



Family matters? The effect of kinship care on foster care disruption rates[☆]



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ABSTRACT

Compared with other types of out-of-home care, kinship care is cheap, and offers the child a more familiar environment. However, little is known about the causal effect of kinship care on important outcomes. This study is the first to estimate causal effects of kinship care on placement stability, using full-sample administrative data ($N = 13,157$) and instrumental variables methods. Results show that, in a sample of children of age 0–17 years, kinship care is as stable as other types of care, and only when the kin caregiver is particularly empathic and dutiful does this type of care prove more stable. Thus, in terms of stability, most children do not benefit additionally from being placed with kin.

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During the last 30 years, child welfare policies have promoted kinship care for children in need of out-of-home placement. Thus, the United States witnessed an expansion in the use of kinship care during the 1990s (Berrick & Needell, 1999; Berrick, Barth, & Needell, 1994; Cuddeback, 2004), and other developed countries, such as Denmark, increased its use of kinship care from the 2000 onward (Mehlbye, 2005). There are several reasons for the increased interest in this type of care. Kinship care is cheaper than regular foster or group care and requires less formal training of the caregiver (e.g., Farmer and Moyers, 2008). In addition, the preexisting bond between the child and the potential caregiver is a contributing factor in policy makers' and caseworkers' interest in kinship care. Often, the child has spent a good deal of time with the kin caregiver before the placement (Brown, Cohon, & Wheeler, 2002; Iglehart, 1994; Mehlbye, 2005), which then suggests that the child experiences more continuity with a kin placement than with foster care placement at a stranger (e.g., Le Prohn, 1994).

Despite the increased use of kinship foster care, social workers, scholars, and politicians still disagree on its advantages. One the one hand, preexisting bonds between the caregiver and the child minimize placement adjustment problems in kinship care (Brown et al., 2002; Iglehart, 1994; Knudsen, 2009). These bonds provide the kinship caregiver with more initial knowledge of the child and his/her problems compared with most non-kin caregivers and will reduce placement start-up costs (Berrick et al., 1994). Although kinship caregivers experience more friction with the child's biological parents (Farmer & Moyers, 2008; Knudsen, 2009), studies show how children in kinship care have more, and more regular, contact with their parents (Berrick et al., 1994; Farmer & Moyers, 2008; Knudsen, 2009; Le Prohn, 1994; Link, 1996). Overall, this suggests that kinship care provides a higher degree of continuity in the lives of these children compared with children placed in other types of care.

On the other hand, a range of studies shows that kinship caregivers have fewer resources than non-kin caregivers. They have less education, lower income, poorer health, and less-stable family lives. In addition, they more often live in

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disadvantaged neighborhoods and public housing. The lack of sufficient public financial help to cover placement-related expenses further reinforces these disadvantages (Berrick et al., 1994; Ehrle & Geen, 2002; Geen & Berrick, 2002; Le Prohn, 1994; Magruder, 1994). Studies also describe how kinship caregivers are less likely to receive formal training and get less service, as practitioners consider additional investment wasted on a kin that is unlikely to care for additional children in the future (Berrick et al., 1994; Farmer & Moyers, 2008). In line with this, kinship caregivers receive less supervision and their performance is rarely investigated (Berrick et al., 1994; Dubowitz et al., 1994; Geen & Berrick, 2002; Iglehart, 1994; Knudsen, 2009). While unsubstantiated by empirical studies (Berrick et al., 1994), some practitioners fear that, for example, a grandmother taking care of a grandchild will exert the same bad influence on the grandchild as she did on the parent, an influence that was probably an indirect cause of the placement (Farmer & Moyers, 2008: 17; Mehlbye, 2005). Thus, the lower resources among and more limited experience of available kinship caregivers raise concern about the quality of care that they provide.

