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Natal Family Disruptions and Lives in Non-Parental Care:Impacts on Children's Emotional Health and Academic Success

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By

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ABSTRACT. This research used a mixed methods design to evaluate the negative impacts of strains in children's natal family environment, on their emotional and academic core self-concept, as well as how healthy non-parental relationships can help repair the damaged self-concept. Analyses of National Survey of Children in Non-parental Care (2013) survey data, supplemented with interviews with five experts in the field, revealed the following: strains generated by disruptions in the child's natal family negatively affected the emotional health of the children in non-parental care and indirectly their academic success; and living in non-parental care homes, particularly having healthy relationships with the caregiver, was positive for both the emotional and academic self-concept of children. Contrary to conventional wisdom, continued involvement of birthparents, after the children were removed from their care, neither benefitted nor harmed the children. These findings were theoretically explained using insights from the Strain (Agnews 1992) and Social Bond perspectives (Hirschi 1969) on the development of core and fluid self-concepts (Blumer 1969; Kuhn 1964), and added to current literature on the needs and well-being of children in non-parental care.

INTRODUCTION

Children are removed from their parents' care for a variety of reasons, including abuse, poverty, illness or death. When such separations occur, children will either be placed in the care of a relative, a family friend, or in foster care. The 2011 census indicated that nearly three million children lived in non-parental care, a cumulative term used to encompass both foster-care and relative care. As of 2012, between 514,000 and 545,000 of these children were in non-relative care, including foster care (Vandivere, Yrausquin, Allen, Malm, & McKlindon 2012).

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Though being removed from disruptive natal homes is in the best interest of children, the transition to different living situations and caregivers can be difficult or even traumatic, regardless of the reason for separation. Such disruptions in the natal family environment will likely carry over into the child's life in non-parental care and may have lasting effects on their well-being. Permanency is critical to a child's healthy development, and removal often introduces instability in their lives. Negative effects of early transitions can manifest in a variety of early developmental milestones, including poor health, behavioral problems, emotional upheavals, and academic difficulties. However, the degree to which caregivers are able to provide children a safe environment and form stable relationships with them may counter some of the negative consequences for early developmental milestones. In order to identify ideal ways to transition children, it is important to examine the effects of disruptions in the natal-family environment and lives in non-parental care environments on the child's well-being, particularly their emotional health and academic performance.

LITERATURE REVIEW

Well-being of children in non-parental care in its many dimensions has been recognized as an important issue by both social scientists and child development practitioners. It is commonly agreed that, even after a child has been placed in non-parental care, it is in the best interest of the child to maintain contact with the birth family. Researchers have also concurred that to understand fully the effects of birth and natal families on children's well-being, it is crucial to look at the perspectives of the primary stakeholders, the children, caregivers, and social workers, involved in the child care arrangement. Stability and positive quality relationships with the caregivers are critical for the well-being of children in their care, as evidenced by emotional health and academic success for children in non-parental care.

Child Well-being: Emotional Health

Two relationships are critically influential for the emotional health of children in non-parental care: the relationship with the birthparents and the relationship with the caregiver. In this section, the different stakeholder perspectives on the effects of contact with the birth family, as well as the importance of a stable relationship with caregivers, were examined.

Contact with Birth Family

A central tenet in non-parental care is that it is in the child's best interest to remain in contact with their birth family in some shape or form so that the relationships, bonds, and connection to their history are preserved. A strong relationship with the birthmother has proven to benefit the child's behavior. Lenore M. McWey, Alan Acock, and Breanne E. Porter (2010) used a subsample of children between the ages of 7 and 16 from the National Survey of Child and Adolescent Well-being to examine the effects of birthmother contact on children externalizing behavioral problems. When exposure to violence was controlled, children who had no contact with their birthmother exhibited the most behavioral problems, while children who had consistent contact had the lowest rates. However, the authors acknowledged that there may be a third variable causing this association; children who have more frequent contact have strong attachment to their birthmothers.

Yet, since many children were removed from their home because of family instability, including neglect, abuse, or trauma, there is reasonable concern that establishing a relationship with their birth families might further traumatize and upset children (Salas Martinez, Fuentes, Bernedo, & García-Martin 2014). Furthermore, even though there is widespread agreement that maintaining the natal relationships is important, there are mixed opinions on what this contact should look like. With the children's best interest as the primary concern, researchers have simultaneously concentrated on children in non-parental care, their caregivers, and social workers to get their respective perspectives on the effects of birth family contact.

Childs' Perspective. In order to identify what is in the best interests of the children, researchers have underscored the need to construct a "children's perspective" on their non-parental living environments. Ellingsen, Stephens, & Storksen (2012), in their Q methodology study[2] of Norwegian children, concluded that though most children felt well-adjusted and connected with their foster families, they still felt a tie to their birth family. Similarly, the 104 Norwegian children in non-kinship foster care, who were interviewed by Salas Martinez et al. (2014), also generally perceived birth family visits as positive; they reported enjoying the visits and feeling happy when the visit started. Canadian children have also been seen to enjoy their visits with the birthparents, and wanted to continue the visits, if not make them more frequent; these children aged 8 to 12 were in non-parental care and visited their birthparent at least once a month (Morrison, Mishna, Cook, and Aitken 2011). But, many of these Canadian children also reported feeling nervous before the visits began. And, while they generally felt their birthparents were affectionate, the children reported both more warmth, as well as more criticism, from their caregivers. On balance, these researchers concluded that, perhaps, the child-caregiver relationship was of greater significance and more impactful for the child's well-being than contact with the birthparents. Yet, it is posited that it is in the child's best interest to maintain contact with their birth family since they will likely return to their birth homes.

Caregivers' Perspective. In contrast to the children's generally positive recollections of their visits with their birthparents, the perspectives of caregivers were more mixed. Salas Martinez et al. (2014), in addition to offering a children's perspectives, also interviewed their foster mothers (n=86) and foster fathers (n=71); not only were their opinions of birth family contact visits ascertained but so was the impact they felt the visits had on the children. Many foster parents shared positive messages with the children in their care about their birth families and encouraged contact. But, there was also a sense that birth family visits took a negative toll on the children. Their focus group of 24 foster parents reported that birth family visits were often a disappointment and a source of emotional distress for the children. Furthermore, per the focus group caregivers, lingering bonds with birthparents often prevented children from moving forward with their lives. Caregivers went even further in Sinclair, Wilson and Gibb's (2005) study. They categorically reported that birth family visitations were harmful to the children; there was regression, bedwetting, and nightmares.

Social Workers' Perspective. Some of the researchers reviewed above have also included in their study sample social workers who supervised child placements. Supervising social workers can offer valuable professional perspectives on the relationship between children, foster-parents, and birthparents. Social workers are able to objectively observe the situation, and critically evaluate what appears to be best for the child. While Morrison et al.'s (2011) social workers were generally in agreement that it was important for children to stay connected to their family background and roots; they also felt that it could be disruptive to the child, and possibly harmful, if the visits were not well conducted. Similarly, the ten social workers that Salas

[2] Q methodology studies are used to test a person's viewpoint, or subjectivity

Martinez et al. (2014) interviewed reported low quality in the birth family visits. The interactions the social workers observed during these visits were, on average, below satisfactory. Yet the social workers continued to have an overall positive perspective on birth family contact visits.

Stability in Caregiver Relationship

Another recurring theme in the scholarly literature has been the crucial role that caregivers play in the well-being of children in non-parental care. Many researchers have recognized the critical need for permanency and limited number of transitions for children's ability to form relationships with their caregivers. Additionally, research has also examined the ways in which the relationship between the caregiver and child can either hinder or enhance children's emotional and mental well-being, as well as their academic and future success.

Transitioning and Permanency. Permanency is often defined in physical or legal terms, and has been recognized by social workers as being of utmost importance for the development of children in non-parental care (Biehal 2014; Greeson, Thompson, Ali and Wenger 2015). However, from the perspective of children in foster care, permanency has much more to do with the emotional stability in their relationships with their caregivers (Greeson et. al. 2015). The more transitions a child has to go through in non-parental care, the greater psychological distress displayed by the child. Children in foster care reported that every time they were moved into a new home, the transition caused increased feeling of loneliness, fear, and depression, and required an additional period for children to feel that their caregivers had earned their trust (Mitchell and Kunczynski 2010). In Ravender, Barn and Jo-Pei Tan's 2012 study of 261 adolescents from the foster care system in England, adolescents experiencing multiple moves and transitions had difficulties, ranging from connecting with their caregivers and committing more crimes.

