

Predictors of Stability for Former Foster Children in Adoptive and Guardianship Homes

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DISSERTATION

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LIST OF ABBREVIATIONS

AACWA	Adoption Assistance and Child Welfare Act of 1980
ADHD	Attention Deficit Hyperactivity Disorder
AFCARS	Adoption and Foster Care Analysis and Reporting System
AIC	Akaike Information Criterion
ASFA	Adoption and Safe Families Act of 1997
BIC	Bayesian Information Criterion
BPI	Behavioral Problem Index
CBCL	Child Behavior Check List
DCFS	Illinois Department of Children and Family Services
FCA	Fostering Connections to Success and Increasing Adoptions Act of 2008
HMR	Home of Relative Reform
HR	Hazard Ratio
ICWA	Indian Child Welfare Act
IDB	Integrated Database
LAN	DCFS Local Area Network
NSAP	National Survey of Adoptive Parents
NSCAW	National Survey of Child and Adolescent Well-Being
ODD	Oppositional Defiant Disorder
PPII	Post Permanency Survey Round II
SBC	Schwarz Bayesian (Information) Criterion
TPR	Termination of Parental Rights
VIF	Variance Inflation Factor
USDHHS	U.S. Department of Health and Human Services

SUMMARY

Today we are at a crossroads where there has been a substantial decrease in the number of children living in state custody, and a substantial increase in the number of children living in state subsidized adoptive and guardianship homes. While generally lauded as positive, with an assumption of long-term relationships for all, to date little is known about the long-term outcomes of these children and their families. The Children's Bureau estimates that less than 10 percent of adoptions result in children returning to state custody (Child Welfare Information Gateway, 2012). While this is a relatively small percentage, it is a growing number of families, and reliable data on these families remains elusive.

A decade ago little was known about youth who emancipated from foster care. However, the Midwest Study, and federal or state initiatives have brought focus to this population, increasing our understanding of the needs and trajectories of youth who age out of foster care (Courtney et al., 2011). Today we are at a similar crossroads where additional research is needed to identify the rate of instability after adoption and guardianship finalization; risk and protective factors associated with stability; and reasons some adoptions and guardianships intended to last forever do not.

The purpose of this research was to test a set of hypotheses related to stability for children who have transitioned from state custody through adoption or guardianship. These hypotheses were tested with population data ($n = 4,155$) and with data representing a sample ($n = 438$) of teen-aged youth living in Chicago in 2008. The main effects hypotheses examine whether the type of legal permanence (adoption or guardianship) and the biological relationship

between the child and her or his caregiver (kin or non-kin) are associated with the long-term stability after state custody. Other hypotheses examined moderating effects of the child's bonding social capital and the mediating effects of caregiver's social support. To provide a longitudinal overview of the outcomes for these families, this study linked survey data to administrative data to track the continuity of these placements through June 30, 2011.

Methods: Survival analysis was employed to account for the time-varying nature of the data, and to produce hazards of instability for study participants. Hayes' (2012) conditional process model was employed for the mediating and moderation hypotheses.

Results: This study found that the continuity of care following adoption and guardianship is very likely: 92% of children from the population data and 94% of children from the survey data experienced long-term stability. In addition, while child welfare policy stipulates a preference for adoption over guardianship, this study found little support for this preference on the basis of stability rates. As hypothesized, children who transitioned through adoption were less likely to experience instability than children who transitioned through guardianship. However, post hoc analysis revealed that the definition of instability used in this study should be revised.

The broad definition of instability used in this study includes two types of instability: (1) re-entry into substitute care following a finalized state-subsidized adoption or guardianship and (2) the discontinuation of an adoptive or guardianship subsidy payment prior to the child achieving the age of majority. Similar rates of instability related to the second type were seen with both types of permanence (5% for adoption or guardianship). However, post-hoc analysis

revealed different rates of re-entry into substitute care (the first type of instability). For children who re-entered substitute care in the post-hoc analysis I was able to drill down to understand what occurred after they re-entered state custody, and interesting differences emerged.

Of the 2,969 children adopted, 2% (57) re-entered state custody. When the records for these children were examined, I found that the majority of these children, 65% (35) experienced placements that included detentions, runaway episodes, institutional placements and group homes. Many of these youth emancipated from foster care when they reached the age of majority.

In contrast, while the children who transitioned through guardianship had a higher overall rate of re-entry into state custody 7% (78) their outcomes looked more positive than the children who transitioned through adoption. A review of the data associated with the re-entries found that two-thirds did not spend any time in state custody. A new guardian was assigned the same day that they “re-entered” state custody. The remaining one-third was re-assigned within the year. If we removed the children who had a change in caregivers within one year from those counted as re-entering state custody, similar rates are observed between adoption and guardianship (2% vs. 3% respectively).

Furthermore, for the children who re-entered state custody from guardianship and stayed more than one year, 18% (7) experienced multiple new guardians over the course of several years or were in state custody for over one year; 33% (13) were in traditional or kinship foster homes; and 49% (19) were in detention, runaway, institutions or group homes. Given the lower

percentage who experienced the detention/runaway route, it appears that they may have had an easier tenure in state custody once they re-entered compared to their adopted peers.

From the point of view of the child, the broadest of definition of instability may be warranted. Any change of a primary caregiver can be a disruptive experience, if it is the result of a loved one dying, the result of a child-caregiver relationship breakup, or an array of reasons. But, from the perspective of the child welfare system, practitioners, policy makers, each of these circumstances requires a different set of responses and perhaps a more nuanced definition is warranted, one that does not include cases where a change in permanent caregiver occurs within a short time frame. If long-term re-entry is used as the outcome of interest, very little difference is observed between outcomes for children who transition through adoption compared to children who transition through guardianship. These data also suggest that perhaps the process of transitioning back to state custody from adoption is substantively different for youth who were previously adopted compared to youth who were previously in the care of a guardian.

With the population data, a strong main effect was observed between the biological relationship between the child and her or his caregiver and long-term stability; however this relationship was not observed with the survey data. This is attributed to a lack of power to detect a difference given the relatively rare event of instability following adoption or guardianship and the size of the survey sample. In addition, this study did not see a statistically significant, at the conventional .05 level, moderating impact of bonding social capital on the relationship between kinship and stability. Furthermore, the conditional process modeling did

not result in any significant mediating or moderating effects for caregiver social support within the survey data.

Implications: Findings from this study suggest that the preference in child welfare practice and policy for adoption over guardianship may need to be re-considered. If the assumption is that the legal bonds associated with adoption result in longer, more stable placements, this research does not fully support that assumption. This study also confirms prior work that children placed with kin are more stable than children placed with non-kin, and provides support for the federal statutes stipulating a preference for placement with kin.

These results suggest that follow-up studies are needed with much larger sample sizes, and longer follow-up periods to understand the long-term outcomes for these youth and their families. This study also leaves several questions unanswered including: What is permanence, and how do we know that it has been achieved? Is it a change in legal status, an enduring relationship, or strong familial ties? Whose responsibility is it to ensure that these families have the support and services they need?

This study lays the foundation for future research that considers how child welfare systems can best prepare and support families who become the legal guardians and adoptive parents of former foster children. Ensuring that the next generation of child welfare social workers are aware of this emerging population and prepared to address their unique needs is essential in schools of social work. Understanding the risk and protective factors associated with stability after adoption and guardianship is critical at this juncture; these families are the new frontier in child welfare.

Chapter 1. Introduction

Child welfare practitioners, administrators and researchers have long been concerned about the care of children removed from their families and living in state custody, yet little focus has been placed on the needs of children after they leave state custody. However, the upsurge in children living in state-supported adoptive and guardianship homes in recent years has focused attention on the long-term stability of these living arrangements. This study is a first attempt towards understanding the factors that impact stability for children who have transitioned from state custody with the formal child welfare system to adoption or guardianship. For children who have made this transition, the change in status means that legal oversight has changed from public responsibility (state custody) to private responsibility (with adoptive families or new guardians). While the legal status has changed, there is general consensus that some of these families continue to need support. In addition, the number of children transitioning from foster care through adoption or the transfer of guardianship has increased significantly in recent years. In many jurisdictions across the country the number of children living in state-subsidized adoptive or guardianship arrangements is greater than the number of children living in substitute care¹ (Barth, Wulczyn, & Crea, 2005; Wulczyn & Hislop, 2003). Yet, the long-term outcomes for these children are largely unknown. While adoption and guardianship are intended to result in long-term relationships for the children and families involved, little is known about the extent to which this happens. A recent report published by the federal government estimates that between 1 and 10 percent of adoptions result in children returning to state custody and has called

for additional research that identifies the rate of adoption dissolution; risk and protective factors associated with post-adoption stability; and additional research that will illuminate why some adoptions intended to last forever do not (Child Welfare Information Gateway, 2012).

Subsidized guardianship is even less studied than public adoption.

The purpose of this research is to test a set of hypotheses related to stability for children who have transitioned from state custody through adoption or guardianship. These hypotheses were tested with population data ($n=4,155$) and with a sample ($n= 438$) of teen-aged youth living in Chicago in 2008. The main effects hypotheses examine whether the type of legal permanence (adoption or guardianship) and the biological relationship between the child and her or his caregiver (kin or non-kin) are associated with the long-term stability after state custody.

Given the preference for adoption over guardianship in child welfare policy and because adoption requires a legal agreement that is more binding than guardianship, I hypothesize that:

H₁: Children who transition from state custody through adoption will experience greater stability than children who transition through guardianship.

Given the preponderance of research establishing that children placed with kin are more likely to be in stable long-term placements than children placed with non-kin, I hypothesize that:

H₂: Children who transition from state custody with kin caregivers experience greater stability than children who transition with non-kin caregivers.

¹ I use the terms foster care, substitute care, and state custody interchangeably to include children where the state has taken custody and the child is living in a non-related or relative foster home, institution, or group home.

Provided that adoption and kinship each directly influence the outcome of interest, long-term stability, my first moderation hypothesis is:

H₃: The relationship between type of legal permanence and stability is moderated by the child-caregiver relationship (kin versus non-kin).

The next set of hypotheses test if relationships between type of legal permanence (adoption or guardianship) and long-term stability and the child-caregiver biological relationship (kin or non-kin) and stability are influenced by the bonding social capital of the child. Bonding social capital is operationalized as the maintenance of ties to the child's biological family and community of origin. Specifically, I hypothesize that:

H₄: The relationship between type of legal permanence and stability is moderated by the bonding social capital of the child.

H₅: The relationship between the child-caregiver biological relationship (kin versus non-kin) and stability is moderated by the bonding social capital of the child.

The final set of hypotheses test if the relationships between adoption and stability and kinship and stability are mediated by the level of perceived social support of the caregiver. While social support is multidimensional, I am interested in social support of caregivers; informal social supports that theory suggests are important to family functioning. Therefore, I hypothesize that:

H₆: The relationship between type of legal permanence and stability is mediated by the caregivers' perceived level of social support.

H₇: The relationship between the child-caregiver biological relationship (kin versus non-kin) and stability is mediated by the caregivers' perceived level of social support.

A. Background, Rationale, and Significance of the Study

In this chapter, I provide background on caseload dynamics in child welfare, and an overview of how permanence is defined for children in state custody. Next, I briefly describe the evolution of adoption and guardianship as it pertains to the child welfare system in the United States, highlighting some of the differences in these permanency options. Following this, I summarize what is known and what is not known about children who have transitioned from state custody to adoption or guardianship, which provides the rationale for conducting this study. This introductory chapter will conclude with background on the study setting, the State of Illinois, and its relevance to the study of this topic.

1. Caseload dynamics and permanence. The growth in the number of children living in state-subsidized adoptive or guardianship arrangements is best understood through a brief review of child welfare caseload dynamics. Perceptions of high caseloads precipitated permanency placement movements in the 1970s and again in the 1990s. In the 1970s these efforts brought attention to a child's sense of time, and the significance of the child's psychological parent (Goldstein, Freud & Solnit, 1973). This resulted in federal policies focusing on decreasing the time to reunification, and on consideration of foster parents as adoptive parents. In the 1990s the renewed permanency planning movement brought attention to the use of relatives as caregivers and permanency resources. A by-product of these permanency planning movements is that foster care caseloads have decreased and there are now more children living in state-subsidized adoptive or guardianship arrangements than ever before. The first part of this section will briefly review the dynamics behind these shifts in caseloads. Children who transition from state custody to adoptive or guardianship homes are defined in

child welfare practice and policy as having achieved permanence. Yet, what does it mean to have achieved permanence? I will provide a brief summary of how permanence is defined and used in child welfare in the second part of this section, followed by a discussion of what is known about the stability, or permanence, of the adoptive and guardianship arrangements that are intended to last forever.

a. Caseload dynamics. Between 1987 and 1997 there was a 72% increase in the number of children in foster care in the United States, from an estimated 300,000 children in care in 1987 to approximately 516,000 in 1997 (Child Trends, 2011; U.S. Department of Health and Human Services, 2010). The child welfare population was larger than it had ever been, and the growth was primarily in kinship care (Testa, 2002). The Adoption and Safe Families Act of 1997 (ASFA) included policy changes aimed at reducing the number of children in care through increased adoptions, particularly for children who had spent long times in state custody and were languishing in foster care with no foreseeable exit plan (www.acf.hhs.gov).

These efforts were also advanced when the U.S. Department of Health and Human Services (USDHHS) invited states to apply for demonstration grants to test an alternative to adoption for children living with kin. Eleven states were approved to test the idea of subsidized guardianship as an alternative permanency option (Testa & Cohen, 2010). Like subsidized adoption, subsidized guardianship aimed to increase the rate of children leaving state custody to live permanently with caregivers outside the formal foster care system. Furthermore, President Clinton unveiled the Adoption 2002 Initiative designed to decrease the number of children in foster care by doubling the number of children who left state custody through adoption from

foster care by 2002. While children left state custody, it should be noted that most did not move to new homes. Caregivers who acted as foster parents while the children were in state custody assumed the role of guardian and most adoptions were also by the child's foster parent(s). While the legal status of the relationship changed from foster parent to legal guardian or adoptive parent, the living arrangement did not change. In addition, while legal oversight by the child welfare department ended with state custody, the state continued to pay a monthly stipend and provide medical insurance for qualified children. More recently, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) was passed which granted any state the right to receive federal reimbursement for guardianship, the federal kinship Guardianship Assistance Program.

The policy changes of the late 1990s resulted in an increased focus on attaining timely adoptions; the majority of states doubled the number of adoptions from foster care in at least one of five years between 1998 and 2002 (McDonald, Salyers, & Testa, 2003). Between 1998 and 2009 the nation saw a 24% decrease in the number of children in foster care, from 559,000 in 1998 to 424,000 in 2009 (U.S. Department of Health and Human Services [USDHHS], 2010). However, these aggregated data mask fluctuations in individual state foster care caseloads which vary dramatically. Twenty-three states and territories experienced a 16% to 47% reduction in caseloads; 17 had changes less than 15%; and 12 states experienced increases of 16% to 65% (USDHHS, 2010).

While there are national data collected on the number of children who transition from state custody to subsidized adoption or guardianship each year, the number of subsidy payments

that end each year is not reported. Therefore the number of families actively receiving adoption or guardianship subsidies each year is unknown. Some estimated that by 2008 nationally there would be more children living in state subsidized adoptive and guardianship homes than in substitute care (Barth, Wulczyn, & Crea, 2005; Wulczyn & Hislop, 2003). However, without national data this prediction has not been verified. With this shift in caseloads has come concern that some of these legally permanent arrangements may have been made in haste, that the rights of birth parents may not have been fully considered suggesting that some of the children who transitioned from state custody through adoption or guardianship could have been reunified, that hastily-prepared arrangements would eventually disrupt and result in children returning to foster care; or that these families may be ill-equipped to support and address the needs of special-needs children, particularly as they reach adolescence (Gibbs, Siebenaler & Barth, 2002; Testa, Rolock, Liao, Cohen, 2010). Furthermore, some suggest that the push to expedite adoptions has had a disproportionate and negative impact on African American families and argue that efforts should be targeted at preventing removals and keeping families together rather than on adoptions (McRoy, 2005).

A report commissioned by the U.S. Department of Health and Human Services, Administration for Children and Families asserts that additional research is needed to better understand the number of adoption dissolutions, the links between pre- and post-adoption services and dissolution rates, and the causes of dissolution (Child Welfare Information Gateway, 2012). Although children adopted from foster care account for 37% of all adoptions,

more information is collected about international adoptions, which represent only 25%² (Vandivere, Malm & Radel, 2009). Federal law requires the reporting of disruptions and dissolutions of international adoptions that result in children entering foster care but this information is not collected on domestic adoptions (Casey Family Services, 2002). The federal government also requires states to report outcome data for all children in foster care, and whether children entering foster care have previously been adopted; however these data do not distinguish previous international adoptions, private domestic adoptions, and foster care adoptions. Furthermore, the data do not indicate whether the foster care entry is a temporary displacement (e.g., a caregiver dies and a child re-enters state custody until another guardian is established) or the result of a legally dissolved adoption. As such, there is little understanding of the nature of adoption terminations among practitioners, policy makers or researchers (Evan B. Donaldson Adoption Institute, 2004).

One difficulty in tracking children post state custody is that names and social security numbers associated with these youth often change after adoption and child welfare systems deliberately don't link pre and post adoption identities. In addition, in some states adoption subsidy data are over written, so no historical data are maintained (Barth, Wildfire, Lee & Gibbs, 2002). Despite these challenges, understanding stability for children after they transition from state custody through adoption or guardianship is essential to ensuring that these placements are indeed permanent homes.

² The remaining 38% are private domestic adoptions.

b. What is permanence? The current definitions of permanence and the development of policies and practices related to the attainment of permanence can be traced back to research conducted in the 1950s, 60s and 70s. Seminal studies from this period in the United States called attention to the notion of ‘foster care drift’ – the notion that for many children foster care was not the temporary solution it was intended to be, rather many children were growing up in foster care (Maas & Engler, 1959; Fanshel & Shinn, 1978). Goldstein, Freud and Solnit (1973; 1979) suggested that children should be provided the “opportunity for being wanted and for maintaining on a continuous basis a relationship with at least one adult who is or will become his psychological parent” (p.22). Their influential books, (*Beyond the Best Interests of the Child*, 1973; *Before the Best Interests of the Child*, 1979) contributed to the permanency planning movement’s focus on reducing the time children spent in state custody, and permanent placement with the child’s “psychological parent,” whether or not that was the child’s birth parent.

An early child welfare demonstration project, the Oregon Project, defined permanence for foster children as a placement that: (1) was intended to last forever; (2) provided continuity, even if geographical moves were necessary; (3) provided the child a sense of belonging which was rooted in cultural norms and legal status; and (4) included a relationship that was built on mutual respect for the child and the family (Emlen, et al., 1978). The federal government defines permanence as a safe, permanent living arrangement that: (1) is intended to be permanent; that is, to last through the age of majority and establish familial relationships that will last throughout the child's lifetime; (2) is legally secure from modification; (3) ensures that the permanent caregiver has the same legal responsibility for the child as a birth parent; and (4) ensures the state

no longer has legal custody of the child and the permanent caregiver is not subject to continuing state supervision (Duquette, Hardin & Payne Dean, 1999).

The permanency planning movement aimed to reduce the length of time children spent in out of home care (foster care) through the provision of timely permanency options and the shortening of timeframes related to the termination of parental rights. The thrust of the permanency planning movement was to place children in state custody who could not return to their families of origin with caregivers who were most likely to provide them with a permanent home, where there was an *intent* that the child would remain in that home permanently (Stein & Gambrill, 1985). While the intention was that the permanent placements would endure, no mechanism was in place to track these children to see if these relationships endured.

i. Variations on permanence: Adoption and guardianship. For families of children who transition from state custody to a subsidized adoptive or subsidized guardianship placement, legal oversight (regular caseworker contact and agency involvement with the family) ends. For children who are adopted, parental rights have been terminated. For guardianship, the caregiver does not become the legal parent; parental rights may remain intact when a caregiver becomes a legal guardian. With transfer of guardianship, relatives are able to maintain their family identities as grandparents, aunts, and uncles instead of legally becoming mom and dad, as is done with adoption (Testa, 2010). In addition, with guardianship, the court may vacate the guardianship and return custody to the birth parents. While many state laws and child welfare practices stipulate a preference for adoption over guardianship because it is perceived to be a more permanent option, limited empirical research has tested if adoption is actually more

permanent than guardianship. A review of the evolution of adoption and guardianship will provide background for understanding this preference.

ii. Evolution of adoption as a permanency option. The practice of adoption, whether formal adoption as is currently practiced within child welfare in the United States or informal adoption among kin, has a long history in the United States. However, issues surrounding adoption in child welfare have changed over time. In particular, the secrecy around adoption has fluctuated over time, and the use of foster parents as potential adoptive parents is a fairly recent phenomena. These shifts in thinking about adoption have been impacted by shifts in how permanence was defined in child welfare. A brief overview of these trends will provide a basis for understanding adoption as a permanency option in current child welfare practice.

The first modern adoption law was passed in Massachusetts in 1851, and the orphan trains, under the direction of Charles Loring Brace, began a few years later (The Adoption History Project). Many of the children being adopted at this time were from poor families and resided in publicly supported institutions that were charged with placing indigent children with unrelated families through indenture or adoption (Freundlich, 2007). The negative societal views of the biological families and their lack of resources and knowledge about regaining custody resulted in few rights for biological families at this time. The ‘best interest of the child,’ a hallmark of the modern child welfare system, was primarily evaluated in economic terms (e.g., the income of the adoptive family), if at all (Freundlich, 2007). While Brace, among others, felt that birth parents of adopted children should not know the whereabouts of their children for fear that they would attempt to re-claim them, it wasn’t until the 1930’s that

confidentiality provisions began to be included in some state statutes shielding adoption records (Freundlich, 2007). Prior to the 1930s, state statutes were not clear about the duration of an adoption. While there was an expectation that the adoption was permanent, if the adoptive parent did not support the child, or the child was disobedient, the adoption could be annulled (Freundlich, 2007).

Beginning in the 1930s, adoption became a more socially acceptable form of family composition, and the best interest of the child, beyond the financial means of the adoptive family, began to emerge as an important factor. Greater oversight of adoption agencies occurred, formal home visits became standard in many locations, and the idea of adoption as a life-long commitment emerged. Secrecy surrounding adoption records increased in the 1950s when birth certificates began to be re-issued, substituting the identities of the birth parents with those of the adoptive parents (Freundlich, 2007; Testa & Falconnier, 1998). In the late 1950's the Child Welfare League of America published *Standards of Adoption Service* which recommended increased secrecy of adoption information. This was done to protect children from the social stigma surrounding their adoption; to shield birth parents from the shame associated with the circumstances surrounding the adoption; and to shield the adoptive family from unwanted contact by the birth parents (Testa & Falconnier, 1998).

The first major federal legislation addressing adoption of children in foster care was the Indian Child Welfare Act (ICWA) in 1978 which established a placement hierarchy for Native American children. ICWA mandates that Native children be placed with a member of the child's extended family first, with a member of the child's tribe second, or with another Native

family; and only with a non-Native family if extenuating circumstances exist (Freundlich, 2007). Two years later, the Adoption Assistance and Child Welfare Act of 1980 (AACWA; P.L. 96-272) was passed. This was aimed at reducing the reliance on out of home care through the use of prevention efforts and increased reunification services. It also mandated that child welfare agencies engage in permanency planning efforts, and adoption was explicitly recognized as a permanency option for children in state custody along with guardianship, but federal subsidies were available only to those who adopted children from foster care. Federal subsidies were not available to caregivers who opted for guardianship. The permanency planning efforts included a shift in thinking from one where foster parents were discouraged from developing a permanent and lasting relationship with a child, to one in which the formal foster care system began to recognize foster parents as potential permanency resources for children. In addition, federal support for the provision of adoption subsidies for children with special needs was established. AACWA also emphasized family preservation and reunification, requiring that reasonable efforts be made to keep children with their families and swiftly return children to their family, as long as this could be safely accomplished.

The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) was passed out of growing concern about the safety of children who remained with or returned to their parents, as well as the number of children who continued to spend long periods of time in formal state custody, and to address the increased child welfare caseloads of the late 1980s and 1990s. ASFA encouraged renewed efforts to find adoptive homes for children in state custody, expedited timeframes for the filing of termination of parental rights (TPR) petitions, including the requirement that TPR petitions be initiated by the court for children who spend 15 of the last

22 months in foster care. ASFA also created adoption incentive payments to states that increased the number of children who transitioned from state custody to adoption.

iii. Evolution of guardianship as a permanency option The idea of guardianship for children living apart from their parents has a long history in the United States, going back further than adoption. In 1935 Taylor advanced the idea of guardianship, followed in 1943 by the work of Breckenridge and Stanton. These early scholars highlighted the needs of children whose parents had perished in the war, and the postwar disturbances of family life. This work led to a Children's Bureau sponsored study a few years later that examined the state of guardianship, and reported on the judicial and social services needs of children under guardianship (Weissman, 1949). In 1966 Taylor called for a demonstration project that would test the idea of providing financial assistance to adults who became legal guardians of maltreated children. She conceived of guardianship as a "permanent placement with minimum agency oversight" and asserted that legal subsidized guardianship would prioritize the well-being of a child, writing, "today in the United States, the means are available to permit the welfare of the child, not his estate, to determine the social and legal provisions made for him" (p. 747). Taylor distinguished between adoption and guardianship, suggesting different motivations and intentions for guardians and adoptive parents. She stated that the role of guardian may be more attractive than adoptive or foster parent because

The relationship of parent and child created by adoption carries with it the duty to support the child. Many suitable prospective guardians may not be economically secure or have enjoyed such security long enough to deliberately want to undertake such a responsibility... In some cases guardianship may provide a more satisfying emotional reward for both parties than adoption which is, regardless of legal effects, still a substitute for a natural relationship. A guardian can be

enabled to support his ward by socially provided income without any suggestion of failure on his part. Such failure is often felt by parents when they cannot support their children. Guardianship of a child old enough to remember his parents or cherish his own identity may serve the needs of the child and do so more comfortable for both (Taylor, 1966, p. 744-745).

In other words, Taylor argued for the preservation of existing familial relationships (a guardian does not become the parent) while providing the guardian with the financial means to care for the child in a family setting outside the formal state system, with minimal state oversight. However, it was another thirty years before Taylor's idea of subsidized guardianship became a new permanency option. It is interesting to note that at the time of Taylor's work, adoption was not subsidized by the state. Taylor's assumption was that the duty of adoption included a duty to financially support the adopted child. It wasn't until the 1980 Adoption Assistance and Child Welfare Act (AACWA) that families who adopted children with special needs qualified for federal Title IV-E adoption assistance.

Despite recognition of guardianship as a permanency option in the 1980 AACWA and the 1997 Adoption and Safe Families Act (ASFA), subsidies were not provided for guardianship as they were for adoption of children with special needs. At the time, federal financing was available for children in foster care and children adopted from foster care, rendering guardianship an inaccessible option for many children in foster care (Testa & Miller, in press). In 1998, approximately one-third of the children in state custody were living with relatives (USDHHS, 2000). Research with relatives (Geen, 2004; Testa, Shook, Cohen, Woods, 1996) found that many were reluctant to adopt the children in their care because they wanted to preserve the existing biological relationship with the child. Others were overlooked by

caseworkers who assumed that they did not want to adopt and therefore never asked about adoption. In addition, others stated that they could not afford to care for the children in their care without assistance from the state. Consequently, many children in state custody and living with relatives remained in custody until they reached the age of majority.

In the mid-1990s the child welfare population was at a record high. In 1997, ASFA established Waiver authority which allowed several states to test the effectiveness of federally supported subsidized guardianship as an alternative permanency option (Testa & Cohen, 2010). Building on the principles established by Taylor 30 years prior, a “permanent placement with minimum agency oversight,” subsidized guardianship was developed as an alternative form of legal permanence and tested through rigorous evaluation under the federal demonstration grants. Encouraged by the positive results of these demonstrations, legislators, advocates and Congressional staff rallied behind the passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (FCA; P.L. 110-351), which granted any state the right to receive federal reimbursement for guardianship for children placed with kin. FCA also made explicit the preference for adoption over guardianship by requiring that states determine that reunification and adoption are inappropriate for the child before guardianship can be pursued.

iv. Differences between adoption and guardianship in child welfare. While states or jurisdictions define subsidized adoption and guardianship differently, one of the key distinctions between adoption and guardianship is the legal status between the child and the child’s guardians or adoptive parents. Children who transition from state custody to adoption must first have their birth parents’ rights terminated and do not have a legally enforceable right to association

with their biological siblings or other relatives after adoption (Testa & Miller, in press). When a child transitions from state custody through guardianship, however, parental rights may remain intact, providing greater opportunity for biological relationships to be preserved. While children adopted privately in the United States (outside the child welfare system) may have legally enforceable agreements for contact with the child's biological family, children adopted through the child welfare system do not have a legally enforceable right to association with their birth parents, biological siblings or other relatives. As long as parental rights remain intact, children who transition through guardianship, however, maintain their legal ties to biological parents, siblings and other relatives (Testa & Miller, in press).

Another distinction between guardianship and adoption is the federal government's preference for adoption over guardianship; a preference that is now explicit in the federal statutes and regulation and is embedded in child welfare practice. However this preference does not have universal acceptance. As Patten stated, prior to the passage of the FCA, "to the continuing detriment of children and parents embroiled in the child welfare system, the prevailing opinion among judicial officers, state agencies and child advocates is that permanent legal guardianship is 'second best' to adoption in cases where reunification cannot be achieved" (Patten, 2004, p. 237). As argued by Taylor in 1966 and subsequently by some researchers and practitioners, guardianship may be more desirable than adoption for some families (Cohen, 2004; Testa, 2002). Guardianship is less disruptive of existing familial ties that may be just as strong as (or stronger than) the legal bonds of adoption; the preservation of these ties may help lessen the trauma of separation and identity conflicts (Cohen, 2004).

Private guardianship, unlike adoption, does not recast kinship relations into the mold of parent or child. Guardians retain their identities as grandparents, aunts, and uncles. Also, it does not require that termination of parental rights, which legally estranges children not only from their birth parents but also from their unadopted siblings. Birth parents may still hold on to certain residual rights and obligations, such as the right to visit and consent to adoption as well as the obligation for child support (Testa, 2002, p. 146).

Given these differences, adoption and guardianship are viewed as nonequivalent permanency options; guardianship is considered by some to be less permanent than adoption, and concern was raised that that it would undermine adoption (Testa, 2002). Legal experts define permanence in terms of a legally-binding relationship, “an enduring relationship that is legally enforceable” (Testa, 2005, p. 500). Guardianship is more easily vacated and vulnerable to legal challenges by the birth parents than natural guardianship by birth or adoption (Cohen, 2004; Patten, 2004). Many child welfare advocates and legal scholars advance the idea that the legal bond that links the child and the adoptive parents is a more binding form of permanence than subsidized guardianship (Testa, 2005; Testa & Miller, in press). The other side of the debate suggests that guardianship is less disruptive of existing familial ties, and some advocates believe that these ties are just as strong as (or stronger than) the legal bonds of adoption.

2. Stability following adoption or guardianship. Little research has been conducted that examines the stability and well-being of the children and families once legal permanence has been attained through adoption or guardianship after state custody. The research that does exist has found that most adoptive parents report that their adopted children are doing well, and the

families report satisfaction with the adoption (Festinger, 2002; Fuller et al., 2006; McDonald, Propp & Murphy, 2001; Testa, Rolock, Liao & Cohen, 2010). Best estimates suggest that between 1 and 10 percent of adoptive placements end in dissolution (Child Welfare Information Gateway, 2012). Despite dissolution being a relatively rare event, many families struggle to meet the needs of the children in their care. Adopted children are at a higher risk for emotional and behavioral challenges, and utilize clinical services at higher rates than children in the general population (Howard, Smith & Ryan, 2004; Simmel, Brooks, Barth & Preveland, 2001). While children who have attained permanence are no longer in state custody, many child welfare advocates, researchers, parents and partners believe that “the federal government has a continuing responsibility to support families who come forward to adopt children from our public child welfare system. For the most part, these are children with special needs who require services prior to and after their adoption” (Casey Family Services, 2002, p. 2).

There is some evidence that formal supportive services provided to families after adoption or guardianship contribute to the long-term success of those placements (Barth & Berry, 1988; Festinger, 2002; Houston & Kramer, 2008; Zosky, Howard, Smith, Howard & Shelvin, 2005). There is also some evidence that the biological relationship between the caregiver and child, and placement with siblings may impact stability post state custody (Barth, Berry, Yoshikami & Carson, 1988; Koh & Testa, 2011; Rosenthal, Schmidt & Commer, 1988). While the impact of maintenance of contact with the birth parents on the likelihood of finalizing adoption has been researched (Barth, et al., 1988; Berry & Barth, 1990; Coakley & Berrick, 2008; Rosenthal, Schmidt & Conner, 1988; Smith & Howard, 1991), the impact of contact with biological family on post adoption or guardianship stability has not been examined.

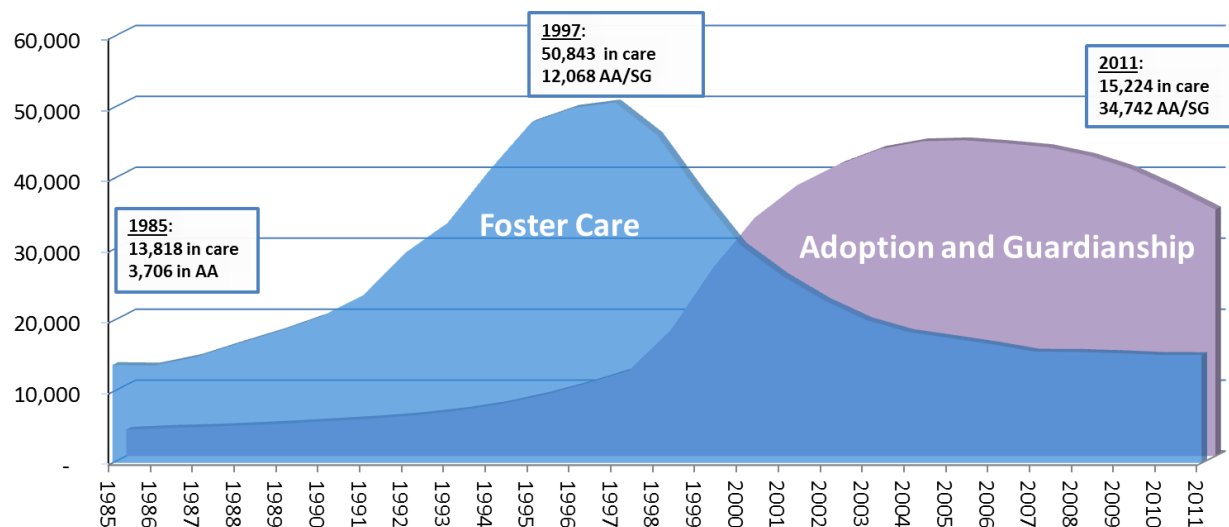
3. Study setting: Background on Illinois. The proposed study analyzes data from Illinois. A brief overview of child welfare caseload dynamics, practice and policy will provide a backdrop for this proposed study. The number of children in subsidized adoptive or guardianship homes in Illinois increased from approximately 4,000 children in 1987 to approximately 38,000 children in 2010. In Illinois this increase is tied to changes in state practices and policies aimed at addressing what was seen as the backlog of children in substitute care with little to no hope of being discharged to a permanent home, many of whom were living with relatives. A quick overview of some of these changes will set the stage for this study.

Similar to the national child welfare scene, in 1996 in Illinois there was a record high number of children in state custody. As shown in Figure 1, the state witnessed a 240% increase in numbers of children in foster care between 1987 and 1997—from 15,000 to 51,000 children. In response to this large increase in the foster care population, and prior to the national ASFA legislation, Illinois implemented changes in practice and policy that were aimed at reducing the foster care caseload by decreasing the number of children who entered state custody and increasing the number of children who left state custody. These included the Home of Relative Reform (HMR Reform), Performance Contracting, and the Subsidized Guardianship Waiver Demonstration (Testa, 2006; 2010).

HMR Reform redefined what constituted child neglect in Illinois, and changed licensing requirements for children living with kin. Children living with relatives at the time of a report to the child welfare system were no longer taken into state custody if the children appeared to be safe and the relatives were willing to continue to care for them. The next major policy change,

Performance Contracting, realigned financial incentives so that permanent placement was prioritized over long term foster care. Essentially, this meant that the private child welfare agencies providing care (and receiving state reimbursement for that care) were provided financial incentives when children transitioned from state custody to a permanent home and disincentives when they failed to meet their state defined permanency targets. Finally, the Subsidized Guardianship program provided an additional permanency option to families similar to adoption (described above) where families could choose to maintain parental rights, but guardianship for the child was transferred from the child welfare system to a caregiver (usually a relative). As seen in Figure 1, these initiatives resulted in an increased number of children transitioning from state custody to adoptive or guardianship arrangements in subsequent years.

Figure 1. Children in Foster Care and in Adoptive or Guardianship Placements (1987 through 2011)



Data Source: DCFS Administrative data as of 6/30/2011

In 2000, Illinois reached a milestone with more former foster children living outside the foster care system and receiving adoption or guardianship subsidies than there were children in foster care. Again referring to Figure 1, the number of children in subsidized adoptive or guardianship homes steadily increased from approximately 4,000 children in 1987 to approximately 35,000 children in 2011. In Illinois the adoption and guardianship subsidies are identical to the level of subsidy received by a licensed foster parent if the child remained in state

custody. Requirements for qualifying for an adoption subsidy in Illinois include one of the following: an irreversible or non-correctable physical, mental or emotional disability; the child is one year of age or older; the child is a member of a sibling group being adopted together; or the prospective adoptive parents have previously adopted, with adoption assistance, another child born of the same mother or father. In Illinois 86% of children adopted through the child welfare system were eligible for a subsidy (Fuller, et al., 2006).

Subsidized guardianship was introduced in Illinois as a waiver demonstration project in 1997, and was implemented as a randomized control trial; therefore one of the criteria for eligibility was assignment to the experimental group. In addition, the child had to meet specific program eligibility criteria, including age of the child, the amount of time the child had previously lived with the caregiver, their level of commitment to one another. Finally, reunification and adoption had to be ruled out as potential permanency options.

Illinois provides a relatively unique opportunity to examine stability after completed subsidized adoptions and guardianships. The child welfare department, Illinois Department of Children and Family Services (DCFS), has funded research in the area of post permanency services to better understand the extent to which subsidized adoptions and guardianship result in long-term stability. In most states child welfare agency personnel are not able to track children once they have left state custody. However, in Illinois, the child welfare system has an unofficial linking process that utilizes Medicaid data to link pre and post adoption identities. These data indicate that 10 years post discharge, 90% of children who transitioned from state custody through adoption, and 85% of children who transitioned from state custody through

subsidized guardianships have not re-entered state custody (Rolock, 2009). What remains unknown are the factors that differentiate subsidized adoptions and guardianships that are stable from those that are not stable.

Chapter 2. Conceptual Frameworks

Two sets of literature are used to inform the analysis of stability for children who have transitioned from state custody through adoption or guardianship: bonding social capital for children and social support for caregivers. While there is a large body of literature on both social capital and social support, I employed a component of each to guide this study. The concept of social capital is used to understand the potential value of social connections in achieving specific outcomes. One of the distinctions made in this vast literature is between bonding and bridging social capital; networks and connections that assist people in “getting along” (bonding) and in “getting ahead” (bridging) (Briggs, 1998). In this study, I have used bonding social capital to understand how a child’s relationships to birth parents, biological siblings, and community of origin, impact long-term stability, with the assumption that close bonds will nourish long-term relationships.

Social support can take many forms: financial, instrumental or emotional support. Existing literature demonstrates that supports of various types can come from a variety of sources; for instance support may come from family members, close friends, neighbors, or work colleagues. Moreover, support can be offered for a variety of tasks in different domains, thus social support is a multidimensional concept. For this study, I am interested in the social supports that caregivers have to assist them in their role as parents. Research on social supports suggests that caregivers who perceive that they have strong social support are better equipped to provide stable foster care and adoptive placements (Goodman, Potts & Pasztor, 2007; Kramer & Houston, 1998; Smith, 2010). I will use social support to understand how a caregiver’s

perceived level of social support impacts the long-term stability for these children and their families.

