

# **Children Placed in Foster Care With Relatives: A Multi-state Study**

## **Final Report Executive Summary**

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## EXECUTIVE SUMMARY

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The public and private child welfare systems are increasingly using extended kin to provide care to children who are brought into the custody of States. However, policies and practices of child welfare have been designed for caretakers who are strangers. As use of kinship care continues to increase and policies on child welfare are continuing to evolve, as reflected in the Adoption and Safe Families Act of 1997 (ASFA), additional information on relative placements are needed.

The placement of children with relatives appears to be concentrated in urban and southern regions and among African Americans, Hispanics and American Indians. According to a recent report, approximately 150,000 children, roughly one third of all children in foster care, are currently placed in formal kinship foster care arrangements in the United States (U.S. Department of Health and Human Services, 1997). Yet limited information is available on the characteristics of relative placements, and the service needs of the children and the providers. In order to best facilitate State efforts to address the special needs and circumstances of relatives serving as foster parents and the children in their care, the Children's Bureau wants to gain additional information on the characteristics of foster care children and foster care providers in related and unrelated foster homes. This study was conducted to provide descriptive information to the Children's Bureau on State policies and practices, fiscal and demographic trends, and the services provided to foster children, and foster parents and birth parents in related or unrelated foster care placements.

The study will add data to initial information obtained in a study by the Office of the Inspector General (OIG) and provided in a 1992 report. The OIG reported four major findings in the 29 States that were able to report foster care according to placement with relatives or nonrelatives:

- States frequently lacked formal policies for licensing or approving relative foster homes.
- Relative foster parents were generally held to lesser standards than traditional foster parents were.
- Children placed with relatives tended to remain in care longer than were children placed with nonrelatives.
- The use of relative caretakers was increasing because of the following:

- State policies that encouraged maintenance of extended family ties
- Litigation
- The shortage of traditional foster homes.

More information is needed to understand the distinctions between foster care with relatives and that with nonrelatives. It is hoped that these data collected by this study can help fill the gap and inform decisions related to State policies and case management practices with foster children, foster parents, and birth parents. By reporting on various State foster care policies and administrative structures, as well as on the practices of workers and the experiences of service providers, this study will help the Children's Bureau develop policies and practices regarding relative foster care provided by extended families.

Data for this study were collected in seven States (California, Illinois, Louisiana, Maryland, Minnesota, New York, and Utah) in 1996. States were selected on the basis of their ability to identify relative placements, and to ensure geographic, racial, and ethnic representation. Top child welfare administrators were interviewed regarding their State policies on relative and nonrelative placement. Copies of State statutes, State child welfare plans, and administrative rules and regulations were analyzed. Twenty workers in each State were interviewed regarding their case management practices with relatives and nonrelatives. Data were extracted from a sample of 200 open and closed, relative and nonrelative foster care case records of children who were in the legal custody of the State; the total sample was 1,306. A subsample of 40 relative and nonrelative foster parents were selected from the subpopulation of open foster care case records. Foster parents were interviewed by telephone after the site visit. Additionally States provided demographic and fiscal data for children placed in related and nonrelated placements for 5 years (1991-1995). The analysis of this information will assist the Children's Bureau and the States both in creating systems of accountability and understanding the quality of care provided to children placed with relatives and to children placed with nonrelatives. The information in this study can help enable the Children's Bureau to set up a system that includes the 16 States currently lacking the capacity to track the placement of foster children according to two groups.

This study will build on OIG's findings by meeting the following goals:

- Describe policies, case management practices, and characteristics of children placed in foster care with relatives.
- Compare certain demographic variables and other factors of relative foster care and nonrelative foster care.
- Compare the associated costs of foster care by relatives to foster care by nonrelatives.

## **FINDINGS OF THE STUDY**

### **State Policies**

- The seven sampled States have policies that explicitly State a preference for care by relatives over care by nonrelatives. They use several criteria to define which specific relatives should have priority for becoming foster parents. For example, in three States, statutory preferences were found for aunts, uncles, and grandparents.
- State policies in the seven States regarding case management practices of workers are the same for foster parents, birth parents, and children in foster care.
- Preplacement prevention and independent living programs were specified in all seven sampled State plans. Intensive home-based family services, reunification, and special-needs programs were specified in six of the seven State plans.

**Structure**

- The majority of State child welfare programs are supervised by the State and administered by the county.
- Most States license, certify, or approve homes of relatives and nonrelatives and reauthorize them semiannually or annually.
- The majority of the seven States have three placement options:

Regular placement with nonrelatives in licensed or certified homes  
 Approved placements with relatives or restricted (to a specific child) placement with relatives  
 Unlicensed, uncertified placements with relatives. (See Table below.)

