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Kinship Care and Foster Care: A Comparison of Characteristics And Outcomes

ABSTRACT

The increase in children entering foster care, together with a range of other political, economic, and social factors, has helped fuel the newest phenomenon in the child welfare system—a substantial proportion of children in formal kinship care. Kinship care is defined as out-of-home placement with relatives of children who are in the custody of state and local child welfare agencies. The authors present a review of previous research and report on a study that examined differences and similarities between kinship and traditional foster care in Baltimore County, Maryland, a suburban county that surrounds the city of Baltimore. This study supports many earlier conclusions concerning kinship care, such as children remain in care longer, caregivers are primarily African American, and services provided by kin are less extensive than those provided by traditional foster parents.

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The number of children entering foster care in the United States is increasing at an alarming rate: approximately 23% from 1985 to 1988. In 1990, it was estimated that the population of children in foster care would increase 73.4% by 1995, and this estimate was validated (U.S. House of Representatives, 1990). This dramatic increase in children entering foster care, together with a range of other political, economic, and social factors, has helped fuel the newest phenomenon in the child welfare system—a great many children who are being placed in formal kinship care.

Kinship care is defined as out-of-home placement with relatives of children who are in the custody of state and local child welfare agencies. Estimates suggested that more than a half million children would be kinship-care arrangements by 1995 (Center for the Study of Social Policy, 1990). Many other children live with rel-

atives and are not currently served by the child welfare system. As of several years ago, approximately 1.3 million children lived with relatives in homes where their parents were absent, including 0.77 million children who received Aid to Families with Dependent Children (AFDC)—10% of the AFDC rolls (National Commission on Family Foster Care, 1991).

Kinship-care research to date has been predominately descriptive, which is not surprising in that kinship care emerged as a child welfare issue only in the late 1980s. Today, it is the fastest growing funded service provided by the child welfare system (Gleeson & Craig, 1994), and social work research is racing to catch up with child-placement practice.

This article both presents a review of previous research and reports on a study that examined differences and similarities between kinship foster care and traditional foster care in Baltimore County, Maryland.

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Research Review

In a search of both published and unpublished literature (e.g., colloquium and conference papers, unpublished reports), eight research studies of kinship foster care were identified (Berrick, Barth, & Needell, 1994; Dubowitz, 1990; Gabel, 1992; Gleeson & Craig, 1994; Iglehart, 1994; Task Force, 1990; Thornton, 1991; Wulczyn & Goerge, 1990). Dubowitz and co-workers' (1990) study generated various reports focusing on different substantive areas concerning children in kinship care, such as school behavior, physical health, behavior problems (Dubowitz, Feigelman, & Zuravin, 1993; Dubowitz, Zuravin, Starr, Feigelman, & Harrington, 1993; Dubowitz et al., 1992). Because it contains all of the findings of the published studies, the original report is cited in this review.

Each of the eight studies examines formal kinship-care arrangements in which the custody of the child lies with the state (county). All of the studies except Dubowitz et al. (1990) investigate kinship-care arrangements in which relatives receive the foster-care payment. Dubowitz and colleagues' (1990) sample was drawn from a program located in Baltimore, Maryland, called Services to Extended Families with Children (SEFC). The main difference between SEFC and kinship foster care is that relatives in the former program receive AFDC, which is substantially lower than the foster care rate. Gleeson and Craig's (1994) study, which examined states' policies on the use of kinship care, is not comparable to the other studies

and thus was omitted. Berrick and colleagues (1994) and Iglehart (1994) compare kinship care with foster care. Additionally, Iglehart's (1994) study differs from the others in that the sample consists entirely of adolescents.

This review of the research is presented in three broad categories: (a) characteristics of children, parents, and caregivers, (b) provision of child welfare services while in care, and (c) goals and outcomes of placement. Findings from the two comparative studies (Berrick et al., 1994; Iglehart, 1994) are noted.