In this section, I will provide a summary of the literature I am drawing upon, focusing primarily on the narrow domain of interest to my research questions, rather than the full theoretical frameworks that underlie the social capital and social support literatures. I will discuss how notions of bonding social capital and social support have been used in child welfare and form the foundation for understanding stability for children who have transitioned from state custody to adoption or guardianship. I will conclude with a summary of the purpose of this study and the research hypotheses.

A. Social Capital Theory

Social capital theory is rooted in the notion that understanding social relationships and structures can help us understand how individuals, communities or collectives act, their motivations for acting, and what is gained by the various players when an action occurs. Social capital is presumed to be important both for status attainment and expressive outcomes. As discussed in the economic and sociological literatures, it has brought attention to the potential value that social connections have for economic life. Social connections should be considered alongside the traditional sources of capital that concern economists, namely human and physical capital, as critical influences on status attainment. Social capital “calls attention to how such nonmonetary forms [of capital] can be important sources of power and influence, like the size of one’s stock holdings or bank account” (Portes, 1998, p. 2). Popularized in the 1980s and 1990s in the United States, social capital is used in many disciplines to describe or evaluate the function

of interactions. As such, social capital does not have a universal definition rather its definition is contextual, depending on the discipline and situation that are defining it. Although social capital considers the resources that are transmitted across relationships, it is frequently measured at an individual level. For example, researchers may judge social capital to be strong based on an individual's responses to questions regarding their close personal connections to others.

Social capital theorists refer to bonding social capital as the ties that develop in relationships through common experiences or concerns with people who share daily activities, similar tasks, or outlooks on life. These ties are formed by creating strong bonds and group loyalty, such as familial or community ties, or participation in a fraternal society or a neighborhood club. These are referred to as 'horizontal' ties, and are the strong ties between people that are presumed to help buffer stress. These connections are with others who are similar, and impact expressive outcomes (i.e., emotional security, group solidarity, a sense of belonging) (Poortinga, 2006; Testa, 2008). These ties result in strong bonds which help people get through difficult times and result in improved mental health or well-being outcomes.

In this study I am interested in the bonding social capital of the children who have transitioned from state custody through adoption or guardianship. Early child welfare research found that a child's psychological development was enhanced by strong, significant relationships, and that successful adjustment was predicated on child and familial bonds and perceptions of a stable, permanent home (Lahti et al., 1978). I argue that strong ties between siblings, parents and communities help children and youth buffer the stress of involvement with the child welfare system and in adapting to new familial roles after state custody. Bonding

social capital is operationally defined in this study at the individual level, as the ties that exist for children with their biological siblings and parents, and to the communities from which they have come.

B. Bonding Social Capital and Child Welfare

Bonding social capital has been used in child welfare to describe the social connections that enhance one's life: connections to foster parents, siblings, relatives, friends, schools and neighborhoods (Testa, Bruhn, Helton, 2010; Testa & Poertner, 2010). "Removal of a youth from his or her home of origin may create substantial risk of disruption in the youth's network of supports in family, school and neighborhood, which are considered *bonding social capital*" [emphasis in original] (Testa, Bruhn, Helton, 2010, p. 195). Access to these social connections is not a guarantee for children in foster care. Children enter state custody and sometimes leave siblings at home; others enter with siblings, some are placed with their siblings in foster homes, while others are placed apart from their siblings. Child welfare principles of continuity of family life, stability while in state custody, and timely permanence were embedded in federal policy and practice guidelines. According to Hess (1982), planning for children and families who come to the attention of the child welfare system should strive to preserve the child's significant primary relationships:

Children develop attachments to siblings, relatives, teachers, and other important persons throughout childhood with whom frequent, continuous, need-gratifying interactions occur. It is this capacity for numerous attachments that allows children to form attachments to the foster family, while maintaining strong attachments to their birth parents as well. The child's attachment to the foster family need not preclude the child's primary attachment and identification from remaining with the birth parents (Hess, 1982, p. 48).

For children who have experienced the difficulty of the transition to state custody through foster care, and the subsequent transition from custody through adoption or guardianship, these strong bonds may have been broken. However, for children who enter custody with siblings, and are placed with siblings, the bonding social capital they have with siblings may persist and help them through the transitions they endure while in custody and subsequent to state custody. An additional source of bonding social capital may come from the maintenance of contact with their biological family and the community connections. Children living in the same community as their biological family may have the opportunity to maintain contact with their biological family members and their familiar community institutions. Proximity to their biological family while in state custody may promote visitation and help to maintain familial bonds. The underlying assumption is that children who remain in the same community will be more familiar with service providers, spiritual leaders, and other sources of support. Community continuity will be used to test the idea that maintaining connections to a particular community will increase the likelihood of contact with existing community supports and therefore higher bonding social capital.

Federal child welfare policy encourages the conservation of bonding social capital through encouraging foster care placements that maintain familial and community ties (Child Welfare Information Gateway, 2006). This includes parent-child relationships and placement with kin caregivers and with siblings. Relationships with siblings impact child well-being: how children develop, learn to interact, and develop relationships with others. Sibling relationships can provide a source of emotional strength as well as financial support throughout a person's life (Begun, 1995; Cicirelli, 1991; Hegar, 1988) and may impact the overall stability for children

who have transitioned from state custody to adoptive or guardianship. However, for children who transition from state custody through adoption, bonding social capital is not always preserved. For example, legal rights to sibling visitation are not guaranteed. While some jurisdictions have written laws that establish these rights, many states have no such rights (Weinberg, 2011).

In addition to sibling ties, bonding social capital is expressed through the maintenance of community and familial ties. Some children who enter state custody continue to live in the same neighborhood and maintain school, community and familial ties quite easily, while others are placed in different communities, making it more difficult to maintain these ties. Bonding social capital can be experienced through community ties – school, sports, and religious affiliations – that may serve as protective factors if they are maintained while a child makes the transitions to and from state custody. Federal law states that foster children should be placed in close proximity to their original home residence to ensure school continuity and assist with parental visits, unless their best interests would be better served by a more distant setting (Child Welfare Information Gateway, 2013). The emphasis on maintaining close proximity to a child's home of origin was intended to facilitate regular visitation in hopes of increasing the odds that the child would be reunified. However, as attention in the field turned to maintaining emotional well-being of children in state custody, increased emphasis was placed on preserving the child's community ties – to schools, friends, neighborhoods, and social institutions (Maas & Engler, 1959; Rolock & Testa, 2008). Additionally, foster youth have mentioned the benefits of maintaining connections to family, school, friends and neighborhood institutions when

discussing what they consider to be essential ingredients to a stable foster care placement (Christiansen, Havik & Anderssen, 2010).

Testa, Bruhn and Helton (2010) examined bonding social capital using a nationally representative sample of children involved with the child welfare system (National Survey of Child and Adolescent Well-Being [NSCAW]). Over four waves of data collection, they examined associations between aspects of bonding social capital, placement stability and repeat maltreatment. Bonding social capital was defined through a child's self-reported feelings of relatedness and closeness to their primary caregiver, and feelings of protection by their caregiver. Their research found that children in kinship care had more access to bonding social capital than children in non-kin care, and that children in kin placements were more likely to experience stability than children in non-kinship foster care.

Children who transition from foster care through adoptive or guardianship placements have had to make several major life changes that children who do not come into contact with the child welfare system may never consider. For children who are adopted, parental rights have been terminated for one set of parents and established for another set. These children have made the transition to new parents; sometimes these new parents are biologically related and other times they are not. While parental rights have been maintained for children in guardianship placements, these children have also gone through some transitions where family life has been re-organized. The principal of continuity and the maintenance of bonding relationships for all these children is an important domain to consider when addressing predictors of long-term stability.

For children who have transitioned from state custody to an adoptive or guardianship arrangement, conservation of sibling, familial and community ties may be more difficult for some children than others. For children who are removed from their home of origin and placed with strangers in foster care, they must re-establish familial ties. Siblings, parents, neighbors and relatives who may have served as supports to them may be suddenly replaced by new siblings, other foster children, new neighbors and teachers, relatives who may or may not look like them. For children placed with relatives in foster care, these changes may not be as dramatic. They may have spent time with their caregiver prior to the involvement of the formal foster care system. Examining these social connections for the children in this study will help to understand the impact of bonding social capital on stable placements.

In this dissertation, bonding social capital is defined as the maintenance of ties to the child's biological family, as measured by living with siblings at the time of adoption or guardianship, the maintenance of community ties for the child, as measured by the proximity to the neighborhood of the child's home of origin, and contact between the child and her or his siblings and birth parents.

C. Social Support Theory

This study examines associations between caregiver social support and post-custody stability for children who have transitioned from state custody through adoption or guardianship. Social support is a multidimensional concept that includes: social integration (participation in helping networks), perceived social support (what respondents believe would happen if they asked for help), and enacted social support (the actual receipt of support) (Dunkel-Shetter &

Bennett, 1990; Goodman, Potts & Pasztor, 2007). Social support can be provided by family members, friends, coworkers, and can take the form of financial, instrumental, informational and/or emotional assistance (Thoits, 1995).

In the study of social support, a distinction is made regarding the composition and cohesion of one's network of support. Social network analysis focuses on the pattern and structure of networks, and network cohesion is often discussed as a way of understanding what participants get out of specific contacts or networks. For instance, dense contact between family members or close friends may be different, and generate different outcomes, than dense contact with acquaintances. However, if one is evaluating support related to care giving, strong ties provide access to a caregiver's close-knit support systems, family and friends who may prove beneficial for emotional support. In contrast, weak ties may provide access to a more diffuse and heterogeneous support system outside her normal close-knit group that may provide access to services for the child in her care.

In a review of the literature, House, Umberson and Landis (1988) found that social supports have been shown to have a positive impact on health outcomes; conversely social isolation (the obverse of social integration) has negative impacts on health outcomes. Research has found that social supports have many advantages in terms of overall well-being, accumulated wealth, employment opportunities of the caregiver, and the socioemotional well-being of children; research has also confirmed the disadvantages associated with social isolation (Granovetter, 1983; Ryan, Kalil & Leininger, 2009; Shinn & Lee, 2011; Stack, 1974; Wilson, 1987). Caregivers who have social supports they can rely on for instrumental (tangible goods),

informational, emotional or financial support, may be better able to cope with and maintain a child in their home despite the additional strain on the family of addressing these needs. Social support research suggests that people who have, or perceive that they have, positive relationships with others have better health and mental health outcomes (Ryan, Kalil & Leininger, 2009; Shinn & Lee, 2011; Thoits, 2011). In addition, caregiver social support has been associated with stability for children in foster and adoptive placements (Goodman, Potts & Pasztor, 2007; Kramer & Houston, 1998; Smith, 2010) and in overall caregiver well-being (Orme, Cherry & Rhodes, 2006). For caregivers who have adopted children, research has found that social supports help shape the adjustment process, and result in higher levels of family functioning and fewer child behavior issues (Smith, 2010). Social support has costs as well as benefits. Research on social support has found, for instance, that caregiver stress increases with the giving and receipt of extended and extensive support (Thoits, 1995, p 66). In addition, the burden associated with reciprocity can make one hesitant to ask for assistance, and people tend to ask for assistance only when they feel that they can reciprocate, and are hesitant to ask for help if they believe they will not have a chance to reciprocate (Nelson, 2000; Stack, 1974).

The presence of social supports has been found to mediate the day to day burden of caregivers by providing assistance with child care, employment opportunities, emotional and financial supports. Social supports have been found to affect parenting practices (Andresen & Telleen, 1992; Pakenham & Bursnall, 2006) and can act as a moderator between caregiver stress and well-being. However, a potential mismatch between the source of stress and the types of support can reduce or eliminate the impact of the caregiver's supports (Landry-Meyer, Gerard & Guzell, 2005).

Landry-Meyer, Gerard & Guzell (2005) examined the role of perceived formal and informal social supports for 113 grandparents raising grandchildren. They defined informal support as support from family, friends, a confident or partner; and defined perceived support as the perception of the availability and adequacy of one's network. They found that while informal and formal social supports had reduced the level of caregiver stress, it did not buffer the association between stress and life satisfaction, and reported a potential mismatch between the source of stress and the type of support.

A meta-analysis of research on the relationships between social support and well-being found evidence that parental social support, in particular, impacts child outcomes such as peer acceptance, self-esteem, and emotional development, and that the lack of social support has been associated with poorer quality parent-child relationships (Wang, 1998 as cited in Orme, Cherry & Rhodes, 2006). Social supports have been found to impact the maternal attitudes toward a child, the emotional support available to parents, as well as the overall stress experienced by the mother as a result of parenting (Andresen & Telleen, 1992). Caregivers who feel supported experience less stress, display better parenting skills, and report better physical and mental health for themselves and their children (Shinn & Lee, 2011). Taken together these findings suggest that the impact of social support on caregivers in their role as parents is an important consideration when examining the long-term stability for children and their families after state custody.

D. Social Support and Child Welfare

Foster parents and caregivers who have become legal guardians or adoptive parents of children formerly involved with the child welfare system are likely to face challenges. Ensuring that these caregivers have the support they need to maintain the child in their home is essential. In adoption-related research, the need for tangible (formal) and informal social supports are often evaluated to understand what types of services families need or utilize when they are preparing to adopt children, or have adopted children (Goodman, Potts & Pasztor, 2007; Reilly & Platz, 2004; Smith, 2010). A recent review of the literature on adoption supports found that many families with adopted children, through private or public adoption, seek formal services for their adopted children for physical as well as psycho-social or behavioral challenges (Smith, 2010). Smith (2010) reports that most children adopted from foster care enter adopted families with elevated risks for physical, psychological, emotional, and/or behavioral challenges and, as such, these families often seek formal services to address these issues. However protective factors that help these families adjust and cope throughout the adoption process include “support from extended family and others...[that] can buffer the impact of adverse beginnings, help prevent and resolve problems, and promote resilience” (Smith, 2010, p. 5). A study that asked adoptive parents about their service needs found that parents needed support groups, respite care services, advocacy, emergency services, many services that can be addressed through informal or formal channels (McDonald, Propp & Murphy, 2001). Another study found that unmet needs among this population included counseling, child care, financial support and informal support (Kramer & Houston, 1998). Additional research with adoptive families found that their needs increased with time post-adoption (Smith, Howard & Monroe, 2000).

While many of these studies have involved small samples that do not necessarily generalize to the general population of families post-adoption, one consequence of these findings on the particular needs of families post-adoption is that specialized post-adoption services have been developed which include such services as respite care, mentoring, support groups, crisis intervention as well as more clinical services (such as specialized therapeutic counseling) (Smith, 2010). Yet, the provision of these services and their effectiveness in increasing stability for these families has not been rigorously tested.

Research also shows that foster parenting can be stressful, and consequently foster parents have low retention rates, but that foster parents with more social support may be better equipped to handle the challenges of fostering (Orme, Cherry & Rhodes, 2006). Positive social interactions have been associated with a variety of favorable outcomes including improved coping behaviors, increased quality of life and well-being, reduced role burden and physical and psychological problems; however negative social interactions (i.e., interactions that result in feelings of resentment, shame, sadness) have been associated with decreased psychological well-being (Orme, Cherry & Rhodes, 2006; Wang, Wu & Liu, 2003). In addition, there is evidence to suggest that parental social support, in particular, impacts child outcomes such as peer acceptance, self-esteem, and emotional development, and that lack of informal social support has been associated with poorer quality parent-child relationships (Orme, Cherry & Rhodes, 2006).

In research with caregivers who had adopted children with special needs, those parents engaged in informal support services (i.e., support groups for adoptive parents) reported higher satisfaction with parenting, while those who had unmet informal support needs reported a lower

quality relationship between the adoptive parent and child and reported a more negative impact on their family and marriage (Reilly & Platz, 2004). Research with grandparent caregivers shows that they may be socially isolated from their peers who are in a different life stage, and may have more difficulty in meeting the physical and psychological needs of their grandchildren (Goodman, Potts & Pasztor, 2007). “Informal supports can be especially important because the scope and availability of formal services (especially post-adoptive services) are often limited” (Reilly & Platz, p. 64, 2004). Social supports can mediate the day to day burden of caregivers by providing assistance with child care, employment opportunities, emotional and financial supports.

In this study, social support is defined as caregiver’s perceived level of social support; support caregivers receive that help them reduce the stress and burden of caregiving. This support can be provided by family, friends and/or acquaintances; each source of support will be explored. In addition, social supports specifically related to caring for children in the home will be explored.

E. Purpose of the Study and Research Hypotheses

The purpose of this research is to test a set of hypotheses related to instability for children who have transitioned from state custody through adoption or guardianship. Two main effect hypotheses test whether the type of legal permanence (adoption or guardianship) and the biological relationship between the child and her or his caregiver (kin or non-kin) are related to stability after adoption or guardianship. Next, I tested if there was an interaction effect between these two main effects (*adoption x kin*). The remainder of the hypotheses test if these

relationships, between type of legal permanence and instability and kin or non-kin and instability, are moderated or mediated by the bonding social capital of the child or the level of perceived social support of the caregiver. These hypotheses were tested with population data ($n = 4,155$) and with a sample ($n = 438$) of teen-aged youth living in Chicago in 2008. In summary, my hypotheses were:

Given the preference for adoption over guardianship in child welfare policy, and the assumption that the adoption is more lasting than guardianship, the first main effect hypothesis is:

H₁: Children who transition from state custody through adoption experience less instability than children who transition through guardianship.

Given the preponderance of research establishing that children placed with kin are more likely to be in stable long-term placements than children placed with non-kin while in state custody, my second main effect hypothesis is:

H₂: Children who transition from state custody with kin caregivers experience less instability than children who transition with non-kin caregivers.

Provided that adoption and kinship each directly influence the outcome of interest, long-term stability, my first moderation hypothesis test if there is an interaction between these two main effects:

H₃: The relationship between type of legal permanence and stability is moderated by the child-caregiver relationship (kin vs. non-kin).

I hypothesize that instability will be different for children who transition through adoption with kin compared to children who transition through adoption with non-kin. I also hypothesize that the differential in instability rates will be less for children who transition through guardianship. Regardless of the biological relationship, children who transition through guardianship will have higher rates of instability.

b. Bonding social capital hypotheses. In this dissertation, bonding social capital is defined as the maintenance of ties to the child's biological family, as measured by living with siblings at the time of adoption or guardianship, the maintenance of community ties for the child (community continuity), and contact between the child and her or his biological siblings and birth parents. In population data only the first two bonding social capital items are available to examine – living with siblings and proximity to neighborhood. However, using the survey data I will test the influence of bonding social capital with all the items. The bonding social capital research hypotheses are:

H₄: The relationship between type of legal permanence and stability is moderated by the bonding social capital of the child.

H₅: The relationship between the child-caregiver biological relationship (kin vs. non-kin) and stability is moderated by the bonding social capital of the child.

In the discussion below I make the distinction between high and low levels of bonding social capital. What I mean by high bonding social capital is the presence of any of these measures: living with at least some siblings; the presence of community continuity; or contact with birth parents or biological siblings after state custody. Each of these measure a specific

aspect of a child's bonding social capital and are therefore used as individual variables rather than combined into a single score or scale.

i. Bonding social capital and the relationship between type of legal permanence and stability. In this study, bonding social capital is hypothesized to moderate the relationship between type of legal permanence (adoption or guardianship) and stability. I hypothesize that the relationship between type of legal permanence and stability will be different for children who have been adopted compared to children who have transitioned through guardianship.

Bonding social capital and adoption. I predict that for children who have transitioned through adoption, bonding social capital will have less of an impact than for children who have transitioned through guardianship. In other words, there will be little difference in the stability outcomes of children with high bonding capital who transition through adoption compared to children who transition through adoption under conditions of low bonding social capital, as it is operationalized in this study. Children who have been adopted and have high levels of bonding social capital will have continued contact with their biological family (parents and siblings) and live close to their communities of origin, and therefore will be provided with the opportunity to maintain contact with people and institutions that are important to them. These bonding social capital ties may increase the likelihood of stability slightly for these children, above and beyond the increased stability associated with adoption. High bonding social capital coupled with the strong legal bonds associated with adoption suggest that children in this group will have the highest stability rates.

Children who have been adopted and have low levels of bonding social capital, as operationalized in this study, will not be in contact with their birth parents or siblings, and will not live close to their home of origin. However, I hypothesize that for these youth the stronger legal bonds of adoption will facilitate strong relationships with their adoptive families and that these bonds provide what they need to maintain stability, even without the bonding social capital associated with community continuity and parental or sibling bonds.

Bonding social capital and guardianship. I hypothesize that high bonding social capital will have a greater positive impact on the likelihood of stability for children who transitioned from state custody through guardianship compared to adoption. In other words, the differential in long-term stability between children with high and low bonding social capital will be greater for guardianship than for adoption. I hypothesize that children in guardianship relationships with high bonding social capital will not have the stability associated with adoption, but will benefit from the protective factors associated with high bonding social capital. The continuity with community and birth family will increase the likelihood of long-term stability.

I hypothesize that children who transition through guardianship with low bonding social capital (little to no contact with their birth parents or siblings, and living in new communities) will have the lowest likelihood of stability. For these youth, their parental rights may remain intact, yet they do not have contact with their birth parents or siblings, and therefore do not have the benefit of that additional source of support. Furthermore, they do not have the stability benefits associated with adoption.

ii. Bonding social capital and the relationship between kinship and stability. In this study, I hypothesize that bonding social capital will moderate the relationship between relationships status (Kin/Non-Kin) and stability. I hypothesize that the relationship between kinship status and stability will be different for children with high and low levels of bonding social capital.

Bonding social capital and kin. I hypothesize that children living with kin, and in close contact with their birth parents and siblings, will have high rates of stability. The stability expected from placement with kin, coupled with the maintenance of ties with family and community will result in a high likelihood of stability for these children. Children living with kin caregivers who have low bonding social capital, are not in contact with their birth family or community, will have lower likelihood of stability than children with high bonding social capital. I hypothesize that for these children, living with one relative, yet not in contact with their birth parents or siblings, may be a difficult situation, particularly as the youth goes through adolescence. I therefore hypothesize that these children will have lower rates of stability than children placed with kin who have high bonding social capital.

Bonding social capital and non-kin. I predict that for children living with non-kin caregivers, bonding social capital will have less of an impact than for children living with kin caregivers. My assumption is that in the majority of cases the caregivers control access between the biological family members. As such, if caregivers allow contact between the biological family members and the child, I hypothesize that these relationships are beneficial to the child, and not disruptive to family life. It is therefore predicted that connections to siblings,

parents and community will increase the likelihood that stability will be maintained for these children. A limitation of this hypothesis, however, is that I don't have information on the quality or nature of the relationships or the contacts. It could be that the contact is a result of outreach by a defiant teen, and the caregiver is not supportive of the contact. In contrast, it could be that the caregiver values the maintenance of biological ties and actively pursues and supports these relationships. This is an area for future research.

For children in non kin placements who do not have contact with their birth family (with low bonding social capital) I hypothesize that the lack of biological ties (with siblings, or parents and to their home community) may spur children to develop new relationships with non-kin, particularly if they have been with the same non-kin family for a long time, therefore the impact of low bonding social capital may not be as strong as for those with high bonding social capital.

c. Caregiver social supports hypotheses. Finally, the caregiver social support hypotheses apply only to the survey data. The research hypotheses are:

H₆: The relationship between type of legal permanence and stability is mediated by the caregivers' perceived level of social support.

H₇: The relationship between the child-caregiver biological relationship (kin vs. non-kin) and stability is mediated by the caregivers' perceived level of social support.

For this study my primary interest is in the caregiver's perceived level of social support, from family, friends and acquaintances that may assist in relieving the stress and burden of caregiving. I am also interested in the perceived supports to assist with caring for the child in the caregiver's home.

Social support helps to reduce caregiving burden. A review of the literature on supports among adoptive families found that supports from extended family serve as protective factors that assist with the challenges these families are facing (Smith, 2010). In another study, satisfaction with support services was related to a post-adoption desire to adopt again; furthermore satisfaction did not decrease over time (Houston & Kramer, 2008). Protective factors that help families adjust and cope throughout the adoption process include support from extended family and others that “buffer the impact of adverse beginnings, help prevent and resolve problems, and promote resilience” (Smith, 2010, p. 5); similar findings are reported in other studies (Festinger, 2002; Houston & Kramer, 2008; Reilly & Platz, 2004). In addition, Reilly and Platz found that informal supports are especially important because formal post-adoptive services are often limited.

In this study I hypothesize that the relationship between stability and type of legal permanence will be mediated by the caregiver’s perceived level of social support. I hypothesize that there will be a positive association between the caregiver’s perceived level of social support (mediation variables) and stability. I also hypothesize that the relationship between adoption and stability will be diminished (partial mediation) when social support is taken into account. In other words, the relationship between type of legal permanence and stability operates through the level of available social support. Specifically, I think that families who have adopted might have more supports available to them than families who have assumed guardianship. There is a wider base of knowledge regarding what adoption is, and there are agencies that specialize in providing adoptive services. These formal systems may lead to the development of informal support systems that do not exist for guardian caregivers.

Guardianship does not have the same institutional support and may, therefore, not have the same informal support systems as well.

Furthermore, I hypothesize that the caregiver's level of social support will partially mediate the effect of relationship status (kin or non-kin) on stability. I hypothesize that the relationship between kin and stability will be diminished (partial mediation) when social support is taken into account. Thus, the relationship between the child-caregiver relationship status and stability operates at least partially through the level of social support available to the caregiver. The same formal support systems for child care and respite care that are available to non-kin caregivers may not be available to kin caregivers, despite the fact that the children they are caring for have just as many needs, so their need for informal support systems may be greater (Gordon, McKinley, Satterfield & Curtis, 2003; Lorkovich, Piccola, Groza, Brindo, & Marks, 2004). Results from focus groups conducted by Gordon and colleagues (2003) found that kin caregivers may be in greater need of social supports than non-kin caregivers. This may be complicated if there are strained relationships between family members as a result of the child's involvement with the child welfare system, making it more difficult to access informal support systems. Additionally, research with grandparents who are caregivers for their grandchildren found that grandparents may have difficulty finding peers who are willing to assist them in their role as caregiver, and may be more socially isolated than their peers, have less access to formal support services, and therefore in greater need of social supports (Goodman, Potts, Pasztor, 2007; Landry-Meyer, 1999; Landry-Meyer, Gerard & Guzella, 2005). Finally, child welfare staff involved in policy making and service delivery may struggle with the role that kin

(particularly grandparents) played in the maltreatment by the birthparents (Lorkovich et al., 2004).

Chapter 3. Literature Review

A review of the empirical literature was conducted to determine what is known about stability for children who have transitioned from state custody through adoption and guardianship. Few empirical studies were found that specifically addressed this transition. This necessitated expanding the search to also include studies of stability for children in state custody with the child welfare system, and stability of adoption of children not in the custody of the child welfare system. To be included in the review, empirical studies had to provide information on stability for children in state custody with the child welfare system, children in adoptive placements who remain in state custody, children who have transitioned from state custody through adoption and guardianship, or children adopted but never involved in the child welfare system, and be published in English.

A search was conducted using social science research databases (e.g., Academic Search Premier, Social Sciences Abstracts, ERIC, JSTOR, Science Direct, Social Services Abstracts, Social Work Abstracts, Sociological Abstracts, PsychINFO). In addition, journals relevant to child welfare were hand searched to uncover relevant studies not found through electronic database searches. These include: 1) Child Welfare; 2) Children and Youth Services Review; 3) Social Service Review; 4) Social Work; 5) Research on Social Work Practice; 6) Social Work Research; and 7) Child & Adolescent Social Work Journal.

Furthermore, I searched and collected relevant studies in the grey literature: 1) research reports; 2) government reports and policy documents; 3) book chapters; 4) dissertations (e.g., ProQuest Dissertations and Theses); 5) personal networks; and 6) organization web sites (e.g.,

the Children's Bureau Information Gateway, the Child Welfare League of America, and the Evan B. Donaldson Adoption Institute).

Search terms included foster care, adoption, guardianship, disruption, dissolution, stability, instability, permanence, and post-permanence. Terms were systematically varied to complete an exhaustive electronic literature search covering the period January 1980 to April 2013. Manual searches included following-up on references, footnotes and cross-references cited in relevant articles. Qualitative, mixed methods and quantitative studies were included as long as empirical findings were reported.

A. Overview

As long as government has been involved in the care and placement of children, there has been concern about the stability of living arrangements for children who are placed away from home. At the 1909 White House Conference on the Care of Dependent Children, child welfare practitioners and policy makers advanced the principle of maintaining the stability of children's home life. Fifty years later, the seminal work by Maas and Engler (1959) found that symptomatic behavior in children was predicted, not by the length of time children spent in out of home care, but by the number of moves they experienced while in care. Currently, the federal government, through its monitoring efforts, seeks to hold states accountable for reducing placement instability among children in state custody.

Researchers, policy makers and child welfare practitioners monitor placement stability, evaluate efforts to increase stability for children in substitute care, and examine the impact of instability for children involved with the child welfare system. Research has identified several

negative effects of placement instability for children in state custody, including emotional and/or behavioral problems, juvenile delinquency, and poorer adult outcomes (Festinger, 1983; Newton, Litrownik, & Landsverk, 2000; Rubin, O'Reilly, Luan, & Ocalio, 2007; Ryan & Testa, 2005; Testa, Cohen, Smith & Westat, 2003; Wulczyn, Kogan, & Harden, 2003). While there is research that illuminates correlates of stability for children while in substitute care, there is little research on correlates of stability for children after they have attained legal permanence. This literature review is divided into three sections: (1) a review of the research on correlates of stability for children in substitute care; (2) a review of the research on stability for children in state custody who are in placements that are *expected* to result in adoption; and (3) a review of the research on children who have transitioned from substitute care through subsidized adoption or guardianship.

B. Stability in Foster Care

The research on stability in foster care is often grouped in terms of caregiver factors, placement factors, and child factors (e.g., a meta-analysis by Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; a study on reasons for placement moves by James, 2004). Caregiver factors include caregiver demographics (e.g., age or education) and the availability and nature of formal and informal support systems; placement factors include characteristics of the relationship between the child and caregiver and the makeup of others living in the home (e.g., if there is a biological relationship between the child and caregiver; the relationship of other children in the home to the caregiver and to the child); child characteristics include basic child demographics (e.g., age and length of time in substitute care), prior placement history, and

behavioral or emotional issues. In this section, I will review the literature on caregiver, placement, and child factors and how each relates to stability for children in foster care.

1. Stability in foster care: Caregiver factors. The extant literature suggests that two caregiver aspects contribute to our understanding of stability in foster care: individual caregiver characteristics, and caregiver social supports, particularly those associated with reducing the burden of parenting. Each of these topics will be addressed in this section.

a. Individual caregiver factors. In a meta-analysis that explored risk and protective factors associated with placement stability Oosterman and colleagues (2007) found that individual caregiver characteristics, like motivation or attitude toward fostering, were predictive of placement stability; foster children with highly motivated, nurturing and involved foster parents were more likely to experience stability. In addition children placed with foster parents who began fostering because they were interested in caring for a specific child were more likely to experience placement stability. The foster parent's age was also explored and the results were mixed. Some studies found that caregiver age was not significant, while one study found that foster mothers between the ages of 25 and 34 years old had higher stability rates than foster mothers who were older or younger (George, 1970 as cited in Oosterman et al, 2007). A multivariate study involving 472 children examined the perspectives of children, social workers and caregivers on reasons for placement disruptions (Sinclair & Wilson, 2003). This study found that placements were more stable when the caregiver was warm and loving. They also found that the chemistry, or match, between the child and caregiver mattered. When the caregiver and child had a positive relationship, or a good match, difficulties were able to be

addressed or tolerated and ultimately the placement was stable. Other research points to effective communication and limit setting skills, satisfaction with parenting, foster parent temperament, and the need to ensure that foster parents are provided adequate informal and formal support to maintain children in their homes (Crum, 2010; Doelling, & Johnson, 1990; Rolock, Koh, Cross & Eblen Manning, 2009).

b. Social support. Foster parents with informal social supports from friends and close acquaintances (Goodman, Potts & Pasztor, 2007) and cooperative marriages (Buehler, Cox & Cuddeback, 2003) are more likely to provide placement stability for children in state custody. While formal services that target families after they have adopted or become legal guardians of former foster children are limited (Smith, 2010), research has found that these services are important to the long-term success of adoptive placements (Reilly & Platz, 2004). Of particular concern regarding lack of access to services is access among relative caregivers. Several studies have found that compared to non-related foster parents, kinship caregivers have less contact with child welfare workers, and therefore less formal support (Berrick 1998; Chipman, Wells, & Johnson 2002; Ehrle & Geen, 2002). However, involvement with the child welfare system appears to increase access to formal supports and services for relatives raising children.

Goodman, Potts and Pasztor (2007) compared service utilization, informal support and caregiver burden of grandmothers parenting grandchildren who were involved with the child welfare system (public system caregivers) to those not involved with the child welfare system (informal caregivers). They found that public system caregivers utilized more formal services than grandmothers without child welfare involvement, suggesting that they had better access to

services; that the total level of informal social supports did not differ between the two groups. Both groups expressed the negative impact of caregiver burden and the beneficial effects of informal social supports on lowering levels of caregiver burden. Informal social support, defined in this study as enacted social support from family, friends, and religious organizations, however, were not as likely to meet the needs of the public system caregivers compare to their peers outside the public system, suggesting that informal supports were insufficient among the grandmothers involved with the public system.

2. Stability in foster care: Placement factors. The research on placement factors related to stability for children in foster care examines three aspects of placements concerned with the maintenance of relationships for children in state custody: (1) the biological relationship between the caregiver and the child; (2) the placement of siblings together or apart while in state custody; and (3) contact between the child and the birth parents while in state custody.

a. Maintenance of ties with kin. The relationship between the caregiver and the child has received much attention by researchers when evaluating placement stability. There is a preponderance of research establishing that children placed with kin caregivers are more likely to be in stable, long-term placements than children placed in non-kin homes (Beeman, Kim, & Bullerdick, 2000; Berrick, Barth, & Needell, 1994; Courtney & Prophet, 2011; Iglehart, 1994; Koh, 2010; Testa, 2002; Webster, Barth & Needell, 2000; Winokur, Crawford, Longobardi, & Valentine, 2008). The number and quality of studies on kinship care has increased significantly in the past decade (Gleeson, 2012), many of which evaluate the stability of kinship care in relationship to non-kin substitute care placements.

A rigorous systematic review of 62 experimental and quasi-experimental studies comparing outcomes for maltreated children living in kinship foster care compared to children living in non-kinship foster care provides additional information on stability for children placed with kin versus children not placed with kin (Winokur, Holtan & Valentine, 2009). This systematic review revealed that children placed with kin had better outcomes in terms of their mental health functioning, and placement stability than children in traditional foster care. Specifically related to the relationship between kinship care and placement stability for children in state custody, Winokur and colleagues reviewed four studies that each found that children in non-kin foster care were far more likely to experience placement instability (defined as three or more placements) while in custody than were children in kinship care. A more recent study analyzed data from the National Survey of Child and Adolescent Well-Being (NSCAW), a nationally representative sample of children who had come to the attention of child welfare systems. This study found that 18% of children living in traditional or formal foster family care were in stable placements, compared to 47% of children living with kin, over the four waves of data that they examined (Testa, Bruhn & Helton, 2010). An analysis of data from the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) in Illinois found that children initially placed in kinship foster care were more likely to be in stable foster care placements than children initially placed with non-kin (Koh & Testa, 2008). When the two samples were matched, using propensity score matching on child characteristics (age, race, type of maltreatment, disability), location, and the race of the caregiver, the likelihood of placement stability (using the federal definition of no more than two placements during the first year in state custody) was not statistically significantly different for the two groups. However, when

examined across several states in a separate study also using propensity score matching, Koh (2010) found that children placed with kin were more likely to experience placement stability than children in non-kin placements in all five states.

b. Maintenance of ties with siblings. For decades research related to stability for children in substitute care has documented the importance of exploring relationships among siblings. Relationships with siblings have been found to be a significant resource for children and youth in terms of support throughout the life cycle (Brown & Seita, 2009; Hegar & Rosenthal, 2011; Herrick & Piccus, 2005; Maas & Engler, 1959). In a review of literature on sibling placements, Shlonsky, Bellamy, Elkins, and Ashare (2005) assert that “Relationships between siblings often span a lifetime and, for children being removed from their parents, the continued presence of siblings may be vital for maintaining a sense of safety and emotional continuity in an unknown and potentially frightening situation” (p. 698).

While early research documented the significance of sibling bonds, more recent research has studied the impact of sibling placement status (together or apart) on various outcomes associated with children involved with the child welfare system. These outcomes include placement stability during state custody (see, for example, Barth, et al., 1988; Rosenthal, Schmidt & Conner, 1988; Wedge & Mantel, 1991; Wulczyn & Hislop, 2003), the achievement of permanence (Berry & Barth, 1990; Leathers, 2005; Webster, Shlonsky, Shaw & Brookhart, 2005), and adjustment to a placement (Barth, Guo, Green & McCrae, 2007; Hegar & Rosenthal, 2009; Tarren-Sweeney & Hazel, 2006).

In a study of 197 randomly selected adolescents in traditional (non-relative) foster care, results of a multivariate analysis found positive outcomes (placement stability and permanence) for children consistently placed in the same home with at least one of their siblings (Leathers, 2005). However, a study of 156 maltreated children in traditional foster care settings found that separation from siblings improved behavioral adjustment for children with elevated levels of behavior problems (Linares, Li, Shrout, Brody, & Pettit, 2007). And in a case file review of 122 children who move frequently while in state custody, Rolock, Koh, Cross and Eblen Manning (2009) concluded that it may be in the best interest for some children to be placed apart from their siblings, if one sibling's behaviors results in unnecessary instability for the other sibling(s).

The meta-analysis by Oosterman et al. (2007) concluded that, generally, placement with siblings in state custody is associated with more stability, yet there was considerable diversity in the way placement with siblings was operationally defined, which makes comparison across studies difficult. While many studies examine the relationship between stability and sibling placement, only a few studies have sought to define and distinguish sibling placements (Hegar & Rosenthal, 2011; Webster, Shlonsky, Shaw & Brookhart, 2005; Wedge & Mantel, 1991). Using a nationally representative sample (NSCAW) of 1,113 children aged 6 and older who had siblings placed in substitute care, Hegar and Rosenthal (2011) classified sibling placements into three categories: (1) split: children placed with none of their siblings; (2) splintered: children living with at least one sibling, but not all of their siblings; and (3) together: children living with all of their siblings. Using this categorization they explored the relationship between sibling placement and the youth's adjustment, as rated by the youth and significant adults in the youth's

life (teachers and foster parents); however, they expanded the traditional definition of sibling, using a broad definition which includes all siblings the youth identifies. In addition to biological siblings, this could include foster, fictive, or other siblings. Generally, Hegar and Rosenthal found that siblings placed with all, or at least some of their siblings (together or splintered) fared better than children placed apart from all of their siblings (split). In addition, for children living in kinship foster care, teachers reported fewer behavioral problems for children in the “together” or “splintered” categories than children in the split category. Hegar and Rosenthal report that living apart from siblings is associated with children feeling less connected to their foster family compared to living with all of their siblings. In addition, Hegar and Rosenthal make some comparisons between two subsamples within their data – children in long term foster care (in care over one year) versus the child protective custody sample (children investigated for maltreatment, with relatively shorter lengths of stay) – and report some differences between the various sibling configurations. Notably they found that, relative to the other two categories, the split group reported greater closeness to their caregiver in the long term foster care sample than in the sample of youth with shorter stays. While the authors suggest caution in interpreting these results due to the relatively small long term foster care sample, this suggests that initial placement with siblings provides a level of connectedness for children in care, but over time children placed apart from all of their siblings develop close relationships with their caregivers.

c. Maintenance of ties with birth parents. While little research exists that tests a direct relationship between contact with a child’s birth parents and placement stability, research on contact with birth parents for children in substitute care suggests that continued contact with a

child's biological family can increase a child's sense of well-being. Unfortunately, empirical findings from a survey of 650 foster parents in New York found that that child welfare staff rarely engage birth parents (Sanchirico & Jablonka, 2000).

An analysis of a subsample of data from NSCAW examined the relationship between frequency of contact with biological mothers and depression and externalizing scores with 362 children aged 7 to 16 who had been in an out-of-home placement for at least six months (McWey, Acock & Porter, 2010). While noting limited data availability regarding contact with fathers, they found that more frequent contact with the biological mother was marginally associated with lower levels of depression and significantly associated with lower externalizing problem behaviors. Although not a direct finding regarding stability, these results suggest that contact with birth mothers may decrease levels of externalizing problems, which in turn may increase placement stability.