**Placement Options, Regulatory Practices, and Subsidies  
 for Relative and Nonrelative Foster Homes, by State**

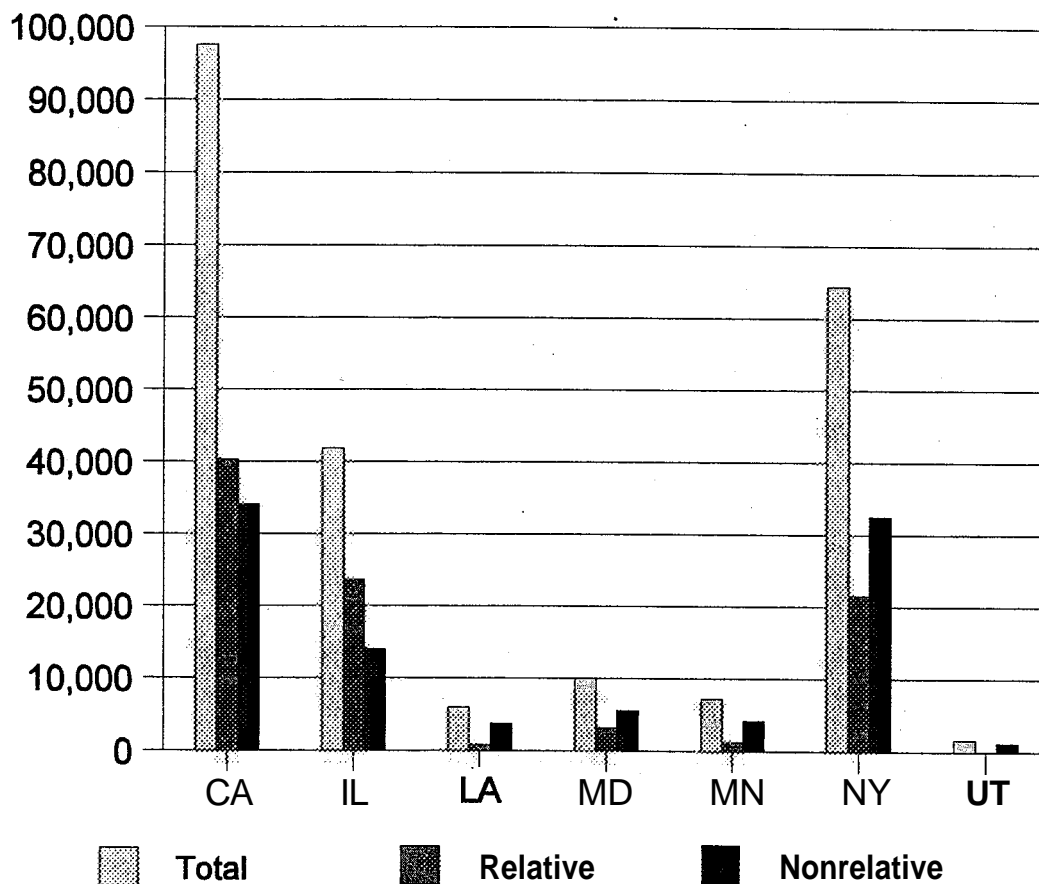
STATE	TYPE OF PLACEMENT OPTION	REGULATORY REQUIREMENTS	TYPE OF SUBSIDY	REAUTHORIZATION REQUIREMENTS
C A	Regular Approved Relative	Licensed Worker Approved	IV-E IV-E or AFDC	Every 6 months Every 6 months
IL	Regular Relative Unlicensed Relative	Licensure Licensure	IV-E IV-E AFDC	Every 4 years Every 4 years Criminal check every 6 months
LA	Regular Certified Relative Noncertified Relative	Certification Certification Evaluation	IV-E IV-E AFDC	Initially, 6 months then annually
MD	Regular Relative Restricted Relative Relative Approved	License License Approval Approval	IV-E IV-E IV-E AFDC	Annually Annually
MN	Regular Relative Emergency-licensed relative	License License Inspection	IV-E Non-IV-E IV-E or Non-IV-E	Every 2 years Every 2 years
NY	Regular Relative Approved Relative	Certification Certification Approval	IV-E IV-E IV-E	Annually Annually
UT	Regular Relative Specific Foster Homes	Licensure Licensure Approval	IV-E IV-E AFDC	Annually Annually

## Demographic Trends in Type of Placement

Demographic data must be interpreted with caution since the figures represent a single point in time rather than the full period of the study.

- The seven sampled States estimated a total of 228,691 children in foster care in 1995.
- During 1995, almost the same number of children were placed in relative (94,689) and nonrelative care (95,234).
- The number of children in foster care increased over the 5 years for which data were available. In general the number and percentage of relative placements increased, while nonrelative placements either declined or increased at a slower rate.
- The increase in relative placements exceeded the increase in nonrelative placements in five States.
- The placement of African American children in relative homes increased at a higher rate than did the placement of white children in relative homes.
- The number of African American children in nonrelative homes increased in six States, and there was a higher percentage of African American children in foster care in relative homes.
- No State had data on substantiated cases of child abuse, neglect, and death of children in foster care. (See Figure below.)

