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The Living Situations of Children in Foster Care: Which is Better, Kinship Foster Care or Non- Kinship Foster Care?

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THE LIVING SITUATIONS OF CHILDREN IN FOSTER CARE: WHICH IS
BETTER, KINSHIP FOSTER CARE OR NON-KINSHIP FOSTER CARE?

By

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B.S., Southern Illinois University at Carbondale, 2009

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
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In The

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In The Graduate School

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Approved by:

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CHAPTER 1

Introduction

If the state's best interest is for the child to stay in the home with the parents then is foster care a good or bad decision? Of the 542,000 children in foster care, how many are there because of substance misuse of their parents? Of those 542,000 children, in 2007 there were 16,160 in foster care in Illinois (Bruskas, 2008). What is foster care and what is the ultimate goal of Child and Family Services? It is fully understood that maintaining homeostasis between parental rights and the best interests of their children is complicated, but what happens when things go wrong? Whether or not foster care is a good decision, and if it is the best decision, then where is the best place for the child to be fostered? These are some of the questions that should be answered by the case workers that take on the cases regarding children of substance using parents.

The history of CPS goes far back to around the late 1800s. CPS is the same as DCFS in most states and are currently used interchangeably throughout the nation. In 1874, the Protective Services Act (PSA) and the Cruelty to Children Act (CCA) was passed in New York to maintain the safety and rights of children. These acts were the first legislation recorded to act as a safeguard for children. Foster care began to create permanence and well-being in children. This is done by providing a permanent living situation through foster care which helps to maintain family and other various connections despite the rough time the children may be going through (Pecora et al., 2010).

The history continues to evolve as the New York Society for the Prevention of Cruelty to Children (NYSPCC) was created from the American Humane Association

(AHA) in 1877. The 1900's included the inclusion of the federal government in 1912 who later (1930) sponsored the 1930 White House conference on child health and protection. They continued to introduce programs and resources to protect mistreated and neglected children. The child welfare system was evolving into an entirely different and more secure agency which was brilliant compared to what it once had been just years before. In the middle 1900's professionals began to take notice in the habits and issues of neglected and abused children which later (1966) led to the law of professionals being mandated reporters to social services. (Brittain & Hunt, 2004).

A mandated reporter is defined as someone who follows a code of ethics that require that they report any maltreatment self reported, bruises, or suspicions based on the child's behaviors. Mandated reporters are the ones that can help or hurt a child's situation based on how they handle and provide support to those children in need of help. DCFS workers are all individuals with different experiences on life which ultimately determine how they plan to help protect children. The general caseworkers who help to protect children base their actions on a "perceived threat" that may come from what "might" happen to the children if they are not removed (Cross, 2008).

Until the 1940's, CPS/DCFS had an openly segregated system which would place the Caucasian children in pleasant orphanages and the African American (AA) children in overcrowded, unpleasant asylums. It is also well known and obvious that AA children are the majority in the welfare system. There are multiple books in libraries on adoption and foster care where AA individuals oppose transracial placement (Harnack, 1995). This is loosely related to the Slave law which was mentioned which was originally "intended to help "uncivilized Africans: acquire "moral values"" according to Roberts (2002), (as

cited in Brittain & Hunt, 2004). Having the AA race subrogated caused the race to feel betrayal by the CPS who would place AA children with white families. It was labeled the black genocide (Harnack, 1995). Although the laws and policies are what helped to evolve the CPS system and AA children hold a majority position in that system, the point of this paper is to note the physical exposure of substance abuse and whether foster care is a good choice or not, and is not ultimately racially related.

Foster care is short-term placement of children with another family due to abuse and/or neglect. The ultimate goal of the Department of Child and Family Services (DCFS) and Child Protection Services (CPS) is to return the child back home with the parents. In the late 1990's the number of children in temporary child care was along the lines of 51,000 children in Illinois. Because of an increased emphasis on early intervention and permanency services such as adoption the number has declined to 16,160 children in June 2007 -- a 67 percent decline compared to June 1998 (Foster care, 2010). As of 2008, Bruska mentioned that there are 542,000 children in foster care. The instability in a child's life is can become a situation of its own. According to the U.S. Department of Health and Human Services, from 2002 to 2007 about 469,000 parents had their parental rights taken and the number is currently rising (Foster care, 2009). The ultimate choice for foster care placements rely upon the court system (Doyle Jr, 2007).

A high number of cases that DCFS deals with or is related to are families in poverty, domestic violence, homelessness, substance abuse, mental health, and incarcerated parents. Depending on how it is looked at, neglect and substance abuse are related because the parental guardians may be neglecting the children because of the addiction to drugs. It is said that most children are either an exact replica of their parents

or the exact opposite when it comes to adult behaviors and this is similar when substance use is involved. Children of parents with substance misuse problems deal with multiple issues day-to-day that other children never have to go through. The most relative change in an individual who is intoxicated with any substance is their judgment. The inability to judge situations can put the person intoxicated and others around them in danger.

Physical neglect is the most common reason for removal of children from their homes. Neglect is defined as anything that results in a child's major needs being met such as shelter, safety, food and education (Foster care, 2009). Parents and families who may be homeless due to lay-offs from work are not considered neglect but parents and families who are homeless due to reckless substance abuse is considered negligent if they do not attempt or accept treatment if required (Brittain & Hunt, 2004). Foster care seems acceptable rather than leaving the child in a home with a parent who is abusive or negligent, but is it better to rip them from their surroundings if the parents are only substance users/abusers? Is foster care a good choice for children only physically exposed to substance use and abuse? Foster care has its benefits and its detriments, but providing restorative services to the families to keep the child in the home or putting them in kinship care (if available) might be a better choice than placing them in an unfamiliar home.

