

National Survey of Child and Adolescent Well-Being

No. 22: Services to Support Children Living in Kinship and Nonrelative Foster Care 2008-2009



Findings from the NSCAW Study

research brief



Brief Highlights

- ◆ Nationally representative data from the baseline wave of the second National Survey of Child and Adolescent Well-Being (NSCAW II) showed large differences in service needs and receipt of services by kinship and nonrelative foster caregivers.
- ◆ Voluntary kinship caregivers were poorer and reported more financial struggles than formal kinship caregivers and nonrelative foster caregivers.
- ◆ Voluntary kinship caregivers were less likely than formal kinship caregivers to receive Temporary Assistance for Needy Families (TANF).
- ◆ Both voluntary and formal kinship caregivers were less likely than nonrelative foster caregivers to receive peer support group and respite care services.
- ◆ Children in voluntary kinship care were less likely than children in formal kinship care and nonrelative foster care to receive support from the child welfare system (CWS) to obtain immunizations, dental care, and Medicaid.

This brief is intended to shed light on how service needs and receipt in 2008–2009 may vary for children removed from their home and their caregivers when the experiences of voluntary and formal kinship care groups are considered separately and compared to nonrelative foster care.

Background

Based on data reported by the Adoption and Foster Care Analysis and Reporting System (AFCARS) for 2020, close to a third of children removed from their homes (137,356) are cared for in formal kinship care arrangements across the nation.[1] The size of this formal kinship care population is approaching the number of children that are

placed in nonrelative foster care (182,386). The AFCARS annual reports do not include children who are diverted to voluntary kinship care and there are no recent estimates of how many children are in voluntary kinship care. The extent to which kinship diversion is used varies by jurisdiction and no comprehensive national data are currently available. However, one study found that in some jurisdictions, for every 10 children entering foster care, an additional 7 were diverted, while in other jurisdictions it was as high as one child diverted for every child entering foster care.[2] Another earlier estimate based on a survey of caregivers using the 2013 National Survey of Children in Nonparental Care showed that out of 2.2 million children in kinship care, 32% of children (approximately 700,000) were in voluntary kinship care in which there was an open or prior child protective services (CPS) case and other types of CPS involvement (see Table 1).[3, 4]

Major changes in federal legislation have promoted placement with kin, including the Family First Prevention Services Act of 2018 (FFPSA), Preventing Sex Trafficking and Strengthening Families Act of 2014, and the Fostering Connections to Success and Increasing Adoptions Act of 2008.[5] This legislation includes financial assistance through kinship guardianship assistance payments on behalf of children who exited foster care to live with a relative who assumes legal guardianship; extends eligibility for Medicaid to children receiving kinship guardianship assistance payments; and authorizes federal funds for state, local, and tribal child welfare agencies to help children and kin through kinship navigator programs.[5] Further,

Table 1. Types of home-based placements for children removed from their homes

Voluntary Kinship Care	Formal Kinship Care	Nonrelative Foster Care
<ul style="list-style-type: none"> • Kinship care arrangements in which the child welfare agency is involved, but the State or Tribe does not have legal custody of the child • Parents retain custody of child • No CWS payments, but may refer the family to other public programs for financial assistance • No licensure or certification 	<ul style="list-style-type: none"> • Kinship care arrangements in which the child welfare agency has legal custody and places a child with relatives or kin in a foster care arrangement • Child in CWS custody • Maybe be eligible for Foster Care Maintenance Payments • May be licensed or certified 	<ul style="list-style-type: none"> • Care arrangements in which the child welfare agency has legal custody and places a child in a foster care arrangement, generally with people that are unknown to the child • Child in CWS custody • CWS payments • Licensed or certified

FFPSA authorized new optional title IV-E funding allowing states to receive a partial match for evidence-based Kinship Navigator programs. Under Preventing Sex Trafficking and Strengthening Families, the family connection grant program was extended through 2014. Additionally, under Fostering Connections, grants were authorized to help children who are in or at-risk of foster care reconnect with family members.[5]

Moreover, Executive Order 13930, Strengthening the Child Welfare System for America's Children,[5-8] promotes that title IV-E agencies give preference to an adult relative over a non-related caregiver when determining placement. The executive order also encourages agencies to better support kin by waiving the non-safety licensing standards for relatives and offering financial support along with post-permanency support services.

Children's Bureau guidelines promote that, "When out-of-home care is needed, kinship care is the preferred option because it can reduce trauma and help children maintain family bonds, a sense of belonging, and their identity" (p.1).[9] The potential benefits of kinship care have been described in many studies.^a When compared to children living in nonrelative foster care, children placed in kinship care have been associated with higher placement stability rates [10-13] and better behavioral health.[14-19] Additionally, kin caregivers on average have demonstrated significantly higher positive parenting behaviors than nonrelative foster caregivers.[20] These advantages are likely related to the more predictable, less stressful environment and the protective relationship purportedly provided by kin.[20, 21] Access to services in kinship care arrangements have been associated with increased family connections and engagement of family members,[22] and fewer instances of child maltreatment re-reports and recurrence.[23] However, financial and other services for kinship families involved with the child welfare system (CWS) have been limited, even though studies have shown that these families need support. Kinship caregivers tend to be older, less educated, less likely to be married, and

more likely to be living beneath the federal poverty level than nonrelative foster caregivers.[20, 24]