Quality of Caregiver-Child Relationships. In addition to permanency in the caregiver-child relationships, good quality relationships are another important element. Attachment, in some shape or form, is crucial for the development of a healthy psyche, emotional and mental well-being, and success in future relationships (Hollin and Larkin 2011). This is evidenced in Greeson et. al. 2015 study, where they found that having at least one adult that children were able to rely on and be attached to lowered the risk of distress and deviance when adolescents came of age or left the foster care system. Pears, Kim and Leve (2012) study of 75 girls in foster care found that girls who had a strong relationship with their caregivers were less likely to exhibit signs of aggression towards peers, and more likely to succeed academically. This evidence was endorsed by focus groups of foster children who desired a home in which they felt they belonged, and where there was structure, guidance, and consistency provided by the caregiver (Storer, Barkan, Stenhouse, Eichenlaub, Mallillin, and Haggerty 2014). In another study of 83 children in foster care, positive interactions with caregivers decreased the probability of children externalizing and internalizing behavioral problems (Dubois-Comtois, Bernier, Tarabusly, Cyr, St-Laurent, Lancot, St-Onge, Moss and Béliveau 2015).

Child Well-being: School Performance

Another widely used marker of a child's well-being has been school performance. How well the child does in school can offer insight into the child's adjustment in the home. If children growing up in non-parenting environment are in internal emotional turmoil, they might externalize this trouble as behavioral problems and poor academic performance in school. Furthermore, school

professionals, who are interested in factors that affect a child's academic achievement, often look towards the family home life for clues.

Academic Challenges

Studies exploring the relationship between a child's living condition and their academic achievement have found living in non-parental care to have largely negative effects on their educational experiences. Tracy Scherr (2007), who in her meta-analysis of the educational experiences of children in foster-care, noted that foster children were more likely to be placed in special education programs, be held back a grade, and to be suspended or expelled from school. For example, children in foster care were roughly five times more likely to be in special education programs than their peers. Furthermore, roughly a third of foster students had been retained at least one time throughout their life; about a quarter had been either suspended or expelled from school at least once in their academic careers, and almost twice as many times as their peers. Pears, Heywood, Kim, and Fisher (2011) also demonstrated that children in foster children exhibited pre-reading deficits that will inhibit them in later academic performance.

Scholars explained these academic difficulties faced by children in non-parental care as byproducts of emotional problems. A 2014 study found prekindergarten children in non-parental care (compared to other children from at-risk backgrounds) to exhibit higher levels of externalized behavioral problems, such as aggression and hyperactivity, in the classroom (Lipscomb, Schmitt, Pratt, Acock, & Pears, 2014). Non-parental care children were also more sensitive to the process quality of their classroom than students who lived with their parents. Billing et al. (2002) found similar problems with children living in relative care; these children had more behavior problems in school, leading to high rates of suspension and expulsion, and skipping school than their peers in traditional family arrangements. Similar findings were indicated by Bernedo, Salas, Fuentes, and García-Martín (2014), in their study of 104 children in foster care in Spain. Both teachers and caregivers reported high levels of impulsivity, resulting in poor school performance of foster care children; these problems of externalizing behaviors were worse for male students than females.

Summary and Looking to the Future

The literature reviewed above highlighted several key factors in determining the well-being of children in non-parental care. The degree to which birth family involvement is beneficial and under what circumstances, as well as the importance of having a figure to attach to and permanency in the lives of children in non-parental care were some factors. The extant literature demonstrated that though children often have a perceived positive view of their birthparents involvement, it was not always the case. Children who have been victims of neglect or abuse were likely to fare worse after visitations than children who were not in this situation. Secondly, having a permanent caregiver who children felt they can trust made a large difference in their emotional health. This can be seen both in their academic success and reports from children.

However, much of the current research has focused on either children in foster care or children in relative care. This either or research can skew our understanding of children in non-parental care. For one, the parenting dynamics in foster care (unrelated caregiver) settings is bound to be different from those settings in which a relative, like a grandparent, is the child's care giver. Another point of divergence might lie in the children's connection with their birthparents,

depending on whether the caregiver is related or unrelated to the child's parents. Furthermore, unlike with children in relative care, birthparent contacts with children in foster care take place in artificial settings with a social worker present. Such visits do not give an accurate representation of the relationship between the parent and child (Salas Martinez et al. 2014). There also has not been much attention paid to children who feel attached to both their current caregivers, and their birthparents (Ellingsen et al. 2011).

The research in this paper attempted to offer a broad representation of children growing up in non-parental care, both foster and relative care. The child's relationships with both birthparents and caregivers were also considered. The final goal was to understand the consequences of these relationships for the emotional well-being as well as academic achievements of children in non-parental care.

RESEARCH QUESTION

The extant literature reviewed above indicated several elements critical to healthy development of children growing up in non-parental care. Opportunities for children to contact and maintain relationships with birthparents and caregivers are important for the happiness and success of a child in non-parental care. But, the child's life in the natal family and reasons for removal can drastically curtail their ability to interact with and respond to birthparents, and ultimately affect their overall well-being in their post-removal life.

In this vein, the following two sets of questions were proposed in this study about the child's well-being: How did the emotional health of children in non-parental care affect their academic achievements? And what are the consequences of strain in the children's natal family environments and their lives in non-parental care for their emotional and academic well-being? Strain in the natal family environment was indicated by whether or not the birthmother or father voluntarily separated from the child (versus involuntary separation) and how long (duration) the child had lived with the natal family. Multiple dimensions of the child's living experiences in non-parental care were considered; they were the birthmother and father's post-separation involvement with their child, the caregiver-child relationship, birthparent-caregiver relationship, the health, age, and socioeconomic status of the caregiver, as well as whether the caregiver was a foster parent or a relative. Finally, age and sex of the child were also examined to assess how children with different demographics adjusted to life in non-parental care.

THEORETICAL FRAMEWORK AND HYPOTHESES

This research about the well-being of children in non-parental care was framed within a general socialization theory, with specific focus on how social bonds and strains in the socialization process impacted the child's self-concept. Socialization is the process through which children learn about social norms and behavior in their homes and external environments. Healthy personal relationships that children develop in the socialization process are what keep them emotionally healthy and from deviating against social norms (Hirschi's Social Bond Theory 1969). Specifically, the trust and attachment cultivated between the child and their socializing agents will play a large role in their commitments to social norms and institutions, and ultimately their core self-concept (Iowa School, Kuhn 1964). Given that parents are usually their child's primary socializing agent, the family is the first context in which a child's core-self-concept is formed. When the parent-child relationship is healthy, the parent is caring and is frequently involved, the child feels safe and protected within the family.

Unfortunately, such healthy family environments are not always available to children. When parents neglect their roles as nurturing and dependable figures in the lives of their children, they are not well socialized nor do they develop strong attachments to parents (Hirschi 1969). Growing up in such dysfunctional natal family environments may negatively impact the child's core self-concept. The degree of dysfunction in the natal family environment and the duration of exposure to the dysfunctional environment can create additional emotional strains, expressed in feelings of depression, fear, and frustration, for the child (Agnew's Strain Theory 1996).

When natal families are dysfunctional and birthparents are unable to take care of their children, the children are most often placed out of their natal home and in the hands of a different caregiver, who becomes the primary socializing agent. Despite the strains caused by the dysfunctionalities of their natal family lives, some of the damage done to the child's core self-concept can be repaired (Chicago School of Fluid Self-Concept, Blumer 1969). If the child is able to form a healthy relationship with the new caregiver and view the caregiver as a protective and reliable support in their lives, their damaged self-concept could be rehabilitated and emotional health improved (Hirschi 1969).

However, even though the caregivers might be the primary socialization agent for children removed from their birthparents, they are often not the sole parental figures involved. As noted earlier, social workers strongly recommend that children continue to be connected to birth families, resulting in the birthparents remaining a socializer in the child's life. However, if the birthparent's involvement is not positive or healthy, it may add more strain and even be harmful to the child. In other words, because of the history of dysfunctional relationships between the birthparents and the child, more contact with birthparents might lead to more instability for the child. Nonetheless, because the children are predominantly being socialized by their current caregivers, the benefits of a healthy caregiver-child relationship are expected to outweigh the negative effects of the birthparents' involvement.