Background of the Problem

Hundreds of thousands of children are affected nationwide every year by DCFS. DCFS received reports about 5.8 million children who were "possible victims of abuse and neglect, with 794,000 confirmed victims" (Pecora et al., 2010, p. 4). Just over 5

million of the calls were false or inconclusive. According to the U.S. Department of Health and Human Services (2006), preventative services and minimizing the length of As of May 31, 2011, a total of 50,163 children residing in Illinois have been affected by the CPS system. In the Fiscal Year (FY) 2011 there were 239,070 calls made to the DCFS and only 58,230 reports made from the calls. It is uncertain how they are controlling for false accusations but from the reports made from the number of calls, something is being done. According to Foster care (2009) most calls made are from mandated reporters.

The laws that uphold the CPS/DCFS systems declare the criteria for child removal as physical, emotional, or psychological maltreatment; neglect or deprivation of necessities; physical abuse; or sexual abuse. Typically, physical exposure of substance abuse is related to the neglect and at most times will lead to physical, emotional, and/or psychological abuse (Brittain & Hunt, 2004). According to Martin (2000), the child's social and economic circumstances are explored and considered when moving a child into foster family care. The Child Abuse Prevention and Treatment Act (CAPTA) was passed in 1974 which allow states to place children in foster care due to allotted funding (Brittain & Hunt, 2004).

Significance of the Study

The inability to protect child welfare is one of the many underlying problems in the world today. Child welfare is briefly defined as keeping children safe, physically (Urban Institute Press). Because this definition is so brief, it may overlook some important situations such as parents who abuse substances and expose their children to worse things. In the past it has been the fact that as long as the children are not being physically harmed, there is no need to remove the children; but should this really be the case? Child welfare authorities include case workers, physicians, teachers, counselors

and anyone else who is a mandated reporter. Every individual personality is different and reporters can over-react or under-react. Under-reacting can cause the children adverse problems in the future which can include anxiety, depression and behavioral problems. Keep in mind that this paper is correlating the effects associated with children physically exposed to substance use/abuse and whether foster care is a good choice. Over-reacting can cause Child welfare authorities need to evaluate each individual situation and understand the consequences of each wrong decision. This decision to remove the children from the home is individual based and there can be no set rules due to the fact that each child's situation will be different.

There is an abundant need for more research to be done in the area of children physically exposed to substance use and the need for foster care. A lot of research has been done on adoption due to child abuse and neglect, but the lack of research on whether or not foster care will help or further hinder the already troubled child is no less important than finding a stable environment altogether for the child. How does foster care work? Does kinship care work just as well or better? This paper will also help case workers realize that there are some services that could be provided and some techniques that they could do better. Foster care has its benefits and its detriments, but this paper will ultimately show that keeping the child in the home or putting them in kinship care (if available) might be a better choice than placing them in an unfamiliar home. The bottom line is that CPS should do more research on foster care families. There should be someone held accountable for each child that has fallen through the cracks because the case workers did not do their jobs.

At which time does CPS feel that it is right to step in and remove the child?

There are numerous cases in which the CPS will do a wonderful job in screening the foster care parents and placing the children, but in other cases there are many children who will pay the price for those hasty decisions on the part of CPS/DCFS. Ryan and Testa (2004), agreed that reckless placement of children into foster care can cause instability and uncertainty in the child. Behavior problems, decreased school performance and eventually delinquency with the increase of placements (as cited by Pecora et al., 2010).

Purpose and Objectives of the Paper

This paper will identify a need for current substance use and foster care research. One of the goals of this paper is to help the CPS better their methods of placing children into foster homes. An extensive review of current and some older literature will be done to serve as a basis for the new foster care research that should be conducted. Past experiences with the CPS will also serve as a standard for what not to do in child protection. Both sides of the argument will be explained along with what better choices could be made by CPS regarding where the best place to foster each child should be. It should be noted that this paper is intended on discussing substance abuse issues and children being taken from their home and not about children who become orphans or voluntary removal of the children.

The Story of Mary Ellen Watson

Mary Ellen Watson was turned over voluntarily to a Charity department due to her mother's inability to pay for her boarding in another individual's home. She then was put in a home illegally with a Mary and Thomas McCormack who was her alleged father. Although the husband soon died, the wife had begun to abuse and neglect Mary Watson.

A mission worker who visited the tenements where Mary Watson was living was told by an older lady also living at the tenement that she often heard Mary Watson's cries across the hall. The mission worker decided to check on the child. She then contacted the president of the New York Society for the Prevention of Cruelty to Animals (NYSPCA) who then hired an investigator to go into the home to confirm the lady's allegations.

Young Mary was taken from the home and when they went to trial, she was able to testify against her adoptive mother. When Mary Watson was put on the stand to testify against her abuser, she testified as follows.

My father and Mother are both dead. I don't know how old I am. I have no recollection of a time when I did not live with the Connollys...Mamma has been in the habit of whipping and beating me almost every day. She used to whip me with a twisted whip – a raw hide. The whip always left a black and blue mark on my body. I have now the black and blue marks on my head which were made by Mamma, and also a cut on the left side of my forehead which was made by a pair of scissors. I have no recollection of ever having been kissed by any one – have never been kissed by Mamma...I do not want to go back to live with Mamma, because she beats me so. (Watkins, 1990, p.502)

Mary Watson was immediately removed and ultimately placed with the mission worker's mother, then to her youngest sister who cared for Mary until she came of age. The mother Mary was placed with a "stable and nurturing family" (Brittain & Hunt, 2004, p. 33). Mary Watson grew up to have two children of her own and become a foster mother to another little girl. Mary Ellen Watson's story was one of the excellent and troubling examples of how CPS can and cannot work for every individual. Despite all

historic issues that the CPS was involved in, good or bad, they all have facilitated the improvement of the overall CPS system.

