United States General Accounting Office

GAO

Report to the Chairman, Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives

May 1999

FOSTER CARE

Kinship Care Quality and Permanency Issues

GAO/HEHS-99-32

GAO

United States
General Accounting Office
Washington, D.C. 20548

Health, Education, and
Human Services Division

B-279199

May 6, 1999

The Honorable Nancy L. Johnson
Chairman, Subcommittee on Human Resources
Committee on Ways and Means
House of Representatives

Dear Ms. Johnson:

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) required the states to consider giving priority to relatives when deciding where to place the quarter of a million children who enter foster care each year while they are in the child welfare system. In 1995, an estimated 25 percent of all foster children were living with their relatives. Many child welfare experts believe that placing foster children with relatives, a practice commonly known as kinship care, can be beneficial to many of the children. Research has shown, however, that foster children in kinship care may not always receive good quality care, remain in the system longer than other foster children, and are less likely to find a permanent home outside the foster care system when they cannot return to their parents. These findings are especially significant in light of the Adoption and Safe Families Act of 1997 (P.L. 105-89), which includes provisions to ensure foster children's safety and to speed up the process for finding permanent homes for them when they cannot return to their parents.

In response to the request of the previous chairman of the subcommittee for information on how well kinship care is serving foster children, this report describes (1) the quality of care that children in kinship care receive compared with that received by other foster children, as measured by a caseworker's assessment of a caregiver's parenting skills, the extent to which a foster child is able to maintain contact with familiar people and surroundings, and a caregiver's willingness to enforce court-ordered restrictions on parental visits; (2) the frequency with which state child welfare agencies pursue various permanent living arrangements (that is, permanency planning goals) and the time children in kinship care have spent in the system compared with other foster children; and (3) recent state initiatives intended to help ensure that children in kinship care receive good quality foster care and are placed in permanent homes in a timely manner.

In conducting this work, we reviewed recent research, federal statutes and regulations, and California and Illinois legislation and initiatives regarding kinship care. In addition, we surveyed samples of foster care cases in California and Illinois that were in their foster care systems on September 15, 1997, and had been there since at least March 1, 1997. We selected these two states because they have large kinship care populations, have different child welfare administration structures, and are located in different geographic areas. We asked the caseworker responsible for each case to respond to a questionnaire regarding several dimensions of the quality of foster care in that case and the permanency goals pursued as of September 15, 1997. Because this survey is limited to the foster care population in two states, the results cannot be generalized to the foster care population either nationwide or in any other individual state. However, results can be generalized to these two states, which account for about one-quarter of the nation's foster care population and almost half of the kinship care population nationwide. We conducted our fieldwork between April 1997 and December 1998 in accordance with generally accepted government auditing standards. A more detailed description of our scope and methodology appears in appendix I.

Results in Brief

Our survey of open foster care cases in California and Illinois showed that in most respects the quality of both kinship and other foster care was good and that the experiences of children in kinship care and children in other foster care settings were comparable. We found that caregivers both in kinship care and in other foster care settings demonstrated good parenting skills overall. We also confirmed the generally held belief that there is more continuity in the lives of children in kinship care before and after they enter foster care than there is in other foster children's lives. However, in cases in which the courts have restricted parental visits with foster children to help ensure the children's safety, the proportion of cases in which the caseworker believed that the caregiver was likely to enforce the restrictions was somewhat smaller among kinship care cases than among other foster care cases. Moreover, some of the standards that California and Illinois use to ensure good quality foster care and the level of support each state provides to foster caregivers are lower for kinship care than other types of foster care.

Previous research on children who have left foster care has shown that children who had been in kinship care were less likely to be adopted and stayed longer in foster care than other foster children. Between California and Illinois, our survey showed no consistent findings regarding the

relationship between kinship care and permanency goals or the time foster children had spent in the system. In Illinois, kinship care cases were more likely to have a permanency goal of adoption or guardianship than other foster care cases. Illinois has found that, contrary to popular belief, kinship caregivers are willing to adopt, and Illinois is actively pursuing adoption in kinship care cases. In California, in contrast, kinship care cases were less likely than other foster care cases to have adoption or guardianship as a goal. According to California officials, this may be because, at the time of our survey, the state had only recently begun to offer adoption and guardianship options specifically designed for a foster child's relatives. We calculated the length of time foster children in our survey had been in the system as of September 15, 1997. In California there was no significant difference between the average length of time that children in kinship care and children in other settings had spent in the system. In Illinois, children in kinship care had spent significantly less time in the system than other foster children. Nevertheless, more than 80 percent of the children in kinship care in each state had been in care longer than the maximum period of time generally allowed by the Adoption and Safe Families Act of 1997 (which was enacted after the period covered by our survey) before a state would be required to initiate procedures to terminate parental rights.

Both California and Illinois are now taking steps to better ensure the good quality of kinship care and to encourage kinship caregivers to provide permanent homes for foster children who cannot return to their parents. Both states are attempting to enlarge the pool of potential kinship caregivers, applying more stringent standards and approval criteria for kinship caregivers, and providing them with support services such as counseling and respite care. In addition, these states are using kinship adoption and guardianship with continued maintenance payments to secure permanent homes for foster children outside the foster care system.

Background

The Department of Health and Human Services (HHS) is responsible for the administration and oversight of federal funding to states for services to foster children under title IV-E of the Social Security Act. The states are responsible for administering foster care programs, which are supported in part with federal funds. These funds reimburse the states for a portion of the cost of maintaining foster children whose parents meet federal eligibility criteria for the funds. The criteria are based in part on the income level of the parents. Federal expenditures for the administration

and maintenance of foster care cases eligible for title IV-E were $3.2 billion in 1997. When foster children are not eligible for title IV-E funding, they may be eligible for child-only benefits under the Temporary Assistance for Needy Families (TANF) program, which are partially funded by the federal government. Otherwise, states and counties must bear the full cost of caring for foster children.[1]

Within the foster care system, children can be placed in any of a number of temporary settings, including kinship care, family foster care, private for-profit or nonprofit child care facilities, or public child care institutional care. In the kinship care setting, foster children are placed with their relatives. While the definition of "relatives" varies somewhat by state, relatives are typically adults who are related to a foster child by blood or marriage. They may also be family friends, neighbors, or other adults with whom the child is familiar. In this report, kinship care refers to the formal placement of children in the foster care system with their relatives. It does not include informal arrangements for relatives to care for children who are outside the child welfare system and the purview of the courts.

Since at least the 1980s, some portion of foster children in this country have been placed with relatives. Some studies contend that the increase in the number of foster children being placed with relatives may have been, at least initially, the result of a shortage of traditional foster homes.[2] Others suggest that kinship care increased as a result of the Adoption Assistance and Child Welfare Act of 1980. This act required states to place children in the "least restrictive (most family like) setting available," a requirement that has been interpreted by many states as implying a preference for placing foster children with their relatives. The increase in kinship care may also stem in part from litigation (Matter of Eugene F. v. Gross, Sup. Ct., NY County, Index No. 1125/86) that resulted in New York City's bringing certain children being cared for by relatives into the formal foster care system and making them eligible for publicly funded services. Regardless of the historical impetus behind the growth in kinship care, section 505 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 amended federal law to require that the states consider giving priority to relatives when deciding with whom to place children while they are in the foster care system.

[1]The proportion of all foster children nationwide who were eligible for federal title IV-E funds increased from about 40 percent in 1985 to about 50 percent in 1997.

[2]The foster care population nationwide increased from 280,000 to 400,000 between 1986 and 1990.

Kinship care cases are eligible for federal title IV-E funding if, in addition to other criteria, the caregivers meet state licensing requirements for foster homes and the child's parents meet the income eligibility criteria.[3] In 1996, in about 60 percent of the kinship care cases in California and about 50 percent of such cases in Illinois, the caregiver received title IV-E funding. In the remaining kinship care cases in these states, the caregiver may have received an Aid to Families with Dependent Children (AFDC) grant, which may have been a child-only grant.[4]

Thirty-nine states reported in a 1996 survey conducted by the Child Welfare League of America (CWLA) that in 1995 they had a total of about 107,000 foster children in kinship care, or about one-quarter of all foster children in the United States.[5] In 1995, the proportion of all foster children in each state who were in kinship care ranged from 0.4 to 52 percent. As time passes, states appear to be relying more on kinship care. CWLA has reported that between 1990 and 1995, the number of children in foster care increased by 21 percent (from 400,398 in 1990 to 483,629 in 1995), while the number of kinship care children increased by 29 percent.

In 1995, the foster care population in California was 87,010, or about 27 percent larger than it had been in 1990, while the kinship care population was about 36 percent larger. According to our survey, as of September 15, 1997, 51 percent of the 74,133 foster children in California who had been in the system since at least March 1, 1997, were in kinship care.[6]

In 1997, the foster care population in Illinois was 50,721, or about 159 percent larger than it had been in 1990, while the kinship care population was about 250 percent larger. Up until July 1995, children whose parents were absent and who were living safely with a relative were considered "neglected" under Illinois state law, and the state generally

[3]Miller v. Youakim, 440 U.S. 125 (1979).

[4]The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 replaced AFDC with the TANF block grant program.

[5]The survey is reported in Michale R. Petit and Patrick A. Curtis, Child Abuse and Neglect: A Look at the States, 1997 CWLA Stat Book (Washington, D.C.: CWLA Press, 1997). CWLA comprises 900 public and private agencies across the country that provide a wide array of services, including child protective services, family preservation, adoption, and family foster care. Some states do not have formal foster care because they promote the obligation of relatives to care for children within the private sphere of the family, thereby diverting children from the foster care system. See J.D. Berrick, "When Children Cannot Remain Home: Foster Family Care and Kinship Care," The Future of Children, Vol. 8, No. 1 (Spring 1998), pp. 72-87.

[6]See appendix V, table V.2, for characteristics of the child and the foster care setting in foster care cases in California as of September 15, 1997.

assumed custody of such children. In these cases, the relative's home at the time was frequently converted into kinship care within the foster care system. This may have accounted for the growth of the kinship care population in Illinois up until that time. Illinois amended the definition of "neglected child," effective July 1, 1995, and as a result, such children are no longer considered neglected and the state no longer assumes custody.[7] According to our survey, as of September 15, 1997, 55 percent of the 48,745 foster children in Illinois who had been in the system since at least March 1, 1997, were in kinship care.[8]

Federal foster care statutes and regulations, which emphasize the importance of both reunifying families and achieving permanency for children in a timely manner, apply to all foster care cases, whether a child is in kinship care or another foster care setting. Outcomes in foster care cases include (1) family reunification, (2) adoption, (3) legal guardianship, and (4) independent living or aging out of the foster care system, usually at age 18. In emphasizing the goal of family reunification, for example, federal law requires that the states make "reasonable efforts" to reunify foster children with their parents. The law requires that the states develop case plans that among other things describe the services that are to be provided to help parents, children, and foster parents facilitate the children's return to their own safe home or their permanent placement elsewhere. The states are required to review foster care cases at least every 6 months and must hold permanency planning hearings at least every 12 months, during which a judge or a hearing officer determines whether a state should continue to pursue the current goal or begin to pursue some other permanency goal. When foster children cannot be safely returned to their parents in a timely manner, the Adoption and Safe Families Act of 1997 (enacted after the period covered by our survey) includes a provision requiring the states to begin the process to file a petition to terminate parental rights if a child has been in foster care for 15 of the most recent 22 months, unless (1) required reasonable efforts and services to reunify the family have not been made in accordance with the case plan, (2) a "compelling reason" is documented in the case plan indicating why it would not be in the best interest of the child to terminate parental rights at that time, or (3) at the option of the state, the child is being cared for by a relative. At the same time that the states are required to initiate termination procedures, they must also identify and recruit

[7]Although this change has sharply curtailed growth in the foster care population in Illinois, this reform was not retroactive. Therefore, many children remain in foster care in Illinois even though there is no evidence that they have been neglected or abused as defined currently.

[8]See appendix V, table V.2, for the characteristics of children and the foster care setting in foster care cases in Illinois as of September 15, 1997.

qualified families for adoption. Thus, if none of the exceptions apply, the law attempts to achieve permanency through adoption.

Most research on the quality of kinship care has used the demographic characteristics of the caregivers as indirect indicators of the quality of foster care they provide. Although the studies' results have varied somewhat, many studies have found that kinship caregivers tend to be older, have less formal education and lower incomes, are less often married, and are less healthy than other foster caregivers.[9] On the basis of these characteristics, child welfare researchers and practitioners have inferred that the quality of kinship care may be lower than the quality of care in other foster care settings.

For Most Measurements of Quality, Kinship Care and Other Foster Care Were Comparable but Some Safety and Quality Assurance Concerns Remain

Our analysis of the caseworkers' responses to our survey of open foster care cases in California and Illinois showed that, overall, the quality of both kinship care and other foster care was good and that in most respects the experiences of children in kinship care and in other foster care settings were comparable. In both states, most caregivers in kinship as well as foster care settings received high scores from their caseworkers when it came to performing parenting tasks. We also found that, in general, children in kinship care in these states experienced significantly more continuity in their lives—that is, continued contact with family, friends, and the neighborhood they lived in before entering foster care—than other foster children. However, we also found that while the caseworker in most kinship as well as other foster care cases believed that the caregivers were likely to enforce court-ordered restrictions on parental visits, the proportion of cases in which this view was held was smaller for kinship care cases than other foster care cases. Moreover, requirements such as standards or approval criteria for becoming a caregiver and training for caregivers were less stringent for kinship care in California and Illinois than for other foster care.

Caregivers in Kinship Care and Other Settings Performed Parenting Tasks Adequately or Very Adequately

In both California and Illinois, most kinship and other foster caregivers received comparably high scores from their caseworker in performing nearly all the parenting tasks we asked about in our survey. These tasks covered three areas: (1) providing day-to-day care, such as providing supervision and emotional support to a child, setting and enforcing limits on the child's behavior, and making sure the child attends school;

[9]See app. II and app. III, tables III.8 through III.13, for research results regarding the demographics of caregivers.

(2) ensuring that the child is up-to-date on routine medical examinations; and (3) interacting with medical, mental health, and educational professionals.[10] We found no research that directly measured foster parents' ability to perform such tasks.

For nearly all the parenting tasks we asked about, the caseworkers in more than 90 percent of kinship care and other foster care cases in the two states responded that the caregivers performed those tasks either adequately or very adequately. A smaller percentage—about 80 percent—of the children in kinship care in Illinois, however, were up-to-date on their routine vision and dental examinations, compared with 90 percent of other foster children.[11] State officials in Illinois speculated that this was because kinship caregivers are more likely than other foster caregivers to seek vision and dental care for their foster children only as often as they do for themselves, which is less frequently than state standards and guidelines call for. Those officials believed that other foster caregivers are more likely to follow state standards and guidelines when it comes to their foster children.

Foster Children in Kinship Care Had More Continuity in Their Lives

In both California and Illinois, responses to our survey questions indicated that there was significantly more continuity in the lives of children in kinship care than in other foster care settings. While many mental health professionals agree that continuity in relationships is good for children in general, there is less agreement about the merits of continuity in the lives of abused or neglected children. Experts do agree that contact with siblings, and especially living with siblings, is beneficial for a child and that parental visits with foster children are needed to achieve reunification when this is an appropriate goal. Experts also report that a child's familiarity with the caregiver lessens the trauma of separation from the family, at least in the short run. Advocates of kinship care further assert that placing a foster child with relatives or friends may help maintain continuity in the child's life by maintaining ties with the child's community, school, and church. Many believe, however, that parents who neglect or abuse their children learn this behavior from members of a dysfunctional immediate or extended family.[12] So, living with relatives and continued contact with the community may not be in the best interest of

[10]For a complete list of the parenting tasks we asked about in our survey, see questions 17, 18, and 19 in the questionnaire in app. IV.

[11]See app. V, table V.5, for survey results regarding caregivers' performance of different parenting tasks.

[12]Summarized by Berrick in "When Children Cannot Remain Home."

the child because the child continues to live in the environment that may have led to the abuse or neglect.

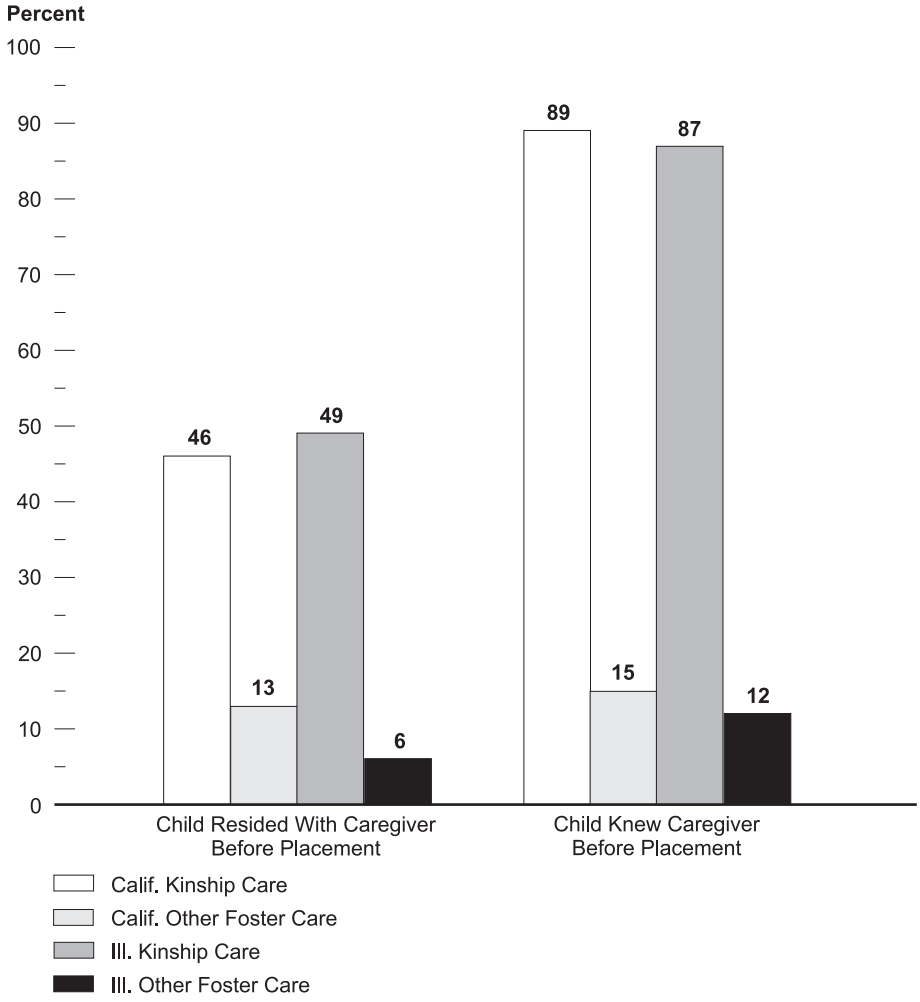
Our survey asked for information about three types of continuity in foster children's lives: (1) their previous familiarity with the person who became their foster parent; (2) their contact while in foster care with their parents, other relatives, and friends; and (3) their involvement, while in foster care, with the community they lived in before they entered the system. Our analysis showed that there was significantly more continuity in the lives of children in kinship care than in other foster care settings with respect to nearly all the indicators we used to measure these three categories of continuity.[13] In general, our findings were consistent with the results of other research about the relationship of kinship care and continuity in foster children's lives.[14]

In measuring children's familiarity with the persons who became their foster parents, the results of our survey in both California and Illinois indicated that a significantly larger proportion of children in kinship care than other foster care knew their caregivers before entering the system. In addition, a significantly larger proportion of kinship care children had resided with their caregivers previously. (See fig. 1.)

[13]See app. V, table V.6, for additional survey results regarding continuity.

[14]See app. II and app. III, tables III.1 through III.6, for research results regarding continuity.

Figure 1: Children's Familiarity With Their Caregivers in California and Illinois



In measuring the extent to which foster children were in contact with their parents, other relatives, and friends in California and Illinois, in significantly more kinship care than other foster cases the caseworkers reported that the children were in contact with family and friends. For example, the caseworkers' responses to our survey showed that mothers with children in kinship care (24 percent in California, 39 percent in Illinois) visited their children more often than specified in their case plans than did mothers with children in other foster care settings (6 percent in

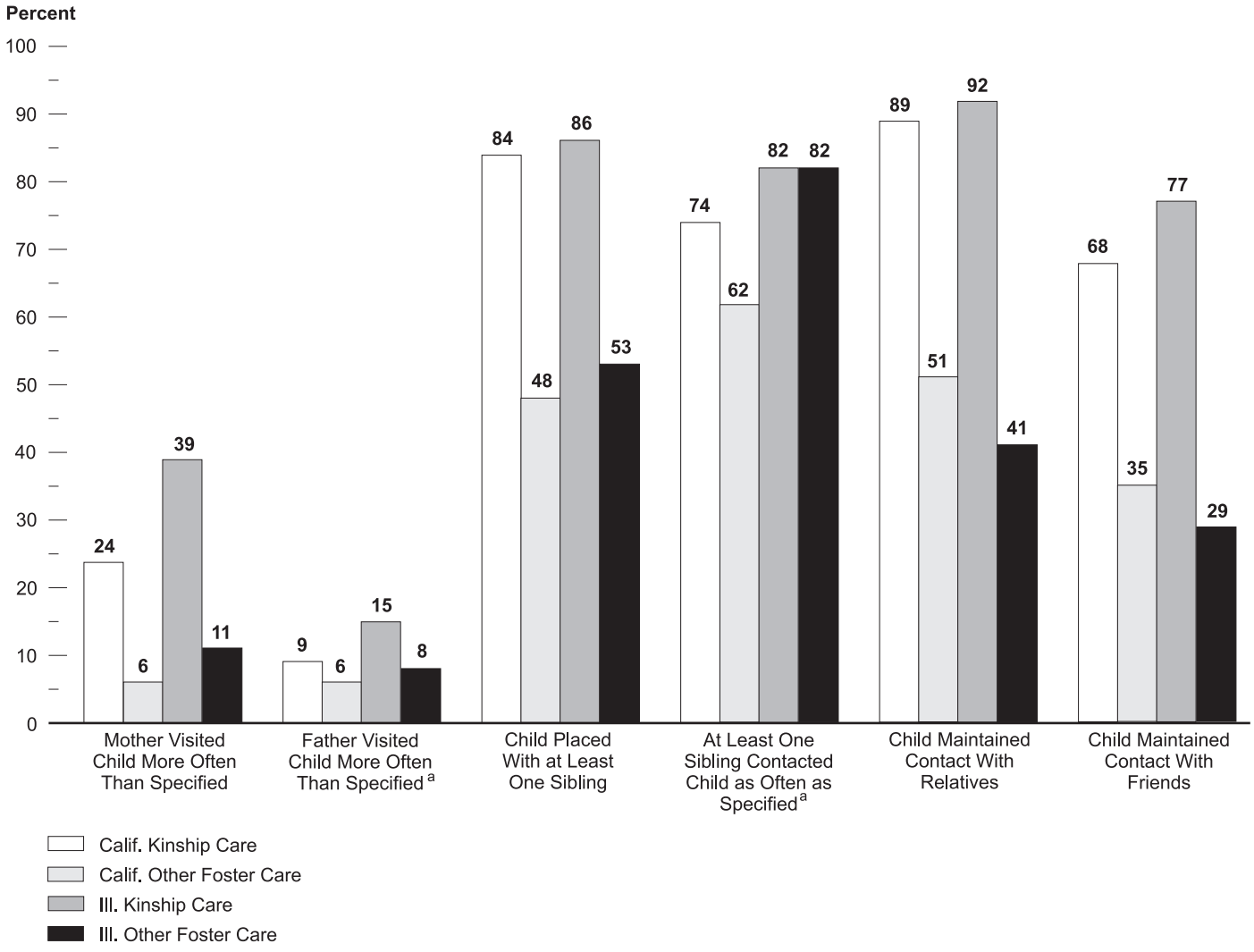
California, 11 percent in Illinois).[15] To put this into perspective, however, in both kinship care and other foster care settings, less than 50 percent of mothers visited their children as often as specified in their case plans. Other research has also shown that parents of children in kinship care are more likely to visit their children at least once a year, and visit them more often per year, than parents of other foster children.[16] In both California and Illinois, in a significantly larger proportion of kinship than other foster care cases the caseworkers noted that one or more of a child's siblings were living in the same foster home. According to our survey, children in kinship care also had more contact with their friends and relatives other than parents, foster parents, or siblings. (See fig. 2.) Other studies reported similar findings. For example, surveys of foster children in Baltimore County, Maryland, in 1993 and in California from 1988 through 1991 have shown that children in kinship care were more likely to live with siblings than were other foster children.[17]

[15]Caseworkers develop a case plan for each case that indicates the actions each parent is to take in order to be reunified with a child, including the level of visitation required or allowed. The visitation provision is updated periodically as permanency goals and other circumstances in the case change. When family reunification is the permanency goal, the plan usually calls for parents to visit children frequently to build or maintain a relationship that will allow them to be reunified. However, when family reunification is no longer deemed possible, parental visits may still be allowed and specified in the case plan as long as the child benefits from such contact.