At the same time, contact with biological family members has been found to be stressful on the existing foster care placement (Moyers, Farmer, & Lipscombe, 2006) and may cause some difficulties for the children (Leathers, 2003). In a study of 199 children aged 12 or 13 years old in non-relative foster care between one and eight years, Leathers (2003) found that children in long term foster care expressed difficulty in maintaining strong relationships with both their biological mother and their foster family; most children experienced a strong relationship with either their biological mother or their foster family. Furthermore, children who experienced this "loyalty conflict" also exhibited greater emotional and behavioral problems when they had more contact with their birth parents (Leathers, 2003). Finally, in the review by

Oosterman et al. (2007), three studies were reviewed that examined the relationship between placement stability and contact with birth parents; each of these examined the impact of the birth parent's substance abuse on stability. These studies found a positive relationship between parental substance abuse and placement instability.

In sum, little research has been done to understand the relationship between placement stability and a child's contact with her or his birth parents. While research has found that contact with birth parents increases a child's sense of well-being, and may have other beneficial effects for children in substitute care, stability for children in substitute care may be moderated by individual parental effects (e.g., parental substance abuse), child behavioral issues, and a child's sense of loyalty conflict.

3. Stability in foster care: Child factors. In the meta-analysis conducted by Oosterman and colleagues (2007), several factors associated with a child's background were correlated with placement stability. These factors included child demographics (race or ethnicity and gender), placement history (number of prior placements in substitute care, length of time in care), and child behavior issues. Children placed at older ages experienced more placement instability. Type of maltreatment or reason for state involvement was also correlated with placement stability. In sum, they found that children who were in foster care due to neglect were more stable than children in care for reasons of abuse but that age and behavior issues confound these results. Multivariate studies included in their review found that child behavior problems were a better predictor of placement instability than the type of maltreatment, but maltreatment type might influence behavior problems.

Research has consistently found a relationship between child behavior issues and placement instability (Barth, Guo, Green & McCrae, 2007; Chamberlain et al., 2006; Courtney & Prophet, 2011; James, 2004; Leathers, 2005). A number of studies have identified child behavioral problems as one of the most significant factors leading to placement instability (Hartnett, Falconnier, Leathers, & Testa, 1999; Jones & Wells, 2008; Leathers, 2006; Oosterman et al., 2007). While older children have been found to be more likely to experience placement instability than younger children in several studies (Hartnett, Falconnier, Leathers & Testa, 1999; Smith, Stormshak, Chamberlain & Whaley, 2001; Webster, Barth, & Needell, 2000; Wulczyn, Kogan & Harden, 2003), in one study no statically significant difference was found for child age when child behavioral problems were controlled for (Newton, Litrownik & Landsverk, 2000). Two studies using NSCAW data found higher rates of behavioral well-being among children placed with kin (Barth, Guo, Green & McCrae, 2007; Rubin et al., 2008). However, other research suggests that that these differences may be attributable to how behaviors are perceived or reported when comparing reports by kin caregivers to those of foster parents or teachers (Keller, Wetherbee, Le Prohn, Payne, Sim & Lamont, 2001; Shore, Sim & Keller, 2002).

In addition, the rigorous systematic review by Winokur and colleagues (2009) found a relationship between behavior problems and placement with kin; specifically, children in kinship care had lower reported levels of internalizing and externalizing behavior problems than did children in non-kin foster care. They report specifically on two studies utilizing multivariate analysis (Bennett, 2000; Holtan, Rønning, Helge Handegård, & Sourander, 2005) which found that children in kinship care had significantly lower scores on the Child Behavior Check List (CBCL; Achenbach, 1992) than children in foster care. In addition, their review found that

children in kinship care had significantly greater adaptive behaviors (defined as the level of competence or positive behaviors as measured on the CBCL) than children in foster care, although one study did not find a statistically significant difference in adaptive behaviors between the two groups. However, these findings should be understood in light of earlier findings showing a reporter effect – that perceptions of behavioral problems may be perceived differently by kin and non-kin caregivers.

Current research is unclear as to the direction of the effect between child behavior problems and placement instability with research suggesting that it can act as a cause and a consequence of placement instability (Newton, Litrownik & Landsverk, 2000). Multiple placements have been associated with an increase in problem behaviors in some studies. One study examining 5,557 children between birth and six years of age over an eight year period found that children who had more than one move during their first year of care were more likely to experience subsequent placement disruption (Webster, Barth & Needell, 2000). Another study addresses the impact of youth behavior problems on placement change in child welfare compared to the impact of placement change on behavior problems (Aarons, James, Monn, Raghavan, Wells & Leslie, 2010). Using a nationally representative sample of children involved with the child welfare system for at least 36 months (NSCAW), Aarons and colleagues prospectively examined the reciprocal effects of behavior problems and placement change and found that behavior problems significantly predicted placement changes for some groups of children and that placement change predicted behavior problems for others. Specifically, internalizing and externalizing behavior problems at the baseline were predictive of placement change between the baseline and 18 months and externalizing problems at 18 months predicted

placement changes during the 18- to 36-month period. In addition, placement changes from 18 to 36 months predicted externalizing behavior problems at 36 months.

In a study of 934 children in California, Newton, Litrownick and Landsverk (2000) found that multiple moves in foster care contribute negatively to both internalizing and externalizing behavior of foster children. In particular, they found that for children who initially scored within normal ranges on the Child Behavior Check List (CBCL), the number of placements was a consistent predictor of increased internalizing, externalizing and total behavioral problems following a second assessment. Their findings suggest that instability may have a deleterious effect on behavioral issues for children who do not initially exhibit serious behavioral or emotional issues.

Finally, Rubin, O'Reilly, Luan, and Localio (2007) using a nationally representative sample of children who have come to the attention of the child welfare system (NSCAW), examined the association between placement instability and behavioral well-being. They found that instability for children in foster care, regardless of their baseline behavioral scores, had a negative impact on a child's behavioral well-being. Specifically, they found that children who experienced instability were estimated to have between 36% and 63% higher risks of behavioral problems than children who achieved stability during the 18 month observation period.

C. Placements Intended to be Adoptive Homes

An additional area of research focuses on adoptive placements that end prior to adoption finalization. This research focuses on what the field calls adoption disruptions; placements for children while in state custody that are intended to result in adoptive placements but the

placement ends prior to adoption finalization. Correlates and counts of adoption disruptions are difficult to disentangle from correlates and counts of adoption displacements (a child is no longer in the physical care of his or adoptive parent(s), but adoptive parental rights remain intact) or dissolutions (adoptive parent(s)' rights are terminated, post adoption consummation) as often the terms are conflated, particularly in the early years of this type of research. For instance, in 1988 Barth, et al. defined adoption disruption as "all placements that end with the return of the child to the adoption agency—whether before or after the formal legalization of the adoption" (p. 227). However, in a review of the literature in 2002, Barth, with a different set of colleagues, defined adoption disruption as "the breakup of an adoption prior to finalization" and distinguished it from an adoption dissolution, "the legal abolishment of the adoption" and adoption displacement, "out-of-home care with continued involvement of the adoptive family" (Gibbs, Seibenaler & Barth, 2002, p.1). In this section I will focus on caregiver, placement and child factors related to adoption disruptions; in a later section I will focus on adoption dissolutions.

1. Placements intended to be adoptive homes: Caregiver factors. In a review of the literature on outcomes for children in adoptive placements, Rosenthal (1993) reported that low levels of caregiver social supports from family and friends increased the risks for placement disruption (adoptive placements that end prior to finalization). A study comparing a matched set of 74 disruptions to 74 consummated adoptions found that continued contact and involvement of the birth parents was associated with increased levels of disruption (Smith & Howard, 1991). In this study the average age of children whose placements ended in a disruption was older when they entered state custody than children in the non-disrupted group (4.6 versus 3.6 years respectively). The age at the time of substitute care entry may have impacted the direction of this

finding as older children had more opportunity to develop ties to their birth parents which may have impacted stability in the adoptive placements.

Rosenthal's (1993) review also found that inadequate background information and rigidity in adoptive family functioning were associated with higher levels of adoption disruption. In addition, assurance of the availability of services and supports related to behavioral adaptation of children in their adoptive home has been found to play a critical role in many prospective adoptive parents' decisions to go forward with the adoption of children in foster care (Coakley & Berrick, 2008; Freundlich, 2007).

A study of 34 families with adopted children explored the relationship between pre-adoptive use and satisfaction with formal and informal supports and the rates of family stability and child well-being over a three year period (Houston & Kramer, 2008). The study found that over the three years, the use of formal sources of support decreased most precipitously, as did parental satisfaction with the supportive services. Informal services (e.g., assistance from friends, or other adoptive parents) were viewed as more helpful after an adoption was consummated, and satisfaction with these services was related to a post-adoption desire to adopt again.

2. Placements intended to be adoptive homes: Placement factors. The research on placement factors associated with adoptive placements has been limited. Rosenthal's (1993) review of research on the impact of placement with siblings found mixed results; sibling placement may increase the risk of disruption when there are other children in the home, but may decrease risk when there are no other children in the home. In addition, Smith and Howard's

study (1991) comparing a matched set of disrupted and consummated adoptions examined the impact of the level of attachment between the biological mother and the child. They found that children who were assessed as having a strong attachment to their biological mother were more likely to have a disrupted adoptive placement than children assessed as having a moderate to low attachment.

3. Placements intended to be adoptive homes: Child factors. Rosenthal's (1993) review of the literature reports that the child's age at the time of the placement was associated with adoption disruption, with increased disruption rates associated with increased age at the time of adoption placement. Additional reviews confirm this finding, suggesting that a child's age at the time of placement is the most predictive characteristic of adoption disruption (Berry & Barth, 1990; Jones & LaLiberte, 2010). In addition to the age of the child at the time of the adoption, in their previously described matched sample study, Smith and Howard (1991) found that the age that the child was removed from their biological family was also predictive of adoption disruption; adoptive placements of children removed at an older age were more likely to disrupt. However, an additional review of the literature suggests that the differences in sample size and selection as well as inconsistency in the definition of adoption disruption make these findings around age inconclusive (Coakley & Berrick, 2008).

In his review of predictors of adoption disruption, Rosenthal (1993) found that developmental problems and serious medical conditions when examined broadly were not major risk factors. However when broken down into specific developmental or medical issues some individual items emerged as risk factors. He found that aggressive, acting-out behavioral

problems and sexual acting-out were specific risk factors. The review also noted that psychiatric hospitalization was associated with higher levels of disruption.

D. Stability Post State Custody

Legal permanence through adoption, and in more recent years subsidized guardianship, has been viewed as a desirable outcome for children for whom reunification is not possible. While there has been research on children who re-enter state custody after reunification, relatively little research has been conducted that examines the stability and well-being of the children and families once legal permanence has been attained through adoption or guardianship (Radel & Bramlett, 2010). One concern that has been raised is the level of attachment for children who have been adopted. The dissolutions that occur for children who have been adopted suggest that they may exhibit less secure attachments than children in the general population. Van den Dries, Juffer, Van IJzendoorn, & Bakermans-Kranenburg (2009) conducted a meta-analysis of literature on attachment. In their review they compared whether adopted children showed less attachment security than non-adopted children in the general population when formal attachment assessments were utilized. They found no difference in the level of secure attachment in adopted and non-adopted children overall. However, age at placement was a significant moderator in attachment security. Children adopted before their first birthday were as secure as non-adopted children, yet children adopted after the age of one showed less secure attachments than their non-adopted peers. The authors speculate that this may be attributed to the relative short time that infant adoptees were subjected to deprivation, suggesting that it may be easier to prevent insecure attachment than to change it.

The National Survey of Adoptive Parents (NSAP) is a nationally representative survey of parents who had adopted children from the U. S. child welfare system, international adoptions and private domestic adoptions. The NSAP is significant in that it is the first profile of a nationally representative sample of families with adopted children. In addition, a few states are able to link the child welfare adoption records, and their findings provide the best estimates of the stability of children who have transitioned from the child welfare system through adoption or guardianship.

Data from the NSAP foster care sample found that most adoptive parents reported that the children they had adopted through the child welfare system were doing well, and that the families reported satisfaction with the adoption (Malm, Vandivere & McKlindon, 2011a; 2011b). Fifty-four percent of these adoptive parents also reported that the adopted children had special health care needs, compared to 19% of the general child population; 76% of parents reported that these youth were in “excellent” or “very good” health.

Best estimates from data reported by state child welfare systems suggest that relatively few adoptive placements end in disruptions. In a review of the literature, three federally funded studies from the 1980s and a more recent study all used different methods and samples and arrived at similar conclusions: between 10 and 16 percent of adoptive placements end prior to finalization (Gibbs, Siebenaler & Barth, 2002). A recent report issued by the Child Welfare Information Gateway found that between 1 and 10 percent of adoptions end after they have been finalized (2012). A study of a randomly selected 516 children adopted (at a mean age of 7.9) from out of home care in New York found that four years after adoption, about 3 percent of

children subsequently reentered substitute care (Festinger, 2002). In most of these situations, the adoptive parent reported an expectation that the child would return to the adoptive home again, and that services to these families after adoption were important in promoting stability. Similarly, a study of 159 adoptive parents in Kansas, whose adopted children had a mean age of 7.7, found that 18 to 24 months after adopting foster children, 97% of the families reported that the child was living in the adoptive parents' home (McDonald, Propp, & Murphy, 2001). In addition, a study of 346 families of children discharged to adoption or guardianship in Illinois during a five year period found that 8% of cases experienced instability after state custody (Fuller, et al., 2006). This study used a broader definition of instability to include (1) children who re-entered substitute care and (2) children whose adoption or guardianship state subsidy payment ended prior to the child's 18th birthday. They did not distinguish between these three types of instability. A second Illinois study that was limited to a randomly selected group of 438 caregivers of children who have transitioned from state custody through adoption or guardianship in the Chicago area who were aged 12 to 17 years found that an estimated 4% to 5% of the population re-entered state custody or experienced early termination of an adoption or guardianship subsidy (Testa, Rolock, Liao & Cohen, 2010).

While there is consistency in the finding that the vast majority of adoptive families do not formally disrupt or dissolve, researchers have cautioned the field not to overlook the needs of these families, noting that the child-parent relationship may break down in other ways, and that many families struggle after adoption from foster care (Festinger, 2002; Smith & Howard, 1991). Furthermore, while the percentage of families who experience an adoption disruption or dissolution has remained low, the cumulative numbers of children who have transitioned from

state custody to adoption has increased significantly over the past twenty years. As such, an increasing number of families experience disruption and dissolution, and the impact on each child and family is important. Adoptive parents across states and studies report that they often feel abandoned by the child welfare system and struggle to meet the needs of the children in their care (Festinger, 2001; Smith & Howard, 1991; Testa, Rolock, Liao & Cohen, 2010).

While limited research is available which examines post-finalization stability for children who have transitioned from state custody to adoption, due to the relatively short amount of time that subsidized guardianship has been available as a permanency resource, even less is known about stability after subsidized guardianship finalization. However, a few studies have examined the differences between stability for children who have transitioned to adoption versus guardianship. The evaluation across five states that implemented federal guardianship waiver demonstration projects found low rates of placement disruption overall (between 1 and 3 percent), and the differences between those who were offered the option of guardianship (the experimental group) and those whose only option was adoption (the control group) were not statistically significant (USDHHS, 2011). In addition, an evaluation of service needs among participants in an intensive therapeutic counseling program for 846 struggling adoptive or guardianship families in Illinois found that guardianships were no more likely to disrupt or dissolve than adoptions (Howard, Smith, Zosky & Woodman, 2006). Additional data on the reasons for instability after guardianship in Cook County (Chicago) Illinois found that of the 673 children who had experienced instability after subsidized guardianship, 41% re-entered state custody as a result of their caregiver's death; 36% re-entered for unknown reasons; 18% were

reunited with their birth family; and 5% were appointed a new guardian assigned (Rolock & Testa, 2007).

However, as previously noted in the section on emotional and behavioral issues, there may be underlying differences in the two groups – those who transition from state custody through adoption versus guardianship. One study previously mentioned in the review of research on post-custody stability examined the likelihood of stability for children who have transitioned from state custody through adoption or guardianship with kin versus non-kin. Children adopted by kin experience more post-adoption stability than those adopted by non-kin, but the sample size for guardianship was not large enough to detect a reliable result (Koh & Testa, 2011). Another study from Illinois examined differences in stability after state custody. When unadjusted data was examined, guardianships were 81% more likely to be unstable than adoptions. However when using propensity score matching to control for child and caregiver characteristics, no statistically significant difference in the stability rates for children adopted versus those in guardianship were detected in a sample of 614 youth in adoptive and guardianship placements (Testa, 2010).

Reports commissioned by the Department of Health and Human Services, Administration for Children and Families (Child Welfare Information Gateway, 2012; Barth, Gibbs & Siebenaler, 2001) suggest that additional research is needed to better understand the total numbers of disruption and dissolution for adoptions, the links between pre- and post-adoption services and disruption and dissolution rates, and the causes of dissolution and disruption.

1. Stability post state custody: Caregiver factors. In adoption-related research, informal social supports are often evaluated along with formal types of supports to understand what types of services families need or utilize when they either are preparing to adopt, or have adopted. In a recent review of the literature on adoption supports, Smith (2010) reports that most children adopted from foster care enter adopted families with elevated risks for physical, psychological, emotional, and/or behavioral challenges and, as such, these families often seek formal services for their adopted children. Protective factors that help these families adjust and cope throughout the adoption process includes support from extended family and others that “buffer the impact of adverse beginnings, help prevent and resolve problems, and promote resilience” (Smith, 2010, p. 5). Interviews with 159 adoptive parents two years after they had adopted found that the most frequently identified service needs were support groups, respite care services, advocacy, and emergency services; services that can be addressed through informal or formal channels (McDonald, Propp & Murphy, 2001). A study of 40 families in the process of adopting children through the child welfare system found that unmet needs among this population included counseling, child care, financial support and informal support (Kramer & Houston, 1998). Additional research with 292 adoptive families receiving post-adoption support found that their needs increased with time (Smith, Howard & Monroe, 2000). While many of these studies have involved small samples that do not necessarily generalize to the general population of families post-adoption, they have influenced the development of specialized post-adoption services such as respite care, mentoring, support groups, crisis intervention as well as more clinical services (such as specialized therapeutic counseling) (Smith,

2010). However, the effectiveness of these services in increasing stability for these families has not been rigorously tested.

A study of the development of a measure of social support specific to foster care (Orme, Cherry & Rhodes, 2006) and a summary of service needs of adoptive families after foster care (Smith, 2010) both found that foster children may be at elevated risk for psychological, physical, and mental health challenges, resulting in low retention rates among foster parents, and that foster parents with more social support may be better equipped to handle the challenges of fostering. In a study of 249 caregivers who had adopted children with special needs, parents engaged in informal support services (i.e., support groups for adoptive parents) reported higher satisfaction with parenting, while those who had unmet informal support needs reported a lower quality relationship between the adoptive parent and child and reported a more negative impact on their family and marriage (Reilly & Platz, 2004). In addition, Reilly and Platz found that informal supports are especially important because formal post-adoptive services are often limited.

The previously mentioned nationally representative survey of adoptive parents (NSAP) found that 70% of children adopted from substitute care live with married parents; 54% live with parents over the age of 50 and 16% have parents over the age of 60; these adoptive parents are older than parents in the general population (Malm, Vandivere & McKlindon, 2011b). In addition they found that almost half (46%) of the children live with low income families (at or below 200% of the poverty threshold). Generally, NSAP respondents reported positive feelings about the adoption: 75% said that the parent-child relationship was “very warm and close;” 83%

said the child's effect on the family was positive or very positive; and 95% reported that they would make the same decision again regarding the adoption. However, these results vary by the age of the child at the time of adoption; parents of children adopted at older ages are less positive about their adoption experiences, but most adoptive parents, regardless of the age of the child at the time of adoption, stated that they would adopt again. Generally, parents of children with special health needs have less favorable assessments of the parent-child relationship than parents of children with no special health needs. In addition, the survey found that adoption satisfaction did not vary in a statistically significant manner by level of family income or being adopted with siblings. While the NSAP is a significant study that provides a national profile of families with adopted children it should be noted that the sample of parents interviewed were parents for whom the adoption was intact; these results do not represent the views of families where the adoptions have disrupted or dissolved.

Several research studies have found that the amount and quality of services provided to families after they have adopted a child through the child welfare system contributes to the long-term success of those placements (Barth & Berry, 1988; Zosky et al., 2005). A protective factor identified in the research is the provision of supportive services to families before and after adoption (Festinger, 2002; Houston & Kramer, 2008). Interviews with 516 adoptive parents in New York City found that while the rate of adoption dissolutions was low, adoptive families faced many challenges in caring for the needs of the children they had adopted, and reported a lack of available services. In interviews with 34 families three years after they had adopted a child through the Illinois child welfare system, Houston and Kramer (2008) asked adoptive parents about the types of supportive services they utilized. Key findings were that contact with

supportive services declined over the three year period, particularly formal services related to health care, education and mental health; satisfaction with formal services also declined over time. However, the perceived helpfulness of informal supports did not decrease over time, and satisfaction with informal supports was associated with a desire to adopt again. Houston and Kramer also found that if families had agency contact prior to adoption consummation that addressed child behavior issues, that they were more likely to report child behavior issues at the three year follow-up period. However, they suggest that although pre and post adoptive supportive services did not improve child behavioral outcomes, they did help the adoptive parents cope with their child's difficult behaviors. Another previously mentioned study that interviewed caregivers of youth aged 12 to 17 who were received an adoption or guardianship subsidy from the state child welfare system found that an estimated 80% of the population of caregivers (CI=76% to 84%) reported no unmet service needs for the children in their care (Testa, Rolock, Liao & Cohen, 2010). For the 20% who reported unmet needs, counseling was the most frequent unmet service need mentioned (14% reported this as an unmet need).

2. Stability post state custody: Placement factors. Research on placement factors related to stability after state custody focuses on the same three factors previously discussed when reviewing the literature on placement stability in foster care: (1) the biological relationship between the caregiver and the child; (2) for children with siblings, the placement of siblings together or apart; and (3) contact between the child and the birth parents after state custody.

a. Maintenance of ties with kin. While a review of the literature on the achievement of permanence is beyond the scope of this study, it is worth noting that research has found a strong

association between the likelihood of achieving legal permanence and kinship care. Focusing specifically on legal permanence through adoption and guardianship, early research on adoption among kin and non-kin foster parents found that kin caregivers were less likely to adopt than non-kin foster parents (Winokur, Holtan, Valentine, 2009) however, more recent research has produced more mixed results. In a study using administrative data from Illinois, Zinn (2009) found no difference between adoption rates between kin and non-kin caregivers when race and income were controlled for. In a study using AFCARS data from five states, propensity score matching was used to examine matched samples of children in kin and non-kin substitute care placements. In this study, Koh (2010) found that children placed with kin were more likely to transition from state custody through adoption or guardianship than children in non-kin homes in four of five states.

Research on re-entry after reunification has found that children placed with kin while in state custody are less likely to re-enter state custody than children who had been placed with non-kin (Courtney 1995; Courtney, Piliavin, & Entner Wright, 1997; Frame, Berrick & Brodowski, 2000); however, research on stability for children after transitioning from state custody through adoption or guardianship is limited. A study utilizing AFCARS and child welfare administrative data from Illinois compares the risk for re-entry into foster care for children who have left state custody through reunification with their birth parents, adoption or guardianship (Koh & Testa, 2011). This study utilizes propensity score matching to control for differences between children who transition with kin caregivers versus those who transition with non-kin. It then tested the impact of kinship placements on the likelihood of foster care re-entry and found that children who make this transition with kin caregivers are no more likely to re-

enter state custody after an adoption than children who make the transition with non-kin caregivers. In addition, the authors present a tentative finding which suggests that children who make this transition with kin into guardianship may experience more stability than children who transition through guardianship with non-kin, but the size of the sample was too small to detect significant differences.

A study examining outcomes for 2,382 youth adopted through the public child welfare system in Florida found kin adoptees were more likely to be female, younger at the time of adoption, had experienced fewer placements while in state custody, yet had spent a longer time in state custody than their non-kin adoptee peers (Ryan, Hinterlong, Hegar, & Johnson, 2010). This study also found no difference in the rates at which youth were adopted with their siblings, nor in the proportions of youth with special needs, or externalizing behavioral issues. The study asked adoptive parents to rate their current family functioning; willingness to adopt again; and general satisfaction with the adoption. Kin adoptive parents offered a more negative assessment of family functioning than non-kin adoptive parents, yet they were more likely to indicate a willingness to adopt the same child again, were generally more satisfied with the adoption than their non-kin peers, and more likely to report a positive relationship with their adoptive child. When the child and kin caregivers were together for a longer period of time while the child was in state custody, the parent reported greater willingness to adopt again and more positive assessments of the impact of the adoption on the family. The adoption of sibling groups was associated with a reduced likelihood of adopting again and decreased levels of satisfaction with the adoption. Limitations of this study included a low response rate (21.8%)

overall and a lower number of kin adoptive parents who responded to the survey (1,985 non-kin respondents vs. 397 kin respondents).

b. Maintenance of ties with siblings. Children enter state custody and sometimes leave siblings at home; others enter with siblings, some are placed with their siblings in foster homes, while others are placed apart from their siblings. Early child welfare research found that “relationships with siblings seem to be a major source of support in about 70 percent of the cases of the children in foster care” (Maas & Engler, 1959, p. 139). Research with foster care alumni reveals the pain of separation from siblings and the strengths associated with sibling ties that are long-lasting and have a significant impact on well-being, during and after foster care (Brown, & Seita, 2009; Festinger, 1983; Maas & Engler, 1959). Sibling relationships play a major role in how children develop, learn to interact, and develop feelings of attachment to others. These relationships are an important source of emotional comfort during childhood and into adulthood; siblings may also become a vital source of material and financial assistance (Begun, 1995; Cicirelli, 1991; Hegar, 1988). However, as previously discussed in the review on placement factors for children in state custody, for children with elevated levels of behavioral problems, separation from siblings may be in the child’s best interest (Linares et. al., 2007; Rolock, Koh, Cross & Eblen Manning, 2009).

In their interviews with adoptive parents, the NSAP found that 82% of the adopted children had biological siblings; of those children with a biological sibling, 41% had a sibling who was also adopted by the same parent(s) (Malm, Vandivere & McKlindon, 2011b). For children who are not adopted with their siblings, the rights to sibling association are not

guaranteed. However, when adopted or transitioning from state custody with kin, there is a greater likelihood that familial ties will be preserved, and therefore sibling contact may be more likely. In addition, when children transition from state custody through guardianship, parental rights remain intact, and as a result sibling visitation may be more readily continued. While much of the literature of sibling placement focuses on children in substitute care, sibling visitation and connections of children who have transitioned from state custody through adoption or guardianship is also an area of concern, and several studies have found sibling placement to be associated with adoption breakdown (Barth, Berry, Yoshikami & Carson, 1988; Rosenthal, Schmidt & Commer, 1988). Barth and colleagues (1988) found that the impact of sibling placement on disruptions differed depending upon the household makeup; siblings were more likely to have at least one sibling move if there were other children in the home. In Rosenthal, Schmidt and Conner's (1988) study of 48 families from Colorado, the relationship between sibling placement and risk of adoption dissolution or disruption (not distinguished in the study) was moderated by the age of the child. For children aged 8.7 and younger sibling placement was associated with increased risk of disruption, yet for children over 8.7 years old, sibling placement was associated with decreased risk of disruption.

c. Maintenance of ties with birth parents. In an examination of continued contact with birth parents after adoption or guardianship, the evaluation of the Subsidized Guardianship Waiver Demonstration Project in Illinois found that children were more likely to report seeing their birth mother and father after guardianship compared to adoption, and when placed with kin over non-kin caregivers (Testa, Cohen, Smith & Westat, 2003). The impact of these relationships post state custody was not examined in this study.

For children not adopted by relatives, the research on visitation with birth parents after state custody is limited. However, the NSAP study offers some information adoptive families, 23% of whom were biologically related to their adoptive parents (Malm, Vandivere & McKlindon, 2011b). When exploring contact with biological family after adoption, the study found that, of the 77% of children adopted by non-kin, 39% had some post-adoption contact with the biological family. Furthermore, they found that post adoption contact did not vary by the age of the child at the time of the adoptive placement. The study did not report if the nature of the contact, or the relationship of the relatives with whom contact was continued, or what impact this had on stability.

Consistently, research has found that adoption by biological family members, compared to adoption by non-kin, decreases the risk of adoption disruption, and that adoption by kin serves as a protective factor (Barth, Berry, Yoshikami & Carson, 1988; Berry & Barth, 1990; Coakley & Berrick, 2008; Rosenthal, Schmidt & Conner, 1988; Smith & Howard, 1991). What is unknown, however, is the amount, or nature, of contact between the child or youth and her or his birth parents.

3. Stability post state custody: Child factors. Research on the correlates of stability for children after state custody have found mixed results regarding the child's gender, and have suggested that the child's age at time of substitute care placement and at the time of adoption or guardianship may impact stability post state custody. However the sample sizes and age ranges vary considerable in these studies making it difficult to draw definitive conclusions on many child characteristics (Barth, et al., 1988; Coakley & Berrick, 2008; Groze, 1986; Rosenthal,

Schmidt, Commer, 1988; Smith & Howard, 1991). Given this caveat, several of the studies report that the age of the child at the time of the adoption is positively correlated with the likelihood of adoption disruption (Barth, et al., 1988; Groze, 1986; Rosenthal, Schmidt, Commer, 1988).

a. Child behavioral and emotional issues. Prior research suggests that adopted youth may be at higher risk of behavioral and emotional challenges than non-adopted youth. In their summary of the literature on the research on mental health among the adopted population, Simmel, Brooks, Barth and Preveland (2001) suggest that much of the early research that established this link has significant limitations. Key among these limitations is that much of the research came from clinical samples, and little consideration was given to the impact of the age of the child at the time of adoption (Simmel, Brooks, Barth & Hinshaw, 2001). Simmel and colleagues (2001) attempt to address these concerns in their longitudinal study of 809 adopted families in California that sought to determine prevalence rates of Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) in a non-clinical sample of adopted youth. About one-third (39%) of their sample of adopted youth were public agency adoptions. Based upon behavioral reports of parents, and not diagnoses, they estimated approximately one-third (29%) of the adoptive youth displayed characteristics of externalizing behaviors associated with ADHD, ODD, or both. This is much higher than the general population of children; Simmel et al. compared this to 7 to 10% in the general school population where similar data, based on parental reports and not diagnoses, are collected. They also found that children adopted from public agencies were twice as likely to exhibit externalizing behaviors (OR=1.8) and adopted youth who resided in multiple homes while in state custody were 2.6

times more likely to exhibit these externalizing behaviors, although we cannot know from this study the sequence of events, if the behaviors developed as a result of placement instability, or if instability occurred because of the behavioral issues. Rosenthal, Schmidt and Conner (1988) found that children with challenging emotional or behavioral issues were at greater risk of adoption disruption, but only modest associations between child developmental delays and adoption disruption.

While most of the research on adopted children reported in this review focuses on children adopted from the child welfare system, one study compares child welfare adoptions to domestic infant adoptions, children adopted internationally and non-adopted children (Howard, Smith & Ryan, 2004). This research found greater challenges among adoptive families when compared to non-adoptive families. In addition they found that when children adopted from the child welfare system were compared to domestic infant adoptions, children adopted internationally and non-adopted children, children with a foster care experience exhibited more behavioral problems and higher rates of school problems.

The evaluation of the Subsidized Guardianship Waiver Demonstration project in Illinois found that the behavioral functioning of children in guardianship placements profiled differently than children who had transitioned through subsidized adoption. Children in guardianship arrangements exhibited less anti-social behavior than children in adoptive placements. There was no statistically significant difference reported for children in adoptive placements versus guardianship placements related to the child's emotional health (Testa, Cohen, Smith & Westat, 2003).

One study from England ($n = 99$) of children who were adopted from public child-serving institutions by non-relatives found that behavioral difficulties and age at the time of the adoption were correlated with a child's level of attachment (as reported by the adoptive mother), which in turn was highly correlated with instability after adoption (Dance & Rushton, 2005). The study found that being older at the time of adoption, longer lengths of stay in public child-serving institutions, ongoing behavioral problems and lack of attachment to the adoptive mother each contributed to higher rates of adoption dissolution. However these associations were complex. While generally the older the child was at the time of the adoption, the less likely the adoptive mother felt that the child was attached, this finding was not universal. Five of the 12 children who were nine or older at adoption were said to have formed attached relationships with their adoptive mothers. Furthermore, children whose adoptive mothers said they were not attached generally had higher levels of behavioral problems. Interestingly though, some of the children with very difficult behavioral problems were reported as attached by their adoptive mother while some with few behavioral issues were described as emotionally distant.

Research focused on the needs of families after a child welfare adoption has found families often seek services to address a variety of mental health and child behavior issues (Howard, Smith, Zosky, & Woodman, 2006; Zosky et al., 2005). An exploratory study of the emotional issues underlying adjustment problems in adopted children seeking services from an adoption preservation program examined the outcomes of 292 children aged 3 to 20 (Smith, Howard & Monroe, 2000). The study found that many of the behavioral problems adopted youth experience are related to underlying emotional behavioral issues associated with

unresolved trauma the youth experienced early in life and identity issues that resurface as the adoptees developmental and life experiences change.

In sum, the research on the emotional and behavioral characteristics of children who have transitioned from state custody through adoption or guardianship has not explicitly linked these characteristics to post-custody stability. The research found that these children are at a higher risk for emotional and behavioral challenges, and utilize clinical services at higher rates than children in the general population. In addition these findings suggest that these children may exhibit more externalizing behavioral problems than the general population, and externalizing issues have been correlated with increased placement instability for children in foster care. However, a gap in the literature exists regarding the impact of behavioral and emotional challenges on stability for children who have transitioned from state custody to adoption or guardianship.

b. Impact of prior instability. Not many studies have examined the impact of prior instability on stability after state custody. A few studies have examined the impact of placement stability on the likelihood of re-entry after reunification and have found mixed results; some studies found a positive relationship between foster care instability and re-entry after reunification (Courtney, 1995; Courtney, Piliavin, & Entner Wright, 1997), yet others have found no statistically significant differences (Festinger, 1996; Frame, Berrick & Brodowski, 2000; Miller, Fisher, Fetrow & Jordan, 2006). The impact of placement stability while in foster care, and the amount of time spent in foster care, were not measured in most studies reviewed by Coakley and Berrick (2008). The few studies that included placement instability for children in

foster care did not show a statistically significant impact on adoption disruption (Groze, 1986; Smith & Howard, 1991). However these studies did not control for the length of time in care and other factors while examining the impact of prior instability. The amount of time children spend in state custody was not related to adoption disruption in several studies (Barth, et al., 1988; Berry & Barth, 1990; Smith & Howard, 1991). However, additional research is required to better understand the relationship between placement stability while in state custody and stability after custody in adoptive and guardianship homes.

E. Summary

In sum, this review of the literature reveals that several factors may impact stability for children involved with the child welfare system, and for children in placements that are intended to result in adoptions, but little is known about stability for children after they transition from state custody to adoption or guardianship. Research with this population of children is limited. Tracking children after adoption is difficult because of identity changes and tracking children after guardianship has not been a priority. As a result, data on these families are limited.

Research on stability for children in substitute care suggests that several factors should be considered when examining stability for children after they have transitioned from state custody to adoptive or guardianship homes. These include the stability children experienced in their early years, and throughout their time in state custody; the amount of time the child has lived with the caregiver who has become their legal guardian or adoptive parent prior to the transition from state custody; the maintenance of sibling connections; and child demographics. In addition, behavioral issues may threaten these relationships, making it more difficult to maintain

a child in a placement when their behaviors are difficult for parents or guardians to cope with. Research also suggests that several caregiver, placement and child level variables may impact stability for children who have transitioned from state custody through adoption or guardianship. These include elements of the caregiver's social support; biological ties between the caregiver and the child, the maintenance of ties between the children and their biological siblings and birth parents, and ties to the community in which the child lived prior to child welfare involvement.

This critical review of the literature suggests that the impact of the child-caregiver relationship is an important factor to consider. Specifically, research suggests that children may be more likely to experience long-term stability if they are living with kin, compared to children living with non-kin. However, research on the long-term stability of kin versus non-kin placements is limited, and additional research is needed to better understand these outcomes. This study will test if kinship ties result in increased stability for children after they have transitioned from state custody to adoption or guardianship, when compared to non-kinship child-caregiver relationships. In addition, while the federal government has a preference for adoption over guardianship, and there is an assumption that adoption is a more stable form of legal permanence, it has been argued that for some families, guardianship may be a better form of legal permanence and may therefore provide more stability. However, little empirical research has tested if the legal bonds associated with adoption are stronger than the less legally binding nature of guardianship. This study compares stability for children who transition to adoption versus guardianship.

In addition, bonding social capital theory suggests that the social connections that enhance one's life, connections to community, siblings, neighbors, relatives and friends are important to consider in understanding these relationships. However, little empirical research has been done to understand the linkage between a child's bonding social capital and stability after state adoption or guardianship. This study will test if the bonding social capital of the child, as operationalized in this study, moderates the relationships just discussed: the relationship between type of legal permanence (adoption versus guardianship) and long-term stability and the relationship between the biological child-caregiver relationship (kin versus non-kin) and long-term stability.

Furthermore, social support theory provides a framework for understanding what might be important caregiver considerations. Informal social supports have been found to alleviate the burden and stress associated with caregiving. Caregivers with support from family, friends and acquaintances may be better equipped to address the needs of the children in their care than caregivers who do not have such support. In addition, caregivers who receive assistance related to child care may experience less caregiver burden than caregivers who do not have child care support. Yet, few studies have examined how these social supports assist caregivers of children who have transitioned from state custody through adoption or guardianship. In this study I will examine if the perceived availability of informal social supports mediates the relationship between the type of legal permanence (adoption or guardianship) and the biological relationship between the child and her or his caregiver (kin or non-kin) and long-term stability after state custody. Finally, this review suggests that the experiences of children while in state custody may impact stability after state custody. Therefore, variables related to the child's time in state

custody are included as control variables. These include: stability for the child while in custody, duration in state custody, behavioral functioning, and child demographics.

Chapter 4. Research Methodology

Building on the existing research on stability for children in foster care and children who have transitioned from state custody to adoption or guardianship, this study seeks to provide information on factors that are hypothesized to impact stability for children who have transitioned from state custody to adoption or guardianship. These analyses occurred first with the population data, and then with the survey data. This chapter begins with a description of my human subjects procedures, followed by a description of the data sources, and the data analysis plan.

A. Human Subjects Protections

The Institutional Review Boards (IRB) at the University of Illinois at Chicago (Protocol # 2010-0258) and the Illinois Department of Children and Family Services (DCFS) approved this research. These data are from secondary data sources that have been de-identified; the study exposes participants to no more than minimal risk. Regarding potentially identifiable information, encrypted Social Security Numbers and DCFS case numbers are in the IDB, and are required to ensure accurate linkage of this data. In addition, birthdates and dates of placement events are necessary for conducting the analyses outlined in this study. Without these dates and identity numbers it is not possible to ensure accurate linkage and identify and resolve any linkage problems while protecting subject identities. Theoretically it might be possible to combine placement and birth dates to identify a youth or a foster parent or a parent, but this would take a tremendous amount of work and it is very difficult to imagine that this work would result in a clear identity given the sample size. One would have to already have quite a bit of information about a particular child or family represented in this database to make identification even

remotely possible. All data are confidential and all study reports refer to participants in the aggregate. These data are available only to the researcher and are stored on secured computers accessible only to the research staff associated with this study.

The Post Permanency Round II study was originally conducted when I was working at the University of Illinois at Urbana Champaign, and was approved by the universities' IRB (protocol IRB#: 08143). The consent forms asked participants for permission to link the survey data to the IDB. The IRB approval letter and consent forms are included as Attachment C.

The data mentioned above are protected through storage on a secure internal server that is password protected. The password meets the UIC's Academic Computing and Communications Center's Strong Password criteria; it is not shared, documented or otherwise exposed in an insecure manner. Password protected screensavers are enabled on computers where these data are stored. Data are not stored on any portable devices, and are accessed only by IRB-approved researchers.