## Total Number of Foster Children in Relative and Nonrelative Homes by State, 1994



### Costs Associated With the Two Types of Placement ..

The comparative costs of relative and nonrelative care could not be determined on the basis of the data provided because the States maintain data that covered differing periods. Data on average expenditures must be interpreted with caution because they are calculated on the basis of the total expenditures for a given year, and the caseload numbers represent a single point in time.

- Foster care maintenance rates per month for a child under age 4 ranged from a low of \$294 in Illinois to a high of \$513 in Maryland. There also were wide variations in AFDC subsidy rates for children ranging from \$72 per month in Louisiana to \$293 in California.
- In all States except-Maryland, the increase in expenditures was greater than the increase in the foster care population.
- The trends in expenditures on direct costs, compared with administrative costs, varied considerably across the seven States. In five States, Federal direct costs rose at a greater rate than State or local direct costs. In four States, Federal administrative costs increased more than State or local administrative costs. The State with the largest population of children in placement had the highest expenditures. (See Table below.)

**Total Costs in States 1990-1994 (in millions)**

	CA	IL	LA	MD	MN	NY	UT
<b>1990</b>	1,060	294	103	184	--	1,014	8
<b>1991</b>	1,158	367	120	212	119	1,118	9
<b>1992</b>	1,076	445	127	218	129	1,141	9
<b>1993</b>	1,211	546	130	202	144	1,152	20
<b>1994</b>	1,303	693	132	205	164	1,144	25
<b>% Change 1990-1994</b>	<b>22.9%</b>	<b>135.9%</b>	<b>28.9%</b>	<b>11.2%</b>	<b>37.8%</b>	<b>12.8%</b>	<b>199.8%</b>

**Case Management Practices**

The findings regarding case management experiences must be interpreted with caution because the sample of workers was small (n=145) and not a random sample. However, the findings can add to the Children's Bureau's basic information system.

- Workers report that the same case management activities are conducted with relative and with nonrelative foster parents in the seven sampled States.
- Workers encourage relatives to seek legal custody or guardianship and adoption as a means of keeping children from entering formal foster care.
- If reunification is no longer possible as a permanency planning goal, then workers also encourage relatives to seek guardianship or adoption with a subsidy.
- Workers prepare a case plan for each child and conduct case reviews every 6 months, or more often if required by State law. They involve both the foster parents and the birth parents in review of the plan and in annual determination hearings. The majority monitor birth parents' compliance with the case plan each month.
- Case workers monitor foster homes monthly through home visits and telephone calls.
- The majority of the workers arrange for Early Periodic Screening and Diagnostic Testing and school registration.
- The majority of workers report that they provide similar services to children placed with relatives and to children placed with nonrelatives. They arrange for transportation and independent living services, which are directly provided by the child welfare agency.
- Workers also may provide foster parent training, respite care, support groups, and emergency funds. Interestingly, services provided to the two types of foster parents varied with respect to some services, as follows:

A higher percentage of nonrelated than of related caregivers receive foster parent training and respite care and have support groups available.

A higher percentage of relative caregivers than of nonrelative receive funds to meet emergencies.

- Workers make referrals to appropriate agencies for the provision of most other services such as medical, mental health, dental, optometric, and individual and group counseling.
- Workers reported that the most important services needed for reunification were substance abuse treatment, parenting training, mental health services, and family counseling.
- Overall, workers have positive opinions regarding relative foster caregivers and the functioning of their foster children. High percentages report that they enjoy working with relative caregivers and that these caregivers cooperate with the agency. Workers agree that placement with relatives is best for the child, helps in identity formation, preserves family ties, and increases visitation.
- Workers also have difficulty supervising relatives and report that relatives have difficulties with the noncustodial parents.
- To improve placements with relatives, workers recommend
  - Agency-led support groups
  - Training in providing care
  - Redefining roles and expectations of relatives providing foster care
  - Clarifying permanency planning goals when placements are made with relatives.
- Workers use the same criteria to evaluate both types of foster homes. Over 90 percent of the workers report that they
  - Conduct home visits
  - Check the condition of the physical facilities and space
  - Conduct criminal background checks [of the foster parents and others in the household]
  - Assess the social history of adults in the family
  - Conduct a home study
  - Obtain clearance from the child abuse registry on all adults in the household.

### **Characteristics of Sampled Children in Relative and Nonrelative Foster Care Findings**

Data were extracted from the case records of 1,306 children in foster care in seven states; 641 children were with relatives, and 665 were with nonrelatives. The number of children ranged from 161 in California to 210 in Maryland. The percentage living with relatives ranged from 30 percent in Utah to 58 percent in California. The majority of the case were open when data were collected. Two-thirds (67%) of the relative placement were open, as were 73 percent of the nonrelative placements.