[16]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993. (See app. II and app. III, table III.3, for research results regarding parental visits.)

[17]Le Prohn, "Relative Foster Parents," and J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63. (See app. II and app. III, tables III.4 and III.5, for research results regarding contact with siblings.)

Figure 2: Children's Contact With Family Members and Friends in California and Illinois



[a]The difference between kinship care and other foster care placements is not statistically significant.

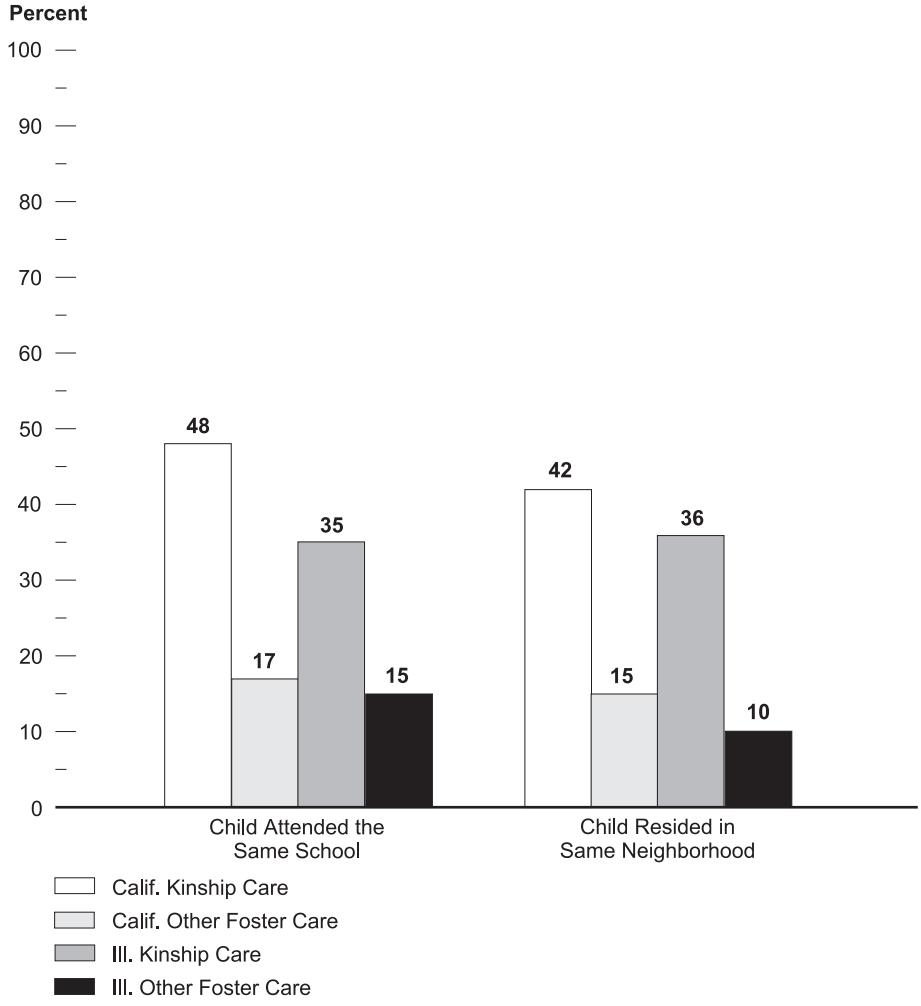
Finally, in measuring children's contact with the communities they lived in before they entered the system, in significantly more kinship care than other foster care cases in California and Illinois caseworkers indicated that children had contact with their established community. More specifically, in both California and Illinois a larger proportion of children

in kinship care than in other foster care settings lived in the same neighborhood they had lived in before entering foster care.[18] (See fig. 3.) This is consistent with other studies of foster children in Illinois.[19] Furthermore, according to our survey, a larger proportion of children in kinship care in each state were attending the school they would have attended had they not entered the system.

[18]One recent study showed that the neighborhoods in which children in kinship care lived were more often considered to be dangerous than the neighborhoods in which other foster children lived. This study did not indicate whether the neighborhoods were the same ones the children lived in before entering foster care. Specifically, the study noted that while kinship caregivers and other caregivers perceived their neighborhoods to be good in terms of quality and safety, a larger proportion of kinship care homes (22 percent) than other foster care homes (6 percent) were judged by the person interviewing the caregivers to be located in "dangerous areas." J.D. Berrick and others, Assessment, Support, and Training for Kinship Care and Foster Care: An Empirically-Based Curriculum (Berkeley, Calif.: University of California, Berkeley, Child Welfare Research Center, 1998).

[19]See app. II and app. III, table III.1, for research results regarding foster children living in the same neighborhoods they lived in before entering foster care.

Figure 3: Children's Contact With the Communities They Lived in Before Entering Foster Care in California and Illinois



The number of times caregivers changed during a foster care episode has also been used as an indication of continuity in a child's life. Previous research in California has shown that foster caregivers changed fewer times per foster care episode in kinship care than other foster care cases; the lives of children in kinship care tended to be more stable while they were in foster care.[20]

[20]Berrick, Barth, and Needell, "A Comparison of Kinship Foster Homes." (See app. II and app. III, table III.6, for research results regarding number of placements in foster care.)

Kinship Caregivers Were Somewhat Less Likely to Enforce Restrictions on Parental Visits Than Other Foster Caregivers

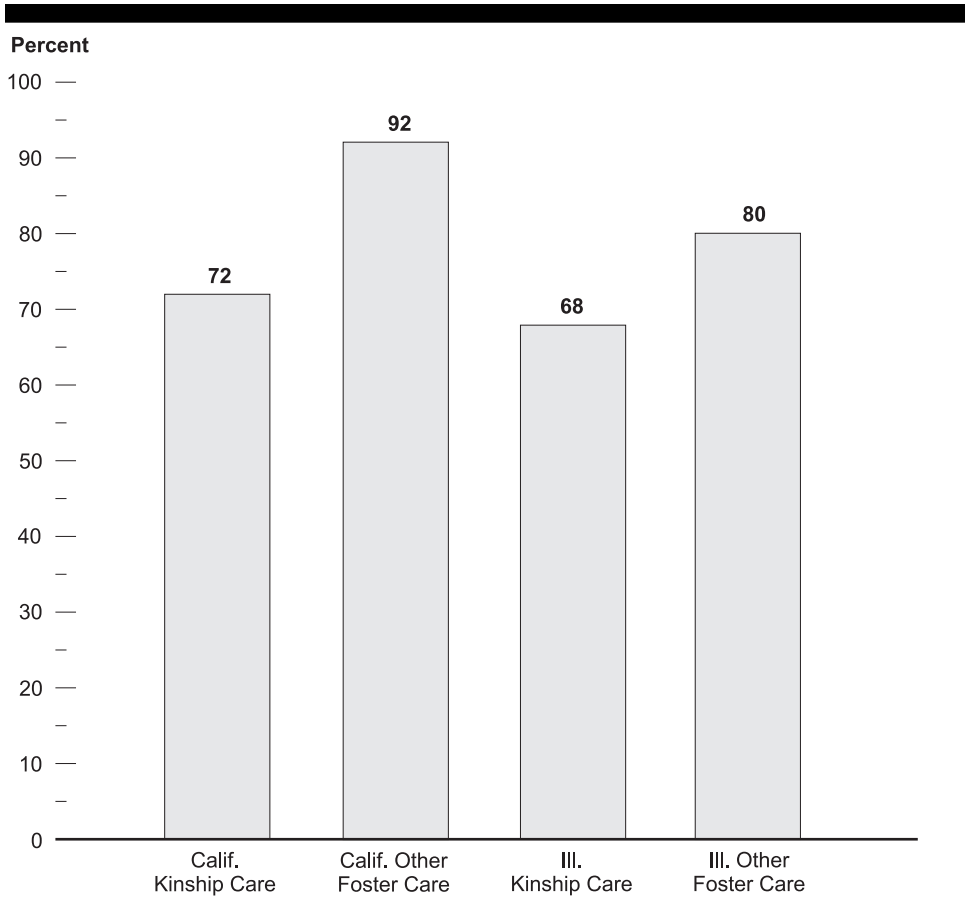
Our survey suggests that the safety of a somewhat larger proportion of children in kinship care than other foster care in California and Illinois may be at risk because their caregivers may be unwilling to enforce court-ordered restrictions on parental visits. Specifically, in 72 percent of the California kinship care cases and 68 percent of the Illinois kinship care cases in which the parents' visits with their children were restricted, the caseworkers believed that the caregivers were likely to take the necessary action to enforce the restrictions. In contrast, 92 percent of the caseworkers in other foster care cases in California and 80 percent in other foster care cases in Illinois believed that the caregivers were likely to enforce parental visitation restrictions.[21] (See fig. 4.) As noted earlier, parental visits provide stability for children while they are in foster care. In some cases, however, the court may restrict visits by the parents because it believes the child might be harmed by these visits.[22] In more than 85 percent of our survey cases, the court had restricted visits by the parents.[23]

[21]State child welfare officials in California and Illinois believed that this information alone is not adequate to draw conclusions about the safety of children placed in kinship care. To do so, information about the extent to which caregivers allowed parents to violate the restrictions in these cases, and instances in which the children had actually been harmed as a result, would be needed.

[22]There are a number of reasons why parental visits are restricted in foster care cases. Visits may be prohibited when a parent appears to be under the influence of alcohol or drugs or may be prohibited unless they are supervised by a caseworker or another professional. In extreme cases, they may be prohibited under any circumstances.

[23]See app.V, table V.7, for more information regarding the caregivers' willingness to enforce parents' visitation restrictions.

Figure 4: Caregivers' Willingness to Enforce Parental Visitation Restrictions in California and Illinois



Some Quality Assurance Standards Are Lower for Kinship Care Than Other Foster Care

Certain elements of California's and Illinois's quality assurance systems are less rigorous for kinship care than for other foster care settings. Both California and Illinois have less stringent requirements for becoming a caregiver and provide less training and support to kinship caregivers. States sometimes treat kinship caregivers differently because of the family bond that is assumed to be present between children and their relatives. They believe this bond mitigates the need for more intrusive state oversight in these cases. While some experts in child welfare believe that this exception for kinship caregivers is reasonable, others believe that while a state has custody of a child, all caregivers should be held to the same standards.

States Apply Less Stringent Requirements for Kinship Caregivers

To become foster caregivers in California or Illinois, a child's relatives must meet certain criteria specifically designed for kinship care that are

less stringent than the licensing requirements that apply to other foster caregivers. For example, since Illinois does not require kinship caregivers to be licensed, they do not have to meet licensing requirements regarding the number of bedrooms or the square footage in the home. Furthermore, they are exempt from some specific requirements designed to ensure a foster child's safety in the home.

Even though kinship caregivers are not required to meet the same requirements as other caregivers, in California if a foster child is eligible for title IV-E funds, the kinship caregivers receive the same maintenance payment as licensed caregivers would. Unlike in California, kinship caregivers in Illinois can receive the same maintenance payment as other caregivers only if they choose to meet the licensing requirements of other foster caregivers and thereby become licensed. Otherwise, relatives must meet less stringent requirements to provide foster care, which results in a lower maintenance payment. State child welfare officials in Illinois indicated that about 50 percent of the kinship caregivers in the state are licensed to provide foster care.[24]

States Require the Same Minimum Number of Caseworker Visits for Kinship Care and Other Foster Care Cases

Both California and Illinois require caseworkers to periodically visit all foster children. Caseworkers are required to visit foster children in order to, among other things, monitor the quality of the care they are receiving and determine whether the children or caregivers have any unmet service needs. Generally, in California, caseworkers are required to visit foster children at least once a month. When the goal is something other than family reunification, caseworkers are required to visit at least once every 6 months, because in these cases the children are considered to be in a more stable setting. Illinois requires caseworkers to visit foster children at least once a month, regardless of the permanency goal.

According to our survey, caseworkers in California and Illinois visited both foster children in kinship care and those in other settings more often on average than formally required, but they visited children in kinship care less often on average than children in other foster care settings. Eighty-five percent of our cases in California were past family reunification so were required to be visited once every 6 months. In California, caseworkers visited kinship care children an average of 3.8 times in 6 months compared with an average of 5.3 visits to other foster children. Similarly, in Illinois caseworkers visited kinship care children an average of 8 times in 6

[24]See app. III, tables III.14-III.16, for research results regarding training, support services, and caseworker visits.

months compared with an average of 11.3 visits to other foster children.[25] Our survey results were consistent with other research that has also found that caseworkers tend to visit children in kinship care less frequently than other foster children.[26]

States Provide Training and Support Services to Fewer Kinship Caregivers Than Other Foster Caregivers

California and Illinois provide fewer kinship caregivers with training than other foster caregivers. To help ensure good quality foster care, both states require licensed foster caregivers to receive training in topics such as the child welfare system and procedures and caring for children who have been abused or neglected. Since kinship caregivers are not required to be licensed in either California or Illinois, a smaller proportion of kinship caregivers than other foster caregivers in these states receive such training. Because of funding constraints, California has historically precluded kinship caregivers from receiving such training unless they pay for it themselves. Nonetheless, California state officials believe that kinship caregivers should receive training that is specifically designed for them. The Child Welfare Research Center (CWRC) has found that both kinship caregivers and other foster caregivers in California would like more training on subjects such as foster parent licensing, prenatal drug exposure, and how to interact more effectively with social service agencies.[27] CWRC has also found that kinship caregivers in California want more information about court proceedings related to foster care and how to navigate the child welfare system in order to receive needed services.

Some states provide fewer kinship caregivers with support services than other foster caregivers. Services such as respite care, housing support, counseling, transportation, child care, legal services, and access to support groups are designed to help foster caregivers successfully perform their role. Research conducted in California found that a smaller proportion of kinship caregivers received such services than other foster caregivers.[28] This research also found that kinship caregivers in California, reacting to the emotional demands of caring for an abused or neglected relative, also

[25]Child welfare officials in both states did not see a problem with the difference in average number of visits to kinship care children and to other foster children because caseworkers were visiting both types of children at least as often on average as required. They indicated that additional visits are made when a caseworker believes they are needed. Illinois officials stated that the difference in the number of caseworker visits by setting might reflect caseworkers' attitudes but is not Illinois policy.

[26]See app. III, tables III.15 and III.16, and app. V, table V.4, for additional information on survey and other research results regarding caseworker visits, and Alfreda P. Iglehart, "Kinship Foster Care: Placement Service and Outcome Issues," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 107-22.

[27]CWRC is associated with the School of Social Welfare at the University of California at Berkeley.

[28]Le Prohn, "Relative Foster Parents." (See app. II and app. III, table III.15, for additional research results regarding services received by caregivers.)

wanted to know more about community resources and mental health services that were available to them.[29]

Kinship Care Cases in California Differed From Those in Illinois With Regard to Permanency Goals and Time in Foster Care

Previous research on children who have left the foster care system has shown that children who had been in kinship care were less likely to be adopted and stayed longer in foster care than other foster children. However, we found no consistent pattern between California and Illinois. In California, we found a pattern similar to the research regarding permanency goals among foster care cases in which a child is still in the system. Specifically, kinship care cases in California less often had the goal of adoption or guardianship (and more often had the goal of long-term foster care) than did other foster care cases.[30] In California, there was no difference between kinship care and other foster care in the length of time children spent in foster care. However, in Illinois, in foster care cases in which a child was still in the system, a larger proportion of kinship care than other foster care cases had the goal of adoption and guardianship, and kinship care cases had been in the system a shorter, not longer, period of time. Because outcomes for kinship care cases differed in these two states, it is likely that state foster care policies and practices rather than the type of foster care setting in which children were placed had the greatest influence over a foster child's permanency goal and length of time in care. It should also be noted that, in both states, we found that most children, regardless of foster care setting, had been in the system much longer than they should have been if the Adoption and Safe Families Act had been in effect at the time of our survey.[31]

Research Has Shown That Kinship Care Is Less Likely to End in Adoption and Length of Stay Is Longer

Several research studies have looked at foster care outcomes and length of stay. Many of these examined the experiences of a group of children who entered the system in the same year. Most have shown that children in kinship care were less likely than other foster children to be adopted. Most

[29]J.D. Berrick and others, Assessment, Support, and Training for Kinship Care and Foster Care. (See app. II and app. III, table III.15, for additional research results regarding services received by caregivers.)

[30]Although state child welfare agencies use the category "long-term foster care" in their administrative paperwork to indicate a potential permanency outcome, they do not consider long-term foster care a permanency goal, per se, that they would work toward. Foster children are placed in this category when efforts to find a home for them outside the foster care system fail. Recent federal legislation recognizes long-term foster care as a potential permanency outcome in foster care cases but authorizes it only when adoption or guardianship is not feasible.

[31]This act allows a substantial implementation period and provides a number of exemptions to the general rule limiting foster care to 15 months before the state is required to initiate procedures to terminate parental rights.

have also shown that children in kinship care spent more time than other foster children in the foster care system.[32]

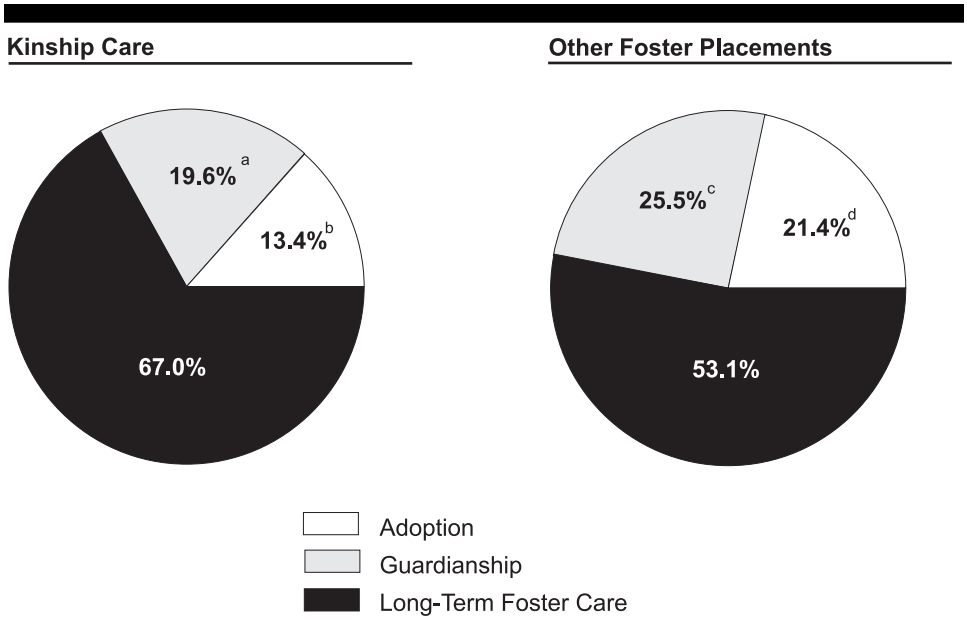
Kinship Care Cases in California More Often Had the Goal of Long-Term Foster Care but Were in the System No Longer Than Other Foster Care Cases

In California, our analysis of the survey data indicated that kinship care cases in the foster care system as of September 15, 1997, were more likely to have the goal of long-term foster care than other foster care cases in the system at that time. Where reunification was no longer considered feasible, our survey showed that 67 percent of the cases in kinship care had a goal of long-term foster care compared with 53 percent of cases in other foster care settings. (See fig. 5.) The large number of children in kinship care with the goal of long-term foster care is not surprising given that according to California officials, the state had only recently begun to offer adoption and guardianship options specifically designed for a foster child's relatives. Survey responses confirmed this belief. In 74 percent of kinship care cases with a goal of long-term foster care, the caseworkers responded that the primary reason why the children did not have adoption as the goal was that they were being cared for by relatives who did not want to adopt and that moving the children to another home would be detrimental to them.[33]

[32]See app. II and app. III, tables III.18 though III.20, for research results regarding permanency and length of stay.

[33]See app. V, tables V.8 though V.12, for survey results regarding permanency and length of stay in California.

Figure 5: Goals for California Cases in Which Family Reunification Was Not Considered Feasible



[a]In kinship care, 53 percent already had a guardian appointed.

[b]In kinship care, 93 percent were likely to be adopted and 85 percent were in a preadoptive home.

[c]In other foster placements, 72 percent already had a guardian appointed.

[d]In other foster placements, 81 percent were likely to be adopted and 62 percent were in a preadoptive home.

State officials in California pointed out several disincentives for adoption and guardianship in kinship care cases. Certain benefits for foster children in California, such as special priority for assistance in schools and financial assistance for college, are no longer available when they have been adopted.[34] Similarly, title IV-E maintenance payments are not authorized for children who leave the foster care system because of legal guardianship. Guardians who are related to a child could receive a TANF child-only grant on behalf of the child instead of title IV-E payments, but this grant is much lower than the title IV-E maintenance payments. In addition, to qualify for a TANF child-only grant, the guardian would have to provide proof that the child attends school and receives medical examinations. According to our survey, more than half of the open kinship care cases in California with the goal of guardianship had a guardian

[34]The title IV-E Adoption Assistance Program benefits are available to adopted children who have special needs, including needs stemming from physical or emotional problems. Payments may not exceed comparable foster care maintenance payments.

appointed but remained in the foster care system. This may be because guardians can receive the foster care maintenance payment, which is higher than a TANF child-only grant, if the case remains in the foster care system.[35]

While our survey found that, of all foster care children in California, 11.3 percent of children in kinship care and 19.1 percent of other foster children had adoption as the goal, in fact, only 2 percent of the children in foster care were adopted in 1997. Therefore, the state foster care agency has set the goal of adoption for many more foster children than are likely to be adopted, given recent experience.

According to our survey in California, as of September 15, 1997, children in kinship care had been in the system about as long as those in other foster care settings.[36] A multivariate analysis of cases in California confirmed that the type of foster care setting was not associated with the time foster children had spent in the system. Both children in kinship care and those in other foster care settings as of September 15, 1997, had already spent more than 60 months on average in foster care. This is 45 months longer than the time now allowed under the Adoption and Safe Families Act before the states are required to file a petition to terminate parental rights. Furthermore, we estimate that of the 37,881 children in kinship care in California as of September 15, 1997, who had been in the system since at least March 1, 1997, nearly 82 percent, or 31,025, had been in the system for 17 months or more.[37] Under federal law, however, children in kinship care may be excluded from the requirement to terminate parental rights once a child has been in foster care for 15 of the past 22 months.[38]

[35]See app. V, tables V.8 through V.12, for further survey results regarding permanency and length of time in foster care.

[36]Previous research in California has shown that children in kinship care stay longer than children in other foster care (see app. III, table III.19). Differences in the types of cases studied (open versus closed foster care cases) or the time period studied may account for the difference between the results of our survey and the results of other research.