B. Data Source: Population Data

The Integrated Database (IDB) is administrative data from the Illinois Department of Children and Family Services (DCFS) that is compiled and maintained by Chapin Hall Center for Children at the University of Chicago. The IDB is a longitudinal relational database on children and families and relies on probabilistic record linkage to match child records across DCFS administrative data systems. These administrative data are collected by DCFS in the course of providing services and payments to children and families involved with the child

welfare system in Illinois. These data are available for all children involved with the Illinois' child welfare system.

The population data used in this dissertation are all children eligible to participate in the study. These data represent all caregivers who adopted or assumed guardianship of a child in foster care in Illinois between July 1, 1997 and June 30, 2004, who were residing in specific areas of Chicago at the time of the survey, had an active subsidy case for a child between the ages of 12 and 17 years old between October 2007 and September 2008, and had ever been assigned to the IV-E Waiver Demonstration Project, a total of 4,155 families.³ Administrative data on these children were used to track children through June 30, 2011.

For children who have been adopted through DCFS, their names and identifying information change during the transition from state custody to adoption. For many of these youth, DCFS maintains a file that links pre and post adoption case identification numbers. This supplementary data is not part of the IDB. This link file has duplicate identification numbers on both the pre and post identification numbers. This file was examined and cleaned before linking to the IDB. This is not an issue for children who transition to guardianship; their names and identities do not typically change.

³ Subsidized guardianship was introduced in Illinois as part of a randomized control trial, under the IV-E Waiver Demonstration Project funded by the Children's Bureau. At the beginning of the demonstration, any child who had been in DCFS custody for two or more years and had lived with a relative or foster parent for at least one year was an eligible candidate for the subsidized guardianship program. Later this requirement was revised to one year in DCFS custody to accommodate the quickened permanency timelines introduced by AFSA and the Illinois Permanency Initiative. Children assigned to the waiver were not significantly different from those who were not assigned to the waiver (Testa, Cohen, Smith & Westat, 2003). Also note that three cases were dropped in this analysis from the original (n=4,158) because their linkage information was invalid.

C. Data Source: Survey Data

The survey data were collected through a study conducted in 2008, the Post Permanency Survey Round II (PPII). A stratified random sample was used to select participants for the PPII study. Of the 4,155 caregiver-child pairs (the population data in this dissertation), 670 were randomly selected for participation in the survey, and 456 (68.1%) completed interviews. Consent for linking survey response to administrative data were provided for 439 (65.4%) of the respondents. During the process of data cleaning and matching, however, one respondent was dropped from the sample because the survey record did not match to any of the foster care records. This resulted in an analytical sample of 438.

D. Variable Definitions

The variables used in this study are defined below. The outcome variable, stability, is the same in the analyses of the population and survey data. Table II, at the end of this section, provides a summary of all the variables, operational definitions, and identifies the data source.

1. Outcome variable. The outcome variable is the stability status for a child after transition from state custody to subsidized adoption or guardianship. Stability status is a dichotomous variable derived from the administrative data indicating that (1) there is no record that the child has re-entered state custody, and (2) the caregiver continues to receive an adoption or guardianship subsidy from the state until three months prior to the youth's eighteenth

birthday.⁴ The same outcome variable is used in the population and the survey data. Each of these indicators of stability will be discussed next.

a. Re-entry into substitute care: For children who transitioned to guardianship, tracking re-entries into substitute care is a fairly straight forward process. Standard protocol is that when a child re-enters state custody from guardianship, the same ID number is used. However for children who transitioned to adoption, the process is not straight forward. When children are adopted from foster care they are provided a new ID, sometimes their names change, and they are provided a new social security number. If a child re-enters foster care from an adoptive home, the child may re-enter foster care under the ID associated with her or his foster care status or adoption status. This causes difficulty when trying to use administrative data to ascertain the rate of re-entry into foster care from an adoptive home. DCFS maintains a file which links pre and post adoptive child welfare identification numbers, however, it is not a perfect match between the two identifiers, and not all children appear in the link file. In this study successful matches were made with 95% of children in the population data who transitioned through adoption ($n = 2,825$).⁵ With these limitations noted, this file was used to track re-entries into substitute care from adoptive homes.

⁴ Rather than use the child's eighteenth birthday as the cut-off, three months prior to the youth's birthdate was used to account for administrative data changes that may occur just prior to the youths' birthday.

⁵ Of the 144 who did not have good matches, 7 had no record in the link file and 137 had matches where pre and post adoption identities did not match on race, gender and date of birth. These were not included as valid links.

Children may re-enter substitute care for a number of reasons. Some may re-enter due to the death or disability of the caregivers, and quickly transfer to the guardianship of another caregiver, often a relative, through either adoption or guardianship. In addition, some children may re-enter substitute care as a means of achieving needed services that their adoptive parents or guardians are unable to provide. Others may re-enter care because they have experienced maltreatment or have had difficulty adjusting, and their safety is compromised. While the administrative data used in this dissertation allows the tracking of re-entry, it does not provide the nuances of what occurs after re-entry.

b. Continuation of an adoption or guardianship subsidy: While families are not required to accept a subsidy, the majority of families who adopt or assume subsidized guardianship of children from foster care in Illinois receive a subsidy (Fuller, et al., 2006). Subsidies are provided through the age of majority, and can follow a family if they move out of state. Payment data is often the most reliable administrative data. When the subsidy payment is discontinued, however, there is no indication in the administrative data as to why the subsidy ended. These children could have moved out of state with no forwarding address, moved to the home of a different caregiver, or could have left the subsidy home for a variety of reasons. It is possible that the move was planned and would not be assessed by the youth or the caregiver as instability. Counting these placements as unstable may be over-estimating the instability rate. It is also plausible that some youth have left the placement, and this has not been reported to DCFS, a potential undercount of the incident of instability. Acknowledging these limitations, any premature discontinuation of a subsidy payment was defined as instability.

In the literature and in practice, there is not a common term to define what this study calls instability. Common terms are displacement, dissolution, death or incapacitation and disruption; each of these which will be briefly discussed. *Displacement* occurs when a child is no longer in the physical care of his or her guardian(s) or adoptive parent(s), but guardianship or parental rights remain intact. *Dissolution* occurs when guardianship is vacated or adoptive parent(s)' rights are terminated for a reason other than 'death or incapacitation' of guardian or adoptive parent. *Death or incapacitation* occurs when a caregiver or adoptive parent can no longer exercise guardianship of a child because the guardian dies or is incapacitated and there is no other guardian or parent. In contrast, placement instability for this study can also be distinguished from a *disruption* which occurs when a child is removed from a prospective guardian's or adoptive parent's home prior to finalization (Rolock & Testa, 2008). Festinger and Maza (2009) suggest new terminology for placements that occur after an adoption; they suggest "post-adoption placement" in lieu of "adoption displacement" because displacement has a negative connotation to it. For the purpose of this study, instability includes displacements, dissolutions, death or incapacitation, but does not include disruptions; this study only examines events that occurred after the adoption or guardianship was finalized.

The definition of instability used in this study has been used in prior work (Rolock & Testa, 2006; 2007; 2008). In these studies, this definition of instability was checked against DCFS reports to the federal government on the number of children entering care from a previous adoptive placement, and the proportions were very similar. I am, therefore, confident that, despite the limitations of this measure, it provides a good estimate of instability.

2. Main effect variables. Two main effect variables were created, type of legal permanence and the child-caregiver biological relationship (kin or non-kin). Both were created with the population and survey data.

Type of legal permanence. The type of legal permanence (adoption or guardianship) is coded 0 for children who transition from state custody through guardianship and 1 for children who transition through adoption. If the child had more than one adoption or guardianship during the time frame, the first adoption or guardianship was selected.

Relationship with caregiver. A dichotomous variable was created that indicates if the adoptive parent or guardian is biologically related to the child. This is coded 0 if the youth was discharged from state custody to a non-kinship caregiver and 1 for a kinship caregiver.

3. Bonding social capital variables. In the population data two indicators of bonding social capital were created (living with siblings and community continuity). In the survey data four indicators of bonding social capital are created (living with siblings, community continuity, contact with birth parents and contact with biological siblings).

Living with siblings at the time of adoption or guardianship. While there are many ways that prior research has conceived of and measured sibling placement, for this study I am interested in sibling placement in the adoptive or guardianship home. In other words, at the time that a child transitions from state custody to an adoptive or guardianship home, a child's siblings could be residing with the child in the same home, either as a foster child, or in an adoptive or guardianship arrangement.

Following the work of others who have examined sibling placement (e.g., Hegar & Rosenthal, 2011), and building on the concept that bonding social capital has the potential to exist for children who are placed with at least one sibling, four dummy variables were created to represent sibling placement, with *split* as the reference category. My assumption here is that children in the reference category would not have bonding social capital associated with sibling bonds. Sibling placement was classified as: (1) *split*: children placed with none of their siblings; (2) *splintered*: children living with at least one sibling, but not all of their siblings; (3) *together*: children living with all of their siblings; and (4) *single*: children with no known siblings.

Community continuity. Guided by bonding social capital, two community continuity measures were created. The first measure is a calculation of distance, a continuous variable. This was measured through the calculation of the distance, in miles, between a child's home of origin (the address first associated with the child in state custody) and a child's home of legal permanence (the address of the legal guardian or adoptive parent at the time that legal permanence was obtained).

The second measure is a dichotomous variable indicating whether the child lived in the same DCFS Local Area Network (LAN) when they transitioned into state custody as they were when they transitioned from state custody to adoption or guardianship. LAN is a service area used by DCFS and, therefore, is used as an approximation of a community.

Contact with birth parents and siblings after state custody. In the survey caregivers were asked if the child had any contact within the past year with his or her biological (1) mother,

(2) father and (3) siblings. A dichotomous variable was created which indicates whether the child had contact with either parent, and a second variable was created that indicates whether the child had contact with siblings. A potential limitation of these variables is the timing of the questions. The interviews occurred in 2008, and the data follows children through the age of majority or June 30, 2011, whichever came first. As such, the time between the interview and the end of the observation period is not consistent across participants and the contact may have changed over the course of this time. In addition, contact measured in this fashion does not capture the content, quality, or impact of these visits, but is the best measure available with these data.

4. Social support variables. Four continuous social support variables were created in the survey data. The first ten social support questions (questions I6a-I6o) asked caregivers about the types of need for social supports, and respondents were asked if they had a (1) family member, (2) close friend or neighbor, (3) personal acquaintance to assist them with each need (see Table I). ‘Yes’ responses were coded as 1, and ‘no’ responses as 0. Responses were summed and three continuous variables were created: support from family; support from friends, and support from acquaintances. These three continuous variables represented the number of perceived supports from each source: family, friend and acquaintance.

For this study my primary interest is in the caregiver’s perceived level of social support. This support may come from family, close friends, and acquaintances. The first three social support variables were created to examine number of supports from each of these sources, with higher scores representing more sources of support.

The fourth variable was a count (from 0 through 3) of responses to the three questions (I1, I2, I3) regarding assistance with caring for the children in the home. ‘Yes’ responses were coded as 1, and ‘no’ responses as 0. Responses were summed and a single (fourth) variable was created. This variable is a more direct measure of the supports available to assist the caregiver in her or his role as parent.

TABLE I - SOCIAL SUPPORT QUESTIONS

Respondents were asked if they had a (1) family member, (2) close friend or neighbor, (3) personal acquaintance they could ask for help with each of these items:	
I6b	In moving to another place (such as packing, lifting)?
I6c	With small jobs around the house (such as carpentry or painting)?
I6d	With doing your shopping when you (and your household members) are ill?
I6f	If you needed someone to lend you a large sum of money (such as \$500 or more)?
I6g	In providing you a place to stay for a week if you have to leave your house temporarily?
I6k	In helping you with child care?
I6l	Getting a ride or helping with transportation?
I6m	If you need someone to talk to when you are upset?
I6n	With advice concerning a problem at work?
I6o	With advice concerning a conflict with family members?
Respondents were also asked (responses were yes or no):	
I1	Besides yourself, are there other adults who live with you who regularly care for and supervise the children in your home?
I2	Are there any relatives or friends outside your household who regularly care for and supervise the children in your home?
I3	Are there other people in your family who could take care of the children in case you became ill or could not take care of (him/her/them)?

5. Control variables. The selection of control variables was based on prior research and literature on factors associated with stability for children and youth involved with the child welfare system. While little research exists that illuminates the covariates associated with

stability for children after state custody, extant research suggests that a number of factors might be related to stability for children involved with the child welfare system. These include: (1) prior instability; (2) child behavioral issues; (3) time in state custody; and (4) child demographics. Each of the control variables is described below.

In this study *prior instability* was examined in two ways:

Behavior-related instability in custody. The number of placement moves a child experienced while in state custody that could have been attributed to child behavior issues or indicate that the child had mental or physical health concerns that may be may pose challenges in caring for the child were counted to create this continuous variable. This included the following types of placements: runaway episodes, specialized foster care, institution or group home placements, and detentions. These data are available in both the population and survey data.

Instability in custody. To capture overall instability in state custody a continuous variable representing a count of all placement moves not include above was created. This included all moves throughout a child's tenure in state custody. These data are available in both the population and survey data.

Child behavioral issues were captured after state custody through caregiver-reported responses to the Behavioral Problem Index (BPI; Zill, & Peterson, 1989), a nationally normed scale created for the National Longitudinal Survey of Youth, to measure the frequency, range, and type of behavior problems for children ages 4 and over. The 28 items on the BPI are summed into an overall score. The total BPI has an alpha coefficient of 0.91 for adolescents, with a mean of 6.0 ($SD = 5.8$) for adolescents (Zill, & Peterson, 1989). The alpha coefficient for the BPI in our sample was .93. The 90th percentile has been found to distinguish children at

risk for mental health referrals, and was used as a cut-point to create a dichotomous variable due to the skewness of the data (Christakis & Zimmerman, 2007; Byrd, Weitzman & Auinger, 1997; Zill, Peterson, & Snyder, 1987).

Behavioral Problem Index (BPI): Caregivers were asked a series of 28 questions (D19 through D52 in Appendix A) about the child's behavior in the previous 3 months. Responses were summed, and a dichotomous variable was created, indicating above (coded 1) or below (coded 0) the 90th percentile. These data were available in survey data only.

Time in state custody has been shown in prior research on stability in state custody. In this study I measured the amount of time a child and caregiver spent together in state custody prior to the decision to transition from state custody through adoption or guardianship.

Months in custody with caregiver. This continuous variable was derived from the administrative data. The amount of time (months) that the child and caregiver spent together in state custody prior to transition from care to adoption or guardianship was estimated. These data are available in both the population and survey data.

Finally, *child demographics* were controlled for. These included the child's age at the time of legal permanence, race or ethnicity and gender.

Child's age. This variable was created base on the child's data of birth and date of legal permanence. This is a continuous variable, and is age in years. These data are available in both the population and survey data.

Child's race. Race or ethnicity is recorded in the DCFS administrative data in a single variable; one cannot distinguish race and ethnicity. As the vast majority of children in this study were African American, race was dummy coded with non-African American as the reference category. These data are available in both the population and survey data.

Child's gender. Gender is recorded in the DCFS administrative data, and was dummy coded with male as the reference category. These data are available in both the population and survey data.

In sum, the variables and their associated hypotheses and data source are presented in tabular form in Table II.

TABLE II - OPERATIONAL DEFINITIONS OF VARIABLES

Data source	Operational definition	Variable coding
Outcome variable		
Population & Survey	Stability status: Stability indicates that the child-caregiver relationship status is unchanged; instability indicates that either the child has re-entered state custody or a subsidy payment ended prematurely.	1=instability 0=stability
Main effect variables		
Population & Survey	Type of legal permanence: Subsidized adoption or guardianship.	1= adoption 0= guardianship
Population & Survey	Relationship to caregiver: Kin or non-relative caregiver.	1= kin 0= non-kin
Bonding social capital variables		
Population & Survey	Living with siblings at time of legal permanence: <i>Together</i> coded 1 if placed with all siblings; otherwise 0; <i>Splintered</i> coded 1 if placed with at least one sibling; otherwise 0; <i>Single</i> coded 1 if no known siblings; otherwise 0; <i>Split</i> , living with no siblings, was the reference category.	<i>Together</i> : 1=with all siblings; 0=otherwise. <i>Splintered</i> : 1=with some siblings; 0=otherwise <i>Single</i> : 1=no known siblings; 0= otherwise
Population & Survey	Community continuity (<i>distance</i>): Distance (in miles) between a child's home of origin and home of legal permanence.	Continuous variable
Population & Survey	Community continuity (<i>LAN</i>): A dichotomous variable indicating if the child was living in the same community at the time they transitioned to and from state custody.	1=in same community 0=not in same community
Survey	Contact with birth parent(s) after custody: Caregiver responses to a question asking if the child had any contact with her/his birth mother or father in the past year (question D59 & D61).	1=yes 0=no
Survey	Contact with biological siblings after custody: Caregiver responses to a question asking if the child had any contact with any of her/his biological sibling(s) in the past year (question D63).	1=yes 0=no
Caregiver social support variables		
Survey	Supports from family: Summary count of the number of supports available from family (questions I6a-I6o).	Continuous variable
Survey	Supports from friends: Summary count of the number of supports available from friends (questions I6a-I6o).	Continuous variable
Survey	Supports from acquaintances: Summary count of the number of supports available from acquaintances (questions I6a-I6o).	Continuous variable
Survey	Child care support: Summary count of those who have child care supports available to them (questions I1 – I3).	Continuous variable
Control variables		
Population & Survey	Behavior-related instability in custody: The number of behavior-related moves a child experienced while in state custody.	Continuous variable
Population & Survey	Instability in custody: The number of moves a child experienced while in state custody, excluding those captured above.	Continuous variable
Survey	Behavioral Problem Index (BPI): Dichotomous variable indication above or below the 90 th percentile.	1=Above 90 th 0=Below 90 th
Population & Survey	Months in custody with caregiver: The number of months that the child and caregiver spent together in custody.	Continuous variable
Population & Survey	Child's age: Age, in years, at the time the child transitioned from state custody.	Continuous variable
Population & Survey	African American child: Race was dummy coded with non-African American as the reference category.	1=African American 0=Not African American
Population & Survey	Child's gender: Gender was dummy coded with male as the reference category.	1=female ; 0=not female

E. Data Analysis Plan

The analysis proceeded in stages: The univariate, bivariate, and multivariate analysis. Each stage is detailed below.

1. Univariate analysis. During this step the data examined for measures of central tendency and comparisons were made between the population and survey data on key variables. A sensitivity analysis was conducted to see if the multivariate models were robust to missing covariate data. Patterns of missingness were examined for all covariates with greater than 5% missing data (Tabachnick & Fidell, 2007). Using all available variables, multiple-imputed data sets were created (using 10 imputations) and the final statistical models were run against these data to see if the imputed data resulted in different findings with similar results, suggesting that the missingness may be ignorable (Allison, 2002).

2. Bivariate analysis. The bivariate analysis was an examination of associations between predictor, control and outcome variables. This included t-tests and chi-square tests of statistical significance between groups, and an examination of a correlation matrix and tests for multicollinearity. With a categorical outcome variable, t-tests were run for interval or ratio predictor variables and chi-square tests for categorical predictor variables, to test for statistical differences between groups.

Correlation matrices using the population data and the survey data were used to examine the associations between the control, predictor and outcome variables. The Pearson correlation coefficient (r) was used to measure the relationship between interval or ratio level variables; the point r biserial correlation (r_{bis}) was used to measure the relationship between a numerical score

(interval or ratio) and a dichotomous variable; and the phi-coefficient (r_ϕ ; also called a Tetrachoric, r_{tet}) was used to measure the relationships between two dichotomous variables (Cohen, Cohen, West & Aiken, 2003).

These data were also examined for multicollinearity examining the Variance Inflation Factor (VIF) and Tolerance statistics. A regression equation was used to calculate the VIF and Tolerance statistics. The VIF is an index of the amount that the variance of each regression coefficient is increased relative to a situation in which all the predictor variables are uncorrelated. Tolerance is an index of amount of independence of a predictor variable from other predictor variables (Cohen, Cohen, West & Aiken, 2003).

3. Multivariate methods. This section began with the testing of assumptions required for the multivariate analysis, followed by hypotheses testing, including testing for moderation and mediation, and a summary of the results.

a. Testing assumptions. The testing of two sets of assumptions were required prior to the multivariate analysis could proceed. The first was a test of proportionality across time and the second was equality across strata.

i. Proportionality assumption. A key assumption of the Cox proportional hazard model is proportionality, i.e. the odds ratio is assumed to be constant over time (Hosmer, Lemeshow, & May, 2008; Kleinbaum & Klein, 2005; UCLA, 2013). In survival analysis it is assumed that the ratio of the hazard function for two given observations will not vary by time. This is tested by computing covariates that are interaction terms, where time dependent covariates are interactions of the predictors with time (for example, a model might include the adoption (versus

guardianship) variable plus an interaction term of adoption x time). If this assumption is violated, possible solutions include running a new model that stratifies on the non-proportional predictors, where the only change to the baseline model is the addition of a strata statement; or the inclusion of a time-dependent covariate in the model (Hosmer, Lemeshow, & May, 2008; Kleinbaum & Klein, 2005; UCLA, 2013).

ii. Equality assumption. Survival analysis is also based on the equality assumption, testing the equality of survival across strata for predictor variables. A log-rank test of equality and examination of Kaplan-Meier curves were used for categorical predictor variables. The log-rank test is a large-sample chi-square test that provides an overall comparison of the Kaplan-Meier curves (Kleinbaum & Klein, 2005). A univariate Cox proportional hazard regression was used to test these assumptions for continuous variables.

Kaplan-Meier curves for all the categorical predictors were examined prior to building the multivariate analysis. This provides insight into the shape of the survival function and an idea of whether or not the survival functions are approximately parallel for the groups (Allison, 1995; Hosmer, Lemeshow, & May, 2008; UCLA, 2013). A p-value of .25 or less was used to indicate that a predictor variable should be included in the model (Hosmer, Lemeshow, & May, 2008; UCLA Statistical Consulting Group, 2013). The equality assumption tests were used to arrive at a more parsimonious model through the elimination of predictor variables that are unlikely to contribute to the overall model fit, given the other predictor variables.

b. Hypotheses testing. This research includes some children for whom instability has occurred. For most, however, instability has not occurred but may in the future; survival

analysis allows these cases to be right censored and corrects estimates for those cases. In addition, the occurrence of instability is a rare event, and survival analysis does not require a normal distribution of data; the technique estimates the distribution of survival times (Albert & King, 2008).

SAS SURVEYPHREG (SAS Institute, Cary, N.C.) was utilized in the testing of hypotheses associated with the survey data. This allowed for the calculation of the correct standard errors for weighted survey data. This SAS procedure performs regression analysis based on the Cox proportional hazards models for sample survey data using Taylor-series linearization methods. It incorporates complex survey sample designs, and allows for specification of weighting and strata variables.

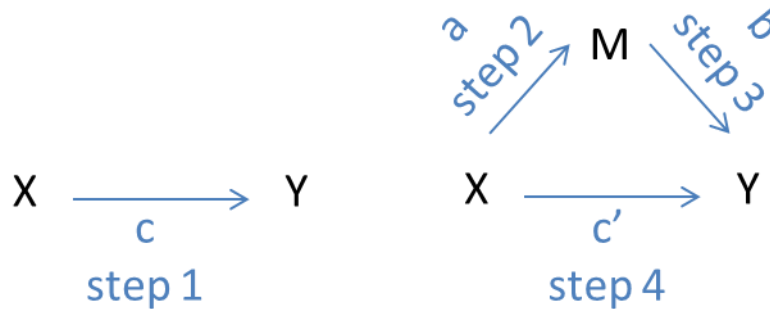
Model fit was assessed using the Schwarz Bayesian (Information) Criterion (SBC or BIC) for all the models presented in the chapter. SBC is based on the likelihood function, and is similar to the Akaike Information Criterion (AIC), but the SBC penalizes the number of parameters more stringently than AIC and accounts for models that are not nested due to the presence of missing data for some variables (Hedeker & Gibbons, 2006). The model with minimum SBC value is chosen as the best model to fit the data. Raftery (1996) suggests the following rule of thumb when assessing model fit when comparing two models: a BIC difference of less than 2 is weak, between 2 and 6 is positive, from 6 to 10 is strong and 10 or more is very strong. AIC statistics were also evaluated and resulted in the same best fitting model selection in both the population and survey data.

c. Moderation and mediation analysis. The two main effects hypotheses were tested with the population data and the survey data. Next, a moderation hypothesis, testing the interaction of the two main effect variables was conducted. This was followed by two moderation hypotheses related to the bonding social capital of the child which were tested with both data sets. Finally, two mediation hypotheses related to the social support of the caregiver were tested with the survey data only.

i. Moderation. Moderation analysis was conducted with the population data through a simple test of moderation. To test if kinship moderated the impact of adoption, the two main effects were included in a multivariate model (Model A). The second model (Model B) included the main effects plus their interaction term. If the interaction term proved to be statistically significant in Model B, then I would conclude that kinship moderated the impact of adoption. The same procedure was employed to test if the bonding social capital variables moderated the main effect variables. However, with the survey data a moderated mediation test was performed. This will be discussed under mediation.

ii. Mediation. Traditionally, mediation analyses have followed the four steps outlined by Kenny (2012) and depicted in Figure 2 to determine: (1) if the predictor variable (X) is correlated with the outcome variable (Y); (2) The effect of X on the hypothesized mediator (M); (3) the unique effect of M on Y, controlling for X; and (4) the unique effect of X on Y, controlling for M.

Figure 2. Traditional Mediation Model



More recently, however, these methods have been criticized. These criticisms (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002; MacKinnon, Lockwood, & Williams, 2004; Preacher, Rucker & Hayes, 2007; Hayes, 2009) focus on the requirement that the zero-order path (*path c*) must be statically significant for the analysis to continue. More current research establishes that *path c* does not determine the impact of either *path a* or *path b*, and that other variables may account for the relationship. Baron and Kenny's argument is logically inferred rather than empirically derived (Preacher, Rucker & Hayes, 2007; Hayes, 2009). As a consequence of this logical assumption, the method has low power in detecting indirect effects.

Conditional process modeling, also called as moderated mediation or mediated moderation (Hayes, 2012), was employed in this study. Conditional process modeling goes beyond some of the pitfalls associated with traditional mediation and moderation analysis, specifically the widely-used causal steps approach popularized by Baron and Kenny (1986).

This study has two main effect variables, type of permanence (*adoption*) and relationship with the caregiver (*kinship*). Conditional process modeling is employed when two predictor variables interactively affect a mediator, which in turn influences an outcome variable. Using the PROCESS macro created by Hayes (2012), I estimate conditional direct and indirect effects using conditional process modeling. Hayes takes a structural equation modeling approach to model direct and indirect effects, combining mediation and moderation testing in one step. In other words, the structural equation modeling approach allows the researcher to test complicated models in a single analytical step rather than a set of multiple models. Furthermore, the results allow for inspection of each of the pathways depicted in Figure 3 and discussed below.

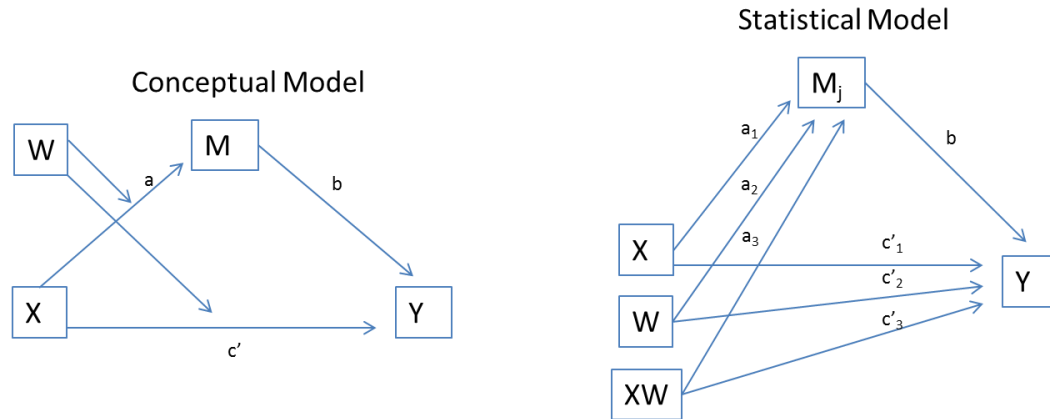
Conditional process modeling was used to test if the bonding social capital and social support variables function as focal predictors (zero-order effect); if they interact with (moderate) the other focal predictor variables; or if they inhibit, facilitate or enhance (mediate) the main effects of the other predictors.

As a precursor to the Hayes approach, I used the Aroian version of the Sobel test and attained similar (albeit less reliable) results. The Aroian results are less reliable because the test makes the assumption that the sampling distribution of the indirect effect is normal (Hayes, 2009). The techniques employed in the Hayes model, specifically bootstrapping for estimating standard errors, does not require an assumption of normality. Bootstrapping re-samples the data during analysis and produces bias-corrected confidence intervals; it also makes no assumptions about the shape of the distribution of the indirect effect. The method used in this study also minimizes the number of tests and therefore reduces the number of null hypotheses

that need to be rejected (Hayes, 2012; Preacher, Rucker & Hayes, 2007). Furthermore, the Hayes models allow the investigator to test mediation based on an estimate of the indirect effect, and to answer questions with multiple proposed mediators simultaneously.

The model tested in this study is depicted in Figure 3 (Hayes, 2012, Model 8). As depicted in the conceptual model, this model tests the conditional indirect effect of the antecedent X variable (in this case adoption or kinship, separate models were run for each) on the consequent Y variable (instability) through M (social support from family, friends or acquaintances and child care support) while holding levels of W (community stability; contact with birth parents; contact with biological siblings, separate models for each) constant. In the statistical model, the XW (interaction of X and W) variable is the causal agent of interest. The conditional indirect effect of X on Y through M is the product of the conditional effect of X on M (*path a* in the conceptual model) and the effect of M on Y holding X and W constant (*path b* in the conceptual model; Hayes, 2012).

Figure 3. Conceptual and Statistical Model for Mediated Moderation



In other words, mediated moderation occurs when two predictor variables interactively affect a mediator, which in turn influences an outcome variable. Six models will be tested with this conditional process model. All have the same outcome variable (stability after adoption or guardianship) and the same set of mediator variables (the caregiver social support variables, support from family, friends and acquaintances and child care support). The two predictor variables, for the six models are: (1) Adoption and community continuity; (2) Kinship and community continuity; (3) Adoption and contact with birth parents; (4) Kinship and contact with birth parents; (5) Adoption and contact with biological siblings; and (6) Kinship and contact with biological siblings.

Chapter 5. Results

This chapter begins with results of the univariate analyses of all variables included in the study. This is followed by bivariate analyses of associations between predictor and outcome variables, and between control and outcome variables. Next, associations among all predictor and control variables are examined along with tests for multicollinearity. This is followed by the multivariate analysis section, which begins with testing of assumptions for running survival analysis, prior to the results of hypotheses testing. The hypothesis testing section provides the results of the main effects hypotheses, followed by testing for moderation and mediation. Finally, proportionality assumptions are examined and the key results are summarized.

A. Univariate Analysis

Univariate analyses include frequencies, measures of central tendency and measures of dispersion, as appropriate, for each predictor, outcome and control variable. A sensitivity analysis was conducted to see if the regression models were robust to missing covariate data. Only one variable, community continuity (missingness = 16%), exceeded the threshold established for missingness (5%). These data were observed to have an arbitrary missing pattern, that is, there was no order to the missingness. Since the pattern was arbitrary, I used the Markov Chain Monte Carlo algorithm to draw imputed values through the SAS PROC MI (SAS Institute, Cary, N.C.). A multiple-imputed data set was created and the final models were re-run with these data. Very little difference was observed in the hazards for instability after legal permanence between the two models, suggesting that the missingness may be ignorable.

The tables in this section summarize available data for the population, the survey sample, and survey respondents. To be clear, the population (also called the target population or inferential population) is the universe of all eligible study participants. The sample consists of all potential survey respondents, all participants randomly selected to participate in the study. The survey respondents are those respondents who completed the survey and provided consent to link their responses to the administrative data. The sample is provided so that comparisons can be made between the three sets of data, however, the population and survey respondent data are the data sets analyzed in this study and are therefore the primary focus of this section.

Comparisons between the sample and the population data show similar proportions of children in all categories. One exception is that the sample had a lower proportion of children who transitioned from state custody through adoption than the population (61% vs. 71% respectively). After weighting, however, the proportion of adoptions in the survey data was identical to that of the population (71%). Differences are found when examining the data by gender; 52% of the population is female, compared to 49% of the sample and 45% of survey respondents.

Survey responses were weighted up to the inferential population (all eligible participants) from which the sample was drawn. Weights were computed for all caregivers who consented to participate in the survey. The weights were adjusted to account for unknown eligibility and non-response (see Table III). The disposition of each case was recorded by project staff. Unknown refers to potential respondents who either had no working telephone or could not be reached by the interviewer. Ineligible refers to cases where the caregiver was deceased ($n = 8$)

or the child had been absent from the home for more than three months, as reported by the caregiver ($n = 10$). The nine respondents who withheld consent for linking administrative data to their survey responses are excluded from the study, which reduced the final analysis sample to 438 children.

TABLE III - SURVEY DATA: FINAL WEIGHTS

Stratum	Population	Sample	Disposition				Weighting		
			Eligible Complete	Eligible Incomplete	Ineligible	Unknown	Completion Rate	Sample Weights	Weighted Estimates
APALIntervention-SGControl-Adoption	257	110	76	19	2	13	70.4%	3.31	251.70
APALIntervention-SGControl-Guardian		NA					NA		
APALIntervention-SGExperimental-Adoption	1193	113	82	18	2	11	73.9%	14.25	1168.63
APALIntervention-SGExperimental-Guardian	530	112	74	25	4	9	68.5%	6.87	508.46
APALComparison-SGControl-Adoption	258	110	71	18	1	20	65.1%	3.58	254.14
APALComparison-SGControl-Guardian		NA					NA		
APALComparison-SGExperimental-Adoption	1264	79	55	14	3	7	72.4%	21.99	1209.42
APALComparison-SGExperimental-Guardian	656	146	89	35	2	20	61.8%	7.25	645.59
Total	4158	670	447	129	14	80	68.1%		4037.93

1. Outcome variable. The vast majority of children who transitioned from state custody were in stable placements on June 30, 2011. Of the 4,155 children who transitioned from state custody (the population data), 92% ($n = 3,816$) were in stable placements. Similarly high rates of stability were observed among the survey respondents; 94% ($n = 410$; see Table IV).

TABLE IV- DESCRIPTIVE DATA FOR THE OUTCOME VARIABLE

	Population N=4,155	Sample n = 668	Survey Respondents ^a n = 438
Stability after permanence			
Stability	3,816 (92%)	619 (93%)	410 (94%)
Instability	339 (8%)	49 (7%)	28 (6%)
Missing	0 (0%)	0 (0%)	0

^a In the survey data, percentages, means and standard deviations are based on weighted data

2. Main effect variables. This study has two main effect variables, type of legal permanence and permanence with a relative (see Table V). The most common type of permanence was adoption in both data sets (71%, $n = 2,969$ in the population data and 71%, $n = 277$ in the survey data). While the vast majority of children transitioned from state custody with a relative, lower proportions were observed among children in the population data than in the survey data (83%, $n = 3,441$ and 87%, $n = 366$ respectively).

TABLE V - DESCRIPTIVE DATA FOR THE MAIN EFFECT VARIABLES

	Population N=4,155	Sample n = 668	Survey Respondents ^a n = 438
Type of legal permanence			
Adoption	2,969 (71%)	410 (61%)	277 (71%)
Guardianship	1,186 (29%)	258 (39%)	162 (29%)
Missing	0 (0%)	0 (0%)	0
Permanence with relative			
Kinship permanence	3,431 (83%)	556 (83%)	366 (87%)
Non-kin permanence	724 (17%)	112 (17%)	72 (13%)
Missing	0 (0%)	0 (0%)	0
^a In the survey data, percentages, means and standard deviations are based on weighted data to account for the disproportionate sampling of guardianships.			

3. Bonding social capital variables. Measures of bonding social capital are reported in Table VI: Community continuity, placement with siblings, and contact with birth parents and biological siblings after state custody.

Two measures of community continuity are reported. The first reports if the child resided in the same DCFS service area (or Local Area Network; LAN) when they transitioned from state custody to adoption or guardianship as they did when they entered state custody. As previously discussed, there was a large proportion of missing data on these variables (16% for the LAN measure; 20% for the distance measure).⁶ Multiple imputation analyses were conducted to see if the patterns of missingness may be ignorable (Allison, 2002). For these

⁶ Note: the two community stability measures are derived from different data elements in the administrative data and therefore have different numbers of missing data.

analyses, 10 imputations were analyzed. These results suggest that the missing data may be ignorable as results with the imputed data were similar to results with the missing data.

Similar proportions of children remained in the same LAN in both the population data and the survey data (34% and 36% respectively). The second measure was the distance (in miles) between a child's home of origin and their home when they transitioned from state custody to adoption or guardianship. Children in both the population and survey data lived an average of approximately 9 miles from their home or origin ($M = 9.0$ miles; $SD = 18.9$ and $M = 9.3$ miles; $SD = 17.6$ respectively).

Bonding social capital was measured through placement with siblings in both data sets. At the time that the child transitioned from state custody to adoption or guardianship, similar proportion of children were living *together*, with all of their siblings, in both the population and survey data (41% and 42% respectively); *splintered*, with some of their siblings (26% and 26% respectively); *split*, with none of their siblings (11% and 10% respectively). Twenty-two percent of the population and survey had no child welfare involved siblings.

The final bonding social capital items were contact with birth parents and biological siblings after state custody, information only available in the survey data. The majority (83%) of respondents reported that the youth had contact with at least one birth parent, and 76% reported contact with at least one biological sibling.

TABLE VI - DESCRIPTIVE DATA FOR THE BONDING SOCIAL CAPITAL VARIABLES

	Population N=4,155	Sample n = 668	Survey Respondents ^a n = 438
Community continuity (LAN)			
In the same community	1,187 (34%)	191 (34%)	122 (34%)
In a different community	2,318 (66%)	366 (66%)	237 (66%)
Missing	650 (16%)	111 (17%)	79
Community continuity (Distance)			
N	3,462	556	358
M (SD)	9.0 (18.9)	9.2 (17.7)	9.3 (17.6)
Missing	693 (20%)	112 (17%)	81
Living with siblings at the time of permanent placement			
<i>Together</i> (with all siblings)	1,684 (41%)	289 (43%)	183 (42%)
<i>Splintered</i> (with some)	1,092 (26%)	172 (26%)	113 (26%)
<i>Split</i> (with none)	457 (11%)	67 (10%)	44 (10%)
<i>Single</i> (no siblings)	922 (22%)	140 (21%)	98 (22%)
Missing	0 (0%)	0 (0%)	0
Contact with birth parent(s)			
Had Contact			366 (83%)
No Contact			71 (17%)
Missing			1
Contact with biological sibling(s)			
Had Contact			326 (76%)
No Contact			112 (24%)
Missing			0

^a In the survey data, percentages, means and standard deviations are based on weighted data. Missing data percentages are not reported because they are included in the weighting procedures.

4. Caregiver social support variables. Information on the perceived levels of social support for caregivers was only available in the survey data (see Table VII). Survey respondents reported perceived social support from family, friends and acquaintances, and support related to child care. Respondents reported a mean of 8.3 ($SD = 2.2$) out of 15 perceived supports from family; 6.1 ($SD = 3.5$) out of 15 support from friends, and 4.2 supports

($SD = 3.9$) out of 12 from acquaintances. Respondents also report a mean of 1.8 (out of 3) ($SD = 0.8$) available child care supports.

TABLE VII - DESCRIPTIVE DATA FOR THE CAREGIVER SOCIAL SUPPORT VARIABLES

Survey Respondents ^a	
<i>n</i> = 438	
Support from family	
N	438
M (SD)	8.3(2.2)
Missing	0
Support from friends	
N	432
M (SD)	6.1(3.5)
Missing	6
Support from acquaintances	
N	431
M (SD)	4.2(3.9)
Missing	7
Child care support	
N	435
M (SD)	1.8(0.8)
Missing	3

^a In the survey data, percentages, means and standard deviations are based on weighted data. Missing data percentages are not reported because they are included in the weighting procedures.