Many similarities were found in the backgrounds of children in relative and nonrelative care, who were divided almost evenly between boys and girls.



- *Age.* The age distribution was similar: The mean age for children with relative was 7.7 years; with nonrelative, 8.2 years; and the groups combined, 7 years.
- *Race/Ethnicity.* There were more African American children in the relative group (59%) than in the nonrelative group (50%). For the white children, the opposite was true; there were fewer white children (24%) with relatives than with nonrelatives (34%). Of the biracial and multiracial children, 34 Percent were with relatives and 38 Percent were with nonrelatives.
- *Siblings.* Thirteen percent of the children with relatives were “only” children, and with nonrelatives, 12 percent. The median number of siblings was three, the child and two brother or sisters. The mean of those with relatives was 2.3 siblings, those with nonrelatives, 2.5 siblings.
- *School Attendance.* Fifty eight percent of children with relative were attending school; 38 percent were below school age. Among children with nonrelatives, the figure are 62 percent and 35 percent.
- *Grade in School.* The average grade in school for those in the relative group was 4.5; for the nonrelative, the average was 5.2. The median for the two groups were the fourth and fifth grades, respectively. Seventeen percent of children placed with relatives were enrolled in special education. This almost double the percentage of children with nonrelatives, 8.9 percent.
- *Children’s Health.* Children with relatives seemed to have better health than the other children. Seventy-six percent with relatives and 69 percent nonrelatives were classified as healthy. Among relative group children, 7 percent had mental illness; 3 percent, mental retardation; and 5 percent developmental disabilities. The higher percentages for the nonrelative group were 15 percent, mental illness, 5 percent, mental retardation; and 8 percent, developmental disabilities. Also, 26 percent of children with nonrelatives and 15 percent with relatives has other special needs, most commonly resulting from speech problems and ingestion of high levels of lead. Other conditions mentioned included depression, developmental delays, and having been born addicted.
- *Number of Placements.* Children placed with nonrelatives had slightly more placements than those who were with relatives. The mean number of placements for the nonrelative group is 2.5, for the relative group 1.9. The average length of placement was slightly longer than those placed with relatives (20 months versus 18 months).
- *Reason for Placement.* The reasons for the initial placements show that substantiated neglect cited as a reason for the most recent placements in 19 percent of the cases. This same percentage was found for parental drug and/or alcohol abuse among those placed with relatives; the corresponding figure for those with nonrelatives was somewhat lower at 14 percent.

- *Reason for Placement.* In over two-thirds of the cases, neglect was a reason for placement (70 percent for relatives placement, 67 percent for nonrelative). Physical abuse was noted as a cause for placement in 20 percent of the children placed with relatives and 24 percent living with nonrelatives. Among those in relative placements, 60 percent were placed initially because of parental drug and/or alcohol abuse; for those placed with nonrelatives, the corresponding figure was 47 percent.
- *Permanency Plans.* Reunification with the birth parent(s) was found to be the permanency planning goal for 53 percent of the children with relatives and 50 percent of those with nonrelatives. Adoption by nonrelatives was a goal for 21 percent of those placed with nonrelatives and for 1.6 percent of those in the care of relatives. The goal in the latter group was legal custody and/or guardianship of relatives.
- *Entitlements.* Entitlement status of the child shows that over three fourths (77%) of the children in nonrelative placements were reported to be receiving Title IV-E foster care maintenance payments. This figure is less than half (46%) for those in relative placements. Close to a quarter of this latter group (24%) received AFDC benefits compared with only 4 percent of the former. The majority of each group (71 percent of those in relative care, 80 percent of those in nonrelative care) were enrolled in Medicaid and were receiving benefits.
- *Services Received.* For most of the service categories, the percentage of children in nonrelative care who had been referred and received services is somewhat higher than that of the children in relative care.
- *Worker Visits with Children.* The vast majority of each group (85% in relative placements, 87 percent with nonrelatives) were reported to have monthly visits with the worker.

### **Summary of State-by-State Findings: Possible Predictors of the Type of Placement**

- *Background Variables.* The age at placement was found to be a predictor only in Minnesota and Utah; In both States, children with nonrelatives were older at the time of placement. Only in Minnesota was race found to be a predictor of type of placement. Here both American Indian and African American children were more likely to be placed with relatives than nonrelatives.
- *Risk Factors.* In California and in Illinois, children who were in special education were more likely to be with nonrelatives. Only three of the health indicators were found to be related to type placement. In Illinois, children who had been exposed to drugs *in utero* were more likely to be with nonrelatives. Those identified as being in poor health were more likely to be with nonrelatives in California, Maryland, and Minnesota.
- In Maryland and Minnesota, children who had been diagnosed with mental illness were more likely to be with nonrelatives. This supports Iglehart's (1994) finding that adolescents in nonrelative care are more likely to have mental problems than those with relatives.

