



Vermont KinCare Family Study Final Report

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TABLE OF CONTENTS

Executive Summary	p. 1
Introduction	p. 3
Literature Review	p. 5
Purpose of Study	p. 7
Methodology	p. 8
Four Questions for Study	p. 25
Recommendations	p. 34-36
Appendices	p. 37
A: DCF Data for KinCare Family Study	
B: Impact on Children (Comparisons of Financial Support)	
C: Caregiver Comments (from interviews)	
D: Received Services (statistics, data)	
E: Interview Instrument	
F: References	

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Executive summary

Growing awareness over the past two decades of the importance of strengthening or re-connecting ties between children and their families resulted in the passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008. This legislation gives visibility to the rights of children to stay connected with their families and relatives and to avoid altogether, or exit involvement with state care whenever possible.

As part of these efforts, jurisdictions, including Vermont, have developed strategies for engaging family members beyond the immediate family to include their relatives and social kin—the “family group.” (Pennell et al, In Press]. Nationally, these efforts increasingly turn to the wider family whenever there is a possibility that a child will either need to be placed outside their own home or that has already happened. This is done for a variety of reasons including the acknowledgment of the potential benefits of maintaining the child's ties to family, community and culture but also to minimize the negative effects that accrue rather quickly when moving the child has been necessary. The resurgence of interest in family-centered practice along with legislation have both contributed to the considerable increases in kin stepping in to take their young relatives into their own homes over the past few years.

As the numbers of family placements have continued to grow, several questions of policy and practice have arisen. In particular, Vermont child welfare professionals, court representatives, and stakeholders meeting in a number of venues shared concerns regarding differences in circumstances and outcomes for children who were placed with relatives through the Department for Children and Families, and for children whom the family court directly transferred into custody of a relative. Questions arose regarding comparison for these two groups of children, including impacts on permanency outcomes, length of time to reunification, pressure on family members to accept placement of children, and whether appropriate supports are available to families, among others. The Kinship Study was undertaken at the request of the Justice for Children Task Force to shed light on these issues.

Ultimately analytic comparison of these two groups was not feasible as data from the court system and data from DCF agency records were incompatible and in some cases, unavailable. Numbers were gathered for comparison but analysis is ruled out due to sample size and varying data sources. We were unable to compare services received

due to lack of clear data. In comparing data for placement outcomes over a two year period, no clear differences were apparent regarding the question of delays in reunification, or in numbers of placements before permanency between the two groups. However it was clear that young people in placements made directly by the courts were more likely, two years later, to be in a guardianship placement, whereas their counterparts in DCF placements were much more likely to be adopted, either by a relative or non-kin. Also, data indicate that young people in direct placements were unlikely to go to the custody of the previously non-custodial parent, whereas DCF placements were far more likely to do so.

As a further portion of the study, interviews were conducted with the caregivers who had accepted direct transfer of custody from the family court. These proved to be the most enlightening source of information gained from the study.

From interview data it was clear that relatives were driven by the desire to keep their families together and this is consistently evidenced in their answers regarding reasons for doing it, their commitment to maintaining sibling connections, willingness to put their own homes and other resources on the line, and a substantial investment of time in engaging with schools and courts on the child's behalf even when their authority is challenged. There was little evidence from the interviews that the kincarers who assumed legal custody directly through the court are for the most part being pressured into taking their relatives or that they are being categorically denied services that match their needs.

Some kincarers expressed modest needs for additional financial and other tangible resources. The greatest unmet needs expressed were for timely and pertinent information about their legal and service eligibility options and to feel they could speak on the child's behalf when that was necessary [e.g., school, court]. Additional resources for child care, respite care, and other basic services were also mentioned. In many cases these were services that were or might have been available had the caregiver had an advocate to assist them in identifying resources.

Recommendations include developing a system to get more accurate and timely information to caregivers; provision of additional resources to kin caregivers; additional training for DCF social workers in kin care issues; and creation of mutually compatible data systems for the court system and state agencies. Additional research (including interviews) would also provide information identifying trends in practice and outcomes in ongoing years.

INTRODUCTION

Growing awareness over the past two decades of the importance of strengthening or re-connecting ties between children and their families resulted in the passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008. This legislation gives visibility to the rights of children to stay connected with their families and relatives and to avoid altogether, or exit involvement with state care whenever possible.

As part of these efforts, jurisdictions, including Vermont, have developed strategies for engaging family members beyond the immediate family to include their relatives and social kin—the “family group.” (Pennell et al, In Press]. Nationally, these efforts increasingly turn to the wider family whenever there is a possibility that a child will either need to be placed outside their own home or that has already happened. This is done for a variety of reasons including the acknowledgment of the potential benefits of maintaining the child's ties to family, community and culture but also to minimize the negative effects that accrue rather quickly when moving the child has been necessary. The resurgence of interest in family-centered practice along with legislation have both contributed to the considerable increases in kin stepping in to take their young relatives into their own homes over the past few years.

The intent of the 2008 legislation is furthered by the recent Child and Family Services Improvement and Innovation Act (H.R. 2883/S. 1542) that emphasizes through the offer of Waivers that states "increase permanence by reducing time in foster care, increase positive outcomes for children and families, or prevent maltreatment and re-entry into care." Additionally, states are required to have in place or plan to implement at least two of the following policies:

- establishing a bill of rights for children in care,
- implementing a health and mental health plan for children in care,
- covering kinship/subsidized guardianship with IV-E funding,
- extending IV-E foster care to 21,
- implementing a plan to reduce congregate care,
- increasing the placement of siblings together,
- implementing a plan to improve the recruitment and retention of quality foster families,
- establishing procedures to assist youth in transitioning out of care,
- state plan inclusion of older youth guidance in their own transition plan,
- the establishment of one or more programs to prevent placement in care and provide permanency.

What is clear from experience to date is that there are frequently kin willing to step up to the plate to help their family members. As can be seen in the following table, in the state of Vermont alone the use of kin care as placements has increased by 87% (in terms of percentage of all placements) since 2005. Cases in which children are discharged to kin increased by just over 40%. Data is current to 9/30/11.

Table 1: Vermont children placed with kin and discharged to kin by DCF

Yearly # of children placed with kin and total children placed							
Year	2005	2006	2007	2008	2009	2010	2011
Kin Placements	136	151	164	148	127	135	171
Total Kids	1495	1442	1353	1272	1128	998	1006
% of Total	9.10%	10.47%	12.12%	11.64%	11.26%	13.53%	17.00%
Yearly # of children discharged to kin							
Year	2005	2006	2007	2008	2009	2010	2011
Kin Discharges	43	31	26	44	49	51	37
Total Discharges	794	763	772	773	707	685	486
% of Total	5.42%	4.06%	3.37%	5.69%	6.93%	7.45%	7.61%

Data from Andrew Brown, NCIC Quality Improvement Coordinator, Family Services Division

According to a 2011 report to Congress by the Children’s Bureau of ACYF, comparable and accurate statistics for the nation are not yet available. Although states are required to provide data on the number of children living in licensed and unlicensed relative homes to HHS, 2009 was the first year this was required. Some states were unable to collect this data, and several states did not collect key portions of the information required. However, overall states reported placing 115,594 children in either licensed or unlicensed relative foster homes in 2009. For the 32 states that reported percentages based on all children in foster care, an average of 16% of children were placed in licensed relative homes and 14% of children were placed in unlicensed relative homes. Nine states calculated percentages based on relative placements only, and for these 9 states, 38% of relative placements were in licensed homes and 62% were in unlicensed homes. (Children’s Bureau, 2011).

None of the above statistics reflect the numbers of children and youth in minor guardianships through the Probate court, or through informal care arrangements. The AARP estimates from 2010 Census data, as well as other sources, that over 2.5 million

grandparents nationally care for their grandchildren. There are no statistics available at present on the number of other relatives caring for children. While accurate statistics are just beginning to be recorded in Vermont, a brief data search of Probate guardianships was conducted in the summer of 2010. As a result of that data collection, it is clear that the number of Probate guardianships in this state is well over 1,000 children. Probate judges are concerned at the recent dramatic increase in cases coming into their courts, and are working through a number of venues to quantify the numbers, discern the nature of the changes, and determine implications for their work.

As is seen in the following literature review, there are many good reasons to support families in these ways yet there is much to learn about how best to support families and many questions about the limitations of an emphasis on kin care and what it takes to do it well.

LITERATURE REVIEW

Previous studies conducted throughout the United States on relative care and guardianships present, overall, a positive picture of the role kin play in helping to keep families together, but many also raise important issues for policy, practice, and further research. In their meta-analysis Winokur, Holtan, & Valentine (2009) report the following:

"Based on a preponderance of the available evidence, it appears that children in kinship care experience better outcomes in regard to behavior problems, adaptive behaviors, psychiatric disorders, well-being, placement stability, and guardianship than do children in foster care. Furthermore, there was no detectable difference between the groups on reunification, length of stay, family relations, or educational attainment." (p. 34).

They do raise questions for further consideration and study:

"However, children placed with kin are less likely to achieve adoption and utilize mental health services while being more likely to still be in placement than are children in foster care. The multivariate results generally support these findings while indicating that children in kinship care are less likely to re-enter out-of-home care or have a disrupted placement than are children in foster care. However, these conclusions are tempered by the pronounced methodological and design weaknesses of the included studies and particularly the absence of conclusive evidence of the comparability of groups. It is clear that researchers and practitioners must do better to mitigate the biases that cloud the study of kinship care." (p. 34)

Nationally, research has shown that children in kinship placements experience fewer moves than those in non-kin foster placements (Testa, 2001, Testa & Cohen, 2005); and those who reunify with birth parents after kinship care are at lower risk of re-entry into foster care than those who have been in non-kin homes or group settings (Courtney & Needell, 1997). Sakai et al found, in their three year study published in 2011, that after three years children in kinship care were more likely to be with a permanent caregiver than children who were in foster care (71% to 56.5%). Additionally they had significantly lower risk (60%) than foster children of behavioral and social skills problems, and 50% of the risk of using outpatient mental health or psychotropic medications. Similar findings regarding use of medications can be identified in the Florida Department of Children and Families Psychotropic Medications quarterly reports. For the quarter ending 11/30/11, children in relative care in Florida show a markedly lower incidence of use of psychotropic medications (4.99% for children in relative care compared with 21.84% in licensed care and 13.19% for all children in out-of-home placements.)