Characteristics of Caregivers, Children, and Parents

Women are the most common kinship caregivers (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thornton, 1991; Wulczyn & Goerge, 1990); therefore, to facilitate comparisons, data reported here are for the female caregiver in cases in which more than one caregiver provides care. Relatives who most frequently provide kinship care are maternal grandmothers (more than 50% of the time), followed by aunts (up to 33% of the time; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thornton, 1991).

The age of kinship caregivers in these studies was approximately 50 years (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990), which is somewhat older than traditional foster mothers (Berrick et al., 1994). The majority had completed high school (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992). In comparison, more traditional foster mothers complete high school (Berrick et al., 1994). The marital status of most kinship care-

givers is single (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992), which is not the case for foster mothers (Berrick et al., 1994).

Approximately 48% of kinship caregivers are employed out of the home (Berrick et al., 1994; Dubowitz et al., 1990). Although many live in poverty, the majority of these are employed (Task Force, 1990). Findings concerning housing vary: in some study populations a majority (53%) own their own home (Berrick et al., 1994), whereas in others the majority (81%) rent (Gabel, 1992). In comparison, foster parents are more likely to own their own homes and to have a higher income than kinship caregivers (Berrick et al., 1994). The percentage of caregivers assessing their own health as poor range from 6% (Dubowitz et al., 1990) to 20% (Berrick et al., 1994). Traditional foster parents rate themselves as having significantly better health than do kinship caregivers (Berrick et al., 1994).

Children. Children in kinship care average seven to eight years of age in most studies (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Wulczyn & Goerge, 1990). The children are predominately African American (Berrick et al., 1994; Dubowitz et al., 1990; Iglehart, 1994; Task Force, 1990). African American children make up larger proportion of children in kinship care than in traditional foster care (Berrick et al., 1994; Iglehart, 1994). The gender of children in kinship care is fairly evenly split between boys and girls (Berrick et al., 1994; Dubowitz et al., 1990).

The reason for the children's placement in care is most often either child neglect or substance

abuse, which often includes prenatal drug exposure (Berrick et al., 1994; Gabel, 1992; Task Force, 1990; Thornton, 1991). Dubowitz and colleagues (1990) and Wulczyn and Goerge (1990) indicate that neglect is the most common reason for placement, as does Iglehart (1994), whose study of adolescents reports significant differences in reasons for placement in kinship and traditional foster care.

“Foster parents are more likely to own their own homes, to have a higher income, and to rate themselves as having better health than kinship caregivers.”

The range of findings concerning sibling groups in kinship placement may be the result of differing ways of defining and counting family groups of children in care. Dubowitz (1990) reported that 68% of children with brothers or sisters have at least one sibling placed with them, whereas the Task Force (1990) found that 44% of children in kinship care are placed together in sibling groups. Berrick and colleagues (1994) reported that for those kinship homes with more than one child in placement, at least two of the children were siblings in 95% of the homes.

Reports on the physical health status of children in kinship care appear to vary with the source of

assessment. Drawing information from medical evaluations, Dubowitz and associates (1992) found that only 10% of the children in kinship care are free from medical problems. In contrast, Berrick and colleagues (1994) found that most children are assessed by the care provider to be in excellent or good health, despite the fact that 40% of the children had been exposed prenatally to drugs. Of the children in that study, 15% required medical treatment and 15% had other known medical needs (Berrick et al., 1994).

Children in kinship care were judged to behave satisfactorily in school in approximately 60% of the cases (Berrick et al., 1994; Dubowitz et al., 1990; Iglehart, 1994). However, with regard to scholastic performance, 36% (Iglehart, 1994) to 50% (Dubowitz et al., 1990) of the kinship-care children performed below grade level.

When children in kinship care were assessed with standardized instruments, many showed behavior problems. Berrick and colleagues (1994) found that children of all ages in kinship care scored at least one standard deviation above the norm on the Behavior Problem Index, and Dubowitz and colleagues (1990) found that 35% of the children had an overall Child Behavior Checklist score in the clinical range. However, Berrick et al. (1994) reported that kinship-care children between 4 and 15 years of age had fewer behavioral problems than did children in the same age group in traditional foster care. In the same vein, Iglehart (1994) reported that, although 33% of children in kinship care had behavioral problems serious enough to be noted in the

case record, children in traditional foster care were even more likely to have adjustment problems.