- Children who had “other special needs” were more likely to be with nonrelatives in both Illinois and Louisiana. Thus, in those cases where type of placement was found to be related to risk factors such as special education or health problems, the children who were at risk were more likely to be with nonrelatives than relatives. As was the case in Iglehart’s study, it cannot be determined whether these risk factors were known to exist before placement and may have contributed to type of placement.
- *Placement Variables.* The number of previous placements was found to be related to type of placement in Illinois, New York, and Utah, where children with more placements tended to be with nonrelatives. The findings in these three States support the previous findings that children in nonrelative foster care had more placements than those in relative care (Barth et al., 1988; Berrick et al., 1994; Le Prohm & Pecora, 1994).
- The type of placement was also associated with several of the reasons for the most recent and initial placement. However, there was considerable variation from State to State, with no pattern emerging among the states.
- In both Maryland and Minnesota, children who had been placed most recently because of parental substance abuse were more likely to be with relatives. In Minnesota, children who were most recently placed because of parental incarceration were also more likely to be with relatives. The reverse was true in Louisiana, however, where such children were more likely to be with nonrelatives.
- Children in Illinois whose most recent placement was due to homelessness were more likely to be with nonrelatives, while in Minnesota, children who were most recently placed because of behavior problems were more likely to be with relatives.
- In Minnesota, also, children whose initial placement was due to parental substance abuse, substantiated neglect, homelessness, or parental incarceration were all more likely to be with relatives.
- In Louisiana and New York, however, children first placed because of parental incarceration were more likely to be with nonrelatives.
- Finally, children in Minnesota whose first placement was due to behavioral problems were more likely than others to be with nonrelatives.
- In general, given the large number of variables or indicators investigated as possible predictors of type of placement, the number of factors found to be statistically significant within the seven states was relatively small.

### **Summary of State-by-State Findings: Possible Consequences of Type of Placement**

Variables investigated as possible consequences of type of placement included the length of time in care; grade in school, out-of-state placement, services received by the child and those for which the child was referred, and entitlement received by the child.

- *Length of Time in Care.* In no State was a relationship found between type of placement and length of time in care. This is in contrast to previous research that had found longer stays for children who were cared for by relatives (Wulczyn & George, 1992; Courtney, 1993).
- *Out-of-State Placement.* The type of placement was found to be associated with out-of-State placement in both Illinois and Utah. In these States, children who were with relatives were more likely to be out-of-state than children with nonrelatives. The number of children in out-of-state placements, however, was quite small.

### **Referral for and Receipt of Services**

A number of associations were found between the type of placement and referral for and receipt of services by the children. In the majority of these associations, children who were with nonrelatives were more likely to have been referred for or to have received services than children with relatives.

- Children with nonrelatives were more likely than children with relatives to have been referred for a visit to a doctor or clinic in New York; to have visited a doctor or clinic in both Louisiana and Utah; to have had a physical examination in Utah; to have been referred for EPSDT in California and Utah; to have had EPSDT in Utah; to have been referred for and received immunizations in New York; to have been referred for a psychological examination in California and New York; to have such an evaluation in Illinois, Maryland, Minnesota, and New York; to have received psychological treatment in Maryland and New York; to have been referred for testing for mental retardation in California, Illinois, and New York and to have been tested in the latter two; to have been provided with transportation services in Maryland and to have received “other services” in both Louisiana and Minnesota. On the other hand, children who were living with relatives were more likely than those with nonrelatives to have visited a doctor or clinic in Maryland and to have been referred for child care in Louisiana.

Unfortunately, no information was available on the needs of the children. Thus, it is not possible to determine the extent to which differences between the two groups in terms of services received may be due to differences in needs.

### **Entitlements Received by the Child**

- Associations were found between the type of placement and the entitlements received by the child in five States. In California, Maryland, and Utah, children who were placed with relatives were more likely to receive AFDC payments, while those with nonrelatives were more likely to receive Title IV-E.
- In California, those with nonrelatives were also more likely to receive SSI. In Illinois, children in relative care were more likely to receive AFDC. Children who were with nonrelatives in Louisiana were more likely to receive both Title IV-E and Medicaid. No associations were found between the type of placement and entitlement in either Minnesota or New York. These variations among the State are not surprising, given the variations in eligibility standards described in Chapter Three.

## FINDINGS FOR THE TOTAL SAMPLE

In the final stage of the analysis, data for all seven states were combined and analyzed using multivariate statistics. The findings from this analysis must be interpreted with extreme caution since States that could not identify which children were placed with relatives were excluded from the study. In addition, both the States and the counties within the States were selected using purposive rather than random or probability sampling. Further, as noted above in the discussion of the individual States, in most cases the children in the sample were not representative of the foster care population within the State. Thus, it is not possible to generalize to the Nation as a whole from these findings.