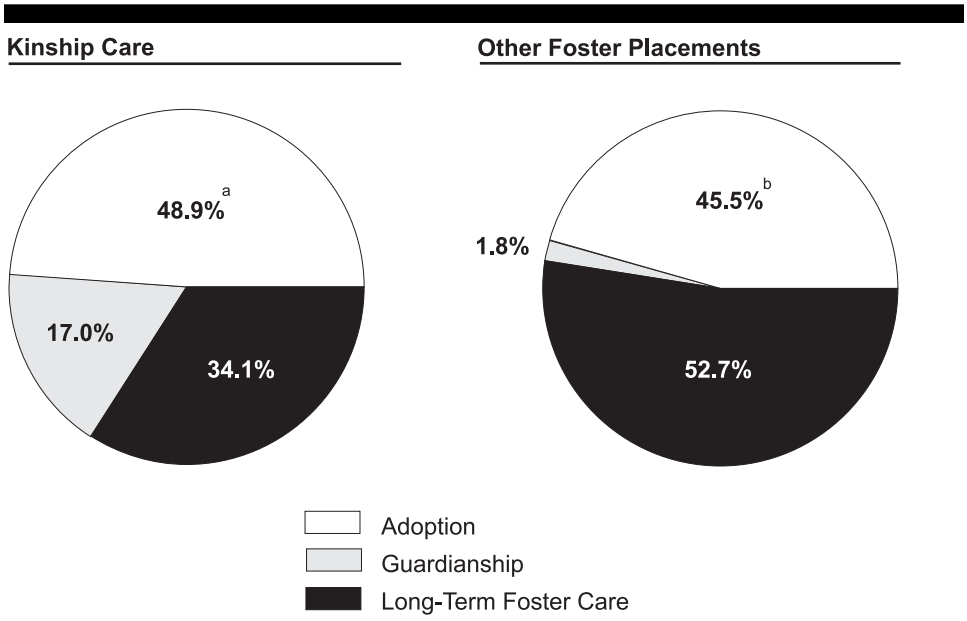
[37]The clock for determining the 15-month requirement for terminating parental rights begins on the date the case was adjudicated and the child was determined to have been abused or neglected, or 60 days from the date when custody was removed from the parents, whichever came first. We based our estimates on the more conservative 17-month criteria. See appendix I for a detailed description of how we arrived at our estimates.

[38]Similarly, we estimate that 85 percent, or 30,705, of the cases in other foster care settings as of September 15, 1997, that had been in the system since at least March 1, 1997, had also been in foster care 17 months or more. These cases would not be exempt from the requirement that states petition to terminate parental rights unless they meet one of the other exemption criteria in federal law.

Open Kinship Care Cases in Illinois More Often Had Goals of Adoption or Guardianship and Had Been in the System Less Time Than Other Foster Care Cases

In contrast to our findings in California, data from our survey in Illinois indicated that children in kinship care as of September 15, 1997, were more likely to have the goal of adoption or guardianship than other foster children in the system at that time.[39] Specifically, 66 percent of kinship care cases had the goal of adoption or guardianship compared with 47 percent of cases in other foster care settings.[40] (See fig. 6.) According to state officials, Illinois has found that kinship caregivers, contrary to popular belief, are willing to adopt, and Illinois is actively pursuing adoption in these cases.

Figure 6: Goals for Illinois Cases in Which Family Reunification Was Not Considered Feasible



[a]In kinship care, 91 percent were likely to be adopted and 94 percent were in preadoptive homes.

[b]In other foster placements, 82 percent were likely to be adopted and 64 percent were in preadoptive homes.

While our survey found that in Illinois 41.3 percent of children in kinship care and 37.9 percent of other foster children had adoption as a goal, in

[39]The most recent data provided by Illinois show that children in kinship care and other foster care were adopted at similar rates (see app. III, table III.20). Differences in the types of cases studied (open versus closed foster care cases) or the time period studied may account for the difference between the results of our survey and the results of other research.

[40]See app. V, tables V.8 though V.12, for additional survey results regarding permanency and length of time in foster care up until September 15, 1997.

fact, only 4 percent of all foster children were estimated to have been adopted in 1997. Therefore, as in California, the state foster care agency has set the goal of adoption for many more children than are likely to be adopted, given recent experience.[41]

Our survey in Illinois indicated that foster children in kinship care as of September 15, 1997, had spent 43 months, on average, in the system. Other foster children had been in care for 53 months, on average, as of that date.[42] A multivariate analysis of cases in Illinois also indicated that the type of foster care setting was associated with the time children had already spent in the system. Children in kinship care had been in the system about 10 fewer months, on average, than other foster children.

Although children in other foster care settings in Illinois had spent more months in the system, as of September 15, 1997, than children in kinship care, foster children in general had spent much more time, on average, in the system as of that date than the 15 months allowed with the enactment of the Adoption and Safe Families Act before states are required to file a petition to terminate parental rights. Furthermore, we estimated that of the 26,712 children in kinship care in Illinois as of September 15, 1997, who had been in the system since at least March 1, 1997, 87 percent, or 23,213, had been in the system for 17 months or more. As we noted earlier, however, the law allows the states to exclude children in kinship care from the federal requirement to terminate parental rights in cases in which they have been in care 15 of the past 22 months.[43]

[41]Illinois officials pointed out, however, that the number of adoptions and guardianships in that state climbed from under 2,000 in 1996 to 3,688 in 1997 and 6,610 in 1998. Furthermore, while most kinship caregivers "are choosing adoption, a significant proportion is choosing private guardianship because they prefer to leave their customary family relationship unchanged."

[42]Research in Illinois shows that children in kinship care were less likely to exit from foster care than other foster care children. Therefore, children in kinship care stayed in the system longer than other foster children (see app. III, table III.20). Differences in the types of cases studied (open versus closed foster care cases) or the time period studied may account for the difference between the results of our survey and the results of other research.

[43]Similarly, we estimated that 90 percent, or 19,874, of the cases in other foster care settings, as of September 15, 1997, that had been in the system since at least March 1, 1997, had also been in foster care 17 months or more. If these cases had been subject to the changes made by the Adoption and Safe Families Act, the requirement to terminate parental rights would have had to be enforced unless one of the other exemption criteria had been met.

States Are Taking Steps to Help Ensure That Kinship Care Meets the Needs of Foster Children

Since the fall of 1997, both California and Illinois have been instituting new programs and practices that are designed to (1) increase the likelihood that permanent living arrangements will be found for children in kinship care, as well as other foster care settings, who cannot return to their parents and (2) continue to ensure that kinship care is of good quality. They are pursuing efforts to choose the best kinship caregivers by identifying and locating a larger pool of relatives to draw from when deciding with whom to place foster children. To help ensure that children who cannot return to their parents do not remain in the foster care system indefinitely, California and Illinois recently enacted laws and are developing programs that encourage kinship caregivers and other relatives of foster children to provide permanent homes for them when necessary. Both states also support adoption and subsidized guardianship for children in kinship care as pathways out of the foster care system.

New State Initiatives Are Aimed at Ensuring the Good Quality of Kinship Care

Both California and Illinois have stepped up their efforts to identify as many of a foster child's relatives as possible before deciding with whom to place that child. By expanding the pool of potential foster caregivers, the states hope to help ensure a foster child is placed with the relative who is capable of providing good quality foster care in the short term and who is willing to provide a long-term home if reunification with the parents is not feasible. Illinois requires that a "diligent" search for the parents when a child enters foster care include a search for other relatives, as well. The state is contracting with a firm that specializes in identifying and locating relatives and will conduct such searches routinely in foster care cases statewide.

Since January 1, 1998, courts in California have had the authority to order the parents of foster children to disclose the names and residences of all the children's maternal and paternal relatives. According to California officials, parents before then typically provided the names of only one or two relatives, usually the ones with whom they preferred their child to be placed. In addition, before a foster child is placed with a relative, California now applies an expanded assessment requiring that (1) a detailed background check be conducted; (2) the relative's capacity to help implement the case plan, including family reunification efforts, be considered; and (3) the relative's ability and willingness to provide a permanent home for the child also be considered.

Recent legislation in California has also created the Kinship Support Services Program, one of whose objectives is to help ensure the good quality of kinship care. Services this program provides include

- case management;
- social services referral and intervention aimed at maintaining the kinship family unit—for example, housing, homemaker services, respite care, legal services, and day care;
- transportation for medical care and educational and recreational activities;
- individual and group counseling in parent-child relationships and group conflict;
- counseling and referral services aimed at promoting permanency, including kinship adoption and guardianship; and
- tutoring and mentoring for the children.

Both States Have Initiated Programs to Encourage Kinship Caregivers to Provide Permanent Homes for Foster Children

Both California and Illinois are attempting to help ensure that children in kinship care spend as little time in the foster care system as possible. Anticipating federal and state legislation requiring the states to move more quickly to secure permanent homes for foster children, including those in kinship care, in 1998 the Illinois Department of Children's and Family Services instituted new policies and programs related to kinship care to meet this requirement. In California, the move to encourage relatives to provide permanent homes for foster children began with the Governor's Adoption Initiative of 1996, which is a 5-year plan to "identify and implement strategies to maximize adoption opportunities for children in long-term foster care." In 1996, the state held a policy summit on kinship care that found that current "permanency options present significant cultural and financial barriers to kin to achieve permanency." Following is an overview of the activities these states are undertaking to take better advantage of opportunities for permanently placing foster children with their relatives.

Kinship Adoption

On January 1, 1998, California instituted a kinship adoption program to remove barriers to adoption by current kinship caregivers and other relatives of foster children. In a kinship adoption, caregivers and relatives are permitted to enter into a kinship adoption agreement, a provision that is not typical in traditional adoptions. This agreement can address visitation rights for parents and other family members, as well as how information about a child is to be shared. The law authorizing the program sets out procedures for the agreement's enforcement, modification, and termination. Under the terms of kinship adoption, parents may voluntarily

relinquish their parental rights and designate the relative who will adopt the child, a provision that is also unique to kinship adoption.

Concurrent Planning

Concurrent planning allows for planning for the ultimate return of foster children to their parents, as well as another permanency outcome should family reunification prove infeasible. This process is intended to shorten the length of time it takes to secure another permanent home for children once the court decides that they cannot return to their parents. Illinois has recently begun concurrent planning; it is particularly useful when parents have previously been unwilling or unable to provide a safe home for their children or when repeated clinical interventions have failed.

The Governor's Adoption Initiative in California also supports concurrent planning because it attempts to ensure that the long-term interests of foster children are not sacrificed in favor of their immediate needs or the interests of the foster caregivers. According to the second progress report on this initiative, some foster caregivers who do not wish to or are unsuitable to adopt their foster children are willing to continue to care for them. As noted earlier, our survey found this in 74 percent of the kinship care cases in California that, as of September 15, 1997, had the goal of long-term foster care. In such cases, the court and child welfare agency are reluctant to place a foster child with another family that will and can adopt because the child usually has already lived with the foster caregiver for a substantial period of time. Concurrent planning is designed to help ensure that these permanency issues are considered when deciding in what foster care setting (including kinship care) a child should be placed. Furthermore, the second progress report states that

> "A successful concurrent planning program is one in which the number of children who enter long-term foster care is significantly reduced (ideally, eliminated), the time the typical child spends in the system is reduced, virtually all young children who do not reunify are adopted rather than placed with legal guardians, the number of children replaced is reduced significantly, the proportion of relinquishments increases, and social workers' comfort with the quality of adoptive families increases."

Subsidized Guardianship

HHS has granted both Illinois and California a 5-year waiver of the restriction the Social Security Act places on providing title IV-E maintenance payments to legal guardians. This waiver enables the states to subsidize guardianships using title IV-E funds, thus eliminating the financial disincentive for kinship caregivers to become their foster child's legal guardian. In its first year, the waiver for California applies only to children 13 years of age or older. In each subsequent year, the minimum

eligibility age increases by 1 year. When the waiver period ends in 5 years, all children who were covered by the waiver will have reached the age of 18, so they will no longer require title IV-E foster care payments. Thus, California will not be responsible for any further subsidized guardianship payments for these children once the waiver period has ended. California recently notified HHS that it would like to delay the implementation of this waiver until it has fully analyzed recently passed state legislation that also provides for subsidized guardianship.

Illinois has received a title IV-E waiver from HHS enabling it to use title IV-E funds for subsidies to kinship caregivers who agree to assume legal guardianship of their foster children. Unlike California, Illinois's subsidy is available for children of any age. Thus, when this 5-year waiver expires, Illinois will fund the subsidies for children in this program from state revenues until they reach the age of 18. Although there are no age limits under Illinois's waiver, to be eligible a child must have been in foster care for 1 year and must have lived with the potential guardian for at least 1 year before that guardian can apply for payments under this waiver.

Kinship Support Services Program

California's Kinship Support Services Program, described earlier, also provides an incentive for kinship caregivers to adopt or assume legal guardianship of their foster children by continuing to make the program's support services available to them after their foster children leave the system. Thus, these services are available to relatives, whether or not the child in their care is under the jurisdiction of the juvenile court or in the child welfare system.

Kinship Care Program

In 1998, California enacted legislation requiring that a plan be developed for a Kinship Care Program that will be separate and distinct from the existing foster care program and will provide services uniquely suited to the needs of children being cared for by their relatives. The Department of Social Services is currently developing a plan for a separate kinship care program.

Kin-GAP Program

California also enacted legislation in 1998 that set up the Kinship Guardianship Assistance Payment program known as Kin-GAP. According to California officials, the Kin-GAP program allows children in kinship foster care to leave the foster care system by having their kinship caregivers become their legal guardians. This program allows children who have been assessed as being in a long-term stable home to exit the foster care system. Until they reach the age of 18, children in this program have medical coverage and maintenance payments are made for each

child. The law limits this payment to no more than 85 percent of the title IV-E foster care maintenance payment. By July 1, 1999, the Department of Social Services must determine what the dollar amount of the payment will be.

Redefining Permanency Goals

In order to reaffirm the priority Illinois places on securing permanent homes for foster children, it has established new permanency goals. It has eliminated "long-term relative care" as a permanency goal. Illinois officials noted that caseworkers will thus be forced to more actively seek permanent homes for children in kinship care and thereby prevent them from remaining indefinitely in the foster care system simply because they are being cared for by relatives. New permanency goals include "return home within 5 months," "return home within a year," "substitute care pending termination of parental rights," "adoption," "guardianship," "substitute care pending independence," and "substitute care due to the child's disabilities or mental illness."[44]

Conclusions

Despite a number of concerns expressed by some child welfare experts about the quality and outcomes of kinship care (the setting in which about one-quarter of the nation's foster children are placed), the results of our survey of foster care cases in California and Illinois revealed a positive picture but not without some cautionary notes. Parenting-skill assessments by caseworkers in kinship care cases were comparable to parenting-skill assessments by caseworkers in other foster care cases. This was not true for other dimensions of quality. Information from our survey suggests some areas where improvements in kinship care may be needed. Specifically, there may be cause for concern about health and safety, especially with regard to observance of the need for routine dental and eye exams, and about potentially unsafe visits by abusing parents.

While California and Illinois apply less stringent standards or approval criteria for kinship caregivers, both states are taking steps to better ensure good quality kinship care. They are raising standards for kinship caregivers and widening the pool of potential kinship caregivers to increase the chances of locating relatives capable of providing good quality care.

Since the ultimate goal for foster children is a safe and permanent home, the permanency plan in foster care cases is of paramount concern. Previous research shows that children in kinship care cases stay longer in

[44]Illinois defines "substitute care" as care in any setting within the foster care system.

the system and are less likely to be adopted. In our survey, in California children in kinship care stayed in the system as long as children in other foster care settings and less often had a goal of adoption or guardianship. In contrast, in Illinois children in kinship care stayed in the system a shorter period of time and more often had a goal of adoption or guardianship than children in other foster care settings. Differences in permanency goals and time in foster care, therefore, may depend more on state policies and practices than on foster care setting. Moreover, both states have taken initiatives either to make homes with relatives a viable permanency option or to facilitate permanency planning.

Agency Comments

We provided a draft of this report to HHS and state child welfare officials in California and Illinois for their review. HHS generally agreed with the report and also described a number of activities of its Administration for Children and Families that it believes will help inform both policy and the child welfare field. HHS also provided technical comments, which we incorporated where appropriate. HHS's response is in appendix VI.

California did not provide official comments. However, California child welfare officials provided oral comments, limited to technical issues related to information about their programs. We incorporated their comments where appropriate.

Illinois generally agreed with our report. However, state officials believed that the standards applied to other foster care cases with respect to (1) frequency of caseworkers' visits, (2) criteria for becoming a caregiver, and (3) caregivers' willingness to enforce parental visitation restrictions should not be applied to kinship care cases. We believe that it is valid to apply the same standards in both kinship and other foster care cases as far as the number of caseworker visits and a caregiver's willingness to enforce restrictions on parental visits are concerned. Regarding the number of caseworker visits, we applied the standards that California and Illinois have already set, which in both states are the same for kinship and other foster care cases. Protecting a child's safety should be the overriding concern of both kinship and other foster caregivers. Therefore, when a restriction is placed on parental visits in the interest of a child's safety, it seems reasonable to expect kinship caregivers to be as willing as other foster caregivers to enforce that restriction. Although we report that the states apply less stringent requirements for becoming a kinship caregiver, we have taken no position on whether the criteria for kinship and other

foster caregivers should be equal. We have modified the report to clarify this.

We will send copies of this report to the Secretary of HHS and program officials in California and Illinois. We will also send copies to child welfare program directors in all other states and make copies available to others upon request. Major contributors to this report are listed in appendix VII. If you or your staff have any questions, please contact me at (202) 512-7215 or Clarita A. Mrena, Assistant Director, at (415) 904-2245 or Ann T. Walker, Evaluator-in-Charge, at (415) 904-2169.

Sincerely yours,

Cynthia M. Fagnoni
Director, Education, Workforce, and
Income Security Issues

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Abbreviations

AFDC	Aid to Families with Dependent Children
CWLA	Child Welfare League of America
CWRC	Child Welfare Research Center
HHS	Department of Health and Human Services
TANF	Temporary Assistance for Needy Families

Scope and Methodology

This appendix contains a detailed description of our review of existing research, interviews with child welfare experts, and survey of open foster care cases in California and Illinois. We conducted this review from April 1997 to December 1998 in accordance with generally accepted government auditing standards.

Literature Review

In order to determine what research had been done on kinship care, we conducted a literature search to identify journal articles, reports, dissertations, and theses written between the beginning of 1990 and the fall of 1998 that addressed at least one of the following two research questions: (1) Does the foster care setting affect the quality of care a child receives? and (2) Does the foster care setting affect time in the system and permanency for the child?[45]

We began our search by reviewing the bibliographies of three major publications addressing the subject of kinship care: (1) Child Welfare League of America, Selected References on Kinship Care 1962-1994; (2) the Transamerica Systems, Inc., 1997 draft "Study of Outcomes for Children Placed in Foster Care with Relatives"; and (3) Child Welfare League of America, Kinship Care: A Natural Bridge, issued in 1994. We also conducted a computerized search for articles written about kinship care after 1994, the latest year covered in two of these bibliographies. To ensure that we omitted no major articles on kinship care, we sent copies of the three bibliographies and the results of the computerized search to child welfare experts both inside and outside GAO for their review. These experts suggested several additional articles. To identify recently published articles while drafting the report, we updated our computerized search and sent our bibliography to two additional experts outside GAO for their review. As a result of this process, we identified more than 150 documents for preliminary review.

We reviewed these documents to determine whether they met our criteria for inclusion in our study and whether they reported any findings related to our research questions. We excluded a number of documents identified in our preliminary review from our final compilation of the research, most often because they (1) did not contain any research results, (2) did not describe original research but instead summarized others' research, (3) did not differentiate between kinship and other foster care settings, (4) did not differentiate between children in the child welfare system and children

[45]We chose 1990 as the earliest year for our search because a substantial number of children were in kinship care (31 percent) by 1990.

being cared for by relatives outside the child welfare system, (5) did not include new data that had not already been summarized in another document written in whole or part by the same authors, and (6) did not address either of our two research questions.

Tables I.1 and I.2 list the subquestions we used in the literature search and the tables in appendix III that show the research results for each subquestion.

Table I.1: Subquestions on Whether the Foster Care Setting Affects a Child's Quality of Care

Subquestion	Table of research results
Does the foster child live with siblings who are in foster care?	III.4
Does the foster child maintain contact with siblings?	III.5
Does the foster child maintain contact with parents?	III.3
Does the foster child remain in the same community or neighborhood he or she lived in before entering foster care?	III.1
Does the foster child feel that he or she is part of the foster family?	III.7
What is the foster caregiver's age?	III.8
What is the foster caregiver's marital status?	III.9
What is the foster caregiver's education?	III.10
What is the foster caregiver's health?	III.11
What is the foster caregiver's income?	III.12
What training or preparation did the foster caregiver receive?	III.14
What required health services does the foster child receive?	III.17
How often does the caseworker visit the foster child?	III.16
To what extent does the foster caregiver receive services?	III.15

Table I.2: Subquestions on Whether the Foster Care Setting Affects a Child's Time in the System and Permanency

Subquestion	Table of research results
How long did the foster child stay in foster care?	III.19
How many placements in foster care has the foster child had?	III.6
How long was the foster child in care before adoption, the goal changed to adoption, the child was placed with an adoptive family, or the child was freed for adoption?	III.20
How long was the foster child in care before reunification with his or her parents?	III.20
What permanency goals are pursued?	III.18

Interviews With Child Welfare Experts

To obtain a broader perspective on the issues surrounding kinship care, we interviewed researchers, public policy advisers, physicians, attorneys, family court judges, social workers, adoption caseworkers, and representatives of organizations that have an interest in foster care or child welfare in general. We asked for their opinions about the strengths and weaknesses of kinship care, the quality of kinship care, additional safeguards needed in the system, if any, and the effect of kinship care on foster care outcomes. We also interviewed state program officials to obtain information about kinship care in their state and their opinions about kinship care in general.

Survey Methodology

We surveyed open foster care cases in California and Illinois to obtain information about the quality of care that children in kinship care receive relative to that of foster children in other foster care settings, as well as information about the effect of kinship care on permanency goals and the time children spend in foster care.

Survey Design and Limitations

Each state selected a simple random sample of open foster care cases for our survey, from all cases that were in its foster care system on June 1, 1997, and had been there continuously since at least March 1, 1997. Each sample was intended to represent the entire population of open foster care cases in the state during that time. The samples allowed us to make statements about the experiences of the foster children who made up the foster care population during that time. Because these samples were not drawn from a population of all children who entered the foster care system in a state, however, they do not represent the experiences of all foster children who entered the system. Foster children who spend a relatively short time in the system may be underrepresented in our samples, while children who spend more time in foster care may be overrepresented. Furthermore, while the survey results based on these samples can be generalized to the population of open foster care cases during the specified time in each state, they do not represent the foster care population nationally or in any other state. The foster care cases in California and Illinois combined account for about one-quarter of the entire foster care population nationwide and about half of all kinship care cases.

After our samples were drawn, we learned that 22 of the sampled cases from California and 2 from Illinois had not been in foster care continuously from March 1, 1997, through June 1, 1997, and we excluded

them from our study. We excluded an additional 57 cases in the California sample and 17 in the Illinois sample because information provided in the questionnaire indicated that they had not been in the foster care system continuously from June 1, 1997, through September 15, 1997—the date in the questionnaire for which caseworkers were asked to provide information about their cases. We assumed that, if all the questionnaires for the cases in each of the initial samples had been returned to us, additional cases would have fallen into these two categories. We used the proportions of each of these types of cases among respondents to estimate how many nonrespondents would have fallen into these two categories. Thus, we reduced our initial samples by 25 cases in California and 6 cases in Illinois. We also adjusted each state's initial population size by the same proportions. The initial and adjusted population and sample sizes and survey response rates are shown by state in table I.3. The adjusted populations are our best estimates of the number of foster care cases that were in the system continuously from March 1, 1997, through September 15, 1997.

Table I.3: Initial and Adjusted Population and Sample Sizes and Response Rates for Our Survey of Open Foster Care Cases

	Initial population[a]	Initial sample	Adjusted sample	Adjusted population[b]	Survey responses	Survey response rate
California	100,044	401	297	74,133	227	76%
Illinois	51,967	401	376	48,745	292	78%

[a]The initial population is the state foster care population as of June 1, 1997, for children who had been in foster care since at least March 1, 1997.

