

# Health Status and Type of Out-of-Home Placement: Informal Kinship Care in an Investigated Sample

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Received for publication December 2, 2013; accepted April 5, 2014.

## ABSTRACT

**OBJECTIVE:** To assess the sociodemographic, health, and mental health of children in different types of out-of-home placements after investigation by child welfare agencies; to determine whether there are systematic differences in the children and their caregivers by type of out-of-home placements; and to provide the first description of these characteristics in a nationally representative sample for children in informal kinship care after child welfare involvement.

**METHODS:** Using data from the National Survey of Child and Adolescent Well-being (NSCAW II), we compared children (0–17.5 years) in formal nonkinship foster care, formal kinship foster care, and informal kinship care shortly after a child welfare investigation. All analyses were weighted to reflect the sampling design.

**RESULTS:** Children in informal kinship care are at comparable risk of having chronic health conditions and poorer health but

are less likely to receive school-based services. All children in kinship care (formal and informal) are less likely to be reported to have mental health problems and are more likely to live with older caregivers whose educational level is low and whose health is reportedly poorer.

**CONCLUSIONS:** Although children in kinship care have health problems similar to children in nonkinship foster care, they are likely to live in families with fewer economic and educational resources. This mismatch between need and access has implications for the long-term well-being of the children who are living in informal kinship arrangements without system-level support of formal foster care.

**KEYWORDS:** foster children; health; insurance; kinship care; mental health

**ACADEMIC PEDIATRICS** 2014;14:559–564

## WHAT'S NEW

Compared with children in formal foster care with either non-kin or kin, children in informal kinship care are at comparable risk of having chronic health conditions and poorer overall health, are less likely to have received school services, and are less likely to be reported to have mental health problems.

CHILDREN INVESTIGATED BY child welfare agencies have higher rates of chronic health conditions (CHC) than children in the general population,<sup>1</sup> and those in formal foster care have been shown to have particularly high rates of health and mental health (MH) problems.<sup>2</sup> However, there is little information about children who are investigated by child welfare agencies but who subsequently live in informal kinship arrangements. Out-of-home placements

include foster care, either with kin or nonkin families, informal kinship care, and, far less frequently, institutional care. Nationally, over 70% of out-of-home residency is with kin, although in the majority of cases, this is not the result of a child welfare investigation.<sup>3</sup> However, the number of children placed with kin after an investigation is growing as a result of public policies designed to keep children attached to their own families.<sup>4–6</sup> When the decision is made to change a child's residence, some children whose families were reported to child welfare are placed in formal kinship foster care arrangements in which the caregivers are relatives who qualify as foster parents. These children usually remain in state custody and receive the same package of benefits and services as children in nonrelative foster care. The majority of children who reside in out-of-home settings, however, reside in informal kinship arrangements. Informal kinship care may occur through family

arrangements or actual placement and is often unsupported in terms of financial subsidies, supervision, and access to services.

Literature comparing children placed with nonkin foster caregivers to children in kinship care is relatively sparse and focuses mainly on those in formal kinship foster care. It shows that formal kinship foster care frequently involves placement with caregivers who are older, less educated, and in poorer health, and who have more limited economic circumstances than nonkin caregivers.<sup>4,7</sup> Although there is considerable variation by state, formal kinship placement is associated with better behavioral development, MH functioning, and placement stability than nonkin placements,<sup>8</sup> but those in traditional foster care may experience better placement permanency and services for their health, MH, and developmental needs.<sup>8,9</sup> Looking over the long term, a separate study suggests that adult MH may not be better for those who were in kinship care compared to those who were in nonkin arrangements.<sup>10</sup> Likelihood of juvenile justice system involvement is reportedly lower for those children in kinship foster care.<sup>11</sup> Another study found few differences between children in kinship versus nonkinship foster care with regard to physical health.<sup>12</sup> We were unable to locate studies that have separately examined the health and MH of children in informal kinship care after a child welfare investigation.

Within the child welfare system, there has been considerable public policy emphasis on placing children with kin whenever possible, and more children live with kin informally than as a result of foster care placement.<sup>13</sup> However, the care of children who informally reside with kin after an allegation of neglect or maltreatment is rarely monitored, and therefore, little is known about it. Few studies have examined whether health or MH differs significantly across all types of out-of-home placements or have compared children in informal kinship care to those in formal kinship or nonkinship foster care.

We were able to identify only 3 population-based samples that included both formal and informal kinship care. Ehrle and Geen<sup>13</sup> used the 1997 National Study of American Families to assess the child, parent, and caregivers of children in formal nonkinship foster care, in formal kinship foster care, and children initially placed in informal kinship care, but the study included no child health information and was not restricted to children who had been the subject of a child welfare report. A second study examined baseline characteristics of children in National Survey of Child and Adolescent Well-being (NSCAW) I and followed outcomes of children in court-assigned formal placements in kin or nonkinship care, but did not compare those in formal versus informal kinship care.<sup>7</sup> It demonstrated that kinship caregivers received fewer support services than nonkinship foster caregivers. A third study, also using NSCAW I data, reviewed medical records of initial assessments and found no differences in weight, diagnoses, types of medical diagnoses, or provisional developmental diagnoses by placement type, but reported that children with >3 diagnoses were more likely to be placed with kin than to be in foster care or remain at home.<sup>14</sup>

Although it included children in informal kinship care, there was no differentiation by type of kinship placement.

The purposes of our study were to: 1) assess the sociodemographic, health, and MH status of children living out of their homes after a child welfare report in a national sample of children investigated by child welfare agencies; 2) determine whether there are systematic differences in the children and their caregivers by type of out-of-home residency after the initial investigation by child welfare; and 3) provide the first description of these characteristics for the subgroup of children in informal kinship care.

## METHODS

### DESIGN AND ANALYTIC SAMPLE

Data came from the second National Survey of Child and Adolescent Well-being (NSCAW-II), a longitudinal study of 5872 youth (aged 0–17.5 years) referred to US child welfare agencies whose investigation of potential maltreatment was completed during a 15-month period (February 2008 to April 2009). It excluded agencies in 8 states in which law required first contact of a caregiver by an agency rather than study staff.<sup>15</sup> Initial interviews were conducted within approximately 4 months of completed child welfare investigations. NSCAW II, like NSCAW I, used a national probability sampling strategy to select primary sampling units (PSUs), typically counties, from which a sample was drawn. Seventy-one of the 92 original PSUs in NSCAW I were eligible and agreed to participate, and 10 additional PSUs were added to replace nonparticipating PSUs. Only children who began living in foster care or formal or informal kinship care after the child welfare investigation were examined in these analyses. In an effort to make sure that we were not capturing children already living out of home who were subsequently reported to child welfare, we restricted analyses to those children who resided in the current out-of-home setting after the contact date with child welfare subsequent to the report. All the children in the sample were children for whom there was a formal child welfare investigation ( $n = 1608$ ).

### SURVEY DESIGN AND ASSESSMENT PROCEDURES

Data came from baseline interviews conducted between March 2008 and September 2009 with caregivers and children ( $\geq 11$  years). Setting was recorded by child welfare workers. All NSCAW II procedures were approved by the Research Triangle Institute's institutional review board, and all analytic work on deidentified data was approved by the Rady Children's Hospital institutional review board.

### MEASURES

#### SETTING

The setting in which the child lived at the time of the initial interview was categorized as nonkinship foster care, formal kinship foster care, and informal kinship care. Formal kinship foster care is generally distinguished from informal kinship care because the former is usually licensed and/or supported, both financially and through

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