- Analysis of the data for the total sample showed partial support for findings of previous research: Minority children and children who have had fewer previous placements are more likely to be placed with relatives. On the other hand, “at-risk” children—those placed because of their disruptive behavior, those in special education, and those with a diagnosed mental illness—are more likely to be with nonrelatives.
- The type of placement was found to be a predictor of receiving a psychological evaluation, with children placed with nonrelatives being more likely to have been evaluated. In addition, boys, older children, children with disruptive behavior, and those with more previous placements, with a mental illness, or with other special needs were more likely to have been evaluated.
- The type of placement was not found to be a predictor of receiving any other services. In some cases, the analysis indicated that predictors of other services included the child’s age, age at placement, and race or ethnicity. The most predominant set of predictors of receiving services were certain risk variables. These included disruptive behavior, prenatal drug exposure, being medically fragile, and having a diagnosed mental illness, developmental disabilities, or other special needs. This suggests that the differences in the services provided is mainly due to differences in needs.

### Provider Characteristics

The typical foster care provider among the 292 interviewed had the following characteristics similar to those found in previous studies.

- Female
- Married
- Aged 41 to 60
- Had at least a high school education
- Worked full time
- Had a family income of less than \$10,000
- Had primary source of income from wages, spouse’s wages, and Social Security.

But one fifth of nonrelated caregivers had less than 11 years of education, compared with one half of relatives.

### *Motivation, Health, and Well-being*

What motivated the relatives to take foster children into their homes?

- Feared having child placed with a stranger
- Believed that caring for the child was the “right thing to do”
- Believed that families should take care of their own.

What motivated the nonrelatives?

- Believed that caring for the child was the “right thing to do.”
- Religious beliefs.

What is the health status of foster care providers?

- Most are in good health
- One third had a least one health problem, with a slightly higher percentage of relative caregivers reporting at least one health problem.

Did the foster care responsibility interfere with the provider’s participation in the normal or personal activities he or she was accustomed to?

Most reported no changes in the amount of time and energy available for participation in their normal activities of their lives, although 51 percent of relatives and 75 percent of nonrelatives reported a decrease in time for personal activities.

### *Visits by Workers*

Fifty percent of the providers reported monthly visits by workers. (Interestingly, a discrepancy was found in the reports of caregivers and workers-a higher percentage of homes visited was reported by workers.) In the monthly contacts, the worker involved the caregiver in case planning.

### *Visits With Birth Parents*

Fifty percent of the providers reported that visits with birth parents were formally arranged and supervised; the percentage of nonrelatives reporting these arrangements was higher than it was for nonrelated providers. But a higher percentage of visits with birth mother and/or father occurred in the relative than in nonrelative homes.

### *Need for Services*

A difference was found in the number of services requested and received by the two types of foster caregivers, with nonrelated providers requesting and receiving a higher mean and actual number of services.

### ***Contribution to Expenses for the Child***

Both types of foster care providers reported contributing regularly to expenses for the child's clothing, food, and entertainment, but the percentage of related foster parents reporting this contribution was higher than it was for the nonrelated foster parents.

### ***Permanency Planning***

- Reunification was the most frequent permanency planning goal for children in both relative and nonrelative placements in five States.
- More nonrelative (57%) than relative (43%) foster care providers reported an interest in adoption.
- No significant differences were found in the percentages of nonrelated (54%) and related (46%) providers who received information about adoption.
- No significant differences were found in the percentage of related and non-related caregivers (46% and 56%) who expressed an interest in legal guardianship.
- A higher percentage of related caregivers (57%) than nonrelated caregivers (43%) received information about legal guardianship.

### **Implications of Findings for Relative Foster Care Policies**

- States are addressing OIG's concerns.

Findings showed that the States are addressing the concerns raised by the OIG study by establishing formal written policies for approving and licensing related and nonrelated foster homes.

- There is no consistency across States among approval, licensure, and certification procedures.  
The characteristics of approval, licensure, and certification procedures vary. A foster home in one State may be licensed and receive Title IV-E while a similar home in another State may be approved and receive AFDC. The criteria for approval of related and nonrelated foster care homes are very similar and address concerns regarding the health and safety of the children placed in these homes.
- States are inconsistent in their funding of foster care with relatives.

Funding in States are disparate. Because of welfare reform legislation, States will decide whether they will continue funding the placement of children with relatives. States will determine whether or not they are going to continue TANF funding to children placed in related foster homes. The funds require a 5-year time limit for adults, exempt children placed in relative homes from the time limits, and continue (child only grants) or transfer approved related foster care placements to Title IV-E funds. Of particular concern to the Children's Bureau is the effect of time limits on the relative caregivers who now receive TANF benefits.

- States may eliminate or decrease foster care by relatives.

With the recent budgetary cuts and State welfare reform initiatives, States may enact legislative statutes or administrative mandates that eliminate or reduce relative care preferences because of the higher costs associated with providing foster care maintenance payments. ACYF should develop its own explicit policy concerning relative placements through a continued research agenda and through public forums provided by national organizations that address this topic.

- Frequency of monitoring may lead to increased administrative costs.