Three formal hypotheses were drawn from the theoretical arguments outlined above. They were:

Hypothesis 1: On balance, the more strain the child experienced in the natal family environment, the less healthy the core self-concept of the child will be, indicated by poor emotional health and academic success (General Strain Theory and Iowa School of Core Self-Concept).

Hypothesis 2: All things being equal, children in healthy post-separation living environments, as represented by strong caregiver-child relations and healthy involvement of birthparents, will be able to repair the damaged self-concept (Social Bond Theory).

Hypothesis 3: However, continued birth family involvement will negatively affect the child's well-being, net of all other factors (Chicago School of Fluid Self- Concept).

METHODOLOGY

This research utilized a mixed method approach, combining quantitative survey and qualitative interview data, to gain a robust understanding of the research question at hand. Survey data from the 2013 National Survey of Children in Non-parental Care were used for the quantitative

analysis. In order to expand upon the statistical survey analyses, narrative interviews with five professionals were conducted.

Secondary Survey Data

The research hypotheses were tested using data collected from the National Survey of Children in Non-parental Care (NSCNC). Between April 2013 and August 2013, the CDC (2013) conducted telephone interviews with 1,298 caregivers of children in their care. Survey children were identified through the 2011-2012 National Survey of Children's Health. The CDC aimed to collect information on children's living arrangements, well-being, and service accessibility when they were living outside of a parent's care. The survey also provided information on caregiver and parent's well-being[3].

For the purpose of this research, only children between the ages of 6-18 (n=1,101) were used, because questions about academic achievement did not apply to younger children. Children were equally represented by gender and age, with the average age being 11 to 12 years old. They had been living with their current caregivers, mainly relatives and not in foster care, for about six and a half years (Appendix A).

Primary Qualitative Data

To elaborate on the statistical findings from the multivariate survey analysis, interviews were conducted with professionals who could offer firsthand accounts on children's lives in non-parental care (Consent Form and Interview Protocol in Appendix B). The first interviewee, the Social Worker (Interviewee #1), has been working with foster children for the past fifteen years through several different agencies and support groups, and has also been a foster parent herself. The second interviewee, Assistant Executive Director (Interviewee #2) at a wrap-around family support agency, was involved in leading support groups for foster families and finding homes for children in foster care. A Child and Adolescent Mental Health Counselor was the third interviewee (Interviewee #3); she has been counseling children living in non-parental care for roughly 20 years. The fourth interviewee has been an Agency Consult at a software agency which provides software to foster care agencies and social service organizations (Interviewee #4). Finally, the fifth interviewee (Interviewee #5) is a Staff Counselor and Information and Development Coordinator at an agency which offers a crisis line, and houses and counsels runaways. Their expert knowledge was used to elaborate on the strains and care of children in non-parental care and guide questions for future research.

DATA ANALYSIS

Three levels of statistical analysis were conducted; these were univariate, bivariate and multivariate linear regression. Additional information from the five interviewees was used to illustrate the complex relationships between children's well-being and their living environments.

[3] The original collector if the data, or ICPSR, or the relevant funding agencies bear no responsibility for use of the data or for the interpretations or inferences based on such uses.

Operationalization and Descriptive Analysis

Univariate analyses offered critical descriptive information about the child's academic achievement and emotional health (the dependent concepts), strains in the child's natal family environment, and the child's life after separation from the natal family.

Child's Well-being: Emotional Health and Academic Success

The separation of a child from his or her natal family can be enormously stressful on a child, especially if that reason for separation involved some trauma. Furthermore, depending on the reason for the separation, social workers have posited that continued involvement of the birth family could cause additional emotional strain on the child which, in turn, can hamper their academic progress. Therefore, the emotional stress caused by the child's transfer into non-parental care was used as the first dependent concept. Academic success, the second dependent concept, will be looked at through the emotional health of the child.

Child's Emotional Health. Caregivers' assessments of the mental and emotional well-being of the children were used to measure the child's emotional health (Table 1.A). Roughly a third (33.5%) of the children had received some emotional counseling in the last year. However, very few had emotional or behavior problems that extensively limited them in their daily lives. For example, only about two percent of caregivers faced difficulties enrolling their child in school because of behavior problems. Only about fifteen percent of the children had difficulty remembering or concentrating because of an emotional condition. On balance, the children in the study had very good emotional health, as demonstrated by a strong score on the index of emotional health (mean of 5.57 on a sale of 0 to 7).

TABLE 1.A. Child's Emotional Health (n= 1097-1100)
2013 National Survey of Children in Non-parental Care, National Center of Children's Health

Concept	Variables	Values and Responses	Statistics
Child's Emotional Health	WB2. During the past 12 months, has [S.C.] received any treatment or counseling from a mental health professional?	0 = Yes 1 = No	33.5 % 66.2
	WB4X08. Difficulties did you face in enrolling [S.C.] in school? – Child's learning or behavioral issues	0 = Yes 1 = No 2 = No difficulties enrolling	2.2% 14.4 83.5
	WB12. Because of a physical or emotional condition, does [S.C.] have serious difficulties concentrating, remembering, or making decisions?	0 = Yes 1 = No 2= No physical/emotional condition	15.3% 39.0 45.5
	WB15. Because of a physical or emotional condition, does [S.C] have difficulty doing errands alone such as visiting a doctor's office or shopping?	0 = Yes 1 = No 2= No physical/emotional condition	1.9% 17.5 80.5
	Index of Child's Emotional Health[1]	Mean (SD) Min – Max	5.57(1.26) 0-7

[1]Index of Child's Emotional Health = WB2 + WB4X08 + WB12 + WB15 (range of r = 0.03 – 0.42***)

Child's Academic Performance. As per the caregivers, their children's academic performance was above average; a third (33.3%) rated the children's performance in reading and writing as excellent; slightly over a fourth (27.8%) reported excellent performance in math. The academic success of the children under their care was evidenced by the mean academic performance index of 7.17 score on a scale from 2 to 10 (Table 1.B).

TABLE 1.B. Child's Academic Performance (n= 1031)
2013 National Survey of Children in Non-parental Care, National Center of Children's Health

Concept	Variables	Values and Responses	Statistics
Child's Academic Performance	WB6. How would you describe [S.C.]'s school performance in reading and writing?	1 = Poor	6.9%
		2 = Fair	12.7
		3 = Good	19.4
		4 = Very Good	27.7
		5 = Excellent	33.3
	WB7. How would you describe [S.C.]'s school performance in math?	1 = Poor	8.0%
		2 = Fair	15.5
		3 = Good	22.6
		4 = Very Good	25.5
		5 = Excellent	27.8
	Index of School Preformance[1]	Mean (SD)	7.17 (2.31)
		Min-Max	2-10

[1]Index of Child's Academic Performance=WB6+WB7 (r=.687**)

Dysfunctionality in the Natal Family Environment

Scholars have argued that the dysfunctionality of the natal home environment can negatively impact the child's future well-being, even after they are removed from their birth homes. The reasons for separation, whether it was voluntary or involuntary on the part of the birthparents and the duration of time the children were exposed to the dysfunctionality, are critical. Furthermore, age and sex of the child are important elements in the pre-separation life of the child; female children and older children can be expected to have more trouble adjusting to the separation from their birthparents.

Reasons for Mother's Separation. The birthmothers could have been involuntarily removed from the home for reasons ranging from incarceration, abuse, removal by CPS, illness, and/or drug and alcohol abuse. When mothers were involuntarily separated from their children it was mainly because of drug and alcohol problems (21.3%). But, roughly half the mothers voluntarily separated from their children (53.8%). Mothers who voluntarily gave up their mothering role cited the following reasons: mother's busy schedule (2.0%), problems with her significant other (2.6%), financial problems (7.2%), not wanting to care for the child (8.2%), that the current caregiver could do a better job (4.2%), and/or living in a bad neighborhood (1.2%). A third were separated for only one reason (35.8%), mainly not wanting to care for the child; about 10 percent of mothers were separated for two or more reasons (Table 1.C. on next page).

Reasons for Separation from Father. More fathers (63.5%) than mothers (53.8%) involuntarily separated from their child. The most common reasons for the fathers' involuntary separation was the father was in jail (14.5%), followed closely by drugs and alcohol problems (14.1%). As for voluntary reasons, 11.4 % of fathers expressed that they didn't want to take care of the child and gave them up (Table 1.D).