What Mary went through should be motivation for the CPS system to do better on screening for foster parents. This is a situation that no child should ever have to go through, but it happens again and again because the screening is inefficient. This story might have gone another way if restorative services were provided to keep the child in the home with the biological mother. When restorative services cannot be provided to the family, kinship care should be the next possible step in finding the child a home. It is understood that every child's situation is unique and because this placement was illegal and based on an individual who claimed to be the girl's father, this made this story even more unsettling.

According to the Brittain & Hunt (2004), rejecting is when the caregiver does not recognize the child's worth. Isolation can happen when the parent is irritated and prevents the child from forming relationships and typical experiences as a child. Terrorizing is another aspect emotional abuse in which the parent verbally assaults and/or bullies and frightens the child. Ignoring the child of any stimulation and development is just as bad as isolating. The child's future depends highly on the level of corruption in their life. Corruption is defined as persuading a child to engage in destructive behavior physically, mentally or emotionally. Those destructive behaviors can be things such as setting fires, physical or emotional bullying, disrupting their class, sexual abuse to a peer, cursing or worse behaviors. All of this and more is what Mary Ellen Watson had been exposed to and the CPS and all other involved parties should do their best in placing children to

assure that the mental and emotional safety of each child. As the child welfare system continues to evolve, they should find more efficient ways of placing children.

Summary of Chapter 1

Foster care serves over 500,000 children on any given day. The ultimate goal of Child and Family Services is to provide safety for the child and to keep them in the home. Because most of the foster care parent population deals with domestic violence, homelessness, substance abuse, poverty and incarceration, it can be more complicated to keep their children. If DCFS can provide preventative services before the children are removed, or restorative services after the children are removed from the home to help the parents evolve into the caretakers that the children deserve. If those services are not to be provided, it is advised to better screen the foster parents so that the children will not face maltreatment, further abuse, and minimize placement trauma. What happened to Mary Watson should not happen to any other child due to CPS/DCFS' neglect. Even slight oversights of a child's case can be detrimental to the child's upbringing. Reasonable efforts of services should be provided in order to give the parents the best skills to change and maintain their parental rights to their children. This paper will provide research to uphold the use of unrelated foster care and kinship care and which is most beneficial to foster children. The literature review will supply the author's viewpoints on kinship and non-kinship care families.

Definition of Terms

CAPTA – Child Abuse Prevention and Treatment Act: Started in 1974 to help create incentives for states to remove children in distress and place them in foster care.

CPS – Child Protective Services: Specialized supports and interventions for neglected, abused, or exploited children and their families.

DCFS – Department of Child and Family Services: A term used interchangeably with CPS, as a department for specialized supports and interventions for neglected, abused or exploited children and their families.

Kinship care: A term used to show blood or marriage relation to the foster children.

Non-kinship care/unrelated foster care: Terms used interchangeably meaning no relation to the foster children.

NYSPCA – New York Society for the Prevention of Cruelty to Animals: A non-profit society developed for the prevention of cruelty to animals which was surprisingly started before NYSPCC.

NYSPCC – New York Society for the Prevention of Cruelty to Children: A private non-profit society expanding off of NYSPCA for the prevention of cruelty to children which was developed in 1877.

CHAPTER 2

Overview of the Literature

Research on children in foster care has been done in various ways except whether or not foster care is a good choice for the children. As explained earlier, only neglect/abandonment or direct physical harm can be a reason for CPS to intervene and make a case for the removal of the child/ren. Based on similar research found, many articles were done out of the United States of America (USA). Other studies done were only studies of previous research. The extensive research of the articles most like the chosen subject is arranged based on content. Before anything can be achieved, the mission, standards, and process of the CPS system should be understood. Providing articles and quotes that agree and disagree with unrelated foster care will allow the question to be answered. Outcomes for children coming out of foster care should be noted and can be beneficial to the evolution of the CPS system.

The process of removal of the children is the same and requires the help of many officials. The mission of CPS was determined by the National Association of Public Child Welfare Administrators. The mission is as follows: “To assess the safety of children, intervene to protect children from harm such as abuse and neglect, strengthen the ability of families to protect their children, or provide an alternative safe family for the child” (Brittain & Hunt, 2004 p.51). DCFS and CPS used interchangeably based on region have certain standards and require all officials involved to have and maintain certain roles throughout the CPS process. The CPS standards and service roles should be explained in order to understand the outcomes and intervention methods of the literature reviewed.

Between DCFS and CPS, the standards and guidelines have been established by the professionals who take part in the process. The standards of CPS require that CPS should be child oriented with an overall focus on family. The protective needs of the child are primary. When the child's protection cannot be guaranteed, the process of removal begins. National organizations and professionals also believe that CPS should have access to social service supports from the communities in their neighborhoods. There is also a standard for CPS that requires all reports of abuse or neglect to be investigated. One of the final most important standards that every professional should uphold is that of careful assessment. Because the evaluators are prohibited from making assumptions about the family's needs or situation, it will become complicated unless there is clear evidence of abuse or neglect (Brittain & Hunt, 2004).

The seven steps of the CPS process are essential to following the guidelines of the process. Intake, investigation, family assessment, service planning, service provision, monitoring of family progress and evaluation of case plan, and case closure are the seven steps that are followed after the agency receives a referral or report (Brittain & Hunt, 2004). This referral can come from family court or other child welfare related officials. The report usually comes from an individual from the community. The intake includes documenting and determining the level of immediacy and course of action to take. Investigation includes contact with the family and child to assess the welfare of the child, and identifying any indicators of physical abuse or neglect. At this step is where emergency officials will be notified as needed. The third step is family assessment which involves collaborating with the family to identify any problems, areas for improvement, and allowing the case worker to understand the family's history and present ideas to

minimize risks of removal and improve family functioning. The service planning step allows for officials to determine the need for resources and services and how they will be divvied to the family. Step five is service provision which includes the explanation of the plan and assuring understanding between the family and CPS officials. It is also the step where there is coordination and follow-through of services and the further documentation of all progress concerning the family. Monitoring family progress and evaluating the case plan is where officials review the case, report and document all progress and decide whether or not to make revisions, or to close the case. The last step is to evaluate goals, examine the need for continuing services and advisement to the family about closure. As usual with any professional, documentation is vital to any process. Even though CPS has seven steps to follow, most family interventions never go past the second step. Whether or not the children are being neglected or abused, the evaluators may use their “prejudices to justify their rescue” of the children from their home (Cross, 2008, p. 13).

