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Age and other risk factors related to reentry to care from kin guardian homes

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ABSTRACT

Although kinship guardianship is an increasingly important foster care exit pathway for children in the United States, research on the factors leading to kinship guardianship breakdown is lacking. This study examines the factors associated with guardianship breakdown for children who exited foster care to kinship guardianship in California between 2003 and 2010 (N = 18,831). Specifying time-dependent Cox relative risk models, children's age trajectories are directly accounted for in the analysis. This allows differentiation between duration dependence (i.e., time spent in guardianship) and children's development (expressed as age). Overall, 17.3% of children reentered care by 2017. Early adolescents, age 13–15 years (HR = 1.63, $p < .001$), and late adolescents, age 16–17 years (HR = 1.93, $p < .001$), had an increased hazard of reentry compared with children under the age of six. Children with a history of mental health concerns had more than twice the hazard of reentering than children without such a history (HR = 2.18, $p < .001$). Our findings indicate that transition to adolescence was associated with increased risk of reentry into care, highlighting the need for guardianship support services leading up to, and during, this child developmental stage.

1. Introduction

Since 1980 two major trends in the provision of foster care services in the United States have often worked at cross purposes. The first is the emphasis on encouraging kin to provide foster care services and the second is the emphasis on short term foster care on the path to permanency. These trends are in potential conflict because kin placements tend to be longer and less likely to lead to reunification or adoption than are non-kin placements (Testa, 2004; Wulczyn, Zimmerman, & Skyles, 2002). In recent years states have attempted to address this conflict by developing strategies that encourage kin guardianship.

The emphasis on, and visibility of, kinship care began with the 1979 Miller v. Youakim United States Supreme Court decision which required that child welfare agencies treat and pay children's relatives who meet licensing requirements as they do any other foster parents. Since this decision, kin have become a frequent placement resource for child protection agencies (McGowan & Walsh, 2000). 'Kinship care' has become the placement of choice for children in need of out of home care (i.e., foster care). By 2015 kinship care represented 30% of the United States foster care census, an increase from 24% a decade earlier (Administration for Children and

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Families, 2006, 2016). Concurrently, passage of legislation such as the Adoption Assistance and Child Welfare Act 1980, the Adoption and Safe Families Act 1997, and the Fostering Connections to Success and Increasing Adoptions Act 2008, required policymakers to focus on reducing the length of stay in foster care and, for children who cannot be reunified with their birth parents, achieving legal permanency through adoption and guardianship (Rolock, 2015; Testa, 2004).

Adoption and guardianship are inherently different pathways to achieving legal permanence for foster children. Unlike adoption, legal guardianship does not sever the biological parents' legal rights to the child and the familial identities of relatives, such as grandparents, remain intact (Rolock & White, 2017; Testa, 2004, 2008; White, 2016). This may be an appealing distinction for those kin who do not want the dissolution of their family members' legal rights to their own child (McGowan & Walsh, 2000; Testa, 2008). On the other hand, guardianship can be vacated by courts, is less legally binding and is therefore easier to dissolve (Rolock & White, 2017; Testa, 2004; Wulczyn et al., 2002).

Compared to kinship foster care, legal guardianship transfers legal custody from the state to the guardian, which means that the state no longer actively monitors the child or family (Rolock & White, 2017). While this transfer is thought to improve stability and continuity of the guardian-child relationship (Testa, 2004), this could result in a financial burden if foster care payments are decreased or eliminated (Testa, 2010). Kinship caregivers are often financially challenged (Radel, Bramlett, & Waters, 2010), and post-permanency studies indicate that many caregivers face barriers to accessing important services due to financial hardship, lack of information, and limited availability of services (Festinger, 2002; Liao & White, 2014; Reilly & Platz, 2004). Subsidized legal guardianship seeks to promote successful legal permanency and exiting children from the foster care system while maintaining a foster care equivalent payment to legal guardians.