Evidence shows that a key element in reunification of children with parents is visitation, and maintaining family ties (Davis, Landsverk, Newton & Ganger, 1996; Leathers, 2002, and others.) However, outcomes from a number of research studies on kinship care and rates of reunification are mixed (meta-analysis and systematic review; Saunders-Adams, 2011). More research on this topic is necessary.

Although the benefits of kinship care are well known, there are concerns as well. Sakai, et al's 2007 finding that youth in kinship care were far more likely to become pregnant than youth in foster homes (12.6% vs. 1.9%) and twice as likely to report that they abuse substances (34.6% vs. 16.9%) raises questions to be examined more fully.

Others raise concern about the well-being of caregivers. Kinship caregivers who do not become licensed foster parents may receive fewer supports. Nationally, the vast majority of children living with relative caregivers are eligible for the TANF child-only grant, but 70% of relative caregivers do not access TANF or any other public financial assistance even though relative caregivers are likely to have lower incomes than foster parents (Conway & Hutson, 2007, Scarcella, Ehrle, & Geen, 2003, and others). For those that do receive the TANF child-only grant, nationwide they receive an average of just over \$4,000 per year. The United States Department of Agriculture estimates that it costs a minimum of \$7,000 to raise a child. The National Survey of Child and Adolescent Wellbeing II, published by the US Department of Health and Human Services, rates caregiver challenges and the resulting risk to child well-being. In that study, "trouble paying for basic needs" presents a higher risk to child well-being than even special needs or behavioral problems of the child, mental health problems, domestic violence, or drug or alcohol abuse.

Other studies focus on concerns over the physical safety of older caregivers. An Area on Aging study conducted in 2003 found that grandchildren were perpetrators of abuse in 9% of *all* reported elder abuse cases. Children may come to the care of relatives with a history of trauma and exhibiting challenging behaviors. Many grandparents raising grandchildren are isolated from their peers because of their responsibilities as caregivers. Custodial grandparents suggested to Brownell, et al, in 2003 that abuse by their grandchildren was by no means uncommon, but it was hidden. Some older women may have traditional values which place a premium on loyalty and privacy within the family (Hightower, Smith & Hightower 2001) and choose to keep silent. Others may fear that the child will be removed from their care if the abuse is reported. In a study using data from the Florida Department of Juvenile Justice, Day & Bazemore (author) conclude “there are...significant risks to grandparents caring for traumatized grandchildren”.

PURPOSE OF STUDY

Since January 2009, the changes in child welfare law cited above have profoundly affected child welfare practice, particularly in the area of kin placements. In Vermont, formal kin placements can occur through direct transfer of custody to relatives by the Family Court; through Department of Children and Families (DCF) placement of a child in its custody to relatives; or through establishment of Probate minor guardianships. This study is a preliminary analysis and comparison of the effects of these law and policy changes on permanency outcomes for youth placed with relatives either by Family Court directly, or by DCF. Probate guardianships are not the subject of this study but do warrant future research. The results of this study may be used to inform discussions between the Vermont Court system and DCF regarding changes in practice and /or policy, if indicated.

PROCESS AND PARTICIPANTS:

To determine the study’s focus, identify questions for review, design the study, determine data sources, and design the interview protocol an advisory committee was established. The membership included Shari Young (VT Juvenile Court Improvement Manager); Cindy Walcott, DCF Deputy Commissioner; Gale Burford, PhD, Director of Child Welfare Training Partnership, University of Vermont; Kate Piper, Esq., attorney; and Lynn Granger (Executive Director, Vermont Kin as Parents). The committee met twice in spring 2011 with Joan Vance, MSW, Principal Investigator, University of Vermont Extension, to determine the study’s focus, identify questions for review, design the study, determine data sources, and design the interview protocol.

FOUR QUESTIONS

In discussions with the advisory committee, four general questions were identified :

- What is happening with children in kin placements?
- Is reunification delayed in kin placements?
- Are kin caregivers receiving needed and comparable services to children in DCF custody?
- Are kin caregivers being pressured into taking care of relative children?

Design of the Study

The language of the study proposal read as follows:

Methodology: The study will consist of a combined file review and interview process to gain information about placements that were made with kin, either through placement by DCF custody or by transfer of temporary custody to kin by the Vermont Family Court. The cohort is: (a) juvenile petitions filed in family court in CY 2009 in which the court transferred custody of the child to someone other than DCF, (b) juvenile cases that reached disposition in CY2009 in which the court transferred custody of the child to someone other than DCF, and (c) cases filed and cases reaching disposition in CY2009 in which the court transferred custody to DCF and DCF placed with relative or fictive kin. The Court Administrator's office will identify the cases where the court transferred temporary custody to kin. DCF will identify the cases where DCF placed a child with a relative. DCF will review their own records of children in DCF custody placed with kin to gather information for comparison. Interviews with kin will be conducted by University of Vermont faculty (and/or interns under direct supervision of faculty). (Interview protocol instrument attached.) Interviews will collect qualitative data on custodial status; how that status was reached; services provided or not provided; case plans and progress toward permanency goals; needs of caregivers and youth, both met and unmet; and gaps in services.

Participation in the interview process will be optional for identified families. All answers will be held in strict confidentiality by the University of Vermont. No individual's information will be provided to the court or to DCF; all information reported will be aggregated data without identifying information. All data provided by the CAO and DCF to UVM will be stored in locked files in a locked office environment. Only the P.I., Joan Vance, or her designee will have access to the files.

The methodology for the study was refined as follows:

The committee determined that considering the limited resources available to carry out the study, it would be best to identify a meaningful time period to review. The year 2009 was selected for study for two reasons. First, 2009 was the start-up year that new DCF

Child Welfare policies were implemented pursuant to federal (Fostering Connections) and state (Juvenile Protection Act) changes in law. Secondly, it was felt that by the time of this study in 2011, all of the cases would be more than 18 months old and therefore should have reached resolution. It was further determined that for the purposes of comparison that files of children or young people placed during that time directly with kin by the court (direct placements) would be compared with all children or young people who had been placed with kin by DCF. In addition to this analysis of file information, it was agreed that all relatives who had received a child during that time directly from the court (direct placement) would be contacted and asked if they would participate in an interview.

Figure 1 below is a graph illustrating the different data sets. Following are charts identifying sources of the data by court jurisdiction and DCF District offices.

Figure 1: Data Sets for Kin Placement Study

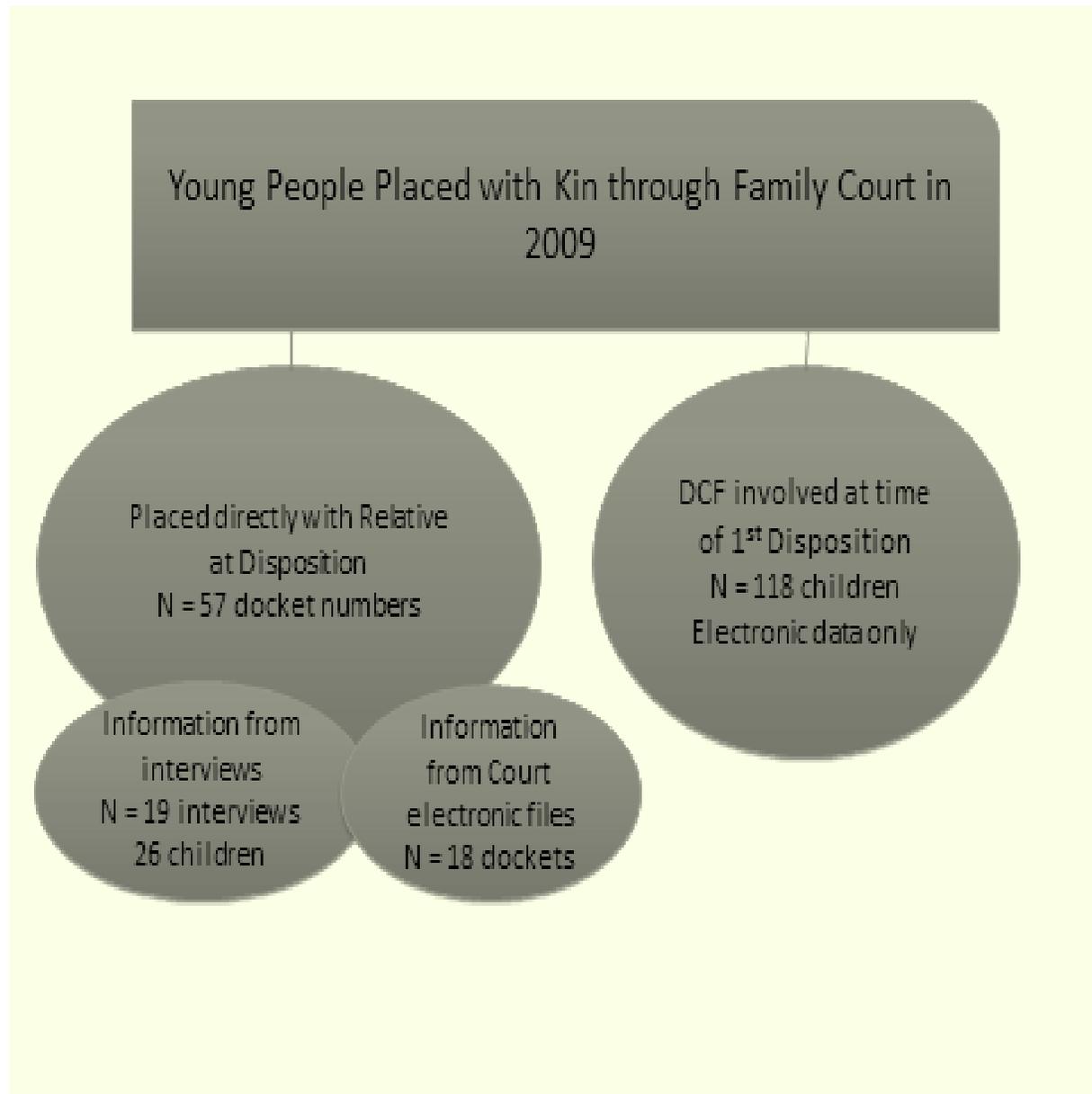


Figure 2: Origin of Direct Placements by Court Jurisdiction

Court Jurisdiction	Children placed directly with relatives
Addison	0
Bennington	7
Caledonia	2
Chittenden	25
Franklin	2
Lamoille	6
Orleans	6
Rutland	4
Washington	3
Windham	1
Windsor	1
TOTAL	57

Figure 3: Origin of DCF Kin Placements by District Office

DCF District Office	Children placed with relatives within 90 days
A: St. Albans	10
B: Burlington	19
H: Hartford	4
J: St. Johnsbury	12
L: Brattleboro	12
M: Montpelier (Barre)	8
N: Newport	9
R: Rutland	8
S: Springfield	8
T: Bennington	6
V: Morrisville	14
Y: Middlebury	8
TOTAL	118

Direct Placements – Identification of data set

A list of docket numbers was obtained from the Court Administrator's Office (Juvenile Court Improvement Manager Shari Young) which identified cases both added and disposed in 2009 in which the Family Court directly transferred custody of a child to a relative. When duplicates and inconsistencies in docketing were eliminated, the number of cases included in the study was 57. These were the cases identified for a potential interview of the caregiver using the Interview Protocol (Appendix A).