According to Havlicek (2010), there are seven categories of placement which include “not in care, relative care (kinship), regular foster care, treatment foster care, congregate care, unplanned events, and run or unknown events” (Havlicek, 2010, p. 411). Regular foster care and relative care will be discussed in more depth. Regular foster care is either a regular boarding home supervised by the state, or a private agency contracted by the state agency. Relative foster care refers to placement with a biological relative. As Havlicek noted, “In Illinois, only those related by blood, marriage, or adoption are considered kin” (Havlicek, 2010, p. 411). In other states, close family friends are considered kin and a potential placement for the child (Farmer, 2009).

Addiction to alcohol, heroin, cocaine, amphetamines, and other drugs have led to more parental neglect and abuse over the years. According to the United States Department of Health and Human Services (1998), children were 2.7 times more likely to be abused and 4.2 times more likely to be neglected if at least one of their parents were addicted to any substance (as cited by Brittain & Hunt, 2004). Of course there are always those few exception children who do not fall victim to the assumption that all of the physically exposed children tend to have poorer outcomes than children not exposed.

A study conducted by Ornoy et al. (2010), studied children prenatally exposed to heroin between 12-16 years of age. The main variables were socioeconomic status and adoptive status. The researchers administered several tests to the adolescents such as the Wechsler Intelligence Scales for Children (WISC-III), the Child Behavior Checklist (CBCL), Touwen and Precht Neurological Examination of the Child with Minor Neurological Dysfunction (T&P), Attitudes Towards Drug Abuse (ATDA) and a few other scales (Ornoy et al., 2010). The results showed that the adolescents exposed to any one variable did poor on the test compared to those not exposed. There could be a plethora of reasons why this is so for the adolescents not neurologically exposed to drugs.

Termination of parental rights is something that parents have to deal with every day after CPS has been called. A study focused on substance using parents and foster care. They agreed that “finding a balance between parental rights and best interests of children can be complicated, especially given the many risk factors involved in child maltreatment cases (Coulton, Kornin, & Chow, 1995) as cited in (Meyer, McWey, & Henderson, 2010, p. 640) The results showed that factors such as mental health issues and domestic abuse related to the removal of the children. Other parents were in poverty;

others went to and from jail, using drugs and refusing help (Meyer, McWey, McKendrick, & Henderson, 2010). This is one of the studies that noted substance abuse just as important as neglect and abuse.

Yes to Non-Kinship Foster Care

There is not much research on the theory that unrelated foster carers are a better choice for children. Although the ultimate goal of CPS is to keep the children in the home, many case workers are usually quick to remove the child from the home to prevent further maltreatment. Case workers tend to base their decisions of “removal” on their biases. There are bits and pieces of information in the literature that express how unrelated foster care parents are presumed to be a better choice and will be subtracted from the literature that speaks on foster care.

As noted in a discussion written by Cross (2008), people believe that caseworkers find it easier place children in a foster home because the foster family seems to mirror the traditional family who includes the mother, father, and a few children. Because most kinship care families are extended family, the immense number of family members in one household can look “chaotic.” Cross explains that he has seen CPS caseworkers remove children from kinship care homes because of their ignorance of extended families. He further discusses that the investigators should try to provide preventative and restorative services to families in need due to substance use/abuse. Most of the author’s discussion deals with the disproportionality of children of American Indian and African American descent being removed from their homes relative to Caucasian children (Cross, 2008).

According to Farmer’s (2009) research, children with health issues tended to be placed with unrelated foster care parents. From the author’s results, the amount of single

kinship parents nearly doubled the single unrelated foster parents 27%; 14%, respectively. It also showed that more kinship care parents experienced financial strains and tended to live in overcrowded homes. Children coming from kinship care homes were more often at a disadvantage than the children in unrelated foster homes (Farmer, 2009). Farmer went on to discuss that as follows.

They struggled to make ends meet and could not afford school uniforms, activities for the children, school trips or holidays. Some carers were also in debt because of court costs for residence order hearings or involvement in care proceedings. Sometimes the carers' own children were also disadvantaged, foregoing pocket money, activities and holidays. (Farmer, 2009, p. 336)

Yes to Kinship Foster Care

Although a lot of research agrees with CPS officials removing the children from the home and into a foster home, other research supports providing restorative services to the parents or placing them in kinship care homes. As explained earlier, kinship care is the method of placing the children with a relative.

An interesting study published in *Child Welfare* conducted research on the resiliency in children when placed in outside foster care or foster care with a relative. The researchers used survey methodology to examine the functioning differences of children placed in foster care with non-relatives and relatives. A total of 107 (52 relative, 55 non-relative) participants returned their surveys back at least 80% completed. It must be noted that the initial data collection was in 1997. The researchers noted a lack of Caucasian children being placed in relative foster care. In this case, relative foster care is the process in which a child is placed with a foster family that is biologically related to the

child. The results showed that in both situations, the families experienced a great deal of stress. They noticed that more of the mothers whose child was put in relative foster care tended to visit their children more often. This could be easily assumed because the relatives would be more willing to consent to the child visiting with their child more often than a non-relative foster care placed child. The study's results were reliable seeing as how Ross, Khashu, & Wamsky, 2004 had the same results showing that the children were "less depressed and better adjusted" because of those visits (Metzger, 2008).