Several resources and programs have been developed to increase service access for kinship caregivers,[9] including tools that offer strategies for caseworkers to develop a kin-first culture and provide legal, financial, and other supportive services to kinship caregivers. Common services include financial subsidies, health insurance (such as Medicaid), counseling and other mental health services, educational support, child and caregiver support groups, parent training, respite care, developmental assessment, informational programs (e.g., literature, websites, seminars, information and referral services), and recreational activities (e.g., camps, cultural activities, heritage events).[25-27]

Many states have launched kinship navigator programs that provide a single point of entry to a range of supportive services and assist kinship caregivers in learning about, finding, and using programs and services to meet their needs and the needs of their children. These programs also seek to promote effective partnerships among public and private agencies to ensure that kinship caregiver families are served. Kinship navigator programs support staff (i.e., "kinship navigators") provide caregivers with information about how to obtain health care, financial support, legal aid, and emergency services, as well as how to work with the court system. The kinship navigators may also be able to link kinship caregivers with support groups, counseling, and other community services.

Since 2009, the Children's Bureau, within the U.S. Department of Health and Human Services, has supported kinship navigator programs, including Child Welfare/TANF^b Collaboration in Kinship Navigation programs. These programs were funded through the Fostering Connections to Success and Increasing Adoptions Act of 2008. The Family First Prevention Services Act (FFPSA), as codified under the Title IV-E of the Social Security Act (Public Law 115-123) in 2018 with new provisions in 2021, allows states to use IV-E funding

^a Most studies using administrative data examined formal kinship care. Studies that use survey data expanded the focus to include voluntary kinship care, but few of them differentiated between the two types of kinship care.

^b The Temporary Assistance for Needy Families (TANF) program is administered by the Office of Family Assistance within the Administration for Children and Families, U.S.

Department of Health and Human Services. TANF was created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). The program provides temporary financial assistance while aiming to get people off assistance, primarily through employment. See more at <https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf>.

to support the development, enhancement, or evaluation of kinship navigator programs with the goal of developing programs that can meet the Title IV-E Preventions Services Clearinghouse for program requirements and practice criteria of “promising,” “supported,” or “well-supported”^c Furthermore, Congress has appropriated funding under the Promoting Safe and Stable Families Program, title IV-B, subpart 2, in each of FYs 2018–2022 to assist title IV-E agencies in developing, expanding, and evaluating kinship navigator programs.[8]

While previous efforts have been implemented to better support kinship care, a 2009 evaluation of 24 kinship care-related demonstration projects (i.e., kinship navigator, family finding, family group decision making, and residential family treatment) found that kinship caregivers face many barriers to accessing resources and services. Thus, despite having greater needs than nonrelative foster caregivers, kinship caregivers are offered and receive fewer services.[22] These differences are even more acute in voluntary kinship situations, as these are informal arrangements that are not eligible for foster care benefits.[4]

Most information about services for kinship caregivers and children living in that setting combines kinship as one group (i.e., voluntary and formal) compared to nonrelative foster care.[16, 28, 29] Few studies about service differences in access, referral, and receipt compare voluntary and formal kinship care versus nonrelative foster care.[24] The goal of this brief is to provide information about service needs and receipt among these three groups and to shed light on how service needs and receipt may vary when the experiences of voluntary and formal kinship care groups are considered separately.

Purpose of the Brief

This brief describes service needs, access, and receipt of services by formal kinship, voluntary kinship, and nonrelative foster caregivers and the children in their care based on a nationally representative sample from 2008 and 2009. At the time of this study, Fostering Connections to Success was active, but the Preventing Sex Trafficking and Strengthening Families Act of 2014 and 2018 FFPSA had not yet been passed. The data analyzed for this brief are

^c For more details, see the Children’s Bureau’s Program Instruction [ACYF-CB-PI-18-09](#), [ACYF-CB-PI-18-10](#), [ACYF-CB-18-11](#), and [ACYF-CB-PI-21-06 \(hhs.gov\)](#). For IV-E Prevention

the most recently available with a nationally representative sample.

This research brief examines levels of poverty and financial struggles among caregivers, support received by caregivers to meet their needs, and access to basic health services by children. It addresses the following questions:

- Do children in kinship care need different services from children in nonrelative foster care?
- Are there differences in poverty level and financial struggles among voluntary kinship caregivers, formal kinship caregivers, and nonrelative foster caregivers?
- Does type of support received (i.e., financial support, housing, peer support, respite care, foster care training, and health care) differ among voluntary kinship caregivers compared to formal kinship caregivers and nonrelative foster caregivers?
- Are there differences in access to basic health-related services between children in voluntary kinship care, formal kinship care, and nonrelative foster care?

National Sample of Children Involved in Allegations of Maltreatment

The second National Survey of Child and Adolescent Well-Being (NSCAW II) is a longitudinal study intended to answer a range of questions about the functioning, service needs, and service use of children who come in contact with the CWS. The study is sponsored by the Office of Planning, Research, and Evaluation (OPRE) in collaboration with the Children’s Bureau, within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS). It examines the well-being of children involved with the CWS; captures information about investigations of abuse or neglect that brought the children into the study; collects information about the children’s families; provides information about child welfare interventions and other services; and describes key characteristics of the children’s development.