Direct Placements - Interviews

Interviews were conducted from the signing of the contract in early summer through early November. The Court Administrator's office contacted each court district and asked them to a) send a letter on behalf of the Justice for Children Task Force, describing the study and its goals; and b) provide the P.I. with contact information for each of the qualifying cases. Court personnel from each jurisdiction did so, sending the name of the guardian, an address, and a phone number (where one was available) to the P.I. A surprising number of the phone numbers were no longer in service (see description following of number of nonviable numbers and the process of obtaining current contact information.) Where contact information was outdated, the P.I. used internet searches and DCF data to locate updated information.

Phone calls were then made by the P.I. to invite the guardians to participate. Attempts were made to reach all 57 possible participants. Twenty-five (25) were contacted. Only two people declined. Four were willing but unable to schedule a time. Nineteen interviews were completed. Of those who were able to be scheduled all but one opted for a telephone interview. The interviews took between 30 minutes and one and one-half hours, depending on the complexity of the circumstances.

Court data indicated 68 cases that met the criteria of:

“(a) juvenile petitions filed in family court in CY 2009 in which the court transferred custody of the child to someone other than DCF, (b) juvenile cases that reached disposition in CY2009 in which the court transferred custody of the child to someone other than DCF.

Of those, five (5) were duplicates. Eleven (11) were docketing errors. The P.I. attempted contact with 52 guardians. Twenty-seven (27) had contact information that was not viable. Ten (10) did not respond to multiple messages. A few others were interested in participating but did not manage to schedule a time within the study parameters. By November 1, 19 interviews had been completed, representing 26 children. The interview protocol is included as Appendix A.

Direct Placements – File analysis

In cases where guardians were not available for interview, the P.I. sought information to determine placements, legal status, documentation of services, and outcomes (current placement and legal status). DCF personnel were able to provide placement histories, demographics, and some limited service information regarding these children from four sources: Family Services Social Services Database; the Family Services FSDNet database; Vermont Court Access System; and Economic Services PATH database.

The service information documentation in the electronic files is not comprehensive. In general any mention of service identifies the provider, (e.g., Lund) as opposed to by service (e.g., mental health counseling), so results from this group cannot be meaningfully compared with our interview cases. Additionally, no detailed information about services for the cases without a history of DCF custody (n = 18) could be obtained to provide comparison among groups.

Information from court dockets was used by the P.I. to determine, within the limits of the existing data, placement and outcome information for those children that have not, to the present time, been in DCF custody.

It should be noted that of the 57 youth identified by court dockets as **direct placements** with relatives, only 18 had no custody record in DCF files either before or after 2009, within these databases. It was far more common for these youth to have been in DCF custody at some point (N= 39) than to have never been in DCF custody (N = 18). For these 18 cases, data was requested from the individual court jurisdictions regarding case plans, all of which were received.

DCF Placement Data Sources

DCF identified 146 potential cases where DCF placed a child with a relative within 90 days of DCF assuming custody. From review of that list, the P.I. removed duplicates. There were also 22 cases of children who had also been placed directly with a relative by the Family Court in another case in 2009, in addition to their DCF placement. These 22 cases were included with the Direct Placement group. This left 118 DCF custody cases in the cohort. This is the group of cases reviewed as “DCF placed with kin within 90 days”.

It is important to note, when comparing outcomes for these two cohorts, that there is a great deal of overlap between data sets. It was not unusual that children would be first directly placed with relatives and then go into DCF custody later in the year. It was also true occasionally (though here data was less clear) that in some cases a child who had already been in DCF custody, sometimes for years, at some point had custody

transferred directly to a relative by the court. Those in our direct placement cohort were placed with a relative by the court in 2009; those in the DCF placement group were placed with kin by DCF in the same time period. However, children included in the DCF placement cases and children included in the direct placement cases may indeed have similar histories.

It was originally intended that all 118 cases would be individually reviewed by DCF and a file review would be completed. This data would be made available to the PI. This data was not provided. Instead, a spreadsheet was made available which identified qualifying case files, and included various demographic data, placement outcomes, and so forth (see Appendix A). Some additional information was provided from electronic records. The charts that follow are based upon those sources. Importantly, the information provided did not include data regarding services offered or provided for all children. Additionally, the placement histories provided indicate “Current Case Plan”, which is the most recent plan, not as was intended in design for the study, the initial case plan designation. Nor could the initial plan be accessed by electronic methods by the P.I. Without access to the initial case plan, the question of whether or not case goals are being met cannot be fully answered. It should be noted that this was not one of the four original questions, but was raised after the study had begun.

Comparison Data

When comparing outcomes for two populations under study, confidence in findings is tied to consistency of data. As noted above, the picture we have of these two groups (Direct and DCF Placements) is put together from several sources. There are inconsistencies in language, terminology, and even numerical variations (e.g. age for a child is recorded as a whole number in court dockets, but by months in the DCF data). Using the sources outlined above, several general comparisons are provided regarding ages of children, placement outcomes, length of time in care, number of moves, and whether or not the case has met its stated goal at resolution. Also, as noted above, the data strongly suggest that these two groups have considerable overlap; not only do many of the direct placements end up in DCF custody, but several of the young people who are included in the direct placement category had long histories with DCF prior to their direct placement with a relative by the Family Court.

With caveats on the limitations of the data that was available in mind, comparison charts follow which identify length of time from first intervention to closure for both groups of children. Table 2 identifies length of time to closure for youth that went from DCF custody to a relative placement in 2009 within 90 days (N = 118). Table 3 provides the same data for children who were transferred to custody of a relative by Family Court.

Tables 2 and 3 identify data indicating how long children wait before achieving some kind of permanency; Tables 4a,4b and 5 compare outcomes to the case goals. This assessment is limited by the fact that the data between the two groups is not identical; significant interpretation was needed to make the comparison. The court docket sheets do not include case goals; that data was requested from each court jurisdiction. Because the case goals do not match DCF case goals, separate tables (4a and 4b) were created to match court case goals to outcomes and DCF goals to outcomes.

Taking into consideration that these numbers are small for both data sets and the data has some inherent limitations, an assessment of Tables 2 and 3 does not indicate great differences in outcomes and length of time to closure for children between the two cohorts (direct placements by the court and DCF kin placements). In both cohorts some children find permanency immediately; some achieved permanency within 18 months, and a few are still in a non-permanent legal status. This topic will be addressed further later in this report, however we should note that some of the “open” cases in both cohorts may represent children in what they and their families consider a permanent placement. In the “open” DCF placements, 2 are reunified with a parent and 13 are with relatives; in the direct placement group 5 children are with relatives. Legal status alone may not describe the true status of these children.

One of the more important trends identified by Tables 2 and 3 is that of adoption and guardianship. Clearly, children in DCF to kin placements are more likely to be adopted (24 out of 118, compared to 2 of 57 for direct placements). Children in direct placements, however, are more likely to be in guardianship arrangements (16 of 57, compared to 11 of 118 for DCF kin placements).

Table 2: DCF Placed with kin w/in 90 days cumulative involvement

Length of time to closure sorted by outcome								
	Total	< 7 days N = 17	Up to 60 days N = 10	2 – 6 months 61-180 N = 8	6 – 12 months 181-365 N = 14	12-18 months 365-545 N = 18	Over 18 months 545 + N = 23	Still open N = 28
Relative adopt	17				4	6	7*	
Non-kin adopt	7				2	2	3	
Guardianship With relative	11	4	2*	2*		3		
Guardianship /non-relative	0							
Discharged to relative	18	7***	6***	2	1		2	
Discharged to parent	29	2*	4*	2*	6**	4	11****	
Discharged to “other parent”	8	4**		2	1	1		
Foster care	11							11*
Intensive residential	1							1
Legal emancipation	1							1
Open with relative	13							13*
Trial reunification	2							2*
TOTAL	118	17	12	8	14	16	23	28
* One group of two siblings ** One group of three siblings *** Two groups of two siblings ****One group of two siblings & one group of three								

Table 3: Family court placed directly with kin

	Length of time to closure sorted by outcome							
	Total N = 57	< 7 days N = 7	Up to 60 days N = 2	2 – 6 months 61-180 N = 12	6 – 12 months 181- 365 N = 8	12-18 months 366- 545 N = 6	Over 18 months 546+ N = 11	Still open 11/2011 N = 11
Relative adopt	1					1		
Non-kin adopt	1					1		
Guardianship with relative	14			8**	2*		4	
Guardianship non-relative	2	2						
Discharged To relative	11	5	2	1	2	1		
Discharged to parent	13			3	3	1	6*	
Discharged to “other parent”	1					1		
Foster Care	5							5
Intensive Residential	1							1
Emancipated	2				1	1		
Trial reunification	1						1	
Open with relative	5							5*
TOTAL	57	7	2	12	8	6	11	11
* One group of two siblings ** One group of two siblings and one group of five								

In reviewing the tables above, some of the language distinctions become critical. All of the outcomes listed are terms used in DCF placement histories, with some translation occurring by the P.I. in interpreting court dockets. The placement histories from DCF focus on the placements and reasons for changes that occur (e.g., inability of caregiver to cope; substance abuse, risk of harm, etc). The court docket information and all docket language focus on legal issues, status, changes in representation, and so forth. Further case information was not accessible electronically. Further study on this issue would require access to all court documents to adequately define and compare data for both groups of youth.

Of particular concern is the term “guardianship”. Many of the DCF placement histories stipulate relative guardianship, and a number of caregivers interviewed stated that they have “permanent guardianship” of the children in their care. However, the term “permanent guardianship” has a specific legal meaning. We reviewed the list of existing legal permanent guardianships in Vermont, and none of the children of either group was included on that list. Therefore, the term guardianship, when used either by DCF, the courts, or the interviewed caregivers, should not be construed to mean “Permanent Guardianship” as defined by law (Vermont statute title 14, section 2661-2667) within this particular cohort. When the term “guardianship” is used, it may refer to a Permanent Guardianship, a formal custodial guardianship through probate courts, or another formal or informal custodial arrangement. However, it should be noted that use of the term “permanent guardianship” by caregivers indicates the strength of their commitment (Kosberg and MacNeil, 2003, used the term “tenacity” when referring to relative caregivers) that is a hallmark of kin caregivers.

