

Family Engagement:  
Effects on Stability of Placement, Permanency, and Well Being in Foster Care

Thomas Wilson Rietz

Spring Quarter 2019

Thesis submitted in completion of Honors Senior Capstone requirements for the  
DePaul University Honors Program

Thesis Director

Dr. Brian Phelan, *Department of Economics*

Thesis Reader

Dr. Gabriella Bucci, *Department of Economics*

## I. Introduction<sup>1</sup>

Family meetings are a strategy used by social workers to engage families in the decision making processes required for a child's case plan when they are expected to enter into foster care or are currently in foster care. Ever since the passage of New Zealand's Children, Young Persons and their Families Act in 1989, the usage of Family and Group Decision Making (FGDM) as described by Merkel-Holguin (2003) has become a rising strategy thought to improve foster care outcomes. Other programs to engage families, like Child and Family Team Meetings, and Team Decision Making, and Family Involvement Meetings have also been created to emulate this strategy with large-scale implementation in mind, simplifying and translating philosophy into practice. Starting in the late 1990s, the federal government has recognized family engagement strategies like these as necessary to prevent removals of children from their homes, and improve health outcomes and placement stability.

This strategy appears to also prioritize reducing harm to the developmental health of children caused by reduced attachments to adult figures in a child's life. (Prior & Glaser, 2006) Research points towards additional benefits of family meetings, like reducing the probability of re-entering care later, and decreasing time in foster care due to increased temporary placements with relatives. However, literature is inconclusive, and generally does not control for time, group, or time-group fixed effects.

---

<sup>1</sup> I would like to thank my faculty director Dr. Brian Phelan for his mentorship, constructive criticism, and generosity throughout this process.

I also must thank my thesis reader Dr. Gabriella Bucci, and Dr. Christopher Milan who also aided in the editing process, thank you! I would also like to give my appreciation to Lisa Merkel-Holguin, and Dr. Mary E. Hansen for their aid and encouragement in this project, and for providing guidance and insight on this complicated and new realm of research. The DePaul University Honors Program, Department of Economics, and Department of Political Science are also all due for a lengthy thank you for providing me with the skills and resources I needed throughout my undergraduate career to complete this project.

Detractors debate whether emphasis on reunifying children with family is beneficial. Riley (2018) suggests that prioritizing placements with family may present higher risk to children due to the relatively lower oversight of kin compared to state foster parents. This debate has also entered the realm state and federal legislation. Kentucky Governor Matt Bevin suggested in 2018 that prioritizing families from outset of a child's entry "has led to a lot of problems" and suggested that rules in Kentucky about foster care placing strategies had to change. (Williams, 2018) At the federal level The Fostering Connections to Success and Increasing Adoptions Act of 2008 created an option for states to expand availability of federal foster care subsidy payments to kinship and guardian caregivers. California lawmakers found that a 2017 federal budget agreements reduced kinship caregivers' eligibility for foster care payments. (Wiltz 2018) This indicates confusion in the policy community about whether involving family is beneficial to children. Policy-makers cannot make confident policy decisions about kinship placements and without a better understanding of their impact on children, and the policies that make kinship placements happen.

This paper seeks to help clarify the debate by establishing the merits of family engagement policies and their potential link with kinship care, and expand upon research indicating that a causal relationship may exist between kinship placements and beneficial child outcomes. If kinship placements are related to family engagement laws, then the effects of kinship placements on outcomes should also be represented, to some degree, by implementing family engagement laws. It also seeks to understand which states' family engagement meeting policies implemented were actually successful in engaging families, and why.

Research by the Child Welfare Information Gateway in 2017 on state foster care programs suggests that focusing on finding kinship placements immediately upon a child's removal from

the home increases placement stability and permanent placements. This paper seeks to better estimate the actual treatment effects absent state and year fixed effects, which have rarely been accounted for in family engagement research. I use The Adoption and Foster Care Analysis and Reporting System (AFCARS) to estimate a difference-in-differences model showing the average treatment effects of family engagement policies on state permanency and well-being measurements for foster children.

## **II. Literature**

Outcomes research on family engagement practices in case planning appears to be in its infancy, having started in the late 1980s. Research appears to divide itself into three main sections of interest: parental satisfaction, placement permanency, placement stability, and well-being. Research on parental satisfaction strongly suggests family engagement is preferred to traditional child welfare procedures. Placement stability is generally defined by the number of removals a child faces, marked by their number of total removals and re-entries into care. These are found to increase due to kinship involvement, but is found to be unaffected in several studies, and perhaps dependent on individual case effects. Apart from one study, most research fails to estimate a causal relationship and include time and group fixed effects due to lacking control groups or controls for other effects like state and year effects. Permanent placements like reunification and kinship care seem to have mixed results, with some indications that kinship care placements increase, and many studies whose results are not statistically significant due to small sample sizing. Well-being research also appears mixed due to lacking data collection on the subject. Some studies show positive effects on mental health outcomes of parents and children.

Parental satisfaction is generally measured through review forms given out by social workers after family engagement meetings. Satisfaction rates, relative to traditional child welfare policies, appear to be uniformly better in most studies. Pennell and Burford (2000) conducted interviews and data investigations into two Canadian provinces' use of family and group decision making. Pennell (2006) confirms this again in a North Carolina study, finding high satisfaction with the decision-making process when FGDM is used. Ahn, Hartzel, & Shaw (2018) suggests that a Mid-Atlantic state's introduction of FGDM-style family involvement meetings had high satisfaction rates. Estimates of multiple regressions and logistic regressions indicate higher satisfaction rates increased the rate a family decides a plan of action about the family child's future (compared to traditional approaches). Dora (2000) also finds that this policy is associated with higher parental satisfaction. McCold and Wachtel (2000) find that parents are more willing to participate in their children's future and to reform their own problematic or addictive tendencies if they are invited into a discussion about their child's future.

Feedback given by follow-up reports in Penell and Burford (2000) show increased stability of child placements and a slight increase amounts of kinship care placements and reunifications. Sundell & Vunnerljung (2004) studies outcomes of a randomized sample of foster child whose parents attend family group conferencing in Sweden. While the dataset from the Swedish Child Protective Services is fundamentally different than the United States, the basic situation which family group conferences would happen in are similar. The study found higher rates of recidivism into care in the population affected by FGDM, meaning a decrease in placement stability. Results were not statistically significant. Berzin (2008) was conducted in two counties under the California Title IV-E Child Welfare Waiver Demonstration Project. The two counties assessed different populations (children birth to 19 who were moderate to high risk

for maltreatment, and the other, 2 to 12-year olds who were at risk of placement moves or intensive care). Results were reported to show “no significant differences” between the treatment and control groups with relation to placement stability ( $p=.925$ ).