According to Farmer (2009), kinship care is placements with family or close family friends. The study was conducted in the United Kingdom (UK). The kinship care parents in the UK were compared to the kinship care parents in USA and it was noticed that the majority of kinship care parents in UK were couples and the majority of kinship care parents were single AA grandmothers. Based on the Adoption and Children Act passed in 2002 in England, relatives of the children are the individuals who are primarily considered when children are at risk of being removed from their parent's home. Kinship care is to be considered after officials have taken into account the advantages and disadvantages of kinship care for each family individually. England gives preference to placing children at risk with a willing relative. The study aimed to show the outcomes, progress and characteristics of children placed in kinship care homes to compare with those who went into unrelated foster homes.

From the results, the information taken on adversities of the parents showed that 60% of the parent sample who had substance use and abuse issues were able to keep their children in the family through kinship care. Only 51% of the parents whose children were placed in unrelated foster care homes were because of alcohol and drug issues. The

plans for the children showed that 93% (n=139) of the children placed in kinship care homes would permanently stay in their kinship care home. Of the children placed in unrelated foster care homes, 49% did not plan for unrelated foster homes to be the permanent living situation (Farmer, 2009).

Just like a disability, the foster child label can lead to stigma. Children tend to dismiss things that they are unfamiliar with which may mean developmental trouble for the child. When a child is removed from their home into another non-relative home, they become exposed to a lot more than substance use. Ridicule from the children, embarrassment from others because they do not “fit in” the family, discrimination based simply on the fact that they are a foster child. No one really understands what goes on in a foster home except those that have been in that situation before. Similar to the case of Mary Watson, who had to deal with continuous abuse and neglect from her adoptive mother. According to the Adoption and Safe Families Act of 1997, interjurisdictional placement of foster children has been happening since the early 1950’s. Currently the Act has been promoting kinship placement which would in most cases be the best choice for the child. The main way to look at non-relative foster homes is this; who would want to feel like an outsider in their own home? The Northwest Foster Care Alumni study showed results that even though they came upon unlicensed kinship care placements, those placements were beneficial due to “nurturing family support” (White, O’Brien, White, Pecora & White, 2007).

It has been researched and found that children who had been in foster care were likely to have higher rates of behavioral and scholastic problems than those not in foster care/adopted (Westermeyer, Bennett, Thuras & Yoon, 2007). In the terms of foster care

and adoption, the term adoption is also included in foster care results and research because most children who have been adopted would have been in foster care at some point before the adoption took place. King et al. (2009) agree that alcoholic parents who are raising their children tend to provide a dysfunctional childhood for their children. The authors compared adoptive families and non-adoptive families and lifetime diagnoses of alcohol dependence. The study revealed that adolescents with one or both parents with a history of substance abuse rated higher on the delinquency scale than those who had no parent who used any substances (King et al., 2009).

A study involving parent's rights being terminated because of their substance abuse performed a conduct analysis which compared the foster care cases where parents' rights were terminated to those parents' who had another chance to maintain the in-home life with their children. Meyer et al. (2010) used legal documents and court cases to understand how the court system's decision process of terminating a parent's right's to their child. The five risk factors that were noted to determine if the cases would be overturned were poverty, domestic violence, homelessness, mental health, and incarceration. The researchers provided their definitions and examples to fully make the reader aware of the basis of the research. There are two scenarios that the mothers would fit in which include "compliance" to substance abuse treatment and "multiple treatment attempts" to substance abuse treatment. Those two themes are what show how the local CPS officials give the parents a second and maybe even a third chance to keep their children in their home. One of the authors' main questions was if treatment for substance abuse affected the decisions to terminate parental rights of parents with alcohol or other drug use (AOD) issues. Green et al (2007) explained how it may be difficult to get started

in a rehabilitation program for substance abuse in the timeframe that courts nationwide give (as cited in Meyer et al. 2010). This “chance” may not seem like a chance to parents because they may not have issues with the swiftness of the court’s deadlines.

Gilchrist and Taylor (2008) studied female drug users, their parental rights and the living arrangements of their children. Of the 266 participants, 215 reported some use of a substance in the past 30 days and dependence in the last 12 months. The participants who were in the study had a total of 297 children. 59 of the children were in foster care or had been adopted, 78 lived with another family member, and 160 children were living with their parent/s. This study reported that 164 of the female drug user participants had not been in foster care as a child which one can say that the female drug users’ substance abuse issues were not associated with foster care/adoption childhood experiences. Even though a majority of the women had not been exposed to foster care as a child, 53, 64 and 47 had reported physical, emotional and sexual abuse as a child, respectively. 108 of the female drug users also reported the substance abuse of their parents when they were children.

Bruskas (2008) believes that improvement of the DCFS/CPS system is what should be the ultimate goal. She goes on to explain how children in foster care are vulnerable and how there should be interventions to help children fully understand why they are entering foster care. Most children do not know why they were being removed from their parents’ home and usually become upset with any CPS individuals who participated in the removal process. The author goes on to explain that without interventions to familiarize children with foster care and their new environment, the children may struggle with transition and even learn to dislike abrupt change (Bruskas,

2008). Not that foster care is a good or bad choice, but the choices that officials make in the process of CPS is what matters. Bruskas has an overall view that children in foster care are a vulnerable population who is at risk of oppression and marginalization if some form of intervention on the foster care basics are not explained to the children. The subject of alumni of foster care has only been touched with this article but another article touches on it and alcohol use. Substance use in alumni of foster care is important but Alcohol use is what was even more important to these authors who felt that one could improve dependency through previous foster care experiences.