In Table 3, representing children that went to DCF custody and were placed with a relative, the cases are presented by outcome, which means where the child is placed and his/her status at the time of this study (collected September 2011). The term “cumulative involvement” refers to the length of time from the first DCF intervention to closure. In some instances, cases were opened and closed several times before the current placement outcome. Though we also analyzed length of time from last intervention to closure, it was felt that from both the child and family perspective the length of time from first intervention was more meaningful. The term “still open” or “unresolved” therefore does not necessarily mean that 18 months has expired since the case was last open. It may have been closed and re-opened since 2009; many were. The placement histories were researched based on the child’s name, not docket numbers exclusively, so cases that were filed and even closed in 2009 may have seen further activity in later years, and that later status is included in this data.

The term “open with relative” is used when the records indicated the child was still in a relative placement, and no other documentation indicated official closure. When asked for clarification, one person suggested that these cases may be artifacts of social

workers failing to close cases. However, another consultant suggested they could also be truly open cases that are still receiving attention and services; a thorough file review process would clarify this distinction.

Table 3, representing children who were directly placed with relatives by the family court, reflects data gleaned from several sources, including court and DCF data. Again, as with Table 2, the time to closure was analyzed from time of first legal intervention to the case closure or the present. Eighteen (18) of these children have never been in DCF custody, although there may have been varying levels of DCF assessment (see Table 4a). Because of the inconsistency of terminology and data sources, caution should be exercised in drawing conclusions for wider extrapolation. However, the data does reflect what has happened for these 57 children.

Table 4a and 4b represent only children that went into direct placement through transfer of custody from the court directly to kin. Within this group there were two distinct sub-groups; those who had been at some time in DCF custody and therefore had at one time had a DCF case plan (N=39); and those who had never been in DCF custody (N=18) and the case plan was from the court records. Because these two cohorts were distinct, we have broken out the 18 who have never been in DCF custody in Table 4a: they are included in Table 4b in the last column.

Table 4a: Direct Kin Placement Group: Case Plan (identified in court record) compared to outcome for direct placements with no DCF custody

Court Jurisdiction	N =18	Case Plan	Outcomes				
			Relative Guard.	Dismissed To Relative	Open with Relative	Dismissed To Parent	Emancipated
Cnjv	6	Custody to kin	2* *Sibling group	1	1	2	
Cnjv	7	Dismissed no plan	5* *Sibling group			2	
Cnjv	2	Concurrent plan			2* *Sibling group		
Frjv	1	Concurrent plan			1		
Wnjv	1	Concurrent plan					1
Wrjv	1	Custody & guardianship to kin	1				

Table 4b: Direct Kin Placement Group: DCF Case Goal compared to Outcome

Status:	Case Goal					
	Total N = 57	Return Home N = 20	Adoption N = 3	Care & Protect N = 15	Other "place with relative" N = 1	No DCF case plan identified N = 18
Returned to parent	14	8		2		4
Returned to "other parent"	1			1		
Adopted by kin	1		1			
Adopted by Non-kin	1		1			
Relative Guardianship	14	2		3	1	8
Non-Relative Guardianship	2			2		
Discharged or Dismissed to relative	11	3		7		1
Foster Care	5	4	1			
Emancipated	2	1				1
Intensive Residential	1	1				
Open, with Kin	5	1				4
TOTAL	57	20	3	15	1	18

Table 5 represents only children who went to kin from DCF custody (N=118). They are analyzed by outcome as compared by the current case goal. As noted earlier in this report, "current case goal" is the most recent case goal documented in DCF files. Case goals may change time as circumstances change; the current case goal may not be the original plan for the child.

Table 5: DCF Placed with Kin

Status:	Case Goal					
		Return Home	Adoption	Care & Protect	Other: Long term foster care	Place with relative
	N = 118	N= 46	N = 35	N = 34	N = 1	N = 2
Returned to parent	31	24		7		
Returned to "other parent"	8	3		5		
Adopted by kin	17		17			
Adopted by Non-kin	7		7			
Relative Guardianship	11	2		7		2
Non-Relative Guardianship						
Discharged to relative	18	3		15		
Foster Care	12	7	4		1	
Emancipated						
Intensive Residential	1		1			
Open, with Kin	13	7	6			
TOTAL	118	46	35	34	1	2

Table 6 is a compilation of the data of Tables 4a, 4b and 5. A description of the coding of cases as "resolved, met goal", "resolved, did not meet goal", and "unresolved" follows the table. A direct comparison between direct placements and DCF placements would not be accurate, as the court goals (N=18) are original case goals, while the 118 DCF to kin placements and the 39 direct placements who nevertheless had DCF involvement and a "current" DCF case goal, which may have been revised from the original case plans.

Table 6: Meeting Current Case Goal

	N =	Resolved, met goal	Resolved, did not meet goal	Unresolved
DCF Placed with Kin	118	85	6	27
Court Placed Directly with Kin	57	39	14	4

“Current Case Goal” Tables 4a, 4b, 5 and 6

The “current case goal” status used in Tables 4a and b, 5 and 6 was data derived from two sources: the placement histories supplied by DCF on all those children with a history of DCF custody; and information supplied by each of the court jurisdictions from court records on those children who were not in DCF custody. Because the case goals do not take the same format, the separate tables were created to keep the two data sets (those with DCF case plans and those with court ordered case plans) within the direct placement cohort distinct.

While Tables 4a, 4b and 5 reflect data from the case histories and court documents, Table 6 is an analysis and interpretation of the data in the other tables. “Resolved, met goal” indicates that the case has closed, and the resulting circumstance is congruent with the last stated case goal (e.g. goal = return home; coded as “met goal” if the child returned to either parent.) The term “care and protect” is a temporary designation for children in the first 60 days of care, used while an appropriate case plan is being developed. If the case plan was “care and protect”, a child in any permanent situation (with relative or parent) was judged to be in the “resolved, met goal” status. Other cases are coded on a straightforward basis; if the case goal was “returned to parent” and the child was placed in any other arrangement, the code was “did not meet goal”. Cases that have not yet closed are coded as “Unresolved”. Although these cases may not yet be closed, several of these children are with parents, and others are with relatives; although the cases have been coded as “Unresolved”, many of these children may have achieved permanency in fact, if not in law. This is an area ripe for further research; how children and families regard permanency may present implications for future practice.

Ages of youth in placement

Table 7 below represents data from DCF placement histories and court docket sheets. Further analysis cannot be done because while the DCF age value is in months, the court docket sheets present age as a whole number.

Table 7: Ages of youth at time of placement

	N=	0-1	2-3	4-5	6-7	8-9	10-11	12-13	14-15	16-17
DCF placed	118	32	17	22	10	6	6	8	10	7
Direct Placement	57	15	6	4	5	4	5	3	9	6

The numbers of placements in each group are more divergent for the younger groups and become more similar after ages 8-9 and beyond. The numbers beg comparison on the extent to which kin are involved in the decision making for the 0 – 7 DCF involved age groups, and what placement histories the older groups have had leading up to adolescence. Efforts made to engage and support extended family members have been recently studied by Landsman and Boel-Studt (2011), who found that “early family finding was associated with greater involvement of family, kin and informal supports, and resulted in higher likelihood of reunification or relative placement compared with standard child welfare services.”

Number of moves:

Another aspect of the experience of these children we reviewed was how many moves the child underwent before achieving (or not achieving) permanency. The data was taken from DCF placement histories and court documents. Unfortunately, there may, for any given child, have been previous undocumented changes. What our data indicate are the moves between placements documented in some way within the legal system. Therefore, the “number of moves” must be understood as the minimum number of changes, and may have been more. Further research is warranted to shed light on the characteristics of those situations that achieve resolution in under 3 moves and those that do not. First, it would be necessary to verify the history of prior moves.

Table 8: Number of moves experienced from time of first intervention to present

	1	2	3	4	5	6	7	8	9	10 +	Unk*
DCF start N = 118	32	25	22	8	10	6	3	3	1	7	1
Kin start N = 57	22	11	3	2	6	4	2	0	0	6	1

*Note: The unknown column in each category includes cases in which it was unclear whether the placement was a relative or a parent; therefore it was unclear whether there had been one, or two placements.

Interview data

The study design called for interviews to be conducted with custodians who had accepted custody of a relative's child transferred directly through the courts (direct placements). Of the 68 cases identified, five (5) were duplicates (or had two children). Eleven (11) were docketing errors. The P.I. attempted contact with 52 guardians. Twenty-seven (27) had contact information that was not viable. Ten (10) did not respond to multiple messages. A few others were interested in participating but could not schedule a time within the study parameters. By November 1, 19 interviews had been completed, representing 26 children. The interview protocol is included as Appendix C.

The interviews are a rich source of qualitative data that pertain to the question "what is happening in kin placements". Questions were included about demographic data, how custody decisions were made, how the caregiver felt about that process, whether in retrospect they felt it was the right decision, how visitation occurred, what services were provided or needed and not provided, and how they felt about services provided. There were also open-ended questions about challenges for the child, the caregiver, and the family, what was most helpful for each, and what advice the caregiver would give to another person faced with this same decision.

FOUR QUESTIONS

The study design called for file review of DCF cases, to be compared with direct kin placement data from personal interviews of caregivers. Ultimately, much additional data was drawn for both DCF placements and direct court placements from DCF files. Court records were also a source of information on the direct placements. In addition data from the interviews yielded very rich information about the kin caregivers, and their

families. We will use all these sources combined to address the four questions posed by the Advisory Committee.

QUESTION 1: WHAT IS HAPPENING IN KIN PLACEMENTS?

Outcomes: Placement and Legal Status

Outcomes for both the direct kin placements and the DCF kin placements are delineated in Tables 2 and 3 comparing placement to the length of time from first involvement to closure. It is noteworthy that only 2 of the 57 children that went directly to kin placements have been adopted (one by a relative, and one by a non-relative) as compared to 24 of the 118 children that went into DCF custody. This may reflect the reluctance of relatives to adopt children for many reasons, including reluctance to terminate parental rights of their family members. Two of our interviewed guardians stated they would have adopted, but would have lost all benefits had they done so. Fourteen (14) of the 57 direct placement children eventually returned to a parent, but 14 went into guardianship with a relative and 18 others are in relative care of some other status at the time of the study. A few are still in foster care (5), one (1) is in intensive residential treatment, two (2) emancipated and one (1) is in a trial reunification with a parent.