Some research supports that placement stability increases, and that there are other positive impacts on time spent in care. Sheets et. al (2009) found that exits from care were faster if families participate in family group decision-making conferences. They find that exits from care increased only for a population that had higher representation by African American and Hispanic children, suggesting that benefits may especially impact African American and Hispanic populations. Penell and Burford (2000) found that safety outcomes generally improved. Shore et. al (2001) analyzes the short- and long-term outcomes of family group conferencing in Washington State. While the researchers admit the sample is relatively small, basic statistical analysis showed higher rates of permanent placements and lower rates of recidivism into care. Hayduk (2017) did not find statistically significant impacts of increased kinship care placements on physical and sexual abuse rates, indicating that placement effects of family engagement may not (through kinship placements), impact safety of the child. Berzin (2008) reported finding “no significant differences” between the treatment and control groups with relation to safety ( $p=.0821$ ).

Rubin et. al (2008) found that behavioral problems after 18 and 36th months in out-of-home care ( $n=1309$ ) were far less prominent in children who were assigned to early kinship care from family team meetings than if they were assigned to foster care only. Additionally, three years out children in kinship care placements still had significantly lower behavioral problems than children placed into foster care. This study supports the notion that fictive kin and relative kinship placements lead to beneficial outcomes for children, at least behaviorally. Sheets et. al

(2009) suggests that children in a study of the Texas Department of family and Protective Services' Family Group Decision-Making study were "reported to be less anxious." Well-being and behavioral assessments of kinship placements and reunified families show high similarity between both populations. Relevant outcome predictors like sexual abuse rates and teen pregnancy rates are shown to be comparable to the rates with the general population of foster children, but, importantly, and significantly higher than the total population of all children. (Carpenter et. al 2001)

Berzin (2008) reported finding "no significant differences" between the treatment and control groups with relation to permanency of placement outcomes ( $p=.513$ ). Ahn (2010) found that children who had a Family Involvement Meeting remained "outside of the child welfare system more often than those who did not have a FGDM meeting at all." They found that a number of the placements that were prevented from entering foster care placement "were most likely placed with a relative resource," identifying a positive relationship between kinship placements and the avoidance of negative outcomes like being placed into impermanent placements in the first place.

Wang et. al (2011) found that discrete-time survival analysis of foster children in Texas showed children had greater odds of achieving reunification with family or placement with relatives when FGDM meetings were used. The odds of achieving the former two goals were achieved to a far higher degree compared to adoption, the third permanent placement type. They admit their results may have been skewed by several observations in the sample having been in care for a longer span of time than the average child who had been placed. They find this suggests those children may have been a "subset" of children who were simply hard to place. They also only had data on whether a family had had a conference after being removed, and not

whether conferences happened subsequently. They suggest the family and group conference (FGC) model used on the experiment population may not be representative of other types of family engagement meetings.

Difference-in-differences models have rarely been estimated on large sample sets like AFCARS, with even fewer focusing on kinship care, and none focusing on family engagement that I am aware of. Hayduk (2017) studies kinship care laws and their effects on state foster care cases in AFCARS. By compiling implementation dates of kinship care laws and utilizing regression analysis, Hayduk was able to estimate the average treatment effect of kinship care laws on permanency outcomes, placement stability, and maltreatment rates. This estimates outcomes through a natural experiment of kinship care laws in states, with national treatment and control groups. Hayduk finds statistically significant switching from congregate care to kinship care, but no statistically significant changes in maltreatment rates caused by kinship care laws. Effects on permanency outcomes like reunification, kinship care discharges, and adoptions from relatives were generally significant and positive. The multivariate regression Hayduk develops is better able to assert a causal trend between foster care kinship placements and positive outcomes that are not merely endogenous to the foster child or state, and time trends. Additionally, because the author had a control group of states, the estimate better accounts for differences due to federal law than previous research. Similar to kinship care laws, family engagement laws tend to be implemented either state-by-state due to the diverse legislative nature of child welfare policy, or county-by-county in its infancy, and seem to lend themselves to this kind of analysis. This source represents a significant inspiration for this research.

Chandler and Giovanucci (2004) is a literature review of family group conferencing policy on foster care outcomes research. They assert that the literature finds outcome variables



most important to study in relation to family group conferences are maltreatment reports, time until case closure, number of court reviews, time taken until permanent placement is found, relative vs. non-relative placements, and number of family reunifications. They also specify that a research design which compares case-level data that receive conferences versus those that do not is necessary to understanding the legitimate impact of family group conferences.

Crampton (2006) identifies specific processes within FGDM that facilitate better outcomes. Specifically, the author points to supplemental factors like preparation time for family team meetings, support, and kinship-placement development as reasons for why FGDM has been successful, while other programs have not. The author finds that “poorly implemented FGDM programs are likely to have limited success and show little benefit in a randomized trial.” This means that the significant variability between FGDM implementation existing can cause studies and research into randomized tests like that done by Sundell to have high potential to be inaccurate. This also appears to, as I might expect intuitively, indicate that there may be unique factors of a case which make it predisposed to being benefited by family engagement.

In order to successfully address this problem, research must consider the underlying reasons why family engagement programs are sometimes unsuccessful in actually engaging families, select high-population experiment designs, and understand how different clinics and counties may differ in their interpretation of family engagement strategies.

Literature also posits that the introduction of family engagement laws is associated with greater placements in kinship care, while group homes and facilities usage plummet around the same time as the implementation of these policies. (Merkel-Holguin 2005; Child Welfare Information Gateway 2017; Weigensberg 2009; Pennell, Edwards, Burford 2010) This literature is based on descriptive statistical evidence that generally does not take into account time or

group trends. Some sources have evaluated family engagement through descriptive statistics and found a relationship with kinship care. I intend to extrapolate upon literature based in descriptive statistics, multiple regressions, and chi-square estimates to estimate the true association between family engagement meetings being introduced as a state mandate on placement outcomes. Like Hayduk's paper on kinship care, this paper appears to be the first to do this sort of analysis on family engagement policies. While Hayduk 2017 is a strong inspiration for this project, this paper differs in that I study the effects of family engagement laws on temporary kinship care placements, and use a longer and more recent time series of data in AFCARS. This data will also view well-being in a different way. Instead of assessing mental and physical health problems at the end of care, I will create a numerical dummy to represent whether mental and physical health changed over the child's documented stay in AFCARS. Outcomes like exits from care, re-entry from care, and days spent in placement are important variables in AFCARS which will be used to estimate the family engagement laws, and by proxy, kinship care effects on a child's well-being. The difference-in-differences model is sparsely represented in foster care outcomes literature and appears to be a valuable form of analysis as shown by Hayduk 2017. I believe testing this model to understand the link between family engagement and placement outcomes appears to have the potential to add valuable knowledge to the field of child welfare reform.