TABLE 1.C. Mother's Reasons for Separation (n=994)
2013 National Survey of Children in Non-parental Care, National Center of Children's Health

Concept	Variables	Values and Responses	Statistics
Type of Separation:	Involuntary vs. Voluntary Separation	0 = Mother did not involuntarily separate from child	53.8%
		1= Involuntary separation	46.2
		1=One reason	35.8%
Mother Involuntary Separation[1]	Number of reasons	2=Two reasons	8.1
		3= Three reasons	2.2
		4=Four Reasons	0.2
Mother Voluntary Separation[2]	Voluntary Separation	0=Mother did not voluntarily separate from child	75.4%
		1=Voluntary separation	24.6
	Number of reasons	1 = One reason	20.6%
		2 = Two reasons	3.1
		3 = Three reasons	0.8
		4 = Four reasons	0.1

[1] Index of Mother's Involuntary Separation= P5x01 (incarceration) +P5x04 (CPS removal) +P5x05 (illness) +P5x09 (drug/alcohol problem) + P6x01 (incarceration) +P6x02 (deported/detained) +P6x04 (CPS removal) +P6x05 (illness)+P6x09 (drug/alcohol problem). Question P5 asked respondents why the child doesn't currently live with their birthmother and P6 asked why the child didn't live with their birthmother previously, if it was different from the current reason.

[2] *Index* of Mother's Voluntary Separation=P5X03 (abuse) +P5x06 (too busy) +P5x07 (spousal/ partner problems)+P5x08 (financial difficulty)+P5x10 (gave child up) +P5x11 (believes current caregiver can do a better job) +P5x12 (neighborhood not good)+ P6x03 (abuse) +P6x06 (too busy)+P6x07 (spousal/partner problems)+P6x08(financial difficulty)+P6x10 (gave child up)+P6x11 (believes current caregiver can do a better job) +P6x12 (neighborhood not good).

TABLE 1.D. Reasons for Father Separation (n=1003)
2013 National Survey of Children in Non-parental Care, National Center of Children's Health

Concept	Variables	Values and Responses	Statistics
Type of Separation	Involuntary or Voluntary Separation	0 = Father did not involuntarily separation from child	63.5%
		1=Involuntary separation	36.5
		1 = One reason	29.1%
Father Involuntary Separation[1]	Number of reasons	2 = Two reasons	6.4
		3 = Three reasons	0.9
		4 = Four reasons	0.1
		7 = Seven reasons	0.1
Father Voluntary Separation[2]	Voluntary Separation	0 = Father did not voluntarily separate from child	75.8%
		1= Voluntary separation	24.2
	Number of reasons	1 = One reason	21.2%
		2 = Two reasons	2.5
		3 = Three reasons	0.4
		4 = Four reasons	0.1

[1] IndexFather's Involuntary Separation= P23x01 (incarceration) +P23x04 (CPS removal) +P23x05 (illness) +P23x09 (drug/alcohol problem) + P24x01 (incarceration) +P24x02 (deported/detained) +P24x04 (CPS removal) +P24x05 (illness)+P24x09 (drug/alcohol problem). Question P5 asked respondents why the child doesn't currently live with their birthmother and P6 asked why the child didn't live with their birthmother previously, if it was different from the current reason.

[2] Index of Father's Voluntary Separation=P23X03 (abuse) +P23x06 (too busy) +P23x07 (spousal/ partner problems)+P23x08 (financial difficulty)+P23x10 (gave child up) +P23x11 (believes current caregiver can do a better job) +P23x12 (neighborhood not good)+ P24x03 (abuse) +P24x06 (too busy)+P24x07 (spousal/partner problems)+P24x08(financial difficulty)+P24x10 (gave child up)+P24x11 (believes current caregiver can do a better job) +P24x12 (neighborhood not good).

Length of Time Separated from Birthparents[4] The time a child lived in a dysfunctional natal environment will likely have an impact on how well they are able to adjust to their new living situation and how successfully they are able to form a relationship with their new caregiver. It is interesting to note that 12.2 percent of the children had been living with their current caregiver since birth. Additionally, 21.9 percent had been living with their caregiver for at least 10 years. The remaining two thirds of children were relatively evenly distributed between 0 months to 119 months. On average, children had lived with their caregivers for about six and a half years.

TABLE 1.E. Time Separated from Birthparents (n=1015)
2013 National Survey of Children in Non-parental Care, National Center of Children's Health

Concept	Dimensions	Variables	Values and Responses	Statistics
Time Separated from Birthparents	Time	H14R. Derived, standardized to months, and combined. When did [S.C.] start living with you on a regular basis without his or her parents.	0-119 = 0 – 119 months 120 = 10 or more years 121 = Since birth	65.9% 21.9 12.2

Child's Life in Non-Parental Care

Once the children have been removed from their natal-family environments, the responsibilities for their primary socialization are transferred from birthparents to current caregivers. A large majority (88.3%) of children were in the care of non-parental family members and not in foster homes.

In this new environment, the child may have the opportunity to repair some of the damage caused by the strains in their natal family life. Some critical elements in non-parental care that might help or hinder the smooth transition process were: involvement of the birthmother and father, the caregiver-child relationship, the birthparent-caregiver relationship, the type of caregiver, as well as the caregiver's age, SES, and health.

Birthparent Involvement. The level of involvement of birth families in the lives of children placed in non-parental care manifested in different ways. While some children had the opportunity to keep in contact with their parents frequently, this is not true for all. Furthermore, such interactions with birthparents could have a negative or positive impact, depending on the quality of the relationship. Because the birthmother and birthfather may interact differently with their children, the two were analyzed separately.

The birthmother's involvement indicated the degree to which birthmothers participated in their children lives (Table 1.F.). Mothers were moderately involved in their children's lives (mean index of 10.11 on a scale of 0-24), and maintained a fair amount of contact with their children, but were not involved in decision making. Specifically, caregivers indicated that children had some contact with their mother, though it was not very frequent. Only about a third (32.5%) of

[4] Length of time separated from birthparents measured by time living with current caregiver.

mothers had cared for their child for a whole day or overnight. But, even though only about seventeen percent of mothers saw their child several times a week, a quarter (25.9%) had some sort of communication with their child through mail or phone. However, mothers were rarely consulted when decisions were to be made about their schooling (53.2%) or health (51.4%); half of the caregiver's never consulted the birthmother. Only about ten percent of the mothers were consulted all of the time regarding these decisions (9.3% regarding schooling and 12.6% regrading child's health).

TABLE 1.F. Birthmother and Father Involvement
2013 National Survey of Children in Non-parental Care, National Center of Children's Health

Concept	Dimensions	Variables	Values and Responses	Mother (n=1087-1097)	Father (n=1085-1098)
Birthparent Involve-ment	Contact: During the past 12 months, how often has [S.C.]:	P8. Seen [his/her] mother/father?	0 = No mother/father	17.8%	27.3%
			1 = Not at all	18.0	27.9
			2 = Once or twice a year	13.1	10.5
			3 = Several times a year	14.4	11.9
			4 = 1-3 times a month	11.2	8.9
			5 = About once a week	8.8	4.3
			6 = Several times a week	16.7	9.2
		P9. Has contact with [his/her] mother/father[1]	0 = No mother/father	17.7%	27.4%
			1 = Not at all	15.1	25.3
			2 = Once or twice a year	11.4	7.5
			3 = Several times a year	10.7	10.8
			4 = 1-3 times a month	11.1	8.8
			5 = About once a week	9.4	5.3
			6 = Several times a week	25.9	14.9
		P11. Has [S.C.]'s mother/father ever cared for [him/her] during the day or overnight?	0 = No mother/father	17.6%	27.0%
			1 = No	49.9	51.0
			2 = Yes	32.5	21.9
	Decision Making[2]:	P14. School or day care arrangements	0= No mother/father	17.6%	27.0%
			1 = Never	53.2	56.1
			2 = Sometimes	12.3	7.5
			3 = About half the time	2.2	1.3
			4 = Most of the time	5.4	3.1
			5 = All of the time	9.3	4.9
		P15. Health or health care?	0 = No mother/father	17.6%	27.0%
			1 = Never	51.4	55.9
			2 = Sometimes	11.8	6.8
			3 = About half the time	1.6	1.6
			4 = Most of the time	5.0	3.6
			5 = All of the time	12.6	5.0
		Indices of Birthmother's[3] and Father's[4] Involvement	Mean (SD)	10.11 (7.13)	7.37 (6.51)
			Min – Max	0 -24	0-24

1. Contact by talking on the telephone, texting, email, connecting on Facebook or other social media, or by receiving a card, letter, or package from [his/her] mother/father;
2. When there are decisions to make about [S.C]'s, how often do you talk it over with [S.C.]'s mother/father first?
3. Index of Mothers' Involvement = P8 + P9 + P11 + P14 + P15 (range of r = 0.65*** to 0.90***);
4. Index of Fathers' Involvement = P26 + P27 + P29 + P32 + P33 (range of r = 0.69*** – 0.92***).