Thus it appears, from our very imperfect data, that children in the DCF group are more likely to be adopted, while the children in the direct placement group are more likely to be in a custodial guardianship status. This finding is congruent with the findings of Winokur, et al, in their systematic review and meta-analysis published 2009. With both direct placement and DCF placement groups there are some cases that are difficult or complex; some children that have serious issues, and some that emancipate before a better permanent outcome can be reached. In kin placements, no adoptions were finalized in the first year; only two (2) happened among the group and both occurred between 12 and 18 months.

Case Plan vs. Outcome

Table 4a compares outcomes to the original case plan for those 18 children that have not been in DCF custody, per DCF records. They are also sorted by court jurisdiction. The original case plan was provided by personnel from each jurisdiction, while the outcomes were based on docket sheets for each case. Because of the extremely small numbers, we have also noted where a number represents a single sibling group to avoid misinterpretation of the data. Thus while this chart shows what happened with these 18 children, because of the small N no valid conclusions can be extrapolated to a wider population.

Table 4b compares outcomes for the 57 placements made by the family court, including the 18 which are separately enumerated in Table 4a. Table 5 is the comparison for DCF-initiated placements.

It is important to note that the case plans for the court-only placements come from court documents and represent an initial or disposition case plan. All other case plans are from DCF electronic files and represent the current case plan. Because the case plan may change over the course of a case as situations change, comparisons between these two groups would not be valid.

Number of moves

Table 8 illustrates the number of moves experienced by each child in the two cohorts. For both it appears the overall patterns are similar. Larger numbers of children experience only 1 or 2 moves (approximately half in both cohorts), but a few are not so fortunate. Remarkably, however, 7 of the 118 children in DCF to kin group, and 6 of the 57 children in the court to kin group, have experienced more than 10 moves each. A review of these cases could yield valuable information about which circumstances, in both direct placements and DCF placements, lead to instability.

Visitation

We asked the caregivers a series of questions regarding visitation with both parents and siblings. It is well established within the literature that visitation is associated with a number of positive outcomes for children. Data in Table 9 is drawn directly from caregiver interviews only.

Table 9: Visitation

Frequency	With mother N = 26	With father N = 26	With sibling (s) N = 24
Living with parent Or sibling	1	2	7
Weekly or more often	7	5	6
Every two weeks	2	0	2
6 – 12 X year	2	10	3
Seldom or intermittent contact	3	2	4
Few visits, frequent phone or mail	0	2	0
No contact	1	5	1
No siblings	0	0	1

One of the notable characteristics present among interviewed caretakers was the degree of effort expended for the child’s visitation not only with parents and siblings, but with other relatives. Indeed, one grandparent stated that the most challenging thing for the children in her care was their complex schedule of visiting two households of parents and three of grandparents. One paternal grandmother continued to allow a mother’s visits even though the mother frequently stole money or items from the house – and continued to allow visits until she began stealing money from her own children. A few of the children had incarcerated parents, and caregivers reported making every effort to get the children to the facilities at predetermined times, even though transportation could be an issue.

Family structure

We asked caregivers who was living in the home, including both adults and children. The families in which the children lived varied widely, from grandparents with one child to families with several birth children and several relative children. Often siblings had different legal status. In one sibling group of three, two lived with one aunt and uncle (one had informal status and one was in guardianship); while the third was adopted by another relative.

Families were creative in meeting the needs of the children; many of the caregivers said that the extended family was their biggest help. From providing child care and

transportation, visitation and family meals, relatives found ways to meet the individual needs of the children and caregivers. E.g. in one instance, though the mother legally now has custody, the child stays with grandparents throughout the week because of the mother's frail health and because the child is excelling in school in the district where the grandparents live.

QUESTION 2: IS REUNIFICATION DELAYED IN KIN PLACEMENTS

This question is addressed but not conclusively answered by Tables 2 and 3. The cases that were closed within 6 months (n = 35) all involved children going to a relative's home, or returning home to a parent. (The term "other parent" refers to the previously non-custodial parent). Adoptions begin to appear after six months. Adoptions by kin (n = 17) outnumber adoptions to non-kin (n = 7) in the DCF placement group. As the table shows, 11 children remain in foster care, one has emancipated (the placement history notes "with no return home"), and one is in intensive residential treatment. The two children in "trial reunification" status have very recently returned home in 2011.

The occurrence of reunification for both groups bears more similarities than outstanding differences. For both groups of children who were reunified with parents, it took longer than 18 months for more than 30% of the cases. For children placed with kin by DCF, reunification with the custodial parent happened for 29. For 11 of those 29, reunification took longer than 18 months (38%). In the direct kin placements, 13 were reunified with custodial parents. For those children, 6 of them waited more than 18 months (46%). Because of our small data set, we cannot draw conclusions from this difference. However, for DCF placements, 8 of them were reunited with a non-custodial parent; four (4) immediately and the remaining four (4) within the 18 month timeline. This was less likely to occur in direct kin placements; only one (1) of the 57 went to the "other" parent. That occurred in the 12-18 month time segment. It appears therefore that when a child goes to a kin placement, there is lower possibility of them being reunified with the parent of the "other" side of the family. However, interview data do not appear to indicate, in regards to visitation, that access to "other" relatives, by and large, was restricted.

On the other hand, while 5 of the 57 direct kin placements remain "open, with relative", a comparable 13 of 118 of the DCF kin placements exist in the same category.

This comparison is interesting in light of the Winoker, Holtan and Valentine (2009) finding that there was no discernible difference in reunification rate, or length of stay, between stranger placements and kin placements for children in foster care.

QUESTION 3: ARE KINCAREGIVERS RECEIVING SERVICES COMPARABLE TO CHILDREN IN DCF CUSTODY?

The third question put forth by the Advisory Committee was “**are kin caregivers receiving services comparable to children in DCF custody**”. The first part of the question can be addressed from the interview data. Guardians were questioned not only regarding which services were provided, but how they would rate them as well. Several of the guardians were reluctant to provide ratings, for a number of reasons; two years’ time had elapsed since the children came into their care, making remembrance occasionally problematic, and several expressed ambivalence about being asked to judge whether services had been helpful. In other instances, they were very ready to rate the services provided. The question that can be answered is “**what services are kin caregivers receiving?**”

We interviewed 19 caregivers, identified as relatives or fictive kin of 19 children directly placed with relatives by the family court. Those caregivers, however, did not speak only for the children on our docket list; they also care for other children, not their birth children, who are in their homes. These children do not always have the same custodial status – in any given family there may be birth children, relative children in DCF custody, other children NOT in DCF custody, one or more in a probate guardianship, or any combination thereof. Of those 26 children regarding whom the respondents replied, according to interview responses, 8 are now in DCF custody; 15 are not in DCF custody, and 3 responses were rated “unclear”.

Throughout the interview process it was very clear that the term “custody” has a different meaning for caregivers than the legal meaning assumed by professionals. In example, one response to “is the child in DCF custody” was “no, he’s with me”. The terms “in care” and “in custody” are used interchangeably by many caregivers; in contrast they have specific meanings to the courts, agencies, and other professionals. Therefore it was not possible to sort out answers to our service questions by “child in DCF custody now” vs. “child in DCF custody at some point” and compare it to “child never in DCF custody”, since in many cases, the caregiver did not actually understand whether the child was or was not ever legally in DCF custody.

While the overlap in our two groups, the direct placement group by family court and the DCF placement group, is large, we cannot identify a difference in perception of services received between relatives with children never in DCF custody as compared to relatives whose children were at some point in DCF custody. From our interview data, 19 caregivers were asked what services they received, how they rated them, and what services they needed but did NOT receive. While reviewing the data, it must be noted that of the 19 interviewed caregivers, they were responding for 26 children, not all of whom were in our identified group of cases. Caregivers responded PER FAMILY, by

and large, and not PER DOCKET CASE. At no point, however, did a caregiver respond that one particular child couldn't get services because they were not in DCF custody.

Appendix D tabulates the responses of caregivers regarding services received. Review of those data reveals that most children received RUFA (Child-Only Reach Up grant); most children received Dr. Dinosaur medical coverage. Other services are named as well. The following generalizations can be made from interview responses on services received:

- Only one caregiver of 19 interviewed responded that medical insurance was unavailable for their child.
- There appeared to be no significant problem with getting the child enrolled for RUFA (Child Only Reach Up Grant) for the majority of caregivers.
- While there was mixed response about quality of services, substance abuse and mental health services were widely available.
- Most caregivers were satisfied with their relationship with schools, and most school-aged children in the sample had IEPs. Four caregivers stated that their most helpful relationships were with school or day care personnel.
- For the 26 children, respondents said that for 11, DCF was monitoring a case plan; 9 of those received regular DCF social worker visits. Based on ratings, the responses were mixed. A few said that their social workers were excellent and very helpful. Others stated they received no help from the agency or DCF social workers. However, in the open comments, five (5) caregivers specifically stated DCF or their DCF worker was "what helped the most".

Caregivers stated they needed but did NOT receive (top four services mentioned):

- Home related emergency funds (food, repairs, fuel) - 8 of 19
- Legal advocacy - 7 of 19
- Child related emergency funds – (clothing, lunch money, school supplies)
7 of 19
- Respite care – 6 of 19

In discussions with caregivers who indicated that they needed a legal advocate, only two seemed to mean that they were seeking legal representation. The majority indicated they needed someone to talk to about the legal system, DCF, Family Court, Probate Court, their options, and how to navigate the path of guardianship of the children. In the open-ended remarks at the end of the interview, a question was asked "what advice would you give to another person in a similar situation?" A very common theme to that was "find out everything you can." "Ask everybody". "The answers are

out there, but it's up to you to find them”, and so forth. The caregivers' main need was a simple one; information on which to base a choice about a life-changing commitment.

Respite care was another service that many of the caregivers would appreciate, and although programs exist, for most of them the service itself is not accessible.

Financially, a number of caregivers would have benefited greatly from financial assistance for clothes, school supplies, heating oil, and other basic household necessities. For many, the concept of asking “the government” for cash aid of this nature was not a familiar one.

On the whole, it appears that the unmet needs of the caregivers could have been addressed with a very modest outlay of assistance.

QUESTION 4: ARE KINCAREGIVERS BEING PRESSURED INTO TAKING CARE OF RELATIVE CHILDREN?