The survey includes 5,872 children ranging in age from birth to 17.5 years at the time of sampling. Children were sampled from child welfare investigations closed between February 2008 and April 2009 in 83 counties nationwide. The cohort includes substantiated and unsubstantiated

Services Clearinghouse-reviewed programs and ratings, see [Find a Program or Service | Title IV-E Prevention Services Clearinghouse](#).

investigations of abuse or neglect, as well as children and families who did and did not receive services. Infants and children in out-of-home placement were oversampled to ensure adequate representation of highly vulnerable groups. Face-to-face interviews or assessments were conducted with children, parents and nonparent adult caregivers (e.g., foster parents, kinship caregivers, group home caregivers), teachers, and investigative caseworkers. Baseline data collection began in March 2008 and was completed in September 2009.

This brief examines the subset of children living with kinship caregivers and nonrelative foster caregivers at the time of the baseline interview. A total of 1,104 children were in nonrelative foster care, 495 in formal kinship care, and 541 in voluntary kinship care (sample sizes unweighted). Kinship and nonrelative foster caregiver status were based on questions to caregivers, caseworkers, and children about relationships between the child and his or her primary and secondary caregivers, the caregiver's relationship to the child, the level of involvement of CWS, and whether the child's caregiver is licensed and/or receives payments to provide care for the child. The variables used to define these groups follow standard definitions of the types of kinship caregivers.[4, 30]

Multivariate analyses^d in this brief also compare the two caregiver groups that receive payments from CWS (formal public kinship care and nonrelative foster care) with the voluntary kinship caregivers who do not receive CWS payments.

The indicators used in the analysis are based on caregiver and caseworker responses to interview items. Appendix A includes a description of the interview items used for the indicators and their source.

Children's Need for Services by Kinship Caregivers and Nonrelative Foster Caregivers

Preliminary analysis for this brief revealed a small number of differences in services needed by children who are living in nonrelative foster care and those living in kinship care (voluntary and formal settings):

- Children 3 to 24 months in nonrelative foster care (68%) were more likely to be at high risk of neurodevelopmental delay than those in kinship care

(40%, Bayley Infant Neurodevelopmental Screener). [31]

- Nonrelative foster caregivers reported more emotional/behavioral problems among children 6 to 17 years (44%) than among similar children with kin caregivers (26%, Child Behavior Checklist).[32]
- Nonrelative foster caregivers were more likely to report very low daily living skills among children 6 to 12 years (46%) compared to similar children with kin caregivers (12%, Vineland Adaptive Behavior Scale). [33]
- Nonrelative foster caregivers also were more likely to report low social skills among children 6 to 10 years (71%) compared to similar children with kin caregivers (42%, Social Skills Rating System). [34]
- Youth 11 to 17 years in kinship care (29%) reported more emotional/behavioral problems than youth in nonrelative foster care (9%, Youth Self Report). [35]

There were no significant differences between young children in kinship care and those in nonrelative foster care with regard to language, cognition, and academic achievement (Preschool Language Scale 3 [36], Battelle Developmental Inventory [37], Kaufman Brief Intelligence Test [38], Woodcock-Johnson III Tests of Cognitive Abilities [39]), nor on children's reported depression or trauma (Children's Depression Inventory [40], Trauma Symptom Checklist for Children [41]).

Need for Support Services by Voluntary Kinship Caregivers, Formal Kinship Caregivers, and Nonrelative Foster Caregivers

Experiences of Poverty and Financial Struggle

As reported by caregivers, there were differences in poverty level^e by type of caregiver. Kinship caregivers (12%) were more likely to live in households with incomes less than 50% of the federal poverty level than nonrelative foster caregivers (5%). Similarly, kinship caregivers (28%) were two times more likely than nonrelative foster caregivers (13%) to live in households with incomes 50 to 100% below the federal poverty level. Consistent with the higher level of poverty among kinship caregivers, they were

and poverty level. The models for child receipt of services control for child's gender, age, and race/ethnicity.

^e $p < .01$

^d Logistic regression analyses modeled service receipt as a function of type of setting at baseline. The models for caregiver receipt of services control for several caregiver's age, education,

significantly more likely to report struggling financially (34%) than nonrelative foster caregivers (9%).^f

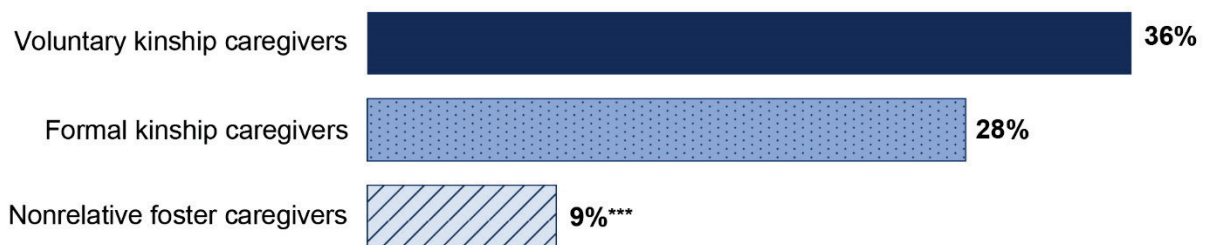
Comparing across the three groups, voluntary kinship caregivers were more likely to experience poverty and struggle financially than the other caregivers. Voluntary kinship caregivers (14%) were two times more likely than formal kinship^g (6%) and nonrelative foster caregivers^h (5%) to live in households with incomes less than 50% of the federal poverty level. Similarly, voluntary kinship caregivers (29%) and formal kinship caregivers (28%) were two times more likely than nonrelative foster caregiversⁱ (13%) to live in households with incomes 50 to 100% below the federal poverty level. Both voluntary kinship caregivers (36%) and formal kinship caregivers (28%) were more likely to report struggling financially than nonrelative foster caregivers (9%) (see Figure 1).^f