### **III. Data**

This analysis utilizes the Adoption and Foster Care Analysis and Reporting System (AFCARS), a federally mandated and anonymized data set of all children in foster care. This data set was provided by the National Data Archive on Child Abuse and Neglect (NDACAN), an archive managed by the U.S. Children's Bureau and members of Cornell University. Data is

available beginning in 1995, but data for 2000-2016 was requested to understand post-Child and Family Service Review (CFRS) changes only. Pre-2000 data was significantly different before 1998 due to federal regulations changing, and I decided to only include data before 2000 to avoid any variation in data coding techniques across states that might exist previous to this period.

### **1. State Family Engagement Meeting Policies**

Family engagement meeting policies have considerable variation across states. Due to federal requirements to engage families and the newness of family engagement policy, several states started with different pilot programs in order to meet requirements set out by the federal government that families be engaged in the case planning process. For the purposes of this paper, I simplify nomenclature to reflect the original intent of addressing family engagement requirements imposed by federal legislation, and refer to all strategies under the umbrella term family engagement meetings. Some states use family group conferencing, family team meetings, child and family team meetings, and a variety of other names exist. I attempted to precisely and carefully identify similarities between varying state policy, and define a treatment policy that was only applicable to certain states. In doing so, I also identified a specific variation in policy (implementing the family team meetings within 72 hours of removing a child from the home) that I hypothesized may have been preferable to the more general definition I made.

Ahn (2018), Pennel, Edwards, and Burford (2010), and Wang (2011) suggest that all family engagement meetings may not have the same treatment effects, and are not necessarily generalizable to other strategies with similar intent. There is variation between states' scheduling time frames for meetings, and who the meeting model requires to facilitate the meeting (the case manager, or a third-party mediator). Additionally, states vary on whether or not families were given private time absent a facilitator to discuss amongst themselves what case planning

decisions may be best for the child. My analysis of states also found variation in their policies about the timeline in which meetings are required to happen, whether they require or merely offer them as an option, the year they are implemented in, and in whether they provide necessary training and development funds for the program.

To address this, I explored variations in the treatment effects of state policy as a means of providing more useful information on which policies succeed in their goals of engaging families. Variation between states is high, and states all generally use some sort of family engagement strategy by the end of 2016. Not all states explicitly require that family engagement meetings be used, however, and only describe offering trainings or that they suggest caseworkers use them in their Child and Family Service Plans (CFSPs) (federally mandated reports written by states in response to CFRs). Additionally, some states only require it in a county-level pilot that has not been scaled up. For the purposes of identifying a natural experiment, I distinguish between states that have implemented **statewide** policy reforms because AFCARS data only provides reliable jurisdictional data on state level data. This means I exclude states like Ohio in which some counties require the meetings be used as part of a federal waiver, but only uses them as a requirement in 50% of counties. I expect this to cause my estimation to understate the effects of the policy compared to an experiment which utilizes county level implementation data.

I also exclude states which do not **require** family engagement meetings of some kind, and only offer family engagement meetings as an optional element of the case planning process. I do this because I found that states which did not require family engagement meetings did not really use them to the same degree that other states who required them did. For example, their state offers trainings on several kinds of family engagement meetings, but does not require they be used, instead leaving it up to the social worker in charge of the case to decide when to use

them. Other states, like Georgia, offer them as an ideal decision making strategy, but again, do not require them. All of these states had lower usage of family engagement meetings compared to states which did require them, so I excluded them from my treatment group because I did not expect the treatment effect of these policies to be very large, or representative of the implied effects of required family engagement meetings on children in a state. Some states also implemented an optional element, or county-level pilot and then later required that they be used. I still count these states as implementation states when they implement the policy at the moment it is a statewide requirement because I still consider the ‘treatment periods’ of states offering the meetings as an option as part of my control group regardless of which states offer the policy as a requirement later. I hypothesize that requiring the meetings to happen has a statistical impact on placement rates on the assumption that requiring meetings causes them to happen in greater frequency.

Table 1 columns 2 and 6 (“Imp1”) describes states and when they introduced policies included points 1, 2, and 3, based on my careful analysis of case planning protocols of states as described by their CFSRs and subsequent CFSPs. Columns 3 and 7 (“Imp2”) also include stipulations 4, 5, and 6 in addition to those required by “Imp1”. States which implement the policy as a requirement statewide are described in columns 2 and 6. Columns 3 and 7 indicate these states, which followed the following procedures (Asterisks delineate Imp 1 requirements):

1. States implement the policy statewide.\*
2. State has to implement the policy until the end of the time series, and not discontinue it, like Title IV-E statewide pilot programs usually did.\*
3. States **require** the usage of family engagement meetings within a certain time frame before or after removal.\*

4. States require (as opposed to offering as an option for social workers) that FTMs be utilized within 72 hours of the child being identified as being at risk of being removed from the home, or who have already been removed from the home due to expedition from the courts.
5. Family engagement meetings require the invitation of all relatives (at the permission of the family), and require those family members to be involved in the case planning process.
6. Require all social workers to be trained in the family engagement meeting style, and fund that training adequately and with fidelity.