Children were even less likely to have contact with their birthfathers than birthmothers. The contact level between children and their fathers was low (Table 1.F). Less than a quarter (21.9%) of the children had been cared for by their father during the day or overnight. A quarter never saw their father (27.9%) or communicated with him (25.3%). Another quarter did not have a father. Further, like the mothers', half of the fathers were rarely consulted when decisions were made about their child's health (55.9%) or education (56.1%). Only about five percent were always consulted regarding these decisions (4.9% and 5.0% respectively). The mean index of 7.37 (on a scale from 0 to 24) indicated that, on average, fathers had little involvement in their children's lives.

Relationship with Caregiver. Once removed from their natal home, the caregiver becomes the children's primary current caregiver. Therefore, this relationship will likely play an essential role in the children's emotional health and school performance. In order to measure the strength of relationship between the current caregiver and child, caregivers assessed how close they felt to the child, and how well they felt they can respond to their child's problems. In Table 1.G the degree of closeness between caregivers and their child is presented.

TABLE 1.G. Child's Relationship with Caregiver (n=1090-1096)
2013 National Survey of Children in Non-parental Care, National Center of Children's Health

Concept	Dimension	Variables	Values and Responses	Statistics
Relationship with caregiver	Relationship strength	CC1. How would you describe your relationship to [S.C.]?	1 = Very distant 2 = Somewhat distant 3 = Somewhat warm/close 4 = Very warm and close	0.6% 1.3 12.9 85.2
		R14A. When problems arise with [S.C.], I handle them pretty well.	1 = Strongly disagree 2 = Somewhat disagree 3 = Somewhat agree 4 = Strongly agree	1.1% 1.9 26.0 71.0
		R14I. I have a good understanding of [S.C.]'s feelings and problems.	1 = Strongly disagree 2 = Somewhat disagree 3 = Somewhat agree 4 = Strongly agree	0.6% 1.4 20.5 77.5
		Index of Relationship with Caregiver[1]	Mean (SD) Min-Max	11.25 (1.12) 3-12

[1]Index of Relationship with Caregiver = CC1 + R14A + R14I (range of r= 0.26*** - 0.38***)

Caregivers were confident in their relationship with the child in their care; the majority (85.2%) indicated that they had very warm and close relationships with the children. Caregivers were also confident in their ability to deal with problems when they arise, and about their understanding of their child's feelings. Over 95% claimed that they felt somewhat accomplished in these goals. In sum, caregivers reported a very healthy relationship with their child (high mean index of 11.25 on a scale from 6 to 12).

Relationship Between Birthparents and Current Caregiver. Another important aspect to consider when assessing the well-being of children in non-parental care is the relationship that the current caregivers have with the birthparents of the child (Table 1.H). About a third (78.6%) of caregivers reported that they knew the child before they came to live with them, suggesting that they also knew the birthparents. Additionally, one third (33.0%) of the caregivers indicated that they got along somewhat well with the birthparents, and another forty percent specified that they got along very well with the birthparents. The mean score of 4.52 on a range from 0 to 6 (on the index of relationship between birthparents and caregivers) confirmed the general positive relationship between caregivers and birthparents.

TABLE 1.H. Relationship of Birthparents and Caregiver (n=1044-1100)
2013 National Survey of Children in Non-parental Care, National Center of Children's Health

Concept	Dimensions	Variables	Values and Responses	Statistics
Relationship between Birthparents and Caregiver	Previous history	H11. Did you know [S.C.] before you began caring for [him/her]?	0 = Legitimate skip 1 = No 2 = Yes	16.5% 4.9 78.6
	Relationship	P36R. How well do you get along with [S.C.]'s [mother/father/ parents]?	0 = No birthparents 1 = Don't get along at all 2 = Don't get along very well 3 = Get along somewhat well 4 = Get along very well	10.3% 7.5 7.4 33.0 41.8
		Index of Relationship between Birthparents and Caregiver[1]	Mean (SD) Min-Max	4.52 (1.73) 0-6

[1]Index of Relationship between Birthparents and Caregiver = H11 + P36R (r=.373**)

Caregiver's Health and Other Relevant Assets. Previous research has indicated that caregiver assets, be they their heath, SES, or age, are relevant to the well-being of children placed in their care. For example, poor caregiver health, poverty, and older age can negatively affect their relationship with the child (Billing, Ehrle & Kortenkamp 2002).

On average, the caregivers were not foster parents, and were roughly 60 years old (born between 1950 and 1954) (Appendix A). The caregivers in this study were in relatively good mental, emotional, and physical health (Table 1.I, Mean health index = 7.66 on a range of 3-12). Only a few caregivers reported that they were in poor physical health (only 5.9%) or mental health (1%). Further, only a third had a physical impediment that prevented them from doing work around the house, and the overwhelming majority (92.6%) was not classified as depressed.

TABLE 1.I. Caregivers' Health and Socio-economic Resources (n=1070-1097)
2013 National Survey of Children in Non-parental Care, National Center of Children's Health

Concepts	Dimensions	Variables	Values and Responses	Statistics
Caregiver's Health	Physical Health	R1_1. Would you say that, in general, your health is:	1= Poor 2 = Fair 3 = Good 4 = Very good 5 = Excellent	5.9% 16.2 33.2 28.0 16.5
		R5. Do you have a physical health condition that limits the amount or kind of work or activities that you can do in your household?	0 = No 1 = Yes	62.7% 37.3
	Mental health	R3_1. Would you say that, in general, your mental health and emotional health is:	1= Poor 2 = Fair 3 = Good 4 = Very good 5 = Excellent	0.5% 6.9 27.0 36.7 28.8
		Respondent classified as being depressed (DEPRESSED).	0 = No 1 = Yes	92.6% 7.4
		Index of Caregivers' Health[1]	Mean (SD) Min-Max	7.66 1.6) 3-12
Caregiver's Socioeconomic Status	Education	HIGHEDU. Derived. Highest level of education attained by respondent/spouse in the household	1 = Less than high school 2 = High school graduate 3 = More than high school	11.4% 28.8 59.8
		POVLEVEL1_5. Derived. Poverty level of this household based on DHHS poverty guidelines.	1 = At or below 50% povlevel 2 = 50% < pov. level > 100% 3 = 100% < pov. level > 200% 4 = 200% < pov. level > 400% 5 = Above 400% pov. Level	9.4% 17.2 30.1 28.5 14.7
		Index of Socioeconomic Status[2]	Mean (SD) Min-Max	5.71 (1.6) 2-8

[1] Index of Caregivers' Health = R1_1 + R3_1 + R5 + DEPRESSED;
[2] Index of SES = HIGHEDU + POVLEVEL1_5 (r=.363**).

The caregivers had slightly above average socioeconomic status (Table 1.I). Over half of the caregivers had continued their education past a high school degree. Additionally, about a third of respondents fell between 100% and 200% of the poverty line.

Summary

In general, as per reports from the caregivers, the children in their care were emotionally healthy and academically successful. Most birthparents were primarily involuntarily separated from their children. Furthermore, this separation happened about six and a half years before the 2013 survey. After the children were separated from the natal home, the birth families were not very involved (as per the caregiver), though mothers were slightly more involved than the fathers.

As for the new home environments, caregivers reported a very close relationship with their child, and a relatively good relationship with the birthparents of their child. The majority of caregivers were not foster parents to the children; rather they were relatives. The average caregiver in this sample was born in the 1950s, was middle class, and was in relatively good health.