In addition to being more likely to live in households with incomes less than 50% of the federal poverty level and being more likely to struggle financially, kinship caregivers (14%) tended to have four or more adults in the households living off the same household income than

nonrelative foster caregivers (3%).^j In contrast, nonrelative foster households were more likely to have four or more children (50%) compared to kin households (17%; Figure 2).^j

Comparing across the three groups, formal kinship (60%) and nonrelative foster (59%) households were almost twice as likely to have only two adults compared to voluntary kinship households (35%).^k The voluntary kinship households were more likely to have three (33%) or four or more adults (16%) in comparison to nonrelative foster households that were more likely to have two adults (59%).^j Voluntary kinship households were also more likely to include the child's mother and/or father among the adults living in the household (16%) when compared to formal kinship (5%) and nonrelative foster households (2%).^l On the other hand, nonrelative foster households (50%) were more likely to have four or more children than formal kinship (23%) and voluntary kinship (15%) households, which were more likely to have one, two, or three children.^j

Figure 1. Voluntary kinship caregivers and formal kinship caregivers are more likely to experience financial struggles than nonrelative foster caregivers



*** $p < .001$

^f $p < .001$

^g Compare to income between 100 and 200% of the FPL.

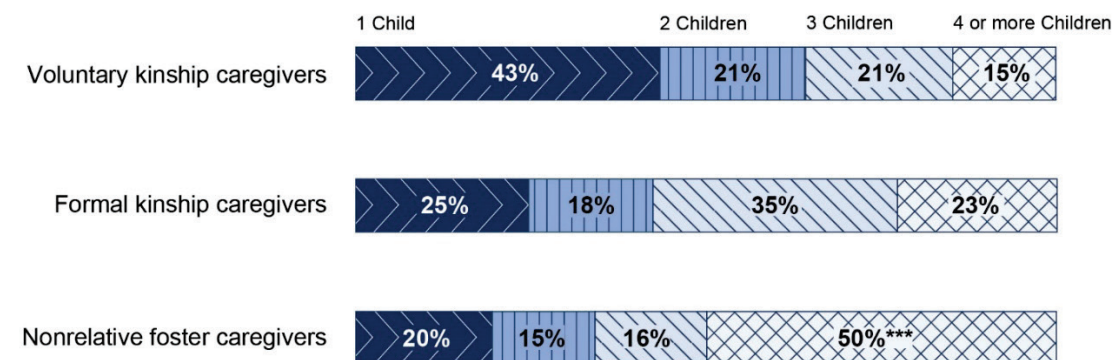
^h Compared to income between 100 and 200% of the FPL and over 200% of the FPL.

ⁱ Compared to income over 200% of the FPL.

^j $p < .001$

^k $p < .05$

^l $p < .001$

Figure 2. Nonrelative foster caregivers are more likely to have households with four or more children

*** p < .001

Receipt of Support by Voluntary Kinship Caregivers, Formal Kinship Caregivers, and Nonrelative Foster Caregivers

Nonrelative foster caregivers were more likely to receive support services than kinship caregivers, including peer support group (35% vs 9%), respite care^m (32% vs 4%), and foster care training^m (59% vs 30%), while kinship caregivers were more likely than nonrelative foster caregivers to receive Supplemental Security Income (SSI, a program administered by the Social Security Administration; 31% vs 11%)ⁿ and TANF^o (23% vs 2%). There were no differences by group on receipt of WIC or food stamps.

Financial Support

Although both formal and voluntary kinship caregivers reported struggling financially, formal kinship caregivers (37%) were more likely to report receipt of TANF than voluntary kinship caregivers (17%; see Figure 3). Further analysis showed that formal kinship caregivers' households

had three times the odds of receiving TANF compared to voluntary kinship caregivers' households after controlling for caregiver's age, education, and poverty level.

Nonrelative foster caregivers' households were 90% less likely than voluntary kinship caregivers' households to receive TANF after controlling for caregiver's age, education, and poverty level (see Appendix B). Formal and voluntary kinship households (31% and 30%, respectively) were as likely to receive SSI, while only about 1-in-10 nonrelative foster households (11%) received SSI. The receipt of SSI by kin caregiver households is an indicator that one or more household members is over 65 and/or has a disability due to a significant illness or impairment that is expected to last at least a year and the person is no longer able to work.^p

Housing

The three groups were also equally likely to receive housing support (e.g., public housing),^q with less than 1-in-10 of each type of caregivers receiving this type of help.

^m p < .001

ⁿ SSI pays benefits to adults and children with disabilities who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. A continuing disability review is required to ensure that the beneficiary still has a condition that keeps them from earning a livelihood. For more information see <https://www.ssa.gov/benefits/ssi/>.