**TABLE 1**  
**STATEWIDE FAMILY ENGAGEMENT POLICIES**

<b>State</b>	<b>Imp. 1</b>	<b>Imp. 2*</b>	<b>Timeline</b>	<b>State</b>	<b>Imp. 1</b>	<b>Imp. 2*</b>	<b>Timeline</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>	<b>(7)</b>	<b>(8)</b>
Alabama	-	-	-	Nebraska	<b>2008</b>	2008	<b>72hrs</b>
Alaska	-	-	-	Nevada	-	-	-
Arizona	-	-	-	New Hampshire	<b>2016</b>	-	<b>10 day</b>
Arkansas	<b>2015</b>	-	<b>30 days</b>	New Jersey	<b>2007</b>	-	<b>30days</b>
California	<b>2015</b>	-	<b>60 days</b>	New Mexico	-	-	-
Colorado	<b>2014</b>	-	<b>7 days</b>	New York	<b>2013</b>	2013	<b>72hrs</b>
Connecticut	<b>2015</b>	2015	<b>72hrs</b>	North Carolina	-	-	-
Delaware	-	-	-	North Dakota	<b>2009</b>	-	<b>30 days</b>
Florida	-	-	-	Ohio	-	-	-
Georgia	-	-	-	Oklahoma	<b>2013</b>	-	<b>30 days</b>
Hawaii	<b>2012</b>	2012	<b>72hrs</b>	Oregon	<b>Pre 2000</b>	-	<b>30 days</b>
Idaho	<b>2009</b>	2009	<b>72hrs</b>	Pennsylvania	<b>2013</b>	-	<b>10 days</b>
Illinois	<b>2009</b>	-	<b>45 days</b>	Rhode Island	<b>2007</b>	-	<b>10 days</b>
Indiana	<b>2005</b>	2005	<b>72hrs</b>	South Carolina	-	-	-
Iowa	<b>2015</b>	2015	<b>72 hrs</b>	South Dakota	-	-	-
Kansas	<b>2008</b>	-	<b>20 days</b>	Tennessee	<b>2006</b>	-	<b>30 days</b>
Kentucky	<b>2013</b>	-	<b>30 days</b>	Texas	<b>2008</b>	2008	<b>72hrs</b>
Louisiana	<b>2012</b>	-	<b>30 days</b>	Utah	<b>2005</b>	-	<b>45 days</b>
Maine	<b>2011</b>	2011	<b>72hrs</b>	Vermont	<b>2010</b>	2010	<b>72hrs</b>
Maryland	<b>2008</b>	-	<b>10 days</b>	Virginia	<b>2009</b>	2009	<b>72hrs</b>
Massachusetts	<b>2008</b>	-	<b>55 days</b>	Washington	<b>2011</b>	2011	<b>72hrs</b>
Michigan	<b>2015</b>	-	<b>90 days</b>	Washington, DC	<b>2005</b>	2005	<b>72hrs</b>
Minnesota	-	-	-	West Virginia	<b>2015</b>	-	<b>60 days</b>
Mississippi	<b>2006</b>	-	<b>30 days</b>	Wisconsin	-	-	-
Missouri	-	-	-	Wyoming	<b>2015</b>	-	<b>30 days</b>
Montana	-	-	-				

\*All policies mandating use before removal were coded as equivalent to within 72 hrs due to their similar

Interestingly, it seems that none of the state child welfare offices represented in Columns 3 & 7 intentionally coordinate between each other to use the same model. They appear to have concluded independently that the 72-hour time frame is preferable to federal regulations under title IV-E (42 U.S.C. 671(16)) requiring familial contact by a social worker within 30 days. Most other states use this regulation as their deadline, or require the FTM as a separate process from the case planning procedure, meaning it can happen after the 30 day requirement. I hypothesize that the increased urgency caused by requiring social workers to gather relatives and other family to the meeting within this short time frame will increase attendance, and increase the degree to

which families are engaged in the immediate decision-making process. Theoretically, requiring meetings within 30 days does not push social workers to meet with parents before critical decisions have already been made in terms of where the child is placed. While this remains true, many children in AFCARS are placed back into family-style temporary placement settings (between 20-50%, depending on the state) even if traditional social working models are used, and not family engagement strategies. This means that we can measure the implied probability of a child placed by a social worker using either strategy if state policy mandates one over the other.

While other states implement some of these requirements, states in columns 3 and 7 are unique in that they combine all six across the state. I point these out as different because this strategy points to significantly higher probabilities of temporary placements with relatives. Why their treatment effects may vary from other states which do not mandate these requirements is discussed in the discussion section II.

Important to note is that states which created their own pilot programs may cause my estimation to understate treatment effects, due to their effects on children in a county being picked up by state groups which implement a statewide policy later, meaning only some counties in the state would experience a policy change. Data on county-level data is limited in AFCARS and does not allow me to differentiate between state and county level policies.

Contemporary understandings of family engagement strategies by the federal government and by organizations like the Annie E. Casey Foundation suggest that it is associated with increased kinship care placements caused by increased family engagement and communication. Research from a 2017 U.S. Children's Bureau grant program suggest that family engagement meeting practices are initially "resisted by agencies, workers, and families" due to



miscommunication and lack of time.<sup>2</sup> Additionally, there are problems implementing family engagement programs if families are facing initial unresolved crises and their availability to meet is affected. Several state CFSPs indicated an inability to effectively train for and staff abundant amounts of meetings. Several states reported in their CFSP that family engagement strategies were difficult to implement across the entire state, and thus only have county level programs.

Given a potentially causal relationship between family engagement policies and kinship care placements, we would expect that if family engagement meetings increase the probability of kinship placements that there must be non-parental family participation in the meetings. Data on the demographics of attendance at family engagement meetings do show participation by both parents and kin. Cahn et. al (2016) suggests that findings from a study of family group conferences in Washington State had high participation by family members. On average, about 8 family members attended each meeting out of 70 conferences studied. Involvement of both parents and relatives are both prevalent. Dissimilarly, their research on Michigan showed particularly low attendance. Ahn (2010) shows that, of 122 eligible family caretakers in attendance at Family Involvement Meetings (FIMs) in a Mid-Atlantic state, 42% were birth parents and 58% were kin such as siblings, grandparents, other relatives, or step parents.<sup>3</sup> While a small sample, this indicates that kin involvement in the state's family involvement meetings were substantial. It is unclear what percentage of these evaluations were filled out by both parents and kin, and likewise, what percentage are only parents or only kin.

---

<sup>2</sup> U.S. Department of Health and Human Services, Children's Bureau Child Welfare Information Gateway. (2017). Lessons from the field: Successful strategies for implementing family group decision-making (FGDM). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

<sup>32</sup> Only about 5 total observations were siblings, most were kinship eligible guardians.

Data from Pennsylvania's FGDM system also corroborates this. FGDM Statewide Evaluations submitted between 2017-2018 show that 51% of eligible caretakers (those who were not service providers from the State or a private entity) were parents, and 49% were relatives like grandparents or aunts/uncles, or some other non-biological relative to the child, like a step parent, god parent, or legal guardian.<sup>4</sup> Both of these states show significant attendance by parents and non-parental relatives and non-biological relations at family conferences.

Variations of state policy may include different amounts of caseworkers included, and the inclusion of "varying subcomponents based on the complexity of each case." (Merkel-Holguin 2005) States like Rhode Island contract their foster care services to private agencies exclusively and attempt to divert children in out of home placements towards kinship care placements. Inclusion of state-level fixed effects will control for variation in foster care laws across states.

## 2. Demographics

Table 2 shows the demographic breakdown of the U.S., control, and treatment groups. The control group includes all observations pre-treatment and non-treatment observations. Populations are very similar, with a slightly older population seen in the treatment, a slightly lower number of African American (3.2%) and children of Hispanic descent. This appears to contradict research and governmental conclusions identifying race as a predictor for family engagement policy success, and as a strategy that links involving extended family members to "the goal of increasing and preserving the ethnic and racial diversity of children in out of home placements." (Montana, 2009, p. 31) The mean number of total removals is a measure of the

---

<sup>4</sup> Percentages were calculated by removing the number of participants which were in attendance at family conferences in the most recent year (2017-2018) but not related to the child in a manner outside of child welfare service provision (i.e. a caseworker, or psychologist). *FGDM Evaluation Portal*. (n.d.). Retrieved April 23, 2019, from University of Pittsburgh, School of Social Work Child Welfare Resource Center.

average number of times a child is removed from the care of their primary caretaker (parents, usually).