Bivariate Analysis

The next step in the analytic process, bivariate analysis, was used to gain a preliminary understanding of the connections between academic success and emotional health of the child and their natal and non-parental family environments (Appendix C). The more emotionally healthy the child was the better they did academically ($r=0.27^{***}$). However, as expected, there were constraints on the child's well-being. For example, children who were involuntarily separated from their parents did not fare as well academically. Birthfather's involuntary separation ($r=-0.10^{***}$) had a stronger negative bearing on school performance than the birthmother ($r=-0.06^{*}$). But, when birthparents were voluntarily separated from their children it did not make a difference for their school performance or emotional health.

As for the non-parental care environment, the following factors had the potential for repairing the child's school performance: involvement of birthparents (birthmother involvement $r= 0.07^{*}$ and birthfather $r= 0.10^{***}$), a strong relationship between the caregiver and child ($r=0.18^{***}$) a good relationship between birthparents and caregiver ($r=0.08^{*}$), caregivers who were in good health ($r=0.16^{***}$) and had more resources ($r=0.08^{*}$). In addition, younger children and girls generally did better academically than older children ($r=-0.14^{***}$) and boys ($r=0.09^{**}$) respectively.

When it came to the children's emotional health, strong relationship with their caregivers ($r=0.20^{***}$) and good caregiver health ($r=0.12^{***}$) were important considerations. Children who had been living with caregivers longer were generally emotionally healthier ($r=0.17^{***}$) as were younger children ($r=-0.33^{***}$). Additionally, female children also fared better emotionally ($r=0.08^{**}$) than their male peers.

A few additional patterns in the children's non-parental care environment were worth noting. Both fathers ($r=0.10^{**}$) and mothers ($r=0.13^{***}$) who did voluntarily renounce their roles as the child's primary caregivers were more likely to be involved in the lives of their children. Finally, younger children had stronger relationships with their caregiver ($r=0.18^{***}$), as did male children ($r=-0.07^{***}$).

Multivariate Regression

Finally, sequential multivariate linear regression was used to identify the unique effects of the dysfunctional natal environment and the child's post-removal life, first on the emotional health and then on the academic performance (Table 3) of children. The child's emotional well-being was first regressed on the natal and caregiving living environments. Second, the child's academic performance was regressed on their emotional health and family environments.

Table 3. Regression Analyses of the Relative Net Effects of Disruptions in the Natal Family, and Life in Non-parental Care On Child's School Performance[1] and Emotional Health[2] 2013 National Survey of Children in Non-parental Care, National Center of Children's Health

	Child's Emotional Health[1] Mode 1 (β)	Child's Academic Performance[2] Model 2 (β)
Child's Emotional Health	---	0.22***
Age of Child[3]	-0.36***	-0.03
Sex (Female) of Child[4]	0.11***	0.06
Disruptions in Natal Family:		
Time Separated from Birthparents[5]	0.23***	-0.04
Mother's Involuntary Separation[6]	-0.03	-0.01
Mother's Voluntary Separation[7]	-0.08**	0.01
Father's Involuntary Separation[8]	-0.03	-0.07*
Father Voluntary Separation[9]	0.01	-0.02
Caregiving Environment:		
Father Involvement[10]	0.04	0.07*
Mother Involvement[11]	-0.02	0.04
Relationship with Caregiver[12]	0.10**	0.13***
Caregiver's Health[13]	0.11***	0.09*
Caregiver's SES[14]	-0.05	0.06
Constant	4.52***	1.17***
Adjusted R^2	.197***	.113***
DF 1 & 2	7&907	13&848

*** p ≤.001, ** p≤.01, *p≤.05;
[1]Index of Emotional Health = WB2 + WB4X08 + WB12 + WB15; range=0-7(strong emotional health)
[2]Index of School Performance = WB6+WB7; range=2-10(preforming well in school);
[3]Age of Child=AGE_CNCR range=1-6 (ranged from 6-17 years old);
[4]Sex (Female) of Child = SEX; 0(male)-1(female);
[5] Time Separated from Birthparents = H14R; range=0-121 (0 months to since birth);
[6]Index of Mother's Involuntary Separation=P5x01+P5x04+P5x05+P5x09+ P6x01+ P6x02+ P6x04+ P6x05+P6x09; range=0-4(four reasons);
[7]Index of Mother's Voluntary Separation= P5X03+P5x06+P5x07+P5x08+P5x10+P5x11+ P5x12+ P6x03 + P6x06 + P6x07 + P6x08 + P6x10 + P6x11 + P6x12; range=0-4(four reasons);
[8]Index of Father's Involuntary Separation= P23x01+P23x04+P23x05+P23x09+ P24x01 + P24x02 +P24x04+P24x05+P24x09; range=0-4(four reasons);
[9]Index of Father's Voluntary Separation=P23X03+P23x06+P23x07+P23x08+P23x10+P23x11+P23x12+ P24x03+P24x06+P24x07+P24x08+P24x10+P24x11+P24x12; range=0-7(seven reasons);
[10]Index of Father's Involvement = P26 + P27 + P29 + P32 + P33; range=0-24(very involved);
[11]Index of Mother's Involvement = P8 + P9 + P11 + P14 + P15; range=0-24(very involved);
[12]Index of Relationship with Caregiver = CC1 + R14A + R14I; range=3-12 (strong relationship);
[13]Index of Caregiver's Health = R1_1 + R3_1 + R5 + DEPRESSED; range=3-12 (strong relationship;
[14]Index of SES of Caregiver = HIGHEDU + POVLEVEL1_5; range=2-8 (high socioeconomic status).

As predicted[5], strains in the natal family had lasting negative effects on the well-being of the child (Model 1). Specifically, children who had lived in the dysfunctional family environment longer were not as healthy emotionally as children who were removed earlier ($\beta = 0.23^{***}$). Furthermore, mothers who voluntarily separated from their children did more damage to their children's emotional health ($\beta = -0.08^{**}$). Female children were much healthier emotionally than their male peers ($\beta = 0.11^{***}$). Younger children were also healthier emotionally ($\beta = -0.26^{***}$).

However, the children's emotional health and life in non-parental care did help repair some of the damage done to children, as demonstrated by the academic success of the children (Model 2). For example, children did better academically when they were emotionally healthy ($\beta = 0.22^{***}$). In addition, caregivers who had strong relationships with the children ($\beta = 0.13^{***}$), fathers who were involved ($\beta = 0.07^{*}$) and caregivers in good health ($\beta = 0.09^{*}$) positively influenced the academic success of the child.

A few final notes about the cumulative effects on the child, or lack thereof, of their lives in the natal and non-parental care homes. The health of the caregiver was an asset for both the emotional (Model 1 $\beta = 0.11^{***}$) and academic well-being (Model 2 $\beta = 0.09^{*}$) of the children. On the other hand, time spent in the dysfunctional natal family was a negative factor only for the child's emotional health (Model 1 $\beta = .23^{***}$) but not for their academic well-being. Similarly, only fathers who were involuntarily separated from their children negatively impacted the academic (Model 2 $\beta = -.07^{*}$) but not the emotional health of children. On the other hand, mothers who voluntarily separated from their children negatively impacted the children's emotional health (Model 1 $\beta = -0.08^{**}$) but not their academics.

CONCLUDING REFLECTIONS

These findings, from the multilinear regression analysis, have important theoretical and potential programmatic applications for improving the lives of children in non-parental care. But, they also highlighted limitations and suggestions for future research.

