitudes to facilitating contact of children with their birth parents could also affect reunification (Sen & Broadhurst, 2011). Third,

OOH caregivers who receive adequate support and resources may be better able effectively parent the children in their care and prevent or reduce child behavioral problems that can impede reunification and adoption.

This study is the first to evaluate the ways in which OOH caregivers may influence permanency outcomes for children in the foster care system while controlling for child-level and primary caregiver-level characteristics. In addition, the differential impact of OOH caregiver factors on the likelihood of reunification versus adoption is explored. Very few studies have evaluated the numerous paths to permanency simultaneously, comparing and contrasting the influence of different constellations of predictors (Connell et al., 2006; Courtney & Wong, 1996; McDonald et al., 2007), and none have done so using OOH caregiver characteristics as predictors. Such studies are critically important, as they allow for a more comprehensive, robust evaluation of permanency in the foster care population. This longitudinal study further contributes to the extant literature on child welfare permanency by examining the relationship between OOH caregiver and child permanency in a large, nationally representative sample of foster youth, allowing for the greatest generalizability of findings.

This exploratory study pursued the following research questions:

- (1) To what extent do OOH caregiver characteristics influence the likelihood that children in foster care will achieve permanency of any kind?
 - a. To what extent do OOH caregiver characteristics influence the likelihood that children in foster care have of being reunified with primary caregivers?
 - b. To what extent do OOH caregiver characteristics influence the likelihood that children in foster care have of being adopted?

2. Methods

2.1. Data

The study involved a secondary data analysis of the National Study of Child and Adolescent Well-being II (NSCAW II) dataset. The NSCAW II was a longitudinal study of children and their families investigated by child protective service (CPS) agencies between February 2008 and April 2009 in the United States. The dataset contains information collected from interviews with children, primary caregivers, primary out-of-home (OOH) caregivers, CPS caseworkers, and teachers. The current study examines information collected at baseline (April 2008–December 2009) and Wave II (18-months after baseline).

2.2. Sample

The NSCAW II employed a two-stage stratified sampling design. In the first stage, the United States was divided into nine sampling strata, with eight strata representing the eight states with the largest child welfare caseloads and one stratum containing the remaining states and District of Columbia. Primary sampling units (PSUs) were formed within each stratum and selected with a probability-proportionate-to-size procedure which gave PSUs with large caseloads a higher likelihood of being selected relative to PSUs with smaller caseloads. In most instances, the PSUs corresponded to geographic areas served by a single CPS agency. However, some agencies serving small numbers of children were combined to form a PSU and some large metropolitan areas were divided into multiple PSUs. In the second stage, within each PSU, children were stratified by various combinations of variables, including age, receipt of CPS services, and OOH placement status. Children were then randomly sampled from the within PSU strata (see Dowd et al., 2013 for more specifics regarding the sampling approach). The overall sample for the NSCAW II consisted of 5872 children ages birth to 17.5 years old. The sample for the current study is limited to children who were placed in informal (i.e., unpaid) kinship care, formal (i.e.,

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