5. Control variables. Descriptive data for control variables are in Table VIII. On average, children spent more than four years with the caregiver with whom they ultimately attained permanence in both the population and survey data ($M = 51.6$, $SD = 25.0$ months and $M = 51.9$, $SD = 23.9$ months respectively). In both the population and survey data, children

experienced a mean of less than one behavior-related move in substitute care ($M = 0.2$; $SD = 0.5$ and $M = 0.2$; $SD = 0.5$ respectively) and almost one move, not including those previously mentioned, while in state custody ($M = 0.9$; $SD = 1.4$ and $M = 0.8$; $SD = 1.4$ respectively).

At the time of transition from state custody to adoption or guardianship, the mean age was just over 7 years old in both data sets ($M = 7.6$ years; $SD = 2.9$ and $M = 7.2$; $SD = 2.8$). The racial composition of these children was predominately African American: 91% African American, 4% of Hispanic ethnicity, 4% White, and 1% other races or ethnicities in the population data. In the survey data an even higher proportion of children were African American (94%). The population was split almost equally along gender lines (52% female in the population; 45% in the survey).

Two control variables were only available in the survey data, the age of the caregiver and the caregiver-reported child's Behavioral Problem Index (BPI). The mean age of the caregiver at the time that the child transitioned from state custody through adoption or guardianship was 48.6 years old ($SD = 11.3$). The vast majority of respondents scored below the 90th percentile on the BPI (73%), where they may be at risk for mental health referrals.

TABLE VIII - DESCRIPTIVE DATA FOR THE CONTROL VARIABLES

	Population N=4,155	Sample n = 668	Survey Respondents ^a n = 438
Time spent with adoptive / guardianship caregiver in substitute care (months)			
N	4,022	659	433
M (SD)	51.6(25.0)	51.8(24.6)	51.9(23.9)
Missing	133 (3%)	9 (1%)	5
Behavior-related instability in custody			
N	4,011	659	433
M (SD)	0.2(0.5)	0.2(0.5)	0.2(0.5)
Missing	144 (3%)	9 (1%)	5
Instability in substitute care			
N	4,022	659	433
M (SD)	0.9 (1.4)	0.9(1.5)	0.8(1.4)
Missing	144 (3%)	9 (1%)	5
Age at the time of permanence			
N	4,155	668	438
M (SD)	7.6(2.9)	7.7(2.9)	7.2(2.8)
Missing	0 (0%)	0 (0%)	0
Child's race or ethnicity			
African American	3,785 (91%)	628 (94%)	414 (94%)
Hispanic	186 (4%)	15 (2%)	9 (2%)
White	148 (4%)	19 (3%)	4 (3%)
Other	36 (1%)	6 (1%)	12 (1%)
Missing	0 (0%)	0 (0%)	0
Child's gender			
Female	2,152 (52%)	329 (49%)	205 (45%)
Male	2,002 (48%)	339 (51%)	233 (55%)
Missing	1 (0%)	0 (0%)	0
Caregiver age when child attained permanence			
N			417
M (SD)			48.6 (11.3)
Missing			22
Behavioral Problem Index			
Above the 90 th percentile			126 (27%)
Below the 90 th percentile			311 (73%)
Missing			1

^a In the survey data, percentages, means and standard deviations are based on weighted data.
Missing data percentages are not reported because they are included in the weighting procedures.

B. Bivariate Analysis

The bivariate analyses examine associations between predictor and outcome variables, and between control and outcome variables. The tables in this section summarize available data for the population and survey respondents. To test for statistical differences between groups, t-tests were run for interval or ratio predictor variables and chi-square tests for categorical predictor variables.

1. Main effect variables. Bivariate data for the main effect variables are in Table IX. Children who transitioned from state custody through adoption were more likely to achieve long-term stability than children who transitioned through guardianship (93% vs. 88% respectively). Yet the difference between children who transitioned with kin compared to non-kin caregivers was less pronounced (92% vs. 90% respectively). Of the children whose caregivers participated in the survey, more of the children who transitioned through adoption (96%) compared to those who had transitioned through guardianship (90%) were in stable placements at the end of the observation period. These differences were statistically significant, $\chi^2(1, n = 438) = 5.59, p < .0181$. No statistically significant differences in rates of stability were observed between children who transitioned with a kin caregiver compared to those who transitioned with a non-relative caregiver (94% vs. 95% respectively, $\chi^2(1, n = 438) = 0.02, p = .9010$). Interestingly, the proportions of children who experienced stability are slightly different between the population, sample and survey data. In the population data, children placed with kin are more likely to experience stability compared to non-kin. However children placed with kin are slightly less likely to experience stability in the sample and survey data, compared to children living with non-kin.

TABLE IX - BIVARIATE DATA FOR THE MAIN EFFECT VARIABLES

	Population		Sample		Survey ^a		
	Stability	Instability	Stability	Instability	Stability	Instability	
Type of legal permanence							*
Adoption	2,771 (93%)	198 (7%)	390 (95%)	20 (5%)	265 (96%)	11 (4%)	
Guardianship	1,045 (88%)	141 (12%)	229 (89%)	29 (11%)	145 (90%)	17 (10%)	
Permanence with relative							n.s.
Kinship permanence	3,166 (92%)	265 (8%)	514 (92%)	42 (8%)	342 (94%)	24 (6%)	
Non-kin permanence	650 (90%)	74 (10%)	105 (94%)	7 (6%)	68 (95%)	4 (5%)	
^a In the survey data, percentages are weighted data							
*p<.05; **p<.01; ***p<.001; ****p<.0001; n.s.=not statistically significant at .05level							

2. Bonding social capital variables. Measures of bonding social capital are reported in Table X. Community continuity, placement with siblings, and contact with birth parents and biological siblings after state custody.

Again, two measures of community continuity are presented. No significant difference was observed between children who remained within their community versus those who did not in the population data (92% and 91% respectively) or the survey data (97% vs. 95% respectively), $\chi^2(1, n = 359) = 1.58, p = .2086$. Examining the second measure of community continuity, little difference was observed in the distance between communities ($M = 9.0$ miles, $SD = 19.0$ vs. $M = 8.9$ miles, $SD = 17.1$) in the population data and in the survey data ($M = 8.9$ miles, $SD = 16.0$ vs. $M = 18.7$ miles, $SD = 37.6$).

Furthermore, similar rates of long-term stability were observed between children living *together*, with all their siblings, *splintered*, with some of their siblings, *split*, with none of their siblings, and *single* children with no siblings (92%, 91%, 92% and 91% respectively) in the

population data. In the survey data, 95% of children living *together*; 93% of children who were *splintered*; 95% of children *split*; and 94% of *single* children, $\chi^2 (3, n = 438) = 1.13, p = .7690$).

The bonding social capital variables available only in the survey data were contact with birth parents and biological siblings. Youth who had contact with their birth parent(s) were less likely to experience stability than youth who did not have contact with their birth parent(s) (93%, $n = 339$ vs. 99%, $n = 70$ respectively), $\chi^2 (1, n = 437) = 4.47, p = .0345$. In addition, youth who had contact with their biological siblings after state custody were less likely to experience long-term stability than youth who did not have contact with their biological siblings, $\chi^2 (1, n = 438) = 7.44, p = .0064$.

TABLE X - BIVARIATE DATA FOR THE BONDING SOCIAL CAPITAL VARIABLES

	Population		Sample		Survey ^a		
	Stability	Instability	Stability	Instability	Stability	Instability	
Community continuity (LAN)							
In the same community	1,092 (92%)	95 (8%)	178 (93%)	13 (7%)	117 (97%)	5(3%)	n.s.
In a different community	2,120 (91%)	198 (9%)	337 (92%)	29 (8%)	220 (95%)	17(5%)	
Community continuity (Distance)							
N	3,177	285	514	42	336	22	n.s.
M(SD)	9.0(19.0)	8.9(17.1)	8.9(16.8)	11.8(26.6)	8.9(16.0)	18.7(37.6)	
Living with siblings at the time of permanent placement							
Together (with all siblings)	1,553 (92%)	131 (8%)	271 (94%)	18 (6%)	174 (95%)	9 (5%)	n.s.
Splintered (with some)	998 (91%)	94 (9%)	159 (92%)	13 (8%)	104 (93%)	9 (7%)	
Split (with none)	422 (92%)	35 (8%)	61 (91%)	6 (9%)	41 (95%)	3 (5%)	
Single (no siblings)	843 (91%)	79 (9%)	128 (91%)	12 (9%)	91 (94%)	7 (6%)	
Contact with birth parent(s)							
Had Contact					339 (93%)	27 (7%)	*
No Contact					70 (99%)	1 (1%)	
Contact with biological sibling(s)							
Had Contact					300 (93%)	26 (7%)	**
No Contact					110 (99%)	2 (1%)	
^a In the survey data, percentages are weighted data							
*p<.05;**p<.01; ***p<.001;****p<.0001; n.s.=not statistically significant at .05level							

3. Caregiver social support variables. Caregiver social support variables were only available in the survey data (see Table XI). There was no statistically significant association between perceptions of any available supports and long term stability. This finding applies to perceptions of supports from family ($M = 8.3$, $SD = 2.2$ vs. $M = 7.4$, $SD = 2.6$), friends ($M = 6.1$, $SD = 3.5$ vs. $M = 6.2$, $SD = 3.1$), and acquaintances ($M = 4.2$, $SD = 3.9$ vs. $M = 4.2$, $SD = 3.7$). This also applies to child care supports ($M = 1.8$, $SD = 0.8$ vs. $M = 1.5$, $SD = 0.9$).

TABLE XI - BIVARIATE DATA FOR THE CAREGIVER SOCIAL SUPPORT VARIABLES

	Survey ^a		
	Stability	Instability	
Support from family			n.s.
N	410	28	
M(SD)	8.3(2.2)	7.4(2.6)	
Support from friends			n.s.
N	406	26	
M(SD)	6.1(3.5)	6.2(3.1)	
Support from acquaintances			n.s.
N	405	26	
M(SD)	4.2(3.9)	4.2(3.7)	
Child care support			n.s.
N	408	27	
M(SD)	1.8(0.8)	1.5(0.9)	

^a Survey data based on weighted data

*p<.05; **p<.01; ***p<.001; ****p<.0001;
n.s.=not statistically significant at .05level

4. Control variables. The bivariate relationships for the control variables are presented in Table XII. Very little difference was observed in terms of the mean time children spend in substitute care, or the time spent with the caregiver prior to transitioning from state custody in either data set. Furthermore, similar rates of instability while in state custody, related to behavioral issues or not, were also observed in both the population and survey data.

Regarding child demographics, a relatively lower percentage of African American children lived in a stable placement (91%) compared to Hispanic children (98%) and White children (93%) in the population data. Among survey respondents, examination of long-term stability by race or ethnicity revealed that non-African American children (100%) were significantly more likely than African American children (94%) to have stable placements.

However, due to the low number of non-African American children in the survey data, and none who experienced instability, race had to be dropped from the multivariate analyses of the survey data. Further, no statistically significant differences were observed by gender (93%, $n = 189$ for females vs. 95%, $n = 221$ for males), $\chi^2 (1, n = 438) = 0.82, p = .3660$.

Two other control variables, caregiver's age at the time the child transitioned to permanence and caregiver report of the Behavioral Problem Index (BPI), were available only in the survey data. The caregiver's age at the time of transition did not have a significant bivariate relationship with stability at the .05 level. In addition, children with a BPI score in the 90th percentile were as likely as children with a score below the 90th percentile to have stable placements, $\chi^2 (3, n = 437) = 1.99, p = .1581$.

TABLE XII - BIVARIATE DATA FOR THE CONTROL VARIABLES

	Population		Sample		Survey ^a		
	Stability	Instability	Stability	Instability	Stability	Instability	
Time spent with adoptive or guardianship caregiver in substitute care (months)							n.s.
N	3,694	328	611	48	406	27	
M(SD)	51.9(25.1)	47.2(23.4)	51.9(24.7)	50.2(23.6)	52.0(23.8)	49.7(25.8)	
Number of non-behavior-related moves in substitute care							n.s.
N	3,694	328	611	48	406	27	
M(SD)	0.8(1.4)	1.1(1.6)	0.8(1.5)	1.0(1.5)	0.8(1.3)	0.9(1.6)	
Number of behavior-related moves while in custody							n.s.
N	3,694	328	611	48	406	27	
M(SD)	0.2(0.5)	0.2(0.5)	0.2(0.5)	0.3(0.5)	0.2(0.4)	0.3(0.6)	
Age at the time of permanence							n.s.
N	3,816	339	619	49	410	28	
M(SD)	7.6(2.9)	7.4(2.9)	7.7(2.9)	7.5(3.3)	7.3(2.8)	6.8(3.4)	
Child's race or ethnicity							b
African American	3,462 (91%)	323 (9%)	580 (92%)	48 (8%)	385 (94%)	28 (6%)	
Hispanic	182 (98%)	4 (2%)	14 (93%)	1 (7%)	9 (100%)	0 (0%)	
White	138 (93%)	10 (7%)	19 (100%)	0 (0%)	12 (100%)	0 (0%)	
Other	34 (94%)	2 (6%)	6 (100%)	0 (0%)	4 (100%)	0 (0%)	
Child's gender							n.s.
Female	1,968 (91%)	184 (9%)	301 (91%)	28 (9%)	189 (93%)	16 (7%)	
Male	1,847 (92%)	155 (8%)	318 (94%)	21 (6%)	221 (95%)	12 (5%)	
Caregiver age when child attained permanence							n.s.
N					392	25	
M(SD)					48.7(11.3)	46.5(11.8)	
Behavioral Problem Index							n.s.
Above the 90 th percentile					118 (91%)	8(9%)	
Below the 90 th percentile					292(96%)	19(4%)	
^a In the survey data, percentages are weighted data							
^b Chi-square tests were not computed for stability by race because at least one cell is empty.							
*p<.05; **p<.01; ***p<.001; ****p<.0001; n.s.=not statistically significant at .05level							

5. Tests for correlations and multicollinearity. Correlation matrices using the population data and the survey data were used to examine the associations between the control, predictor and outcome variables. These data were also examined for multicollinearity

examining the Variance Inflation Factor (VIF) and Tolerance statistics. The VIF is an index of the amount that the variance of each regression coefficient is increased relative to a situation in which all the predictor variables are uncorrelated. Tolerance is an index of amount of independence of a predictor variable from other predictor variables (Cohen, Cohen, West & Aiken, 2003).

Table XIII displays the correlation matrix for all control, predictor and outcome variables in the population data. None of the correlations suggest that areas of concern regarding high correlations or multicollinearity.

TABLE XIII - CORRELATION COEFFICIENTS POPULATION DATA

	Stability	Adoption	Kinship	Single	Splintered	Split	Same Comm- unity	Time Care- giver	Moves in Custody	Behav. Moves	Age at Perm	African American
Adoption	-0.09											
Kinship	0.03	0.03										
Single	-0.04	-0.08	-0.14									
Splintered	0.02	-0.01	0.00	-0.33								
Split	0.00	-0.04	-0.11	-0.21	-0.18							
Same Community	0.01	0.00	0.14	0.00	-0.04	-0.05						
Time with Caregiver	0.09	0.00	0.38	-0.13	0.06	-0.03	0.02					
Moves in Custody	-0.10	-0.05	-0.39	-0.02	0.07	0.17	-0.13	-0.19				
Behavioral Moves	-0.06	-0.04	-0.18	-0.04	0.06	0.06	-0.12	-0.03	0.01			
Age at Permanence	0.03	-0.29	-0.49	-0.22	0.08	0.00	-0.15	0.13	0.31	0.13		
African American	-0.05	0.02	0.05	-0.11	0.09	0.01	0.00	0.10	0.06	0.00	-0.07	
Female	-0.01	-0.02	0.02	-0.02	0.02	-0.01	0.02	0.05	-0.03	-0.01	-0.02	0.00

Table XIV displays the correlation matrix for the survey data and reveals a similar pattern of correlations with the variables shown above in the population data. None of these correlations suggest areas of concern regarding overlapping variables measuring the same construct.

TABLE XIV - CORRELATION COEFFICIENTS SURVEY DATA

	Stability	Adoption	Kinship	Single	Splintered	Split	Same Comm-	Time Care- giver	Moves in Custody	Behav. Moves	Age Perm	Female	Support / Family	Support / Friend	Support / Acq	Support / Child Care	Contact BPI	Contact Parents	Contact Siblings
Adoption	-0.13																		
Kinship	0.01	-0.06																	
Single	0.10	0.14	0.08																
Splintered	0.00	-0.10	0.04	-0.31															
Split	-0.02	-0.02	-0.09	-0.18	-0.19														
Same Community	0.05	0.06	0.12	0.00	0.08	-0.10													
Time Caregiver	0.05	-0.05	0.28	0.03	-0.09	0.06	0.02												
Moves in Custody	-0.13	-0.09	-0.38	0.05	0.05	0.19	-0.05	-0.15											
Behavioral Moves	-0.13	-0.20	-0.21	-0.01	-0.05	0.11	-0.02	0.00	-0.06										
Age at Perm	0.00	-0.51	-0.56	0.07	-0.10	0.12	-0.06	0.15	0.30	0.12									
Female	-0.04	-0.07	0.00	-0.07	0.03	0.02	0.04	0.08	0.00	-0.05	0.02								
Support / Family	0.17	0.02	-0.14	0.00	0.01	0.04	0.00	0.09	0.04	-0.03	0.04	0.03							
Support / Friend	0.05	-0.03	-0.20	0.05	-0.08	0.03	0.00	0.02	0.10	0.05	0.12	0.10	0.48						
Support / Acq	0.01	-0.02	-0.13	0.02	-0.04	0.05	-0.05	0.04	0.15	-0.05	0.07	0.09	0.31	0.56					
Support / Child	-0.14	-0.01	0.02	0.12	0.01	0.03	0.03	-0.02	0.04	-0.15	-0.12	0.03	-0.02	0.03	0.08				
BPI	-0.11	-0.10	-0.08	0.06	-0.01	0.03	-0.06	0.14	0.05	0.01	0.11	-0.10	-0.04	0.02	0.02	-0.10			
Contact Parents	-0.09	0.18	0.16	0.07	-0.10	0.16	0.11	0.00	0.06	-0.05	0.03	0.06	0.14	0.04	0.04	-0.10	0.06		
Contact Siblings	-0.11	0.01	0.01	-0.01	0.01	-0.02	0.03	0.05	0.08	-0.10	0.05	0.10	0.00	0.00	0.11	-0.03	0.07	0.18	
Caregiver Age	0.09	-0.06	-0.08	-0.01	0.09	0.06	0.15	0.17	0.02	0.01	0.03	0.01	0.00	-0.08	-0.07	-0.04	0.03	0.09	-0.21

The next step examined the data for the presence of multicollinearity. The VIF and Tolerance statistics were examined to understand the variance for each coefficient and to determine the amount of distinct independence was associated with each coefficient. Together with the correlation matrices, these statistics help to identify variables that may be measuring the same underlying construct and therefore may be eliminated from the multivariate analysis.

While some authors suggest that a VIF of greater than 10 or a tolerance of less than .01 is suggestive of serious multicollinearity (Cohen, Cohen, West & Aiken, 2003), others suggest that tolerances below .40 should be of concern in the behavioral sciences (Allison, 2012). Furthermore, Allison (2012) suggests that this approach to diagnosing multicollinearity occasionally misses serious multicollinearity, and suggests the linear combinations should ideally be adjusted by the weight matrix used in the maximum likelihood algorithm. The unadjusted and adjusted Tolerance and VIF collinearity diagnostic statistics are provided in the following tables, however, for these data, there was only a slight difference between the unadjusted and adjusted statistics.

Results with the population data (Table XV) and the survey data (Table XVI) found no variables that met the threshold for exclusion with tolerance levels below .40.

TABLE XV - TOLERANCE AND VARIANCE INFLATION FACTOR (VIF) FOR THE POPULATION DATA

	Tolerance	VIF	Tolerance Adjusted	VIF Adjusted
Adoption	0.93	1.08	0.91	1.10
Kinship	0.77	1.29	0.74	1.35
Single	0.81	1.23	0.78	1.28
Splintered	0.80	1.24	0.78	1.29
Split	0.84	1.19	0.82	1.22
Same Community	0.96	1.04	0.96	1.04
Time Caregiver	0.87	1.14	0.88	1.14
Moves	0.81	1.23	0.77	1.30
Behavioral Moves	0.96	1.04	0.96	1.04
Age at Perm	0.71	1.40	0.67	1.48
African American	0.98	1.02	0.99	1.01
Female	1.00	1.00	0.99	1.01

TABLE XVI - TOLERANCE AND VARIANCE INFLATION FACTOR (VIF) FOR THE SURVEY DATA

	Tolerance	VIF	Tolerance Adjusted	VIF Adjusted
Adoption	0.71	1.41	0.71	1.41
Kinship	0.66	1.51	0.66	1.53
Single	0.77	1.30	0.71	1.40
Splintered	0.75	1.33	0.68	1.46
Split	0.79	1.26	0.78	1.29
Same Community	0.91	1.10	0.90	1.12
Time Caregiver	0.80	1.25	0.83	1.21
Moves	0.78	1.28	0.66	1.51
Behavioral Moves	0.88	1.14	0.85	1.18
Age at Perm	0.58	1.74	0.55	1.80
African American	0.89	1.13	1.00	1.00
Female	0.89	1.12	0.91	1.10
Support / Family	0.63	1.58	0.65	1.53
Support / Friend	0.56	1.78	0.54	1.86
Support / Acq	0.67	1.50	0.63	1.60
Support / Child	0.84	1.19	0.72	1.39
BPI Score	0.88	1.14	0.85	1.17
Contact Parents	0.78	1.28	1.00	1.00
Contact Siblings	0.80	1.25	0.88	1.13
Caregiver Age at Permanence	0.86	1.16	0.83	1.20

C. Multivariate Analysis

The section on multivariate analysis begins with results of the testing of assumptions required for survival analysis. This is followed by hypotheses testing. The hypothesis testing section provides the results of the main effects hypotheses, and of tests for moderation and mediation.

1. Testing assumptions. The testing of two sets of assumptions were required prior to the multivariate analysis could proceed. The first was a test of proportionality across time and the second was equality across strata.

a. Proportionality assumption: Population data: Table XVII shows the results of the test of the proportionality assumption analysis. The time-dependent variables are significant individually and collectively, $\chi^2 (2, n= 4,155) = 22.00, p = <.0001$, suggesting that *adoption* and *kinship* may violate the proportionality assumption.

TABLE XVII - POPULATION DATA: TESTING THE PROPORTIONALITY ASSUMPTION

Parameter	Hazard Ratio	95% Confidence Intervals	
Adoption	0.12	0.07	0.21
Kinship	0.31	0.17	0.57
Adopt*time	1.02	1.01	1.02
Kin*time	1.01	1.00	1.01
Linear Hypotheses Proportionality Test:	$\chi^2 (2, n= 4,155) = 22.00, p = <.0001$		

One solution to the violation of the proportionality assumption is to run a new model that stratifies on the non-proportional predictors, where the only change to the baseline model is the addition of a strata statement (Hosmer, Lemeshow, & May, 2008; Kleinbaum & Klein, 2005; UCLA, 2013). The underlying assumption with the stratified model is that separate models are being fit for each level of strata under the constraint that the coefficients are equal but the baseline hazard functions are not equal. The results of the stratified model (see Appendix B,

Table BI) are similar to the baseline model. This suggests that the violation does not affect the results and thus stratification is not necessary.

b. Proportionality assumption: Survey data. The same proportionality assumption outlined above was tested with the survey data. Results found that the time-dependent variables are statically significant at the conventional .05 level (see Table XVIII), either collectively or individually, thus rejecting the assumption of proportionality, $\chi^2 (2, n = 438) = 6.97, p = .0306$.

TABLE XVIII - SURVEY DATA: TESTING THE PROPORTIONALITY ASSUMPTION

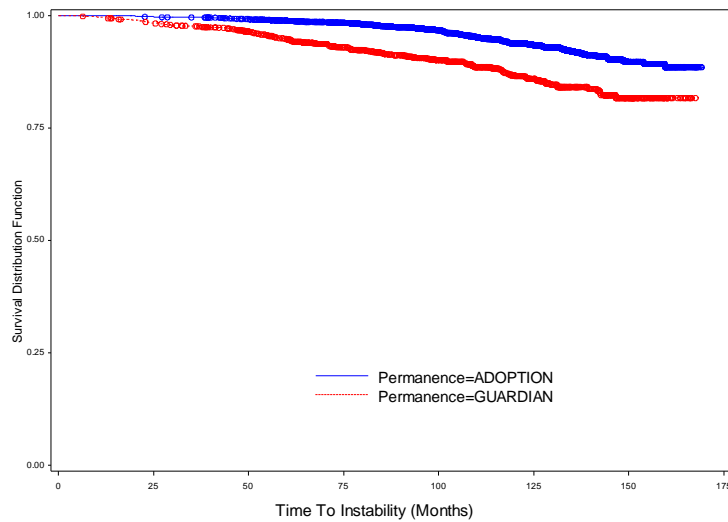
Parameter	Hazard Ratio	95% Confidence Intervals	
Adoption	0.01	0.00	0.22
Kinship	0.06	0.00	1.44
Adopt*time	1.04	1.01	1.07
Kin*time	1.05	0.98	1.12
Linear Hypotheses			
Proportionality Test:	$\chi^2 (2, n = 438) = 6.97, p = .0306$		

The same solution to the violation of the proportionality assumption applied to the population data was applied to the survey data. The results of the stratified model (see Appendix B, Table BII) are similar to the baseline model. This suggests that the violation does not affect the results, therefore stratification is not required.

c. Equality assumption: Population data. The log-rank test of equality across the strata for the type of permanence (adoption or guardianship) meets the criteria inclusion as a potential

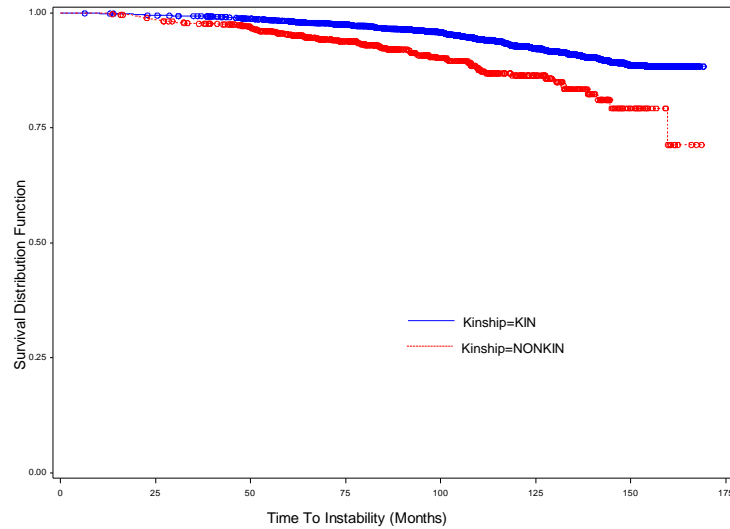
candidate for the final model ($\chi^2(1, n = 4,155) = 58.80, p < .0001$). Figure 4 illustrates that the survival functions for each type of permanence are not perfectly parallel, rather they separate at approximately 50 months after the transition from state custody to adoption or guardianship.

Figure 4. Population Data: Survival Distribution Function: Adoption vs Guardianship



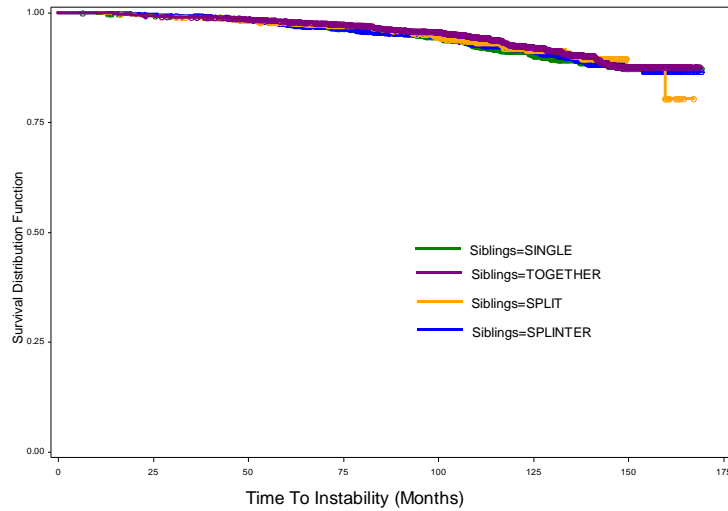
The log-rank test of equality across the strata for the relationship between the child and caregiver (kinship vs. non-kin) variable meets the criteria for inclusion as a potential candidate for the final model ($\chi^2(1, n = 4,155) = 33.90, p < .0001$). Figure 5 illustrates that the survival functions for each type of legal permanence are parallel until about 50 months when they begin to diverge.

Figure 5. Population Data: Survival Distribution Function for Kinship vs Non-Kin



The log-rank test of equality across the strata for placement with siblings does not meet the criteria for inclusion as a potential candidate for the final model ($\chi^2(3, n = 4,155) = 0.95$, $p = .8129$). Figure 6 illustrates that the survival functions for each type of sibling placement, and they are indistinguishable from one another.

Figure 6. Population Data: Survival Distribution Function for Placement with Siblings



A Kaplan-Meier curve is not recommended for continuous variables, rather separate Cox proportional hazard models were estimated for community continuity (distance). The χ^2 test for community continuity (distance) is not statistically significant, ($\chi^2 (1, n = 3,462) = 0.57, p = .4504$) (Table XIX). Therefore, this variable should not be included in the final model.

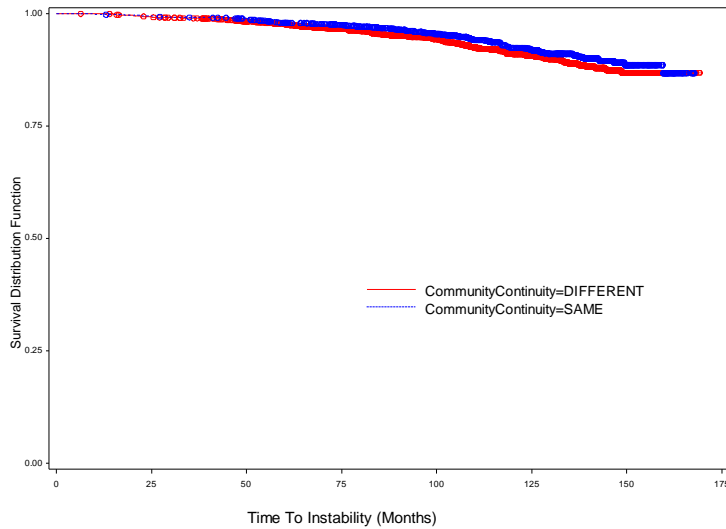
TABLE XIX - POPULATION DATA: TEST OF EQUALITY OVER STRATA: DISTANCE FROM HOME OF ORIGIN

Parameter	df	Parameter Estimate	Standard Error	χ^2	p-value	Hazard Ratio
Community continuity (distance)	1	0.00	0.00	0.57	.4504	1.002

The log-rank test of equality across the strata for community continuity meets the criteria for inclusion as a potential candidate for the final model ($\chi^2(1, n = 3,505) = 2.12, p = .1450$).

Figure 7 illustrates parallel lines for both groups across time.

Figure 7. Population Data: Survival Distribution Function for Community Continuity (LAN)

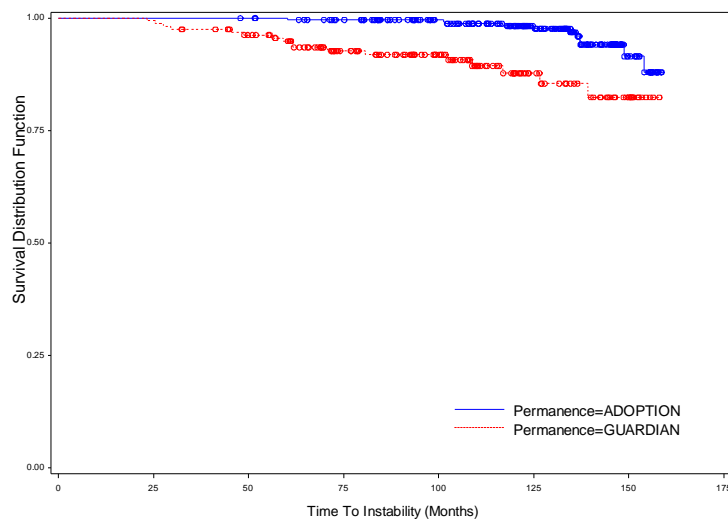


d. Equality assumption: Survey data The log-rank test of equality across the strata for the type of permanence (adoption or guardianship) met the criteria for inclusion and will be included as a potential candidate for the final model, ($\chi^2(1, n = 438) = 15.13, p = .0001$).

Figure 8 illustrates that the survival functions for each type of permanence are not perfectly

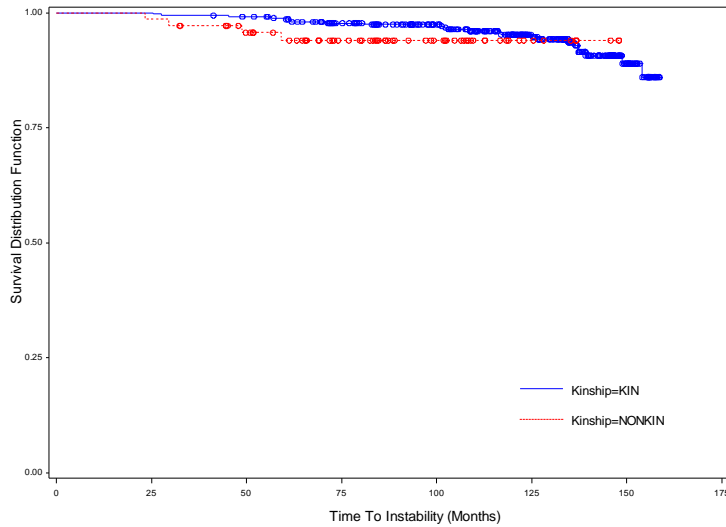
parallel; they begin to diverge at about 2 years after the transition from state custody to adoption or guardianship.

Figure 8. Survey Data: Survival Distribution Function for Adoption vs Guardianship



The log-rank test of equality across the strata for the predictor of relationship between the child and caregiver (kinship vs. non-kin) meets the inclusion criteria, ($\chi^2 (1, n = 438) = 1.69, p = .1935$) thus relationship will be included as a potential candidate for the final model. Figure 9 illustrates the survival function for each type of legal permanence.

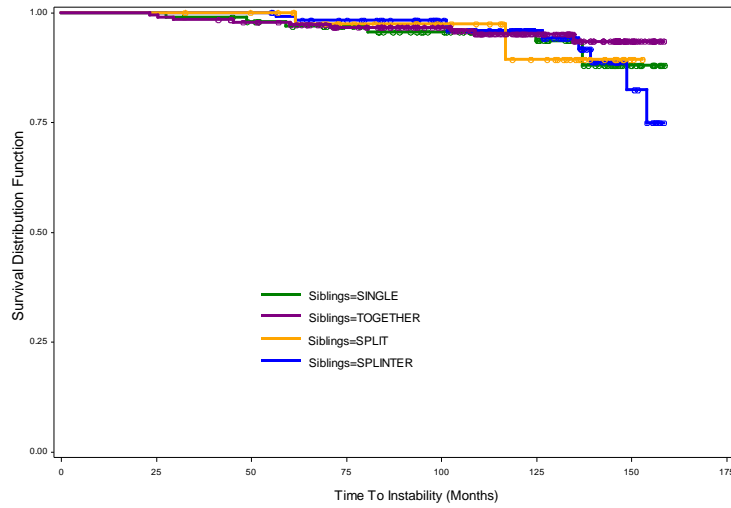
Figure 9. Survey Data: Survival Distribution Function for Kinship vs. Non-Kin



As with the population data, Cox proportional hazard models were estimated for community continuity (distance).

The log-rank test of equality across the strata for the siblings placement does not meet the inclusion criteria, ($\chi^2(3, n = 438) = 0.92, p = .8198$) thus relationship will not be included as a potential candidate for the final model. Figure 10 illustrates the survival function for each type of sibling placement.

Figure 10. Survey Data: Survival Distribution Function for Siblings Placement



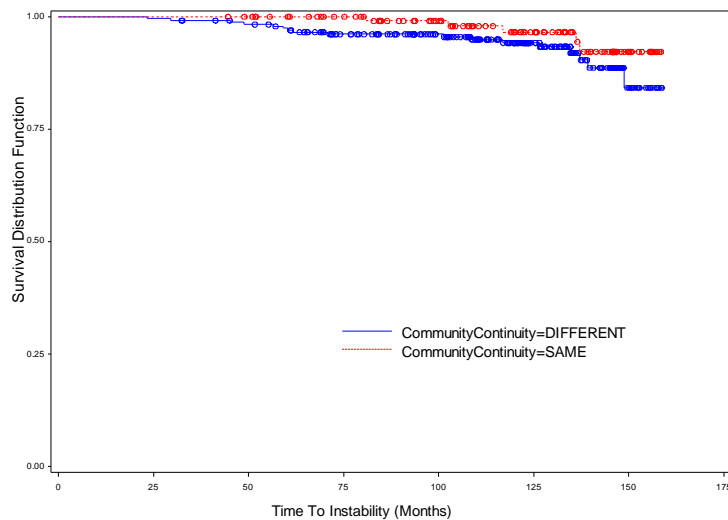
The χ^2 test for community continuity (distance) is not statistically significant ($\chi^2 (1, n = 340) = 0.72, p = .3962$; see Table XX) and will therefore not be included in the final model.

TABLE XX - SURVEY DATA: TEST OF EQUALITY OVER STRATA: DISTANCE FROM HOME OF ORIGIN

Parameter	df	Parameter Estimate	Standard Error	χ^2	p-value	Hazard Ratio
Community continuity (distance)	1	-0.43	0.51	0.72	.3962	0.650

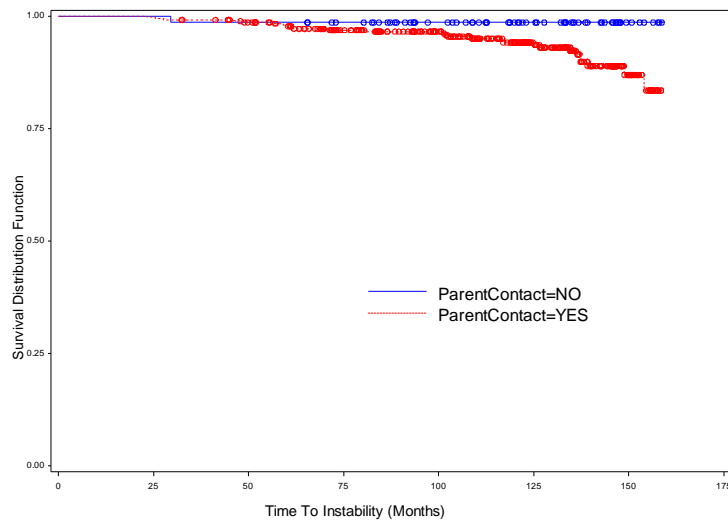
The log-rank test of equality across the strata for the predictor of community continuity has a *p-value* that barely meets the inclusion criteria ($\chi^2(1, n = 359) = 1.89, p = .1697$), thus relationship will be included as a potential candidate for the final model. Figure 11 illustrates the survival function for community continuity.

Figure 11. Survey Data: Survival Distribution Function for Community Continuity



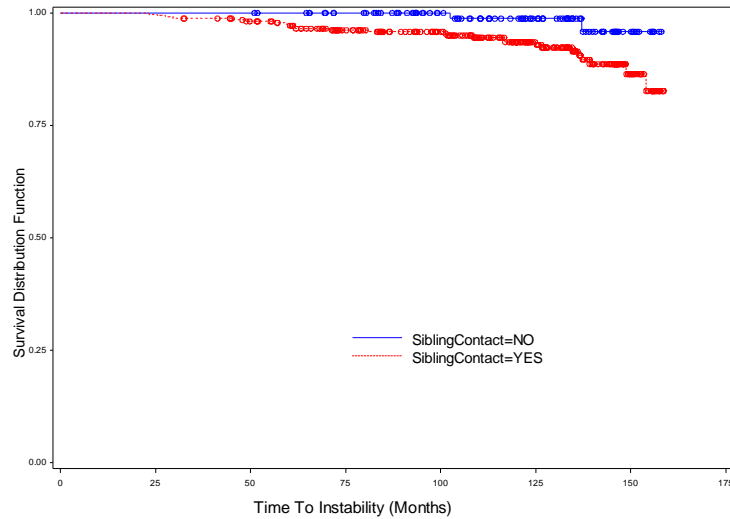
The log-rank test of equality across the strata for the predictor of contact with parents has a p -value that meets the inclusion criteria ($\chi^2(1, n = 437) = 3.37, p = .0666$), thus relationship will be included as a potential candidate for the final model. Figure 12 illustrates the survival function for contact with birth parents after state custody.