After all the research has been done, the choice of foster care deeply relies on each individual case. There were many concerns related to the quality of the placement and whether it was satisfactory or problematic. These concerns came from family members, doctors, teachers and social workers. The concerns were as follows.

The well-being of the child in the placement and concerns about the carers' parenting skills or their ability to protect the child adequately or other indications that the situation was negative for the child. Although slightly more kinship placements were rated as problematic (34%) than those in unrelated foster care (27%), the difference was not statistically significant. (Farmer, 2009, p. 338)

When directly comparing kinship care and unrelated foster care, there was no other research study that provided results on the quality of placement which makes this significant so that it is noted that a majority of the children in CPS have similar characteristics.

Outcomes of Non-Kinship Foster Care & Kinship Foster Care

The outcomes of alumni of the CPS system are important factors that should be reported to help to set in motion the reconstruction and evolution of the CPS & DCFS. The outcomes gathered from several different studies included those of mental health, relationships regarding foster care, and overall education. These three themes were the most researched and provided a pathway to a more positive outlook for the alumni of foster care. The outcomes refer to foster children who are at least teenagers or are now alumni of foster care.

Mental Health

Children typically experience feelings of abandonment after being removed from their home. There are usual feelings of blame and guilt towards themselves, siblings and other family members (Brittain & Hunt, 2004). Mental health was complicated to study for Fechter-Leggett & O'Brien (2009) who had no significant results in differences in the alumni's mental health from their research. They explained that the sample they obtained was from a reputable agency that was known for providing support equally to kinship care parents and unrelated foster care parents. They go on to explain how they reached their conclusion.

It is difficult to compare alumni who experienced placement in kinship care with those who had not. Placement in kinship care is not random; children who are able to be placed with kin are likely very different from those who are not.

Despite the challenges faced by many children in foster care...many alumni demonstrated resilience and expressed positive mental health. (Fechter-Leggett & O'Brien, 2009, p. 211).

The children's feelings towards kinship care and unrelated foster care families are important to the children's well being and overall mental and emotional health.

According to Hegar and Rosenthal (2009) "being placed with a sibling was significantly related to lower levels of internalizing problems (e.g. depression, self-blame)" based on the children's point of view (p. 676).

Relationships

Foster care should be treated like a hidden disability. Even though the situation does not seem as difficult, children are tortured and bullied everyday because of the stigma of being a foster child. Children everywhere have to hide the fact that they are foster children in fear they would be treated different. The children already do not feel like part of the home. For example, Hegar and Rosenthal (2009) stated that single children placed with an unrelated foster care family were least likely to agree to feeling like part of the family. Interviewing a child on their perceptions of foster care can seem alarming sometimes, however, the earlier version of the National Study of Child and Adolescent Well-being reported "children in kinship foster care are generally more satisfied with numerous aspects of their placements than children in other types of care" (Hegar & Rosenthal, 2009, p. 672).

Education

Obstacles faced by children in foster care involve the changing of multiple schools which can impact the overall school experience. Some children's educational records often get lost in the shuffle. The completion of high school is showing to be an even greater challenge to teens today with all of the distractions in the world. Foster care is an even further distraction to the children being removed from their homes. There are

cases where the oldest child becomes the caregiver for the younger children. That oldest child now has to give up school to take care of their younger siblings. In the state of Washington, about 50% of their young adults had already earned their GED or finished high school in six to twelve months of leaving foster care (Brandford & English, 2004). In the Midwest Study which covered Illinois, Iowa and Wisconsin, 64% of the young adults completed high school as compared to a sample taken from the general public which was 91% (Courtney et al, 2007). According to various studies, as the young adults aged, the percentage of high school individuals rose (Northwest Study).

Postsecondary education is becoming even more necessary as the high school diploma was in the 1980's. The difference in the percentages of completion of a postsecondary degree is distinct. According to Havalchak et al. (2009) "few alumni of foster care complete postsecondary education" (p. 3). The Northwest Study found results as follows:

43 percent of alumni ages 25 -33 had participated in some postsecondary education. Bachelor's degree completion was much lower among alumni ages 25-33 (3%) than for the general population of 25-33 year olds (24%). The Northwest Study also found that one in five alumni between the ages of 25 and 33 (21%) completed any type of postsecondary degree (Pecora et al., 2005 as cited in Havalchak et al., 2009, p. 3-4)

The outcomes of alumni of foster care regarding mental health, psychosocial factors, and education can vary greatly depending on the study. If the study is longitudinal, it would show ultimate progress over a number of years. Mental Health reported. Relationships are important to everyone and foster children are no different.

They want to value family and friends like everyone else but it is hard when they feel that they have been hurt or abandoned by their biological family. Future supports can help mend those loose ends. Outcomes of foster children can be useful to provide new techniques and programs for alumni in foster care who might need a little push regarding education or a little help regarding mental health and relationships.

Summary of Chapter 2

A majority of the research upholds that decision that even though kinship care families may be slightly more crowded and more likely to have less income than the average family, yet they are still beneficial to the children's mental and psychosocial health. No one article totally agreed on only kinship care or non-kinship care, but tried to state the pros and cons of each decision. The true answer is that if restorative services are unable to be provided and kinship care is available, then it is beneficial to place the child with a family member. However, if neither of the above is available, the best possible choice for a non-kinship care family (after suitable screening) should be selected.

The seven steps should be followed but allowing exceptions to each case. Intake, investigation, family assessment, service planning, service provision, monitoring of family progress and evaluation of case plan, and case closure are the seven steps that are usual route of the casework process. In a typical case, the investigation would be the only thing done before the children are removed from the home. Extended family is not a new thing; informally children have been staying with the grandparents, or cousins, or aunts and uncles for years. Despite the "chaotic" look that extended families may have, it usually all works out according to Hegar and Rosenthal (2009) whose research reported that children were happier living in a kinship care foster home.