[b]The adjusted population is the number of foster care children who were in the state's system continuously from March 1, 1997, through September 15, 1997.

Data Collection

We designed a mail questionnaire that asked caseworkers for information, as of September 15, 1997, about the individual foster care cases they were assigned to. We chose this date because it fell just before the date the questionnaires were scheduled to be mailed out, so when caseworkers received the questionnaire they were likely to still recall the facts in a case as of September 15, 1997. Our survey objectives were to collect (1) data not in other research, (2) data more directly related to and thus a better indication of the quality of foster care than the information in other research, and (3) some of the same data as in other research because the foster care population we surveyed and the time covered by our survey were not the same as those in other research. Examples of information our questionnaire collected that we did not find in existing research include

- foster children's knowledge of their foster caregivers before entering foster care;
- foster caregivers' history of child abuse or neglect, domestic violence, or drug abuse;
- foster caregivers' parenting skills;
- health services foster children received; and
- the likelihood that foster caregivers would enforce restrictions on parental visits and thus protect children from abusing parents.

We pretested the questionnaire with a number of foster care caseworkers in California and Illinois and revised it on the basis of the pretest results.[46] We mailed a questionnaire for each case in our samples to the manager in the office handling that case, who was instructed to give it to the caseworker assigned to that case. The caseworker was asked to respond to the questionnaire with regard to that case. We conducted multiple follow-ups with office managers and caseworkers, by both mail and telephone, encouraging them to respond. In addition to using a mail questionnaire to collect information about foster care cases in our samples, we received an automated file from each state that contained administrative data on each sampled case from that state. The states rely on these data in managing their foster care programs. We did not evaluate the validity of these databases.

Estimates of Foster Cases Subject to Termination of Parental Rights Requirements

Our estimates of the number of foster care cases in each state that would be subject to the requirement in the Adoption and Safe Families Act of 1997 to file a petition to terminate parental rights were based on the number of cases in our samples in which a child had been in foster care for at least 17 months as of September 15, 1997. We used 17 months, rather than 15 months as specified in the law, because the clock for determining whether a case is subject to the termination of parental rights requirement begins running on the date the child was adjudicated abused or neglected or 60 days after the date the child was actually removed from the parents' custody, whichever came first. Since we did not know the adjudication date of the cases in our surveys, we used 17 months as a conservative estimate of the time the case would be subject to the requirement.

Analysis of Survey Data

Most of the conclusions we drew from this survey were based on a comparison within each state of survey responses for cases in kinship care and cases in other foster care settings. In each state, we placed each case

[46]Appendix IV contains a copy of the final questionnaire.

in one of these two groups, depending on the caseworker's response to a question about the type of foster care setting in that case. We placed cases in the kinship care category only when the caseworkers responded that the foster children were in settings that "your state classifies as kinship or relative care." We placed all other cases in the "other foster care setting" category. About half the cases fell into the kinship care group in each state. The "other foster care setting" category contained cases in settings such as substitute care, specialized care, institutional care, group homes, and traditional foster family homes. The results of these analyses are contained in appendix V.

We examined the relationship between type of setting and other variables in the questionnaire by generating crosstabular tables and statistically testing to determine whether any differences between two variables in a table were significant at the .05 level. We calculated most of the percentage estimates we reported in the body of this report and in appendix V using as the base the number of cases for which there was a response to a variable other than "don't know." For analyses that involved a child's date of entry into foster care, we used the date that was recorded in the state's administrative data file. Thus, our calculation of the average length of time our cross-section of foster children in each state spent in foster care up until September 15, 1997, was based on administrative rather than survey data.

Multivariate Analyses

In addition to using crosstabulations to identify the relationship, if any, between two variables, we performed multivariate analyses. These analyses tested for associations, at the .05 significance level, between foster care setting—that is, kinship care versus other foster care setting—and permanency goal, as well as the time children spent in foster care, while taking into account other variables—namely, a foster child's age at entry into foster care, gender, and race and the parents' history of drug or alcohol abuse—that might also influence the permanency goal or time in the system.[47] For our multivariate analyses of the relationship between foster care setting and permanency goal, we constructed a permanency goal variable by ranking long-term foster care, guardianship, and adoption according to the extent to which each goal allowed children and their families to be independent of the foster care system. Long-term foster care was considered least independent and assigned a value of "0," guardianship more independent and assigned a value of "1," and adoption most independent and assigned a value of "2." We used linear

[47]Parents who, according to our survey, were required to undergo treatment for either drug or alcohol abuse were considered to have a history of drug or alcohol abuse.

regression—specifically the ordinary least squares method—to examine the relationship between foster care setting and permanency goal in foster care cases in each state, while taking into account the influence other variables may have had on a permanency goal. We found that there was no significant relationship between a child's race or gender and his or her permanency goal in either state. Therefore, we excluded race and gender from the additional multivariate analyses we conducted.

A regression analysis for cases in California indicated that foster care setting and a child's age at entry into foster care were both related to permanency goal. Specifically, children in kinship care in California were more likely to have long-term foster care as the goal, and children in other settings were more likely to have guardianship or adoption as the goal. Our analyses also indicated that children who entered foster care in California at an early age were more likely than those who entered at a later age to have guardianship or adoption as the goal.

A regression analysis for cases in Illinois indicated that foster care setting, child's age at entry into foster care, and having a parent with a history of drug or alcohol abuse were all related to permanency goal. Specifically, in Illinois, children in kinship care and children who had entered foster care at an early age were more likely to have guardianship or adoption as the goal than children in other foster care settings. We also found that children who had a parent with a history of drug or alcohol abuse were more likely to have the goal of guardianship or adoption than children who had parents with no history of drug or alcohol abuse. See table I.4 for a summary of the results of our regression analyses related to permanency goals.

Table I.4: Summary of the Results of Our Regression Analyses for Permanency Goal in California and Illinois

Variable	Beta	p value	Variation explained (r^2 contributed)
California			
Age at entry	–.33	.00	.10
Kinship care	–.18	.02	.03
Parent in drug treatment	–.01	.89	.00
Total variation explained (r^2)			.13
Illinois			
Age at entry	–.42	.00	.16
Kinship care	.19	.00	.04
Parent in drug treatment	–.13	.03	.02
Total variation explained (r^2)			.22

We also performed a regression analysis to determine the relationship, if any, between foster care setting and time in foster care, taking into account the influence of permanency goal, a child's age at entry into foster care, race, gender, and parents' history of drug or alcohol abuse. We found that there was no significant relationship between a child's race, gender, or having a parent with a history of drug or alcohol abuse and time in foster care in either state. Therefore, we excluded these variables from the additional multivariate analyses we conducted regarding time in foster care.

Our regression analysis for cases in California indicated that there was no relationship between foster care setting and time in foster care. The goal of adoption and a child's age at entry into foster care, however, were both related to time in the system. Specifically, adoption as the goal explained more than 12 percent of the variation in the length of time children spent in foster care. Children with adoption as the goal spent 47 fewer months, on average, in foster care than children with some other goal. A child's age at entry explained almost 6 percent of the variation in the length of time spent in foster care. For each additional year of age, children spent an average of 2.4 fewer months in foster care.

Among foster care cases in Illinois, we found that both foster care setting and the goal of adoption were related to the length of time children spent in foster care. Specifically, kinship care and adoption explained 3 percent and 1.4 percent of the variation in the amount of time children spent in foster care, respectively. Children in kinship care spent about 9 fewer months in foster care, on average, than children in other foster care settings. Similarly, children with the goal of adoption spent about 10 fewer months in the system, on average, than children with some other goal. See table I.5 for a summary of the results of our regression analyses related to the length of time in foster care.

Table I.5: Summary of the Results of Our Regression Analyses for Length of Time in Foster Care in California and Illinois

Variable	Slope (b)	Beta	p value	Variation explained (r^2 contributed)
California				
Age at entry	–2.4	–.26	.00	.06
Kinship care	–8.1	–.10	.15	.01
Adoption[a]	–47.0	–.42	.00	.12
Total variation explained (r^2)			.19	
Illinois				
Age at entry	–.80	–.12	.07	.013
Kinship care	–9.00	–.15	.02	.030
Adoption	–10.10	–.17	.01	.014
Total variation explained (r^2)				.057

[a]In an earlier regression analysis, we found that both the goals of long-term foster care and guardianship were not significantly related to time spent in foster care. Therefore, we excluded these variables from the regression analyses summarized in this table.

Statistical Precision of Estimates

Because the estimates we reported from our survey were based on samples of foster care cases, a margin of error or imprecision surrounds them. This imprecision is usually expressed as a sampling error at a given confidence level. We calculated sampling errors for estimates based on our survey at the 95-percent confidence level.

The sampling errors for percentage estimates we cited in this report varied but did not exceed plus or minus 15 percentage points. This means that if we drew 100 independent samples from each of our populations—samples with the same specifications as those we used in this study—in 95 of these samples the actual value in the population would fall within no more than plus or minus 15 percentage points of our estimate.

The sampling error for our estimates of the average number of visits by caseworkers in each state never exceeded plus or minus 1.3 visits. Sampling errors for our estimates of the average length of time foster children in each state spent in the system did not exceed plus or minus 8.7 months. Sampling errors for our estimates of the number of foster care children in each state who spent 17 months or more in the system did not exceed plus or minus 2,650 children. Finally, in appendix V, the sampling error for estimates in each state of the (1) average number of a foster child's siblings never exceeded plus or minus 0.5 siblings, (2) average age at which a child entered foster care never exceeded plus or minus 0.84

years, and (3) average age of children in foster care never exceeded plus or minus 0.92 years.

Because of the relatively small number of responses in some of the tables in appendix V, and the resulting imprecision of any population estimates that would be based on those responses, tables in appendix V with fewer than 41 cases present only the number of sample cases for which each response was given. We made no population estimates concerning those responses.

Annotated Bibliography of Research on Kinship Care and Other Foster Care

This appendix contains studies we identified that compare kinship care and other foster care. A brief description of study design and methodology follows each item. Appendix I describes how we identified research in this area and our criteria for including a study in this bibliography. Appendix III contains the results of analyses from the studies listed here.

Benedict, Mary I., and R.B. White. "Factors Associated with Foster Care Length of Stay." Child Welfare, Vol. 70, No. 1 (1991), pp. 45-58.

This article contains the results of a longitudinal study of children in three urban and suburban jurisdictions in Maryland who entered foster care for the first time between January 1, 1980, and December 31, 1983. Data were obtained from the case records of a random sample of 689 of these children and covered a period that began the month a child entered foster care and ended in June 1986. A number of factors, such as the parents' ability to care for and raise children and foster care placement with relatives, were examined to identify any relationship between them and the amount of time children spent in foster care.

Berrick, J.D., R.P. Barth, and B. Needell. "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation." Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

The researchers described the characteristics of a two-stage, random sample of the 88,000 children in foster care in California between January 1988 and the date when the article was written in 1991. A screening questionnaire was mailed to the foster parents of each of the 4,234 children in the initial sample. This sample was split evenly between traditional and relative foster care placements. For the screening questionnaire, foster parents responded in 1,178 (28 percent) of the cases sampled. In 600 of these cases (246 relative foster care placements and 354 traditional foster care placements), the foster parents completed a second questionnaire by either telephone or mail. If they cared for more than one foster child, they were asked to answer the questions for one child older than 2 who had resided in their home for at least 6 months. They provided information about the child's physical and mental health, the types of services the child received, and their own perceptions of the child welfare agency and caseworkers. Although the gender, age, and ethnicity of children in the ultimate sample were similar to those of children in the total population, the researchers acknowledged that there was no way to determine the representativeness of the sample of providers.

Berrick, J.D., and others. Assessment, Support, and Training for Kinship Care and Foster Care: An Empirically-Based Curriculum. Berkeley, Calif.: University of California at Berkeley, Child Welfare Research Center, 1998.

A chapter in this curriculum reported the results of a study in which a sample of 161 kin and 96 nonkin caregivers living in the San Francisco Bay Area were interviewed in their homes. The study compared the two groups of caregivers on demographics, the quality of the relationship between caregiver and child, home safety, neighborhood safety, and other factors related to the quality of care the children received.

Courtney, M.E. "Factors Associated with the Reunification of Foster Children with Their Families." Social Service Review, March 1994, pp. 81-108.

This study examined the relationship between factors such as a child's age, type of foster care placement (kinship or nonkinship), reason for removal, and the probability that the child would return to his or her parents. The results were based on statewide administrative data on a random sample of 8,748 of the approximately 88,000 children who entered the foster care system in California for the first time between January 1988 and May 1991. The author cited as study limitations the short time period covered by the data, the limited amount of data recorded for each case, and the quality of items recorded in the database.

Gebel, Timothy J. "Kinship Care and Non-Relative Family Foster Care: A Comparison of Caregiver Attributes and Attitudes." Child Welfare, Vol. 75, No. 1 (1996), pp. 5-18.

This study compared the demographics, attitudes, and perceptions of relative and nonrelative foster parents in one urban county in a southeastern state in 1993. The results were based on responses to a questionnaire mailed to the foster parents in random samples of 140 of the 450 relative foster care cases and 140 of the approximately 300 nonrelative foster care cases in that county at that time. Foster parents were asked about their attitudes toward the use of corporal punishment and their perceptions regarding children in their care, the behavior of these children, and the support they received from child welfare agencies. Foster parents in 111 of the traditional placements and 82 of the placements with relatives responded to the survey.

Iglehart, Alfreda P. "Kinship Foster Care: Placement Service and Outcome Issues." Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 107-22.

This article described the results of a study that compared selected characteristics of adolescents in kinship care to those of adolescents not in kinship foster care. Between February and July 1988, caseworkers in Los Angeles County extracted this information from the case files of all 1,642 children aged 16 or older who were in foster care during that period. Data for about 990 adolescents—352 in kinship care and 638 in traditional foster care—were analyzed for this study. Among the characteristics compared were gender, race and ethnicity, reason for removal, total number of placements, length of time in current placement, and degree of agency case monitoring.

Le Prohn, Nicole S. "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction." Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

This researcher examined the relationship between relative and nonrelative placement with respect to what foster parents believed their role to be, what motivated them to become foster parents, and how satisfied they were with the foster care agency. Associations between foster placement type and the children's behavior and amount of contact with their parents were also examined. The foster families selected for the study were families in the Casey Family Program, a long-term foster care program with offices in 13 states for children who are unable to be reunited with their birth parents and are unlikely to be adopted. Results were based on a random sample of about 175 nonrelative foster homes selected from all nonrelative foster homes in the Casey program in 1992. That group was compared with the entire population of about 130 relative foster homes in the Casey program during 1992. Data were collected from foster parents using a mail questionnaire and a telephone interview. Eighty-two relative foster homes and 98 nonrelative homes were included in the analysis.

Le Prohn, Nicole S., and Peter J. Pecora. Research Report Series: The Casey Foster Parent Study Research Summary. Seattle, Wash.: Casey Family Program, 1994.

Same description as for Le Prohn dissertation above.

Magruder, Joseph. "Characteristics of Relative and Non-Relative Adoptions by California Public Adoption Agencies." Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 123-31.

The author compared adoptions in California by relatives and nonrelatives with respect to children's gender, ethnicity, and time in placement before adoption and the characteristics of the adoptive parents and their households. Study results were based on the 3,214 public adoptions that took place during that state's fiscal year 1992, for which data were available.

Needell, B. "Placement Stability and Permanence for Children Entering Foster Care as Infants." Ph.D. dissertation, University of California at Berkeley, Berkeley, California, 1996.

A number of samples were drawn for this study from a longitudinal database containing all cases in the California Foster Care Information System from 1988 through 1994. The primary sample consisted of all 43,066 children in California who entered foster care before their first birthday and between 1988 and 1994. Analysis examined the types of placement, length of stay, reasons for infants' reentry into foster care after reunification, and factors that may have led to an infant's adoption or reunification.

Needell B., and others. Performance Indicators for Child Welfare Services in California: 1994. Berkeley, Calif.: University of California at Berkeley, School of Social Welfare, Child Welfare Research Center, 1995.

The results of this study were based on a longitudinal database of 233,000 cases in the California Foster Care Information System. These children were in foster care during 1988 or had entered care before the beginning of 1995. The percentage of children in different types of placements who exited the system by reunification, adoption, guardianship, and emancipation was reported, as well as the median length of the children's first stay in foster care by foster care placement type. The authors also examined the effect of ethnicity, age at time of entry, and reasons for removal from the home on the relationships between placement type and foster care outcome and between placement type and length of stay.

Needell B., and others. Performance Indicators for Child Welfare Services in California: 1996. Berkeley, Calif.: University of California at Berkeley, School of Social Welfare, Child Welfare Research Center, 1997.

In this study, the longitudinal database used in the 1995 Needell and others study cited above was expanded to 300,000 children who were in foster care during 1988 or had entered care before 1997. The analyses were similar to those in the 1995 study.

Poindexter, Garthia M. "Services Utilization by Foster Parents and Relatives." Master of Social Work thesis, California State University, Long Beach, California, 1996.

The author reported on the use of social services by relative and nonrelative foster parents in Los Angeles County based on 40 foster care cases selected at random from the population of children who entered foster care in that county during 1994. Of the 40 cases, 22 were relative foster care placements and 18 were nonrelative foster care placements.

Scannapieco, Maria, Rebecca L. Hegar, and Catherine McAlpine. "Kinship Care and Foster Care: A Comparison of Characteristics and Outcomes." Families in Societies, Vol. 78, No. 5 (1997), pp. 480-88.

From case file information for a cross-section of children in foster care in Baltimore County on March 23, 1993, the researchers attempted to determine whether there were differences between kinship and other foster care placements in terms of permanency planning goals. Of the 106 children sampled, 47 were in kinship care and 59 were in other types of placements.

Testa, Mark F. Home of Relative (HMR) Program in Illinois Interim Report. Chicago, Ill.: University of Chicago, School of Social Service Administration, 1993.

The author used a database that included information about all children in foster care in Illinois between fiscal years 1965 and 1992 to establish trends in kinship care placements in Illinois and to describe various characteristics of foster children and their foster care outcomes.

Testa, Mark F. "Kinship Care in Illinois." In J.D. Berrick, R.P. Barth, and N. Gilbert (eds.), Child Welfare Research Review, Vol. 2. New York: Columbia University Press, 1997. Pp. 101-29.

Focusing on reunification and discharge rates among children in foster care in Illinois between fiscal years 1976 and 1992, the researcher

examined the effect of selected factors such as age, race, and type of foster care placement on the likelihood of reunification or discharge.

Testa, Mark F. "Professional Foster Care: A Future Worth Pursuing?" Child Welfare: Special Edition on Family Foster Care in the 21st Century. Forthcoming.

This study examined the relationship between children's placement type and whether or not they (1) remained close to their community of origin, (2) were placed with other siblings in the same household, and (3) achieved permanency or stayed in the same foster care setting. The researcher used administrative data from Cook County, Illinois, for three different foster care recruitment programs and two random samples, one of 995 kinship care and one of 852 traditional foster care placements. The samples included only placements between December 1, 1994, and September 30, 1996. Administrative data through September 30, 1997, were used to determine whether or not the children stayed in one foster care setting or left the foster care system.

Thornton, Jesse L. "Permanency Planning for Children in Kinship Foster Homes." Child Welfare, Vol. 70, No. 5 (1991), pp. 593-601.

Three surveys were conducted in this study. Semi-structured interviews were administered to a random sample of 20 kinship caregivers in New York City to determine their attitudes toward adoption. Eighty-six foster care caseworkers in New York City completed questionnaires that asked for their perceptions about kinship caregivers' willingness to adopt. Finally, to compare permanency goals for children in kinship care to those for children in traditional care, the records from 95 active kinship foster care cases in April 1985 were examined along with statistics from an administrative database.

U.S. General Accounting Office. Foster Care: Children's Experiences Linked to Various Factors; Better Data Needed, GAO/HRD-91-64. Washington, D.C.: Sept. 11, 1991.

Data on children who entered or left foster care in 1986 in Georgia, Illinois, New York, Oregon, South Carolina, and Texas and Los Angeles County and New York City were analyzed for the relationship of age, ethnicity, gender, location, reason for entry, and foster care placement type to length of stay. For Georgia, Oregon, South Carolina, and Texas, computerized data files of the case records for all children entering or leaving foster care

during 1986 were used. For New York, Illinois, Los Angeles County, and New York City, random samples of children who had been discharged from foster care during 1986 were used; the New York and Illinois samples each contained 1,488 children, the sample for Los Angeles County contained 209 children, and the sample for New York City contained 130 children.

U.S. General Accounting Office. Foster Care: Health Needs of Many Young Children Are Unknown and Unmet, GAO/HEHS-95-114. Washington, D.C.: May 26, 1995.

A random sample of 137 case records of foster children who had been in either kinship or traditional care exclusively was selected from the case records of all foster children younger than 3 years old in Los Angeles County and New York City during 1991 to examine the relationship between placement type and the receipt of health services by foster children in this age group.

U.S. General Accounting Office. Foster Care: Services to Prevent Out-of-Home Placements Are Limited by Funding Barriers, GAO/HRD-93-76. Washington, D.C.: June 29, 1993.

In this study of the statutory and fiscal barriers the states faced in delivering child welfare services, the researchers used caseload data for the last day of either calendar or fiscal year 1992 in California, Michigan, and New York to describe trends in foster care and child welfare services.

Wulczyn, F.H., and R.M. George. "Foster Care in New York and Illinois: The Challenge of Rapid Change." Social Service Review, June 1992, pp. 278-94.

Aggregated administrative data on all children in New York's child welfare system and similar data from Illinois were used to compare child welfare trends in these two states from 1983 through 1989. Shifts in total caseload size, average age of children entering foster care, and the number of relative foster care placements were examined. The researchers also determined the proportion of children admitted to foster care during 1988 in each state who were (1) discharged within 12 months, (2) discharged between 12 and 24 months, and (3) still in the system after 24 months. They compared the proportions in kinship care placements with those in nonkinship care placements.

Results of Research Comparing Kinship Care and Other Foster Care

This appendix contains the results of analyses from the studies we identified that compared kinship care and other foster care. These results are presented in tables organized by research question. Sources are noted after each table. In some instances, the results in the tables were based on data from entire populations of foster children. When they were based on data from samples of foster children, if the researcher reported that a difference between kinship and other foster care was statistically significant, the significance level is noted in parentheses in the table. Appendix II contains a description of the design and methodology of the studies in this appendix.

Table III.1: Did the Foster Child Remain in the Same Community or Neighborhood He or She Lived in Before Entering Foster Care?

Of nonemergency first placements in Chicago, percentage located in the same community or neighborhood in which the parents or guardians resided[a]	Kinship care	Other foster care settings
1991	84.0	50.2
1989	82.0	53.0
1987	76.0	59.0

[a]Mark F. Testa, "Kinship Care in Illinois," in J.D. Berrick, R.P. Barth, and N. Gilbert (eds.), Child Welfare Research Review, Vol. 2 (New York: Columbia University Press, 1997), pp. 101-29.

Table III.2: How Safe Was the Foster Caregiver's Neighborhood?

	Kinship care	Other foster care settings
Percentage of cases in which the interviewer thought the foster caregiver's neighborhood was dangerous[a] (.001)	22	6

[a]J.D. Berrick and others, Assessment, Support, and Training for Kinship Care and Foster Care: An Empirically-Based Curriculum (Berkeley, Calif.: University of California at Berkeley, Child Welfare Research Center, 1998).

Table III.3: Did the Foster Child Maintain Contact With Parents?

	Kinship care	Other foster care settings
Average number of times foster child visited parents in the past year[a]		
Mother (.001)	34.89	3.82
Father	16.25	2.07
Percentage of children who had contact with their mothers (.01) or fathers[a]		
Did not see parents in past 12 months		
Mother	19.5	41.8
Father	37.8	39.8
Saw parents at least once in the past 12 months		
Mother	56.1	37.8
Father	36.6	23.5
Parents' whereabouts were unknown		
Mother	7.3	11.2
Father	18.3	28.6
Parents were deceased		
Mother	17.1	9.2
Father	7.3	8.2
Percentage of foster children who saw their parents[b]		
At least once a month	56	32
More than four times a month (.01)	19	3

[a]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

[b]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

Table III.4: Did the Foster Child Live With Siblings Who Were in Foster Care?