Parents. Although most of the studies reviewed here reported characteristics of kinship caregivers and children, only the Task Force (1990) and Gabel (1992) reported data on parents. Mothers with children in kinship care were predominately African American (Task Force, 1990). Their median age at the time of placement was 27 years (Gabel, 1992; Task Force, 1990), and although the amount of their income was unknown in the majority of the cases (66%), their primary known source of income was maintenance programs (Gabel, 1992). In most cases, the mothers' whereabouts were unknown to the child-welfare agencies (Gabel, 1992).

Provision of Child Welfare Services

Most of the studies reviewed included information about agency services provided while children were in out-of-home care. These studies identified deficiencies in this area (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Iglehart, 1994; Task Force, 1990; Thornton, 1991). For example, 91% of kinship caregivers had not received any formal training during the previous year (Berrick et al., 1994). Participants in foster care were more likely to be offered services than were participants in kinship care, and levels of agency monitoring of children in kinship care were below that in traditional foster care (Berrick et al., 1994; Iglehart, 1994). However, Berrick and colleagues (1994) noted that kinship caregivers were very satisfied with their social workers.

Goals and Outcome of Kinship-Care Placement

Little outcome research on kinship care exists, making it difficult to reach conclusions about the strengths and challenges of kinship care for families and children. Moreover, many kinship placements have not yet ended, restricting the pool of cases where placement outcome can be thoroughly assessed. This section examines the duration and stability of placement, the permanency-planning goals for children in kinship care, and kin caregivers' intentions about continued care.

Kinship care placements lasted longer and reunification rates were lower than traditional foster parent placement (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thornton, 1991; Wulczyn & Goerge, 1990), but placements with relatives were very stable (Berrick et al., 1994; Dubowitz et al., 1990; Iglehart, 1994).

The kinship caregivers expressed commitment to the children in their care and indicated their willingness to care for them as long as was needed (Berrick et al., 1994; Dubowitz et al., 1990; Thornton, 1991). The majority, however, were not willing to adopt children who were already related to them (Berrick et al., 1994; Thornton, 1991), nor were they likely to assume legal guardianship of the children (Iglehart, 1994).

Studies vary widely concerning permanency-planning goals. For example, the proportion with the goal of independent living upon discharge ranged from 5% (Task Force, 1990) to 88% (Thomton, 1991). Return to parental custody was the reported goal in 33%

(Dubowitz et al., 1990) to 61% (Task Force, 1990) of the cases. However, the Task Force (1990) noted, "While this goal is laudatory, it is not realistic in many of the cases" (p. 42).

Research Study

Program Description

Maryland's kinship care programs been described previously in the literature (Scannapieco & Hegar, 1995). A brief overview is provided below. The Baltimore County (Maryland) Department of Social Services (DSS), is the third largest department in the state (note that Baltimore County surrounds but does not include the city of Baltimore, which has the largest DSS in Maryland). Baltimore County DSS is a state-supervised, locally administered system of social services delivery and financial assistance to county residents. The foster care program is located within the Children's Services Division. Children are usually referred by Protective Services as neglected or abused or by Family Services because home-based interventions could not protect them within their families.

Baltimore County DSS follows the policy that all children in its protective custody and placed in kinship care are due the same services provided to children in traditional foster care. Kinship caregiver is defined in the broader sense to include both relatives and individuals with close family ties. Any caregiver providing placement for a child in county custody, whether foster parent or relative, must be licensed. A kinship caregiver who is

identified as a placement resource must first complete the licensing process and subsequently meet all regulatory requirements.

Method

A two-tier case-record analysis was used to obtain information about the kinship and foster care homes and the children placed in out-of-home care. The first tier was an examination of the foster-home records, and the second surveyed the family records of children in placement. The main research questions addressed in this study were:

- What are the differences and similarities between kinship and traditional foster care providers?
- What are the differences and similarities between kinship and traditional foster care children and their families?
- How do kinship care and traditional foster care compare in addressing the permanency-planning needs of children?