Figure 12. Survey Data: Survival Distribution Function for Contact with Parents



The log-rank test of equality across the strata for the predictor contact with siblings meets the inclusion criteria as a potential candidate for the final model ($\chi^2(1, n = 438) = 5.18, p = .0229$). Figure 13 illustrates the survival function for contact with siblings post state custody.

Figure 13. Survey Data: Survival Distribution Function for Contact with Siblings



2. Hypotheses testing. This section first presents the result of the main effects hypotheses. It then presents results from hypotheses for bonding social capital and caregiver social support. This section concludes with a summary of the results of the hypotheses tests.

a. Main effects hypotheses. The two main effect hypotheses are:

H₁: Children who transition from state custody through adoption experience less instability than children who transition through guardianship.

H₂: Children who transition from state custody with kin caregivers experience less instability than children who transition with non-kin caregivers.

Provided that adoption and kinship each directly influence the outcome of interest, long-term stability, my first moderation hypothesis test is if there is an interaction between these two main effects:

H₃: The relationship between type of legal permanence and long-term stability is moderated by the child-caregiver relationship (kin vs non-kin).

Results of models testing these hypotheses are in Table XXI. As shown in Model 1, a main effect for adoption ($HR = 0.42$, 95% CI [0.34, 0.53]) and kinship ($HR = 0.44$, 95% CI [0.34, 0.58]) was found; both are significantly related to long-term stability. That is, when controlling for the effects of kinship, children transitioning from state custody through adoption were 58% less likely to experience instability than those transitioning through guardianship. Similarly, when holding type of legal permanence constant, children transitioning with kin were 56% less likely to experience instability than those transitioning with non-relatives.

In Model 2, the main effects persist, but the interaction term (*adoption x kinship*) is not statistically significant ($HR = 1.20$, 95% CI [0.71, 2.03]), and the overall model fit of the second model was not as robust as the first (a decrease of 5 SBC points). That is, kinship does not moderate the main effect of adoption.

In Model 3, the main effects for type of legal permanence and kinship persist even after control variables are introduced. Specifically, after adjusting for kinship and all control variables, transition from state custody through adoption was associated with 51% lower hazard ratios for instability than transitions through guardianship. Transitions with kin were associated with 35% lower hazard ratios for instability than with non-kin, after adjusting for type of legal

permanence and all control variables. Further, Model 3's SBC value (5064.19) is 231 points lower (better) than that of Model 1 (SBC = 5294.90), thus, supporting the selection of Model 3 over 1 or 2.

TABLE XXI - POPULATION DATA: MAIN EFFECTS MODELS

	Population Model 1			Population Model 2			Population Model 3		
	Hazard Ratio	95% Confidence Intervals		Hazard Ratio	95% Confidence Intervals		Hazard Ratio	95% Confidence Intervals	
Adoption	0.42*	0.34	0.53	0.37*	0.23	0.58	0.49*	0.39	0.61
Kinship	0.44*	0.34	0.58	0.40*	0.26	0.60	0.65*	0.47	0.89
Adoption * Kin				1.20	0.71	2.03			
Time with Caregiver							0.99	0.99	1.00
Instability in Custody							1.13*	1.05	1.21
Behavioral Moves							1.24*	1.01	1.53
Age at Permanence							1.16*	1.10	1.23
African American							2.08*	1.22	3.56
Female							1.14	0.92	1.42
Model Fit Statistics:									
SBC		5294.90			5300.25			5064.19	
AIC		5287.24			5288.77			5033.85	
* Statistically significant at .05 level									

Several of the control variables were statistically significant. Children who experienced instability while in state custody were more likely to experience instability after permanence ($HR = 1.13$, 95% $CI [1.05, 1.21]$) than children who did not experience instability in custody. An even strong effect was observed for children who experienced instability related to behavioral issue ($HR = 1.24$, 95% $CI [1.01, 1.53]$), compared to those who did not. In addition, the older children were at the time of adoption or guardianship, the more likely they were to experience

instability after adoption or guardianship ($HR = 1.16$, 95% CI [1.10, 1.23]). Finally, African American children were much more likely to experience instability after legal permanence than non-African American children ($HR = 2.08$, 95% CI [1.22, 3.56]).

Taken together, the evidence provides support for the main hypotheses. Both kinship and adoption are significantly and negatively related to instability, a relationship that continues after introduction of control variables. In addition, these analyses do not support the moderating hypotheses; the main effect of adoption is not moderated by kinship.

c. Bonding social capital and social support hypotheses. This section presents results from hypotheses that tested if the relationship between the main effects (type of legal permanence and child-caregiver biological relationship) and long-term stability were moderated by the bonding social capital of the child. Also presented are results from hypotheses that tested if the relationship between the main effects and long-term stability were mediated by the caregiver's perceived level of social support.

In the population data, these hypotheses involve two indicators of bonding social capital (living with siblings and community continuity) and in the survey data four indicators of bonding social capital are used (living with siblings, community continuity, contact with birth parents and contact with biological siblings). The bonding social capital hypotheses are:

H₄: The relationship between type of legal permanence and stability is moderated by the bonding social capital of the child.

H₅: The relationship between the child-caregiver biological relationship (kin vs. non-kin) and stability is moderated by the bonding social capital of the child.

The caregiver social support hypotheses apply only to the survey data. These hypotheses are:

H₆: The relationship between type of legal permanence and stability is mediated by the caregivers' perceived level of social support.

H₇: The relationship between the child-caregiver biological relationship (kin vs. non-kin) and stability is mediated by the caregivers' perceived level of social support.

i. Population data: Bonding social capital model. Building on the main effects models presented earlier, the bonding social capital variable (community continuity) was added to the multivariate models (Model 4), and the moderators (*community x adoption* and *community x kin*) were added to Model 5 (Table XXII). The other bonding social capital variable available in the population data (siblings living together) violated the assumption of equality across strata discussed previously and was, therefore, not included.

Results show that the main effects of adoption ($HR = 0.51$, 95% CI [0.41, 0.65]) and kinship ($HR = 0.64$, 95% CI [0.46, 0.91]) persist, controlling for all other variables in the model. Holding all other variables constant, community continuity was not a statistical significance predictor of instability ($HR = 0.95$, 95% CI [0.74, 1.22]).⁷ Furthermore, community stability did not moderate the impact of adoption or kinship (Model 5) as neither of these interaction terms was statistically significant at the conventional .05 level. However, the addition of community continuity (LAN) alone (Model 4) improved the overall model fit; the SBC in Model

⁷Model 4 was run with community (distance) substituted for community (LAN) and similar results were found: For distance: $HR = 1.00$, 95% CI [0.99, 1.01], controlling for all other covariates; SBC = 4347.24).

4 is 630 points lower than the SBC from Model 3, thus supporting the selection of Model 4 over Models 2 or 5.

TABLE XXII - POPULATION DATA: MODEL WITH BONDING SOCIAL CAPITAL

	Population Model 4			Population Model 5		
	Hazard Ratio	95% Confidence Intervals		Hazard Ratio	95% Confidence Intervals	
Adoption	0.51*	0.41	0.65	0.50*	0.37	0.66
Kinship	0.64*	0.46	0.91	0.65*	0.45	0.94
Time with Caregiver	1.00	0.99	1.00	1.00	0.99	1.00
Instability in Custody	1.13*	1.05	1.22	1.13*	1.05	1.22
Behavioral Moves	1.32*	1.06	1.63	1.32*	1.06	1.64
Age at Permanence	1.18*	1.11	1.25	1.18*	1.11	1.25
African American	2.47*	1.35	4.51	2.46*	1.35	4.51
Female	1.10	0.88	1.39	1.11	0.88	1.39
Community Continuity (LAN)	0.95	0.74	1.22	0.90	0.43	1.87
Adoption*Community				1.12	0.68	1.85
Kin*Community				0.99	0.47	2.06
Model Fit Statistics:						
SBC			4434.54			4445.69
AIC			4401.45			4405.24
*Statistically significant at .05						

Similar to previous models, several of the control variables continued to influence the outcomes in a statistically significant manner, including instability, both the overall measure ($HR = 1.13$, 95% CI [1.05, 1.22]) and the measure related to behavioral moves ($HR = 1.32$, 95% CI [1.06, 1.64]). Similarly, age at permanence ($HR = 1.18$, 95% CI [1.11, 1.25]) and race ($HR = 2.46$, 95% CI [1.35, 4.51]) continued to be strong predictors on instability.

My hypothesis was that bonding social capital would moderate the relationship between kin and long-term stability, and the relationship between type of legal permanence and long-term stability. Results of these analyses do not support this hypothesis.

ii. Survey data: Direct effects of bonding social capital and social support. Prior to examining the effects of bonding social capital and caregiver social support, this section begins with two base models that replicate the findings in the population data. This is done to establish if there are differences between the population data and the sample. This is followed by an examination of the direct effects of bonding social capital and caregiver social support. The moderating and mediating analyses occurs in the next section of this dissertation.

As shown in Model 1 (Table XXIII), similar to the population data, adoption is significantly related to stability ($HR = 0.21$, 95% CI [0.09, 0.47]). These main effects endure after control variables are introduced into the model (Model 2). Holding kinship and all control variables constant, children who transitioned through adoption were associated with 78% lower hazard ratios for instability than children who transitioned through guardianship ($HR = 0.22$, 95% CI [0.08, 0.61]). In addition, the SBC value associated with Model 2 is 878 points lower than Model 1, suggesting that Model 2 is a better fitting model. Results of these analyses provide support for the main hypothesis regarding type of legal permanence.

Similar to the population data, children placed with kin caregivers were less likely to experience instability than children placed with non-kin caregivers ($HR = 0.58$, 95% CI [0.20, 1.68]). While the main effect for kinship did not reach a level of statistical significance in the survey data, the direction of the effect was the same as the population data. As will be

discussed in the final chapter, the relatively rare occurrence of instability means that there was not enough statistical power to pick up the same magnitude of an effect as in the population data.

TABLE XXIII - SURVEY DATA: MAIN EFFECTS MODELS

	Survey Model 1			Survey Model 2		
	Hazard Ratio	95% Confidence Intervals		Hazard Ratio	95% Confidence Intervals	
Adoption	0.21*	0.09	0.47	0.22*	0.08	0.61
Kinship	0.58	0.20	1.68	0.96	0.17	5.32
Time with Caregiver				0.99	0.97	1.02
Instability in Custody				1.18	0.87	1.59
Behavioral Moves				1.59	0.68	3.75
BPI Score				2.58	0.85	7.81
Child Age at Permanence				1.12	0.93	1.35
Caregiver Age at Permanence				0.97	0.93	1.02
Female				1.64	0.72	3.75
Model Fit Statistics:						
SBC			3314.65			2436.80
AIC			3307.83			2408.36
*Statistically significant at .05						

Finally, because of the much smaller sample size in the survey data, the large sizes of some of the hazard ratios associated with the control variables cannot confidently be distinguished from no effect, and are therefore not statistically significant. For instance, in the population data, a hazard of 1.24 for behavioral moves was statistically different from 1, yet the larger hazard of 1.59 for behavioral moves in the survey data is cannot be confidently distinguished from 1.

Building on the main effects models, the bonding social capital variables were added to the previous multivariate models (see Table XXIV). Model 3 adds the bonding social capital variables (community continuity, contact with birth parents and contact biological siblings); Model 4 adds the caregiver social support variables (social support from family, friends and acquaintances); and Model 5 includes the bonding social capital and caregiver social support variables.

In each of these models the main effect of adoption persists (Model 3: $HR = 0.20$, 95% CI [0.06, 0.61]; Model 4: $HR = 0.21$, 95% CI [0.07, 0.62]; and Model 5: $HR = 0.16$, 95% CI [0.05, 0.51]), controlling for all other covariates in the models. In addition, similar to earlier models with the survey data, the main effect of kinship was not a statistically significant predictor of long-term stability in any of these models, holding all other variables constant. Furthermore, the bonding social capital variables did not lead to a statistically significant change in the hazards of instability, controlling for the other covariates in the model.⁸ However, with the caregiver social support variables in the final model, support from family resulted in greater likelihood of experiencing instability ($HR = 1.29$, 95% CI [1.03, 1.62]) and support related to child care reduced the likelihood of instability ($HR = 0.39$, 95% CI [0.17, 0.90]). Regarding the best fitting model, the addition of the bonding social capital variables in Model 3 improved the model fit statistics by 865 SBC points over Model 2; the addition of the caregiver social support variables in Model 4 decreased the SBC by 56 points (compared to Model 2); and the SBC

⁸ Model 3 was re-run substituting community (distance) for community (LAN) and similar results were found: $HR = 1.02$, 95% CI [1.01, 1.03]; $SBC = 1553.24$.

associated with Model 5 was 953 points lower than Model 2, and 88 SBC points lower than Model 3. In other words, the best fitting model for these data was Model 5.

TABLE XXIV - SURVEY DATA: MODELS WITH BONDING SOCIAL CAPITAL AND CAREGIVER SOCIAL SUPPORT

	Survey Model 3			Survey Model 4			Survey Model 5		
	Hazard Ratio	95% Confidence Intervals		Hazard Ratio	95% Confidence Intervals		Hazard Ratio	95% Confidence Intervals	
Adoption	0.20*	0.06	0.61	0.21*	0.07	0.62	0.16*	0.05	0.51
Kinship	0.56	0.12	2.68	0.99	0.19	5.25	0.86	0.16	4.57
Time with Caregiver	1.00	0.97	1.02	0.99	0.97	1.02	0.99	0.96	1.02
Instability in Custody	1.20	0.86	1.68	1.19	0.83	1.70	1.29	0.86	1.95
Behavioral Moves	2.43	0.92	6.38	1.60	0.56	4.54	2.49	0.82	7.54
BPI Score	1.60	0.40	6.44	2.77	0.90	8.59	2.49	0.51	12.30
Child Age at Permanence	1.12	0.87	1.43	1.11	0.92	1.33	1.05	0.80	1.36
Caregiver Age at Permanence	1.00	0.95	1.06	0.97	0.93	1.02	1.00	0.95	1.06
Female	0.78	0.26	2.38	1.66	0.71	3.88	0.72	0.24	2.22
Community Continuity (LAN)	0.52	0.15	1.81				0.68	0.19	2.39
Contact with Siblings	2.57	0.47	13.95				3.91	0.53	28.98
Contact with Birth Parents	e	e	e				e	e	e
Support / Family				1.08	0.85	1.36	1.29*	1.03	1.62
Support / Friends				0.96	0.80	1.15	0.97	0.80	1.16
Support / Acquaintances				1.00	0.86	1.16	1.01	0.89	1.15
Support / Child Care				0.67	0.38	1.18	0.39*	0.17	0.90
Model fit statistics:									
SBC			1571.88			2380.94			2380.94
AIC			1538.78			2340.12			1440.63
^e Inadequate numbers in cells									
* Statistically significant at .05									

iii. Survey data: Moderating and mediate effects of bonding social capital and social support. With the survey data, I am interested in testing if the bonding social capital variables moderate, and the caregiver social support variables mediate, the relationship between the main effect variables and instability after adoption or guardianship. Conditional process modeling was employed to test if the bonding social capital and social support variables function as focal predictors (zero-order effect); if they interact with (moderate) the other focal predictor variables; or if they inhibit, facilitate or enhance (mediate) the main effects of the other predictors. In other words, mediated moderation occurs when two predictor variables interactively affect a mediator, which in turn influences an outcome variable.

To accomplish this analysis, I ran a series of six conditional process models using the PROCESS macro (Model 8) created by Hayes (2012) to estimate conditional direct and indirect effects. The following models were tested:

TABLE XXV - CONDITIONAL PROCESS MODELS

Variable	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
X	Adoption	Kinship	Adoption	Kinship	Adoption	Kinship
W	Community	Community	Contact Parent	Contact Parent	Contact Sibling	Contact Sibling
WX	Comm*Adopt	Comm*Kin	Parent*Adopt	Parent*Kin	Sibling*Adopt	Sibling*Kin
Mediators are the same for all models: Support from family, friends, and acquaintances and child care support						

Results from the models are summarized in Table XXVI thru Table XXXVII. With each of these sets of results, the first table presents the path coefficients corresponding to the conceptual model, and the second table represents the conditional direct and indirect effects.

In sum, this analysis found that the measures of bonding social capital do not moderate the relationship between adoption and long-term stability. Furthermore, the measures of bonding social capital do not moderate that relationship between kinship and long-term stability. Finally, the measures of caregiver social support do not mediate the relationship between adoption and long-term stability, nor do they mediate the relationship between kinship and long-term stability at conventional levels of significance (i.e. at .05 or better).

TABLE XXVI - PATH COEFFICIENTS: MODEL 1 ADOPTION AND COMMUNITY STABILITY

Measure	Mediators: Path	Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals	
Adoption (X)	a ₁	0.35	-0.22	0.91	0.07	-0.87	1.00	0.71	-0.33	1.75	0.00	-0.20	0.21
Community (W)	a ₂	0.03	-0.69	0.75	0.02	-1.18	1.22	0.88	-0.45	2.21	0.15	-0.11	0.42
Comm x Adopt (WX)	a ₃	-0.21	-1.15	0.73	-0.54	-2.10	1.02	-2.19	-3.92	-0.46	-0.12	-0.46	0.22
Mediator	b	0.15	-0.15	0.44	-0.10	-0.28	0.08	0.09	-0.06	0.24	-0.60	-1.26	0.06
Adoption (X)	c' ₁	-1.36	-2.51	-0.21	-1.36	-2.51	-0.21	-1.36	-2.51	-0.21	-1.36	-2.51	-0.21
Community (W)	c' ₂	-0.72	-2.11	0.66	-0.72	-2.11	0.66	-0.72	-2.11	0.66	-0.72	-2.11	0.66
Comm x Adopt (WX)	c' ₃	0.68	-1.52	2.87	0.68	-1.52	2.87	0.68	-1.52	2.87	0.68	-1.52	2.87

TABLE XXVII - CONDITIONAL DIRECT AND INDIRECT EFFECTS: MODEL 1 ADOPTION AND COMMUNITY STABILITY

		Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI	
Different	-1.36, p = .0214	0.05	-0.02	0.39	-0.01	-0.18	0.10	0.06	-0.03	0.36	0.00	-0.22	0.16
Same	-0.68, p = .4715	0.02	-0.08	0.33	0.05	-0.06	0.38	-0.13	-0.55	0.07	0.07	-0.05	0.56

TABLE XXVIII - PATH COEFFICIENTS: MODEL 2 KINSHIP AND COMMUNITY STABILITY

Measure	Mediators: Path	Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals	
Kinship (X)	a ₁	-0.54	-1.24	0.16	-0.72	-1.87	0.44	-0.57	-1.86	0.73	0.07	-0.18	0.33
Community (W)	a ₂	0.22	-1.22	1.66	0.97	-1.42	3.35	0.86	-1.81	3.53	0.29	-0.24	0.81
Comm x Kin (WX)	a ₃	-0.31	-1.83	1.21	-1.29	-3.81	1.23	-1.32	-4.14	1.50	-0.23	-0.78	0.33
Mediator	b	0.10	-0.17	0.37	-0.08	-0.26	0.09	0.08	-0.07	0.23	-0.57	-1.23	0.08
Kinship (X)	c' ₁	-0.16	-1.50	1.18	-0.16	-1.50	1.18	-0.16	-1.50	1.18	-0.16	-1.50	1.18
Community (W)	c' ₂	e	e	e	e	e	e	e	e	e	e	e	e
Comm x Kin (WX)	c' ₃	e	e	e	e	e	e	e	e	e	e	e	e
^e Insufficient data to produce reliable results													

TABLE XXIX - CONDITIONAL DIRECT AND INDIRECT EFFECTS: MODEL 2 KINSHIP AND COMMUNITY STABILITY

		Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
Conditional direct effect		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI	
Different	-0.16, p = .8150	-0.05	-0.32	0.04	0.06	-0.06	0.34	-0.05	-0.39	0.04	-0.04	-0.39	0.08
Same	19.15, p = .9993	-0.09	-0.46	0.07	0.17	-0.17	0.72	-0.15	-0.89	0.10	0.09	-0.22	0.90

TABLE XXX - PATH COEFFICIENTS: MODEL 3 ADOPTION AND PARENTAL CONTACT

Measure	Mediators: Path	Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals	
Adoption (X)	a ₁	0.09	-1.24	1.41	-0.30	-2.53	1.93	-0.26	-2.77	2.26	-0.29	-0.79	0.21
Contact Parent (W)	a ₂	0.31	-0.95	1.57	0.15	-1.97	2.27	0.00	-2.39	2.39	-0.19	-0.66	0.29
Parent x Adopt (WX)	a ₃	0.19	-1.21	1.58	0.25	-2.10	2.60	0.34	-2.30	2.98	0.29	-0.24	0.81
Mediator	b	-0.04	-0.27	0.18	-0.01	-0.17	0.15	0.04	-0.09	0.17	-0.41	-0.94	0.12
Adoption (X)	c' ₁	-0.09	e	e	-0.09	e	e	-0.09	e	e	-0.09	e	e
Contact Parent (W)	c' ₂	e	e	e	e	e	e	e	e	e	e	e	e
Parent x Adopt (WX)	c' ₃	-0.74	e	e	-0.74	e	e	-0.74	e	e	-0.74	e	e
^e Insufficient data to produce reliable results													

TABLE XXXI - CONDITIONAL DIRECT AND INDIRECT EFFECTS: MODEL 3 ADOPTION AND PARENTAL CONTACT

		Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
	Conditional direct effect	Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI	
No Contact	-0.09, p = 1.000	0.00	-0.34	0.21	0.00	-0.20	0.29	-0.01	-0.42	0.15	0.12	-0.05	0.67
Yes Contact	-0.83, p = .0523	-0.01	-0.16	0.04	0.00	-0.05	0.08	0.00	-0.04	0.11	0.00	-0.07	0.12

TABLE XXXII - PATH COEFFICIENTS: MODEL 4 KINSHIP AND PARENTAL CONTACT

Measure	Path	Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals	
Kinship (X)	a ₁	-1.59	-2.65	-0.53	-2.36	-4.14	-0.57	-1.89	-3.91	0.13	-0.21	-0.61	0.20
Contact Parent (W)	a ₂	-0.53	-1.59	0.52	-0.56	-2.33	1.21	-0.60	-2.60	1.41	-0.15	-0.56	0.25
Parent x Kin (WX)	a ₃	1.36	0.14	2.58	1.49	-0.56	3.54	1.33	-0.99	3.65	0.28	-0.19	0.74
Mediator	b	-0.06	-0.28	0.16	-0.01	-0.17	0.15	0.04	-0.09	0.17	-0.40	-0.93	0.13
Kinship (X)	c' ₁	-0.15	e	e	-0.15	e	e	-0.15	e	e	-0.15	e	e
Contact Parent (W)	c' ₂	e	e	e	e	e	e	e	e	e	e	e	e
Parent x Kin (WX)	c' ₃	0.40	e	e	0.40	e	e	0.40	e	e	0.40	e	e
^e Insufficient data to produce reliable results													

TABLE XXXIII - CONDITIONAL DIRECT AND INDIRECT EFFECTS: MODEL 4 KINSHIP AND PARENTAL CONTACT

		Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
	Conditional direct effect	Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI	
No Parent Contact	-1.15, p = 1.000	0.09	-0.25	0.51	0.02	-0.39	0.44	-0.08	-0.48	0.12	0.08	-0.03	0.40
Yes Parent Contact	0.24, p = .7031	0.01	-0.03	0.14	0.01	-0.15	0.19	-0.02	-0.25	0.04	-0.03	-0.31	0.06

TABLE XXXIV - PATH COEFFICIENTS: MODEL 5 ADOPTION AND SIBLING CONTACT

Measure	Mediators: Path	Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals	
Adoption (X)	a ₁	0.53	-0.27	1.32	0.47	-0.87	1.82	0.01	-1.49	1.52	0.05	-0.25	0.35
Contact Sibling (W)	a ₂	0.13	-0.61	0.86	0.60	-0.63	1.83	0.76	-0.62	2.14	-0.07	-0.35	0.20
Sibling x Adopt (WX)	a ₃	-0.45	-1.38	0.47	-0.81	-2.37	0.74	-0.01	-1.75	1.74	-0.12	-0.47	0.23
Mediator	b	-0.01	-0.23	0.21	-0.02	-0.19	0.14	0.03	-0.10	0.17	-0.40	-0.95	0.15
Adoption (X)	c' ₁	e	e	e	e	e	e	e	e	e	e	e	e
Contact Sibling (W)	c' ₂	1.68	-0.39	3.75	1.68	-0.39	3.75	1.68	-0.39	3.75	1.68	-0.39	3.75
Sibling x Adopt (WX)	c' ₃	e	e	e	e	e	e	e	e	e	e	e	e
^e Insufficient data to produce reliable results													

TABLE XXXV - CONDITIONAL DIRECT AND INDIRECT EFFECTS: MODEL 5 ADOPTION AND SIBLING CONTACT

		Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI	
No Sibling Contact	-20.43, p = .9992	-0.01	-0.17	0.12	-0.01	-0.25	0.08	0.00	-0.15	0.13	-0.02	-0.34	0.10
Yes Sibling Contact	-1.00, p = .0222	0.00	-0.08	0.04	0.01	-0.05	0.14	0.00	-0.06	0.10	0.03	-0.03	0.19

TABLE XXXVI - PATH COEFFICIENTS: MODEL 6 KINSHIP AND SIBLING CONTACT

Measure	Mediators: Path	Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals		Coef- ficient	95% Confidence Intervals	
Kinship (X)	a ₁	-0.77	-1.75	0.21	-1.26	-2.90	0.38	-2.24	-4.08	-0.40	-0.11	-0.48	0.25
Contact Sibling (W)	a ₂	-0.46	-1.51	0.59	0.01	-1.74	1.76	-0.78	-2.75	1.18	-0.30	-0.69	0.09
Sibling x Kin (WX)	a ₃	0.40	-0.76	1.56	0.15	-1.79	2.09	1.92	-0.25	4.09	0.18	-0.25	0.62
Mediator	b	-0.02	-0.23	0.19	-0.01	-0.17	0.15	0.03	-0.10	0.17	-0.37	-0.92	0.18
Kinship (X)	c' ₁	e	e	e	e	e	e	e	e	e	e	e	e
Contact Sibling (W)	c' ₂	e	e	e	e	e	e	e	e	e	e	e	e
Sibling x Kin (WX)	c' ₃	e	e	e	e	e	e	e	e	e	e	e	e

^e Insufficient data to produce reliable results

TABLE XXXVII - CONDITIONAL DIRECT AND INDIRECT EFFECTS: MODEL 6 KINSHIP AND SIBLING CONTACT

		Support from Family			Support from Friends			Support from Acquaintances			Child Care Support		
	Conditional direct effect	Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI		Conditional indirect effect	Bootstrap CI	
No Sibling Contact	18.69, p = .9994	0.02	-0.16	0.22	0.01	-0.21	0.36	-0.07	-0.50	0.22	0.04	-0.05	0.31
Yes Sibling Contact	0.31, p = .6342	0.01	-0.06	0.13	0.01	-0.21	0.22	-0.01	-0.17	0.06	-0.03	-0.28	0.07

In sum this evidence suggests that the addition of measures of bonding social capital improved the overall model fit, suggesting that these measures contribute to the understanding of instability after adoption or guardianship, but they do not support the moderating hypotheses regarding the relationship between the main effects and instability after legal permanence. The addition of the caregiver social support measures did not result in an improved model fit, but also did not provide support for the mediation hypotheses.

3. Summary. Collectively, these results show that children who transition from state custody through adoption are more likely to experience long-term stability than children who transition through guardianship. This finding persisted in the presence of control variables, and was not moderated by the bonding social capital of the child, nor was this finding mediated by the caregiver's social support variables. These results were found in both the population and survey data.

These results also indicate that children who transition from state custody with relatives were less likely to experience instability than children who transitioned with non-kin caregivers. However, in the survey due to the lack of power to detect differences with the relatively small sample size, this difference did not reach the conventional level of statistical significance. Similar to the findings regarding the type of legal permanence, these findings persisted when adjusting for control variables and were not moderated by the addition of bonding social capital measures, nor were they mediated by the addition of caregiver social support measures.

Chapter 6. Discussion

Concern about the stability of children's living arrangements has occupied social work journals and has been a topic of discussion in social work classrooms, child-serving agencies and in other practice and policy arenas. Furthermore, research, practice, and policy have focused on ensuring stability for children who are removed from their homes and living under state custody. This includes research into the caregiver, placement and child factors related to stability for children in state custody. This also includes an examination of factors related to adoptive placements in state custody where the adoption is never finalized. However, once legal permanence has been obtained, there is an assumption that stability has been achieved, and little research exists that tests this assumption. Additionally, while child welfare policy stipulates a preference for adoption over guardianship, there is little empirical basis for this preference. Research also suggests that kinship acts as a protective factor for children in and outside the child welfare system, and this study confirms this kinship effect with children who have transitioned from state custody through adoption and guardianship. This study is a starting point for beginning to understand the long-term stability for these children and their families.

This chapter begins with a discussion of the research findings, followed by study limitations, questions to consider for future research, and concludes with study implications.

A. Research Findings and Discussion

This section begins with a discussion of the overall outcomes of this study. The long-term outcomes of children who have transitioned from state custody are difficult to obtain. Most states or jurisdictions do not track children after state custody has terminated. This study

begins to address this concern through the tracking of outcomes through administrative data and provides a foundation for future research. In this section I also discuss the findings related to differences in outcomes for the two main effect variables, the child-caregiver relationship (kin vs. non-kin) and type of legal permanence (adoption vs. guardianship). I conclude this section with a summary of the hypotheses related to the bonding social capital of the children and the social support of the caregivers.

1. What do the findings tell us about long-term stability? This study was based on a population of children and youth whose caregivers were interviewed in 2008. At the time of the interview the children and youth in their care were between the ages of 11 and 17, the age when instability is most likely to occur. Results from this study found that the vast majority of these youth were in stable placements through June, 2011, three years later; 7% of children who transitioned through adoption and 12% of children who transitioned through guardianship experienced what I have defined as instability. Instability, as defined in this study, consists broadly of two different types of experiences: (1) Children for whom an adoptive or guardianship subsidy payment ends prematurely, and (2) Children who re-enter state custody.

2. Main effect hypotheses. Two main hypotheses were tested in this study: (1) Given the preference for adoption over guardianship in child welfare policy, and the assumption that the adoption is more lasting than guardianship, children who transition from state custody through adoption will experience greater stability than children who transition from state custody through subsidized guardianship. (2) Given the preponderance of research establishing that children placed with kin are more likely to be in stable long-term placements than children placed

with non-kin while in state custody, children who transition from state custody with relatives will experience greater stability than children who transition from state custody with non-relative caregivers.

Results from this study found that children who transition from state custody through adoption are 49% less likely to experience instability than children who transition through guardianship ($HR = 0.51$, 95% CI [0.41, 0.65]). This study also found that children who transition from state custody with kin caregivers are 36% less likely to experience instability than children who transition from state custody with non-kin caregivers ($HR = 0.64$, 95% CI [0.46, 0.91]).

The kinship effect seen with the population data was replicated with the survey data. In the base model with the population data, children who transitioned with kin were 56% less likely to experience instability compared to children who transitioned with non-kin. In the based model with the survey data, children who transitioned with kin were 42% less likely to experience instability compared to children who transitioned with non-kin. Because only four children living with non-kin caregivers experienced instability, the hazards associated with the survey data were not statistically significant.

The analysis with the survey data was re-run to see if the findings related to adoption versus guardianship changed if non-kin caregivers were excluded from the analysis ($n = 366$). This allows for an examination of the impact of adoption on children who transitioned with kin caregivers. Univariate and bivariate results shown in Table XXXVIII found a smaller proportion of youth who transitioned through adoption (71% in the original sample, compared to

65% when only kinship caregivers were included). Similar proportions of youth experience instability among those who transitioned through adoption (4% in the original sample and 5% in the sample with only kinship caregivers) and guardianship (10% in both the original sample and the sample with only kinship caregivers). Replication of the results from a Cox Regression Model using SAS SURVEYPHREG (SAS Institute, Cary N.C.) found that a model run with all cases included and adoption as the sole predictor variable resulted in a hazard ratio of 0.20, [*CI* = 0.09, 0.46], with the sample with only kin caregivers the hazard ratio was 0.24 [*CI* = 0.10, 0.59]. This suggests that for children who transition with kin, the impact of adoption is not as strong, but does not change the overall findings in a substantive manner.

TABLE XXXVIII - SURVEY DATA: EXCLUDING NON-KINSHIP CAREGIVERS

	All Children	Stability	Instability
Type of permanence			
Adoption	238 (65%)	227 (95%)	11 (5%)
Guardianship	128 (35%)	115 (90%)	13 (10%)

3. Bonding social capital hypotheses. Two hypotheses related to bonding social capital were tested in this study: (1) The relationship between type of legal permanence (adoption or guardianship) and post-custody stability will be moderated by the bonding social capital of the children in the study; (2) The relationship between the caregiver-child biological relationship (kin or non-kin) and post-custody stability will be moderated by the bonding social

capital of the children in the study. The child's bonding social capital was operationalized with the population data as (1) placement with biological siblings after state custody and (2) the maintenance of ties to the child's community of origin (living in the same community pre and post state custody). In the survey data two additional bonding social capital variables were included (3) contact with birth parents and (4) contact with biological siblings after state custody.

In testing the assumptions required to run the survival analysis I found that the placement with sibling variable violated the assumption of equality across strata. The strata used to categorize sibling placement were: (1) *split*: children placed with none of their siblings; (2) *splintered*: children living with at least one sibling, but not all of their siblings; (3) *together*: children living with all of their siblings; and (4) *single*: children with no known siblings. The equality across strata assumption essentially states that if there is no variation in outcomes over time across strata that the variable should be omitted from the multivariate models. Sibling placement violated this assumption and was therefore excluded from the analysis.

While sibling placement has been widely used to understand a range of outcomes from placement stability to mental health outcomes for children in foster care, perhaps a more nuanced measure is needed particularly when examining the long-term stability of children after state custody. Perhaps if biological siblings were separated at a young age they have developed sibling bonds with their non-biological siblings. Alternatively the amount and nature of contact between siblings is not measured; perhaps these nuances add variation to the outcome of interest. These and other limitations related to the measurement of siblings are discussed in a later section of this chapter.

With regards to community continuity, this study found that staying in the same community leads to no statistically significant changes at the conventional .05 or better levels, in instability for children who have transition from state custody through adoption or guardianship, controlling for other covariates in the model. This was true in both the population and survey data. In addition, this study found that post-custody contact with birth parents and biological siblings leads to no statistically significant changes at the conventional .05 or better levels, in instability after adoption or guardianship for children who transition from state custody through adoption or guardianship, controlling for other covariates in the model.

Finally, in this study I hypothesized that the relationship between kinship and long-term stability would be moderated by bonding social capital. However, the very nature of kinship and bonding social capital, as defined by this study, are conflated. Children living with kin caregivers are, by default, more likely to be in contact with their family of origin and to the communities they were living in at the time of transition into state custody. This conflation is a limitation of this study.

4. Caregiver social support hypotheses. Two hypotheses related to caregiver social support were: (1) The relationship between type of legal permanence (adoption or guardianship) and post-custody stability will be mediated by the caregivers' perceived level of social support; (2) The relationship between the caregiver-child biological relationship (kin or non kin) and post-custody stability will be mediated by the caregivers' perceived level of social support. Results of these analyses do not support either of these hypotheses. However, the model provided some interesting information. In the final model, this study found that the level of

perceived social support from family resulted in increased likelihood of instability ($HR = 1.29$, 95% $CI [1.03, 1.62]$), yet child care support was a protective factor, increasing the likelihood of long-term stability ($HR = 0.39$, 95% $CI [0.17, 0.90]$). Support from friends or acquaintances leads to no statistically significant changes at the conventional .05 or better levels, in instability for children who have transition from state custody through adoption or guardianship, controlling for other covariates in the model.⁹

Given the lack of power with the survey data, these findings should be interpreted with caution. Prior research has established that caregivers of children who have been adopted through the child welfare system may be in need of social supports to assist with the burden of caregiving. Many children adopted from foster care have elevated risk for physical, psychological, emotional, and/or behavioral challenges (Smith, 2010). Also, caregivers who feel supported experience less stress, display better parenting skills, and report better physical and mental health for themselves and their children (Shinn & Lee, 2011). Adoptive parents engaged in informal support services from extended family and others reported higher satisfaction with parenting (Reilly & Platz, 2004), these supports serve as protective factors that help adoptive families mediate the day to day burden of caregiving (Smith, 2010). The findings from this current study are contrary to findings from related research. Future research should include studies with larger samples that would have sufficient power to detect differences. In

⁹ In post-hoc analysis to better understand the impact of caregiver social support, responses from each social support questions were added to the multivariate model to see if anyone of the items was statistically significant on its own. None of the individual items were statistically significant at the conventional .05 level.

addition, the measurement of social support may also be an issue affecting these results. This is discussed in more detail below.

One finding related to caregiver social supports deserves mention here. Although no national norms are available for the number of social supports available to caregivers, a comparison of the number of supports reported by caregivers in this dissertation compared to a national sample of child-welfare involve caregivers is noteworthy. A study with a nationally representative sample of caregivers who have had contact with a child welfare system ($n = 1,783$) who participated in the National Survey of Child and Adolescent Well-Being (NSCAW), Shin and Lee (2011) reported a median number of people who provide social supports was between one and three, depending upon the type of support. In contrast, this study found that caregivers reported a mean of 19.6 potential sources of support from any source; a mean of 8.9 from family, 6.3 from friends, and 4.5 from acquaintances. While the two instruments vary in terms of the number and type of questions asked, the difference is striking and should be the focus of future research.

B. Limitations of the Study

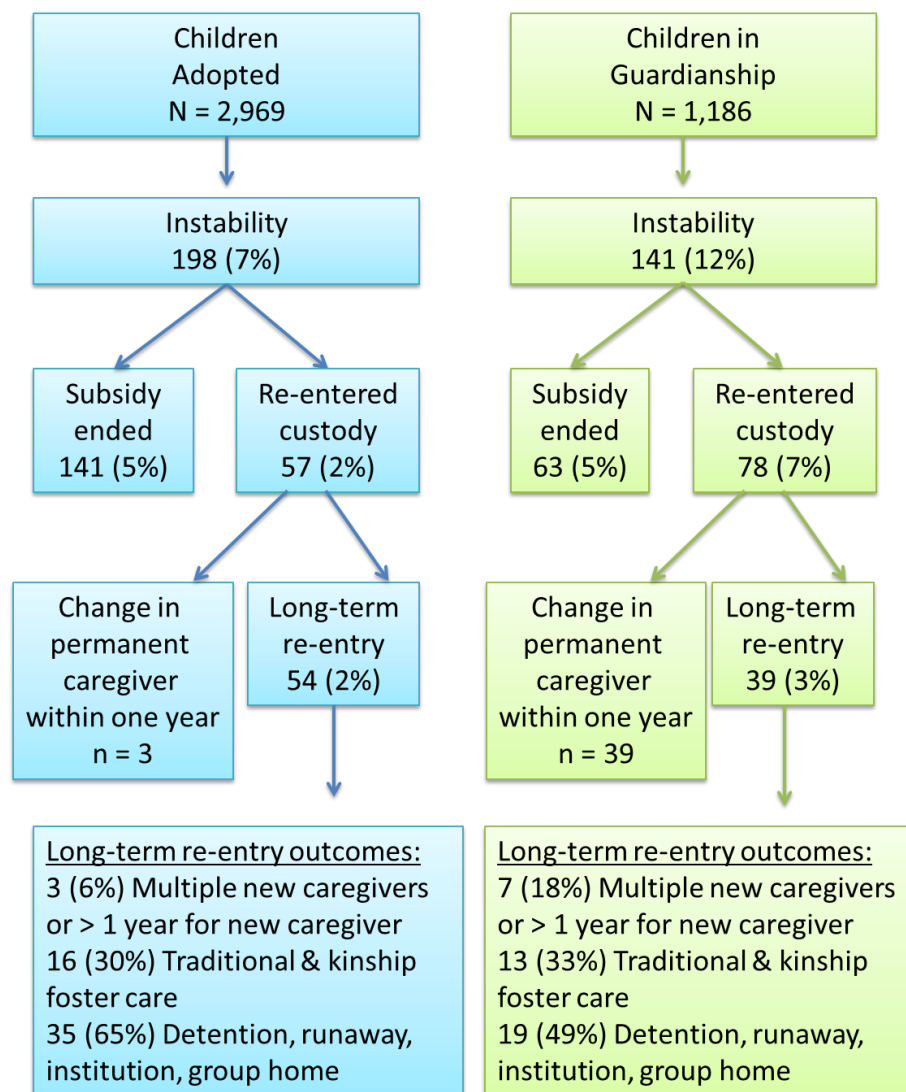
This section begins with a discussion of the limitations related to the outcome variable used in this study, long-term stability. I will then cover additional measurement issues, specifically those related to bonding social capital and caregiver social support. This is followed by limitations specific to the administrative and survey data, and concludes with some alternative explanations.