**TABLE 2**  
**2000-2016 AFCARS DEMOGRAPHICS**

<b>Data Label</b>	<b>U.S. Population</b>	<b>Control</b>	<b>Treatment</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
% Female	52.01	52.05	51.9
% White	56.93	54.89	63.94
% Black/African Amer	33.63	34.49	30.7
% Amer Indian/AK Native	3.73	3.77	3.6
% Asian	1.25	1.26	1.21
% Hawaiian/Pacif Islander	0.61	0.61	0.61
% Unable To Determine Race	6.83	7.55	4.38
% Hispanic Origin	18.91	18.9	18.95
Mean Age at End of FY	9.31	8.63	9.16
Mean Total Removals from Care	1.28	1.29	1.25
Length (days) in Current Placement	550.39	584.44	409.19
<b>N</b>	12,435,581	9,627,739	2,807,842

Originally, this analysis considered viewing a smaller sample set of Mid-Atlantic States and New England States, however almost all have implemented the policy according to the above definition during the 2000-2016 period. I was not able to assert the parallel trends assumption effectively, and therefore dedicated more time to analyzing nationally, state laws on family engagement.

**TABLE 3**  
**POST-REMOVAL PLACEMENT DESCRIPTIONS**

<b>% Current Placement Setting</b>	<b>U.S. Population</b>	<b>Control</b>	<b>Treatment</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
Pre-adoptive home	7.77	7.62	8.31
Foster home, relative	23.62	23.45	24.19
Foster home, non-relative	39.61	40.15	37.73
Group home	6.33	6.79	4.74
Institution	9.27	9.92	7.04
Supervised independent living	1.27	1.19	1.54
Runaway	1.90	2.06	1.36
Trial home visit	9.29	7.75	14.59
Missing	0.93	1.06	0.50
<b>N</b>	12,435,581	9,627,739	2,807,842

Tables 3 and 4 depict variation across the data set in several AFCARS-specific data designations. Current placement setting is indicated by Table 3, showing the placement setting a child is in during the data observation it is recorded in following their removal from their previous home. Relative foster homes are a variable of interest as they are an independent variable indicating whether more placements in care are with family members who are specifically related to the child. If the amount of children staying in foster homes with a relative increases due to family engagement policies, then discharges to permanent kinship care placements might be more likely due to children already to living with a relative. Additionally, research suggests that relative placements might be more stable and lead to better outcomes, but might provide theoretical disincentives in that caretakers no longer receive federal subsidy

**TABLE 4**  
**DISCHARGES FROM CARE DESCRIPTIONS**

% Reason for discharge (if discharged)*	U.S. Population	Control	Treatment
(1)	(2)	(3)	(4)
Reunified with parent, primary caretaker	53.04	53.58	51.13
Living with other relative(s)	8.79	9.34	6.83
Adoption	19.23	18.41	22.14
Emancipation	9.09	8.97	9.51
Guardianship	6.28	5.90	7.66
Transfer to another agency	2.17	2.24	1.94
Runaway	1.23	1.40	0.63
Death of child	0.16	0.17	0.16
Mean total days in care at last discharge	453.96	474.73	370.30
<b>N</b>	4,630,980	3,617,223	1,013,757

\*Missing values suppressed (n= 4,474,945), not discharged suppressed (n=3,329,668)

support if their foster child is permanently discharged from the state care system. Whether or not it matters whether a child is officially in foster care with a relative versus no longer in state care but still living with that relative is up for debate, but I would expect the two placement types to be relatively similar in terms of outcomes. Interestingly, the treatment group (Column 4) shows a .74 percentage point increase in the mean placement settings devoted to relatives, and a 6.84 percentage point increase in trial home visits. Trial home visits are temporary placements in which a child is under State agency supervision but also has been returned to the principal caretaker whom are generally the biological parents. This mean of placement changes between the treatment and control indicates increases in families' probability of caring for the child during their stay in state-managed care.

Table 4, however, indicates that while participation in foster care is increasing, discharges and permanent placements in the treatment group decrease as a percentage of all discharges or do not change substantially. Columns 2-4 represent mean percentages of discharges, if a child is ever discharged. Reunification has remained relatively the same, while temporary relative placements decreases from 9.34% to 6.83%, a 30% drop. This suggests that family engagement laws may actually provide more information (which may disincentivize permanent discharge) for kin relatives to permanently take care of children (or perhaps incentives for adoption, which increases by over 3%), and incentivizes relatives to take care of children in the short term. It does not reflect discharges out of all periods, meaning the sample set only reflects periods where a discharge value is equal to one. This is done because while AFCARS is a panel data set, with record numbers sometimes existing over sometimes long time series data, I did not have enough time to dedicate towards doing a survival analysis and made the decision to analyze the effects on all discharges. This also helps to understand the effects on the mean total days in care at discharge variable, which shows that children spend an average of 453 days are spent in care at the time of their last discharge. This data, then, only reflects the mean of which discharge a child may see, provided they are discharged from care.

Treatment appears to lower the average length of stay in AFCARS by nearly 100 days, which is extremely significant. However, discharges on a national level are rising, indicating a national decrease in the total population of foster children. This may indicate a national increase in the availability of placements, which we would expect to decrease the average length of stay. Table 6 will show that this decrease is less statistically associated with treatment than it appears. This paper does not analyze the effects on the total number of children who are discharged from care in a state, however this might still be a useful analysis for a different paper. Due to the

limited scope of this senior thesis project, I also decided not to analyze a survival analysis of children's probability of aging out of care over time, even though Hayduk (2017) suggests this may be a preferable form of analysis.

Another important consideration is whether child outcomes are being affected by the treatment effects of family engagement techniques being mandated, or, rather, the costs of searching for parents and relatives being reduced (assuming that relying on traditional child welfare practices makes it harder to get parental and family buy in compared to family engagement practices). This extra time the social worker has may account for more of the changes to outcomes, and increase reliance on relative placements that were not as readily available before. This is speculative, however, as it seems apparent that organizing these meetings may have a time impact on the social worker as well.

#### **IV. Analysis and Results**

The main regression equation is expressed by the following:

$$\text{RelativeFosterHome}_{st} = \beta_0 + \beta_1 * \text{Policy}_{st} + \beta_2 * \text{StateFE}_{st} + \beta_3 * \text{YearFE}_t + \beta_4 * u$$

The observations included in this regression are individual-level case files of foster children. Yearly data was merged to create a panel data set. Observations do not normally continue throughout the lifetime of the data set (i.e. foster children leave and re-enter or are discharged permanently). The variable  $\text{RelativeFosterHome}_{st}$  is intended to understand the impact of  $\beta_1 * \text{Policy}_{st}$ , or the average treatment effect of state family engagement policies on kinship foster homes as defined by AFCARS.