Sample. A complete list of foster care homes was obtained from the study site and compared with automated data maintained by the state to ensure accuracy. Only 33 kinship foster care homes were open in January 1993; therefore, the entire population was included in the study. A random sample of 40% of 140 traditional foster homes open in Baltimore County in January 1993 was taken.

The second phase of sampling entailed abstracting from records the names of all children who were placed in Baltimore County foster homes (both traditional and kinship) on a given date. Children identified as being in out-of-home placement on March 23, 1993, were eligible for inclusion in the study. A total of 113 case records

Table 1. *Characteristics of caregivers, children in care and genetic family.*

	Kinship care		Foster care	
	%	n	%	n
<i>Caregivers</i>				
White*	49	16	75	42
Married*	64	21	83	46
Employed	70	23	59	33
Completed high school	87	26	78	42
Own home	65	22	75	42
Income < \$15,000/year	88	29	90	50
Caregiver's child(ren) in the home	72	24	82	46
<i>Children in care</i>				
Age < 1 year–4 years*	19	9	37	22
Age 5–11 years*	43	20	22	16
White	51	24	75	44
Placement with sibling	45	21	41	24
Prior placement history*	47	22	64	38
<i>Genetic family</i>				
Caucasian*	60	28	81	48
Married*	32	15	15	9
Two children*	62	29	27	16
Three or more children*	30	14	49	29

* $p \leq .05$.

of children in out-of-home placement met this criterion.

Selection. Records of children in out-of-home care were reviewed to determine type of placement. Case records of children placed in traditional foster home care and those in kinship placements were identified as eligible for inclusion. Brothers and sisters of these children in care were also eligible for inclusion if they were in out-of-home placement in Baltimore County. However, in cases in which siblings were eligible, parental and caregiver characteristics were included only once in the data collection. Given that few children were in kinship care (47), all case records meeting the criteria were accepted into the study.

Sample size. A total of 89 homes were studied—33 kinship homes and 56 foster homes. The final sample of children in out-of-home care was 106, which included

47 children in relative (kinship) placements and 59 children in regular (agency) foster care placements. The independent variable of type of placement was calculated with an alpha of .05 to have power of .55 (Bornstein & Cohen, 1988). Power measures the ability to predict within a known margin of error (.80 is a generally accepted standard). The consequence of the lower statistical power in this study is diminished ability to detect differences between groups.

Instrumentation. Case records of children selected for inclusion were obtained from the study site. Abstraction of data was conducted by graduate social work students using a 316-item form developed for this project (Family Abstraction Instrument). The instrument was pretested to ensure feasibility of data collection and relevance to information maintained in case records. Peer review of the instrument by Baltimore County DSS foster care supervisors and social workers found it to have face validity. Accuracy of case record abstraction was verified by an audit of 20% of survey instruments. An interrater reliability of 93% was established by training data extractors and by cross checking entries.

Data-analysis strategies. Information collected through case-record abstraction was entered into SPSS/data entry for analysis purposes. A sample of 10% of cases entered was audited to ensure accuracy. Frequency distributions were produced for all 316 items to provide descriptive information. Cross tabulation and *t*-tests for independent samples were used to compare variables by group (kinship vs. foster care placement), and chi-square tests were calculated to establish statistical significance of differences revealed in the analysis.

Table 2. *Services to children in care by placement type.*

	Kinship care		Foster care	
	%	n	%	n
Medical services	72	34	76	45
Mental health treatment*	23	11	32	19
Education	38	18	44	26
Substance abuse*	11	5	0	0
Transportation*	15	7	29	17
Receive one service	40	19	39	23
Receive two or more services	57	27	56	34

* $p \leq .05$.

Table 3. Services to parent by child's placement type when goal is reunification.

	Kinship care		Foster care	
	%	n	%	n
Transportation*	4	2	25	15
Mental health treatment	11	5	25	15
Substance abuse	21	10	15	9
In-home aide	2	1	5	3
Locate housing	2	1	9	5
Crisis intervention*	0	0	15	9
Parent education*	2	1	12	7
Education	2	1	3	2
One service	36	17	19	11
Two or more services	17	8	34	20

* $p \leq .05$.