	Kinship care	Other foster care settings
Percentage of foster children placed with siblings also in foster care[a] (.01)	54.2	28.6
Of the foster families with more than one foster child, percentage in which siblings were placed together[b]		
Four or more siblings (.05)	19	7
At least two siblings (.001)	95	52
Percentage of children placed with siblings[c]	45	41

[a]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

[b]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

[c]Maria Scannapieco, Rebecca L. Hegar, and Catherine McAlpine, "Kinship Care and Foster Care: A Comparison of Characteristics and Outcomes," Families in Societies, Vol. 78, No. 5 (1997), pp. 480-88.

Table III.5: Did the Foster Child Maintain Contact With Siblings?

	Kinship care	Other foster care settings
Average number of times foster children visited their siblings in the past year[a] (.001)	90.2	13.8
Percentage of foster children who visited their siblings at least once a year[a]	59.7	63.4

[a]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

Table III.6: How Many Placements in Foster Care Did the Foster Child Have?

	Kinship care	Other foster care settings
Average number of placements[a]		
In care less than 30 days	0.81	1.76
In care 30 days or more (.001)	2.42	4.58
Total placements (.01)	3.24	6.30
Percentage of foster children with[b] (.01)		
1 placement	49	37
5 or more placements	9	14
Percentage of foster children who entered care between 1988 and 1990 in California and had placements within 4 years after entry[c]		
Placed in a family		
1 placement	62.3	56.9

(continued)

	Kinship care	Other foster care settings
2 placements	26.2	24.2
3 placements	7.5	10.3
4 or more placements	4.1	8.7
Open cases		
1 placement	53.5	28.5
2 placements	24.5	24.6
3 placements	11.6	17.4
4 or more placements	10.4	29.5
Percentage of foster children who had at least one placement before current placement[d] (.001)	22	34
Percentage of infants in foster care who entered care between 1988 and 1990 in California and had a given number of placements who were still in care 4 years later[e]		
Throughout California excluding Los Angeles		
1 placement	38.0	22.1
2 placements	34.1	34.8
3 placements	13.7	19.6
4 placements	8.5	10.3
5 placements	5.6	13.1
Los Angeles		
1 placement	59.9	44.6
2 placements	26.3	30.3
3 placements	8.4	14.5
4 placements	3.6	6.6
5 placements	1.9	4.0

[a]Nicole S. Le Prohn and Peter J. Pecora, Research Report Series: The Casey Foster Parent Study Research Summary (Seattle, Wash.: Casey Family Program, 1994).

[b]Alfreda P. Iglehart, "Kinship Foster Care: Placement Service and Outcome Issues," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 107-22.

[c]B. Needell and others, Performance Indicators for Child Welfare Services in California: 1994 (Berkeley, Calif.: University of California at Berkeley, School of Social Welfare, Child Welfare Research Center, 1995).

[d]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vo. 16, Nos. 1-2 (1994), pp. 33-63.

[e]B. Needell, "Placement Stability and Permanence for Children Entering Foster Care as Infants," Ph.D. dissertation, University of California at Berkeley, Berkeley, California, 1996.

Table III.7: Did the Foster Child Feel That He or She Was Part of the Foster Family?

Percentage of foster children with different degrees of integration according to foster parents (.001) and social workers[a] (.001)	Kinship care	Other foster care settings
Children who felt that they were very much part of the foster family		
Foster parents	79.0	50.0
Social workers	46.3	15.3
Children who felt somewhat like a foster child		
Foster parents	14.8	29.6
Social workers	37.8	25.5
Children who felt very much like a foster child		
Foster parents	6.2	20.4
Social workers	15.9	59.2

[a]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

Table III.8: What Was the Foster Caregiver's Age?

	Kinship care	Other foster care settings
Average age of foster caregivers in years		
Foster fathers[a]	50.28	48.05
Foster mothers[a] (.01)	50.23	46.26
Male foster caregivers[b] (.05)	50	47
Female foster caregivers[b] (.05)	48	46
Percentage of female foster caregivers 55 years of age or older[b] (.01)	29	19
Percentage of primary female foster caregivers by age[c] (.005)		
Younger than 18 years	1.2	0.0
Between 18 and 25	2.5	1.9
Between 26 and 40	11.1	32.4
Between 41 and 60	64.2	57.4
Older than 60	21.0	8.3

[a]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

[b]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

[c]Timothy J. Gebel, "Kinship Care and Non-Relative Family Foster Care: A Comparison of Caregiver Attributes and Attitudes," Child Welfare, Vol. 75, No. 1 (1996), pp. 5-18.

Table III.9: What Was the Foster Caregiver's Marital Status?

	Kinship care	Other foster care settings
Percentage of married foster caregivers[a] (.05)	64	83
Percentage of single foster caregivers[b] (.001)	52	24
Percentage of married foster caregivers by gender[c]		
Foster mothers (.01)	46.25	80.41
Foster fathers	92.50	97.50
Percentage of primary female foster caregivers by marital status[d]		
Widowed	17.3	11.1
Separated	12.3	5.5
Divorced	19.8	16.7
Married	38.3	55.6
Never married	12.3	11.1

[a]Maria Scannapieco, Rebecca L. Hegar, and Catherine McAlpine, "Kinship Care and Foster Care: A Comparison of Characteristics and Outcomes," Families in Societies, Vol. 78, No. 5 (1997), pp. 480-88.

[b]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

[c]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

[d]Timothy J. Gebel, "Kinship Care and Non-Relative Family Foster Care: A Comparison of Caregiver Attributes and Attitudes," Child Welfare, Vol. 75, No. 1 (1996), pp. 5-18.

Table III.10: What Was the Foster Caregiver's Education?

	Kinship care	Other foster care settings
Percentage of foster caregivers who had completed high school[a]	87	78
Mean number of years of school completed[b]		
Foster fathers (.05)	12.32	13.74
Foster mothers (.001)	11.65	14.02
Percentage of foster caregivers who did not have a high school diploma[c]		
Female (.001)	26	10
Male (.01)	20	9
Percentage of primary female foster caregivers with education by category[d] (.00001)		
College graduate	2.5	22.2
Some college	21.5	28.7
High school graduate	25.3	29.6
Some high school	34.2	16.7
8th grade or less	16.5	2.8

[a]Maria Scannapieco, Rebecca L. Hegar, and Catherine McAlpine, "Kinship Care and Foster Care: A Comparison of Characteristics and Outcomes," Families in Societies, Vol. 78, No. 5 (1997), pp. 480-88.

[b]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

[c]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

[d]Timothy J. Gebel, "Kinship Care and Non-Relative Family Foster Care: A Comparison of Caregiver Attributes and Attitudes," Child Welfare, Vol. 75, No. 1 (1996), pp. 5-18.

Table III.11: What Was the Foster Caregiver's Health?

Percentage of foster caregivers in fair or poor health[a]	Kinship care	Other foster care settings
Male (.001)	25	6
Female (.001)	20	7

[a]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

Table III.12: What Was the Foster Caregiver's Income?

	Kinship care	Other foster care settings
Percentage of foster caregivers whose income was less than $15,000 a year[a]	88	90
Percentage of foster families with income by category[b] (.01)		
More than $30,000	24.3	56.0
Less than $10,000	33.8	2.4
Average foster family income[c]		
Average annual gross income, including foster care payments (.001)	$32,424	$51,320
Average annual income, disregarding money received from either Aid to Families with Dependent Children (AFDC)-Family Grant or AFDC–Foster Care	$21,854	$36,402
Percentage of primary female caregivers with household income by category[d] (.000005)		
More than $40,000	5.2	25.0
$30,001-$40,000	3.9	10.2
$20,001-$30,000	9.1	27.8
$10,001-$20,000	22.1	26.8
$10,000 or less	59.7	10.2

[a]Maria Scannapieco, Rebecca L. Hegar, and Catherine McAlpine, "Kinship Care and Foster Care: A Comparison of Characteristics and Outcomes," Families in Societies, Vol. 78, No. 5 (1997), pp. 480-88.

[b]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

[c]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

[d]Timothy J. Gebel, "Kinship Care and Non-Relative Family Foster Care: A Comparison of Caregiver Attributes and Attitudes," Child Welfare, Vol. 75, No. 1 (1996), pp. 5-18.

Table III.13: How Safe Was the Foster Caregiver's Home?

Percentage of foster caregivers who[a]	Kinship care	Other foster care settings
Had a fire extinguisher (.001)	65	94
Had a complete first aid kit (.001)	58	95
Knew cardiopulmonary resuscitation (.001)	57	93

[a]J. D. Berrick and others, Assessment, Support, and Training for Kinship Care and Foster Care: An Empirically-Based Curriculum (Berkeley, Calif.: University of California at Berkeley, Child Welfare Research Center, 1998).

Table III.14: What Training or Preparation Did the Foster Caregiver Receive?

	Kinship care	Other foster care settings
Percentage who felt that training adequately prepared them to be a foster parent[a] (.01)	74.3	55.7
Percentage who received training[b] (.001)	13	76

[a]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

[b]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

Table III.15: To What Extent Did the Foster Caregiver Receive Services?

	Kinship care	Other foster care settings
Percentage of foster caregivers who received services[a]		
Specialized training (.001)	5	59
Support group (.001)	15	62
Respite care (.001)	6	23
Mean number of services foster caregivers received[a] (.001)	0.53	2.30
Percentage who[b]		
Ordered clothing	77.3	100
Used child health disease prevention services	86.4	55.7
Mean number of social worker visits with a foster parent in the past 12 months[c]	25.13	19.46
Mean number of social worker telephone contacts with a foster parent in the past 12 months[c]	37.38	32.78

[a]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

[b]Garthia M. Poindexter, "Services Utilization by Foster Parents and Relatives," Master of Social Work thesis, California State University, Long Beach, California, 1996.

[c]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

Table III.16: How Often Did the Caseworker Visit the Foster Child?

	Kinship care	Other foster care settings
Percentage of foster children who were not well known to the caseworker[a] (.0001)	33	22
Mean number of caseworkers' visits with foster children during a 6-month period[a] (.05)	2.1	3.3
Mean number of caseworkers' visits with foster children in past 12 months[b]	22.56	20.42
Average number of hours per month foster children spent with a caseworker[c] (.01)	0.65	0.88
Percentage of foster children who had not been visited by a caseworker in the past month[c]	46	35

[a]Alfreda P. Iglehart, "Kinship Foster Care: Placement Service and Outcome Issues," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 107-22.

[b]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

[c]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

Table III.17: What Required Health Services Did the Foster Child Receive?

Percentage of foster children up to 3 years old who received health-related services[a]	Kinship care	Other foster care settings
Routine health care services	81.4	93.2
No services (.10)	16.0	6.8

[a]U.S. General Acounting Office, Foster Care: Health Needs of Many Young Children Are Unknown and Unmet, GAO/HEHS-95-114 (Washington, D.C.: May 26, 1995).

Table III.18: What Permanency Goals Were Pursued in Foster Care Cases?

Percentage of foster cases by permanency goal[a]	Kinship care	Other foster care settings
Return to parents	1	14
Adoption	10	38
Independent living	88	42

[a]Jesse L. Thornton, "Permanency Planning for Children in Kinship Foster Homes," Child Welfare, Vol. 70, No. 5 (1991), pp. 593-601.

Table III.19: How Long Did the Child Stay in Foster Care?

	Kinship care	Other foster care settings
Mean number of days[a] (.05)	1,008	534
Mean number of months[b]	93.48	88.02
Average number of years		
1994 study (.001)[c]	3.3	2.3
1993 study[d]	3.2	2.8
Percentage of first admissions in 1988 by length of stay[e]		
New York City		
12 months or less	5	42
12-24 months	3	5
Still in care as of June 1990	88	50
Cook County, Illinois		
12 months or less	40	50
12-24 months	10	8
Still in care as of June 1990	45	40
Percentage of foster children entering care in 1986 in foster care for 1 year or longer[f]		
Georgia	75	52
Oregon	31	40
South Carolina	39	62
Texas	58	47
Percentage of foster children who were in care as of June 30, 1992, by 2-year fiscal period in which they entered[f]		
1977-78	1.4	0.3
1979-80	2.6	0.4
1981-82	3.1	1.1
1983-84	6.7	3.4
1985-86	9.7	6.3
Likelihood of being in care for 1 year or longer (explained in footnote g)		
Georgia	2.76	1.00
Oregon	0.67	1.00
South Carolina	0.38	1.00
Texas	1.64	1.00
Kinship care associated with longer length of stay when controlling for other factors[h] (.007)	Years not specified	Years not specified
Percentage difference between the likelihood that foster children who entered in a 2-year fiscal period would be discharged and the likelihood that children in other foster care settings who entered the system before 1977 would be discharged (explained in footnote i)		
1977-78	–10	0

(continued)

	Kinship care	Other foster care settings
1979-80	–25	+14
1981-82	–20	+6
1983-84	–10	+2
1985-86	–9	–5
1987-88	–37	–19
1989-90	–50	–24
1991-92	–77	–38

[a]Maria Scannapieco, Rebecca L. Hegar, and Catherine McAlpine, "Kinship Care and Foster Care: A Comparison of Characteristics and Outcomes," Families in Societies, Vol. 78, No. 5 (1997), pp. 480-88.

[b]Nicole S. Le Prohn, "Relative Foster Parents: Role Perceptions, Motivation and Agency Satisfaction," Ph.D. dissertation, University of Washington, Seattle, Washington, 1993.

[c]J.D. Berrick, R.P. Barth, and B. Needell, "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 33-63.

[d]U.S. General Accounting Office, Foster Care: Services to Prevent Out-of-Home Placements Are Limited by Funding Barriers, GAO/HRD-93-76 (Washington, D.C.: June 29, 1993).

[e]F.H. Wulczyn and R.M. Goerge, "Foster Care in New York and Illinois: The Challenge of Rapid Change," Social Service Review, June 1992, pp. 278-94.

[f]Mark F. Testa, Home of Relative (HMR) Program in Illinois Interim Report (Chicago, Ill.: University of Chicago, School of Social Services Administration, 1993).

[g]For example, in Georgia a child in kinship care is almost three times as likely as a child in other foster care settings to remain in care for 1 year or longer. U.S. General Accounting Office, Foster Care: Children's Experiences Linked to Various Factors; Better Data Needed, GAO/HRD-91-64 (Washington, D.C.: Sept. 11, 1991).

[h]Mary I. Benedict and R.B. White, "Factors Associated with Foster Care Length of Stay," Child Welfare, Vol. 70, No. 1 (1991), pp. 45-58.

[i]For example, children who entered kinship care in fiscal years 1979 to 1980 were 25-percent less likely to be discharged than children who entered other foster care settings before fiscal year 1977, and children who entered other foster care settings in fiscal years 1979 to 1980 were 14-percent more likely to be discharged than children who entered other foster care settings before fiscal year 1977. Discharge includes return to parental custody, placement in private guardianship, adoption, or staying in the child welfare system until age 18. Mark F. Testa, "Kinship Care in Illinois," in J.D. Berrick, R.P. Barth, and N. Gilbert (eds.), Child Welfare Research Review, Vol. 2 (New York: Columbia University Press, 1997), pp. 101-29.

Table III.20: How Long Was the Foster Child in Care Before Various Outcomes?

	Kinship care	Other foster care settings
Percentage who were reunified with their parents within 4 years by year entered[a]		
1990	56.5	58.3
1991	55.9	58.8
1992	54.3	57.4
Percentage who were adopted within 4 years by year entered[a]		
1990	3.1	11.5
1991	3.4	11.3
1992	3.4	11.4
Percentage who exited within 4 years by year entered[a]		
1990	5.6	1.2
1991	6.0	1.1
1992	5.1	1.3
Percentage who were emancipated within 4 years by year entered[a]		
1990	1.7	3.3
1991	1.5	3.5
1992	1.2	3.4
Cumulative percentage who entered care between January and July 1988 who were reunified with their parents after[b]		
1 month	5	15
6 months	10	30
18 months	27	46
Percentage who entered care in a 2-year period who were reunified with their parents within[c]		
1 month		
1977-78	3.8	25.3
1979-80	2.6	26.0
1981-82	3.7	24.2
1983-84	5.5	29.9
1985-86	7.8	31.7
18 months		
1977-78	25.8	60.8
1979-80	25.6	61.9
1981-82	31.6	57.9
1983-84	33.5	61.2
1985-86	33.8	62.6
Percentage attaining a permanency outcome by the end of the study period[d]		
Returned home	7.4	7.1
Adopted	5.4	4.7

(continued)

	Kinship care	Other foster care settings
Entered subsidized guardianship (.0001)	1.5	0.1
Median number of months from placement to adoption for foster children adopted in fiscal years 1991-92[e]	34	21

[a]B. Needell and others, Performance Indicators for Child Welfare Services in California: 1996 (Berkeley, Calif.: University of California at Berkeley, School of Social Welfare, Child Welfare Research Center, 1997).

[b]M.E. Courtney, "Factors Associated with the Reunification of Foster Children with Their Families," Social Service Review, March 1994, pp. 81-108.

[c]Mark F. Testa, Home of Relative (HMR) Program in Illinois Interim Report (Chicago, Ill.: University of Chicago, School of Social Service Administration, 1993).

[d]Mark F. Testa, "Professional Foster Care: A Future Worth Pursuing?" Child Welfare: Special Edition on Family Foster Care in the 21st Century, forthcoming.

[e]Joseph Magruder, "Characteristics of Relative and Non-Relative Adoptions by California Public Adoption Agencies," Children and Youth Services Review, Vol. 16, Nos. 1-2 (1994), pp. 123-31.

Our Foster Care Questionnaire

Please detach and destroy this page before returning this questionnaire.

INTRODUCTION

The Congress has asked the U.S. General Accounting Office (GAO) to report on the experiences of foster children in kinship care as compared to those of foster children in other placement settings. It has also requested information about the implications of parental substance abuse for reunification and other foster care outcomes. To obtain this information, we have chosen a random sample of children in foster or substitute care in California and Illinois, and are asking the heads of foster care agencies or offices to have the caseworker most knowledgeable about each case complete this questionnaire.

The information you provide will help the Congress understand the current foster care system and whether changes to that system could further protect foster children. We will not use information from these questionnaires to assess your agency's compliance with policies or regulations.

Although this questionnaire appears lengthy, caseworkers who tested it found it easy and quick to complete. For most items, your knowledge of the case will be sufficient to answer the questions. Further, for most items, you will only need to check off boxes. Also, you will not need to complete all sections of the questionnaire. Caseworkers who tested this questionnaire took from 20 to 40 minutes to complete it. That was much less time than they expected it to take.

INSTRUCTIONS

The label in the next column identifies the child that we would like you to answer these questions about. Please provide information about the case as of September 15, 1997, unless otherwise instructed. When responding, you may consult the case file or others familiar with the case if they are able to provide a more precise answer.

Please return your completed questionnaire in the enclosed self-addressed envelope within 14 days of receipt. If you do not have this envelope, please send the completed questionnaire to:

U.S. General Accounting Office
Attn: Ann Walker
301 Howard Street, Suite 1200
San Francisco, CA 94105-2241

Please answer the questions in reference to this child:

PASTE LABEL HERE

If you have questions or comments, please call Ms. Ann Walker or Ms. Kerry Dunn at 415-904-2000.

Thank you for taking the time to assist us in meeting the information needs of the Congress about kinship care and other foster care issues.

DEFINITION OF TERMS

CHILD: Anyone in the foster care or substitute care system regardless of age. A "child," therefore, also refers to an infant or adolescent.

PARENT/MOTHER/FATHER: The person(s) from whose legal custody the child was removed. This person could be the child's biological or natural parent, or adoptive parent.

FOSTER CAREGIVER(S): Person(s) responsible for the day-to-day care of a child while that child is in the custody of the state. Foster caregivers can include caregivers in foster homes, "kinship" or "relative" care homes, house parents in group homes, and staff in institutions where the foster child resides.

FOSTER CARE EPISODE: A period of time that begins when the state assumes protective custody of a child and ends when the child is: reunified with the parent, adopted, emancipated, ages out or leaves the foster care system. A child can have more than one foster care episode. These questions refer to the foster care episode in effect on September 15, 1997.

FOSTER CARE PLACEMENT: Refers to the child's place of residence as of September 15, 1997. Placements include foster homes, "kinship" or "relative" care homes, group homes, and institutions. A child may have multiple placements within a single foster care episode.

N/A: Not applicable.

GAO Case Number |___|___|___|___|

BACKGROUND

Please enter the name and telephone number of the person completing this questionnaire. (PLEASE PRINT)

_____
Name

_____
(Area Code) Number

1. Were you this child's caseworker on September 15, 1997?

   1. ☐ Yes--> For how long?

      _____years _____months

   2. ☐ No--> What is your professional relationship to this child? (PLEASE DESCRIBE)

      _____

2. Is this child's date of birth recorded on the label located on the previous page correct?

   1. ☐ Yes
   2. ☐ No--> Enter correct date of birth

      _____
      Month / Day / Year

3. Was this child in the foster or substitute care system continuously from at least June 1, 1997 to September 15, 1997?

   1. ☐ Yes **(CONTINUE)**
   2. ☐ No **(STOP HERE! PLEASE RETURN THIS QUESTIONNAIRE. THE REST OF THE QUESTIONS DO NOT APPLY, BUT IT IS IMPORTANT TO RETURN THIS QUESTIONNAIRE.)**

THIS FOSTER CARE EPISODE

4. On what date did this foster care episode begin?

   _____
   Month / Day / Year

5. What was the **primary** reason for this child's removal? (CHECK ONE)

   1. ☐ Neglect
   2. ☐ Physical abuse
   3. ☐ Sexual abuse
   4. ☐ Emotional abuse
   5. ☐ Other (PLEASE SPECIFY)

      _____

6. Consider this child's placement as of September 15, 1997. About how long had this child been in this placement at that time?