In this study, we are interested in the stability of kinship placements as opposed to non-kin placements, or in other words, if kinship care is more or less likely to break down than non-kin care. We focus on kinship care in a Danish context, which, despite the generous Danish welfare state and the extensive social safety net, is very similar to kinship care in other Western countries. As in other countries, kinship caregivers in Denmark often have fewer resources than other caregivers and they are likely to live in troubled neighborhoods (Knudsen, 2009). Compared with caregivers in regular foster families, they are poorly compensated for their efforts, and receive little training and supervision. However, similar to other countries, they represent a familiar environment to children about to enter care, a familiarity which may facilitate an important element of continuity to these children and which is one of the important reasons for the Danish child welfare system to now promote and increasingly use this type of care. With both these dimensions being present in a Danish context and recovered in kinship care across the Western world, we may expect our findings from Denmark to generalize to the other contexts.

For the purpose of our study, we exploit naturally occurring variation in the probability that the child is placed with kin, rather than with non-kin. We exploit variation from the child's random allocation to caseworkers with different propensities of using kinship care as a placement option. Doyle (2007) was the first to suggest and use this source of exogenous variation in a study on child welfare in Chicago, and Doyle (2008) and Warburton, Warburton, Sweetman, and Hertzman (2014) reused it, and we observe the same random allocation of children to caseworkers in Denmark.

In the analysis, we exploit administrative data from Statistics Denmark which contain information on all children placed in out-of-home care during the years 2006–2010 ($N = 13,157$). In the analysis, we also distinguish between two types of disruptions: (1) direct breakdowns, which we define as premature placement termination initiated by either the child in care or the caregiver/institution and (2) the withdrawal of consent, which we define as the child's or the biological parents' untimely withdrawal of consent for the placement. Our results show no average effect of kinship care on either type of disruptions. However, we show that kinship care reduces the probability of direct breakdowns for specific groups of children.

Theory: why should kinship matter?

When a caseworker decides to initiate an out-of-home placement, he/she has a number of choices, particularly with regard to the type of placement. The child welfare systems in most countries, including Denmark, operate with three different types of care: (1) regular foster care, where the child stays with a family; (2) group or institutional care, where the child stays at a home with professional caregivers and other children placed in an out-of-home care; and (3) kinship care, where a family member or, in rare cases, a friend of the family, takes care of the child in his/her own home. Each of these types of care is unique, and relies on very different childcare ideologies. Some people prefer the professional approach of group care, which seems appropriate for very troubled children, while others emphasize the homely element of foster care. Kinship care also provides the homely element, and has the further advantage of securing a higher degree of continuity for the child because it facilitates a familiar environment (e.g., Le Prohn, 1994). However, regardless of such preferences, recent studies comparing children placed in regular foster care and group care suggest that placement type has a causal effect on child outcomes, as children placed in foster care have higher educational achievements and lower levels of criminal activities compared with their counterparts in group care (e.g., Berger, Bruck, Johnson, James, & Rubin, 2009; Ejrnæs & Andersen, 2013; Gupta & Frederiksen, 2012).

Given the theoretical framework presented in Testa and Slack (2002), which understands kinship care as a gift relation different from other types of placement, we may also expect kinship care to causally affect child outcomes, such as placement stability. According to Testa and Slack (2002), altruism and reciprocity dually sustain gift relations. Reciprocity implies an exchange between the two parts involved, whereas altruism implies a unilateral exchange, where the gain of one part happens at the expense of the other part. Reciprocity characterizes a normal foster care or group care situation. Here, the foster parents or professional caregivers sacrifice time and physical labor for the foster child, but receive financial compensation equal to what they would receive from other types of paid work. Kinship care implies the same sacrifice, but is – as mentioned in the Introduction and elaborated further below – poorly compensated. Consequently, the gift relation is asymmetrical and necessitates a stronger element of altruism than other placement types. Still, this type of care is not necessarily unsustainable, because three factors (empathy, dutifulness, and payment) reinforce and maintain gift relations in the absence of full reciprocity. Empathy implies that benefactor and recipient are more likely to cooperate if they share a “we-feeling.” Dutifulness implies that the benefactor acts out of obligation. Payment implies adding an extra benefit to the payoffs associated with reciprocity and altruism.

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