Of particular interest to members of the Advisory Committee was whether caregivers were being pressured into taking in relative children. Several questions in the interview protocol were designed to elicit the caregiver perspective of this question.

TABLE 10: How was the decision was made that the child would come live with you?

Caregiver's response	Number of responses	Percent of total responses
I agreed it was the best solution and it was my decision	19	73.1
I agreed it was the best solution and it was my decision AND I felt pressured by DCF to agree AND other response	3	11.5
I felt pressured by family to agree	1	3.8
It happened very fast – I didn't have time to think it through	2	7.7
Did not answer	1	3.8
Total	26	100%

Of the caregivers interviewed, they stated for 21 of the 26 children who had been placed with them, it was at least in part because they had sought custody. For three (3) children, they stated DCF suggested they assume custody. One was the result of a family conference or family safety plan meeting. Two decisions were made with a combination of DCF suggestion/and family meetings. At the time the decision was made, caregivers thought it was the best decision in 24 cases out of 26. One (1) stated she felt pressure from the family to agree; three (3) felt pressured by DCF to agree. Two (2) felt the decision was made so quickly that there wasn't time to think it through.

Table 11: At the time, did you feel the child coming to live with you was the best solution?

Caregiver's Response	Frequency	Percent
Yes	24	92.3
Perhaps	2	7.7
Total	26	100.0

Table 12: Looking back, do you still feel the child coming to live with you was the right decision?

Caregiver's Response	Frequency	Percent
Yes	23	88.5
No	1	3.8
Perhaps	2	7.7
Total	26	100.0

While it might not be the intention to pressure family members into assuming care of relative children, it is clear that these caregivers are presented with life-changing decisions with limited information, and a very short turnaround time to make a considered decision. All but one person interviewed indicated that they wanted to take care of the child(ren) in question, however the situations into which the caregivers are thrust are fraught with tense family dynamics and emotion. While some felt pressure from relatives and some from DCF, they also felt responsibility as family members for

assuming care of children. Many felt that adequate information was not available at the time they were asked to step in, and wished they had known more about caregiving options at the time. In addition to not having information about legal issues and options, they did not have access to information about what services might be available (financial assistance for basic needs) to help with their transition to caregiving.

Recommendations

Both DCF placements and direct court placements with kin appear to be a viable option for some families. From both the quantitative data and the qualitative data of the interviews, relatives in most instances provide stability and family connections for children in care. In order to promote stability in these placements, and to help screen out inappropriate placements, we recommend the following.

1. Provide more timely legal information to kin caregivers.

It was clear that many caregivers needed more information about their situation and legal options, and the consequences of each of their apparent choices. This is true particularly within the first few months of a placement. Many of the comments in the appendix refer to a need for information and/or someone to talk with about kin issues. One person said “the information is out there, just keep beating on doors and asking until you find it. But it isn’t easy”.

The Fostering Connections legislation provided funding for Kinship Navigator programs in some pilot sites in the country (information available at kinshipnavigator.org). These programs provide information, referral and advocacy to kin caregivers in both formal and informal custodial arrangements. Federal funding for new sites is not on the immediate horizon, but other sources of funding may be available. In addition to professional assistance, peer mentors and support groups could provide a useful service for caregivers, not only through moral support but by helping other caregivers find resources and programs that provide concrete services. Other states also have court-sponsored social workers who provide caregivers with information and referrals for assistance.

2. Provide financial assistance to relatives accepting custody of children.

While foster parents can prepare in advance to accept children, many kin caregivers take a child into their home with little or no notice. Furniture, extra food, clothing, diapers and other supplies may be immediately needed. Many of these caregivers are on limited incomes with a very tight budget. In the interviews it was clear that the relatives were deeply committed to doing their best by and for the children in their care. While most of the children received needed medical and mental health services, and many of the caregivers received RUFA, there were some concrete supports that would

benefit families. Most of these were very basic needs; fuel, heat, diapers, school clothes and supplies. On the whole these expenditures would be quite modest, when compared with the cost of disruption of a placement and possibly foster care. Some states provide a one-time allowance to kin accepting care of relative children. Establishment of such a program, open to both direct placement and DCF placement families, would be of tremendous benefit and aid in creating stability for these children.

3. Respite care programs need to be more accessible to relative caregivers.

Six (6) of our 19 interviewed caregivers stated they needed respite care but were unable to utilize it. They understood that there were such services, but cited several different problems in receiving them, such as scheduling, not qualifying, no transportation available, etc. Given that the relative kin caregivers tend to be older, have more health problems, and have lower incomes (Winokur, et al, 2009, and others) respite care is a service that is badly needed by at least one subset of kin caregivers, and would reduce caregiver stress and increase stability and quality of placements if accessible.

4. Require continually updated training for social workers on Kincare issues.

With the rapidly expanding number of kinship families which are being created both through formal and informal systems, DCF social workers are in the frontline of working with kin caregivers. For many caregivers the DCF social worker may be the only person they encounter who can help with the unique set of complex issues, both legal and social, that their family faces. Legal issues and access to services are not only somewhat different for kin families than foster families, they are evolving. Additionally, very complex family dynamics can be a challenge not only for caregivers but for social workers as well. Faced with a new set of expectations for practice and challenges of working with intergenerational families, social workers would benefit from frequent updated training on policy clarification and practice implications.

5. DCF and Court system should work together to create mutually compatible data systems.

Kin placements are on the rise and many families have involvement in DCF, Family Court, and the Probate Court regarding custody and guardianship issues. As the Court System and DCF redesign their IT services, efforts could and should be made to work towards greater compatibility within these systems. Tracking and comparison of outcomes in future research would be greatly enhanced by a well-coordinated system of data collection and improved accessibility.

6. Interviews should be conducted with DCF placement relative caregivers and Probate Court guardians for comparison to direct placement interviews conducted through this study.

Interviews with the direct placement caregivers yielded a rich source of qualitative information. Time and resource constraints prohibited interviewing DCF placement caregivers for this study, but the type of information collected is not available through file review of any kind. In order to have true comparison data of the caregiver experience, interviews should be conducted with a sample of DCF placement caregivers. Also, because there are more questions presented about the experience of Probate guardians, particularly about access to quality services, interviews with a similar sample of Probate caregivers would be informative and valuable.

One question that was discussed at great length prior to the study was whether casework services should continue to be offered to families involved in open cases. Though this continues to be a key question, our data did not lend itself to addressing this practice issue directly. This question remains an important one and should be further explored.

APPENDIX A

DCF Data for KinCare Family Study

1) Spreadsheet

- MIS number
- Child's name
- Date of birth
- Custody date
- Docket numbers
- District office
- Workers
- Placed with
- Placement start date
- Closure date
- Reason for case closure

2) Family Services Social Services Database;

3) Family Services FSDNet database;

4) Vermont Court Access System; and

5) Economic Services PATH database

THE IMPACT ON CHILDREN:

A comparison of supports available to children in foster care and supports available to children placed with a relative under the Juvenile Justice Proceedings Act (JJPA) or through Probate Court



Research shows that children whose parents are unable to care for them are more successful when placed with a relative. In Vermont two courts are involved in establishing a legal relationship between a child and a relative. In Family Court, a child who is determined to be in need of care and supervision (CHTNS) in the past has been most often placed in foster care. However under JJPA (Vermont Statutes, Title 33, Chapters 52 & 53), an appropriate relative now is considered as a preferential placement early in the case. In Probate Court a child can be placed with a relative through Legal Guardianship proceedings. However, there are major differences in the support that the child and family receive when a child is in foster care as compared to a child placed in the custody of a relative.

FINANCIAL DIFFERENCES

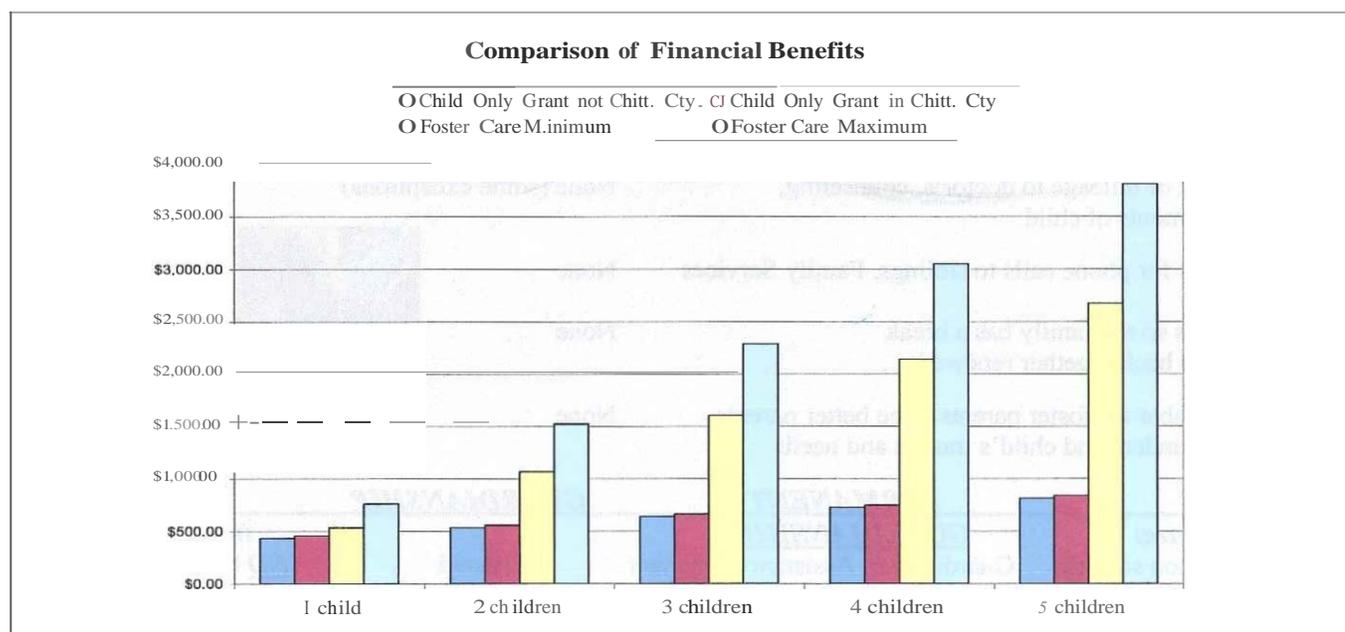
A child in foster care is eligible for more financial support than one not in foster care. As illustrated below, the difference is even more dramatic when more than one child is placed with a family.