Case management practices are similar for related and nonrelated foster homes. However, if the frequency of current monitoring practices continues, then administrative costs may increase.

- Collaboration between child welfare organizations and service providers needs to be strengthened if foster children and birth parents are to receive the services they need, including drug treatment, housing, mental health services, and health care.

Most of the health and social service needs of foster children are provided not by the child welfare worker but through referrals to appropriate agencies. Many inadequacies exist in this process. For example, workers identified substance abuse treatment as a requisite for reunification, yet their agencies did not have any control over the number of substance abuse treatment slots available in their counties. If substance abuse treatment is available, there will be a greater need for coordination among agencies for child welfare drug treatment, housing, mental health, and health services, since the person with a substance use disorder usually needs many types of services linked together. Birth parents lose their eligibility for medical assistance once children have been removed from them; yet they need medical assistance in order to pay for substance abuse treatment. If birth parents successfully complete drug treatment, they need financial assistance to obtain housing in order to reunify with their children. Coordinated protocols need to be developed between-the child welfare agency, the substance abuse treatment agency, and the TANF agency.

- States are experimenting with using funds for guardianship subsidies for relative care homes.

Several States have requested waivers to fund legal guardianship subsidies. The anticipated cost savings will result in reduced administrative costs because the cases will leave the foster care system. The results of the evaluations subsidized guardianship waivers will produce information on the costs and benefits of these subsidies.

- National consistency in data categories and collection does not exist. It is needed if ACYF is to accurately describe the placement of children with relative foster parents.

There is no national consistency in the collection of data. Categories of data collected vary from one State to another, and the categories of data collected within a State may vary from county to county. Data collected for this study cover different periods from one State to another; one State's data may cover a fiscal year from July 1 through June 30, while another's fiscal year is the calendar year.



- Collecting data related to the development, coordination, and implementation of policies, practices and services using the automated data system will be difficult because of variations in State child welfare structures and computerized systems.

These variations in organizational structures within and among the States have implications for the development of automated data systems such as AFCARS and the collection of data related to the development, coordination, and implementation of policies. Because of these differences, arriving at a single data format will be very difficult.

- There is an inequity in State maintenance rates for the two types of placement, with relatives and with nonrelatives.

Most States have three categories of foster children-regular placement with nonrelatives, approved placements with relatives or restricted placements with relatives, and unlicensed, unapproved placements with relatives. Regular and approved relative placements receive either Title IV-E or TANF payments, while unapproved and unlicensed homes receive TANF.

Maintenance rates for children in related and nonrelated placement are inequitable because TANF rates are lower than Title IV-E payment rates.

### **Implications of Findings for Relative Foster Care Practices**

- ACYF can assist States with training packages.

Because relative caregivers are not always required to attend foster care training as a condition of approval and certification procedures, they may be less apt than nonrelatives to understand the role expectations, to be familiar with the range of services available to them or to the children in their care, or to know how to access these services.

### **Implications of Services for Relative Foster Children**

Findings of this study indicate that children placed with relatives request and receive fewer services than children placed with nonrelatives. Thus, States need to review the current types of services they provide to foster children placed in relative homes. Administrators and workers report that there are no differences in services provided to the two groups, however reviews of case records and foster caregivers report otherwise. Relative foster care providers need to be informed in writing about the types of services available to the children and the process of requesting these services.

- ACYF needs to continue to monitor the receipt of services by foster care providers.

Since relative foster care providers are less likely than nonrelatives to request or receive medical services for children, and child immunizations are more likely to occur among children with certain characteristics, State efforts to maintain medical and educational report cards on children in foster care must be continued and monitored.

- Increased services should be made available to relative foster care providers.

Data show that nonrelated foster caregivers receive foster care training and respite care and use support groups more often than related caregivers do. However, older relative caregivers are just as likely as nonrelatives to need respite care services. Respite care is one of the supportive services that is underfunded in many States and one of the services that could ensure the emotional stability and safety of children placed in relative homes.

- There is a need to better prepare workers to deal with relatives in a different relationship than the one they have with traditional foster parents.
- TANF funding provides an opportunity for States to increase substance abuse treatment services to birth parents.

The TANF law provides funds to States to provide Substance Abuse Treatment for Birth Parents. Some States are working to make sure residents who receive Temporary Assistance for Needy Families (TANF) also have access to adequate substance abuse services.

### **Implications for Research**

- States need to conduct their own studies of relative foster care; if they collect certain baseline categories of data, comparisons can be made with existing data.

Given the wide variations among and within States in data collected, each State should conduct its own studies of relative foster care. If their automated data systems include data fields for relationship to caregiver, reasons for placement, permanency planning, goal, and payment source, some of these analyses could be conducted using existing data. Foster parent data files and payment data files must be merged to conduct these studies.

- Studies are needed that focus on how well the children are functioning.