Several states introduced this permanency option to provide a pathway to legal permanence for cases where reunification and adoption may not be in the best interest of the child (e.g., California Senate Bill 1901, Chapter 1055, Statutes of 1998; Illinois 705 ILCS 405/2.27; Michigan, Senate Bill 227, Statutes of 2009). In response to this shift in focus, the share of exits to guardianship, in percent of total exits from foster care, more than doubled between 2004 and 2015 (Administration for Children and Families, 2006, 2016). Additionally, research has shown that the availability of subsidized guardianship can increase the occurrence of legal permanency, although there may be a tradeoff between guardianship and adoption (Testa, 2002, 2010). However, results comparing adoption and guardianship stability are ambiguous. Some studies show no significant differences (Testa, 2010), others higher stability in guardianship placements (Liao & White, 2014), and yet others higher instability for children in guardianship placements (Rolock & White, 2017).

2. Factors associated with post-permanency breakdowns

Despite the growing importance of kin guardianship as a permanency option, research has focused on breakdowns of reunifications and adoptions and there has been limited study of factors associated with discontinuation of guardianships (Rolock, 2015; Rolock & White, 2017; White, 2016). Historically, placement type, child age, and behavioral issues have been associated with breakdown in foster care placements (Chamberlain et al., 2006; James, 2004) and many of those predictors have also been shown to be relevant for discontinuity of permanent placements.

For example, many studies have found children's age to be a significant determinant of post-permanency continuity and there is strong evidence that the risk of permanence discontinuity is higher for older children (Rolock & White, 2016; S. L. Smith, Howard, Garnier, & Ryan, 2006; White, 2016). However, it appears that this relationship may be nonlinear, with infants also having been identified as being at higher risk of discontinuity (Jones & LaLiberte, 2017; Kimberlin, Anthony, & Austin, 2009; Shaw, 2006). Additionally, children exhibiting emotional, behavioral and mental health problems have consistently been shown to be at increased risk of post-permanency breakdown (Barth et al., 2007; Barth, Weigensberg, Fisher, Fetrow, & Green, 2008; Coakley & Berrick, 2008; Jones & LaLiberte, 2017; Kimberlin et al., 2009; White, 2016). Children's experiences during foster care, such as the number of placements, and maltreatment history have also been identified as important factors associated with post-permanence instability (Coakley & Berrick, 2008; Courtney, 1995; Jonson-Reid, 2003; Kimberlin et al., 2009; White, 2016; Yampolskaya, Armstrong, & King-Miller, 2011). For example, recent evidence indicates that children's previous experience with removal is positively correlated with the risk of reentry to foster care (Jedwab & Shaw, 2017; Shipe, Shaw, Betsinger, & Farrell, 2017).

While children's ethnicity has received significant attention in the literature, the findings are mixed. Some studies suggest that African American children are at increased risk of post-permanency discontinuity (Courtney, 1995; Rolock & White, 2016; S. L. Smith et al., 2006; Wells & Guo, 1999; Yampolskaya et al., 2011), while other studies find that ethnicity is not a significant risk factor (Goering & Shaw, 2017; Jedwab & Shaw, 2017; Shipe et al., 2017). Similarly, the impact of children's gender is not straightforward with some studies finding increased risk of post-permanence instability for males (Coakley & Berrick, 2008) and other studies indicating no significant relationship (Barth et al., 2008; Lee, Jonson-Reid, & Drake, 2012; Rolock & White, 2016; S. L. Smith et al., 2006; Wells & Guo, 1999). At the caregiver level, marital status, educational level, emotional stress or expressiveness, and expectations have all been associated with post-permanency stability (Coakley & Berrick, 2008; Liao & White, 2014; Testa, Snyder, Qi, Rolock, & Liao, 2015). For example, some studies found that the permanent placements may be more stable if caregivers were married (Berry & Barth, 1990; Liao & White, 2014). Finally, post-permanency stability has been positively associated with the availability, accessibility, quality and utilization of pre- and post-permanency services (Berry, Propp, & Martens, 2007; Coakley & Berrick, 2008; Liao & White, 2014; White, 2016).

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