



# Post-permanency service needs, service utilization, and placement discontinuity for kinship versus non-kinship families



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## ABSTRACT

The number of children who exit the foster care system and achieve permanency through kinship adoption or guardianship has grown rapidly in the past two decades. However, few studies have compared service needs and service utilization for kinship versus non-kinship post-permanency families or examined long-term outcomes for children in permanent kinship homes. This study compared service needs, services sought, unmet needs, and placement discontinuity for kinship and non-kinship adoptive and guardianship families. Propensity score weights were used in bivariate and multivariate regression models to account for selection bias. Consistent with previous studies, results indicated substantive differences in socio-demographic characteristics for children and caregivers in kinship placements as compared to those in non-kinship placements. Kinship caregivers also reported fewer needs and sought fewer services than non-kinship caregivers. No relationship was found between kinship status and unmet service needs or discontinuity, but several covariates were associated with placement failure, including child behavior problems, adoptive versus guardianship placement, and unmarried caregiver.

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## 1. Introduction

Kinship placement has become increasingly popular in child welfare practice in the past two decades. Child welfare practitioners and policymakers tend to favor kinship foster care over other types of placement because kinship care provides many benefits for children such as increased placement stability, reduced trauma due to separation from family and relatives, opportunities for placement with siblings, and fewer child behavioral and mental health problems (Hegar & Scannapieco, 2005; Ingram, 1996; O'Brien, 2012; Testa & Slack, 2002). Because more foster children are now being placed with kin, the number of children securing permanent homes with relatives through adoption or guardianship has also grown rapidly. In the United States, 16% of the 37,000 children adopted from public agencies in 1998 were relative adoptions (U.S. Department of Health & Human Services [DHHS], 2006). By 2012, relative adoptions accounted for 30% of the 52,000 children adopted from foster care in the U.S. (U.S. Department of Health & Human Services, 2011); the absolute number increased by approximately 159%. Further, due to the Fostering Connections to Success and Increasing Adoption Act of 2008, which offers guardianship assistance for families caring for relative children, the number of permanent placements with kin may become even larger in future.

Despite recognition of the benefits of kinship care and rapid growth in the number of kin foster, adoptive, and guardianship homes, little is known about how to support and best serve kinship adoptive or guardianship families. Most previous studies of kinship placement focus on foster care, and the literature on kinship adoption or guardianship is scant (Ryan, Hinterlong, Hegar, & Johnson, 2010). However, kin adoptive/guardianship families differ from other types of post-permanency families in substantive ways. For example, caretakers in kin adoptive families are more likely than those in non-kinship adoptive families to be single, older, less educated, and have lower income (Magruder, 1994; Radel, Bramlett, & Waters, 2010).

Social support theory posits that adoptive families access different types of supports to maintain family stability and well-being, including emotional (e.g., loving and caring), instrumental (e.g., financial help), informational (e.g., advice), or companionship (Cobb, 1976; Schulz & Schwarzer, 2004). Further, social support theory and empirical studies suggest that the types of support services and resources required by post-permanency families may vary depending on the nature and quality of the relationship between the child and caregiver (Vandivere & McKlindon, 2010). For example, several studies have suggested that post-permanency families rely more on informal supports than formal supports to maintain family stability and well-being (Dhami, Mandel, & Sothmann, 2007; Houston & Kramer, 2008). It is unknown whether this is particularly true for kin caregivers, who may have less contact with formal resource networks prior to finalization of the adoption or guardianship (such as due to less placement oversight by child welfare authorities) than non-kin caregivers (Berrick, Barth, & Needell, 1994;

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Gebel, 1996; Iglehart, 1994; Testa, 2004). Finally, the fact that kin caregivers may themselves be important sources of informal social support for the adopted or guardianship child prior to placement may limit the types or amounts of informal support available to kinship families after permanency. More research is needed to understand and meet their unique needs and thus, attain positive post-permanency outcomes. This study examines how kinship adoption and guardianship differs from non-kin permanent placement in terms of service needs, service utilization (i.e., services sought and unmet needs), and placement discontinuity.

### 1.1. Service needs, utilization, and unmet needs in post-permanency families

Most previous research on post-permanency adjustment indicates that all adoptive/guardianship families have service needs. Studies consistently show that health services (i.e., medical and dental services) and mental health services (i.e., counseling and therapy services) are the most frequently requested services (Avery, 2004; McDonald, Propp, & Murphy, 2001; Reilly & Platz, 2004). Trauma-focused therapy and mental health services to help children cope with the negative effects of multiple placements are especially needed (Casey Family Services, 2001). In addition, financial support, including subsidies and medical insurance to afford services, is a category of need often mentioned by adoptive/guardianship caretakers (Brooks, Allen, & Barth, 2002; McDonald et al., 2001). Reilly and Platz (2004) found that the most needed services in a sample of special-needs adoptive families were medical benefits (78%) and financial subsidies (73%). A survey of Illinois adoptive families showed that one third of them needed additional financial assistance (Howard & Smith, 2003). Similarly, another study on kinship adoption found that a higher adoption subsidy is the number one service need reported by relative caregivers (Lorkovich, Piccola, Groza, Brindo, & Marks, 2004). Social support from family members, friends, and peers has also been recognized as a primary need for adoptive and guardianship families (Rosenthal, Groze, & Morgan, 1996). In addition, families frequently request information about adopted children's histories and backgrounds in closed adoptions (Brooks et al., 2002), and adoptive families commonly express an urgent need for educational services, including special education or tutoring (Howard & Smith, 2003). Finally, after-school services are often needed by adoption/guardianship caregivers. Festinger (2006) reported that over 90% of adoptive families in New York City needed after-school services such as after-school activities, summer activities, and mentoring.