1. Long-term stability defined. The outcome variable, the stability after transition from state custody to subsidized adoption or guardianship, is not a perfect measure of long-term stability. Based on the administrative data, stability was defined as the absence of a re-entry into substitute care and the continuation of an adoptive or guardianship subsidy payment. However, this may be an over count or an under count of actual stability, as would be defined by the family or youth. All that is known about the instability of the children and families who are the subject of this study is data that resides within the child welfare administrative data systems. We do not know about the quality of the relationships, nor do we know why a specific child re-enters state custody, or why a subsidy payment ends prior to a youth's 18th birthday.

Instability, as defined in this study, consists broadly of two different types of experiences: (1) Children for whom an adoptive or guardianship subsidy payment ends prematurely, and (2) Children who re-enter state custody. I do not know anything else about the first group of children and families from the administrative or survey data. The administrative data does not record the cause of the subsidy payment ending; this is a limitation of these data. For children who re-enter state custody I am able to drill down to understand what occurs for these children after they re-enter state custody (see Figure 14). Of the 2,969 children adopted, 2% (57) re-entered state custody. When the records for these children were examined, I found that 3 had a change in permanent caregiver, a change that occurred within one year. The remainder re-entered long-term substitute care, 54 (2%). Upon re-entering state custody, 3 of the 54 children (6%) had multiple caregivers, or were in state custody for over one year; 16 (30%) re-entered state custody and were placed in either traditional or kinship foster care. However, the vast majority of these children, 35 (65%) experienced placements that included detentions, runaway

episodes, institutional placements and group homes. Many of these youth emancipated from foster care when they reached the age of majority.

Figure 14. An Examination of Instability after Adoption or Guardianship



In contrast, while the children who transitioned through guardianship had a higher overall rate of instability (12%), their outcomes looked more positive than the children who transitioned through adoption. Similar proportions of children experienced a premature subsidy ending (5% for both groups), but a higher rate of children in guardianship placements re-entered state custody. When I reviewed the records associated with the re-entries, 39 of the 78 children experienced a change in permanent caregiver, but did not spend long in state custody. In fact, two-thirds appeared to have not spent any time in state custody. A new guardian was assigned the same day that they “re-entered” state custody. The remaining one-third was re-assigned within the year. From my prior work with these data, it appears that this may have been the result of a caregiver death, but this could not be verified with the available data. If we removed the children who had a change in caregivers within one year from those counted as re-entering state custody, similar rates are observed between adoption and guardianship (2% vs. 3% respectively). Furthermore, for the children who did re-enter state custody from a guardianship, 7 (18%) experienced multiple new guardians over the course of several years or were in state custody for over one year; 13 (33%) were in traditional of kinship foster homes; and 19 (49%) were in detention, runaway, institutions or group homes. Given the lower percentage who experienced the detention/runaway route, it appears that they may have had an easier tenure in state custody once they re-entered compared to their adopted peers.

From the point of view of the child, the broadest of definition of instability may be warranted. Any change of a primary caregiver can be a disruptive experience, if it is the result of a loved one dying, the result of a relationship breakup, or an array of reasons. But, from the perspective of the child welfare system, practitioners, policy makers, each of these circumstances

requires a different set of responses and perhaps a more nuanced definition is warranted, one that does not include cases where a change in permanent caregiver occurs within a short time frame. If long-term re-entry is used as the outcome of interest, very little difference is observed between outcomes for children who transition through adoption compared to children who transition through guardianship. These data also suggest that perhaps the process of transitioning back to state custody from adoption is substantively different for youth who were previously adopted compared to youth who were previously in the care of a guardian.

If the multivariate analyses are re-run with the new definition of instability (where a change in permanent caregiver is not considered instability) the adoption results are very different. The original model (Population Model 4) is reprinted below, along with the results from the revised model (Table XXXIX). In the revised model children who transitioned from state custody through adoption were 30% less likely to experience instability compared to children who transitioned through guardianship, controlling for all other covariates in the model ($HR = 0.70$, 95% CI [0.54, 0.92]). In the revised model the hazard for kinship does not change much ($HR = 0.61$, 95% CI [0.42, 0.89]). In addition, the revised model shows stronger effects of behavioral moves ($HR = 1.45$, 95% CI [1.16, 1.83]).

TABLE XXXIX - REVISED POPULATION MODEL

	Original Population Model 4			Revised Population Model 4		
	Hazard Ratio	95% Confidence Intervals		Hazard Ratio	95% Confidence Intervals	
Adoption	0.51	0.41	0.65	0.70	0.54	0.92
Kinship	0.64	0.46	0.91	0.61	0.42	0.89
Time with Caregiver	1.00	0.99	1.00	1.00	0.99	1.00
Instability in Custody	1.13	1.05	1.22	1.13	1.04	1.22
Behavioral Moves	1.32	1.06	1.63	1.45	1.16	1.82
Age at Permanence	1.18	1.11	1.25	1.18	1.10	1.26
African American	2.47	1.35	4.51	2.35	1.24	4.43
Female	1.10	0.88	1.39	1.10	0.86	1.41
Community Continuity	0.95	0.74	1.22	0.92	0.70	1.21
Model Fit Statistics						
SBC			4434.54			3801.55

These results suggest that the differential proportions of children who experienced instability after adoption compared to guardianship may not be as large as the original model suggested, although an adoption effect persists. The question still remains, is the preference for adoption over guardianship warranted? The Fostering Connections to Success and Increasing Adoptions Act of 2008 stipulates that adoption must be ruled out prior to the pursuit of guardianship. What remains unclear is how the decision between adoption and guardianship is being made (Gleeson, 1999), and what the long-term consequences of this prioritization are. Gleeson (1999) found that caseworkers did not always discuss all available permanency options with families. For instance, guardianship was more likely to have been discussed if the child had been living with the caregiver for a longer period of time; the size of the sibling group and the caseworker's belief about the abilities of the family to financially provide for the child also

influenced which permanency options were discussed. Results from this post-hoc analysis suggest that the concern about instability after guardianship may have more to do with how instability is defined, and with who opts into guardianship versus adoption (a selection effect).

Finally, an additional limitation of the measurement of instability is that there is an underlying assumption that re-entry into state custody is a negative outcome, yet there may be circumstances where re-entry may be in the best interest of the child. For instance, Festinger (2002) found that many children in New York re-entered state custody to receive needed services, and the adoptive parents remained involved and expected the children to return to their custody. While this might suggest that a public policy change is required, that state custody should not be a precursor for receiving services, it also suggests that re-entry may be the best decision for a child in need of services. Clearly if there is maltreatment or a child's safety is at risk, re-entry into substitute care may be necessary. There may also be more subtle reasons that re-entry may be in a child's best interest. If a child is not well-integrated into the adoptive or guardianship home, is treated poorly as a result of adoptive or guardianship status, either support to the family, or re-entry may be required based upon the individual circumstances surrounding that child and family.

2. Measurement of bonding social capital. This study defined bonding social capital as ties that exist with the home of origin of the child – with birth parents, biological siblings, and connections to the communities from which the children came when they entered substitute care. Each of these deserves some additional discussion.

There are issues related to any measurement of siblings: there are children with no siblings; there are siblings who never come in contact with the child welfare system, and are therefore unknown to the system; there are issues with regards to the number of siblings in the family. In addition, larger sibling groups have a greater likelihood, due to size alone, to live apart from at least some of their siblings. Furthermore, I do not have a measure of the quality of the relationship between the child and her or his sibling(s). The beneficial impact of placement with siblings is not universal; some children benefit from separation from their siblings when these relationships cause more harm than good, or when the behaviors of one child suggest that it is better to be apart from her or his siblings (Leathers, 2005; Rosenthal, 1993; Rolock, Koh, Cross & Eblen Manning, 2009). Each of these limitations need to be considered when examining the impact of sibling placement of stability for children after state custody.

For the community continuity measure, the mobility of families may compromise the validity of these data. There is no guarantee that the address of the biological family when state custody was taken will remain the same throughout a child's tenure in state custody; therefore using this measure to examine the opportunity for involvement with the biological family may not be a valid measure. In addition, there is no measure of community connectedness. I do not know, for instance, if the child was involved in community activities, or if the placement change resulted in a school change for the child; this data is not collect in the administrative data. Furthermore, proximity to biological family could cause challenges to familial bonding, depending upon the nature of the relationship with the biological family and the foster family, and the specific reasons that brought the child to the attention of the child welfare system.

Finally, with all of the measures of bonding social capital used in this study, connections to birth parents, siblings and communities of origin, there is an underlying assumption that these measures of bonding social capital are stagnant. In reality, we know that new relationships are constantly being formed, and different relationships take on different values throughout the life course. Ideally, what we would like to measure is who is important to children and youth over the course of their lifetime, and work to preserve those relationships. We might also want to know which of those relationships assist the child or youth to feel integrated into their families. These more nuanced measures were not available in the existing data.

3. Measurement of social support. In addition to the measurement issues previously discussed, social support was treated as if it were static, but research suggests that the perception of the availability of social supports is context-dependent and may change based on a specific situation (House, Umberson & Landis, 1988; Nelson, 2000; Stack, 1974). In addition, since time varied between the survey and when adoption or guardianship were finalized, when people were answering the survey items they had very different histories with the child in question, so questions related to the perceived availability of social support, or the continued contact with biological siblings or birth parents may have changed between the time that the survey was administered and the data was last examined. Future work could include a longitudinal study where data is collected at standard times following finalization (for example, annually for ten years post finalization).

Similar to other research on social support (e.g., Landry-Meyer, Gerard & Guzell, 2005) informal social supports was defined in this study as support from family, friends or

acquaintances. However, given the effects seen in other studies of the impact of social supports on parenting practices and family well-being and an array of other positive outcomes (Andresen, & Telleen, 1992; Pakenham, & Bursnall, 2006; Shin & Lee, 2011), perhaps the lack of an effect in this study was due to the measure of social support. Perhaps a more nuanced measure or one that provided respondents a range of responses rather than a yes or no response would have shown different results, perhaps a scale such as the Duke-UNC Functional Social Support Questionnaire (Broadhead, Gehlback, DeGruy, & Kaplan, 1988) would have been better measures of what caregivers need to help them in their role as parents. Furthermore, social supports are context-dependent and research suggests that in order for social supports to be an effective moderator of stress, they need to be matched to the source of stress (Andresen & Telleen, 1992; Landry-Meyer, Gerard & Guzell, 2005; Pakenham, & Bursnall, 2006; Thoits, 2011). Thus, a measurement of the social supports that caregivers needed, those they received, and their level of satisfaction with what was received, may have more accurately reflected the social supports needs for the caregivers involved in this study.

4. Measurement of behavioral problems. Behavioral problems of children had a strong relationship with long-term stability in this study. This suggests that it may be an important element to consider in future research. In this study we asked caregivers to complete the Behavioral Problem Index. Prior research has found, however, that differences in reports of problematic behaviors may be attributable to how the behaviors were perceived by the person completing the survey (Keller, Wetherbee, Le Prohn, Payne, Sim & Lamont, 2001; Shore, Sim & Keller, 2002). Specifically, kin and non-kin caregivers often perceive behavioral problems differently; caregivers and teachers also perceive behaviors differently. To account for these

differences, other research (e.g., NSCAW) asks multiple sources to report on a single child's behaviors. Future research with this population should also consider collecting behavior-related data from multiple sources.

5. Limitations with administrative data. The main strength of administrative data is their availability. In addition, data are collected on the entire population, increasing the number of study participants and increasing the statistical power associated with the study.

Administrative data, however, have limitations. Limitations include that these data were gathered for another purpose, as part of the routine business of child welfare staff. In addition, some fields (particularly those related to financial payments) are more likely to be accurate than others. Therefore the items that may be of interest to researchers are not necessarily of concern to the people entering the data. These data are subject to data entry errors. Another limitation of administrative data is incomplete information, and further analysis is often necessary. While administrative data are good for identifying patterns and formulating hypotheses, additional information is necessary to complete the picture. In addition, the data collected are limited to available variables, not driven by theoretical or research considerations, and therefore are incomplete for a study of this type.

6. Limitations with survey data. In addition to the difficulty in tracking children, youth and families after state custody, studies which involve time to event modeling are required to have larger sample sizes than studies in which time to event is not an issue. Methods for determining sample size in a survival analysis, while similar to other methods in requiring model and testing specifications, require additional considerations. Researchers are required to

specify a period of follow up, the loss attributable to follow up, and the underlying survival experience in a control group in determining a sufficient sample size (Hosmer, Lemeshow & May, 2008). The rate of failure (in this case instability) is rarely high enough for all subjects to fail within a reasonable amount of time. Therefore, one needs to adjust for censored data by dividing the estimate by the overall probability of failure by the end of the study (Hosmer, Lemeshow & May, 2008). This is difficult among a population for whom failure rates are not known. A problem encountered with the survey data was the lack of robust findings due to the small numbers of children who had experienced instability. While the population data had a large number of subjects, the data available in administrative data sets is limited. Future research should be conducted with larger numbers of families to address these issues.

An additional limitation of the survey data is that the survey was restricted to caregivers of youth living in Cook County; it was limited to caregivers of youth between the ages of 12 and 17; and only caregivers were interviewed. The survey data provides additional insights into how the caregiver perceived of her or his relationship with the youth in question in 2008, but we do not know how that may have changed since 2008. Finally, only caregivers who had an active subsidy case were interviewed. Future work interviewing youth would complement this study. While a potentially difficult topic, future work interviewing families where adoptions or guardianships did not work out would also provide a richer understanding of these issues. These restrictions limit the generalizability of the findings and will need to be considered when examining the study results.

7. Alternative explanations. Additionally, there are other predictor variables that the research suggested would have been informative to include, but are not currently collected in the administrative or survey data. These include a formal assessment of caregiver and child attachment; the network of supports available to caregivers and youth; and caregivers and youth assessments of their relationship. Furthermore, additional data on the child's behavioral and mental health needs would have provided information on the complexity of the relationship. While the types of formal services these families requested and received were part of the original study, this dissertation focused on informal social supports that assist caregivers in their role as parents. Understanding the types of services that assist families in maintaining stable placements would be useful, and will be part of a future study.

C. Questions for Future Research

In this section I pose three questions to consider for future research:

(1) *What is meant by permanence?* Is it simply a change in legal status, from state custody to the custody of a parent, or is there something more? Who decides when permanence has been achieved? Recently there has been discussion of “moral permanence” in the literature. Should moral permanence be an explicit goal of the child welfare system and, if so, is it in addition to or instead of legal permanence?

(2) *When do state responsibilities end?* These families may not be tracked because state responsibility and oversight ends with the relinquishment of state custody. This study raises the question of when the state's responsibility should end.

(3) *What is the true counterfactual?* Another question raised by this study comes from an evaluative point of view, what is the true counterfactual? That is, what is the correct comparison group, and what is the desired outcome for these families?

1. What is meant by permanence? The early years of child welfare were influenced by seminal studies that called attention to the fact that for many children foster care was not the temporary solution it was intended to be, rather many children were growing up in foster care (Maas & Engler, 1959; Fanshel & Shinn, 1978) without the “opportunity for being wanted and for maintaining on a continuous basis a relationship with at least one adult who is or will become his psychological parent” (Goldstein, Freud & Solnit, 1973, p.22). The permanency planning movement was initiated to reduce the length of time children spent in state custody through the provision of timely permanency options, and the shortening of timeframes related to the termination of parental rights. The thrust of the permanency planning movement in the 1970s and 1980s was to place children in state custody with caregivers where a permanent legal status for the child could be obtained (AACWA of 1980; Stein & Gambrill, 1985).

In the late 1990s, the number of children in state custody was higher than it had ever been. New laws were passed, policies amended and practices changed to encourage the attainment of legal permanence for children in state custody. Several states, including Illinois, were applauded when they reduced the number of children in state custody by finding legally permanent homes, primarily through adoption and guardianship, for children in their custody. However, with these celebrated successes came concern. There was concern by caseworkers and service providers that legal permanence had occurred, but that the caregivers were not prepared to care for the children long-term, and that many of these legally permanent placements would end with an influx of children returning to state custody. Research to date suggests that these concerns may have been unwarranted. Nationally it is estimated that between 1 and 10% of families experience instability after adoption from foster care (Child Welfare Information

Gateway, 2012). In Illinois, after five years, approximately 95% of the children who transitioned through adoption or guardianship had not re-entered state custody and after ten years 90% had not re-entered state custody (Rolock, 2009). Interviews from caregivers who had become the legal parent or guardian of these children and youth confirmed these findings (Fuller et al., 2006; Testa, Rolock, Liao & Cohen, 2010). However, the concerns raised by those serving children and families after legal permanence resulted from the fact that while the vast majority of these families did not re-enter state custody, it was a growing number of families served by these providers. In addition, for those who did have unmet needs, their needs were significant (Fuller et al., 2006; Testa, Rolock, Liao & Cohen, 2010). Furthermore, these discussions and this line of research raise questions regarding what is meant by permanence. Is it simply a legal status, or is there something more? Does the state's obligation end once legal permanence has been attained, or is there a moral or ethical obligation to ensure something more?

John Seita writes about his understanding of family, based on his experience growing up in foster care. He states, "I found the idea of families to be mysterious yet wondrous and elusive" (2012, p. 34). Family privilege as "an abundance of benefits, mostly invisible, that accrue from membership in a stable family" (Seita & Brendtro, 2005, p.9 as cited by Seita, 2012). In recent years, a concept of relational permanence has emerged (Louisell, 2008; Samuels, 2008; Jones & LaLiberte, 2013). This concept suggests that what might be important for youth is that they are connected to adults who care about their well-being, have a place to spend holidays and a support system that can be engaged when needed. Child welfare policy, practice and research have focused on the safety, stability, permanence, and well-being of

children involved with the formal foster care systems, but well-being has always been the most difficult area to define and measure. These discussions bring more depth to the discussion of what encompasses well-being, and how it should be measured. Family privilege highlights the need to have a sense of belonging that is sometimes lacking among youth and young adults who have been involved with the child welfare system. While relational permanence has been primarily discussed among youth who age-out of foster care or older youth in state custody, the same principles can be applied to children who transition from state custody through adoption or guardianship. These discussions broaden what is considered permanence for children and youth involved with child welfare systems; it broadens the definition beyond legal permanence and state custody. Future work examining stability after adoption or legal guardianship should explore how family is conceived of and understood by the youth. The attainment of permanence may be better assessed through an understanding of enduring relationships rather than legal status.

2. When do state responsibilities end? Little is known about what happens to children and youth after formal state custody has ended. This is due in part to the fact that the state no longer has oversight or custody; the state's responsibilities have ended. But, is there a moral or ethical responsibility for the state to understand the long-term outcomes of these families? Should the child welfare system be concerned about the long-term well-being of children for whom it has played match-maker? When many states are having difficulty funding mandated services, this may be a difficult idea to sell. However, the Administration for Children and Families has expressed concern for the well-being of these children. A decade ago little was known about outcomes for youth who aged-out of foster care. The Midwest Evaluation of the

Adult Functioning of Former Foster Youth (Courtney et al., 2011), and the passage of the John Chafee Foster Care Independence Act in 1999 and the Fostering Connections to Success and Increasing Adoptions Act of 2008 have all shed light on the needs and long-term outcomes of these youth.

There are post-adoption and guardianship programs around the country that provide services to these families. One such program is Right TurnSM in Nebraska (Burke, personal communication, April 27, 2013). Right Turn grew out Nebraska's Safe Haven Law, legislation that allows parents to leave a child at a licensed hospital without explaining why. Within weeks of becoming law 35 children were left at hospitals, three-fourths of whom were former state wards in adoptive or guardianship homes. In response, Lutheran Family Services of Nebraska and the Nebraska Children's Home Society collaborated to develop a program to address the needs of these children, support adoptive families, and prevent dissolution of existing adoptions and guardianships. Many of the children impacted by this Safe Haven Law, both those with prior child welfare involvement and those without, were older children whose parents said they could not afford the counseling or psychiatric services their children needed (Eckholm, 2008). Through my involvement in two surveys of caregivers of children who transitioned from state custody through adoption or guardianship in Illinois, I have found that the vast majority of caregivers report that they are doing well. However, for the families who are struggling, their struggles are profound, as reported by this caregiver:

I have needed, especially since [the child has been] diagnosed as bipolar and an adolescent, support. They don't return my calls. It's about to fall apart. She's a danger to herself. I'm really concerned. It's disruptive to the household. No one returns the calls or follows through. She's been diagnosed for almost a year. She's

not like a typical teenager...After you finalize the paperwork, DCFS drops off the radar. I'm scared to bring her back home.

While this highlights the shortage of affordable support and mental health services, it also raises questions about whose responsibility it is to ensure that children and families have the care and support they need to function. The expansion of services to families after adoption or guardianship may be one way to address these needs. Whether the responsibility of child welfare systems, or the responsibility of multiple systems, the time has come to better understand the needs and outcomes of children and youth who have transitioned from state custody through adoption and guardianship.

3. What is the true counterfactual? Subsidized Guardianship was introduced in Illinois as part of a demonstration project where participants in the experimental group were offered Subsidized Guardianship as an additional permanency option, in addition to reunification and adoption. However, for those in the control group, Subsidized Guardianship was not available. Prior research found that, had Subsidized Guardianship not been an option, youth who transitioned through Guardianship would have aged-out of foster care, not transitioned from state custody through adoption (Testa, 2010). Furthermore, in interviews with caseworkers about how permanency decisions are made, Gleeson (1999) found that kin caregivers did not always have the opportunity to consider all permanency options that were legally available to them. Caseworkers influenced which options were presented to the family. This raises the question of what the true counterfactual should be. There are unobservable differences between families who selected adoption versus those who select Subsidized Guardianship.

Approximating the true counterfactual may suggest a comparison between children who transitioned from state custody through guardianship versus youth who emancipated from care.

Another question this raises is what is an acceptable rate of instability? The choice of ‘instability’ as a word to describe a condition where the child-caregiver relationship breaks down suggests that this is something that one should avoid. However, if we consider marriage as a corollary to adoption, and if we assume that the state plays the role as match-maker for children and families, then would we necessarily assume that all marriages should last forever? While we might be able to assume that all marriages start out to last until “death do us part,” dissolving a marriage is sometimes the best choice for all involved. The same might be said for these children, youth and families who come in contact with the child welfare system. While they may be intended to last forever, or until the child reaches the legal age of majority, for some of these families, breaking up may be in the best interest of all parties. A much more nuanced understanding is needed.

D. Study Implications

Caseworkers, managers, administrators, researchers and others involved with child welfare systems focus great efforts on the care and well-being of children living in state custody. Research has shown that there are caregiver, placement, and child factors which impact the experiences of children while in state custody. Policies and practices have been adapted to address these factors and improve the experience of children while in state custody, including efforts to increase stability for children while in state custody, and to ensure their timely transition from custody to a permanent placement. This study is a first step towards

understanding the factors that might impact stability for these children and their families after state custody.

1. Implications for practice. Recent caseload dynamics have shifted such that there has been a substantial decrease in the number of children living in state custody, and there are more children living in state subsidized adoptive and guardianship homes than ever before. This study highlights the growing population of children living in adoptive and guardianship homes, and highlights the need to focus on the long-term outcomes of this population. While there is good news in that the prevalence of instability after adoption or guardianship is relatively rare, there is a minority of cases for whom stability and continuity have not been achieved, and these children and their families deserve the focus and attention of child welfare practitioners.

When presenting data on the stability outcomes for children in adoptive or guardianship homes, I am often met with resistance when I present data that shows that the vast majority of these placements are stable. This may stem from the fact that the number of children living in families receiving adoption or guardianship subsidies has grown exponentially over the past two decades. As a result, a low percentage of children experiencing instability translates to a growing number of children. These feelings may also be motivated by political concerns. In Illinois, for example, there had been considerable pressure to move children out of state custody, and perhaps staff did not feel that they had time to adequately prepare families. In addition, some of these families may be struggling, but the children have not re-entered care. Caseworkers may know these families and be familiar with their struggles. The mismatch

between caseworker perception and findings from this study are an issue that the field will need to struggle with moving forward.

Similar to prior research on the stability for children in foster care, this study found that children placed with kin are more likely to experience stability than children placed with non-kin. This finding should be disseminated broadly and incorporated into the training of child welfare practitioners and supervisors. Despite the consistency in the finding that children experience greater stability and continuity when placed with kin, many child welfare workers and judges are hesitant to place children with kin. These hesitations should be informed by empirical data.

These findings, and the post-hoc analysis in particular, also bring light to the need to discuss long-term plans with families as adoptions or legal guardianship transfers are being finalized. These long-term plans should include the identification of secondary caregivers and standby guardians.

Finally, these findings suggest that the practice of adoption rule-out, the practice that places adoption as a preferred permanency option over guardianship, may need to be reconsidered. This is discussed next in terms of policy implications, but these same factors need to inform the practice of how permanency options are understood by practitioners and how they are discussed with families. Furthermore, the post-hoc analysis which found that children may have more continuity when they re-enter from a guardianship compared to an adoption, needs to be better understood. Caseworkers and staff who work directly with these families after they re-enter state custody are in an ideal spot to help us understand these nuances. Future research

should examine their perceptions of the family dynamics that lead to the re-entry and the continuity, or discontinuity, that occurs after a child re-enters state custody.

2. Implications for policy. From a legal standpoint it has been argued that adoption is more stable than guardianship; that the legal bonds inherent in the termination of one set of parental rights and the establishment of a new set of parental rights provide more security and stability than guardianship. With guardianship, there is no requirement that parental rights are terminated; guardianship orders may be vacated by the court, returning children to their parents' custody. Building on this legal argument, child welfare policies and practices stipulate that adoption must be considered, and ruled out, before considering guardianship. Little empirical research exists, however, on the long-term outcomes for children and families who have made the transition from state custody to adoption or guardianship. Existing research suggests, however, that these assumptions may be incorrect, that there may be little to no difference in the long-term stability of adoption versus guardianship (Testa, 2010; USDHHS, 2011). This study found that while broadly children and youth who transition through adoption are more stable than their peers who transition through guardianship, these differences may be more related to how instability is defined, and may also be related to the needs of the individual children and their caregivers than to the legal arrangement of adoption or guardianship.

Existing research has found that children placed with kin caregivers are more likely to be in stable, long-term placements than children placed with non-kin caregivers (Beeman, Kim, & Bullerick, 2000; Berrick, Barth, & Needell, 1994; Iglehart, 1994; Koh, 2010; Testa, 2002; Webster, Barth & Needell, 2000; Winokur, Crawford, Longobardi, & Valentine, 2008). In

addition, one study found that children adopted by kin experience more post-adoption stability than those adopted by non-kin, but the sample size for guardianship was not large enough to detect a reliable result (Koh & Testa, 2011). This study found that children and youth are more likely to experience long-term stability if they are living with kin caregivers compared to children and youth living with non-kin caregivers. However, understanding the mechanisms by which these relationships impact long-term outcomes remains an unexplored area of study. Future work should examine these nuances.

While the maintenance of contact with biological family (parents and siblings) has benefits for many children while in state custody, the frequency of contact with biological family after state custody, and the correlation between contact and stability in adoptive and guardianship homes is unknown. Illinois has recently enacted legislation that encourages and supports continued contact between siblings after one sibling has transitioned from state custody to adoption. This study failed to find differences between those children and youth who had contact with their siblings and those who did not. However, due to the relatively rare event of instability, and even fewer families who had no contact with biological siblings, replication of this study with a larger number of children and families is required to better understand the impact of sibling contact post state custody.

Furthermore, while research suggests that higher levels of social support among caregivers should be positively associated with post-custody stability, little research has been done in this area. Once again, the lack of variance in the outcome variable, instability, and the social support variables, means that these findings are not very robust. Replication of these

findings with a larger sample of families may provide a more robust set of findings regarding the impact of caregiver social support on long-term stability.

Finally, this study aims to lay the foundation for future research which will consider how child welfare systems can best prepare and support families who become the legal guardians and adoptive parents of former foster children. This study expands the idea of permanence to include the long-term stability of children after legal oversight has ended and children have transitioned from state custody to adoption or guardianship. While child welfare practitioners, administrators and researchers have practice experience, data, and research findings on children removed from their families and living in state custody, little is known about these families after they leave state custody.

3. Summary of implications. The knowledge gained from this study on the correlates of stability for this population of children and families will increase our understanding of this population, and may highlight the need to direct additional resources to these families. At a minimum, this study suggests that tracking of children after they transition from state custody to ensure that their long-term well-being should be considered by policy makers and practitioners. Furthermore, ensuring that social work students are aware of this emerging population and prepared to address their unique needs will be essential for schools of social work to address. This study aims to generate knowledge that will help inform the process of educating the next generation of child welfare social workers. Understanding what it takes for these children to remain in stable homes is critical at this juncture; they are the new frontier in child welfare.

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Appendix A

The portion of the caregiver survey instrument used in this study is copied below. **D19 INTRO.** Now, I'm going to read you a list of child behaviors. I'd like you to think about your child's behavior over the past 3 months and tell me how true each behavior is for [NAME]. Your choices are often true, sometimes true, or not true.

In the past 3 months, [NAME] ...

Behavior	Often True	Sometimes True	Not True
D19. Has had difficulty concentrating	1	2	3
D20. Has been impulsive or has acted without thinking	1	2	3
D21. Has cheated or told lies	1	2	3
D22. Has argued too much	1	2	3
D23. Has demanded a lot of attention	1	2	3
D24. Has sudden changes in mood or feelings	1	2	3
D25. Has been restless or overly active and/or has not been able to sit still	1	2	3
D26. Has been stubborn, sullen, or irritable	1	2	3
D27. Has had a very strong temper and lost it easily	1	2	3
D28. Has been rather high strung, tense, or nervous	1	2	3
D29. Has not seemed to feel sorry after (he/she) has misbehaved	1	2	3
D30. Has been disobedient at home	1	2	3
D31. Has had difficulty getting mind off certain thoughts or had obsessions	1	2	3
D32. Has been disobedient at school	1	2	3
D33. Has been easily confused or seemed to be in a fog	1	2	3
D34. Has been too fearful or anxious	1	2	3
D35. Has had trouble getting along with other children	1	2	3
D36. Has bullied or has been cruel or mean to others	1	2	3
D37. Has been too dependent on others	1	2	3
D38. Has had trouble getting along with teachers	1	2	3
D39. Has felt worthless or inferior	1	2	3
D40. Has been unhappy, sad, or depressed	1	2	3
D41. Has been clinging to adults	1	2	3
D42. Has broken things on purpose or deliberately destroyed things	1	2	3
D43. Is not liked by other children	1	2	3
D44. Has felt or complained that no one loves (him/her)	1	2	3
D45. Has cried too much	1	2	3
D46. Has been withdrawn or has not gotten involved with others	1	2	3

RELATIONSHIP WITH BIOLOGICAL FAMILY

Now I have a few questions about [NAME'S] birth parents.

D59. In the past year, has [NAME] had any contact with (his/her) biological mother?

YES 1

NO 2 (GO TO D61)

D61. In the past year, has [NAME] had any contact with (his/her) biological father?

YES 1

NO 2 (GO TO D63)

D63. In the past year, has [NAME] had contact with any (his/her) biological siblings not living in your home?

YES 1

NO 2(GO TO SECTION E)

NOT APPLICABLE 3(GO TO SECTION E)

I. CAREGIVER SOCIAL NETWORKS

I want to ask you a few questions about who cares for the children in your home.

I1. Besides yourself, are there other adults who live with you who regularly care for and supervise the children in your home?

YES 1

NO 2

I2. Are there any relatives or friends outside of your household who regularly care for and supervise the children in your home?

YES 1

NO 2

I3. Are there other people in your family who could take care of the children in case you became ill or could not take care of (him/her/them)?

YES 1

NO 2 (GO TO I5)

Now I'm going to ask you who you could turn to if you needed help with something.

16. Do you have a _____ you could ask for help...	1.Family Member		2.Close Friend/Neighbor		3.Personal acquaintance	
	YES	NO	YES	NO	YES	NO
a. In finding a summer job for a family member?	1	2	1	2	1	2
b. In moving to another place (such as packing, lifting)?	1	2	1	2	1	2
c. With small jobs around the house (such as carpentry or painting)?	1	2	1	2	1	2
d. With doing your shopping when you (and your household members) are ill?	1	2	1	2	1	2
e. To give you a second opinion when you are dissatisfied with medical advice?	1	2	1	2	1	2
f. If you needed someone to lend you a large sum of money (such as \$500 or more)?	1	2	1	2	1	2
g. In providing you a place to stay for a week if you have to leave your house temporarily?	1	2	1	2	1	2
h. In discussing what political candidate you are going to vote for?	1	2	1	2	1	2
i. With advice on legal matters (such as problems with the landlord, work, or police)?	1	2	1	2	1	2
j. Obtaining a good reference when applying for a job?	1	2	1	2	1	2
k. In helping you with child care?	1	2	1	2	1	2
l. Getting a ride or helping with transportation?	1	2	1	2	1	2
m. If you need someone to talk to when you are upset?	1	2	1	2		
n. With advice concerning a problem at work?	1	2	1	2		
o. With advice concerning a conflict with family members?	1	2	1	2		

Appendix B

Stratified Model Results

TABLE BI - POPULATION DATA: STRATIFIED MODEL RESULTS (STRATIFIED BY ADOPTION AND KINSHIP)

	Hazard Ratio	95% Confidence Intervals	
Time with Caregiver in Custody	0.99	0.99	1.00
Instability in Custody	1.13	1.05	1.21
Behavioral Moves	1.27	1.03	1.55
Age at Permanence	1.22	1.16	1.28
African American	2.13	1.25	3.65
Female	1.12	0.90	1.39

TABLE BII - SURVEY DATA: STRATIFIED MODEL RESULTS (STRATIFIED BY ADOPTION AND KINSHIP)

	Hazard Ratio	95% Confidence Intervals	
Time with Caregiver in Custody	0.99	0.99	1.00
Instability in Custody	1.13	1.05	1.21
Behavioral Moves	1.27	1.03	1.55
Age at Permanence	1.22	1.16	1.28
African American	2.13	1.25	3.65
Female	1.12	0.90	1.39

Appendix C

IRB Approval Letters and Consent Forms

UNIVERSITY OF ILLINOIS
AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Approval Notice
Amendment to Research Protocol and/or Consent Document – Expedited Review
UIC Amendment # 2

November 6, 2012

Sonya Leathers, PhD
Jane Addams School of Social Work
4323 ECSW
1040 W Harrison St, M/C 309
Chicago, IL 60612
Phone: (312) 996-8512 / Fax: (312) 996-2770

RE: Protocol # 2010-0258
“Child Welfare Stability, Permanency & Disproportionality Project”

Please note that no data can be transferred or accessed from the Illinois Department of Children and Family Services directly from Chapin Hall until the finalized External Data Use Agreement is submitted to and approved by the UIC IRB.

Dear Dr. Leathers:

Members of Institutional Review Board (IRB) #2 have reviewed this amendment to your research and/or consent form under expedited procedures for minor changes to previously approved research allowed by Federal regulations [45 CFR 46.110(b)(2)]. The amendment to your research was determined to be acceptable and may now be implemented.

Please note the following information about your approved amendment:

Amendment Approval Date: November 5, 2012

Amendment:

Summary: UIC Amendment #2 (response to modifications), dated 30 October 2012 and submitted to OPRS 1 November 2012, is an investigator-initiated amendment regarding the following:

- (1) changing the data transfer procedures from DCFS by allowing receipt of distributions directly from Chapin Hall making handling of sensitive information the responsibility of UIC research staff (UIC External Data Use Agreement, approval pending; revised Appendix M, version 2, 9/21/12);
- (2) accessing additional data sources from DCFS under agreement (Adoption and Foster Care Analysis and Reporting System, National Child Abuse and Neglect Data System databases); adding a sub-study consisting of the dissertation research of co-investigator Nancy Rolock

Phone: 312-996-1711

<http://www.uic.edu/depts/ovcr/oprs/>

FAX: 312-413-2929

using the same data and asking a related set of research questions (revised Protocol, version 3, 9/29/12; revised Initial Review application, version 2, 9/28/12);
 (3) changing funding as the CFRC sub-award was eliminated and three awards were added: DCFS Child Welfare Research Collaborative Research Grant , Permanency Innovations Initiative, and Permanency Enhancement Project (Appendix Z, grants); and
 (4) changing the Principal Investigator from James Gleeson to Sonya Leathers; removing Jocelyn Wilder and adding Jill Spielfogel as key research personnel (Appendix P, counter-signed by Department Head to signify acknowledgement and approval of change in Principal Investigator).

Approved Subject Enrollment #: 4000000
Performance Sites: UIC
Sponsor: Illinois Department of Children and Family Services, State of Illinois Department of Child and Family Services, DCFS Child Welfare Research Collaborative Research, Permanency Enhancement Project, Permanency Innovations Initiative
PAF#: 2010-02174,2010-07524,2012-06748,2012-06966,2012-06904
Grant/Contract No: Not available,Not available,Not available,Not available,Not available
Grant/Contract Title: Child Welfare Stability, Permanency & Disproportionality Project,Child Welfare Stability, Permanency and Disproportionality Project (Cook Regions sub-contract; also PAF 2010-07060),Not available,Not available,Not available
Research Protocol(s):
 a) Child Welfare Stability, Permanency, and Disproportionality Project; Version 3, 09/29/2012

Please note the Review History of this submission:

Receipt Date	Submission Type	Review Process	Review Date	Review Action
10/17/2012	Amendment	Expedited	10/25/2012	Modifications Required
11/01/2012	Response To Modifications	Expedited	11/05/2012	Approved

Please be sure to:

→ Use your research protocol number (2010-0258) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure,
"UIC Investigator Responsibilities, Protection of Human Research Subjects"

Please note that the UIC IRB #2 has the right to ask further questions, seek additional information, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

Page 3 of 3

We wish you the best as you conduct your research. If you have any questions or need further help, please contact the OPRS at (312) 996-1711 or me at (312) 413-1835. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Kathleen Loviscek, M.S.
IRB Coordinator, IRB # 2
Office for the Protection of Research Subjects

Enclosure(s):

- 1. UIC Investigator Responsibilities, Protection of Human Research Subjects**
 - a) Data Security Enclosure**

cc: Creasie Finney Hairston, Jane Addams School of Social Work, M/C 309

CONTRACT – External Data Use Agreement

Version 2.0

Office for the Protection of Research Subjects (OPRS)

Institutional Review Board (IRB)

1737 West Polk Street (MC 672)
203 Administrative Office Building
Chicago, IL 60612

Phone: 312.996.1711 Fax: 312.413.2929
www.research.uic.edu

I. External Data Use

This Data Use Agreement ("Agreement") is made this 4 day of March, 2013, by and the University of Illinois at Chicago, on behalf of the Board of Trustees of the University of Illinois, a body corporate and politic of the State of Illinois ("Recipient"), and The Illinois Department of Children and Family Services ("Covered Entity").

Recitals

WHEREAS, Covered Entity may disclose or make available to Recipient, and Recipient may use, disclose, receive, transmit, maintain or create from, certain information in connection with research; and

WHEREAS, the purpose of this Agreement is to satisfy the obligations of Covered Entity under HIPAA and to ensure the integrity and confidentiality of certain information disclosed or make available to Recipient and certain information that Recipient uses, discloses, receives, transmits, maintains or creates, from Covered Entity.

NOW, THEREFORE, in consideration of the foregoing recitals and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

A. Definitions

Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the Privacy Rule.