The causal effects of the policies across states were estimated through dummy variables for state, case, and year fixed effects which account for variances caused by these different

factors' impacts on the model. Each state has a different average amount of observations, causing the difference-in-differences to have bias towards larger population states without the  $\beta_2 * \text{StateFE}_{st}$  variable. Individual cases may have inherent factors which cause them to bias the treatment effects, such as an individual with a disability being unable to be placed outside of congregate care placements. Different years have different circumstances which may cause overestimation or underestimation of the average treatment effect, meaning without the  $\beta_3 * \text{YearFE}_t$  year fixed effects variable, the average treatment effects are biased by time-related circumstances, like a recession, or natural disaster in a year. Lastly,  $\beta_4 * \text{U}$  is intended to represent case-level demographic indicators like race, age, and sex to control for changes in these factors' impact on the model.

Because I am concerned that my policy-time treatment dummy may cause heteroscedasticity across state-time clusters of my data, I cluster my standard errors at the state level to give a robust standard error. Table 5 represents the regression results of treatment on various placement permanency outcomes. These are temporary placements in the foster care system of a state. The coefficients represent the change in probability as estimated by the limited probability model. AFCARS designates these variables through dummy variables, meaning I estimate a linear probability model that an observation will be equivalent to 1 given that the treatment has occurred. All observations are coded with a current placement setting, and only some observations are coded with a discharge type, as not all children are discharged in the same year they enter in.

To test for the parallel trends assumption, I regressed a treatment dummy variable in which all periods of treatment were expected in three years, meaning treatment occurs three years before the 'real' treatment. If the parallel trends assumption is to hold, we would expect



these coefficients to not be statistically different than zero. While this holds for general treatment of family engagement laws being required within some period of time, the treatment being required within 72 hours does not hold. After further inspection, it is evident that some of these policies closely or immediately (within 6-5 years) followed requirements similar to the general treatment. This likely means both that the 72 hours treatment variable is encapsulating laws which are having an effect several years after their implementation that require family team meeting laws within some longer period, and also that I have misidentified some treatments which occurred before the 72 hours laws were introduced and were not included in the general treatment.

Given that the parallel trends assumption holds for the general treatment, there is still an effect (though not statistically significant) immediately after a state implements a general family engagement meeting requirement, and three years after it is implemented. Additionally, coefficients are, as we expected given the demographical summary of the data, negative coefficients for placement in an institution, and placement in a group home. Effects on being placed with a relative foster parent appear to be negligible, though they may be more evident of problems with the experiment's design than of the relationship between family engagement laws and relative foster homes.

Interestingly, while the 72 hours treatment effects does not follow the parallel trends assumption, given that general treatment appears to have a statistically significant effect on relative foster homes down the line, it makes sense that this coefficient (.03283\*) is statistically significant if general treatment occurred within three years prior.

**TABLE 5**  
**PLACEMENT PERMANENCY**

<b>Out of Home Placement Setting</b>	<b>Imp 1</b>	<b>Imp 2</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
Placed in Relative Foster Home	0.02438 0.01481	0.03283* 0.01219
Placed in relative foster home after 3 years of policy	0.03501* 0.01657	0.0466056* 0.01883
Expected law in 3 years	0.01323 0.01024	0.0368117* 0.01392
Placed in Institution	-0.00273 0.00719	-0.01179 0.00633
Placed in group home	-0.00861 0.00793	-0.00802 0.00702
Placed in pre-adoptive home	-0.00499 0.00606	0.01021 0.00524
Placed with foster parent	-0.00941 0.01329	-0.02746 0.01549
Placed in a trial home visit	0.00254 0.01040	0.00023 0.01576
<b>Discharge Type</b>		
Live with relative	0.00585 0.00890	-0.00684 0.01470
Reunified	0.00038 0.01020	0.00491 0.01096
Adopted	-0.00161 0.00611	0.00856 0.00681
Guardianship	-0.00075 0.00719	0.01203 0.01198
Emancipated	-0.00022 0.00270	-0.00053 0.00276
<b>N</b>	12,435,581	12,435,581

Table 6 shows regression results of treatment on various well-being and placement stability indicators. The 72 hours treatment appears to also show a statistically significant decrease in the re-entry probability for children. This appears to provisionally agree with analyses which find reduced foster care recidivism as a result of greater placement with foster

**TABLE 6**  
**WELL BEING AND PLACEMENT STABILITY**

Stability Variable (1)	Imp 1 (2)	Imp 2 (3)	Mean (4)
Reentered care	-0.00934 0.00320	-0.0070946* 0.00271	0.02391
Reentered after 3 years of policy	-0.00570 0.00270	-0.00505 0.00295	0.02391
Expected law in 3 years	-0.00595 0.00386	-0.00888 0.00315	0.02391
Days in care at last instance* in AFCARS	-8.21003 20.98290	14.16901 28.51848	764.92
<b>*N of last instances =</b>			4,730,495
Only 1 Removal	-0.00388 0.01023	-0.00645 0.01416	0.79090
Mental Health Problem	0.02779 0.01932	-0.01741 0.01343	0.14492
Removed - Phys Abuse	-0.01203 0.01765	0.00391 0.01198	0.15941
Removed - Sex Abuse	-0.01609 0.01759	-0.00330 0.01081	0.05941
Removed- Nocope	-0.06505 0.03630	-0.04975 0.03654	0.19469
Removed - Abandonment	0.00659 0.01349	-0.02629 0.01442	0.05637
Removed - Relinquished	-0.00587 0.01139	0.00230 0.00610	0.01576
Removed - Inadequate Housing	-0.00586 0.01121	-0.00067 0.96080	0.10546
Removed - Neglect	0.02216 0.03306	0.06675 0.03345	0.55976
<b>N</b>	12,435,581	12,435,581	

children. Interestingly, the 72 hours treatment also indicates a positive effect on total length of stay in care at their last placement. This appears counterintuitive. Additionally, researching the effects of removal rates appears to show a statistically insignificant effect of family engagement laws on well-being and placement stability. Removals caused by a parents' inability to cope with various circumstances surrounding caring for the child appear to have decreased by over 6%, which makes sense. While this coefficient is not statistically significant, further research should be done given more accurate analysis of family engagement laws to discern if these laws indicate a statistically significant increase in parents' confidence in taking care of their child.