   _____ years _____months

7. On September 15, 1997, in what type of foster care placement was this child residing? (CHECK ONE)

   1. ☐ In what your state classifies as kinship or relative care
   2. ☐ In a foster family home not classified as kinship or relative care (including "specialized" or "treatment" foster family home)
   3. ☐ In a group home or institution (GO TO QUESTION 23 ON PAGE 5)
   4. ☐ Other (PLEASE SPECIFY)

      _____

1

DESCRIPTION OF FOSTER CAREGIVER(S)

8. Consider this child's foster caregiver(s) as of September 15, 1997. Which of the following best describes the foster caregiver(s)? (CHECK ONE FOR EACH)

Caregiver 1

1. ☐ This child's relative as defined by your state
2. ☐ A person (not a relative) this child knew before entering foster care
3. ☐ Someone else

Caregiver 2

1. ☐ This child's relative as defined by your state
2. ☐ A person (not a relative) this child knew before entering foster care
3. ☐ Someone else
4. ☐ N/A, there was only one foster caregiver

9. Does one or both of the foster caregivers communicate in the primary language used by this child's parents? (CHECK ONE)

1. ☐ Yes
2. ☐ No
3. ☐ Don't know

10. Does one or both of the foster caregivers speak a language this child can understand? (CHECK ONE)

1. ☐ Yes
2. ☐ No
3. ☐ Don't know

11. Is one or both of the foster caregivers the same race or ethnicity as this child? (CHECK ONE)

1. ☐ Yes
2. ☐ No
3. ☐ Don't know

12. In your professional judgement, to what extent did this child know the foster caregiver(s) prior to this placement? (CHECK ONE FOR EACH)

Caregiver 1

1. ☐ To a very great extent
2. ☐ To a great extent
3. ☐ To a moderate extent
4. ☐ To some extent
5. ☐ To little or no extent
6. ☐ N/A, child was placed at birth

Caregiver 2

1. ☐ To a very great extent
2. ☐ To a great extent
3. ☐ To a moderate extent
4. ☐ To some extent
5. ☐ To little or no extent
6. ☐ N/A, child was placed at birth
7. ☐ N/A, there was only one foster caregiver

13. Did this child ever reside with one or both of the foster caregivers prior to this foster care placement? (CHECK ONE)

1. ☐ Yes
2. ☐ No
3. ☐ Don't know

14. What is the approximate age of the foster caregiver(s)? (CHECK ONE FOR EACH)

Caregiver 1

1. ☐ Less than 40 years old
2. ☐ 40 through 54 years old
3. ☐ 55 through 69 years old
4. ☐ 70 years of age or older
5. ☐ Don't know

Caregiver 2

1. ☐ Less than 40 years old
2. ☐ 40 through 54 years old
3. ☐ 55 through 69 years old
4. ☐ 70 years of age or older
5. ☐ Don't know
6. ☐ N/A, there was only one foster caregiver

15. Does one or both of the foster caregivers have a history of the following behaviors? (CHECK ONE FOR EACH)

	Yes (1)	No (2)	Don't Know (3)
1. Child abuse	☐	☐	☐
2. Child neglect	☐	☐	☐
3. Domestic violence	☐	☐	☐
4. Drug abuse	☐	☐	☐
5. Alcohol abuse	☐	☐	☐

16. In your professional judgement, to what extent, if at all, did the health of the foster caregiver(s) interfere with the ability to parent? (CHECK ONE FOR EACH)

Caregiver 1

1. ☐ To a very great extent
2. ☐ To a great extent
3. ☐ To a moderate extent
4. ☐ To some extent
5. ☐ To little or no extent

Caregiver 2

1. ☐ To a very great extent
2 ☐ To a great extent
3. ☐ To a moderate extent
4. ☐ To some extent
5. ☐ To little or no extent
6. ☐ N/A, there was only one foster caregiver

SKILLS AND ABILITIES OF FOSTER CAREGIVER(S)

17. Is this child up-to-date with respect to each of the following health services? (CHECK ONE FOR EACH)

	Yes (1)	No (2)	Don't Know (3)	N/A (4)
1. Routine physical exam or well baby check-up	☐	☐	☐	☐
2. Immunizations	☐	☐	☐	☐
3 Dental check-ups	☐	☐	☐	☐
4. Vision check-ups	☐	☐	☐	☐

18. In your professional judgement, how adequately did the **primary** foster caregiver perform each of the following tasks?

(CHECK ONE FOR EACH)	Very adequately (1)	Adequately (2)	As adequately as not (3)	Inadequately (4)	Very inadequately (5)	N/A, child not of school age (6)
1. Provide supervision						
2. Set limits						
3. Enforce limits						
4. Provide emotional support						
5. Provide clothing						
6. Provide nutrition						
7. Provide a good role model						
8. Accept child into family						
9. Ensure school attendance						
10. Navigate foster care system						
11. Cooperate with courts and other players in foster care system						

19. In your professional judgement, how willing was the **primary** foster caregiver to perform each of the following?

(CHECK ONE FOR EACH)	Very Willing (1)	Willing (2)	As willing as unwilling (3)	Unwilling (4)	Very unwilling (5)
Child's Physical Health Needs					
1. To accept opinions of professionals, such as caseworkers or physicians, regarding the child's need for medical services					
2. To act on medical referrals for the child from professionals					
Child's Mental Health Needs					
3. To accept opinions of professionals, such as caseworkers or psychologists, regarding the child's need for mental health services					
4. To act on mental health referrals for the child from professionals					
Child's Educational Needs					
5. To accept opinions of professionals, such as caseworkers or teachers, regarding the child's need for educational services					
6. To act on educational referrals for the child from professionals					

20. Had at least one of the foster caregivers completed orientation or training to prepare him/her to be a foster parent?

1. ☐ Yes (GO TO QUESTION 23)
2. ☐ No (CONTINUE)

21. To what extent, if at all, did the lack of foster care orientation or training interfere with the ability of the foster caregiver(s) to navigate the foster care system? (CHECK ONE)

1. ☐ To a very great extent
2. ☐ To a great extent
3. ☐ To a moderate extent
4. ☐ To some extent
5. ☐ To little or no extent

22. To what extent, if at all, did the lack of foster care orientation or training interfere with the ability of the foster caregiver(s) to cooperate with caseworkers, courts, and other players in the foster care system? (CHECK ONE)

1. ☐ To a very great extent
2. ☐ To a great extent
3. ☐ To a moderate extent
4. ☐ To some extent
5. ☐ To little or no extent

STATE OVERSIGHT OF FOSTER CARE PLACEMENT

23. On September 15, 1997 was this child residing in a licensed or approved foster care placement? (CHECK ONE FOR YOUR STATE)

For California placements

1. ☐ Licensed or certified
2. ☐ Approved for kinship or relative care only

For Illinois placements

1. ☐ Licensed for non-relatives
2. ☐ Licensed for relatives
3. ☐ Approved for relatives

24. About how many times have you or another caseworker visited this child between March 15 and September 15, 1997. (ENTER NUMBER OF VISITS)

_____ Visits

CONTACTS WITH CHILD'S FAMILY

25. During the placement that this child was in on September 15, 1997, was the **mother** allowed to visit or contact this child? (CHECK ONE)

1. ☐ Yes, during some or all of this placement (CONTINUE)
2. ☐ No (GO TO QUESTION 28)
3. ☐ N/A, mother's whereabouts were unknown (GO TO QUESTION 29)
4. ☐ N/A, mother was deceased (GO TO QUESTION 29)

26. During this placement did the **mother** visit or contact this child as often, more often, or less often than specified in the service plan? (CHECK ONE)

1. ☐ Much more often than specified
2. ☐ More often than specified
3. ☐ As often as specified
4. ☐ Less often than specified
5. ☐ Much less often than specified
6. ☐ N/A, visits were not specified in the plan

27. In your professional judgement, to what extent did the number and nature of visits or contacts that actually occurred allow the **mother** and child to have the relationship intended in the service plan? (CHECK ONE)

1. ☐ To a very great extent
2. ☐ To a great extent
3. ☐ To a moderate extent
4. ☐ To some extent
5. ☐ To little or no extent

28. In your professional judgement, how likely was it that one or both of the foster caregivers would have taken the necessary actions to enforce visitation restrictions that may have applied to this child's **mother**? (CHECK ONE)

1. ☐ Very likely
2. ☐ Likely
3. ☐ As likely as unlikely
4. ☐ Unlikely
5. ☐ Very unlikely
6. ☐ N/A, visits were not restricted

29. During the placement that this child was in on September 15, 1997, was the **father** allowed to visit or contact this child? (CHECK ONE)

1. ☐ Yes, during some or all of this placement (CONTINUE)
2. ☐ No (GO TO QUESTION 32)
3. ☐ N/A, father's whereabouts were unknown (GO TO QUESTION 33)
4. ☐ N/A, father was deceased (GO TO QUESTION 33)

30. During this placement did the **father** visit or contact this child as often, more often, or less often than specified in the service plan? (CHECK ONE)

1. ☐ Much more often than specified
2. ☐ More often than specified
3. ☐ As often as specified
4. ☐ Less often than specified
5. ☐ Much less often than specified
6. ☐ N/A, visits were not specified in the plan

31. In your professional judgement, to what extent did the number and nature of visits or contacts that actually occurred allow the **father** and child to have the relationship intended in the service plan? (CHECK ONE)

1. ☐ To a very great extent
2. ☐ To a great extent
3. ☐ To a moderate extent
4. ☐ To some extent
5. ☐ To little or no extent

32. In your professional judgement, how likely was it that one or both of the foster caregivers would have taken the necessary actions to enforce visitation restrictions that may have applied to this child's **father**? (CHECK ONE)

1. ☐ Very likely
2. ☐ Likely
3. ☐ As likely as unlikely
4. ☐ Unlikely
5. ☐ Very unlikely
6. ☐ N/A, visits were not restricted

33. Does this child have siblings?

1. ☐ Yes--> How many? _____siblings
2. ☐ No (GO TO QUESTION 38)

34. As of September 15, 1997, did your state have custody of any of these siblings?

1. ☐ Yes--> How many? _____siblings
2. ☐ No (GO TO QUESTION 36)

35. How many of these siblings, who were also in protective custody, resided in the same placement as this child? (CHECK ONE)

1. ☐ All (GO TO QUESTION 38)
2. ☐ Some
3. ☐ None

36. Which of the situations below best describes the degree to which the visits or contacts between siblings met the service plan's specifications? (CHECK ONE)

1. ☐ All the siblings visited or contacted this child at least as often as specified
2. ☐ At least one but not all of the siblings visited or contacted this child as often as specified
3. ☐ At least one of the siblings visited or contacted this child, but not as often as specified
4. ☐ None of the siblings ever visited or contacted this child
5. ☐ N/A, no visits were allowed by any siblings (GO TO QUESTION 38)
6. ☐ N/A, visits were not specified in the plan (GO TO QUESTION 38)

37. In your professional judgement, to what extent did the number and nature of visits that actually occurred allow the sibling(s) and child to have the relationship intended in the service plan? (CHECK ONE)

1. ☐ To a very great extent
2. ☐ To a great extent
3. ☐ To a moderate extent
4. ☐ To some extent
5. ☐ To little or no extent

38. Did this child maintain contact with relatives other than relative foster caregivers, siblings and parents? (CHECK ONE)

1. ☐ Yes, maintained contact with at least one other relative
2. ☐ No, child had little or no contact with other relatives
3. ☐ N/A, child had no other known relatives

CONTACTS WITH CHILD'S PRIOR ENVIRONMENT

39. With about how many of the friends this child had just prior to this foster care episode did this child visit or otherwise communicate during this placement? (CHECK ONE)

    1. ☐ All or almost all
    2. ☐ Some
    3. ☐ Few, if any
    4. ☐ Don't know
    5. ☐ N/A, child was too young to have friends or had no friends

40. Is the school in which this child was enrolled on September 15, 1997, the same school as the one he/she would have attended if he/she had not entered this episode of foster care? (CHECK ONE)

    1. ☐ Yes
    2. ☐ No
    3. ☐ Don't know
    4. ☐ N/A, child was not enrolled in school
       --> Why? (CHECK ONE)
       A. ☐ child too young
       B. ☐ child dropped out of school
       C. ☐ child graduated
       D. ☐ other (PLEASE SPECIFY)

       _____

41. Did this child regularly attend one place of worship just prior to this foster care episode? (CHECK ONE)

    1. ☐ Yes (CONTINUE)
    2. ☐ No (GO TO QUESTION 43)
    3. ☐ Don't know (GO TO QUESTION 43)

42. Did this child regularly attend the same place of worship during this placement? (CHECK ONE)

    1. ☐ Yes
    2. ☐ No
    3. ☐ Don't know

43. Consider the neighborhood in which this child resided just prior to this foster care episode. Did this child reside in the same neighborhood on September 15, 1997? (CHECK ONE)

    1. ☐ Yes
    2. ☐ No
    3. ☐ Don't know

PERMANENCY PLANNING STATUS

44. The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) requires that states conduct an initial permanency planning hearing within 18 months after a child enters foster care. At the initial permanency planning hearing, goals other than reunification (e.g., adoption, long term foster care, legal guardianship, independent living) begin to be considered. The goal may not necessarily be changed at that time.

    As of September 15, 1997, had the initial permanency planning hearing been held for this child?

    1. ☐ Yes--> On what date?

       _____
       Month / Day / Year

    2. ☐ No

45. On September 15, 1997, what was the goal for this child? (CHECK ONE)

1. ☐ Reunification (GO TO QUESTION 50)
2. ☐ Adoption (GO TO QUESTION 57 ON PAGE 11)
3. ☐ Guardianship
4. ☐ Long term foster care
5. ☐ Independent living or emancipation
6. ☐ Other (PLEASE SPECIFY)

_____

PERMANENCY FOR CHILDREN WITH ANY PLAN OTHER THAN REUNIFICATION OR ADOPTION

46. As of September 15, 1997, for about how long had guardianship, long term foster care, or independent living/emancipation been this child's goal?

_____ years _____months

47. During this foster care episode, about how long had reunification been this child's goal?

_____ years _____months

A. ☐ N/A, reunification was never the goal

48. What is the **primary** reason adoption is not the permanency goal for this child? (CHECK ONE)

1. ☐ Child was old enough to be a party to the decision and did not want to be adopted
2. ☐ Although not old enough to be a party to the decision, this child's attitude toward adoption was so negative that it would have hindered a successful placement
3. ☐ Child has such severe special needs that adoption was unlikely
4. ☐ Financial assistance for adoption was not considered sufficient to meet this child's lifelong needs
5. ☐ Child was in kinship or relative care with foster caregiver(s) who did not want to adopt and removing this child from the placement was considered detrimental
6. ☐ A relative volunteered to become the foster caregiver to avoid having this child adopted by non-relatives
7. ☐ Adoption attempt was disrupted
8. ☐ Adoptive home could not be found (PLEASE SPECIFY WHY)

_____

9. ☐ Other (PLEASE SPECIFY)

_____

49. Has a guardian, other than the state or foster care agency, been appointed for this child by the court and if so what is the guardian's relationship to the child? (CHECK ONE)

1. ☐ Yes, a relative as defined by your state
2. ☐ Yes, a person (not a relative) this child knew before entering foster care
3. ☐ Yes, someone else
4. ☐ No

(WHEN YOU COMPLETE QUESTION 49, GO TO QUESTION 61 ON PAGE 11)

PERMANENCY FOR CHILDREN WITH A PLAN OF REUNIFICATION

50. As of September 15, 1997, about how long had reunification been this child's goal?

_____ years _____months

51. Consider the progress this child's mother made in meeting the requirements of the service plan. In your professional judgement, when is reunification likely to occur with the **mother**? (CHECK ONE)

1. ☐ Within 6 months
2. ☐ Within 7 to 12 months
3. ☐ Within 13 to 18 months
4. ☐ In more than 18 months
5. ☐ Unlikely to occur, regardless of time allowed
6. ☐ N/A, reunification with the mother was not in the service plan or her whereabouts were unknown (GO TO QUESTION 53)
7. ☐ N/A, mother was deceased (GO TO QUESTION 54)

52. In your professional judgement, what action in the service plan will be the most difficult for this child's **mother** to complete? (CHECK ONE)

1. ☐ Stop abusing substances and/or remain substance free
2. ☐ Visit this child
3. ☐ Overcome mental illness
4. ☐ Obtain counseling for other problems
5. ☐ Other (PLEASE SPECIFY)

_____

53. Has the court determined whether the state/child welfare agency has made reasonable efforts toward reunification with the **mother**? (CHECK ONE)

1. ☐ Yes, the court ruled that the state/child welfare agency has made reasonable efforts
2. ☐ Yes, the court ruled that the state/child welfare agency has **not** made reasonable efforts (PLEASE SPECIFY ACTION REQUIRED)

_____

3. ☐ No, the court has not ruled on the reasonableness of the state/child welfare agency reunification efforts

54. Consider the progress this child's father made in meeting the requirements of the service plan. In your professional judgement, when is reunification likely to occur with the **father**? (CHECK ONE)

1. ☐ Within 6 months
2. ☐ Within 7 to 12 months
3. ☐ Within 13 to 18 months
4. ☐ In more than 18 months
5. ☐ Unlikely to occur, regardless of time allowed
6. ☐ N/A, reunification with the father was not in the service plan or his whereabouts were unknown (GO TO QUESTION 56)
7. ☐ N/A, father was deceased (GO TO QUESTION 61)

55. In your professional judgement, what action in the service plan will be the most difficult for this child's **father** to complete? (CHECK ONE)

1. ☐ Stop abusing substances and/or remain substance free
2. ☐ Visit this child
3. ☐ Overcome mental illness
4. ☐ Obtain counseling for other problems
5. ☐ Other (PLEASE SPECIFY)

_____

56. Has the court determined whether the state/child welfare agency has made reasonable efforts toward reunification with the **father**? (CHECK ONE)

1. ☐ Yes, the court ruled that the state/child welfare agency has made reasonable efforts
2. ☐ Yes, the court ruled that the state/child welfare agency has **not** made reasonable efforts (PLEASE SPECIFY ACTION REQUIRED)

_____

3. ☐ No, the court has not ruled on the reasonableness of the state/child welfare agency reunification efforts

(WHEN YOU COMPLETE QUESTION 56, GO TO QUESTION 61)

PERMANENCY FOR CHILDREN WITH A PLAN OF ADOPTION

57. About how long has adoption been this child's goal?

_____ years _____months

58. In your professional judgement, how likely is it that this child will be adopted? (CHECK ONE)

1. ☐ Very likely
2. ☐ Likely
3. ☐ As likely as unlikely
4. ☐ Unlikely
5. ☐ Very unlikely

59. As of September 15, 1997, did this child reside in a pre-adoptive home?

1. ☐ Yes
2. ☐ No

60. During this foster care episode, about how long had reunification been this child's goal?

_____ years _____months

A. ☐ N/A, reunification was never the goal

HISTORY OF PARENTAL SUBSTANCE ABUSE AND RELATED CRIMINAL BEHAVIOR

This section of the questionnaire will be used to provide the Congress with information on an issue other than kinship care: the implications of parental substance abuse for reunification and other child welfare outcomes.

61. On September 15, 1997, about how old were the child's parents? (ENTER NUMBER OF YEARS)

Mother

_____ years of age

A. ☐ Don't know

Father

_____ years of age

A. ☐ Don't know

62. Consider all the service plans for this foster care episode. Was this child's **mother** required to undergo drug or alcohol treatment as part of a service plan? (CHECK ONE)

1. ☐ Yes (CONTINUE)
2. ☐ No (GO TO QUESTION 71 ON PAGE 13)
3. ☐ Don't know (GO TO QUESTION 71 ON PAGE 13)
4. ☐ N/A, mother was deceased or whereabouts were unknown (GO TO QUESTION 71 ON PAGE 13)

63. Which of the statements below best describes the **mother's** progress toward meeting this requirement? (CHECK ONE)

1. ☐ Successfully fulfilled the treatment requirement
2. ☐ Currently in treatment but not completed
3. ☐ Entered a program but failed to complete it
   --> Why? (CHECK ALL THAT APPLY)
   A. ☐ Drug or alcohol relapse occurred
   B. ☐ Medical condition interfered
   C. ☐ Mental condition interfered
   D. ☐ Incarcerated
   E. ☐ Don't know
   F. ☐ Other (PLEASE SPECIFY)

   _____
4. ☐ Currently on a waiting list--> How long on the waiting list?
   _____ months
5. ☐ No appropriate treatment program was accessible
6. ☐ Not sufficiently motivated to enter treatment
7. ☐ Other (PLEASE SPECIFY)

   _____

64. What substances was this child's **mother** abusing around the time this foster care episode began? (CHECK ONE FOR EACH)

	Yes (1)	No (2)	Don't Know (3)
1. Crack cocaine	☐	☐	☐
2. Powder cocaine	☐	☐	☐
3. Cocaine (type unknown)	☐	☐	☐
4. Heroin	☐	☐	☐
5. Other opiates or type of opiate unknown	☐	☐	☐
6. Methamphetamine	☐	☐	☐
7. Alcohol	☐	☐	☐
8. Other (PLEASE SPECIFY)	☐	☐	☐

_____

65. What was the drug of choice of this child's **mother** around the time this foster care episode began? (CHECK ONE)

1. ☐ Crack cocaine
2. ☐ Powder cocaine
3. ☐ Cocaine (type unknown)
4. ☐ Heroin
5. ☐ Other opiates or type of opiate unknown
6. ☐ Methamphetamine
7. ☐ Alcohol
8. ☐ Other (PLEASE SPECIFY)

_____

66. Based on your knowledge of the history of substance abuse by this child's **mother**, about how long ago did she initially begin abusing drugs or alcohol? (CHECK ONE)

1. ☐ Less than 1 year ago
2. ☐ 1 through 4 years ago
3. ☐ 5 through 9 years ago
4. ☐ 10 years ago or more
5. ☐ Don't know

67. Was this child's **mother** incarcerated at the time this foster care episode began? (CHECK ONE)

1. ☐ Yes
2. ☐ No
3. ☐ Don't know

68. Certain crimes are sometimes linked to substance abuse. Was this child's **mother** arrested or convicted of any the following crimes around the time this foster care episode began? (CHECK ONE FOR EACH)

	Yes (arrested only) (1)	Yes (convicted) (2)	No (3)	Don't know (4)
1. Under the influence of drugs or alcohol	☐	☐	☐	☐
2. Drug possession	☐	☐	☐	☐
3. Drug sales	☐	☐	☐	☐
4. Prostitution	☐	☐	☐	☐
5. Theft/burglary	☐	☐	☐	☐
6. Assault/rape	☐	☐	☐	☐
7. Homicide	☐	☐	☐	☐
8. Other (PLEASE SPECIFY)	☐	☐	☐	☐

_____

69. Was this child's **mother** subsequently arrested or convicted of any crimes during this foster care episode? (CHECK ONE FOR EACH)

	Yes (arrested only) (1)	Yes (convicted) (2)	No (3)	Don't know (4)
1. Under the influence of drugs or alcohol	☐	☐	☐	☐
2. Drug possession	☐	☐	☐	☐
3. Drug sales	☐	☐	☐	☐
4. Prostitution	☐	☐	☐	☐
5. Theft/burglary	☐	☐	☐	☐
6. Assault/rape	☐	☐	☐	☐
7. Homicide	☐	☐	☐	☐
8. Other (PLEASE SPECIFY)	☐	☐	☐	☐

_____

70. Has the **mother's** parental rights for this child been terminated, either by voluntary relinquishment or by court action?

1. ☐ Yes--> On what date? _____ Month / Day / Year
2. ☐ No

71. Consider all the service plans for this foster care episode. Was this child's **father** required to undergo drug or alcohol treatment as part of a service plan? (CHECK ONE)

1. ☐ Yes (CONTINUE)
2. ☐ No (GO TO QUESTION 80 ON PAGE 16)
3. ☐ Don't know (GO TO QUESTION 80 ON PAGE 16)
4. ☐ N/A, father was deceased or whereabouts were unknown (GO TO QUESTION 80 ON PAGE 16)

72. Which of the statements below best describes the **father's** progress toward meeting this requirement? (CHECK ONE)

1. ☐ Successfully fulfilled the treatment requirement
2. ☐ Currently in treatment but not completed
3. ☐ Entered a program but failed to complete it
   --> Why? (CHECK ALL THAT APPLY)
   - A. ☐ Drug or alcohol relapse occurred
   - B. ☐ Medical condition interfered
   - C. ☐ Mental condition interfered
   - D. ☐ Incarcerated
   - E. ☐ Don't know
   - F. ☐ Other (PLEASE SPECIFY)

   _____
4. ☐ Currently on a waiting list--> How long on the waiting list?
   _____ months
5. ☐ No appropriate treatment program was accessible
6. ☐ Not sufficiently motivated to enter treatment
7. ☐ Other (PLEASE SPECIFY)

   _____

73. What substances was this child's **father** abusing around the time this foster care episode began? (CHECK ONE FOR EACH)

	Yes (1)	No (2)	Don't Know (3)
1. Crack cocaine	☐	☐	☐
2. Powder cocaine	☐	☐	☐
3. Cocaine (type unknown)	☐	☐	☐
4. Heroin	☐	☐	☐
5. Other opiates or type of opiate unknown	☐	☐	☐
6. Methamphetamine	☐	☐	☐
7. Alcohol	☐	☐	☐
8. Other (PLEASE SPECIFY)	☐	☐	☐

_____

74. What was the drug of choice of this child's **father** around the time this foster care episode began? (CHECK ONE)

1. ☐ Crack cocaine
2. ☐ Powder cocaine
3. ☐ Cocaine (type unknown)
4. ☐ Heroin
5. ☐ Other opiates or type of opiate unknown
6. ☐ Methamphetamine
7. ☐ Alcohol
8. ☐ Other (PLEASE SPECIFY)

   _____

75. Based on your knowledge of the history of substance abuse by this child's **father**, about how long ago did he initially begin abusing drugs or alcohol? (CHECK ONE)

1. ☐ Less than 1 year ago
2. ☐ 1 through 4 years ago
3. ☐ 5 through 9 years ago
4. ☐ 10 years ago or more
5. ☐ Don't know

76. Was this child's **father** incarcerated at the time this foster care episode began? (CHECK ONE)

1. ☐ Yes
2. ☐ No
3. ☐ Don't know

77. Certain crimes are sometimes linked to substance abuse. Was this child's **father** arrested or convicted of any of the following crimes around the time this foster care episode began? (CHECK ONE FOR EACH)

	Yes (arrested only) (1)	Yes (convicted) (2)	No (3)	Don't know (4)
1. Under the influence of drugs or alcohol	☐	☐	☐	☐
2. Drug possession	☐	☐	☐	☐
3. Drug sales	☐	☐	☐	☐
4. Prostitution	☐	☐	☐	☐
5. Theft/burglary	☐	☐	☐	☐
6. Assault/rape	☐	☐	☐	☐
7. Homicide	☐	☐	☐	☐
8. Other (PLEASE SPECIFY)	☐	☐	☐	☐

_____

78. Was this child's **father** subsequently arrested or convicted of any crimes during this foster care episode? (CHECK ONE FOR EACH)

	Yes (arrested only) (1)	Yes (convicted) (2)	No (3)	Don't know (4)
1. Under the influence of drugs or alcohol	☐	☐	☐	☐
2. Drug possession	☐	☐	☐	☐
3. Drug sales	☐	☐	☐	☐
4. Prostitution	☐	☐	☐	☐
5. Theft/burglary	☐	☐	☐	☐
6. Assault/rape	☐	☐	☐	☐
7. Homicide	☐	☐	☐	☐
8. Other (PLEASE SPECIFY)	☐	☐	☐	☐

_____

79. Has the **father's** parental rights for this child been terminated, either by voluntary relinquishment or by court action?