^o Nonrelative foster caregivers receive financial support through Title IV-E payments. They are not eligible for TANF. Some states use TANF to fund foster care for children ineligible for

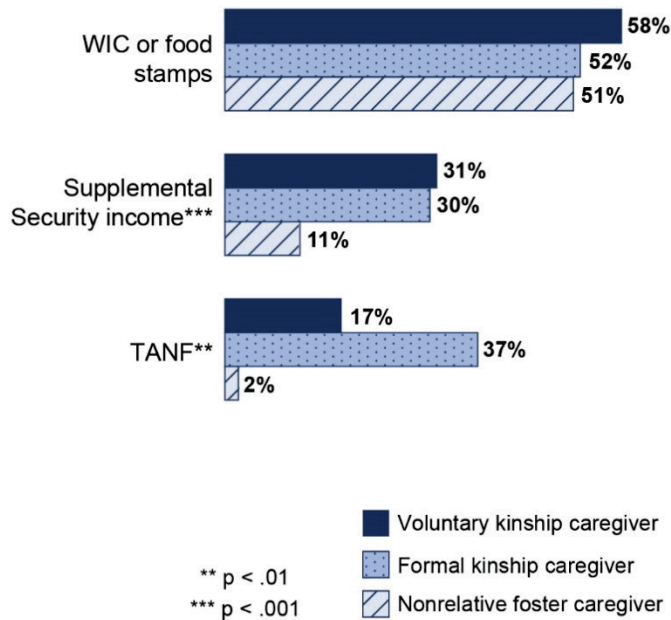
Title IV-E payment. For more information see https://www.childtrends.org/wp-content/uploads/2016/10/Child-Welfare-Financing-SFY-2014_TANF_12.2016.pdf

^p [Disability Benefits | SSA](#)

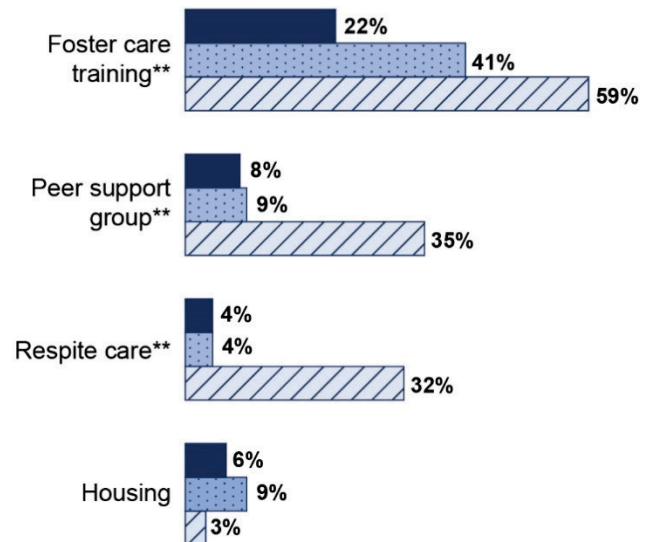
^q Public housing is a form of housing tenure in which the property is owned by a government authority and is used by eligible low-income families, the elderly, and persons with disabilities. For more information see https://www.hud.gov/program_offices/public_indian_housing/programs/ph.

Figure 3. Financial support and services receipt are similar among voluntary and formal kinship caregivers compared to nonrelative foster caregivers

Financial Support Received



Service Received



Organized Peer Support Services

As shown in Figure 3, voluntary kinship caregivers (9%) and formal kinship caregivers (8%) were less likely than nonrelative foster caregivers (35%)^r to receive organized peer support. Nonrelative foster caregivers were five times more likely to receive organized peer support compared to voluntary kinship caregivers after controlling for caregiver's age, education, and poverty level (see Appendix B).

Respite Care

Similarly, voluntary kinship caregivers (4%) and formal kinship caregivers (4%) were less likely than nonrelative foster caregivers (32%)^r to receive respite care (see Figure 3). Nonrelative foster caregivers were 10 times more likely to receive respite care compared to voluntary kinship caregivers after controlling for caregiver's age, education, and poverty level^s (see Appendix B).

Foster Care Training

Voluntary kinship caregivers were less likely (22%)^r than formal kinship caregivers (41%) and nonrelative foster caregivers (59%) to receive foster care training (see

Figure 3). Nonrelative foster caregivers were almost 10 times more likely to receive foster care training compared to voluntary kinship caregivers after controlling for caregiver's age, education, and poverty level (see Appendix B).

Receipt of Health Services by Children with Voluntary Kinship Caregivers, Formal Kinship Caregivers, and Nonrelative Foster Caregivers

Dental Care

As reported by caseworkers, children in kinship care (9%) were less likely to have dental care services referred, provided, or arranged by a caseworker than those in nonrelative foster care (27%).^r Further analysis by type of kinship care found that children in voluntary kinship care (4%)^r were less likely to have dental care services referred, provided, or arranged by a caseworker than those in formal kinship care (20%) and nonrelative foster care (27%; Figure 4). Children in formal kinship care were about five times as likely to have a caseworker refer, provide, or arrange for dental care services than children in voluntary kinship care after controlling for child's age, gender, and race/ethnicity. This difference was even more

^r $p < .001$

^s Previous studies have found that kin caregivers compared to nonrelative foster caregivers are older, have less education, and

are more likely to live in poverty. Multivariate analysis accordingly controls for these variables.

pronounced when children in voluntary kinship care were compared to children in nonrelative foster care, with the latter group eight times more likely to receive dental care services.