In the past, the welfare system did not focus on the performance outcomes of the children placed in foster care and this is what should be done more. The mental health, relationships regarding foster care and educational outcomes are important for future research activities and will provide information for future recommendations.

CHAPTER 3

Summation

In the last 200 years, the protection of child welfare has come a long way. With Illinois having an emphasis on preventative measures and adoption, the number of children in foster care went from 51,000 to around 16,100 from 1998 to 2007 (Foster care, 2007). With a majority of the foster care cases involving poverty, substance abuse, mental health, and single parent homes, it is much more complicated.

This research has shown the effects foster care can have on children. Even more important are the problems that may occur if the wrong decision is made. The CPS standard and guidelines are complex and usually are not followed by professionals in the process. Taking into account the “careful assessment” that should be done by the evaluators, according to Cross (2008), these evaluators may be unaware to the biases in their decisions to remove the child rather than provide family restorative services. There are only a few things that potential foster parents need to do to become foster parents; a background check, fingerprints, an evaluation of the household (for space), a physical and 33 educational hours (Foster Care, 2009). Foster parents should know the consequences of their actions because they are dealing with precious lives.

Even though the goal of the DCFS is to keep the children with the parents, it does not happen as often as DCFS would like. Substance abuse usually hinders the parents to maintain or get the termination decisions reversed. Negligence seems to be more important than alcohol use of the parents even though alcohol use can lead to negligence (Scaife, 2008). In many cases, the children moved, were moved for a good reason, however, the homes they are moved to may be even worse than what they were taken for.

Kinship care should be found if available and based on the research provided, is better than non-relative foster homes. DCFS workers should look more into families with foster children and determine if they are truly fit to take care of a child. The answer to, “Is foster care a good choice?” truly lies within each case worker who chooses either to leave or remove the child from their parents’ home.

Based on the evidence gathered, it is apparent that kinship foster care is a better idea than non-kinship care. Farmer compared kinship care to unrelated foster care and found that most kinship care parents would be more than willing to expand their family and convert rooms or extend homes to accommodate the extra children (Farmer, 2009). Depending on who is viewing the situation, officials would say that the expansion of the family and less income would be a burden for the family which would be the greatest reason to place the child into a non-kinship care foster home.

Implications

The lack of significant research on outcomes of unrelated foster care and kinship care are not surprising. Kinship care first became popular after extensive research was done in California, Illinois, Maryland, and New York (Hegar & Rosenthal, 2009). Around the time that kinship care became a new theme to focus on, Scannapieco (1999) reviewed early research to find out that kinship care lasted longer and tended to be secure (As cited in Hegar & Rosenthal, 2009). Many articles report their findings and many are not significant. Because this paper represents the experiences of individuals in and out of foster care, we can assume that every case is different and will need different care. Although every child cannot be saved, providing preventative resources to the parents may decrease the risk of maltreatment to the children. Substance use and abuse is directly

correlated with the maltreatment of children and in most cases maltreatment leads to foster care (Meyer et al., 2010).

This research has shown the effects foster care can have on children. Even more important are the problems that may occur if the wrong decision is made. The CPS standard and guidelines are complex and usually are not followed by professionals in the process. Taking into account the “careful assessment” that should be done by the evaluators, according to Cross (2008), these evaluators may be unaware to the biases in their decisions to remove the child rather than provide family restorative services. If the case workers could work a little harder to make the first placement the last and only placement, the harmful effects of foster care can be minimized.

Recommendations

Child welfare agencies should do their best to provide preventative or restorative services to the families so that they may have a better chance at keeping their children in the home. The Public Law 105-89 states that safety is most important and must be the deciding factor in each situation. In aggravated circumstances, “reasonable efforts” to preserve families are not required. In all other cases involving neglect and abandonment, there is a chance in restoring the family.

However, if the child has to be removed, all efforts should be made to search for relatives who could provide kinship care in a safe environment. Since kinship care homes are better for foster children and because the children felt like they were part of the family should be an even better reason to provide a reasonable length of time to allow kinship care families to step up and agree to take the child. In several studies, researchers found that kinship care families are willing to convert various rooms into bedrooms and

have the children to “bunk up” to accommodate more children. A majority of kinship care families are showing resiliency and strength when it comes to keeping children in the family.

When children are placed into foster care, chances are it was abrupt, painful and confusing. If it is absolutely necessary for emergency removal, CPS agencies should develop better ways to minimize placement trauma. Some sort of orientation to foster care may make the transition a little easier for the children. If education on what foster care is and why they (children) are there would help to understand their parents’ situation also. Rehabilitators can facilitate the helping of young adults’ transition into an independent lifestyle by offering support. If there was a way to support children after they aged out of the foster care system, the mental, psychosocial, and educational outcomes might increase. There are numerous support groups for foster parent families, but very few for the foster children. In the state of Illinois, there were zero support groups specifically serving the alumni of foster care. With these recommendations, the rehabilitation field may be able to offer a better outlook for the children’s well-being.

Conclusion

This research of kinship care, foster care, and which one is better did not find striking evidence that kinship care is better than non-kinship care. However, Kinship care is favored highly by the child welfare systems overseas and is becoming more and more popular in the United States. Illinois was one of the first states in the late 1990’s to employ the decision to search for kinship care and as long as the child welfare system continues to hold kinship care as a priority, there may be a better, more emotionally stable future for the children (Hegar & Rosenthal, 2009). It cannot be generalized that

every single child is going to go through the same things while in foster care and every kinship foster home is a suitable, but we can do as professionals is to make sure we are making the best match available for each child to minimize stigma, antisocial behaviors, exploitation, powerlessness, and corruption and maximize childhood intellectual development and relationships.