1. ☐ Yes--> On what date? _____ Month / Day / Year
2. ☐ No

COMMENTS

80. If you have any comments about issues covered in this questionnaire, please note them below.

Thank you for completing this questionnaire.

Please detach and destroy the front cover of this questionnaire--which contains identifying information about the foster child--before returning your responses.

Survey Results

This appendix displays the frequency distributions of responses to questions in our survey of foster care cases in California and Illinois. Means and medians are provided for some items. In addition, selected information from the states' administrative records is provided about these cases. Appendix I includes a detailed description of our survey methodology, and the questionnaire for this survey is in appendix IV.

The percentage given for each response category constitutes our estimate of the proportion of all foster care cases in each state's system as of September 15, 1997, that had been in the system since at least March 1, 1997. Because of the relatively small number of responses in some of the tables in this appendix and the resulting imprecision of any population estimates that might be based on those responses, tables with fewer than 41 cases present only the number of sample cases for which each response was given. No population estimates are given for those responses.

The sampling errors for the percentage estimates vary. No sampling error for any of the percentage estimates exceeds plus or minus 15 percentage points. Table V.1 provides a more specific breakdown of sampling errors for the percentage estimates by number of cases for which there was a response.

Table V.1: Sampling Errors for Percentage Estimates

For percentage estimates in each state based on a response for	The sampling error never exceeds plus or minus
88 or more cases	10 percentage points
65-87 cases	12 percentage points
41-64 cases	15 percentage points
Fewer than 41 cases	No percentage estimate

The sampling error for our estimates of the average number of caseworker visits in each state never exceeds plus or minus 1.3 visits. The sampling error for estimates in each state of the average number of a foster child's siblings never exceeds plus or minus 0.5 siblings. The sampling error for estimates of the (1) average length of time all foster children in each state had spent in the system up until September 15, 1997, never exceeds plus or minus 8.7 months, (2) average age at which children entered foster care never exceeds plus or minus 0.84 years, and (3) average age of children in foster care never exceeds plus or minus 0.92 years. In tables V.9 through V.12, we provide the results of these three calculations for subpopulations of all foster children. Because some of these calculations are based on a relatively small sample of cases in each subpopulation, they do not

constitute very precise estimates of the actual averages in the entire subpopulation in each state. These calculations refer to only the cases in our sample.

Table V.2: Characteristics of the Child and the Setting

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q5: What was the primary reason for this child's removal?	n=107	n=93	No, first category versus the rest combined	n=154	n=127	No, first category versus the rest combined
Neglect (including entries in "other" related to drugs, siblings hurt or neglected, abandonment)	79.4%	75.3%		86.4%	83.5%	
Physical abuse	12.1%	6.5%		6.5%	6.3%	
Sexual abuse	5.6%	6.5%		2.6%	6.3%	
Emotional abuse	0%	1.1%		0%	0%	
Other	2.8%	10.8%		4.5%	3.9%	
Q7: On September 15, 1997, in what type of foster care placement was this child residing?	n=116	n=109	NA	n=160	n=131	NA
In what your state classifies as kinship or relative care	100%	0%		100%	0%	
In a foster family home not classified as kinship or relative care (including "specialized" or "treatment" foster family home)	0%	73.4%		0%	87.0%	
In a group home or institution	0%	19.3%		0%	9.9%	
Other	0%	7.3%		0%	3.1%	
Q8: Consider this child's foster caregiver(s) as of September 15, 1997. Which of the following best describes the foster caregiver(s)?	n=116	n=88	NA	n=158	n=116	NA
This child's relative as defined by your state	98.3%	8.0%		98.1%	6.9%	
A person (not a relative) this child knew before entering foster care	0%	15.9%		1.3%	11.2%	
Someone else	1.7%	76.1%		0.6%	81.9%	
State administrative database: child's race	n=114	n=108	Each category versus the rest combined	n=160	n=131	Each category versus the rest combined

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
White	27.2%	39.8%	Yes	11.3%	16.8%	No
Hispanic	29.8%	20.4%	No	1.9%	2.3%	No
Black	43.0%	39.8%	No	86.9%	80.9%	No
State administrative database: child's gender	n=116	n=111		n=160	n=132	
Male	51.7%	50.5%	No	50.0%	60.6%	Yes
Female	48.3%	49.5%		50.0%	39.4%	
Calculated: child's age as of September 15, 1997	n=116	n=111		n=160	n=132	
Mean number of years	9.8	11.0	No	9.3	8.7	No
Median number of years	9.6	11.8		8.8	8.5	
Younger than 3 years old	6.0%	9.9%		10.0%	13.6%	
3 to 4 years old	11.2%	5.4%		16.3%	18.9%	
5 to 7 years old	20.7%	13.5%		20.6%	16.7%	
8 to 11 years old	28.4%	24.3%		20.0%	22.0%	
12 years old or older	33.6%	46.8%		33.1%	28.8%	
Calculated: child's age upon entering foster care	n=115	n=111		n=157	n=132	
Mean number of years	5.2	5.9	No	5.7	4.3	Yes
Median number of years	4.1	5.4		4.9	3.0	
Younger than 3 years old	39.1%	33.3%		38.2%	48.5%	
3 to 4 years old	16.5%	13.5%		10.2%	9.8%	
5 to 7 years old	15.7%	21.6%		17.2%	15.9%	
8 to 11 years old	21.7%	19.8%		21.0%	14.4%	
12 years old or older	7.0%	11.7%		13.4%	11.4%	

Table V.3: Caregiver's Characteristics

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q14: What is the approximate age of the foster caregiver(s)?[a]	n=111	n=79	Each category versus the rest combined	n=154	n=111	Each category versus the rest combined
Younger than 40 years old	27.0%	27.8%	No	29.2%	27.9%	No
40-54 years old	46.8%	57.0%	No	44.8%	50.5%	No
55-69 years old	26.1%	13.9%	Yes	25.3%	18.9%	No
70 years old or older	0%	1.3%	No	0.06%	2.7%	No
Q16: In your professional judgment, to what extent, if at all, did the health of the foster caregiver(s) interfere with the ability to parent?[b]	n=114	n=88	No, first 3 categories combined versus the rest combined	n=159	n=115	No, first 3 categories combined versus the rest combined
To a very great extent	0.9%	1.1%		1.3%	1.7%	
To a great extent	1.8%	1.1%		3.1%	1.7%	
To a moderate extent	0.9%	2.3%		5.0%	0.9%	
To some extent	7.9%	0%		6.9%	8.7%	
To little or no extent	88.6%	95.5%		83.6%	87.0%	
Calculated from Q8: child had only one caregiver	n=116	n=89		n=160	n=119	
Yes	64.7%	43.8%	Yes	64.4%	57.1%	No
No	35.5%	56.2%		35.6%	42.9%	
Q15: Does one or both of the foster caregivers have a history of the following behaviors?						
Child abuse	n=99	n=66		n=150	n=111	
Yes	0%	1.5%	No	2.7%	0%	Yes
No	100%	98.5%		97.3%	100%	
Child neglect	n=100	n=67		n=150	n=111	
Yes	1.0%	1.5%	No	2.0%	0%	No
No	99.0%	98.5%		98.0%	100%	
Domestic violence	n=93	n=65		n=128	n=106	
Yes	1.1%	4.6%	No	3.1%	0%	Yes
No	98.9%	95.4%		96.9%	100%	
Drug abuse	n=95	n=64		n=130	n=102	
Yes	1.1%	4.7%	No	2.3%	1.0%	No

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
No	98.9%	95.3%		97.7%	99.0%	
Alcohol abuse	n=94	n=64		n=128	n=100	
Yes	4.3%	4.7%	No	3.1%	2.0%	No
No	95.7%	95.3%		96.9%	98.0%	

[a]While the question allowed answers about each of a pair of caregivers, the table shows the answers for only the younger one.

[b]While the question allowed answers about each of a pair of caregivers, the table shows the answers for the one in better health.

Table V.4: Licensing, Caseworkers' Visits, and Caregiver's Training

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q23: On September 15, 1997, was this child residing in a licensed or approved foster care placement?	n=114	n=103	NA	n=157	n=128	NA
In California, licensed or certified	2.6%	90.3%				
In California, approved for kinship or relative care only	97.4%	9.7%				
In Illinois, licensed for nonrelatives				6.4%	95.3%	
In Illinois, licensed for relatives				56.7%	3.1%	
In Illinois, approved for relatives				36.9%	1.6%	
Q24: About how many times have you or another caseworker visited this child between March 15 and September 15, 1997?	n=109	n=105		n=150	n=126	
Mean number of times	3.8	5.3	Yes	8.0	11.3	Yes
Median number of times	3.0	5.0		7.0	9.0	
Q20: Had at least one of the foster caregivers completed orientation or training to prepare him/her to be a foster parent?	n=110	n=85		n=159	n=115	
Yes	19.1%	87.1%	Yes	69.8%	98.3%	Yes
No	80.9%	12.9%		30.2%	1.7%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q21: To what extent, if at all, did the lack of foster care orientation or training interfere with the ability of the foster caregiver(s) to navigate the foster care system?	n=88	n=10	Number in category is too small to perform the test	n=47	n=2	Number in category is too small to perform the test
To a very great extent	2.3%	0		10.6%	1	
To a great extent	3.4%	1		2.1%	0	
To a moderate extent	9.1%	2		25.5%	0	
To some extent	20.5%	2		29.8%	0	
To little or no extent	64.8%	5		31.9%	1	
Q22: To what extent, if at all, did the lack of foster care orientation or training interfere with the ability of the foster caregiver(s) to cooperate with caseworkers, courts, and other players in the foster care system?	n=89	n=10	Number in category is too small to perform the test	n=46	n=2	Number in category is too small to perform the test
To a very great extent	2.2%	0		6.5%	1	
To a great extent	2.2%	0		6.5%	0	
To a moderate extent	5.6%	1		13.0%	0	
To some extent	7.9%	1		21.7%	1	
To little or no extent	82.0%	8		52.2%	0	

Table V.5: Caregiver's Performance of Parenting Tasks

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q18: In your professional judgment, how adequately did the primary foster caregiver perform each of the following tasks?						
Provide supervision	n=115	n=88	No, first 2 categories combined versus the rest combined	n=160	n=114	No, first 2 categories combined versus the rest combined
Very adequately	56.5%	62.5%		56.9%	65.8%	
Adequately	39.1%	36.4%		35.0%	28.9%	
As adequately as not	1.7%	0%		6.3%	4.4%	
Inadequately	0.9%	0%		1.9%	0.9%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Very inadequately	1.7%	1.1%		0%	0%	
Set limits	n=116	n=88	No, first 2 categories combined versus the rest combined	n=159	n=112	Yes, first 2 categories combined versus the rest combined
Very adequately	44.8%	60.2%		40.9%	53.6%	
Adequately	45.7%	35.2%		46.5%	38.4%	
As adequately as not	6.9%	2.3%		8.2%	5.4%	
Inadequately	0.9%	2.3%		3.8%	2.7%	
Very inadequately	1.7%	0%		0.6%	0%	
Enforce limits	n=115	n=88	No, first 2 categories combined versus the rest combined	n=158	n=112	No, first 2 categories combined versus the rest combined
Very adequately	42.6%	56.8%		37.3%	50.9%	
Adequately	46.1%	36.4%		47.5%	38.4%	
As adequately as not	7.8%	4.5%		9.5%	6.3%	
Inadequately	0.9%	2.3%		5.1%	4.5%	
Very inadequately	2.6%	0%		0.6%	0%	
Provide emotional support	n=116	n=88	Yes, first 2 categories combined versus the rest combined	n=160	n=114	No, first 2 categories combined versus the rest combined
Very adequately	57.8%	58.0%		44.4%	56.1%	
Adequately	32.8%	38.6%		44.4%	36.0%	
As adequately as not	6.9%	2.3%		10.0%	4.4%	
Inadequately	0%	1.1%		1.3%	3.5%	
Very inadequately	2.6%	0%		0%	0%	
Provide clothing	n=115	n=88	No, first 2 categories combined versus the rest combined	n=160	n=115	No, first 2 categories combined versus the rest combined
Very adequately	53.9%	64.8%		55.6%	63.5%	
Adequately	38.3%	28.4%		41.3%	31.3%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
As adequately as not	6.1%	4.5%		2.5%	5.2%	
Inadequately	1.7%	2.3%		0.6%	0%	
Very inadequately	0%	0%		0%	0%	
Provide nutrition	n=115	n=88	No, first 2 categories combined versus the rest combined	n=160	n=115	No, first 2 categories combined versus the rest combined
Very adequately	56.5%	68.2%		58.1%	68.7%	
Adequately	39.1%	29.5%		38.8%	28.7%	
As adequately as not	3.5%	1.1%		2.5%	2.6%	
Inadequately	0.9%	1.1%		0.6%	0%	
Very inadequately	0%	0%		0%	0%	
Provide a good role model	n=114	n=88	No, first 2 categories combined versus the rest combined	n=159	n=114	No, first 2 categories combined versus the rest combined
Very adequately	48.2%	64.8%		44.0%	64.0%	
Adequately	43.9%	28.4%		44.7%	29.8%	
As adequately as not	4.4%	5.7%		10.1%	6.1%	
Inadequately	0.9%	0%		1.3%	0%	
Very inadequately	2.6%	1.1%		0%	0%	
Accept child into family	n=115	n=87	No, first 2 categories combined versus the rest combined	n=159	n=115	No, first 2 categories combined versus the rest combined
Very adequately	74.8%	73.6%		69.2%	73.9%	
Adequately	22.6%	24.1%		28.3%	21.7%	
As adequately as not	1.7%	1.1%		1.9%	3.5%	
Inadequately	0.9%	1.1%		0.6%	0%	
Very inadequately	0%	0%		0%	0.9%	
Ensure school attendance	n=108	n=82	No, first 2 categories combined versus the rest combined	n=142	n=98	No, first 2 categories combined versus the rest combined

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Very adequately	66.7%	70.7%		58.5%	75.5%	
Adequately	31.5%	25.6%		33.8%	20.4%	
As adequately as not	0%	2.4%		4.2%	3.1%	
Inadequately	1.9%	0%		2.8%	0%	
Very inadequately	0%	1.2%		0.7%	1.0%	
Navigate foster care system	n=115	n=83	No, first 2 categories combined versus the rest combined	n=154	n=112	No, first 2 categories combined versus the rest combined
Very adequately	40.9%	60.2%		34.4%	49.1%	
Adequately	45.2%	32.5%		49.4%	41.1%	
As adequately as not	11.3%	3.6%		13.0%	8.0%	
Inadequately	0%	3.6%		3.2%	1.8%	
Very inadequately	2.6%	0%		0%	0%	
Cooperate with courts and other players in foster care system	n=115	n=86	No, first 2 categories combined versus the rest combined	n=158	n=113	No, first 2 categories combined versus the rest combined
Very adequately	57.4%	62.8%		43.0%	56.6%	
Adequately	36.5%	33.7%		43.7%	35.4%	
As adequately as not	3.5%	3.5%		8.9%	7.1%	
Inadequately	1.7%	0%		3.8%	0.9%	
Very inadequately	0.9%	0%		0.6%	0%	
Q17: Is this child up-to-date with respect to each of the following health services?						
Routine physical exam or well baby check-up	n=113	n=85		n=154	n=115	
Yes	99.1%	96.5%	No	92.9%	97.4%	Yes
No	0.9%	3.5%		7.1%	2.6%	
Immunizations	n=113	n=85		n=151	n=115	
Yes	100.0%	100.0%	No	96.0%	99.1%	No
No	0%	0%		4.0%	0.9%	
Dental check-ups	n=108	n=77		n=138	n=103	
Yes	96.3%	97.4%	No	80.4%	92.2%	Yes
No	3.7%	2.6%		19.6%	7.8%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Vision check-ups	n=84	n=65		n=129	n=99	
Yes	97.6%	100.0%	No	79.1%	88.9%	Yes
No	2.4%	0%		20.9%	11.1%	
Q19: In your professional judgment, how willing was the primary foster caregiver to perform each of the following?						
To accept opinions of professionals, such as caseworkers or physicians, regarding the child's need for medical services	n=116	n=87	No, first 2 categories combined versus the rest combined	n=159	n=114	Yes, first 2 categories combined versus the rest combined
Very willing	64.7%	63.2%		53.5%	68.4%	
Willing	31.0%	31.0%		37.7%	28.1%	
As willing as unwilling	2.6%	5.7%		6.9%	3.5%	
Unwilling	1.7%	0%		1.3%	0%	
Very unwilling	0%	0%		0.6%	0%	
To act on medical referrals for the child from professionals	n=116	n=87	No, first 2 categories combined versus the rest combined	n=159	n=114	No, first 2 categories combined versus the rest combined
Very willing	62.9%	66.7%		47.8%	68.4%	
Willing	32.8%	26.4%		42.8%	26.3%	
As willing as unwilling	3.4%	4.6%		6.9%	4.4%	
Unwilling	0.9%	2.3%		1.9%	0%	
Very unwilling	0%	0%		0.6%	0.9%	
To accept opinions of professionals, such as caseworkers or psychologists, regarding the child's need for mental health services	n=116	n=87	No, first 2 categories combined versus the rest combined	n=160	n=111	No, first 2 categories combined versus the rest combined
Very willing	56.9%	63.2%		42.5%	61.3%	
Willing	36.2%	29.9%		40.6%	27.9%	
As willing as unwilling	5.2%	4.6%		11.9%	10.8%	
Unwilling	1.7%	2.3%		3.8%	0%	
Very unwilling	0%	0%		1.3%	0%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
To act on mental health referrals for the child from professionals	n=112	n=87	No, first 2 categories combined versus the rest combined	n=158	n=112	No, first 2 categories combined versus the rest combined
Very willing	54.5%	60.9%		43.0%	60.7%	
Willing	39.3%	29.9%		41.1%	29.5%	
As willing as unwilling	5.4%	5.7%		11.4%	8.9%	
Unwilling	0.9%	3.4%		2.5%	0%	
Very unwilling	0%	0%		1.9%	0.9%	
To accept opinions of professionals, such as caseworkers or teachers, regarding the child's need for educational services	n=116	n=84	No, first 2 categories combined versus the rest combined	n=156	n=109	No, first 2 categories combined versus the rest combined
Very willing	61.2%	69.0%		52.6%	64.2%	
Willing	33.6%	27.4%		39.1%	28.4%	
As willing as unwilling	2.6%	2.4%		6.4%	7.3%	
Unwilling	1.7%	1.2%		1.3%	0%	
Very unwilling	0.9%	0%		0.6%	0%	
To act on educational referrals for the child from professionals	n=116	n=83	No, first 2 categories combined versus the rest combined	n=156	n=108	No, first 2 categories combined versus the rest combined
Very willing	58.6%	71.1%		48.7%	66.7%	
Willing	36.2%	26.5%		41.7%	26.9%	
As willing as unwilling	2.6%	1.2%		5.1%	6.5%	
Unwilling	1.7%	1.2%		3.8%	0%	
Very unwilling	0.9%	0%		0.6%	0%	

Table V.6: Continuity

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Topic: Child's familiarity with caregiver						
Q12: In your professional judgment, to what extent did this child know the foster caregiver(s) prior to this placement?[a]	n=102	n=81	Yes, first 2 categories combined versus the rest combined	n=142	n=104	Yes, first 2 categories combined versus the rest combined
To a very great extent	70.6%	9.9%		73.2%	5.8%	
To a great extent	18.6%	4.9%		14.1%	6.7%	
To a moderate extent	4.9%	6.2%		7.0%	6.7%	
To some extent	2.0%	6.2%		3.5%	7.7%	
To little or no extent	3.9%	72.8%		2.1%	73.1%	
Q13: Did this child ever reside with one or both of the foster caregivers prior to this foster care placement?	n=89	n=77		n=125	n=105	
Yes	46.1%	13.0%	Yes	48.8%	5.7%	Yes
No	53.9%	87.0%		51.2%	94.3%	
Q9: Does one or both of the foster caregivers communicate in the primary language used by this child's parents?	n=116	n=88		n=157	n=115	
Yes	100.0	94.3%	Yes	100.0%	98.3%	Yes
No	0%	5.7%		0%	1.7%	
Q10: Does one or both of the foster caregivers speak a language this child can understand?	n=116	n=88		n=155	n=113	
Yes	99.1%	95.5%	Yes	98.7%	98.2%	No
No	0.9%	4.5%		1.3%	1.8%	
Q11: Is one or both of the foster caregivers the same race or ethnicity as this child?	n=115	n=86		n=158	n=115	
Yes	100.0%	83.7%	Yes	100.0%	88.7%	Yes
No	0%	16.3%		0%	11.3%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Topic: Contact with family members and friends						
Q25: During the placement that this child was in on September 15, 1997, was the mother allowed to visit or contact this child?	n=115	n=110	Yes, first category versus the rest combined	n=160	n=132	No, first category versus the rest combined
Yes, during some or all of this placement	71.3%	53.6%		71.3%	62.9%	
No	4.3%	10.9%		6.3%	14.4%	
N/A, mother's whereabouts are unknown	18.3%	26.4%		17.5%	21.2%	
N/A, mother was deceased	6.1%	9.1%		5.0%	1.5%	
Calculated from Q25: the mother was allowed to visit (excludes N/A answers)	n=87	n=71		n=124	n=102	
Yes	94.3%	83.1%	Yes	91.9%	81.4%	Yes
No	5.7%	16.9%		8.1%	18.6%	
Q26: During this placement, did the mother visit or contact this child as often as, more often, or less often than specified in the service plan?	n=64	n=50	No, first 3 categories versus the rest combined	n=109	n=82	No, first 3 categories versus the rest combined
Much more often than specified	9.4%	0%		20.2%	2.4%	
More often than specified	14.1%	6.0%		18.3%	8.5%	
As often as specified	23.4%	28.0%		11.9%	28.0%	
Less often than specified	20.3%	32.0%		13.8%	24.4%	
Much less often than specified	32.8%	34.0%		35.8%	36.6%	
Q27: In your professional judgment, to what extent did the number and nature of visits or contacts that actually occurred allow the mother and child to have the relationship intended in the service plan?	n=63	n=50	No, first 3 categories versus the rest combined	n=108	n=82	No, first 3 categories versus the rest combined
To a very great extent	14.3%	8.0%		17.6%	12.2%	
To a great extent	22.2%	24.0%		19.4%	28.0%	
To a moderate extent	14.3%	22.0%		18.5%	13.4%	
To some extent	25.4%	20.0%		14.8%	17.1%	
To little or no extent	23.8%	26.0%		29.6%	29.3%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q29: During the placement that this child was in on September 15, 1997, was the father allowed to visit or contact this child?	n=116	n=111	Yes, first 3 categories versus the rest combined	n=159	n=131	No, first 3 categories versus the rest combined
Yes, during some or all of this placement	40.5%	19.8%		37.7%	30.5%	
No	10.3%	18.9%		11.3%	13.7%	
N/A, father's whereabouts are unknown	42.2%	56.8%		44.7%	50.4%	
N/A, father was deceased	6.9%	4.5%		6.3%	5.3%	
Calculated from Q29: the father was allowed to visit (excludes N/A answers)	n=59	n=43		n=78	n=58	
Yes	79.7%	51.2%	Yes	76.9%	69.0%	No
No	20.3%	48.8%		23.1%	31.0%	
Q30: During this placement, did the father visit or contact this child as often as, more often, or less often than specified in the service plan?	n=35	n=18	Number in category is too small to perform the test	n=53	n=40	Number in category is too small to perform the test
Much more often than specified	2	0		0%	2	
More often than specified	1	1		15.1%	1	
As often as specified	11	5		18.9%	9	
Less often than specified	7	3		22.6%	10	
Much less often than specified	14	9		43.4%	18	
Q31: In your professional judgment, to what extent did the number and nature of visits or contacts that actually occurred allow the father and child to have the relationship intended in the service plan?	n=36	n=18	Number in category is too small to perform the test	n=54	n=40	Number in category is too small to perform the test
To a very great extent	7	1		3.7%	3	
To a great extent	5	2		18.5%	6	
To a moderate extent	4	5		20.4%	8	
To some extent	8	2		9.3%	7	
To little or no extent	12	8		48.1%	16	
Q33: Does this child have siblings?	n=116	n=111		n=158	n=132	
Yes	93.1%	82.0%	Yes	96.2%	99.2%	Yes
No	6.9%	18.0%		3.8%	0.8%	
Mean number of siblings	2.8	3.3	No	3.4	3.7	No

