Mental Health Service Needs of Children in Informal Kinship Care: Practice and Policy Implications

Presented at the 28th Annual Research & Policy Conference on Child, Adolescent, Young Adult Behavioral Health, Tampa, March 22-25, 2015

Althea Pestine, Mi Jin Choi, Eunju Lee, Gerald Wallace, & Lara Kaye
Project Background

• This study is part of a 3 year demonstration project funded by Children’s Bureau, Administration for Children and Families, Department of Health and Human Services (90CF-0044)

• The goal of the demonstration project: Improve practice and policy for children in kinship care.

• A particular focus is on the children who have been involved in child protective and preventive services, but not in the foster care.
What is Kinship Care?

• Kinship care is time-limited residential care by adults who have relational bonds with a child
  – Parents are not residing with kin
• An estimated 2.3 million children in kinship care, 3% of all children in the US
• Informal kinship vs. formal kinship
  – Informal (including “voluntary” and “informal”)
  – Formal (kinship foster care)
“Informal” Kinship Care Families

• Parental rights still remain with parents
• Not in foster care
• Caregivers may have court-ordered guardianship or custody
• A majority of the children had been involved in CPS before living with kin

• Research suggests many kinship caregivers are struggling financially and children may have high needs for services
Children in the Child Welfare System

- Higher disability among children in the CW system but limited research on physical health
- Poor mental health outcomes
  - Children in foster care shows lower level of health related quality of life (HRQOL)
  - Placement disruption is related to high risk for behavior problems
  - Lack of adequate services while in out of home care (Newtown et al., 2000; Simms et al., 2000)
- Limited research on kinship care (Damnjanovic et al., 2011)
Purpose of the study

• Better understand the HRQOL of children in “informal” kinship care
• Identify areas of need for kinship children, when compared to the general population
• Examine the association between risk factors and child MH outcomes
• Provide policy and practice recommendations to improve the well-being of children in kinship care, those outside of the foster care system
Methods
Study Settings

• The NYS Kinship Demonstration Project led by Kinship Navigator (I & R service)
• 5 upstate counties (outside of NYC) including rural to urban sites
• Implemented in 2013

• Works with local DSS (TA and CW units)
• Collaborates with local kinship support programs
Data Collection Procedure

1. Prospective kinship caregivers were approached by staff from county child welfare services, public assistance, or community-based service agencies

2. U Albany SSW Kinship research team received a permission to contact, and then recruited the participants by telephone

3. Phone Interview from May 2013 - September 2014 by trained doctoral students

4. Final N= 304 Families
Measure: PedsQL

- Pediatric Quality of Life Inventory (PedsQL)
  - Designed to measure health-related quality of life for children and adolescents (Varni et al., 2003)
  - Customized for groups aged 2-4, 5-7, 8-12, and 13-18
  - Four subscales: physical health, emotional functioning, social functioning, and school functioning
Other Measures

• Socio-demographic characteristics of kin caregivers
  – Race, age, relationships with children
• Parent Stress of kin caregivers (PSI)
• Household characteristics
  – Poverty and # of family member
• CW history and characteristics of children
  – Gender, age, duration of stay
  – Reasons why children not living with parents
FINDINGS:
Characteristics, Prevalence and Risk Factors
Kin Care givers (N= 275)

- Mean age: 52 years (range; 20-86) and more than a half are between 40- 60.
- 92 % are female
  - identified as a primary kin caregiver
- 40% are employed, 21 % are disabled, and 17% are retired
- 61% are white, 21% black, 9% Hispanic
Caregiver Education

Highest Degree Earned (N=275)

- 2.2% Other (please specify)
- 1.5% Grade School
- 11.3% Some High School
- 42.2% High School / GED
- 23.6% Some College
- 10.2% Associate Degree
- 5.5% Bachelor Degree
- 3.6% Graduate Degree
Children (N = 377)

- A wide range of ages
- The analysis of children’s HRQOL is limited to those between age 2 and age 18

Age of Children
Mean = 8.46 (SD = 5.08)
Caregivers and Children

Relationships

• 65% are grandparents
• The rest are other relatives and friends.

# of kin children in care

- One Child: 63.77%
- Two Children: 22.83%
- Three or More: 13.41%
- None: 0.00%

This graph shows the distribution of caregivers and kin children in care.
Household Income

- Under 10,000: 19%
- 10,000 - 19,999: 17%
- 20,000 - 29,999: 14%
- 30,000 - 39,999: 10%
- 40,000 - 49,999: 10%
- Over 50,000: 30%

School of Social Welfare
UNIVERSITY AT ALBANY State University of New York
### Reason the child not living with mother

- **Mother is going to or is in jail**: 13.2%
- **Mother has never been involved in child's life**: 14.9%
- **Mother's whereabouts are unknown**: 16.6%
- **Mother has serious health problems**: 16.6%
- **Mother's involvement in other child welfare services**: 20.7%
- **Mother is a victim of domestic violence**: 31.5%
- **Mother's housing is unstable/got evicted**: 46.1%
- **Mother has financial problems/can’t afford to keep the child**: 46.1%
- **Mother has drug/alcohol problems**: 52.9%
- **Mother has mental health issues**: 55.3%
- **Mother’s involvement in CPS**: 55.3%
Physical Health

• Kinship children are similar to those in the general population in overall physical health
• A majority of children are covered by Medicaid. The rest are covered through private insurance
• Although kin caregivers are often concerned about children, their physical health and medical coverage is a lesser issue
Mental Health

26.3% of Kinship Population are at risk

17% of total

Cut-off point

Mean of general population

63.29

74.4 mean of kinship population
Poverty

• Caregiver’s poverty measured by the HH income does not seem to be related with the child’s emotional functioning scores

• But mother’s poverty is associated with the child’s emotional functioning scores
  – Maternal financial and housing instability are coded as a single category
  – Children with mother who experienced financial or housing instability scored lower than those with mother who did not (t = 2.141, p = 0.03)
Maternal Mental Health

• About a half of the kin caregivers reported that a maternal mental health problem is a reason why the children were living with them.

• Maternal mental health problem is associated with the child emotional functioning scores
  – Children whose mothers have MH issues scored lower than those whose mothers did not
    \( t = 3.152, p = 0.002 \)
Age of Child in Kinship Placement

• About 4 out of 10 cases, the child was placed before age 1.

• Age of child seems to be associated with emotional functioning scores.
  – Children who were placed with kin before they were one year old seem to do better than those who were placed later (p < .01)
Limitations and Next Steps

• Not a representative sample
• Reliance on kin caregivers’ responses
• Further examination is needed to confirm the relationships.
• Multivariate models with covariates
  – GEE: Regression for families with multiple children
  – Inclusion of risk factors
• Merging with the official child welfare data
Implications for Practice

• Recognizing unmet needs of children in kinship care

• Screening children to assess the needs
  – PedsQL is an useful tool; simple and valid
  – But any validated screening tool is acceptable

• Paying a special attention to:
  – children with mothers with mental health issues
  – children placed at older age
Policy Recommendations

• States should address the **well-being** goal by:
  – Standardizing a referral process for screening and services for kinship families
  – Implement funding mechanisms for needed services for children in kinship care
  – Developing coherent polices on kinship families who are not in foster care
Health-Related Quality Of Life

- Health Related Quality Of life (HRQOL)
  - HRQOL is a broad multidimensional concept that includes physical, mental health and social domains
  - To identify
    - who is at risk of pediatric health problems
    - what kinds of health care support they need
    - which types of care plans are effective
    - and what policy decisions should be designed