Results

Female caregivers. The majority of both kinship caregivers (64%) and traditional foster caregivers (73%) were 36 to 55 years of age. Race of caregivers differed significantly: 49% of kinship caregivers were African American compared with 25% of the foster caregivers. The religion of both groups of caregivers was predominantly Protestant.

The marital status of caregivers was also significantly different, with kinship caregivers married in 64% of the cases and foster caregivers in 82% of the cases. No significant difference was found between caregivers concerning employment or education. Similarly, caregivers did not differ in income level or type of housing. The majority of foster (82%) and kinship (72%) homes had biological children of the caregivers living in the home (see Table 1).

Children. Children in the two types of out-of-home care did not differ in gender or reason for placement (see Tables 1 and 2). However, significant difference in age distribution of the children was evident, with a higher proportion of the traditional foster care population being the

youngest children (see Table 1). Number of placements differed significantly by placement type; children in traditional foster homes were more likely to have had prior placements.

Services to children. Children in traditional foster care placements received significantly more mental health and transportation services, whereas those in kinship care received significantly more substance-abuse treatment (see Table 2). Other services showed no significant differences.

Parents. Parental characteristics of age, income, and type of housing were comparable between the two groups. No significant differences were found in marital status and race as well as number of children in the family (see Table 1).

Provision of services. When the permanency-planning goal is reunification, parents of children living in traditional foster care are more likely than are parents of children in kinship care to receive crisis intervention, parent education, and assistance with transportation (see Table 3). Although substance abuse is identified as a reason for placement for one fifth of kinship care children and one fourth of foster care children, parents of children in kinship care are more likely to be reported receiving substance-abuse treatment (21% vs. 15%).

Permanency-planning goals. Children in kinship and traditional foster care did not differ in agency permanency-planning goals. In length of time in care, another measure of permanency for children, children in the two types of placement do differ significantly (mean days in kinship care = 1,008, mean days in traditional foster care = 534, see Table 4).

Discussion

It is important to mention the limitations of the study reported here. The sample size is small, 89 caregiver homes and 106 children in out-of-home-care, which reduces

Table 4. Permanency planning goal by child's placement type.

	Kinship care		Foster care	
	%	n	%	n
Return home	43	20	44	26
Relative placement	9	4	9	5
Relative adoption	11	5	2	1
Other adoption	0	0	14	8
Permanent/long-term foster care	21	10	19	11
Independent living	15	7	14	8
Length of time in care*	Range 59–6,455 days ($M = 1,008$ days)		Range 44–4,672 days ($M = 534$ days)	

* $p \leq .05$.

the statistical power of the findings. This suggests that additional differences between the samples may exist that were not revealed by our analysis, which could detect only large effect sizes. The generalizability of the findings is also problematic because the population studied was the foster care clientele of one predominately suburban social services department. However, the pool of existing research comparing traditional foster care with kinship care is very small, and this study is an addition to a literature that has yet to go beyond the exploratory stage.

The findings are discussed briefly here in the context of the major research questions of the study. The first area of examination concerns characteristics of kinship caregivers and any differences or similarities between kinship and foster care providers. As in most prior studies (Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thornton, 1991), the majority of kinship caregivers in our study were maternal grandmothers, and the largest proportion (49%) were African American. No significant difference was found in educational level between kinship and traditional foster caregivers, in contrast with Berrick and associates (1994), who found that more foster mothers than kinship caregivers graduated from high school. However, as in the study by Berrick and colleagues (1994), the kinship caregivers were less likely than the foster mothers to be married. Unlike some earlier reports, kinship caregivers did not differ in income or housing status from foster caregivers, and both groups tended to have biological children in the home (Berrick et al., 1994). The lack of differences be-

tween caregivers, as compared with previous research, may be attributed to geographic differences. The current study takes place in a mainly suburban area and the previous studies took place in more densely urban areas.

“A disproportionate share of African American children reside in kinship care which may be due in part to a tradition of family caregiving among African Americans.”