Foster Care Reimbursement Rates infant, Level One/Adolescent, Level Three

(Maximum) Child Only RUFA* grant Outside Chittenden County/Chittenden County.

1 child	\$ 534.90 / \$762.60	\$434.00 / \$458.00
2 children	\$1,069.80 / \$1,525.20	\$535.00 / \$560.00
3 children	\$1,604.70 / \$2,287.80	\$640.00 / \$ 665.00
4 children	\$2,139.60 / \$3,050.40	\$726.00 / \$750.00
5 children	\$2,674.60 / \$3,813.00	\$816.00 / \$841.00

*Child Only Reach Up grant is obtained through Economic Services. Child support and any income for the child such as Social Security offsets the benefit; caregiver income is not taken into consideration.



ADDITIONAL SUPPORTS FOR THE CHILD

FOSTER CARE

CUSTODY through JJPA; GUARDIANSHIP

Educational Supports

Remain in home school **if** appropriate

Remain in home school until disposition if JJPA; only if relative lives in the same town or school agrees

Eligible for educational surrogate parent to help navigate educational issues

Not eligible

Reimbursement for transportation to school

None



Other benefits for the child:

Eligible for Medicaid

Eligible for Medicaid or Dr. Dynasaur if eligible for RUFA grant

Free hot lunch

Free hot lunch if eligible for RUFA grant

Childcare in licensed facility (100% covered)

Childcare if a proven need; covered up to maximum allowed, not always 100%

Other supports for the child, parent, and family:

Social worker or contracted agency assistance for support, negotiating family issues, parent visitation, etc.

None unless ordered by court

Help for parents to reunite with the child and/or to experience safe contact

None unless ordered by court

Access to Family Services (FS) contracted services



Only at Commissioner's discretion and dependent on available funding

Legal support for court proceedings, including TPR

None once FS is no longer involved (except OCS)

Permanency planning for the child: reunification, TPR/adoption, permanent guardianship

Permanency planning when reunification is the goal: legal custody or guardianship unless the child's attorney or relative petitions for TPR; cost of legal representation is usually the relative's

Other:

Reimbursement of mileage to doctor's, counseling, other appointments of child

None (some exceptions)

Reimbursement for phone calls to siblings, Family Services

None

Respite services so the family has a break and can come back together renewed

None

Trainings available for foster parents to be better parents and to better understand child's trauma and needs

None



ADOPTION

PERMANENT

GUARDIANSHIP

ADOPTION

{from foster care}

GUARDIANSHIP

(no foster care)

Potential adoption subsidy and post-adoption services

Guardianship Assistance Payment
No services

As listed above

NO benefits or support
Exception: child SST eligible

NOTE: FS: Family Services; TPR: Termination of Parental Rights; OCS: Office of Child Support

Prepared by Lynn Granger, Executive Director, Vermont Kin As Parents (802-338-4725)

APPENDIX C

Biggest challenge for caregiver

- Lack of investigation by DCF. They used me to dump the kids on until dad could take them. Even though Dad is an alcoholic, children are placed with him.
- It was like working in the dark – no information.
- Paradox – the unknown. Hoping mom is getting better, but we want stability and permanency for the child. There is no timeline, and no certainty.
- The parents are inconsistent
- Trying to help child realize she has a secure home – to trust me
- Trying to keep contact with her mother and brothers
- Finding a place (housing)
- In the beginning, child's behavior and anger. Still some anger, but not as bad
- Starting over with babies
- Dealing with mother's behavior (note: mother stole from grandmother and children)
- Having child come into family as youngest (older two are adopted as well) - sibling rivalry
- Letting the baby go, putting him in state's care
- Granddaughter's pregnancy at 13
- Husband and wife are 64 & 62 – taking on a new baby
- Child's behavior (15)
- Dealing with kids' behavior in school, though they were well-behaved at home. Worried for her daughter, her health and stability
- DCF said child could not be left with anybody or they would take him. Therefore couldn't have even family member care for him, couldn't go out – had to give up job
- Financial
- E (one of the children) has no other family or other support other than me.

Biggest challenge for caregiver, other family members and friends

- No longer have a circle of friends/supports
- For the 3 other kids, they feel the change in family dynamics. Some jealousy of sibs. We make choices now around the baby's schedule.
- Son has given up his life for them, is with them every night (uncle of the children). We can no longer travel, since we have the boys, so we don't visit with family anymore.
- Dealing with child to get her to visit her mother in jail
- None
- No more social life
- Sibling rivalry
- Explaining to son you have a choice in whether you give up your children
- It's a challenge when you didn't have kids, and now you so. Social life changes due to responsibilities.
- Taking a baby at elderly age
- No services
- Not a lot interfered with them, I did it all myself
- They were no help.

Biggest challenge for children

- Very poor eating habits when they came to me. Parents fed them only junk food – they had trouble adjusting to eating “real food”.
- One child is adopted within the family, and those parents have a different approach to identifying who is “mom” and “dad”. The experience was different for all of them. Oldest was moved from parents to grandma, back to parents, then back to grandma. Second child’s move from parents to grandma was traumatic. Third child was moved to another relative.
- For the child, hard for him to find balance between two homes, but he’s very resilient.
- Boys have to visit with parents, second and third sets of grandparents. Very inconsistent schedule.
- Trusting anybody.
- Abuse they received
- Adapting to mom getting married
- Challenges in school
- Security issues
- Being without dad
- Speech problems, doesn’t like his mom
- Adapting to structure, rules and schedules
- Hard time sleeping – afraid to be left alone
- Juggled so many times. Went to other foster home, was in many day care situations
- Pregnancy, and emotional issues
- Hard to say. Doesn’t miss parents, had a lot of medical issues
- Peer pressure led her to do things that got her into trouble
- Don’t think they had any. Would have liked a better relationship with their father.
- Mom was in and out of her life. Ending visits was very hard.
- Being separated from her mother.
- Having to miss her mom.

Most helpful to caregiver

- My grandmother was very helpful, and my boyfriend was very supportive. Also good nutrition class at CCV.
- Trinity Day Care, has been good for the kids socially and has been my respite.
- DCF social worker and Family court judge – both were wonderful.
- Meetings every month with DCF, very honest and open, no holds barred
- Social worker at Camel's Hump middle school
- DCF social worker
- Counseling services
- RUFA
- Family help
- DCF worker is very accessible, responds in a timely manner
- Family (daughter and son)
- DCF worker
- When baby had surgery, got lots of help from medical personnel. Very joyful to have the baby.
- GAL
- That the boys knew us and felt good with us. We have sufficient financial resources.
- Lund Center – excellent playgroup, gift cards for needs
- Day care.
- Good support from family; Family Infant Toddler Program, Head Start

Most helpful for child(ren)

- My boyfriend modeled better ways of being – since he was a guy, the boys really looked up to him.
- Trinity and the services there – good education and coordination
- Health care and child care
- Having consistency since age 9 months
- Howard Center Mental Health, and the school system is also very good. They help you learn the new language
- That she has a large, supportive family
- Everybody helping out, family, grandma enjoys it
- Counseling, and being able to be with family
- Day care, friends own age, activities
- Being able to have family to count on, and that he is safe
- Family (daughter of guardian)
- DCF worker, and mentor through Lamoille county
- Having a stable home, medical appointments
- GAL
- To know mom could come visit anytime. They didn't lose their community, and could stay in same schools.
- Being with grandma. And DCF helped with his socialization.
- Me! And religious practice. Praying for mom every night helped her be calm.
- Home based head start

What DCF, the court, or other agencies could have done better

- Too much emphasis on placing children with the parent. Too little investigation. They did not see major problems with the father – they have horrible living conditions. Boys are just meal tickets to him because he has no job, no other income, and lives with his mother.
- DCF could have sat us down. They knew we were struggling, and they did not explain to us that the 3rd child placement would have resulted in adoption. We would have taken that child.
- Help to clarify where we are in the decision process – may go to permanency guardianship – need updates
- For preschool age kids, if DCF would help us with educational services, to get evaluations
- If someone had told us about the benefits of foster care versus guardianship, would have been helpful. The financial burden is ve4ry high. DCF custody would have been much better.
- It just happened (sic). Though DCF did not seem very sympathetic, and did not get her into treatment right away. She felt lost and violated.
- They should have put the stepfather in jail – but they did not believe reports of abuse
- Can't think of anything
- Paperwork – DCF weren't well prepared in court
- Nothing
- DCF would never return my calls – at least never within that day
- Financial help for relative when not in DCF custody
- They did a great job
- DCF made too many promises, and didn't follow through
- Child's anger @ little brother is related to divorce. Nobody has addressed this – older brother blames little brother. They want to put one up for adoption, due to their inability to get along. This will further destroy the family.
- DCF should have done urine tests on mom & dad. Some parents relapse, and DCF aren't consistent. They should do mandatory drug screening
- DCF made me feel like the scum of the earth. They did not need to make it such a big ordeal – they were very judgmental.
- All did great, but Burlington was better than Newport.

What advice would you give to another person

- They used me for room and board and child care. Get a lawyer.
- Stop them and make them answer your questions. Do your homework – talk to anybody and everybody you can. They don't want to hand out benefits!
- You deal with the cards you are given. If at all possible, have a good relationship with the caseworker. If that can't happen, ask for another worker.
- Try to get as much help as you can. The knowledge is out there if you listen and ask questions.
- Take a deep breath. Be sure you have a support system of family and friends. This is such a system to get caught up in – your life is no longer your own.
- Love them with all your heart, take care of them the way they're supposed to be. Don't lie.
- Get into a grandparents or Kincare group
- Don't trust drug-affected parents
- Need to have lots of patience. Don't take it on if you can't be patient.
- Prepare your own children, as well as the child coming in.
- I would tell them not to do it if they have any other children. Laraway Program was lots of support. SPS was very negative. More for the kids than me.
- Love your grandchildren, and do what you can for them
- Make sure you get a lawyer from the beginning. Fight if you want the baby, if you really want it! It's not worth it for the money, but for the joy of childraising.
- If it works it's good – don't trust anything "they" say. There are issues for older people – they may not be able to give children what they need.
- Regarding mentally incapacitated, grandparents can be in the best position.
- Keep track of everything. Love and support that child while you have him.
- First response "don't do it – the parent thinks you're in it for the money" reconsidered response: do everything you can for the child. Give them a lot of love and put them first. If you have a religious background, be sure you enforce that. It helps calm the child to pray for her mom. (Mom found God in jail, so this practice continues now that she is reunited with mom.)
- Take a deep breath. It gets hard, especially dealing with your own kids. You have to be firm, and use Tough Love. (One of my daughters wanted to "borrow" her baby to go down to the welfare office to get benefits – so she could prove she had a child. I will never forget that.)