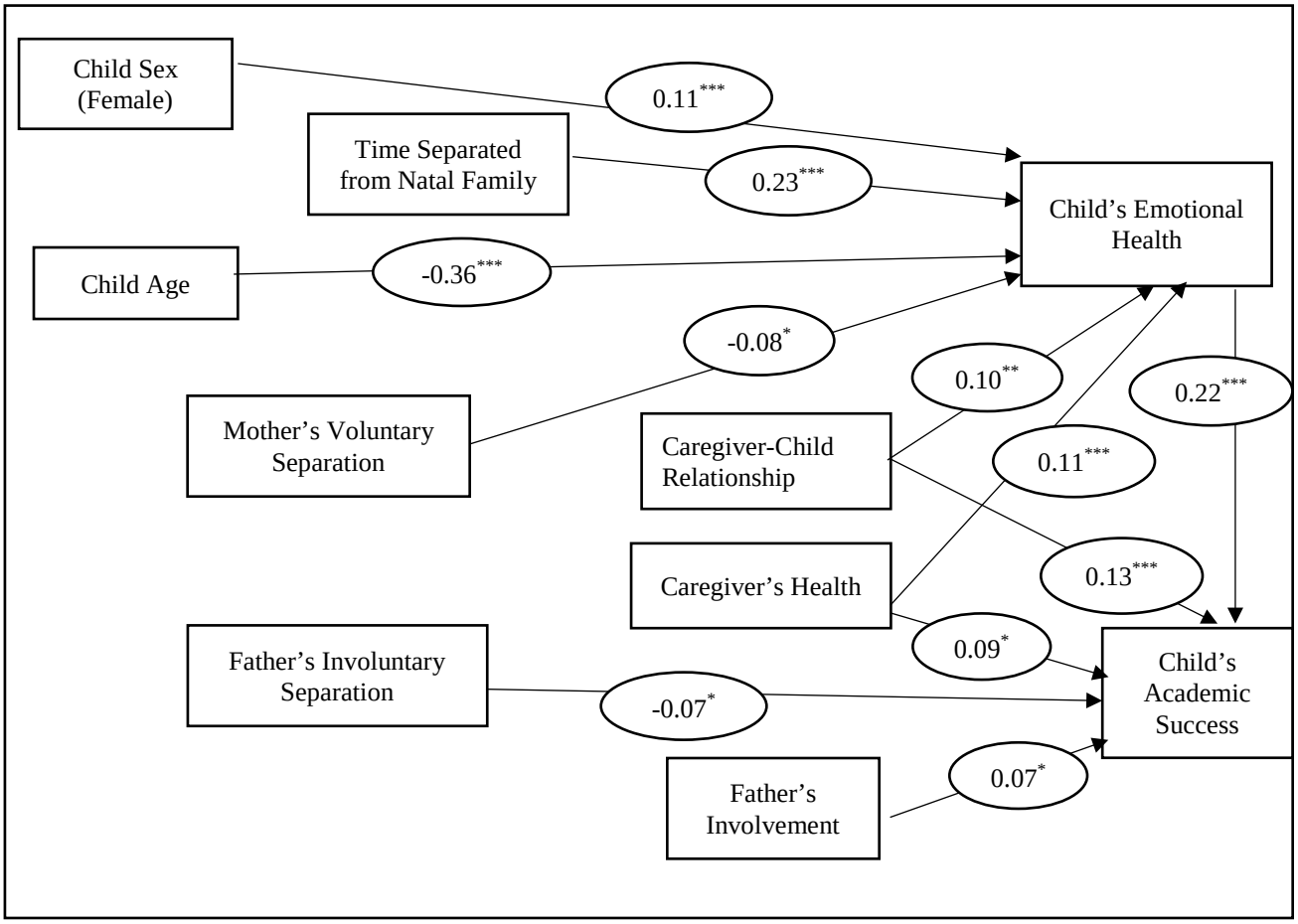
Empirical, Theoretical, and Applied Implications

That the dysfunctional natal family environment negatively impacted the child's emotional health was consistent with the predictions of the General Strain Theory (Figure 1). This was most evident in the case of children who were not as exposed to the dysfunctionality in the natal family and were more emotionally healthy than children who remained in the situation longer. However, it was only the voluntary separation of the mother that negatively impacted the child's emotional health. The professional interviewees spoke to the challenges and benefits of the birth family involvement in the life of their child, even after the child was removed from their care. The Child Counselor (Interviewee #3) opined that a child's feeling of abandonment by the mother might be difficult to repair, and never really can go away. The Agency Consultant (Interviewee #4) concurred; in her professional experience, the reasons for removal are directly related to the degree of trauma the child has experienced, which, in turn, directly affects their

[5] A preliminary multivariate regression indicated that among the factors chosen to indicate the non-parental care environment, the caregiver-birthparent relationship, age and type of caregiver were not significantly related to either academic or emotional well-being of the children and therefore eliminated from the final regression. Time separated from birthparents, parental involvement after removal, age and sex of child, and the SES and health of the caregiver were retained.

well-being. If the trauma was severe, birthparents and the child are less likely to be able to form a healthy relationship.

Figure 1: Empirical Model of Effects of Strain in Natal Family Environment, Life in Non-parental Care and Age and Sex On the Academic Success and Emotional Health[1,2]



1. See Table 3 for variable coding;
2. The following variables were not mapped because of non-significant effects: Father's Voluntary separation, Mother's Involuntary Separation, Mother's involvement, and Caregiver's SES.

Furthermore, children who had strong relationship with their caregivers fared far better both in their academic achievement and emotional health than those who did not. In other words, the caregivers who had become the children's primary socializing agent positively impacted the self-concept of a child, demonstrating the importance of socialization and forming bonds with caregivers, as well as the malleability of the self-concept (Social Bond Theory, Chicago School of Fluid Self Concept). The Staff Counselor (Interviewee #5) supported this interpretation; she claimed that the goodness of fit between the caregiver and child is critical and that caregivers must be able to maintain connection in face of the child's reactivity. The Child Counselor

(Interviewee #3) concurred; to provide permanency and stability is crucial to the child's success because it provides them with a figure they are able to attach to. A heathy caregiver-child relationship protected and nurtured the children in their new environment, resulting in better emotionally adjusted children.

However, contrary to the theoretical predictions, mother's involvement had no impact on the child's overall well-being, but the father's involvement improved the academic performance of the child, even if slightly. The Assistant Executive Director from the wrap-around agency (Interviewee #2) explained this unexpected finding thusly: fathers and mothers have different expected gender roles, with the mother traditionally being more involved in the child's schooling; so when the fathers are involved, it has a different effect on the children. The Social Worker (Interviewee #1) also generally supported this reasoning; she has seen very few cases where the father was involved. Children, therefore, expect less from their father, so their time and resources go further. In other words, the child's core self-concept might still be affected by the relationship with the birth family, particularly with the father. There is something that the father contributes to the child that continues to be positive for the children's well-being. One possible hypothesis suggested by three of the five interviewees is that this relationship is due to the gendered resources the father can contribute to the child. For example, perhaps the father is more likely to provide monetary benefits for the child, such as giving financial support to aid the caregivers, or provide gifts for their children (Interviewee #1).

On balance, the Social Worker (Interviewees #1) and the Assistant Executive Director from the wrap-around agency (Interviewee #2) were convinced that that depicting a positive image of the birth family and attempting to include them if possible in the child's life, could be beneficial to the child. Birthparent involvement can help the children have a better sense of their self. They did caution that often times birthparents are unreliable and do not follow through on their parenting obligations. The Child and Adolescent Counselor (Interviewee #3) reinforced the idea that stability and permanency are of utmost importance for the child's well-being. Therefore, if the bond between the child and caregiver is strong, and the birthparents are unreliable, it may be best to limit the amount of contact children have with their birth family, while still attempting to portray a positive image of the birthparents. Finally, the Staff Counselor and Information and Development Coordinator (Interviewee #5) added: it is beneficial for the biological family to attend family therapy with the child and the caregivers, with the goal being to help the family system work through the presenting problem and return the child home.

While the survey data affirmed the importance of the birth family, it was the caregiver who had the greatest positive impact on the children, both academically and emotionally. Theoretically speaking, the stronger relevance of the caregiver-child relationship than the birth family–child interactions was predicted using the Chicago School of Fluid Self Concept. It is understandable that socialization by the current caregivers was more salient for the repair of the child's bruised self-concept than the birthparents who were no longer the primary caregivers. That the caregivers' relationships with the birthparents were not relevant for the child's well-being was also a logical aftermath of both parents surrendering their primary parenting roles. A strong caregiver-child relationship and bond (Social Bond theory) is one of the greatest assets children in non-parental care can have. To the Agency Consultant in a Software Company (Interviewee #4), the caregiver-child relationship is the most important so that the focus remains on providing stability for the child.

A few additional notes about the well-being of children in non-parent care. Female children (vis-à-vis male) were more likely to be successful in school and to be more emotionally healthy. The Child and Adolescent Counselor (Interviewee #3) connected this gendered outcome to the way

men and women are taught to deal with emotions. Males, even children, are expected not to be emotional, and to buck it up, which could have a negative impact on their emotional healing. Further, older children did not do as well in school while children who were out of their parent's care longer were less well-adjusted. The Social Worker (Interviewee #1) felt that the older the children are, the harder it is to take them away, because they will always want their parents. The Assistant Executive Director (Interviewee #2) added, as children get older, they become more aware of their situation, and depending on how many homes they have been in, they may begin to feel rejected and realize how different their living situation is from that of their peers. Consequently, as suggested by the Child and Adolescent Counselor (Interviewee #3), early removal of a child from a dysfunctional natal family environment offered the child better chances to mend the damage caused by the strain in the natal family and more time to form strong bonds with new adults.

