Children and Youth Services Review 32 (2010) 206–213

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

The effects of kinship care on adult mental health outcomes of alumni of foster care ☆

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ARTICLE INFO

Article history:
Received 27 June 2009
Received in revised form 26 August 2009
Accepted 26 August 2009
Available online 3 September 2009

Keywords:
Alumni
Kinship
Foster care
Casey
Mental health outcomes

ABSTRACT

Kinship foster care is emerging into the dominant preferred placement type for out-of-home care, exceeding traditional foster care and group care. The push towards kinship foster care has brought up questions as to whether kinship foster care can better provide for the short- and long-term emotional needs of children in care. This study examined the effects of kinship foster care on adult mental health outcomes of former foster children. Data were drawn from the Casey National Alumni Study and included case record data on 1582 alumni and interviews of 1068 alumni. The adjusted response rate was 73%. Logistic regression was used to compare several patterns of placements in kinship care and their impact on mental health functioning in the year prior to interview. Results indicated that long-term kinship care alone does not result in more positive adult mental health as measured by ten specific mental health outcomes when demographics, risk factors, and foster care experiences were controlled. However, a variety of other in-care factors were identified that were associated to positive mental health functioning.

1. Introduction

1.1. The current state of foster care in the United States

In the United States, there are currently over half a million children living in formal, state sanctioned, foster care (U.S. Department of Health and Human Services, 2008). Many of these children have experienced trauma from child abuse, neglect, witnessing domestic violence, or familial substance abuse. In order to start the recovery process, they need a stable home that can support their needs. Increased pressure on child welfare agencies to expediently develop permanency plans for all children in care, as well as continued fiscal concerns, has led many social workers to look to relatives of these children to take care of them (Child Welfare League of America, 2008; Family Preservation and Support Services Act, 1993).

Numerous studies have shown that upwards of 60% of children in foster care exhibit emotional or behavioral problems in the clinical range (Burns et al., 2004; Dubowitz, Zuravin, Starr, Feigelman, & Harrington, 1993; Leslie, Gordon, Ganger, & Gist, 2002; McIntyre & Keesler, 1986; McMillen et al, 2005; Rubin et al., 2004). These issues have also been shown to persist into adulthood with rates of mental health issues, including depression, anxiety, substance use, and trauma-related disorders such as Post-traumatic Stress Disorder (PTSD) being significantly higher than in individuals from similar demographic backgrounds (see also: Courtney, Terao, & Bost, 2004; Benedict, Zuravin, & Stallings, 1996). Researchers of the Northwest Alumni Study found that over 54% of alumni interviewed had diagnosable mental health symptoms within the last 12 months and more than of 25% met the criteria for PTSD, rates much higher than the matched controls who had not had foster care experiences (Pecora, Kessler, Williams, O'Brien, Downs, English, Hiripi, White, Wiggins, & Holmes, 2005).

Given the impact of foster care and the growing reliance on kinship placements, it is necessary to look at the differences between the long-term outcomes of children who were cared for in kinship homes versus traditional non-related foster homes. This information will help to determine whether kinship care is adequately supporting children who must be placed outside their homes, as well as whether kinship care acts as a buffer against the negative emotional impact that occurs when a child is removed from home. Furthermore, recognizing the profiles of children at risk for poorer adult outcomes will help child welfare agencies to structure their approach to placing the child and to develop and provide services that are most appropriate in addressing the child and caregivers' needs, including social support and psychological treatment.

1.2. Benefits and liabilities of informal and formal kinship care

It has been hypothesized that the traumatic effects of out-of-home placement on children can be minimized through the placement of a child in kinship care (Ehrle & Geen, 2002). There are many benefits to placing a child in a kinship foster home. They include maintaining the child's connection with their cultural and familial identities,

☆ This article has been derived from data originally used for Molly Fechter-Leggett's doctoral dissertation, it has not been previously published as an article in a scholarly journal.

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doi:10.1016/j.childyouth.2009.08.017

continued contact with other family members (including siblings), a higher likelihood of visitation with biological parents, familiarity with caregivers and surroundings, and a higher likelihood of placement stability (Dubowitz, Feigelman & Zuravin, 1993; Scannapieco & Hegar, 1999; Scannapieco & Hegar, 2002). Additionally, when a child is in kinship foster care (versus being informally cared for by kin), the benefits may include additional financial assistance, family and child based services through child welfare, monitoring of standard of care, and legal safeguards for the rights of the kinship caregivers and the child (Hegar, 1999; Hegar & Scannapieco, 1995). Child welfare caseworkers have also reported that kinship caregivers are often more invested in a child than non-related caregivers (Berrick, Needell, & Barth, 1999).

However, there are potential negative aspects of kinship placement. Many kinship caregivers have more obstacles to overcome. They already have an established relationship with the child and may struggle with obtaining guardianship and committing to permanency due to familial roles and allegiances. Demographically, they are also more likely to be older women, less likely to be married or employed, tend to have lower educational achievement, are in poorer health, and are more likely to receive financial assistance from the government (Ehrle & Geen, 2002; Harden, Clyman, Kriebel, & Lyons, 2004; Hegar & Scannapieco, 1995; Strozier, Elrod, Beiler, Smith, & Carter, 2004).