Medicaid

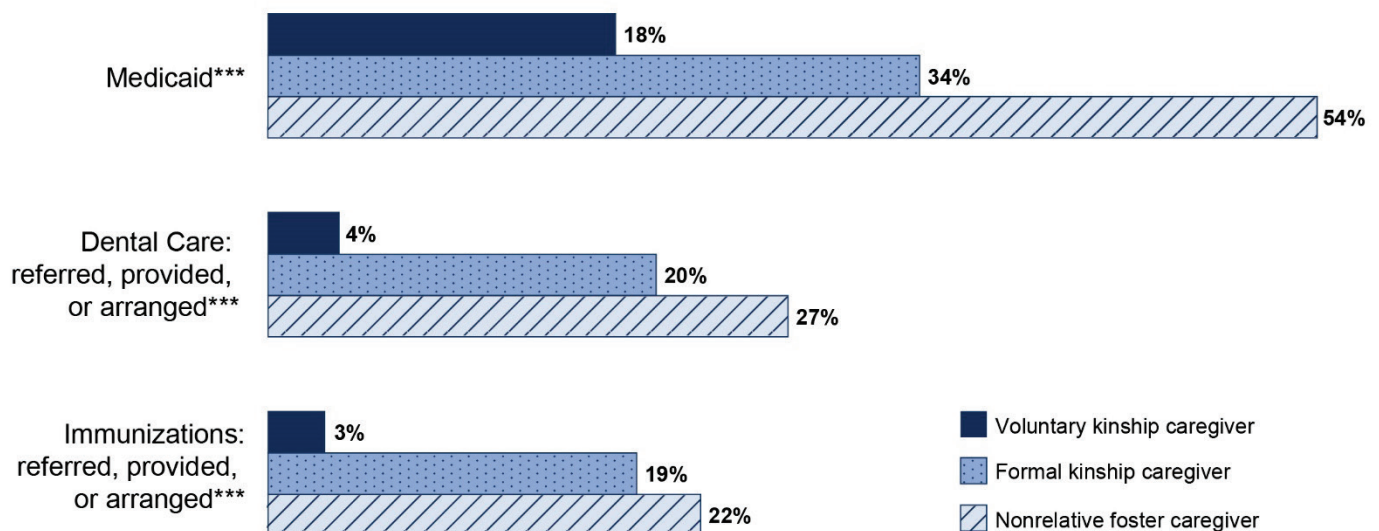
Caseworker reports show that kinship caregivers (22%) were less likely to receive help from CWS to obtain Medicaid for the child than nonrelative foster caregivers (54%).[†] Voluntary kinship caregivers (18%) were also less likely to receive help from CWS to obtain Medicaid for the child than formal kinship (34%) and nonrelative foster caregivers (54%; Figure 4). Children with nonrelative

foster caregivers were four times more likely to receive CWS help in obtaining Medicaid compared to children with voluntary kinship and formal kinship caregivers after controlling for child's age, gender, and race/ethnicity. Children with formal kinship caregivers were as likely as those with voluntary kinship caregivers to receive CWS help obtaining Medicaid after controlling for child's age, gender, and race/ethnicity.

Of note, no statistically significant differences were observed between nonrelative foster care and formal kinship care with regard to child immunizations, dental care, or help accessing Medicaid for children in their care.

Figure 4. Children placed in voluntary kinship care are less likely to receive help from CWS to obtain services than children in formal kinship care and nonrelative foster care

CWS helped to obtain



*** $p < .001$

Summary of Findings

Overall, voluntary kinship caregivers were more likely to live in households with incomes less than 50% of the federal poverty level, more likely to struggle financially, and tended to have more adults but fewer children in the households living off the same household income compared to formal kinship and nonrelative foster caregivers. Voluntary kinship caregivers were less likely to receive support services and financial resources than

nonrelative foster caregivers and, in most instances, than formal kinship caregivers.[†] In the case of formal kinship caregivers, although they had access to and/or received some CWS services support (e.g., child health), they were underserved with regard to other supports (e.g., foster care training) compared to nonrelative foster caregivers.

[†] These findings could not be explained by differences in the caregiver's age, education level, or poverty status, or the child's gender, age, or race/ethnicity.

Voluntary kinship caregivers were less likely to receive TANF than formal kinship caregivers. Compared to nonrelative foster caregivers, both formal and voluntary kinship caregivers also received less respite care and organized peer support group services—supports that may be critical to the well-being of kinship caregivers.

Finally, children living in voluntary kinship care were less likely to have immunizations and dental care services referred, provided, or arranged by a CWS caseworker than those in formal kinship care and nonrelative foster care.

Overall, the results highlight the need to help kinship caregivers, especially voluntary kinship caregivers, navigate multiple human service systems to access the supports that they need. Kinship navigator programs may help provide kinship caregivers with the supports and services needed to fulfill their critical role in raising children involved with the CWS as well as promote child and kinship caregiver well-being.