REFERENCES

- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.
- Brandford, C. & English, D. (2004). *Foster youth transition to independence study*. Seattle, Wa: Office of Children's Administration Research, Washington Department of Social and Health Services.
- Brittain, C. & Hunt, D. E. (Ed.). (2004) *Helping in Child Protective Services; A Competency-Based Casework Handbook*, New York, New York: Oxford University Press.
- Bruskas, D. (2008). Children in foster care: A vulnerable population. *Journal of Child and Adolescent Psychiatric Nursing*, 2, 70-77.
- Courtney, M. E., Dworsky, A., Cusick, G. R., Keller, T., Havlicek, J., Perez, A., et al. (2007). *Midwest evaluation of adult functioning of former foster youth: Outcomes at age 21*. Chicago: University of Chicago, Chapin Hall Center for Children.
- Cross, T. C. (2008). Disproportionality in child welfare. *Child Welfare*, 87(2) 11-20.
- This work was previously published as part of a book and was then referenced as follows:
- Blackstock, C., Cross, T., George, J., Brown, I., & Formsma, J. (2006). *Reconciliation in child welfare: Touchstones of hope for Indigenous children, youth and families*. Ottawa, Canada: First Nations Child and Family Caring Society of Canada.
- Department of Children and Family Services, Division of Quality Assurance. (2011). Executive statistical summary. Retrieved from <http://www.state.il.us/DCFS/docs/execstat.pdf>

- Doyle Jr., J. J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *The American Economic Review*, 97(5) 1583-1608.
- Farmer, E. (2009). How do placements in kinship care compare with those in non-kin foster care: placement patterns, progress and outcomes. *Child and Family Social Work*.
- Fechter-Leggett, M. O. & O'Brien, K. (2010). The effects of kinship care on adult mental health outcomes of alumni of foster care. *Children and Youth Services Review*. 32, 206-213. doi: 10.1016/j.chilyouth.2009.08.017
- Foster care. (2009). Retrieved from <http://www.state.il.us/dcfs/foster/index.html>
- Erickson, C. K. (2007). *The science of addiction*. (1st Ed.). New York, NY: Quebecor World.
- Gilchrist, G. & Taylor, A. (2009). Drug-using mothers: Factors associated with retaining care of their children. *Drug and Alcohol Review*, 28, 175-185. doi: 10.1111/j.1465-3362.2008.00017.x
- Harnack, A. (Ed.) (1995). *Adoption: Opposing viewpoints*. San Diego, Ca :Green Haven Press.
- Havalchak, A., White, C. R., O'Brien, K., Pecora, P. J. & Sepulveda, M. (2009). Foster care experiences and educational outcomes of young adults formerly placed in foster care. *School Social Work Journal*. 34(1) 1-24.
- Havlicek, J. (2010). Patterns of movement in foster care: An optimal matching analysis. *Social Service Review*.84(3) 403-435.

- Hegar, R. L. & Rosenthal, J. A. (2009). Kinship care and sibling placement: Child behavior, family relationships, and school outcomes. *Children and Youth Services Review*, 31, 670-679. doi: 10.1016/j.childyouth.2009.01.002
- King, S. M., Keyes, M., Malone, S. M., Elkins, I., Legrand, L. N., Iacono, W. G. & McGue, M. (2009). Parental alcohol dependence and the transmission of adolescent behavioral disinhibition: A study of adoptive and non-adoptive families. *Addiction*, 104, 578-586. doi: 10.1111/j.1360-0443.2008.02469.x
- Martin J. A. (Ed) (2000). *Foster family care; Theory and practice*. Needham Heights, MA: Allyn and Bacon.
- Metzger, J.(2008). Resiliency in children and youth in kinship care and foster care. *Child Welfare*, 87, 115-140.
- Meyer, A. S., McWey, L. M., McKendrick, W. & Henderson, T. L. (2010). Substance using parents, foster care, and termination of parental rights: The importance of risk factors for legal outcomes. *Children and Youth Services Review*,32, 639-649. doi:10.1016/j.childyouth.2009.12.011
- Morehead, R., & Morehead, L. (Ed.) (1995), *The New American Webster Handy College Dictionary, Third Edition*. New York, NY: Signet.
- Ornoy et. al. (2010). Neurodevelopmental and psychological assessment of adolescents born to drug addicted parents: Effects of SES and adoption. *Child Abuse and Neglect*, 34, 354-368. doi: 1016/j.chiabu.2009.09.012
- Pease, R. W. (Ed.) (2006). *Merriam-Webster's medical dictionary*, 2006 Edition. Massachusetts: Merriam-Webster.

- Pecora, P. J., Kessler, R. C., Williams, J., Downs, A. C., English, D. J., White, J. & O'Brien, K. (2010). *What works in foster care? Key components of success from the northwest foster care alumni study*. New York, New York: Oxford University Press.
- Ryan, J.P., & Testa, M. (2004). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review*, 27, 227-249.
- Scaife, V. H. (2008). Maternal and paternal drug misuse and outcomes for children: Identifying risk and protective factors. *Children and Society*, 22, 53-62. doi: 10.1111/j.1099-0860.2007.00093.x
- Scannapieco, M. (1999). Kinship care in the public child welfare system: A systemic review of the research. In R. L. Hegar & M. Scannapieco (Eds.), *Kinship care: Policy, practice & research* (pp. 141-154). New York: Oxford.
- Watkins, S. A. (1990). The Mary Ellen myth: Correcting child welfare history. *Social Work*, 35(6), 500-503.
- Westermeyer, M. D., Bennett, L., Thuras, P. & Yoon, G. (2007). Substance use disorder among adoptees: A clinical comparative study. *The American Journal of Drug and Alcohol Abuse*, 33, 455-466. doi: 10.1080/00952990701315541

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