## **V. Discussion**

It is important to note that Pennel, Edwards and Burford (2010) conclude that the introduction of family team meetings within 72 hrs in the 2004-2005 period in the District of Columbia led to more placements with kinship caregivers. This analysis uses panel data over several periods of time and controls for state and time fixed effects. It also clusters my standard errors to control for state-year correlation with my policy dummy variable. This reduced the treatment effects of the 2005 implementation of FTMs by the District of Columbia's CFSA to a statistically insignificant level ( $X1=0.00181$ ,  $p=.8783$ ). Some variation between the significant effects of state policy is also due to the amount of children they are affecting in a state being different. On a given year, between 1200-3900 observations are in DC's AFCARS file at any time, with a downward trend. In New York 20000-60000 exist. This may cause the standard errors associated with DC's file to increase relative to other states. Many other states had highly significant increases in the probability a child would be placed with a relative (Connecticut  $X1=.14$ ,  $p<.0001$ ), Vermont  $X1=.10$ ,  $p<.0001$ ). This implies variation in state treatment effects

even within states which follow similar requirements. While the coefficient for this region being impacted by the policy is still positive as I would expect if there were a relationship, I cannot conclude that family engagement policy has had a statistically significant effect on foster children in the District of Columbia.

Additionally, I was able to assert the effects of a statistically significant increase in kinship care foster homes (as indicated by Table 5 Column 3) coinciding with a decrease in the re-entry rate. However, this seems to indicate that research showing a statistically insignificant effect of family engagement practices on outcomes may have validity, even given smaller sample sizes. While this increase coincided with a statistically significant decrease in the probability that a child ever re-enters care, the coefficient is incredibly small ( $x1=.007$ ).

Case factors like state and year very obviously had a statistically significant effect on the outcomes indicators present in a child's case file, and research which does not take these variables into account is not accurately representing the effects of family engagement meetings on child outcomes. As an example, basic analysis of statistical placement means indicated that kinship care and temporary placement with parents increased as a result of treatment, but both of those outcomes were far less predictive once the model included various other important indicators like time and state. Trial home placement probabilities were insignificantly effected by treatment in both treatment outcomes.

Significant limitations exist to the analysis without comparisons to non-foster care placements. Without data on children who do not enter foster care at all or are diverted to another non-documented placement (like just living with a relative without state oversight) before entering AFCARS, or indications of what happens to children after they are permanently discharged, it does not appear evident that an analysis as designed with today's available data in

AFCARS can determine the complete effects of family engagement policy on child outcomes. Additionally, without individual-level data tying cases in AFCARS to having experienced a family engagement meeting of some kind, this experiment was limited to estimating the implied effect, rather than the direct effects of the policy on a child. It is evident based on my study of the literature that even when a family engagement meeting on some kind is required in the state that sometimes they cannot occur. For example, in the case of the death of a parent, or a parent's refusal to attend, or instances where a parent is not the primary caretaker of the child when the child is removed.

Given that the implementation date collection appears to be slightly flawed due the relevance of laws found after the experiment was conducted, I cannot conclude that the statistically significant results on re-entry rates and on temporary placements with relatives due to 72 hours treatments were accurate. However, I believe that what this experiment truly indicates is that state policy variation experiments should be further conducted on differences between states' strategies to address family engagement. A wealth of variation exists which I was unable to explore due to the time constraints of the project: family engagement meeting style (family team meetings vs family group conferences, facilitated family engagement, etc), whether private time is given to the family, and whether the facilitator is an independent case worker or the original case worker could all be important indicators of success of family engagement strategies.

## **VI. Conclusion**

This project was intended to link rigorous policy analysis techniques to foster care outcomes research to improve the lives of foster children across the country, and to imprint upon

the literature the methodological challenges and, perhaps, limitations, foster care researchers face when attempting this kind of analysis with AFCARS. Making the impact of introducing the family engagement policy on states clear will help policy-makers make more educated decisions. My analysis does not conclude a statistically significant effect of generally requiring family engagement meetings, and this should encourage us to be skeptical of requiring them. While implementation dates and variations in state policy remain tough challenges for understanding natural experiments, there is ample data provided by the Department of Health and Human Services that must be sifted through to provide a better historical narrative. Based on even just this analysis, I cannot conclude there is no relationship between family engagement laws and relative foster homes. However, it remains unclear based on this analysis whether family engagement laws promote permanency of placement, placement stability, or well-being. Even if it were to affect these outcomes, I remain skeptical that a truly representative estimation would show particularly high benefits to these outcomes.

Another important consideration is that my analysis does offer evidence that requiring family engagement meetings may have a delayed positive effect down the road for states. This could mean that the effects of state social working procedures changing may have a delayed effect, or that other factors coinciding with states deciding to implement family engagement meetings have a positive effect on the rates that children are placed with relatives. Finally, research on the different types of family engagement practices (family team meetings, family group decision making, child and family teams, wraparound, facilitated family engagement meetings, family unity meetings, and team decision making, among other outliers) will provide more relevant information on the variation of policy. States defined in the treatment group for the 72 hours variable had *considerable* difference in their treatment effects (Connecticut's 72-hour

Considered Removal – Child and Family Team Meeting (CR-CFTM) showed a statistically significant 10-20% increase in the probability of a child being in care, whereas Washington D.C.'s 72-hour Family Decision Making meetings showed a 0-5% increase that was not significantly different than 0). The heterogeneous treatment effects indicate variations in policy types, procedures, and other factors of policy outside of procedure that certainly affect the treatment effects of family engagement policies.

Overall, this analysis provides insight into the effects of the family engagement policies which were mandated by states after the 2000-2003 round of CFSRs. It points to benefits to children in that family engagement meetings and their consequential relative placements reduce placements into care.