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Appendix A. NSCAW II Survey Questions

Content	Reporter	Question
Family		
Parent living at caregiver's household	Caregiver	PHH7A: Let's talk about [next adult living in the household]. What is this person's relationship to child? 2 = MOTHER (BIOLOGICAL) 3 = FATHER (BIOLOGICAL)
Income (poverty)	Caregiver	PIN2N: What is your best estimate of the total income of all family members from all sources, before taxes, in the past 12 months? <i>Poverty level calculated using Federal guidelines based on family size and income.</i>
Struggling	Caregiver	PIN9A: When it comes to money and making ends meet, how do you think things are going for you? Would you say you are able to save a little money each month, just getting by, or struggling to make it? 1 = Save a little money each month 2 = Just getting by 3 = Struggling to make it <i>Struggling = Yes if PIN9A = 3.</i>
Food Assistance (WIC or Food Stamps)	Caregiver	PIN5TG_3: At the present time, does anyone in this household receive ... 1 = WIC (Women Infants, and Children), 2 = Food Stamps
TANF	Caregiver	PIN5TG_3: At the present time, does anyone in this household receive ... 3 = TANF, AFDC (Aid to Families with Dependent Children), General Assistance, or other public assistance including state-specific welfare programs (like MFIP, Calworks, Workfare, or Workfirst).
Housing Support	Caregiver	PIN5TG_3: At the present time, does anyone in this household receive ... 4 = Housing Support (like public housing or Section 8)
Disability Check (SSI)	Caregiver	PIN5TG_3: At the present time, does anyone in this household receive ... 5 = A Disability Check (SSI)
Foster Care Training	Caregiver	PFC5A: [SINCE CG HAS LIVED WITH THE CHILD], have you received any special instruction or training in skills you need to be a foster parent? This would include things like how to deal with problems your foster child may have or behavior management techniques.
Peer support group	Caregiver	PFC6A: [SINCE CG HAS LIVED WITH THE CHILD], have you been involved with any organized peer support groups? By this we mean a group of adults who meet to discuss shared issues that concern them. These groups might meet at a community center or a church, for example.
Respite care	Caregiver	PFC7A: [SINCE CG HAS LIVED WITH THE CHILD], have you received respite care? (Respite care is care for the child provided in the home or somewhere else so that the family can have a break from ongoing care of the child. It can be thought of as child care or babysitting by an individual or program trained to meet the special needs of the child.)
Child		
Immunizations: referred, provided, or arranged	Caseworker	CCI16A: Regardless of the outcome of the investigation, have any services been referred for, provided to, or arranged for the family? Referring the family for services includes suggesting to the client that services may be needed, or giving the client provider contact information. Arranging services for the family includes contacting a provider, completing the necessary paperwork, and/or making an appointment. CCI17A29: What kind of services? 29 = IMMUNIZATIONS
Dental Care: referred, provided, or arranged	Caseworker	CCI17A28: What kind of services? 28 = DENTAL EXAM
Agency help obtaining Medicaid	Caseworker	CSC46A: [SINCE CG HAS LIVED WITH THE CHILD], did agency staff work to get ^CHILD signed up for Medicaid?

Appendix B. Logistic Regression Models

Table B-1. Formal kinship caregivers are more likely to receive TANF than voluntary kinship care at Baseline-NSCAW II

Predictor	TANF Receipt based on Caregiver report			p value
	OR	95% CI		
		Lower	Upper	
Setting at baseline (ref. Voluntary kinship care)				<.001*
Formal kinship care	3.1	1.4	6.7	.006
Voluntary kinship care (ref)	1.0	1.0	1.0	.
Nonrelative foster care	0.1	0.04	0.3	<.001

Note 1: Overall Model (minus intercept): DF (5); Wald F Chi Square (31.5) <.001. N= 1,963

Note 2: Model controls for caregiver's age, education, and poverty level.

Note 3: Variable from Caregiver instrument:

PIN5TG_3: At the present time, does anyone in this household receive ... 3 = TANF, AFDC (Aid to Families with Dependent Children), General Assistance, or other public assistance including state-specific welfare programs (like MFIP, Calworks, Workfare, or Workfirst).

*p value for overall variable on type of caregiver across all categories.

Table B-2. Nonrelative foster caregivers are more likely to receive Peer Support Group services than voluntary kinship caregivers at Baseline-NSCAW II

Predictor	Peer Support Group based on Caregiver report			p value
	OR	95% CI		
		Lower	Upper	
Setting at baseline (ref. Voluntary kinship care)				<.001*
Formal kinship care	1.1	0.4	3.4	.894
Voluntary kinship care (ref)	1.0	1.0	1.0	.
Nonrelative foster care	5.7	2.1	15.6	.001

Note 1: Overall Model (minus intercept): DF (5); Wald F Chi Square (14.7) <.001. N= 1,864

Note 2: Model controls for caregiver's age, education, and poverty level.

Note 3: Variable from Caregiver instrument:

PFC6A: [SINCE CG HAS LIVED WITH THE CHILD], have you been involved with any organized peer support groups? By this we mean a group of adults who meet to discuss shared issues that concern them. These groups might meet at a community center or a church, for example.

*p value for overall variable on type of caregiver across all categories.

Table B-3. Nonrelative foster caregivers are more likely to receive Respite Care services than voluntary kinship caregivers at Baseline-NSCAW II

Predictor	Respite Care based on Caregiver report			p value
	OR	95% CI		
		Lower	Upper	
Setting at baseline (ref. Voluntary kinship care Caregivers)				<.001*
Formal kinship care	1.1	0.4	3.1	.891
Voluntary kinship care (ref)	1.0	1.0	1.0	.
Nonrelative foster care	11.0	4.0	30.0	<.001

Note 1: Overall Model (minus intercept): DF (5); Wald F Chi Square (14.5) <.001. N= 1,864

Note 2: Model controls for caregiver's age, education, and poverty level.