Although significant benefits exist when kinship caregiving relationships formalize, these relationships generally receive less support from child welfare workers than non-kinship foster care relationships. For example, kinship caregivers receive less supervision, training, and services for themselves and their foster child than non-kinship caregivers (Berrick et al., 1999; Ehrle & Geen, 2002; Gebel, 1996; Geen, 2004). Additionally, kinship foster caregivers are less likely to receive as much financial assistance as non-kinship foster caregivers. Despite these differences, there is no evidence to suggest that kinship caregivers need less support than non-kinship foster caregivers. In fact, it is likely that they need more support as many more kinship foster caregivers are fostering for the first time. They probably do not have the same level of prior experience, training, and knowledge about navigating the child welfare system to obtain resources as more seasoned foster care providers may have. Taken together, this suggests that although there are many benefits to kinship foster care, there are also potential risks. It is unclear whether these liabilities overshadow the potential positive effects of being cared for by family.

1.3. Kinship foster care and child functioning

Several studies have examined the differences in functioning between children in kinship foster care versus non-kinship foster care (Belanger, 2002; Berrick, Barthm, & Needell, 1994; Iglehart, 1994; Leslie et al., 2002; Scannapieco, Hegar & McAlpine, 1997). Children in kinship foster care have fewer emotional and behavior problems. This may be in part due to evidence that suggests that children who are less behaviorally and emotionally disturbed are more likely to be placed in kinship home (Grogan-Kaylor, 2000). In addition, children in kinship placements have a decreased risk for maltreatment, are less likely to experience a placement disruption, and are more likely to stay longer than those in non-kinship placements (Belanger, 2002; Berrick et al., 1994; Benedict & White, 1991; Benedict & Zuravin, 1992; Courtney, 1994; Iglehart, 1994; James, 2004; Zuravin, Benedict, & Somerfield, 1993). That being said, very little is known about the long-term functioning of alumni of foster care who spent time in kinship care compared to those who did not have kinship placements.

1.4. Outcomes of alumni of foster care

Outcome research on adults who were formerly foster children is very limited. This is due in part to the child welfare system's historical lack of tracking children after they age out of care, as well as lack of attention by researchers to the important questions of how former foster children fare in the world. Additionally, policies and practices have changed drastically since the Adoption Assistance and Child Welfare Act of 1980, making it very difficult to compare previous care models and current ones (Adoption Assistance and Child Welfare Act, 1980). Only in the past three decades have researchers been able to compile samples of former foster children in an attempt to determine the long-term effects that foster care may have on adult functioning.

Previous studies of both general foster care outcomes as well as those specifically looking at kinship care outcomes have had various methodological, sampling, data collection, and interpretation issues. There are several articles that review the previous research on adult outcomes and identify the methodological issues including: small sample sizes, use of convenience samples, high rates of attrition, lack of control groups, lack of baseline measures, failure to use objective measures, exclusion of some children in samples, failure to adequately define variables consistently, and reliance on memory of reporters (Bloom, 1998; Cuddeback, 2004). These methodological issues affect the interpretability of the results as well as prevent integration of results across studies.

Bearing in mind the methodological issues present in these studies, results indicate that former foster children have lower educational achievement; higher rates of unemployment and underemployment; are overrepresented in the homeless; have higher rates of arrest and conviction; and suffer from more mental health issues such as PTSD, depression, and substance use than the matched comparison groups of non-foster children (Barth, 1990; Bloom, 1998; Festinger, 1983; Hardy, Shapiro, Mellits, Skinner, & Astone, 1996; Zuravin, Benedict, & Stallings, 1999).

Given the mental health challenges of alumni of foster care and the scarce research on the long-term functioning of alumni of foster care in general and those alumni who spent time in kinship placements specifically, the purpose of this study was to examine whether placement in kinship foster care served as a long-term protective factor against the development of mental health issues in adult alumni of foster care.

2. Method

2.1. Participants

Case records for 1582 alumni participants, of which 1068 were interviewed, from the Casey National Alumni Study were included. All participants 1) were served by Casey Family Programs (Casey) between 1966 and 1998, 2) had spent at least twelve months in Casey foster care, and 3) had been discharged from Casey at least 12 months prior to data collection. Alumni participating in the study were placed in foster care for the first time on average at 8.9 years old. Over 50% of alumni had received services in the 1990s, and the average age at the time of interview was 30.5 years old, ranging from 20 to 49.

2.2. Measures

The current study examines a large data set originally referenced in Pecora, Williams, Kessler, Downs,O'Brien Hiripi and Morello (2003). Additional data collection procedures are available from the authors and described in detail in several publications (e.g., Pecora et al., 2003, 2005), and relevant variables are briefly described here. Data collected from the case records included demographics; the amount of time spent in care; information about the number, type, and length of foster care placements, including whether they had any kinship care placements; reason for placement into foster care; types of maltreatment experienced; and whether or not parental rights