1. "Individual" shall have the same meaning as the term "individual" in 45 CFR Sect. 164.501 of the Privacy Rule and shall include a person who qualifies as a personal representative in accordance with 45 CFR Sect. 164.502(g) of the Privacy Rule.
2. "Limited Data Set" shall have the same meaning as the term "limited data set" in 45 CFR 164.514(e) of the Privacy Rule.
3. "Privacy Rule" shall mean the "Standards for Privacy of Individually Identifiable Information" at 45 CFR Part 160 and Part 164, Subparts A and E, as amended.
4. "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 CFR Sect. 164.501 of the Privacy Rule, to the extent such information is created or received by Recipient from Covered Entity.
5. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Sect. 164.501 of the Privacy Rule.

B. Scope and Purpose

1. This Agreement sets forth the terms and conditions pursuant to which Covered Entity will disclose certain data to Recipient.
2. Except as otherwise specified herein, Recipient may use and disclose the Limited Data Set as required to conduct the following research:

This protocol is based upon a contract between DCFS and UIC to conduct research, pursuant the terms of the contract, with the data outlined below. This protocol has been approved by the DCFS and UIC IRBs (DCFS IRB Protocol, "UIC Child Welfare Research Collaborative"; UIC IRB Protocol # 2010-0258, "Child Welfare Stability, Permanency & Disproportionality Project").

As detailed in the approved UIC and DCFS IRB protocols, six sources of existing data collected for non-research purposes under these IRB protocol include: (1) the DCFS Integrated Database (IDB), (2) the Adoption Preservation Assessment and Linkages (APAL) database, (3) the Illinois Post-Permanency Survey database, (4) the Multiple Moves Study database, (5) The Adoption and Foster Care Analysis and Reporting System (AFCARS) and The National Child Abuse and Neglect Data System (NCANDS) databases, and (6) additional DCFS data.

Each of these databases is described here:

DCFS Integrated Database (IDB): The IDB is a longitudinal administrative data set that contains information on every child and family who has received services from DCFS and agencies contracted by DCFS (reasons for DCFS involvement, types of services received, number of foster care placements, discharge outcomes). Although not collected for research purposes, data contained in the IDB are used to track the outcomes of children and families involved with the child welfare system in Illinois. Since this is a longitudinal database with data collected on all children and families served since the 1980s, the number of subjects represented in this database continues to grow and approaches 4 million.

This administrative data is currently sent by DCFS to Chapin Hall Center for Children at regular intervals. Chapin Hall maintains and distributes the data to other university partners working with DCFS. This data will be distributed quarterly to UIC.

Adoption Preservation Assessment and Linkages (APAL) is a needs-assessment outreach program conducted by private agencies through contracts with DCFS. The purpose of program was to ensure that the children discharged from IDCFS custody through subsidized adoption or guardianship have stable living arrangements and that these living arrangements do not disrupt. Although originally collected for non-research purposes, data collected by the private agencies working for the APAL and MAC programs were sent to the Children and Family Research Center at the University of Illinois at Urbana-Champaign (CFRC) and covered under an IRB from UIUC where Nancy Rolock worked, and was a co-investigator. The data that is being analyzed includes data from completed interviews with 447 caregivers about 447 children for whom they had assumed legal responsibility through either adopted or legal guardianship. This study is also referred to as the Post Permanency Round II Study.

The Illinois Post-Permanency Survey was conducted by the University of Illinois' School of Social Work. The telephone survey was conducted in 2005, after the Illinois House of Representatives passed House Resolution, H.R. 0502 that called upon the IDCFS to conduct an in-depth study of post-permanency needs and services in Illinois. Information about post-permanency services and subsidies were obtained for 346 children who had transitioned from state custody to adoption or guardianship, through interviews with the current caregiver of the eligible children.

The Multiple Move Study was requested by the ACLU and DCFS as part of the BH Consent Decree, which requires ACLU involvement in the monitoring of outcomes for children and families served by

DCFS. This study collected information from case records of 61 children identified through analysis of the IDB as children experiencing multiple foster care placements and compared these children to 61 children identified as stable - not experiencing multiple placements. The multiple move children and stable children were selected using propensity score matching. This data was collected while Nancy Rolock was at the Children and Family Research Center where she was a co-investigator and project manager for this study. Although data collection is complete and a report was submitted to DCFS and the ACLU, data analysis continues as DCFS occasionally has additional questions about this study, and analysis is ongoing for peer-reviewed publications and presentations.

AFCARS and NCANDS: Two data sets are sent on a quarterly basis to the Administration for Children and Families (ACF), with copies sent to UIC, The Adoption and Foster Care Analysis and Reporting System (AFCARS) and The National Child Abuse and Neglect Data System (NCANDS). These data sets provide case level information on all children in foster care for whom the State has responsibility for placement, care or supervision and on children who are adopted under the auspices of the State. Some of the information reported includes demographic information on the foster child as well as the foster and adoptive parents, the number of removal episodes a child has experienced, the number of placements in the current removal episode, as well as the current placement setting.

Other DCFS Data: On occasion, additional data will be transferred to UIC from DCFS directly. This is data that exists in the DCFS administrative data, but is aggregated at a different level, or is a field that does not go to Chapin Hall as part of the IDB but is required for specific analysis conducted by UIC. This may include, for instance, the licensing status of foster homes, or a link file that allows pre and post adoption child welfare identity numbers to be linked. These data do not include any additional level of identifiable data than what is involved in the IDB.

3. In addition to Recipient, the Individuals, or classes of Individuals, permitted to use or receive the Limited Data Set under the Research Project, include: None. Only the research staff currently approved to work on the project by the UIC IRB will be allowed access to the data.

C. Obligations and Activities of Recipient

1. Recipient agrees not to use or disclose the Limited Data Set for any purpose other than the Research Project or as may be Required by Law.
2. Recipient agrees to use appropriate safeguards to prevent use or disclosure of the Limited Data Set other than as provided for by this Agreement.
3. Recipient agrees to report to the Covered Entity any use or disclosure of the Limited Data Set not provided for by this Agreement of which it becomes aware, including without limitation, any disclosure of PHI to an unauthorized subcontractor, within ten (10) days of its discovery.
4. Recipient agrees to ensure that any agent, including subcontractor, to whom it provides the Limited Data Set agrees to the same restrictions and conditions that apply herein to the Recipient with respect to such information.
5. Recipient agrees not to identify the information contained in the Limited Data Set or contact the individual.
6. Recipient will indemnify, defend and hold harmless Covered Entity and Covered Entity's affiliates, their respective trustees, officers, directors, employees, students, and agents ("Indemnitees") from and against any claim, cause of action, liability, damage, cost or expense (including, without limitation, reasonable attorney's fees and court costs) arising out of or in connection with any unauthorized or prohibited use or disclosure of the Limited Data Set or any other breach of this Agreement by Recipient or any subcontractor, agent or person under Recipient's control.

D. Term and Termination

This Agreement shall be effective the earlier of Effective Date or July 1, 2012, and shall terminate when all the Limited Data Set provided by to Recipient is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy the Limited Data Set, permanent protections are extended to such information.

E. Miscellaneous

1. Any reference in this Agreement to a section in the Privacy Rule means the section as amended or renumbered.
2. The parties agree to amend this Agreement as may be necessary for Covered Entity to comply with the requirements of the Privacy Rule and HIPAA.
3. The rights and obligations of Recipient, Section C, shall survive termination of this Agreement.
4. Any ambiguity in this Agreement shall be resolved so as to permit Covered Entity to maintain compliance with the Privacy Rule.
5. There are no third party beneficiaries to this Agreement. Nothing contained in this Agreement shall be interpreted to create any right or cause of action, contractual or otherwise, in or on behalf of the individuals whose PHI is used or disclosed under this Agreement.
6. No term of this Agreement may be waived except by a writing signed by the waiving party. A waiver of any term shall not be construed as a waiver of any other term.
7. The persons signing below have the right and authority to execute this Agreement and no further approvals are necessary to create a binding agreement.
8. If there is a conflict between this Agreement and any other agreement or understanding between the parties, written, oral or implied, this Agreement shall govern. Nevertheless, no term of any other agreement or understanding between the parties limiting the liability of Recipient to Covered Entity shall apply to the breach of any covenant in this Agreement by Recipient.
9. This Agreement shall be construed in accordance with and governed by the laws of the State of Illinois.

IN WITNESS WHEREOF, the parties have executed this Agreement effective upon the Effective Date set forth above.

Board of Trustees of the University of Illinois (Recipient)

Walter K. Knorr 3/21/13
Walter K. Knorr, Comptroller

N/A
Michele S. Thompson, Secretary

Illinois Department of Children and Family Services (Covered Entity)

[Signature] DIRECTOR
Signature Title
ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES
Name of Entity
100 W. Randolph, 6th Floor
Address
CHICAGO IL 60601 312-814-6800
City State Zip Phone
312-814-6859
Fax Email

2013-05361 KN

Pat Quinn
Governor



Richard H. Calica
Director

Illinois Department of Children & Family Services

February 26, 2013

Nancy Rolock
Jane Addams College of Social Work, University of Illinois at Chicago
1040 West Harrison Street M/C 309
Chicago, Illinois 60607-7134

Re: *"Stability for Former Foster Children in Adoptive and Guardianship Homes"*

Dear Ms. Rolock:

This letter is in response to your request for approval of the Department of Children and Family Services Institutional Review Board (IRB) to conduct the above-referenced research study.

Based on the proposal submitted to the Department, the DCFS Institutional Review Board has recommended approval of the above-mentioned study. I am issuing approval for publication, pending your acknowledgement of the IRB Committee's concerns and suggestions, if any, regarding your study, and our receipt of the attached Memorandum of Understanding.

Please review, sign and return the Memorandum within 10 business days of receiving this letter. Mailing instructions are on page 4. Failure to return the signed memorandum within the specified time frame will automatically invalidate the recommendation for approval.

The Department of Children and Family Services Institutional Review Board wishes you success in your study. Please note that the Department will require a copy of your final report. Forward this documentation to Brooke Taylor within 30 days of study completion.

Questions regarding the final report can be directed to Ms. Taylor by email – Brooke.Taylor@illinois.gov or by phone at 773/371-6174.

Sincerely,

Richard H. Calica
Director

406 E. Monroe Street • Springfield, Illinois 62701
217-785-2509 • 217-524-3715 / TTY



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Office of the Vice Chancellor for Research
Institutional Review Board
528 East Green Street
Suite 203
Champaign, IL 61820



October 4, 2009

Mark Testa
School of Social Work/CFRC
150 N. Wacker, Suite 2120
Chicago, IL 60606

RE: *A-PAL Evaluation*
IRB Protocol Number: 08143

Dear Mark:

This letter authorizes the use of human subjects in your continuing project entitled *A-PAL Evaluation*. The University of Illinois at Urbana-Champaign Institutional Review Board (IRB) approved the protocol as described in your IRB-1 application, by expedited continuing review. The expiration date for this protocol, UIUC number 08143, is 09/29/2010. The risk designation applied to your project is *no more than minimal risk*. Certification of approval is available upon request.

Copies of the enclosed date-stamped consent form(s) must be used in obtaining informed consent. If there is a need to revise or alter the consent forms, please submit the revised form(s) for IRB review, approval, and date-stamping prior to use.

Under applicable regulations, no changes to procedures involving human subjects may be made without prior IRB review and approval. The regulations also require that you promptly notify the IRB of any problems involving human subjects, including unanticipated side effects, adverse reactions, and any injuries or complications that arise during the project.

If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me or the IRB Office, or visit our Web site at <http://www.irb.illinois.edu>.

Sincerely,

Sue Keehn, Director, Institutional Review Board

Enclosures

c: Nancy Rolock
Leslie Cohen

DRAFT 10/5/07
Informed Oral Consent
A-PAL Program

We are asking for your help with an important study being conducted by the Children and Family Research Center at the University of Illinois Urbana-Champaign. The purpose of the research is to determine if directly contacting families that have adopted or taken guardianship of a child from the child welfare system helps families connect to needed services and improves stability of living arrangements. Direct outreach to the families will provide an opportunity for the caregiver to get assistance completing the Medicaid Information Form as well as receive service referrals for articulated service needs such as counseling, subsidy amendments, psychiatric care, mentoring, tutoring, etc.

Purpose for Requesting Information

We are asking for your permission to review your children's/wards assessment, treatment and service records at the Illinois Department of Children and Family Services (DCFS) and the Illinois Department of Public Aid (DPA) to find out what assistance or services your family is currently receiving or will be receiving in the future. Information collected may include the following: treatment or service records related financial assistance, child welfare, psychological rehabilitation, and/or medical information. We will not ask anyone involved in your case to answer questions related to your family. We will only review existing electronic and/or paper records.

Because we are interested in improving future service provision, we are asking for permission to review any files associated with the organizations listed above. Permission is voluntary. Granting permission or denying permission to review your children's/wards' files will not affect the services you receive. Your decision to participate in the study will have no bearing on your DCFS subsidy case. Any publication or presentations related to this research project will not use any identifying information. Furthermore, any publication or presentation related to this study will not use any identifying information, including names, addresses, and/or social security numbers.

There is minimal risk associated with this study. Our procedures are designed to guarantee the confidentiality of your information. Although there are no direct benefits to you, the knowledge gained about the needs of caregivers with adopted/guardianship children will help us improve services to families who have adopted or taken guardianship of a child from the child welfare system. Please note that if you decide that you do not want to participate in this study at a later time you can immediately withdraw permission to review the files at any time.

If you have any questions about your participation, you may contact Leslie Cohen at 1-312-641-2505 ext. 21 or by e-mail at lcohen@uiuc.edu.

If you have any general questions about your rights as a participant in this study, please contact the University of Illinois Institutional Review Board at 217-333-2670 (you may call collect) or via e-mail at the irb@uiuc.edu. The Institutional Review Board is the campus office that works to protect the rights of participants in the studies conducted by researchers from the University of Illinois.

Consent for Release of Information

I, _____, hereby give oral consent to release the requested information which includes assessments, services, and treatment records (paper and electronically coded information only). Please indicate orally the categories for which you consent to release of information.

_____ Illinois Department of Health and Family Services: Information includes assessment, service, and treatment records related to Medicaid.

_____ Illinois Department of Children and Family Services: Information includes assessments, services, and treatment records associated with past, present, and future DCFS involvement.

☐ Yes, I understand the above information and I voluntarily agree orally to give my permission to review records on my children/wards with respect to the items initialed above. By orally agreeing, I understand that I am giving permission to review my children's/wards' assessment, service and treatment records only. I have been given a copy of this consent form.

☐ No, I do not wish to give my consent.

Date: _____

Address: _____

UNIVERSITY OF ILLINOIS
APPROVED CONSENT
VALID UNTIL

SEP 29 2010

Informed Consent A-PAL Program

We are asking for your help with an important study being conducted by the Children and Family Research Center at the University of Illinois Urbana-Champaign. The purpose of the research is to determine if directly contacting families that have adopted or taken guardianship of a child from the child welfare system helps families connect to needed services and improves stability of living arrangements. Direct outreach to the families will provide an opportunity for the caregiver to get assistance completing the Medicaid Information Form as well as receive service referrals for articulated service needs such as counseling, subsidy amendments, psychiatric care, mentoring, tutoring, etc.

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_____ Illinois Department of Children and Family Services: Information includes assessments, services, and treatment records associated with past, present, and future DCFS involvement.

☐ Yes, I understand the above information and I voluntarily agree to give my permission to review records on my children/wards with respect to the items initialed above. By signing this form, I understand that I am giving permission to review my children's/wards' assessment, service and treatment records only. I have been given a copy of this consent form.

☐ No, I do not wish to give my consent.

Date: _____ Signature: _____

Witness: _____ Address: _____

UNIVERSITY OF ILLINOIS
APPROVED CONSENT
VALID UNTIL

SEP 29 2010

Permiso Informado
Programa A-PAL

Estamos pidiendo su ayuda para un estudio importante que se está llevando a cabo por el Centro de Investigaciones para Niños y Familias en la Universidad de Illinois de Urbana-Champaign. El propósito de la investigación es determinar si el contactar directamente a las familias que han adoptado o tomado tutela de un menor del sistema del Bienestar Infantil ayuda a las familias a vincularlas con los servicios necesarios y mejorar la estabilidad de los arreglos de vivienda. Alcance Directo a las familias proporcionará una oportunidad al proveedor de cuidados para obtener ayuda a llenar el formulario de información de Medicaid así como para recibir referencias de servicio para necesidades de servicio articuladas como asesoría, enmiendas de subsidio, cuidado psiquiátrico, mentoría, tutoría, etc.

Propósito de la Petición de Información

Estamos pidiendo su permiso para revisar las evaluaciones de sus hijos, registros de tratamiento y servicio del Departamento de Servicios para Niños y Familias de Illinois (DCFS) y del Departamento de Ayuda Pública de Illinois (DPA) para saber que apoyo o servicios su familia está actualmente recibiendo o estará recibiendo en el futuro. La información recolectada puede incluir lo siguiente: Registros de tratamiento o servicio relacionados a ayuda financiera, bienestar infantil, rehabilitación psicológica, y/o información médica. No pediremos a alguien involucrado en su caso que conteste preguntas relacionadas a su familia. Revisaremos solamente los registros electrónicos y/o en papel.

Debido a que estamos interesados en mejorar la provisión de servicios futuros, estamos pidiendo permiso para revisar cualquier archivo asociado con las organizaciones enlistadas arriba. El permiso es voluntario. El otorgar o negar permiso para revisar los archivos de sus hijos no afectará los servicios que usted recibe. Su decisión de participar en este estudio no tendrá ninguna consecuencia en su caso de subsidio de DCFS. Cualquier publicación o presentación relacionada a este proyecto de investigación no utilizará ninguna información de identificación. Además, cualquier publicación o presentación relacionada a este estudio no utilizará ninguna información que identifique, incluyendo nombres, direcciones, y/o números de seguro social.

Existe un riesgo mínimo asociado con este estudio. Nuestros procedimientos están diseñados para garantizar la confidencialidad de su información. Aunque no existen beneficios directos para usted, el conocimiento obtenido acerca de las necesidades de los proveedores de cuidados con menores adoptados/de tutela nos ayudará a mejorar los servicios a las familias que han adoptado o tomado tutela de un menor del sistema de Bienestar Infantil. Por favor tome en cuenta que si usted decide que no quiere participar en este estudio en fecha posterior usted puede retirar inmediatamente su permiso de revisar los archivos en cualquier momento.

Si usted tiene cualquier pregunta acerca de su participación, puede ponerse en contacto con Leslie Cohen al 1-312-641-2505 ext. 21 o por correo electrónico a: lcohen@uiuc.edu.

Si usted tiene preguntas generales acerca de sus derechos como participante en este estudio, por favor póngase en contacto con la Junta de Revisión Institucional de la Universidad de Illinois al 217-333-2670 (puede llamar por cobrar) o por medio de correo electrónico a: irb@uiuc.edu. La Junta de Revisión Institucional es una oficina del área que trabaja para proteger los derechos de los participantes en los estudios conducidos por investigadores de la Universidad de Illinois.

Permiso para divulgar información

Yo, _____ por medio de la presente doy permiso para divulgar la información pedida la cual incluye registros de evaluaciones, servicios, y tratamiento (solamente información codificada en papel y electrónicamente). Por favor indique con sus iniciales las categorías de información que usted permite divulgar.

_____ Departamento de Servicios para Niños y Familias de Illinois: La información incluye registros de evaluaciones, servicio, y tratamiento relacionados a Medicaid.

_____ Departamento de Servicios para Niños y Familias de Illinois: La información incluye registros de evaluaciones, servicios y tratamiento asociados con participación pasada, presente y futura de DCFS.

☐ Sí, entiendo la información anterior y acuerdo voluntariamente a dar mi permiso para revisar los registros de mis hijos con respecto a los artículos con mis iniciales arriba. Al firmar este formulario, entiendo que estoy dando permiso para revisar los registros de las evaluaciones, servicios y tratamiento de mis hijos solamente. Se me ha dado una copia de este formulario.

☐ No, no deseo otorgar mi permiso.

Fecha: _____ Dirección: _____

UNIVERSITY OF ILLINOIS
APPROVED CONSENT
VALID UNTIL

SEP 29 2010

Permiso *Oral* Informado
Programa A-PAL

Estamos pidiendo su ayuda para un estudio importante que se está llevando a cabo por el Centro de Investigaciones para Niños y Familias en la Universidad de Illinois de Urbana-Champaign. El propósito de la investigación es determinar si el contactar directamente a las familias que han adoptado o tomado tutela de un menor del sistema del Bienestar Infantil ayuda a las familias a vincularlas con los servicios necesarios y mejorar la estabilidad de los arreglos de vivienda. Alcance Directo a las familias proporcionará una oportunidad al proveedor de cuidados para obtener ayuda a llenar el formulario de información de Medicaid así como para recibir referencias de servicio para necesidades de servicio articuladas como asesoría, enmiendas de subsidio, cuidado psiquiátrico, mentoría, tutoría, etc.

Propósito de la Petición de Información

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Debido a que estamos interesados en mejorar la provisión de servicios futuros, estamos pidiendo permiso para revisar cualquier archivo asociado con las organizaciones enlistadas arriba. El permiso es voluntario. El otorgar o negar permiso para revisar los archivos de sus hijos no afectará los servicios que usted recibe. Su decisión de participar en este estudio no tendrá ninguna consecuencia en su caso de subsidio de DCFS. Cualquier publicación o presentación relacionada a este proyecto de investigación no utilizará ninguna información de identificación. Además, cualquier publicación o presentación relacionada a este estudio no utilizará ninguna información que identifique, incluyendo nombres, direcciones, y/o números de seguro social.

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Si usted tiene cualquier pregunta acerca de su participación, puede ponerse en contacto con Leslie Cohen al 1-312-641-2505 ext. 21 o por correo electrónico a: lcohen@uiuc.edu.

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Permiso para divulgar información

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_____ Departamento de Servicios para Niños y Familias de Illinois: La información incluye registros de evaluaciones, servicio, y tratamiento relacionados a Medicaid.

_____ Departamento de Servicios para Niños y Familias de Illinois: La información incluye registros de evaluaciones, servicios y tratamiento asociados con participación pasada, presente y futura de DCFS.

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☐ No, no deseo otorgar mi permiso.

Fecha: _____ Dirección: _____

UNIVERSITY OF ILLINOIS
APPROVED CONSENT
VALID UNTIL

SEP 29 2010

VITA

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EDUCATION

- | | |
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| 2013 | Ph.D. in Social Work
University of Illinois at Chicago, Jane Addams College of Social Work |
| 1991 | Master of Arts
University of Chicago, School of Social Service Administration |
| 1989 | Bachelor of General Studies
University of Missouri – St. Louis |

RESEARCH INTERESTS

Child welfare outcomes with a particular focus on the needs of children after they exit foster care to subsidized adoptive and guardianship homes; racial and ethnic disparities and the over-representation of African American children in foster care; kinship care; continuity and stability for children in foster care.

TEACHING INTERESTS

Research methods, including intervention research, and the use of evidence-based research in conducting research; child welfare policy; racial disproportionality and disparities.

RESEARCH EXPERIENCE

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| 2009 to present | Senior Research Specialist
Jane Addams College of Social Work
University of Illinois at Chicago |
| 2000 to 2009 | Research Specialist
Children & Family Research Center |

University of Illinois at Urbana-Champaign

1996 to 2000 **Research Assistant**
Office of the DCFS Research Director
University of Chicago, School of Social Service Administration

PRACTICE EXPERIENCE

1992 to 1994 **Assistant Director of Resettlement**
Lutheran Immigration and Refugee Service, New York, NY

1991 to 1992 **Program Consultant**
American Council for Nationalities Service, New York, NY

1987 to 1989 **Resettlement Coordinator**
International Institute of Metropolitan St. Louis, St. Louis, MO

1984 to 1986 **Agriculture Extension Agent**
U. S. Peace Corps, Mauritania, West Africa

SCHOLARLY PUBLICATIONS

Refereed Journal Articles

- Cross, T. P., Koh, E., **Rolock, N.** & Eblen Manning, J. (2013). Why do children experience multiple placement changes in foster care? A content analysis on reasons for instability. *Journal of Public Child Welfare*, 7 (1), 39-58. doi:10.1080/15548732.2013.751300
- Jantz, I.*, **Rolock, N.***, Leathers, S. J., Dettlaff, A. J. & Gleeson, J. P. (2012). Foster care entry: The relationship between county structure, individual characteristics, and the decision to place children in foster care. *Child Abuse and Neglect*, 36 (11-12), 771-781. doi:10.1016/j.chiabu.2012.08.002 (*these authors contributed equally to this paper.)
- Leathers, S. J., Spielfogel, J. E., Gleeson, J. P. & **Rolock, N.** (2012). Behavior problems, foster home integration, and evidence-based behavioral interventions: What predicts adoption of foster children? *Children and Youth Services Review*, 34 (5), 891-899. doi:10.1016/j.chilyouth.2012.01.017.
- Rolock, N.** (2011). New methodology: Measuring racial or ethnic disparities in child welfare. *Children and Youth Services Review*, 33 (9), 1531-1537. doi:10.1016/j.chilyouth.2011.03.017.

Testa, M. F., & **Rolock, N.** (1999). Professional foster care: A future worth pursuing? In K. Barbell and L. Wright (Eds.), *Child Welfare. Special Edition on Family Foster Care in the 21st Century*, 78 (1), 108-124.

Book Chapters

Rolock, N., & Testa, M. F. (2005). Indicated child abuse and neglect reports: Is the investigation process racially biased? In D. Derezotes *et al.* (Eds.) *Race matters in child welfare. The overrepresentation of African American children in the system* (pp.119-130). Washington, DC: Child Welfare League of America.

GRANTS AND RESEARCH FUNDING

2012 – 2013 **Child Welfare Research Collaborative.** (Co-investigator; PI: Sonya J. Leathers, Ph.D.) Funded by Illinois Department of Children and Family Services, \$164,000.

Awarded to study child welfare outcomes in Illinois, provide expert consultation to DCFS, and conduct a survey with foster parents.

2012 – 2013 **Permanency Innovations Initiative (PII) grant.** (PI with Sonya J. Leathers, Ph.D.) Funded by the Illinois Department of Children and Family Services, \$241,000.

Awarded for expert consultation related to implementation of an evidence-based program targeted at increasing permanency for children in long term foster care and data analysis.

2012 – 2013 **Permanency Enhancement Project.** (Co-Investigator; PI: Alan J. Dettlaff, Ph.D.) Funded by the Illinois Department of Children and Family Services, \$54,000.

Awarded for research on disproportionality and disparities to identify trends and emerging issues across the state.

2011 – 2012 **Permanency Innovations Initiative (PII) grant.** (PI with James P. Gleeson, Ph.D.) Funded by the Illinois Department of Children and Family Services, \$205,000.

Awarded for research related to an evidence-based program targeted at increasing permanency for children in long term foster care. This work focuses on data related to the Fostering Court Improvement website.

2010 – 2011 **Child welfare stability, permanence & continuity research, monitoring and DCFS consultation project.** (Co-Investigator; PI: James P. Gleeson, Ph.D.)

Funded by the Illinois Department of Children and Family Services through the Children and Family Research Center, University of Illinois at Urbana-Champaign, \$184,000.

Awarded to study child welfare outcomes in Illinois.

- 2009 – 2010 **Child welfare stability, permanence & continuity research, monitoring and DCFS consultation project.** (Co-Investigator; PI: James P. Gleeson, Ph.D.)
Funded by the Illinois Department of Children and Family Services through the Children and Family Research Center, University of Illinois at Urbana-Champaign, \$156,000.
Awarded to study child welfare outcomes in Illinois.

PROFESSIONAL REPORTS

- Rolock, N., Jantz, I., Gleeson, J. P., & Leathers, S. J.** (2012). Legal permanence in Illinois: Regional analysis of the impact of placement with kin, distance from home, and placement stability. *Chicago, IL: Child Welfare Research Collaborative at the Jane Addams College of Social Work, University of Illinois at Chicago.*
- Jantz, I., **Rolock, N.**, Gleeson, J. P., & Leathers, S. J. (2012). Substitute care entry: The relationship between county structure, individual characteristics, and the decision to place children in substitute care. *Chicago, IL: Child Welfare Research Collaborative at the Jane Addams College of Social Work, University of Illinois at Chicago.*
- Rolock, N.**, Gleeson, J. P., Leathers, S. J., Dettlaff, A. J. & Jantz, I. (2011). The evolution of permanency in Illinois: 1985 to 2010. *Chicago, IL: Child Welfare Research Collaborative at the Jane Addams College of Social Work, University of Illinois at Chicago.*
- Rolock, N.**, Dettlaff, A. J., Wilder, J. R., & Jantz, I. (2011). Disparities and disproportionality in child welfare: Trends in Illinois. *Chicago, IL: Child Welfare Research Collaborative at the Jane Addams College of Social Work, University of Illinois at Chicago.*
- Rolock, N.**, Dettlaff, A. J., Wilder, J. R., & Jantz, I. (2011). The relationship between child victimization and child poverty rates in Illinois. *Chicago, IL: Child Welfare Research Collaborative at the Jane Addams College of Social Work, University of Illinois at Chicago.*
- Rolock, N.** (2011). Trends in Illinois' child welfare system: A 25 year retrospective, 1985 to 2010. *Chicago, IL: Child Welfare Research Collaborative at the Jane Addams College of Social Work, University of Illinois at Chicago.*
- Koh, E., & **Rolock, N.** (2010). Evaluation of Adoption Preservation, Advocacy and Linkage (APAL) & Maintaining Adoption Connections (MAC) programs: Final report. *Urbana, IL: Children and Family Research Center.*

- Rolock, N., Koh, E., Cross, T., & Eblen Manning, J. (2009).** Multiple move study: Understanding reasons for foster care instability. *Urbana, IL: Children and Family Research Center.*
- Rolock, N. (2008).** Disproportionality in Illinois child welfare. *Urbana, IL: Children and Family Research Center.*
- Rolock, N., & Testa, M. F. (2008).** Conditions of children in or at risk of foster care in Illinois: An assessment of their safety, stability, continuity, permanence, and well-being. *Urbana, IL: Children and Family Research Center.*
- Rolock, N., & Testa, M. F. (2007).** Conditions of children in or at risk of foster care in Illinois: An assessment of their safety, stability, continuity, permanence, and well-being. *Urbana, IL: Children and Family Research Center.*
- Rolock, N., & Testa, M. F. (2006).** Conditions of children in or at risk of foster care in Illinois: An assessment of their safety, stability, continuity, permanence, and well-being. *Urbana, IL: Children and Family Research Center.*
- Fuller, T., Bruhn, C., Cohen, L., Lis, M., **Rolock, N.,** & Sheridan, K. (2006). Supporting adoptions and guardianships in Illinois. *Urbana, IL: Children and Family Research Center.*
- Testa, M. F., Fuller, T. L., & **Rolock, N. (2005).** Conditions of children in or at risk of foster care in Illinois: An assessment of their safety, stability, continuity, permanence, and well-being. *Urbana, IL: Children and Family Research Center.*

Invited Professional Articles

- Rolock, N. (2008).** Child welfare in Illinois: From ‘Calcutta’ to the ‘gold standard’. *Voices for Illinois Children, Kids Count 2008.*
- Cohen, L., & **Rolock, N. (2008).** Seeking support: Emerging challenges of former foster youth after adoption or guardianship. *Fostering Families Today*, Sept./Oct. 2008.

PRESENTATIONS

Guest Lectures

- Rolock, N. (2012).** *Child welfare in Illinois: Trends and future directions.* Guest lecture, Civitas ChildLaw Center, Loyola University Chicago, School of Law. Chicago, IL.

- Rolock, N.** (2012). *Instability in foster care: What distinguishes children with multiple moves from children who experience stability?* Guest lecture, Topics in Child Welfare. School of Social Work, Illinois State University. Bloomington, IL.
- Rolock, N.** (2012). *Disparities and disproportionality in child welfare: Trends in the Central Region.* Guest lecture, Topics in Child Welfare. School of Social Work, Illinois State University. Bloomington, IL.
- Rolock, N.** (2011). *Illinois' child welfare system: Disparities and disproportionality.* Presentation at the Civitas ChildLaw Center at Loyola University Chicago, School of Law, 13th Annual Children's Summer Institute. Chicago, IL.
- Rolock, N.** (2010). *Putting data to work: Child welfare outcomes in Illinois.* Guest lecture, Social Work Research I. Jane Addams College of Social Work, University of Illinois at Chicago. Chicago, IL.
- Rolock, N.** (2009). *Child welfare data and outcomes.* Report presented at the ChildLaw Fellows Seminar. Loyola University Chicago, School of Law. Chicago, IL.

Refereed Presentations

- Rolock, N., Gleeson, J.P., Leathers, S.J., Dettlaff, A.J. & Jantz, I.** (2012). *From ASFA to Fostering Connections: Permanency outcomes among African American children placed with kin.* Paper presented at the American Professional Society on the Abuse of Children: 20th Annual Colloquium. Chicago, IL.
- Dettlaff, A.J., **Rolock, N., Cryer-Coupet, Q.** (2012) *Racial disparities and disproportionality in child welfare: Emerging issues.* Paper presented at the American Professional Society on the Abuse of Children: 20th Annual Colloquium. Chicago, IL.
- Rolock, N., Jantz, I., Leathers, S.J., Dettlaff, A.J. & Gleeson, J.P.** (2012). *Substitute care entry: The relationship between community and individual characteristics.* Poster presented at the American Professional Society on the Abuse of Children: 20th Annual Colloquium. Chicago, IL.
- Koh, E., **Rolock, N., Gleeson, J.P., & Testa, M.F.** (2012). *The evolving relationship between kinship care and permanence.* Paper presented at the 18th National Conference on Child Abuse & Neglect. Washington, DC.
- Dettlaff, A.D., **Rolock, N., Cryer-Coupet, Q. & Needell, B.** (2012). *Emerging issues in understanding racial disparities and disproportionality in child welfare.* Paper presented at the 18th National Conference on Child Abuse & Neglect. Washington, DC.

- Rolock, N.,** Leathers, S.J., Gleeson, J.P., Dettlaff, A.J. & Jantz, I. (2012). *ASFA revisited: Can Fostering Connections impact permanency outcomes among African American children placed with kin?* Paper presented at the 16th Annual Conference of the Society for Social Work Research. Washington, DC.
- Rolock, N.,** Jantz, I., Leathers, S.J., Dettlaff, A.J. & Gleeson, J.P. (2012). *Community context, race, and foster care placement: A multi-level analysis.* Paper presented at the 16th Annual Conference of the Society for Social Work Research. Washington, DC.
- Rolock, N.,** Cryer, Q.R., Thomas, K. & Dettlaff, A.J. (2011). *Is White always right? Determining appropriate comparison groups in racial disparities research.* Think tank presented at the 57th Annual Program Meeting of the Council on Social Work Education. Atlanta, GA
- Dettlaff, A.J., **Rolock, N.,** Cryer, Q.R., & Thomas, K. (2011). *Identifying and describing disproportionality and disparities in child welfare: A critical discussion of race and research methods.* Paper presented at the 2nd National Child Welfare Evaluation Summit. Washington, DC.
- Kum, H-C, Meyer, D.R., Ahn, H., **Rolock, N.** & Gabel, G. (2011). *Building and maintaining an effective information system of administrative data at universities in partnership with state agencies.* Roundtable presented at the 15th Annual Conference of the Society for Social Work Research. Tampa, FL.
- Jantz, I., Thomas, K., Baldwin, M., Caplan, D., **Rolock, N.,** Huffman-Gottschling, K., & Swartz, J. A. (2011). *Multi-morbidity, serious mental illness, and substance use disorders: An analysis of factors related to medical complexity.* Paper presented at the 15th Annual Conference of the Society for Social Work Research. Tampa, FL.
- Rolock, N.,** Koh, E., & Cross, T. (2010). *Foster care instability: What distinguishes children with multiple moves from children who experience stability?* Paper presented at the 56th Annual Program Meeting of the Council on Social Work Education. Portland, OR.
- Testa, M. F., **Rolock, N.,** Liao, M., & Cohen, L. (2010). *Adoption, guardianship and access to post-permanency services.* Paper presented at the 14th Annual Conference of the Society for Social Work Research. San Francisco, CA.
- Rolock, N.,** & Cohen, L. (2009). *Emerging challenges for children after adoption or guardianship.* Paper presented at the Illinois NASW Statewide Conference, Chicago, IL.
- Rolock, N.,** & Eblen Manning, J. (2009). *Instability in foster care: Causes and explanations.* Paper presented at the Illinois NASW Statewide Conference, Chicago, IL.

Rolock, N. (2009). *New methodology for measuring racial/ethnic over-representation in child welfare*. Poster presented at the National Child Welfare Evaluation Summit. The Children's Bureau/USDHHS. Washington, DC.

Rolock, N., & Cohen, L. (2008). *Emerging challenges after adoption and guardianship*. Paper presented at the Coming full circle: Linking to tradition, North American Council on Adoptable Children and The Adoption Council of Canada. Ottawa, Ontario, Canada.

Rolock, N. (2008). *Disproportionality in Illinois child welfare*. Paper presented at the Making [it] work: 11th National Child Welfare Data & Technology Conference, National Resource Center for Child Welfare Data and Technology; The Children's Bureau/USDHHS. Washington, DC.

Rolock, N., & Cohen, L. (2008). *Using survey data to increase support for post-finalization services for adoptive and guardianship families in Illinois*. Making [it] work: 11th National Child Welfare Data & Technology Conference, National Resource Center for Child Welfare Data and Technology; The Children's Bureau/USDHHS. Washington, DC.

Invited Presentations

Rolock, N. (2012). *Post permanency in Illinois*. Research presented at Special Meetings: Child Welfare in Illinois and the Carolinas sponsored by The Duke Endowment, Chicago, IL.

Rolock, N. (with Green-Rogers, Y., Gianforte, R., Nelson Phillips, J., Ryan, J., Smithgall C., Jarpe-Ratner, E., Weiner, D.). (2012). *Illinois DCFS data summit: Children birth through five*. Research presented at Illinois Department of Children and Family Services Data Summit, Chicago, IL.

Jantz, I., & **Rolock, N.** (2011). *Substitute care entry: The relationship between county structure, individual characteristics, and the decision to place children in foster care*. Paper presented at the Doctoral Student Association Brown Bag Series, Jane Addams College of Social Work at UIC. Chicago, IL.

Rolock, N. (2011). *Instability in foster care: What distinguishes children with multiple moves from children who experience stability?* Report presented at the Illinois Statewide Adoption Advisory Council Meeting. Bloomington, IL.

Rolock, N. (2011). *Illinois' child welfare system: Disparities and disproportionality*. Training for CASA of Cook County. Chicago, IL.

Rolock, N. (2011). *Instability in foster care: What distinguishes children with multiple moves from children who experience stability?* Report presented at the Illinois Statewide Foster Care Advisory Council Meeting. West Dundee, IL.

Rolock, N. (2010 & 2011). *Instability in foster care: What distinguishes children with multiple moves from children who experience stability?* Report presented at the Illinois Department of Children and Family Services leadership summits for management in Bloomington, IL, Aurora, IL, Collinsville, IL and Chicago, IL.

Rolock, N. (2010). *Child welfare measures in judicial circuit 21: Kankakee & Iroquois counties.* Report presented at the Child welfare multi-disciplinary symposium, Kankakee, IL.

Rolock, N. (2010). *Instability in foster care: Causes and explanations.* Report presented at the Illinois Department of Children and Family Services leadership summit. Chicago, IL.

Rolock, N. and Cohen, L. (2009). *Preliminary findings of the evaluation of Adoption Preservation, Advocacy and Linkage (APAL) & Maintaining Adoption Connections (MAC) programs.* Presented at the Illinois Adoption Advisory Council. Springfield, IL.

COMMUNITY SERVICE

Ad Hoc Reviewer, *Children and Youth Services Review*, 2012, 2013

Member, Illinois IV-E Waiver Executive Committee, 2012 to present

Member, Permanency Innovations Initiative (PII) Steering Committee, Data Analytic Workgroup and Intervention Design Team, 2011 to 2013

Member, DCFS/FCAN Roundtable Sibling Rights Policy and Legislative Reform Committee, 2011 to 2012

Content Expert, DCFS Learning Collaborative on Stability for Children in Foster Care, 2011

Member, Illinois Kids Count Advisory Committee, Voices for Illinois Children, 2007 to 2010

PROFESSIONAL AFFILIATIONS

Member, Society for Social Work and Research

Member, Council on Social Work Education