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Median number of siblings	2.0	3.0		3.0	3.0	
Q34: As of September 15, 1997, did your state have custody of any of these siblings?	n=103	n=81		n=150	n=128	
Yes	89.3%	80.2%	Yes	84.7%	90.6%	No
No	10.7%	19.8%		15.3%	9.4%	
Mean number of siblings	2.5	3.0	No	3.2	3.1	No
Median number of siblings	2.0	2.5		3.0	3.0	
Q35: How many of these siblings, who were also in protective custody, resided in the same placement as this child?	n=89	n=65	Yes, first 2 categories combined versus rest combined	n=125	n=114	Yes, first 2 categories combined versus rest combined
All	58.4%	30.8%		47.2%	16.7%	
Some	25.8%	16.9%		39.2%	36.0%	
None	15.7%	52.3%		13.6%	47.4%	
Q36: Which of the situations below best describes the degree to which the visits or contacts between siblings met the service plan's specifications?	n=39	n=45	Number in category is too small to perform the test	n=76	n=99	No, first 2 categories combined versus rest combined
All the siblings visited or contacted this child at least as often as specified	24	33.3%		59.2%	49.5%	
At least one but not all of the siblings visited or contacted this child as often as specified	5	28.9%		22.4%	32.3%	
At least one of the siblings visited or contacted this child, but not as often as specified	10	26.7%		14.5%	13.1%	
None of the siblings ever visited or contacted this child	0	11.1%		3.9%	5.1%	
Q37: In your professional judgment, to what extent did the number and nature of visits that actually occurred allow the sibling(s) and child to have the relationship intended in the service plan?	n=39	n=44	Number in category is too small to perform the test	n=76	n=98	No, first 3 categories combined versus rest combined
To a very great extent	12	15.9%		30.3%	30.6%	
To a great extent	13	15.9%		28.9%	30.6%	
To a moderate extent	5	25.0%		19.7%	20.4%	
To some extent	4	25.0%		13.2%	12.2%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
To little or no extent	5	18.2%		7.9%	6.1%	
Q38: Did this child maintain contact with relatives other than relative foster caregivers, siblings, and parents?	n=110	n=97		n=156	n=122	
Yes, maintained contact with at least one other relative	89.1%	50.5%	Yes	91.7%	41.0%	Yes
No, child had little or no contact with other relatives	10.9%	49.5%		8.3%	59.0%	
Q39: With about how many of the friends this child had just prior to this foster care episode did this child visit or otherwise communicate during this placement?	n=31	n=34	Number in category is too small to perform the test	n=56	n=38	Number in category is too small to perform the test
All or almost all	16	5		35.7%	2	
Some	5	7		41.1%	9	
Few, if any	10	22		23.2%	27	
Topic: Child's contact with the community						
Q43: Consider the neighborhood in which this child resided just prior to this foster care episode. Did this child reside in the same neighborhood on September 15, 1997?	n=94	n=87		n=137	n=120	
Yes	41.5%	14.9%	Yes	35.8%	10.0%	Yes
No	58.5%	85.1%		64.2%	90.0%	
Q40: Is the school in which this child was enrolled on September 15, 1997, the same school as the one he/she would have attended if he/she had not entered this episode of foster care?	n=63	n=65		n=80	n=80	
Yes	47.6%	16.9%	Yes	35.0%	15.0%	Yes
No	52.4%	83.1%		65.0%	85.0%	
Q41: Did this child regularly attend one place of worship just prior to this foster care episode?	n=57	n=41		n=72	n=59	
Yes	21.1%	19.5%	No	38.9%	13.6%	Yes
No	78.9%	80.5%		61.1%	86.4%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q42: Did this child regularly attend the same place of worship during this placement?	n=11	n=8	Number in category is too small to perform the test	n=28	n=7	Number in category is too small to perform the test
Yes	9	5		24	4	
No	2	3		4	3	

[a]While the question allowed answers about each of a pair of caregivers, the table shows the answers for only the one whom the child knew best.

Table V.7: Caregiver's Willingness to Enforce Parents' Visitation Restrictions

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q28: In your professional judgment, how likely was it that one or both of the foster caregivers would have taken the necessary actions to enforce visitation restrictions that may have applied to this child's mother?	n=77	n=67	Yes, first 2 categories combined versus rest combined	n=117	n=87	Yes, first 2 categories combined versus rest combined
Very likely	49.4%	70.1%		35.0%	56.3%	
Likely	26.0%	23.9%		33.3%	24.1%	
As likely as unlikely	19.5%	1.5%		17.1%	10.3%	
Unlikely	5.2%	4.5%		11.1%	4.6%	
Very unlikely	0%	0%		3.4%	4.6%	
Q32: In your professional judgment, how likely was it that one or both of the foster caregivers would have taken the necessary actions to enforce visitation restrictions that may have applied to this child's father?	n=49	n=41	Yes, first 2 categories combined versus rest combined	n=75	n=46	Yes, first 2 categories combined versus rest combined
Very likely	51.0%	63.4%		37.3%	71.7%	
Likely	28.6%	29.3%		37.3%	21.7%	
As likely as unlikely	18.4%	0%		10.7%	6.5%	
Unlikely	2.0%	4.9%		12.0%	0%	
Very unlikely	0%	2.4%		2.7%	0%	
Calculated from Q28 and Q32: Likelihood that one or both of the foster caregivers would have taken the necessary actions to enforce visitation restrictions that may have applied to this child's parent[a]	n=85	n=76	Yes, first 2 categories combined versus rest combined	n=127	n=92	Yes, first 2 categories combined versus rest combined
Very likely	42.4%	64.6%		34.6%	56.5%	
Likely	29.4%	27.6%		33.1%	23.9%	
As likely as unlikely	22.4%	1.3%		14.2%	10.9%	
Unlikely	5.9%	5.3%		13.4%	4.3%	
Very unlikely	0%	1.3%		4.7%	4.3%	

[a]While the questions allow answers about each parent, the table shows answers for the parent whose visitation restrictions are least likely to be enforced.

Table V.8: Permanency Goals

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q45: On September 15, 1997, what was the goal for this child?	n=115	n=110	Each category versus rest combined	n=160	n=132	Each category versus rest combined
Reunification	15.7%	10.9%	No	15.6%	16.7%	No
Adoption	11.3%	19.1%	No	41.3%	37.9%	No
Guardianship	16.5%	22.7%	No	14.4%	1.5%	Yes
Long-term foster care, independent living or emancipation, and other	56.5%	47.3%	No	28.8%	43.9%	Yes
Calculated from Q45: the goal for this child on September 15, 1997, when reunification not considered feasible	n=97	n=98	Each category versus rest combined	n=135	n=110	Each category versus rest combined
Adoption	13.4%	21.4%	No	48.9%	45.5%	No
Guardianship	19.6%	25.5%	No	17.0%	1.8%	Yes
Long-term foster care, independent living or emancipation, and other	67.0%	53.1%	Yes	34.1%	52.7%	Yes
Calculated from state administrative database: years in foster care to September 15, 1997, for all permanency goals	n=116	n=111		n=160	n=132	
Mean number of years	5.2	5.5	No	3.6	4.4	Yes
Median number of years	5.1	4.5		3.1	3.6	
Up to 2	21.6%	18.9%		22.5%	19.7%	
2 to 3	24.1%	27.9%		47.5%	33.3%	
4 to 5	17.2%	12.6%		18.1%	23.5%	
6 to 7	12.1%	11.7%		8.8%	12.1%	
8 to 9	14.7%	12.6%		0.6%	8.3%	
10 and longer	10.3%	16.2%		2.5%	3.0%	

Table V.9: Cases With the Goal of Reunification

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Calculated from state administrative database: years in foster care as of September 15, 1997	n=18	n=12	Number in category is too small to perform the test	n=25	n=22	Number in category is too small to perform the test
Mean number of years	1.4	1.2		1.8	2.4	
Median number of years	1.0	1.2		1.8	1.9	
Less than 2	15	11		18	13	
2 to 3	2	1		7	7	
4 to 5	1	0		0	1	
6 to 7	0	0		0	1	
8 to 9	0	0		0	0	
10 years and longer	0	0		0	0	
Calculated: child's age as of September 15, 1997	n=18	n=12	Number in category is too small to perform the test	n=25	n=22	Number in category is too small to perform the test
Mean number of years	6.2	6.6		7.3	7.4	
Median number of years	5.9	6.7		6.9	6.8	
Younger than 3 years	3	3		3	5	
3 to 4 years	5	1		6	3	
5 to 7 years	5	5		5	5	
8 to 11 years	4	2		8	5	
12 years or older	1	1		3	4	
Calculated: child's age upon entering foster care	n=18	n=12	Number in category is too small to perform the test	n=25	n=22	Number in category is too small to perform the test
Mean number of years	4.8	5.4		5.6	5.1	
Median number of years	3.7	5.1		5.1	4.7	
Younger than 3 years	7	4		9	8	
3 to 4 years	3	2		3	4	
5 to 7 years	3	4		3	4	
8 to 11 years	4	1		9	4	
12 years or older	1	1		1	2	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q5: What was the primary reason for this child's removal	n=17	n=11	Number in category is too small to perform the test	n=25	n=21	Number in category is too small to perform the test
Neglect (including entries in "other" related to drugs, siblings hurt or neglected, abandonment)	13	10		18	18	
Physical abuse	4	0		5	1	
Sexual abuse	0	0		2	2	
Emotional abuse	0	0		0	0	
Other	0	1		0	0	
Calculated from Q51 and Q54: caseworker's earliest estimate of when reunification is likely with either parent	n=15	n=11	Number in category is too small to perform the test	n=25	n=22	Number in category is too small to perform the test
Within 6 months	4	4		6	3	
Within 7 to 12 months	1	2		11	10	
Within 13 to 18 months	1	2		0	3	
In more than 18 months	3	2		0	3	
Unlikely	6	1		8	3	
Calculated from Q51 and Q54: caseworker's estimate of whether reunification is likely with either parent	n=15	n=11	Number in category is too small to perform the test	n=25	n=22	Number in category is too small to perform the test
Likely	9	10		17	19	
Unlikely	6	1		8	3	

Note: Based on cases in which the goal according to question 45 was reunification

Table V.10: Cases With the Goal of Adoption

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Calculated from state administrative database: years in foster care as of September 15, 1997	n=13	n=21	Number in category is too small to perform the test	n=66	n=50	
Mean number of years	3.1	3.3		3.6	4.5	Yes
Median number of years	2.5	2.5		3.2	3.9	
Less than 2	6	5		9.1%	10.0%	
2 to 3	4	12		60.6%	40.0%	
4 to 5	2	2		22.7%	26.0%	
6 to 7	0	0		6.1%	14.0%	
8 to 9	0	1		1.5%	10.0%	
10 years and longer	1	1		0%	0%	
Calculated: child's age as of September 15, 1997	n=13	n=21	Number in category is too small to perform the test	n=66	n=50	
Mean number of years	7.2	5.5		7.9	6.0	Yes
Median number of years	5.1	3.7		7.3	5.2	
Younger than 3 years	2	8		12.1%	18.0%	
3 to 4 years	4	4		21.2%	32.0%	
5 to 7 years	3	5		21.2%	22.0%	
8 to 11 years	1	2		22.7%	22.0%	
12 years or older	3	2		22.7%	6.0%	
Calculated: child's age upon entering foster care	n=13	n=21	Number in category is too small to perform the test	n=66	n=49	
Mean number of years	4.4	2.8		4.3	1.6	Yes
Median number of years	3.1	0.8		3.4	0.4	
Younger than 3 years	6	13		47.0%	77.6%	
3 to 4 years	4	4		12.1%	12.2%	
5 to 7 years	0	2		25.8%	10.2%	
8 to 11 years	2	1		10.6%	0%	
12 years or older	1	1		4.5%	0%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q5: What was the primary reason for this child's removal?	n=12	n=20	Number in category is too small to perform the test	n=62	n=48	No, first category versus the rest combined
Neglect (including entries in "other" related to drugs, siblings hurt or neglected, abandonment)	8	17		90.3%	87.5%	
Physical abuse	4	0		4.8%	6.3%	
Sexual abuse	0	0		0%	2.1%	
Emotional abuse	0	0		0%	0%	
Other	0	3		4.8%	4.2%	
Q58: In your professional judgment, how likely is it that this child will be adopted?	n=13	n=21	Number in category is too small to perform the test	n=64	n=50	No, first 2 categories combined versus the rest combined
Very likely	12	15		82.8%	66.0%	
Likely	0	2		7.8%	16.0%	
As likely as unlikely	0	2		6.3%	10.0%	
Unlikely	0	2		0%	6.0%	
Very unlikely	1	0		3.1%	2.0%	
Q59: As of September 15, 1997, did this child reside in a pre-adoptive home?	n=13	n=21	Number in category is too small to perform the test	n=64	n=50	
Yes	11	14		93.8%	64.0%	Yes
No	2	7		6.3%	36.0%	
Calculated from Q58 and Q59: likelihood that children who are in pre-adoptive homes will be adopted	n=11	n=13	Number in category is too small to perform the test	n=60	n=32	Number in category is too small to perform the test
Very likely	10	12		85.0%	28	
Likely	0	1		6.7%	3	
As likely as unlikely	0	0		6.7%	1	
Unlikely	0	0		1.7%	0	
Very unlikely	1	0		0%	0	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Calculated from Q58 and Q59: likelihood that children who are not in pre-adoptive homes will be adopted	n=2	n=8	Number in category is too small to perform the test	n=4	n=18	Number in category is too small to perform the test
Very likely	2	3		2	5	
Likely	0	2		1	5	
As likely as unlikely	0	1		0	4	
Unlikely	0	0		0	3	
Very unlikely	0	2		1	1	

Note: Based on cases in which the goal according to question 45 was adoption.

Table V.11: Cases With the Goal of Guardianship

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Calculated from state administrative database: years in foster care as of September 15, 1997	n=19	n=25	Number in category is too small to perform the test	n=23	n=2	Number in category is too small to perform the test
Mean number of years	5.7	8.6		4.3	12.1	
Median number of years	5.5	8.7		4.0	NA	
Less than 2	2	0		3	0	
2 to 3	4	3		9	0	
4 to 5	6	3		6	0	
6 to 7	5	4		4	0	
8 to 9	0	6		0	0	
10 years and longer	2	9		1	2	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Calculated: child's age as of September 15, 1997	n=19	n=25	Number in category is too small to perform the test	n=23	n=2	Number in category is too small to perform the test
Mean number of years	8.4	13.0		9.8	13.5	
Median number of years	7.1	12.0		10.8	13.5	
Younger than 3 years	1	0		1	0	
3 to 4 years	0	0		2	0	
5 to 7 years	9	1		7	0	
8 to 11 years	6	9		4	0	
12 years or older	3	15		9	2	
Calculated: child's age upon entering foster care	n=18	n=25	Number in category is too small to perform the test	n=23	n=2	Number in category is too small to perform the test
Mean number of years	3.3	4.4		5.5	1.3	
Median number of years	3.0	4.4		4.6	1.3	
Younger than 3 years	10	9		8	2	
3 to 4 years	5	6		4	0	
5 to 7 years	2	6		4	0	
8 to 11 years	1	4		7	0	
12 years or older	0	0		0	0	
Q5: What was the primary reason for this child's removal?	n=19	n=21	Number in category is too small to perform the test	n=23	n=2	Number in category is too small to perform the test
Neglect (including entries in "other" related to drugs, siblings hurt or neglected, abandonment)	16	18		22	2	
Physical abuse	1	1		1	0	
Sexual abuse	1	0		0	0	
Emotional abuse	0	0		0	0	
Other	1	2		0	0	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Q49: Has a guardian, other than the state or foster care agency, been appointed for this child by the court and if so what is the guardian's relationship to the child?	n=18	n=25	Number in category is too small to perform the test	n=23	n=2	Number in category is too small to perform the test
Yes, a relative as defined by your state	9	2		8	0	
Yes, a person (not a relative) this child knew before entering foster care	0	8		0	0	
Yes, someone else	1	8		0	0	
No	8	7		15	2	

Note: Based on cases in which the goal according to question 45 was guardianship.

Table V.12: Cases With the Goal of Long-Term Foster Care

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
Calculated from state administrative database: years in foster care as of September 15, 1997	n=65	n=52		n=46	n=58	
Mean number of years	6.4	6.0	No	4.2	4.9	No
Median number of years	6.4	4.9		3.4	4.6	
Less than 2	3.1%	9.6%		19.6%	13.8%	
2 to 3	27.7%	28.8%		43.5%	29.3%	
4 to 5	16.9%	15.4%		17.4%	29.3%	
6 to 7	13.8%	17.3%		13.0%	13.8%	
8 to 9	24.6%	13.5%		0%	10.3%	
10 years and longer	13.8%	15.4%		6.5%	3.4%	
Calculated: child's age as of September 15, 1997	n=65	n=52		n=46	n=58	
Mean number of years	11.6	13.4	Yes	12.1	11.2	No
Median number of years	11.8	13.4		13.6	11.8	
Younger than 3 years	1.5%	0%		8.7%	6.9%	
3 to 4 years	6.2%	1.9%		8.7%	10.3%	
5 to 7 years	10.8%	7.7%		15.2%	10.3%	
8 to 11 years	33.8%	25.0%		10.9%	22.4%	

(continued)

	California			Illinois		
	Kinship care	Other foster care settings	Statistically significant difference	Kinship care	Other foster care settings	Statistically significant difference
12 years or older	47.7%	65.4%		56.5%	50.0%	
Calculated: child's age upon entering foster care	n=65	n=52		n=46	n=58	
Mean number of years	6.0	7.9	Yes	7.9	6.4	No
Median number of years	5.5	8.2		8.4	5.6	
Younger than 3 years	33.8%	21.2%		28.3%	29.3%	
3 to 4 years	10.8%	5.8%		8.7%	12.1%	
5 to 7 years	18.5%	21.2%		10.9%	22.4%	
8 to 11 years	27.7%	30.8%		19.6%	17.2%	
12 years or older	9.2%	21.2%		32.6%	19.0%	
Q5: What was the primary reason for this child's removal?	n=59	n=40		n=44	n=56	
Neglect (including related to drugs, siblings hurt or neglected, abandonment)	81.4%	24	Number in category is too small to perform the test	84.1%	78.6%	No, first category versus the rest combined
Physical abuse	6.8%	5		2.3%	7.1%	
Sexual abuse	8.5%	6		4.5%	8.9%	
Emotional abuse	0%	1		0%	0%	
Other	3.4%	4		9.1%	5.4%	
Q48: What is the primary reason adoption is not the permanency goal for this child?	n=61	n=48	Each category versus the rest combined	n=41	n=54	Each category versus the rest combined
Child was old enough to be a party to the decision and did not want to be adopted	13.1%	25.0%	No	34.1%	27.8%	No
Child had such severe special needs that adoption was unlikely	4.9%	43.8%	Yes	2.4%	18.5%	Yes
Child was in kinship or relative care with foster caregiver(s) who did not want to adopt and removing this child from the placement was considered detrimental	73.8%	18.4%	Yes	24.4%	13.0%	No
Other: specified adoption or reunification still possible	1.6%	6.3%	No	19.5%	24.1%	No
All other responses	6.6%	6.3%		19.5%	16.7%	

Note: Based on cases in which the goal according to question 45 was long-term foster care.

Comments From the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

FEB 4 1999

Mr. Mark V. Nadel
Associate Director
Income Security Issues
United States General
Accounting Office
Washington, D.C. 20548

Dear Mr. Nadel:

Enclosed are the Department's comments on your draft report, "Foster Care: Kinship Care Quality and Permanency Issues." The comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,

June Gibbs Brown
Inspector General

Enclosure

The Office of Inspector General (OIG) is transmitting the Department's response to this draft report in our capacity as the Department's designated focal point and coordinator for General Accounting Office reports. The OIG has not conducted an independent assessment of these comments and therefore expresses no opinion on them.

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE U.S. GENERAL ACCOUNTING OFFICE'S (GAO) DRAFT REPORT, "FOSTER CARE: KINSHIP CARE QUALITY AND PERMANENCY ISSUES" (GAO/HEHS-99-32)

General Comments

We welcome the opportunity to comment on GAO's report.

The Department has been concerned about kinship care issues and the role of kinship care within the child welfare system. In an attempt to understand policy and service delivery issues, the Department's Administration for Children and Families (ACF) has undertaken a number of activities that should help inform both policy and the field. These activities include: convening a work group on kinship care in 1994 and 1995 to identify critical issues; approving State child welfare waiver demonstrations which focus on legal guardianship as a way of promoting permanence for children placed with relatives; funding research on policy and practice issues for foster care children placed with relatives; funding demonstration grants on kinship care to improve services to kin and birth families; funding child welfare training grants to increase child welfare staff sensitivity to kinship care issues and improve case planning; establishing a project to explore standby guardianship, which includes relative care, as a mechanism to assure continuity of care for children of terminally ill parents; and convening a national kinship care advisory panel which is advising the Secretary as she develops a report on the extent to which children in foster care are placed in the care of relatives and the characteristics of these arrangements and the families in which they are used. This report will include the Secretary's policy recommendations and will be submitted as a Report to Congress in the summer of 1999 as required by the Adoption and Safe Families Act.

The GAO draft report describes the quality of care children in kinship care receive, the frequency with which State child welfare agencies pursue various permanent living arrangements, and recent State initiatives intended to help ensure that children in kinship care receive good quality foster care and are placed in permanent homes in a timely manner.

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Child Protective Services: Complex Challenges Require New Strategies (GAO/HEHS-97-115, July 21, 1997).

Foster Care: State Efforts to Improve the Permanency Planning Process Show Some Promise (GAO/HEHS-97-73, May 7, 1997).

Child Welfare: Complex Needs Strain Capacity to Provide Services (GAO/HEHS-95-208, Sept. 26, 1995).

Foster Care: Health Needs of Many Young Children Are Unknown and Unmet (GAO/HEHS-95-114, May 26, 1995).

Foster Care: Parental Drug Abuse Has Alarming Impact on Young Children (GAO/HEHS-94-89, Apr. 4, 1994).

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