



## The relationship between time spent living with kin and adolescent functioning in youth with a history of out-of-home placement<sup>☆</sup>

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### ABSTRACT

**Objective:** Many children in the US who are court-ordered to live in out-of-home care are placed with kinship caregivers. Few studies have examined the impact of living with kin on child well-being. This study examined the relationship between length of time living with kin and indices of adolescent well-being in a cohort of children who were initially court-ordered into out-of-home care.

**Methods:** Prospective cohort design with 148 youth, ages 7–12, who entered out-of-home care between May, 1990, and October, 1991. Seventy-five percent of those interviewed at T1 (6 months following placement) were interviewed at T2 (5 years later).

**Results:** Bivariate analyses did not demonstrate significant relationships between length of time living with kin and the outcome variables. In multivariate analyses, longer length of time living with kin was related to: (1) greater involvement in risk behaviors including: delinquency ( $\beta = .22, p < .05$ ), sexual risk behaviors ( $\beta = .31, p < .05$ ), substance use ( $\beta = .26, p < .05$ ), and total risk behaviors ( $\beta = .27, p < .05$ ), and (2) poorer life-course outcomes including: Tickets/Arrests ( $OR = 1.4, p < .05$ ) and lower grades ( $\beta = -.24, p < .05$ ). Time living with kin was not related to total competence, or self-destructive, internalizing, externalizing, or total behavior problems. There were trends ( $p < .10$ ) for time living with kin to predict greater trauma symptomatology ( $\beta = .17$ ) and suspensions ( $OR = 1.1$ ).

**Conclusions:** There were no significant bivariate findings. The multivariate findings suggested a pattern of poorer functioning for youth who spent more time living with kin. No differences were found in current symptomatology.

**Practice implications:** Although findings from a single study should not dictate changes in practice or policy, the current study's findings do suggest that the field needs to conduct more methodologically sophisticated research on the impact of kinship care.

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### Introduction

Kinship care is a common placement type for children who are removed from their biological parents by social services. On a single day in the United States in 2004, there were 122,528 children living in licensed kinship care (US DHHS, 2006). Economic incentives, the decreasing availability of foster homes, and ideology that values placement with extended family,

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have supported placing children in kinship care (Berrick, 1998; National Commission on Family Foster Care, 1991). In addition, both common law and federal law support this shift (i.e., Miller v. Youakim, 1979, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and The Adoption and Safe Families Act of 1997). In this paper, we examine the impact of time spent living with kin (both during and after child welfare supervision) on behavioral outcomes for children who were court-ordered into out-of-home care 6 years earlier.

Limited empirical research has examined psychosocial outcomes for abused and neglected youth as a function of living with kin (Urban Institute, 2000). Because of this, we review studies of behavioral functioning in children in kinship care compared to those who are not in out-of-home placement, as well as studies comparing children in kinship care to those in non-relative foster care. A few studies have compared the well-being of children in kinship care to that of children not placed in out-of-home care. They found that children placed in kinship care have more behavior problems, mental health problems, and lower competence (Dubowitz, Zuravin, Starr, Feigelman, & Harrington, 1993; Keller et al., 2001; Shore, Sim, LeProhn, & Keller, 2002). Another study that compared adolescents in kinship care to norm-referenced data found few differences in health functioning. Adolescents in kinship care were, however, doing better in their perceptions of health/well-being, levels of physical discomfort, fewer limitations of activities, and problem-solving abilities, but they reported greater influence of deviant peers and lower work performance (Altshuler & Poertner, 2003).

Other studies have compared children who were placed in kinship care to children who were placed in traditional non-relative foster care. Findings have been mixed, with some studies indicating few or no differences on indices of behavioral, cognitive, educational, medical, and interpersonal functioning (Barth, Guo, Green, & McCrae, 2007; Berrick, Barth, & Needell, 1994; Dubowitz et al., 1994; Tripp de Robertis & Litrownik, 2004). Other studies have found that children in kinship care appear to fare better in terms of behavioral, educational, mental health, and social functioning (Berrick et al., 1994; Dubowitz et al., 1994; Holtan, Ronning, Handegard, & Sourander, 2005; Iglehart, 1994; Keller et al., 2001; Lawrence, Carlson, & Eglund, 2006; Rubin et al., 2008; Timmer, Sedlar, & Urquiza, 2004). Finally, two studies have found more negative outcomes for children in kinship care. One cross-sectional study found that children in kinship care were engaging in more delinquent behaviors than children in foster care (Shore et al., 2002). Another study found that cocaine-exposed children in foster/adoptive care had verbal, performance and full scale IQ scores that were equivalent to non-exposed children, while cocaine-exposed children in kinship and biological parent homes had lower full scale and performance IQ scores than non-exposed children (Singer et al., 2004). Studies of the adult functioning of individuals who, as children, spent time living with kin compared with adults who spent time in non-relative foster care have also found no differences or mixed findings (Benedict, Zuravin, & Stallings, 1996; Carpenter & Clyman, 2004; Carpenter, Clyman, Davidson, & Steiner, 2001).

Based on the literature reviewed, the effect of kinship care on child well-being is still largely unknown. Methodological problems have hampered interpretation of these studies' findings. For example, operationalized definitions of kinship care vary. Some studies categorized children in the "kinship care group" if they were living with a relative at the time the study was conducted; other studies have examined outcomes as a function of whether participants were *ever* in a kinship placement.

Most studies did not report (or control for) the length of time the children had lived with kin. The duration of living with kin for children in these studies likely varied dramatically. In the current study, length of time living with kin varied from 14 days to 6.8 years. In order to assess the impact of placement in kinship care on functioning, it is important to examine the relationship between *length of time* living with kin and psychosocial outcomes, especially if there are highly variable lengths of stay. In one study, longer duration of kinship care predicted lower graduation rates, but no other studies of the effect of the duration of kinship care were found (Benedict et al., 1996).

Another major issue that affects the interpretability of these findings is the lack of control for baseline functioning. In studies that have not controlled for baseline functioning, one cannot tease apart whether kinship placements led to better functioning, or whether higher functioning youth were more likely to be placed with kin (Iglehart, 1994). There has been some suggestion that children who are placed in kinship care come from less dysfunctional families than those in foster care (Dubowitz et al., 1993). Others have suggested that children with fewer behavioral or emotional problems are more likely to be placed in kinship care homes (Beeman, Kim, & Bulleridick, 2000; Benedict et al., 1996; Iglehart, 1994; Landsverk, Davis, Ganger, Newton, & Johnson, 1996). Evidence of this possible differential placement comes from a longitudinal study of babies exposed to cocaine in utero. This study found that babies placed in foster care had twice the severity of cocaine exposure than babies placed in kinship care (Singer et al., 2004). Another recent study found that compared with children placed in kinship care, those placed in foster care had more behavior problems, were more like to take medications and use mental health services, and had a caregiver with serious mental health problems (Rubin et al., 2008).

Additionally, in some of the studies reviewed, caseworkers were the only informants regarding child functioning. This is problematic if these same caseworkers played a role in the selection of the placement. In several studies, ethnicity was not controlled for, although non-White youth are more likely to be placed with kin (Beeman et al., 2000). Finally, many of the studies reviewed above lacked representative samples.

In sum, there is a need for methodologically sound longitudinal studies that are able to control for baseline functioning and other potential confounds (e.g., age, ethnicity) to better understand the impact of living with kin on the well-being of youth. The current study sought to overcome many of these limitations. We adopted an exposure model to test if length of time living with kin, both during and after child welfare involvement, was related to adolescents' well-being, after controlling for multiple possible confounds.

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