The second primary area of inquiry was the characteristics of the children and analysis of any differences or similarities between kinship and foster care children and their families of origin. Children in kinship care tend to be young (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Wulczyn & Goerge, 1990), although in this study the youngest children were more likely to be in traditional foster care. Children in kinship care were significantly more likely to be African American than were foster care children, which corresponds to prior findings (Berrick et al., 1994; Iglehart, 1994). As has been reported by other researchers (Berrick et al., 1994; Dubowitz et al., 1990), boys and girls are equally divided into kinship and foster care homes. No difference between the two groups was found with regard to reason for the children's placement. Our find-

ings support prior kinship care research findings indicating the reason for placement for both groups most often to be either neglect or parental substance abuse (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thornton, 1991; Wulczyn & Goerge, 1990).

Children in kinship care placements were no more or less likely to be placed with a brother or sister than were children in foster care, a point on which earlier research has been inconclusive. This study's descriptive finding differs from Dubowitz's (1990) study of an adjacent jurisdiction; he reported that 68% of children with brothers or sisters had at least one sibling placed with them in kinship care. Our study found 45%, a figure more consistent with the Task Force (1990) results, which found 44% were placed together as sibling groups. Measured by the foster care social worker's assessment, no difference was found between children in kinship care and foster care with regard to scholastic performance and social adjustment of children in school.

The last major area of investigation concerns the permanency-planning needs of children in out-of-home care. Although no significant difference was found between the two groups on permanency-planning goals, the number of days in care were markedly longer for children in kinship homes. These findings are supported by prior research, which indicates that kinship care placements last longer than do those in foster homes (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thornton, 1991; Wulczyn & Goerge, 1990). Services provided to parents in the interest of eventual

reunification with their children showed some differences between groups. Parents with children in traditional foster care received more transportation assistance, crisis intervention, and parent education than did parents with children in kinship care.

Conclusions

Using data from a suburban Maryland county that surrounds a major central city, this study confirms many of the conclusions concerning kinship care suggested by earlier researchers in other jurisdictions. In a county where neither the population nor the foster care population is half African American, it is striking to find kinship care homes equally divided between Black and White families, with the result that a disproportionate share of African American children reside in kinship care. This pattern may be due in part to a tradition of family caregiving among African Americans (Gray & Nybell, 1990; Hegar & Scannapieco, 1995; Martin & Martin, 1985) and may also reflect a successful recruitment strategy by the DSS agency that is congruent with that cultural tradition.

Unlike the findings of some earlier studies, however, kinship care in the jurisdiction we studied does not raise concerns about whether kinship homes are as appropriate or as well supervised or well supported as traditional foster homes. Although more kinship care providers in the jurisdiction studied are single parents, very high proportions have completed high school, are employed, and own

their own homes. Both kinship care families and foster families are reported to have rather low family incomes, but the overall picture is not one of poverty for either group.

Services to the children in placement show some distinct patterns but no overall difference in level of service provided. However, in three areas—transportation, crisis intervention, and parent education—social service records note significantly more services to the parents of children in traditional foster care. Also a larger proportion of cases in the foster care group received two or more services (34%, compared with 17% for kinship care). This pattern of fewer services successfully delivered to parents, together with the markedly longer average stay in kinship homes compared with traditional foster homes, suggests that efforts to work with parents toward the goal of returning children to parental custody may be less successful when children are in kinship care. This conclusion is highly consistent with the major studies reviewed earlier (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thornton, 1991; Wulczyn & Goerge, 1990). The critical unanswered questions are why this is so and whether it should change.

It may be that many parents are comparatively content to have children raised in the homes of relatives and decline to engage with agencies in working for the children's return. It may be that agencies put less energy into permanency-planning efforts when children are in kinship care, or it may be that they select cases for kinship placement when prognosis for return of the children is poor. At pre-

sent, permanency-planning mandates apply equally to children in kinship homes and traditional foster homes, but it would certainly be possible to think of long-term placement with close relatives as meeting the goals of permanency planning, particularly when that plan has the explicit or implicit agreement of the children's parents. The issue of permanency planning for children in kinship care is among the next major policy and practice challenges to face the child welfare system.

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