Notes

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Receive Foster Care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	22	84.6	100.0	100.0
Missing	Unknown	4	15.4		
Total		26	100.0		

Receive Social Security?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	30.8	33.3	33.3
	No	16	61.5	66.7	100.0
	Total	24	92.3	100.0	
Missing	Unknown	2	7.7		
Total		26	100.0		

Receive Guardianship Assistance (Permanent Guardianships)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	3.8	5.0	5.0
	No	19	73.1	95.0	100.0
	Total	20	76.9	100.0	
Missing	Unknown	6	23.1		
Total		26	100.0		

Receive Post Adoption Assistance?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	22	84.6	100.0	100.0
Missing	Unknown	4	15.4		
Total		26	100.0		

Receive 3 Squares?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	19.2	20.8	20.8
	No	19	73.1	79.2	100.0
	Total	24	92.3	100.0	
Missing	Unknown	2	7.7		
Total		26	100.0		

Receive School Lunches?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	46.2	50.0	50.0
	No	12	46.2	50.0	100.0
	Total	24	92.3	100.0	
Missing	Unknown	2	7.7		
Total		26	100.0		

Receive Child Support?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes No	2	7.7	10.0	10.0
	Theoretic	15	57.7	75.0	85.0
	Total	3	11.5	15.0	100.0
Missing	Unknown	20	76.9	100.0	
Total		6	23.1		
		26	100.0		

Receive Other Economic Services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	11.5	75.0	75.0
	No	1	3.8	25.0	100.0
	Total	4	15.4	100.0	
Missing	Unknown	22	84.6		

Receive Legal Help?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	7.7	8.7	8.7
	No	21	80.8	91.3	100.0
	Total	23	88.5	100.0	
Missing	Unknown	3	11.5		
Total		26	100.0		

Receive Medical Insurance (Dr. Dynosaur)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	24	92.3	100.0	100.0
Missing	Unknown	2	7.7		
Total		26	100.0		

Receive SA Counseling?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes No	17	65.4	70.8	70.8
	Theoretic	6	23.1	25.0	95.8
	Total	1	3.8	4.2	100.0
Missing	Unknown	24	92.3	100.0	
Total		2	7.7		
		26	100.0		

Receive Child Care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes No	12	46.2	50.0	50.0
	Theoretic	11	42.3	45.8	95.8
	Total	1	3.8	4.2	100.0
Missing	Unknown	24	92.3	100.0	
Total		2	7.7		
		26	100.0		

Receive Respite Care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	15.4	16.7	16.7
	No	20	76.9	83.3	100.0
	Total	24	92.3	100.0	
Missing	Unknown	2	7.7		

Receive Act 264, Coordinated Services Planning?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	17	65.4	89.5	89.5
	In the future	2	7.7	10.5	100.0
	Total	19	73.1	100.0	
Missing	Unknown	7	26.9		
Total		26	100.0		

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	19	73.1	100.0	100.0
Missing Unknown	7	26.9		
Total	26	100.0		

Receive IEP (Educational Resources)?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	7	26.9	38.9	38.9
No	9	34.6	50.0	88.9
In the future	2	7.7	11.1	100.0
Total	18	69.2	100.0	
Missing Unknown	8	30.8		
Total	26	100.0		

Receive DCF Social Worker Visits?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	9	34.6	40.9	40.9
No	13	50.0	59.1	100.0
Total	22	84.6	100.0	
Missing Unknown	4	15.4		
Total	26	100.0		

Receive Other Social Worker Visits?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	23.1	30.0	30.0
No	14	53.8	70.0	100.0
Total	20	76.9	100.0	
Missing Unknown	6	23.1		
Total	26	100.0		

Receive Caregiver Training?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	3	11.5	13.6	13.6
No	19	73.1	86.4	100.0
Total	22	84.6	100.0	
Missing Unknown	4	15.4		
Total	26	100.0		

Receive Anger Management?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	8	30.8	38.1	38.1
No	13	50.0	61.9	100.0
Total	21	80.8	100.0	
Missing Unknown	5	19.2		
Total	26	100.0		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	30.8	42.1	42.1
	No	11	42.3	57.9	100.0
	Total	19	73.1	100.0	
Missing	Unknown	7	26.9		
Total		26	100.0		

Receive Vermont Kin as Parents?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	11.5	14.3	14.3
	No	18	69.2	85.7	100.0
	Total	21	80.8	100.0	
Missing	Unknown	5	19.2		
Total		26	100.0		

Receive Family Meetings?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	34.6	40.9	40.9
	No	12	46.2	54.5	95.5
	In the future	1	3.8	4.5	100.0
	Total	22	84.6	100.0	
Missing	Unknown	4	15.4		
Total		26	100.0		

Receive Supervised Visitation?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	19.2	23.8	23.8
	No	16	61.5	76.2	100.0
	Total	21	80.8	100.0	
Missing	Unknown	5	19.2		
Total		26	100.0		

Receive Other Services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	38.5	100.0	100.0
Missing	Unknown	16	61.5		
Total		26	100.0		

Appendix F

References

Area on Aging (2003). Domestic Abuse in Later Life; National Center on Elder Abuse, Administration on Aging. Retrieved from:

http://www.ncea.aoa.gov/main_site/pdf/research/relations.pdf

Black, E., & Brooks, S. (2004). How does subsidized guardianship fit into a larger kinship care framework? In M. Bissell & J.L. Miller (Eds.), *Using subsidized guardianship to improve outcomes for children: Key questions to consider* (pp.43-48). Cornerstone and Children's Defense Fund. Retrieved from:

<http://cdf.convio.net/site/DocServer?UsingSubsidizedGuardianship.pdf>

Brownell, P., Berman, J., Nelson, A., and Fofana, R.C., (2003). Grandparents raising grandchildren: The risks of caregiving. *Journal of Elder Abuse*. 15(3/4), 5-13.

Child and Family Services Improvement and Innovation Act (H.R. 2883/S. 1542)

Children's Bureau, (2011). *Report to Congress on States' Use of Waivers of Non-Safety Licensing Standards for Relative Foster Family Homes*. US Department of Health and Human Services, Administration on Children, Youth and Families. Retrieved November 2011 from www.acf.hhs.gov/programs/cb/pubs/statesuse/statesuse.pdf

Conway, T. & Hutson, R.Q. (2007). *Is kinship care good for kids?* Retrieved from <http://www.clasp.org/admin/site/publications/files/0347.pdf>

Courtney, M. & Needell, B. (1997). Outcomes of kinship care: Lessons from California. In *Child Welfare Research Review*, Vol.2, J.D.

(Davis, I.P., Landsverk, J., Newton, R., & Ganger, W. (1996) Parental visiting and foster care reunification. *Children and Youth Services Review*, 18(4/5), 363-382.

Day, S.E., & Bazemore, G. (In Press). Two generations at risk: Child welfare, institutional boundaries, and family violence in grandparent homes. *Child Welfare: Special Issue: Taking child and Family Rights Seriously: Family Engagement and its Evidence in Child Welfare*, 90(4).

Florida Department of Children and Families Psychotropic Medications quarterly report; 11/30/11. Retrieved from:

<http://www.dcf.state.fl.us/initiatives/GMWorkgroup/reports/MedsReport%202009-07-02.pdf>

Hightower, J., Smith, M. & Hightower, H. (2001). *Silent and Invisible – A Report on Abuse and Violence in the Lives of Older Women in British Columbia and Yukon B.C.* Yukon society of Transition Houses, Vancouver, B.C. Executive summary at : www.bcysth.ca/projects/ExSum.pdf

Kosberg, J.I. & MacNeil, G. (2003). The elder abuse of custodial grandparents: A hidden phenomenon. *Journal of Elder Abuse & Neglect*, 15(3/4), 33-53.

Landsman, M.J., & Boel-Studt, S. (In Press). Fostering families' and children's rights to family connections. *Child Welfare*, 90(4).

Leathers, S. J. (2002). Parental visiting and family reunification: How inclusive practice makes a difference. *Child Welfare*, 81(4), 595-616.

The National Survey of Child and Adolescent Wellbeing II, published by the US Department of Health and Human Services, at: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/

Pennell, J., Burford, G., Connolly, M. & Morris, K. (In Press). Introduction: Taking child and family rights seriously: Family engagement and its evidence in child welfare. *Child Welfare*, 90(4).

Sakai, C., Lin, H., & Flores, G. (2011). Health Outcomes and Family Services in Kinship Care: Analysis of a National Sample of Children in the Child Welfare System. *Arch Pediatr Adolesc Med*. 2011;165(2):159-165. doi:10.1001/archpediatrics.2010.277

Saunders-Adams, S.M. (2011). Reunification and reentry in child welfare: A systematic review and meta-analysis. Doctor of Philosophy, Ohio State University, Social Work, 2011.

<http://etd.ohiolink.edu/view.cgi/SaundersAdams%20Stacey%20M.pdfosu1200287934>

Scarcella, C.A., Ehrle, J. & Geen, R. (2003). Identifying and addressing the needs of children in grandparent care. The Urban Institute. Retrieved October, 2011 from www.urban.org/uploadedpdf/310842_b-55.pdf

Schlonsky, A., Dawson, W.C., Choi, Y., Piccus, W., Cardona, P., & Needell, B. (2004, January). Kinship support services in California: An evaluation of California's kinship support services program (KSSP). University of California at Berkeley, Center for Social Services Research. Retrieved from : http://cssr.berkeley.edu/childwelfare/pdfs/kssp_March03_v21.pdf

Testa, M. (2001). Kinship care and permanency. *Journal of Social Service Research*, 28(1), 25-43.

Testa, M. & Cohen, L. (2005). *Family Ties: Supporting Permanence for Children in Safe and Stable Foster Care with Relatives and Other Caregivers*. Presentation for Children and Family Research Center. Retrieved at : <http://cfrwww.social.uiuc.edu>

Weisz, Virginia G. and Kaban, B. (2008) Protecting Children: A study of the nature and management of guardianship of minor cases in Massachusetts Probate and Family Court. Report to Children's Law Center of Massachusetts.

Vance, J. (2011, December). Vermont kincare family study final report. Burlington, VT: Division of Extension and Child Welfare Training Partnership, University of Vermont.

Winokur, Marc, Holtan, A. & Valentine, D. (2009) Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. The Cochrane Collaboration, John Wiley & Sons. Last retrieved January 26, 2012: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006546.pub2/full>