Limitations and Suggestions for Future Research

While this mixed methods research offered interesting findings of theoretical and practical import, it also had limitations. An obvious limitation was that only about 20 percent of the variability in the child's emotional health and 11 percent of the child's academic performance was explained by the dysfunctionalities in the natal family environment and the post-removal life of the child. The narrow set of indicators used to assess the child's emotional health and academic performance also cut into the strength of the findings. It would be useful to have more detailed measurements of the child's emotional health (signs of emotional distress, such as bedwetting and nightmares, and counseling received) and academic performance (including grades and teacher impressions of classroom behavior).

Further research should investigate the disparity between the emotional health of female and male children in non-parental care. For example, does it have to do with the gendered socialization of the child? Additionally, taking a longitudinal view on the well-being of children in non-parental care, from the perspective of both the child and caregivers, would go a long way in identifying the resources needed to ensure the greatest amount of success in their future lives in their many dimensions.

APPENDICES

Appendix A

Demographics of children and Caregivers
2013 National Survey of Children in Non-parental Care
National Center of Children's Health

Variables	Values and Responses	Statistics
SEX. Derived. Sex of Selected Child (n=1101)	0 = Male 1 = Female	50.0% 50.0
AGE_CNCR. Age of [S.C.] in years at time of NSCNC interview (n=1101).	1 = 6 – 7 years old 2 = 8 – 9 years old 3 = 10 – 11 years old 4 = 12 – 13 years old 5 = 14 – 15 years old 6 = 16 – 17 years old	14.3% 16.3 14.6 19.6 14.2 21.1
Caregiver's Year of Birth (n=1086)	1 = >1969 2 = 1965 – 1969 3 = 1960 – 1964 4 = 1955 – 1959 5 = 1950 – 1954 6 = 1945 – 1949 7 = 1940 - 1944 8 = <1940	6.3% 4.4 12.7 21.3 20.0 17.1 10.6 7.8
Type of Caregiver: CAREGIVER_CNC. Non-parental caregiver type at CNC. (n=1037)	0 = Foster care 1 = Non-foster care	11.7% 88.3

Appendix B

Letter of Consent and Interview Protocol

I

Letter of Consent

Dear _____:

I am a Sociology Senior working on my Research Capstone Paper under the direction of Doctor Marilyn Fernandez in the Department of Sociology at Santa Clara University. I am conducting my research on the effects of birthparent involvement and child-caregiver relationship on the well-being of children in non-parental care.

You were selected for this interview, because of your knowledge of and experience working in the area of social work with children.
I am requesting your participation, which will involve responding to questions about what effects children in non-parental care's well-being and will last about 20 minutes. Your participation in this

study is voluntary. You have the right to choose to not participate or to withdraw from the interview at any time. The results of the research study may be presented at SCU's Annual Anthropology/Sociology Undergraduate Research Conference and published (in a Sociology department publication). Pseudonyms will be used in lieu of your name and the name of your organization in the written paper. You will also not be asked (nor recorded) questions about your specific characteristics, such as age, race, sex, religion.
If you have any questions concerning the research study, please call/email me at (425) 591-8796 or jheid@scu.edu, or Dr. Fernandez at (408-554-4432 mfernandez@scu.edu

Sincerely,

Juliet Heid

By signing below you are giving consent to participate in the above study. (If the interviewee was contacted by email or phone, request an electronic message denoting consent).

_____	_____	_____
Signature	Printed Name	Date

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, through Office of Research Compliance and Integrity at (408) 554-5591.

Interview Schedule for Supplemental Qualitative Interviews

Interview Date and Time: _____
Respondent ID#: __ (1, 2, 3….)

1. What is the TYPE Agency/Organization/Association/Institution (**NO NAME**, please) where you learned about (and/or worked) with this issue:
   _____
2. What is your position in this organization? _____
3. How long have you been in this position and in this organization?
   _____
4. Based on what you know of children in non-parental care, how well do these children do emotionally and academically? Can you expand a bit?
5. In your opinion, what explains why some children in non-parental care do well while others do not? (PROBE with: Could you expand a bit more?).
6. [If the respondent does not bring up your independent concepts as potential causes), PROBE:
   a. How about the involvement of the birthmother? _____:
   b. How about the involvement of the birthfather?
   c. Would it be better for the child if the birthfather is involved?
   d. Would it be better for the child if the birthmother is involved?
   e. What are the impacts of voluntary separation?
   f. What are the impacts of involuntary separation?
   g. Is it helpful for the child if the birth family and the caregivers have a good relationship?
   h. Do you think that the caregiver's relationship to the child would be more important, or maintaining a relationship with the birth family?

   i. Do you find that girls and boys respond differently to being removed from their birthparents?
   j. How do you think age impacts a child's ability to adjust to their new living situation?
7. Is there anything else about this issue/topic I should know more about?

Thank you very much for your time. If you wish to see a copy of my final paper, I would be glad to share it with you at the end of the winter quarter. If you have any further questions or comments for me, I can be contacted at (jheid@scu.edu). Or if you wish to speak to my faculty advisor, Dr. Marilyn Fernandez, she can be reached at mfernandez@scu.edu.

Appendix C

Indices of Child's Academic Success and Emotional Health

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Child's Emotional Health[1] (A)	1.0																
Child's Academic Success[2](B)	0.27***	1.0															
Mother Involuntary Separation[3] (C)	-0.02	-0.06*	1.0														
Mother Voluntary Separation[4] (D)	-0.04	0.01	-0.1***	1.0													
Father Involuntary Separation[5] (E)	-0.03	-0.1***	0.30***	0.05	1.0												
Father Voluntary Separation[6] (F)	0.00	-0.12	0.07*	0.31***	0.04	1.0											
Mother's Involvement[7] (G)	-0.04	0.07*	-0.00	0.13***	0.02	0.02	1.0										
Father's Involvement[8] (H)	0.03	0.10***	0.01	0.04	0.05	0.10**	0.22***	1.0									
Caregiver-Child Relationship[9] (I)	0.20***	0.18***	-0.05	-0.01	-0.0	0.05	0.02	0.04	1.0								
Birthparent-Caregiver Relationship[10] (J)	-0.04	0.08*	-0.01	0.06*	-0.0	0.04	0.48***	0.40***	0.07*	1.0							
Caregiver's Health[11] (K)	0.12***	0.16***	-0.03	0.02	-0.0	0.01	0.00	-0.01	0.17***	0.06	1.0						
Caregiver's SES[12] (L)	-0.03	0.08*	0.02	0.02	0.03	0.00	-0.06	0.02	-0.01	0.02	0.33***	1.0					
Type of Caregiver[13] (M)	0.03	0.05	-0.10**	0.09**	-0.0	0.05	0.06*	0.10***	0.04	0.07*	-0.05	0.01	1.0				
Caregiver's Age[14] (N)	-0.04	0.02	-0.02	0.00	-0.0	0.02	0.11***	0.10***	-0.05	0.09**	0.01	-0.02	0.06*	1.0			
Sex of Child[15] (O)	0.08**	0.09**	0.04	0.02	-0.0	-0.01	0.02	-0.01	-0.07*	0.00	-0.01	0.00	-0.02	0.01	1.0		
Age of Child[16] (P)	-0.3***	-0.1***	-0.07*	-0.03	-0.0	-0.06	-0.02	0.00	-0.2***	0.01	-0.03	0.06*	0.06	0.13***	-0.0	1.0	
Time Separated from birthparents[17] (Q)	0.17***	-0.03	0.07*	0.06	0.04	0.04	-0.06	0.01	0.02	-0.01	-0.06	-0.05	0.10**	0.13***	-0.0	0.19***	1.0

*** p ≤.001, ** p≤.01, *p≤.05;

[1-17] Refer to Table 3 for variable coding.

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Interviewee #2. Executive Assistant Director at a Wrap-Around Agency. December 4 2015.

Interviewee #3. Child and Adolescent Mental Health Counselor. March 5 2016.

Interviewee #4. Agency Consultant. March 30 2016.

Interviewee #5. Staff Counselor and Information and Development Coordinator. March 31 2016.

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