Note 3: Variable from Caregiver instrument:

PFC7A: [SINCE CG HAS LIVED WITH THE CHILD], have you received respite care? (Respite care is care for the child provided in the home or somewhere else so that the family can have a break from ongoing care of the child. It can be thought of as child care or babysitting by an individual or program trained to meet the special needs of the child.)

*p value for overall variable on type of caregiver across all categories.

Table B-4. Nonrelative foster caregivers are more likely to receive Foster Care Training services than voluntary kinship caregivers at Baseline-NSCAW II

Predictor	Respite Care based on Caregiver report			p value
	OR	95% CI		
		Lower	Upper	
Setting at baseline (ref. Voluntary kinship care Caregivers)				<.001*
Formal kinship care	2.4	0.9	6.8	.094
Voluntary kinship care (ref)	1.0	1.0	1.0	.
Nonrelative foster care	4.9	2.4	10.0	<.001

Note 1: Overall Model (minus intercept): DF (5); Wald F Chi Square (11.9) <.001. N= 2,021

Note 2: Model controls for caregiver's age, education, and poverty level.

Note 3: Variable from Caregiver instrument:

PFC5A: [SINCE CG HAS LIVED WITH THE CHILD], have you received any special instruction or training in skills you need to be a foster parent? This would include things like how to deal with problems your foster child may have or behavior management techniques.

*p value for overall variable on type of caregiver across all categories.

Table B-5. Children in formal kinship care and nonrelative foster care are more likely to have Immunizations referred, provided, or arranged by caseworkers than children in voluntary kinship care at Baseline-NSCAW II

Predictor	Immunizations referred, provided, or arranged as Reported by Caseworker			p value
	OR	95% CI		
		Lower	Upper	
Setting at baseline (ref. Voluntary kinship care Caregivers)				<.001*
Formal kinship care	6.7	4.4	10.2	<.001
Voluntary kinship care (ref)	1.0	1.0	1.0	.
Nonrelative foster caregivers	8.5	4.2	17.3	<.001

Note 1: Overall Model (minus intercept): DF (5); Wald F Chi Square (39.6) <.001. N= 1,774

Note 2: Model controls for Child's gender, age, and race/ethnicity.

Note 3: Variable from Caseworker instrument:

CCI16A: Regardless of the outcome of the investigation, have any services been referred for, provided to, or arranged for the family? Referring the family for services includes suggesting to the client that services may be needed or giving the client provider contact information. Arranging services for the family includes contacting a provider, completing the necessary paperwork, and/or making an appointment.

CCI17A29: What kind of services?

29 = IMMUNIZATIONS

*p value for overall variable on type of caregiver across all categories

Table B-6. Children in formal kinship care and nonrelative foster care are more likely to have Dental Care referred, provided, or arranged by caseworkers than children in voluntary kinship care at Baseline-NSCAW II

Predictor	Dental Care referred, provided, or arranged as Reported by Caseworker			p value
	OR	95% CI		
		Lower	Upper	
Setting at baseline (ref. Voluntary kinship care Caregivers)				<.001*
Formal kinship care	5.6	2.4	12.9	<.001
Voluntary kinship care (ref)	1.0	1.0	1.0	.
Nonrelative foster caregivers	8.4	3.6	19.5	<.001

Note 1: Overall Model (minus intercept): DF (5); Wald F Chi Square (13.2) <.001. N= 1,774

Note 2: Model controls for Child's gender, age, and race/ethnicity.

Note 3: Variable from Caseworker instrument:

CCI16A: Regardless of the outcome of the investigation, have any services been referred for, provided to, or arranged for the family? Referring the family for services includes suggesting to the client that services may be needed or giving the client provider contact information. Arranging services for the family includes contacting a provider, completing the necessary paperwork, and/or making an appointment.

CCI17A28: What kind of services?

28 = DENTAL EXAM

*p value for overall variable on type of caregiver across all categories.

Table B-7. Children in nonrelative foster care are more likely to have caseworkers help obtaining Medicaid than children in voluntary kinship care at Baseline-NSCAW II

Predictor	Agency help obtaining Medicaid as Reported by Caseworker			p value
	OR	95% CI		
		Lower	Upper	
Setting at baseline (ref. Voluntary kinship care Caregivers)				<.001*
Formal kinship care	2.0	0.8	4.9	.113
Voluntary kinship care (ref)	1.0	1.0	1.0	.
Nonrelative foster caregivers	4.8	2.8	8.1	<.001

Note 1: Overall Model (minus intercept): DF (5); Wald F Chi Square (10.0) <.001. N= 1,434

Note 2: Model controls for Child's gender, age, and race/ethnicity.

Note 3: Variable from Caseworker instrument:

CSC46A: [SINCE CG HAS LIVED WITH THE CHILD], did agency staff work to get ^CHILD signed up for Medicaid?

*p value for overall variable on type of caregiver across all categories.

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This is the twenty second in a series of NSCAW research briefs focused on children who have come in contact with the child welfare system. Additional research briefs focus on the characteristics of children in foster care, the provision of services to children and their families, the prevalence of special health care needs, use of early intervention services, and caseworker judgment in the substantiation process.