Most studies have been based on data from sources other than the children themselves. Future studies should be focused on how well the foster children are functioning in placements with relatives or nonrelatives. Workers also might be able to assess the functioning of children, using appropriate scales during their monthly visits.

- A more detailed study of costs and expenditures for related and nonrelated foster care payments should be conducted.

The study should include unit costs per child in foster care with relatives and nonrelatives, based on data collected or reviewed in each State, rather than on data provided by the States. The types of fiscal information provided and the cost accounting procedures require expertise in cost accounting procedures, cost allocation, and State fiscal reporting and cost accounting procedures. There are separate cost accounting systems for related children who are receiving AFDC child-only grants, and Title IV-E, Title IV-B, Medicaid, and the Title IV-A, Emergency Assistance. These separate cost allocation systems may change under TANF.

## Implications for Automated Data Systems

- Automated data systems should include data fields on the relationship of the caregiver to the child and on a more detailed reason for entry into care, other than the broad neglect category that does not specify substance abuse as a placement reason.
- The types of services needed and the types of services received should be included in the automated data systems for foster children, birth parents, and foster care providers.
- The reason for case closings should be included in the automated data systems, along with the most recent permanency planning goal, and legal status. These case closings, legal status, and permanency plan outcomes often overlap and are not clearly connected to the permanency planning goal.
- Reports of abuse and neglect of children in licensed foster homes should be collected and filed with the foster care recruitment and licensing departments. It is currently not available in the seven States sampled.
- To enable the generation of reports, linkages are needed between the child welfare agency and the AFCARS, CPS, SAWICS, TANF, Medicaid, and fiscal information systems. These systems should be flexible enough to change as policies and needs change.
- Information must be collected on birth fathers as well as birth mothers.

This study found that there were not enough data on fathers to include in data analysis. These data tend to appear when a worker requests “due and diligent searches” and when a worker is preparing to request “termination of parental rights.” These searches often produce much data on birth fathers that could have been used in implementing the initial case plan. The data system used to collect child support may be useful in locating fathers sooner. More socioeconomic data (such as education and family background data) on birth mothers and birth fathers should be included routinely in the case records and automated systems.

## Recommendations

- Findings of this study should be disseminated to various State child welfare administrators and workers for continuous development of Federal, State, and local child welfare policies.
- States should conduct their own comparative studies of placement with relatives and nonrelatives and share their findings with other States that have not yet developed their policies.
- States should study the entry and exit rates of relative and nonrelative placements. Point-in-time caseload information does not capture the dynamics of caseloads within States and provides an inflated length-of-time-in-care statistic. Case management practices should be revised, based on dynamics within each State.
- Workers may need additional training in supervising and working with related foster care providers who may view the worker’s authority differently from the nonrelated providers who have a different relationship with the child welfare department.

- Child welfare agencies should develop support groups for related care providers and conduct needs assessments of what these caregivers think they need to care for the child, e.g., helping the child deal with the grief, separation, and loss of birth parents; helping the parent deal with the grief and loss associated with their adult child's behavior; helping the youth in their care cope with loss, separation and grief; or managing communication and boundary issues with the noncustodial parents.
- ACYF needs to provide technical assistance or a forum for State child welfare administrators and direct service workers to meet and continue to develop policies regarding foster care by relatives, the new TANF law, and ASFA.
- A study of the impact of TANF on relative foster children and their caregivers should be conducted in each State. How many relative foster children will be transferred to nonrelative foster homes when the caregiver reaches the time limit?
- The increased emphasis on legal guardianship, legal custody, and adoption as methods of achieving permanency planning for related children and on the relationship to eligibility for medical and social services should be further explored, and findings should be disseminated to States. What services will these children be eligible to receive once guardianship, adoption or legal custody are made final?
- There should be increased communication with and training of lawyers, judges, and child welfare workers regarding permanency planning policies, practices, and desired outcomes. Current procedures place these critical actors in adversarial roles regarding the needs of the child and the rights and responsibilities of birth parents and the child welfare agency. This will be crucial to the implementation of ASFA.
- The types of services that foster children, foster providers, and birth parents need, request, and receive should be part of the automated database.
- Since placement of children with relatives appears to be more stable for children than is placement with nonrelatives and tends to increase the interaction between the children and their birth mother and father, there may be an incentive for States to regard relative placements as a successful permanency outcome.
- ACYF and States may want to explore the different timeframes it requires to achieve different outcomes based on entry and exit data. It may take longer to achieve adoption than reunification, legal custody, or legal guardianship.
- Additional empirical exploration of the predictors and consequences of types of placements of cohorts of children needs to continue.
- Related foster care providers should be provided with handbooks of services available to children placed in their care, along with instructions on how to access the services.
- Related foster care providers should be treated as partners in permanency planning for children. They should be informed at the time of placement of the alternative financial eligibilities, based on the type of placement and legal status of the child. They should be informed of the differences among legal custody, legal guardianship, and adoption.