Some adoptive/guardianship families actively seek out help and use services that are available to them to address post-permanency service needs. Counseling services (Howard & Smith, 2003) and informational services (including books and articles and lectures on adoption; Brooks et al., 2002) are the most widely received post-adoption services, regardless of the type of adoption. For families with special needs children, financial and medical support are the most frequently received services (Reilly & Platz, 2004). However, despite a strong desire for support services, post-permanency families tend to use informal support from family members, relatives, and friends rather than formal support from adoption agencies (Rosenthal et al., 1996). For example, in a study conducted by Dhami et al. (2007), adoptive parents rated 13 services offered by a local adoption agency in Canada as at least "somewhat important," but surprisingly, reported that they "rarely" used those services.

Thus, not all adoption or guardianship families try to obtain what they need and families who reach out for help might not be able to get what they want, both of which result in unmet service needs. Festinger (2006) found that the highest unmet needs for adoptive families were information about after-school services and access to a telephone hotline. McDonald et al. (2001) found that support group and respite services were in high demand but were not often received. In another study, families caring for children with special needs

identified counseling, in-home daycare, support group, and financial services as unmet needs (Reilly & Platz, 2004).

There are many reasons why adoptive or guardianship families may experience unmet needs. For example, adopters might not be aware of the availability of the services or know how to access the services (Dhami et al., 2007). Some adoptive parents refuse to use post-adoption services because they hope to project an image that they are "perfect" parents (Ryan, Nelson, & Siebert, 2009). Post-adoption agencies or service providers may also contribute to unmet needs because they do not provide the needed services or because they provide the services at inconvenient times or locations (Dhami et al., 2007). Further, post-permanency service providers may not accept certain types of medical insurance (Festinger, 2002), respond to caregivers' calls (Festinger, 2002), or maintain adequate funding (Ryan et al., 2009).

### 1.2. Comparisons of service needs and service utilization between kinship and non-kinship foster care

Few studies have compared service needs and service utilization for kinship adoption or guardianship versus other types of care. Rather, most comparative studies of service needs and utilization for kinship versus non-kinship care examine foster care only. In one study, Cuddeback and Orme (2002) used national survey data to compare service needs for kin and non-kin foster parents in nine concrete areas. They found only one statistically significant difference between kin and non-kin caregivers in services needed—fewer kin caregivers needed "other services" than non-kin caregivers, though "other services" was not specified in their study. No significant difference was found in the total number of services needs between kinship and non-kinship caregivers. In contrast, Howard (2006) found that kin caregivers expressed fewer service needs than non-kin, although relative families had lower family incomes and kin families expressed more tangible service needs such as subsidy and housing.

In regard to service use, Berrick et al. (1994) reported that children placed with kin were less often visited by caseworkers than children in non-kinship foster care. Gebel (1996) found that non-kin foster parents tended to receive higher levels of agency support than kin foster parents, as they were more likely to receive monthly home visits and phone calls from caseworkers. These findings echo the findings from Iglehart (1994)'s study that found kin-placed foster youth received lower levels of monitoring or supervision from caseworkers than non-kin placed foster youth.

In regard to types of services received, studies have found that fewer kin families receive formal training and subsidies (Berrick et al., 1994; Howard, 2006), Medicaid benefits (Ehrle & Geen, 2002), mental health services (O'Brien, 2012), and support services (Howard & Smith, 2003) than non-kin families. However, Cuddeback and Orme (2002) reported that there were no significant differences between kinship and non-kinship foster families in post-licensure training, other types of service received, or total number of service received.

### 1.3. Studies of kinship adoption/guardianship

The few studies that have examined kinship adoption or guardianship have mainly described the socio-demographic characteristics of kin versus non-kin families. For example, Magruder (1994) found that children placed with relatives were more likely than children placed with non-relatives to have caretakers who were single, older, less educated, and have lower income. Radel et al. (2010) reported that kin adopted children were more likely than non-kin adopted children to live in low income households and have caretakers with lower educational levels than both children in the general population and adopted children in a national survey sample. The same study found that children in kinship adoption placements tended to have more special health care needs and behavior problems than their non-kinship counterparts (Radel et al., 2010).

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