## References

- “Charlie & Nadine H. v. Christie.” Children's Rights, [www.childrensrights.org/class\\_action/new-jersey/#](http://www.childrensrights.org/class_action/new-jersey/#).
- Donald, B. (2013). POLICY TITLE: Family Team Meeting (FTM) (Revision 2013 (Original 2010), pp. 1- 2) (Washington D.C., CHILD AND FAMILY SERVICES AGENCY, Director of the Child and Family Services Agency). Washington, DC: CHILD AND FAMILY SERVICES AGENCY., State of Maryland, Department of Human Resources. (2016). Title IV-B Child and Family Services Plan 2016 Annual Progress and Services Report. 10.
- Ahn, H., Hartzel, S., & Shaw, T. (2018). Participants' Satisfaction With Family Involvement Meetings: Implications for Child Welfare Practice. *Research on Social Work Practice*, 28(8), 952–963.
- Berzin, S. C., Cohen, E., Thomas, K., & Dawson, W. C. (2008). Does family group decision making affect child welfare outcomes? Findings from a randomized control study. *Child Welfare*, 87, 35-54.
- Chandler, Susan & Giovannucci, Marilou. (2004). Family Group Conferences: Transforming Traditional Child Welfare Policy and Practice. *Family Court Review*. 42. 216-231. 10.1177/1531244504422004.
- Child Welfare Information Gateway. (2017). Lessons from the field: Successful strategies for implementing family group decision-making (FGDM). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Child Welfare Information Gateway. (2016). Racial Disproportionality and Disparity in Child Welfare. Washington DC: U.S. Department of Health and Human Services, Children's Bureau.
- Crampton, D. (2006). Research Review: Family group decision-making: A promising practice in need of more programme theory and research. *Child and Family Social Work*, 12(2007), 202-209.
- Daro, D., Jarpe-Ratner, E., Karter, C., Crane, K., Bellamy, J., & Seay, K. (2005). CHILD MALTREATMENT PREVENTION: A PLANNING FRAMEWORK FOR ACTION. Chapin Hall at the University of Chicago.
- Dubowitz, H., Feigelman, S., & Zuravin, S. (1993). A profile of kinship care. *Child Welfare*, 72, 153-169. Florida House of Representatives, Committee on Aging and Human Services. (1992). A study of performance agreements and related issues in the child welfare system. Tallahassee, FL: Author. Hegar, R. L. (1993). Assessing attachment, permanency, and kinship in choosing permanent homes. *Child Welfare*, 72, 367-378.
- Elsen (2014) The Ties That Bind: Strengthening, and Reducing Racial Disparities in Kinship Foster Care in Massachusetts. Massachusetts Law Reform Institute <https://www.mlri.org/wp-content/uploads/2018/01/The-Ties-That-Bind-Kinship-Foster-Care-in-MA.pdf>
- FGDM Evaluation Portal. (n.d.). Retrieved April 23, 2019, from University of Pittsburgh, School of Social Work Child Welfare Resource Center.
- Gebel, T. J. (1996). Kinship care and non-relative family foster care: A comparison of caregiver attributes and attitudes. *Child Welfare*, 75(1), 5.
- Hayduk, Iryna. “The Effect of Kinship Placement Laws on Foster Children's Well-Being.” *The B.E. Journal of Economic Analysis & Policy*, vol. 17, no. 1, Jan. 2017.
- Healy, K., Darlington, Y., & Yellowlees, J. (2012). Family participation in child protection practice: An observational study of family group meetings. *Child & Family Social Work*, 17(1), 1-12.
- James Bell Associates, Inc. (2015). Family Connection Discretionary Grants 2011-Funded Family Group Decision-

- making Grantees Cross-site Evaluation Report – FINAL Executive Summary (U.S., Children's Bureau, Health and Human Services).
- Koh, E. (2010). Permanency outcomes of children in kinship and non-kinship foster care: Testing the external validity of kinship effects. *Children and Youth Services Review*.
- Merkel-Holguin, L. (2005). The Intersection between Family Group Decision Making and Systems-of-Care. American Humane FGDM Issues in Brief, 4-5. doi:10.1007/springerreference\_223344
- Merkel-Holguin, L.; Nixon, P.; Burford G. Learning with families: A synopsis of FGDM research and evaluation in child welfare. *Protecting Children*, 18 (1&2) (2003)
- Penell, J., & Burford, G. (2000). Family Group Decision Making: Protecting Children and Women. *Child Welfare*, League of America, LXXIX(#2), march/april. doi:10.1007/springerreference\_223344
- Pennell, J., Edwards, M., Burford, G. (2010). Expedited family group engagement and child permanency. *Center for Family and Community Engagement, North Carolina State University, American Humane Association, Child Welfare Training Partnership, Department of Social Work, University of Vermont*.
- Rangihau, J. (1986). Puao-te-Ata-tu (Daybreak): Report of the Ministerial Advisory Committee on a Maori perspective for the Department of Social Welfare. Wellington, *New Zealand: Department of Social Welfare, Government Printing Office*.
- Riley, N. (2018). Rethinking Kinship Care. *National Affairs*. Number 39. Summer 2018.
- Rubin, D. M., Downes, K. J., O'Reilly, A. L., Mekonnen, R., Luan, X., & Localio, R. (2008). Impact of kinship care on behavioral well-being for children in out-of-home care. *Archives of pediatrics & adolescent medicine*, 162(6), 550–556. doi:10.1001/archpedi.162.6.550
- Carpenter, Sara C. Clyman Robert B. Davidson, Arthur J. Steiner, John F., “The Association of Foster Care or Kinship Care With Adolescent Sexual Behavior and First Pregnancy,” Department of Pediatrics, University of Colorado Health Sciences Center (UCHSC); Kempe Children’s Center and Department of Pediatrics and Psychiatry, UCHSC; Department of Preventive Medicine and Biometrics, UCHSC; and Department of General Internal Medicine, UCHSC, Denver, Colorado. Received for publication Nov 9, 2000; accepted Apr 23, 2001.
- Prior, V., & Glaser, D. (2006). Child and adolescent mental health series. Understanding attachment and attachment disorders: Theory, evidence and practice. London, England: Jessica Kingsley Publishers.
- Shore, N., Wirth, J., Cahn, K., Yancey, B., & Gunderson, K. (2002). Long Term and Immediate Outcomes of Family Group Conferencing in Washington State. *Restorative Practices*, September. INTERNATIONAL INSTITUTE FOR RESTORATIVE PRACTICES.
- Sundella, Knut, and Bo Vinnerljung. “Outcomes of Family Group Conferencing in Sweden: A 3-Year Follow-Up.” *NeuroImage*, Academic Press, 25 Feb. 2004,
- Thornton, J. (1991). Permanency planning for children in kinship foster homes. *Child Welfare*, LXX (5) 593-601.
- Wachtel, T. (2000). Restorative practices with high-risk youth. In G. Burford & J. Hudson (Eds.), *Family Group Conferencing: New Directions in Community Centered Child & Family Practice* (pp. 86-92). Hawthorne, NY: Aldine de Gruyter.
- Wang, E.W., Lambert, M.C., Johnson, L.E., Boudreau, B., Breidenbach, R. & Baumann, D., Expediting

permanent placement from Foster Care Systems: The role of family group decision-making, *Children and Youth Services Review* (2012), doi: 10.1016/j.childyouth.2012.01.01

Weigensberg, E.C., Barth, R.P., & Guo, S. (2009). Family group decision making: A propensity score analysis to evaluate child and family services at baseline and after 36-months. *Children and Youth Services Review*, 31, 383-390.

Williams, C. (2018). Governor Bevin suggest rethinking policy for child welfare cases. *WHAS-TV*.

Wiltz, T. (2018) When Trump signed spending bill, he signed into law a huge overhaul of foster care. *USA Today*.